

SOCIAL COMPETENCES FOR CHILDREN AND YOUNG PEOPLE WITH VISUAL IMPAIRMENT





SMILE! Social Skills Make Inclusive Life Easier

SOCIAL COMPETENCES FOR CHILDREN AND YOUNG PEOPLE WITH VISUAL IMPAIRMENT



Ljubljana, 2021



SMILE! project publication

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Printed by Tiskarna Oman, Kranj

Published by Centre IRIS – Centre for Education,
Rehabilitation, Inclusion and Counselling for the Blind and
Partially Sighted

For the publisher: Katjuša Koprivnikar, principal of the Centre
IRIS

Website www.freepik.com was used to produce illustrations.

Published in 100 copies

First edition

The printed publication is free of charge and freely available on
the Centre IRIS website.

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CIP - Kataložni zapis o publikaciji

Narodna in univerzitetna knjižnica, Ljubljana

316.472-056.262-053.2(082)

SOCIAL competences for children and young people with
visual impairment : [Smile! project publication] / [edited by
Marija Jeraša]. - 1st ed. - Ljubljana : Centre IRIS - Centre for
Education, Rehabilitation, Inclusion and Counselling for the
Blind and Partially Sighted, 2021

ISBN 978-961-6590-77-8

COBISS.SI-ID 85269763

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Co-funded by the
Erasmus+ Programme
of the European Union

"The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein."

PROJECT SMILE!

A smile is a positive piece of information we receive through nonverbal communication, but for a person with visual impairment it represents a lost piece of information in human interactions.

SMILE! is a European programme of training events for staff working in the field of education for children/young people with visual impairment (VI) or with visual impairment and additional needs (MDVI) on the topic of social skills starting in 2018 and finishing in 2021.

Appropriate social skills of the target group have an important impact on their behaviour, self-esteem and their acceptance in society. They cannot learn through imitation like their sighted peers, besides information given by nonverbal communication is lost. Consequently, they can display inappropriate social skills, are often misunderstood and their behaviour is indulgently tolerated in society, which alienates them from the final objective: being an active participant in society and having a good quality of life.



There are two partners in the project, receiving support from Erasmus+ scheme:

- **Centre IRIS** - Centre for Education, Rehabilitation, Inclusion and Counselling for the Blind and Partially Sighted – Slovenia,

and

- **Budapest school for the Blind** (Vakok Óvodája, Általános Iskolája, Szakiskolája, Készségfejlesztő Iskolája, Egységes Gyógypedagógiai Intézménye, Kollégiuma és Gyermekotthona) – Hungary

But additional five organisations join training events and project activities:

- **High School for Visually Impaired in Prague** (Gymnázium pro zrakově postizene a Střední odborná škola pro zrakově postizene (GOA) – The Czech Republic,
- **Jordanstown School** - Northern Ireland,
- **Lega del Filo d'Oro Onlus** – Italy,
- **Sight Scotland** – Scotland,
- **The Royal Dutch Visio** (Koninklijke Visio) – The Netherlands,

One training event was held by **Mali dom**, Zagreb, Croatia.



The partner organisations agreed upon the following objectives:

1. Better understanding of the target group by observing them using the tools developed within the project and analysing the results.
2. Study good and bad examples to extract the main challenges in the area of focus.
3. Exchange of existing materials and share strategies to improve the quality of social skills training programmes.
4. Implement new knowledge to improve the staff competences related to the training of social skills.
5. Prepare materials to promote best practice for professionals and interested public (parents, teachers in mainstream schools, etc.) to encourage inclusivity.
6. Reduce the stress level of the professional and increase confidence in overseeing social skills training.
7. Improve quality of life and possibilities for inclusion and participation in society for the target group

Professionals working in the field of VI/MDVI are aware that social competences profoundly affect the ability of VI/MDVI children/young people to be integrated in society during schooling period and later in their adult life, every step, which can be done to improve them, is a further step on the way of their inclusivity.



We truly hope this brochure will enhance understanding of importance of this area of development, and give your ideas how to introduce some activities into daily practice.

SMILE! team



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With special thanks to members of SMILE! and SMILE too teams:

- Koninklijke Visio (The Royal Dutch Visio) – The Netherlands,
- Gymnazium pro zrakové postizene a Stredni odborná skola pro zrakové postizene (GOA) – The Czech Republic,
- Jordanstown School - Northern Ireland,
- Sight Scotland – Scotland,
- Lega del Filo d'Oro Onlus – Italy,
- Mali dom, Zagreb – Croatia.



INITIATING COMMUNICATION

INITIATING CONVERSATION, MAKING NEW FRIENDS,
ACQUIRING INFORMATION



INTRODUCTION

According to the International Communication Encyclopedia (2008), initiating communication means: the first movement that we take to start contact with people we meet for the first time. We may approach them for two main reasons: first, to make friends or to form a relationship of any kind, and second, to acquire information, for example asking for an address.

Communication is an essential aspect of our life and personal development and initiating contact with others is the first step towards successful interaction. The most common way to start communication with a stranger is to look into the eyes and face, which signalize an open channel for communication.

WHAT ARE SOME CHALLENGES IN INITIATING COMMUNICATION?

Initial communication is very difficult because the person with VI cannot access all of the visual and non-verbal information from people around them.

Little choice in selecting the right person to initiate communication with.

Never knowing how another person will react.

Feelings of uncertainty and anxiety.

TIPS

How do you start communication when vision is absent?

1. Firstly you need to be aware that there is someone you can talk to. This can be done in a number of ways.
 - Use of the sense of hearing to listen for any cues.
 - Use of the sense of smell.
 - Take notice of the feeling that someone is occupying the space next to you.
 - Make use of any limited residual vision.
2. You need to be aware of ways to initiate communication in different social situations.
 - Verbal: use learned phrases to identify if somebody is there and open to communication – this will depend on the situation. This should be practiced many times in role-play.
 - Non-verbal strategies: turning the face toward a person and smile, take a step backward or forward.
3. Choosing a particular person to start a conversation with.
 - Liking of the person's voice.
 - Liking of the way a person speaks.
 - Having similar or shared interests.
 - Proximity.



How not to communicate with people with VI?

1. The topic is only directed to the disability – remember that they have other abilities, interests!
2. Pity – this can be heard in the tone of voice.
3. Ignoring or passing by.
4. Short replies – just yes or no gives very little information to go on.
5. Pointing with hands without verbal explanation or description.
6. Too much help. We offer our help first. As far as our help is accepted, we do not provide more help than needed. For example, if a person with VI is helped to cross the road and you take them three more streets further – then the person may not know where they are.

What are the social situations that make it easier to start a conversation?

1. Smaller places with fewer people.
2. When two people are already talking.
3. The presence of familiar people.
4. Being in a familiar environment.

If you want to offer help, a light touch on the back of the palm and a calm “Can I help?” will let a person with VI know you are talking to them.



MAINTAINING CONTACT

CONVERSATION, INCLUSION, RELATIONSHIPS, EQUALITY



INTRODUCTION

- Maintaining contact is very difficult for children with VI due to the lack of vision.
- This may be because they are a little afraid of the unknown, visual world of their sighted peers and as a result, they find it difficult to step out of the safety of the family environment and build new relationships.

Is conversation just spoken words?

Conversational interaction precedes language. It is not the other way around. If you reflect for a moment, you will see that this is true for children with vision. Infants and their caregivers engage in countless nonverbal conversations before the children learn their first words. They exchange eye gazes, smiles, a huge variety of facial expressions, movements, and sounds. These nonverbal exchanges go back and forth in a conversation without language.

What is our support role?

Children with VI often miss out on opportunities for natural conversational interaction and exposure to language as their sighted peers. However if they have adults and partners around them who know how to support their communication appropriately and have conversations with them, then they will not miss out. Without such partners, they can become passive, isolated, and increasingly uncommunicative.

CHALLENGES

Assessing the situation can be very complicated.

Inhibitions, fears.

Lack of nonverbal communication.

Lack of visual information about topics that are very important for sighted children in their own age group (fashion, films, computer games).

Different interests (less sport, more IT science).

Children with VI sometimes do not feel the need to connect with sighted peers.

May feel very comfortable in their own world protected by family and be unmotivated to change this.

May look at sighted people as potential helpers and not as a friend or colleague.

TIPS:

Body language is very important. Encourage the person with VI to always turn their body and face towards the person they wish to communicate with.

Children with VI are used to attention. Avoid talking only about them but encourage them to show interest in the others.

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Encourage participation in community activities as much as possible with decreasing support to promote independence.

Remind the child with VI to participate as an equal party, not to expect to be the centre of attention and depend on others.

Encourage the child with VI to organize events - like their birthday party, goalball match, concert, narrated cinema or theatre performance – and invite their sighted peers.

Encourage the child with VI to offer their help to others, for example sharing their notes.

Encourage the sharing of their specialized IT knowledge with others, such as keyboard shortcuts.

Always say the young person's name first when talking to them to gain their attention.

Communicate directly with the child not with their assistant.

Encourage the child with VI to take part in all activities and do not decide for them.

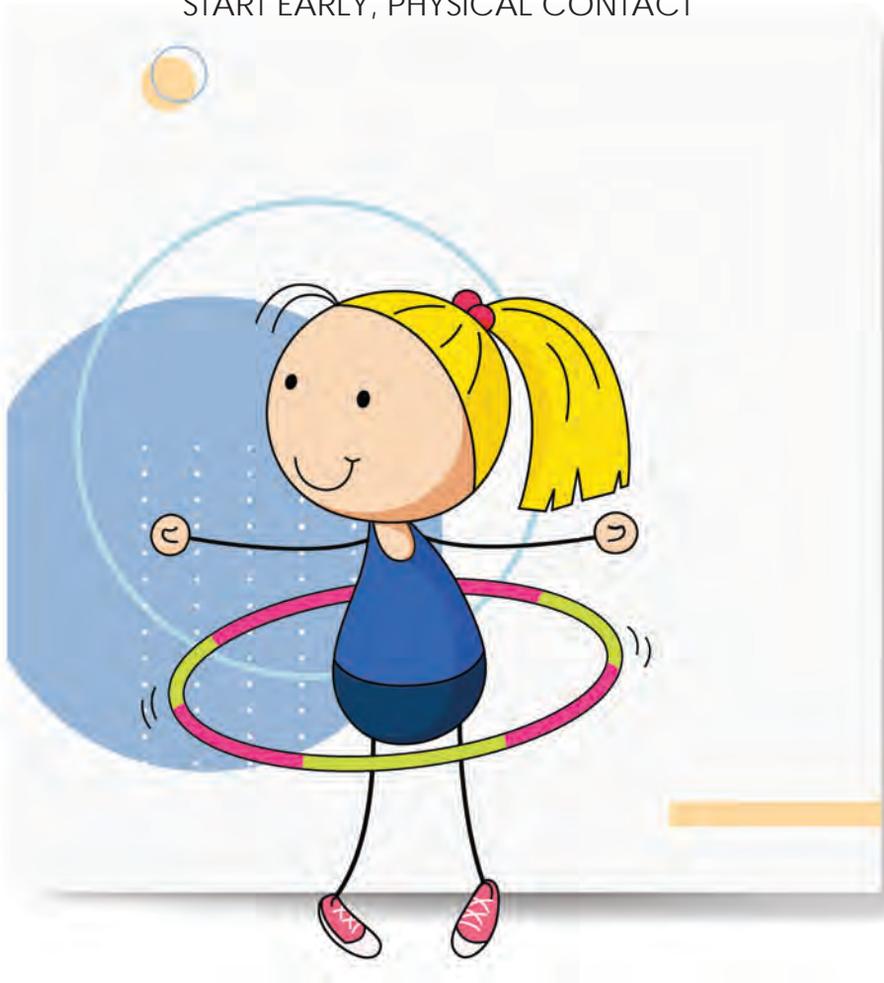
Teach the audible signs that subtly indicate it is time to end the conversation (silence, humming, throat clearing and so on).

Encourage children with VI to obtain as much experience and knowledge about different topics so that they can involve in a communication with their sighted peers.



PERSONAL SPACE

RECOMMENDED DISTANCE, IT GOES BOTH WAYS,
START EARLY, PHYSICAL CONTACT



INTRODUCTION

What is personal space?

Personal space is the physical distance between two people. When two people talk to each other, they should be about 50cm to 60cm apart. It is not appropriate if we come too close to a person we talk to. While having conversation with someone, we stand at least one step from the person we talk to, or put in words differently, between two people having a conversation, there should be distance of an arm at full stretch.

CHALLENGES

People with VI have difficulties estimating the appropriate distance between themselves and people they talk to. This is because of a lack of clear visual information. If the person, standing very close is quiet, they may not even notice his/her presence.

They also may have problems maintaining the appropriate distance while talking to others. Often because they need to be close to see more clearly they may get too close during a conversation. It is advisable to introduce personal space very early to children with VI, somewhere between second and third year for pre-schoolers.

Children are often curious about others, and they want to touch them to learn about them. Sometimes blind children touch others because they want to make sure the person is still there.

Adults are often overly tolerant of a blind child intruding into his or her personal space. Because the child is blind, they do not want to hurt his/her feelings. Like all children, they need to be taught to respect the personal space of others.

TIPS

Let the child know when he or she is standing too close to someone and ask them to back up a couple of steps. Encourage slightly older children to imagine that every person is surrounded by a bubble. Explain that no one should enter child's bubble, and no child should enter another person's bubble without permission.

Encourage adults and other children to hold the child with VI to the same standards. Tell others it is all right to tell the child with VI when he or she is standing too close. If a person with VI comes too close, it is appropriate for a fully sighted peer to give a sign in the form of an extended hand and to politely show or say that this is close enough. Sometimes there are situations when the visually impaired has to come closer – to hear, see something – but they should first ask if they may come closer. Also fully sighted peers have to ask before they touch a person with VI.

Help a child with VI learn to ask permission before he/she touches someone else. "I love your necklace; would it be all right if I touch it?" Encourage others to be consistent about asking for permission.

Give the child with VI words to use when he/she wants to know if someone is still close to him/her or to find out what

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someone is doing. "Are you still there?" is a perfectly appropriate question. If the child is asking it repeatedly however, talk to him/her about other ways of discovering whether someone is still nearby by actively listening or asking another question.

Ask adults and other children to let the child with VI know before they walk away whenever possible, for example "Maya, I am going over to the play hut now."

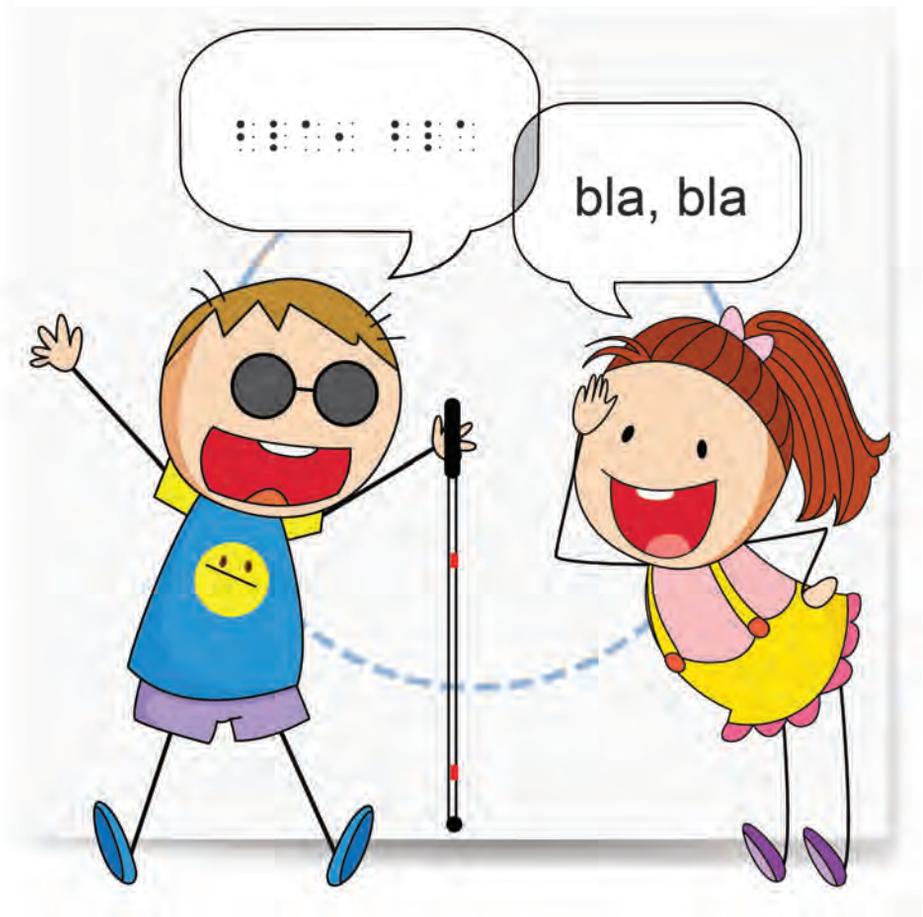
Try to use words before physical contact. For a person with VI it is especially unpleasant if he/she is being touched unexpectedly, for example "Maya, is it ok for me to help you tie your apron?"





VERBAL COMMUNICATION

MAGIC WORDS (THANK YOU, PLEASE, I AM SORRY, HELLO! ...),
TWO-WAY CONVERSATION,
USE IT IN A NATURAL WAY (WHEN, HOW OFTEN ...)



INTRODUCTION

Verbal communication refers to a type of communication that involves the use of linguistic signs (letters and phonemes). This means that it necessarily requires the use of written or oral words or expressions. Through verbal communication, people exchange information, opinions, express emotions, and so on.

It is very important for the social development of each individual.

Areas of verbal communication:

- distinct and clear speech,
- concentrated listening to the speaker,
- an appropriately long answer or speech,
- appropriate use of standard language / colloquial language / dialect,
- to address formally (T-V distinction),
- to address someone by his (first) name (T-V distinction),
- expressing wishes,
- expressing gratitude,
- following the conversation,
- apology,
- preparation for a specific topic,
- accepting help,
- asking for help,
- greeting,
- presenting yourself with basic information.

CHALLENGES

Children with VI involved in a conversation often speak much more than others; they do not listen to their interlocutor enough. They often interfere in the speech or do not stick to a certain topic. They often forget to thank or apologize or use it too often. In this way appropriate words lose their meaning. This is related to difficulties in recognizing nonverbal communication.

We teach children with VI:

1. Thank you for the advice, for the gift, for the answer to the question asked.
2. Express the request with the word please.
3. Speak clearly, with appropriate volume.
4. Follow the topic of the conversation with attentive listening.
5. Appropriate greetings upon entering/leaving the room.
6. If you do something wrong, apologize yourself.
7. Answer the question asked.
8. Avoid long monologues.
9. When possible, prepare for a specific topic of conversation.
10. During the conversation, take the interests of the interlocutor.
11. Use of V-T distinction appropriately (singular familiar vs singular respectful).
12. Use colloquial/literary language appropriately.
13. Do not say an inappropriate word.
14. Do not offend the interlocutor.
15. During the conversation, listening to your interlocutor and your speech interchange.

TIPS

Conversation is an exchange of opinions and thoughts. A child with VI should be taught that conversation is not just listening or speaking to just one person but that speakers take turns.

By asking a question on a topic, we show interest in the interlocutor, we give the initiative to the interlocutor to speak and we are not the only ones to speak.

When we talk, we look at our interlocutor and we face him with our whole body.

It is important to listen intently to the person you are talking to.

When another person speaks, we do not interrupt them.

If we want to say something, we wait for the right moment...

We can start with: "Can I add something to that / that reminds me / I just thought of something..."

When we speak, we make sure that our speech is of appropriate length. If we are silent for a few moments, the interlocutor has the opportunity to answer.





NONVERBAL COMMUNICATION

FACIAL EXPRESSION, GESTURES, PARALANGUAGE



INTRODUCTION

Communication involves a combination of verbal and nonverbal expression. Social interaction relies on being able to read and interpret a wide range of nonverbal cues.

In other words what we do is as important as what we say. The way, how we listen, watch, move or react during conversation tells whether we are interested, if we are sincere and how we feel about the theme of conversation.

When nonverbal signals coordinate with spoken words, then communication is much clearer. Social and interpersonal relationships are established and developed as the co speakers are able to trust their impressions and instincts.

Nonverbal communication includes:

- facial expressions,
- gestures (hand or leg movements, nodding),
- body posture,
- eye contact,
- paralanguage (rhythm, intonation, tone of voice),
- personal space,
- physical response to emotions we experience,
- physical impressions including clothing, tidy/dishevelled appearance, personal hygiene.

CHALLENGES

People with VI can find it very challenging to understand and interpret nonverbal communication, as these skills are learned naturally over time by observing others.

Because social interactions rely very heavily on seeing and

understanding other people's nonverbal reactions, behaviours that are typically observed in a child with VI include:

Speaking for a very long time or not knowing when to take turns.

Their head may be turned down and/or body turned in another direction.

They may not know when a person is talking directly to them so it appears that they are disinterested.

They find it hard to follow a conversation in which more people are involved.

They miss information that co-speakers express to each other without words.

Therefore, it is vital that children with VI receive extra support with social communication. This includes specific instruction about understanding what nonverbal behaviour means in interaction, sincere feedback about how others respond to their behaviour as well as which behaviours are acceptable in society depending on their culture and individual situation.

When teaching children with VI about nonverbal communication, the first step should be focused on paralanguage. This is an audible aspect of nonverbal communication and can be more easily understood than the other more visual aspects of communication. Through role play and active listening the child can be taught for example what a high pitched, excited tone of voice may suggest, or how a person is likely to sound when they are bored, upset, happy or angry.

TIPS

For nonverbal communication, children with VI are taught:

1. Turn towards the person you are talking to with your whole body and face

We teach and encourage this important social skill when interacting with people with VI, even if they are seeing with peripheral vision or have a compensatory head posture.

2. If possible, look the person in the eyes.

We can verbally direct the movements of the eyes so that a person learns the position of a co-speaker's eyes which allows optimal eye contact. Eye contact can be stimulated by the co-speaker wearing strong contrast eyeglass frames. We explain that we can sometimes look away while speaking, but we always go back and maintain eye contact. When taking photos, we can use contrasting colours to mark the location of the camera, which encourages a focused view later seen on the pictures.

3. Consider the personal space of the co-speaker.

Often, in order to better observe a co-speaker, the person with VI may position themselves too close which can intrude on intimate space. This needs to be sensitively explained as not appropriate and the appropriate distance shown.

4. Nod vertically when your answer is yes.

5. Nod horizontally when your answer is no.

Teach that they can answer yes, no or “I don’t know” questions without words and guide them on how those gestures look like.

6. Listen carefully to your co-speaker.

As a sign of attentive listening, we can teach the skill of occasionally nodding the head. Turn taking is important so instead of interrupting the co-speaker they can be taught to slightly raise a hand/finger and show they have something to add at this point of the conversation. If the person continues to speak anyway, waiting for the end of their speech and then give an opinion or comment is another skill that can be taught. (“Let’s think about others - you don’t like it if someone constantly interrupts you.”).

7. Wear appropriate clothing.

Selecting clothes can be a huge challenge for people with VI. It can be taught that there are suitable clothes or combination of clothes for different occasions. These can also be appropriately marked or stored in a specific place e.g. the closet/ drawers etc. It is also important to talk about what colours match together, different styles and the importance of good presentation.

8. Take care of personal hygiene.

Personal hygiene means regular care and grooming of the face, whole body, nails, clothes, thus preventing infections and making us feel better and more confident. It may need to be explained that other people very much notice this during social interactions. Encourage the person with VI to use their initiative to self-check and/or ask if they have something left on their face after meals. It

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is OK to point out the person that he/she has something between his/her teeth. We also need to have conversations about picking noses or ears or touching intimate areas in public.





EMPATHY AND FEELINGS

FEELINGS, PERSPECTIVE TAKING, EMOTIONAL INTELLIGENCE,
COMPASSION, SOCIAL STORIES, ROLE PLAY



INTRODUCTION

Empathy is an ability that enables us to put ourselves in the place of another human being and understand his/her situation. It is the ability to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling or simply being able »to put yourself in someone else's shoes«.

Empathy is strongly related to sympathy and compassion. Sympathy is feeling for. To feel sympathy, it means you are able to understand what the person is feeling. With sympathy, one can understand or imagine why someone is either going through a hard time or why someone might be feeling happy or sad. Empathy is feeling with; it comes from a place of we, our shared humanity and is characterized by solidarity, kindness, and absence of judgment. Empathy is the ability to see the world as others see it, to be non-judgemental; to understand another person's feelings, and to be able to communicate the understanding of that person's feeling. Compassion is empathy grounded in action. Compassion takes empathy and sympathy a step further. When you are compassionate, you feel the pain of another (i.e., empathy) or you recognize that the person is in pain (i.e., sympathy), and then you do your best to alleviate the person's suffering from that situation. Limited or absent access to visual information during social interactions, such as eye contact, facial expressions, gestures and joint visual attention, are key causes of the delayed development of theory of mind (empathy and emotional intelligence) in children who are blind, partially sighted or who have cerebral visual impairment (children with VI).

TYPES OF EMPATHY

There are two types of empathy: 1. “affective empathy” refers to the sensations and feelings we get in response to others’ emotions; 2. “cognitive empathy,” refers to our ability to identify and understand other people’s emotions.

CHALLENGES

Children with VI may have challenges with the following:

Understanding that he or she is separate from other people at early stage of development.

Developing and maintaining various forms of joint attention at early stage of development.

Recognizing his or her own emotions as well as those of others.

Displaying range of non-typical behaviours that appear to express feelings/emotions.

Understanding that people may have different emotions and worldviews.

Managing their own emotional reactions.

Being able to empathise and to imagine how the other people feel and also to understand what might be to help that someone to feel better.

Limited awareness of others perspectives, values and beliefs.

Recognizing or understanding motives of others.

Understanding the relationship between social expectations and social consequences (both positive and negative).

Developing cooperative skills.

TIPS FOR DEVELOPING SPECIFIC SOCIAL/EMOTIONAL SKILLS IN EDUCATIONAL SETTINGS:

Teach the child to pay attention and be aware of others body language. This can be done by developing active listening skills in order to recognise nonverbal messages such as other people's tone of voice, volume, emphasized words, breathing patterns, etc.

Label emotions of the child with VI. Teach the child to identify his/her own feelings; when children show a range of positive or negative emotions, acknowledge how they feel, label the emotion for them. For example, if they are crying, say "You seem upset because..."

When talking about feelings, connect behaviours with the feelings for children so that they understand cause and effect. "Miha is feeling sad because Žan took his white cane. What might help Miha feel better?"

Ask children to step into the mind, or take the perspective, of another child or adult: For example you could say "How do you think Miha is feeling? Why might he be upset? What could we do to help? "

Use Social Stories – this is a method which aims to explain the causes and actions of a certain social situation in a child-friendly way through short stories. Further, it is vital to connect these scenarios with the child's own experiences.

Aim to create a "climate of empathy" in classroom settings that encourages children to be empathic and understanding towards their peers and adults who work with them. For example you could say "That was very kind of you to help your classmate when he lost his book."



BODY POSTURE

LACK OF VISUAL CONTROL, BODY AWARENESS,
PHYSICAL ACTIVITY



INTRODUCTION

For optimal operation, all parts of the body must be in the correct position relative to each other and to the gravitational force acting on it. When we stand, sit, walk or lie down, gravity affects the joints, tendons and muscles. Through proper posture, the force of gravity is evenly distributed and no part of the body is overloaded.

THE CORRECT POSTURE:

- makes movement easier,
- balances muscle strength and flexibility,
- ensures the spine is in the correct position,
- promotes the functioning of internal organs,
- conveys the impression of confidence and wellbeing.

POSTURE CHALLENGES FOR VISUALLY IMPAIRED PEOPLE:

- may walk with a full sole or on tiptoe,
- may turn their ears in the direction of a sound and so may not walk facing forwards,
- may stand or sit with their heads pointed downwards,
- may lie across their tables,
- poor, slumped body posture may place their heads on the braille typewriter while typing,
- during a conversation they may not turn towards the speaker.

Any of these kinds of poor body posture may give sighted peers the impression that the person is asleep, not paying attention, is unwell or unapproachable.

TIPS

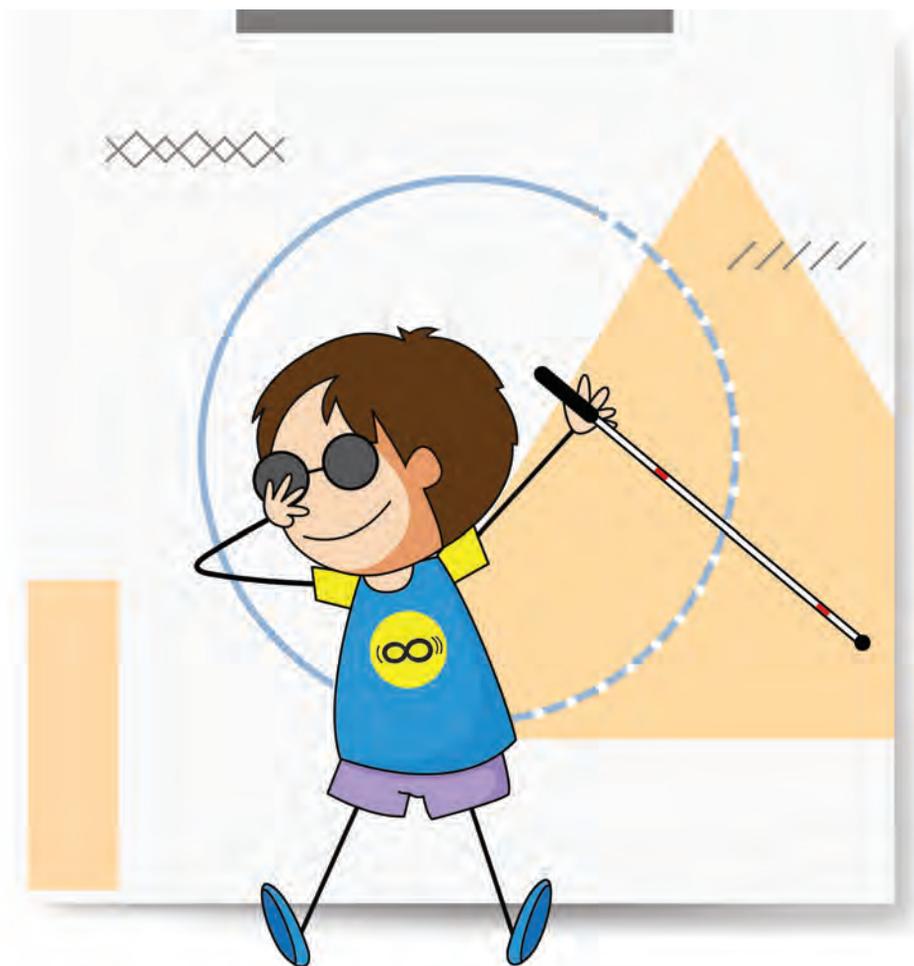
With help of a physical educator or physiotherapist:

- provide regular or occasional physiotherapy,
- organize special, individual movement therapy,
- provide suitable sport activities: goalball, swimming, boxing, jogging with a peer,
- offer music therapy or dance.



MANNERISMS

UNUSUAL BEHAVIOUR, BIZARRE AND HARMFUL,
DISCOURAGE



INTRODUCTION

A mannerism is a movement of the body, or some part of the body, that is socially inappropriate and is commonly displayed by people with VI. It is OK in our culture to swing a leg back and forth while sitting and waiting, but it is not acceptable to rock back and forth with the whole upper trunk. Due to lack of vision the blind child is often not aware that their peers do not also display these mannerisms.

Human bodies have excess energy. If we aren't navigating through space, if we are idling in one spot or sitting, we nervously shift position, flip our hands and feet around, swing our legs, and generally display all kinds of irregular motoric behaviours.

EXAMPLES OF MANNERISMS:

- pushing thumbs or hands into the eyes,
- head rotation,
- rocking of the upper body,
- flapping arms,
- shaking the hands,
- jumping, spinning, hopping locally,
- flicking with fingers,
- springing up and down standing on tiptoe,
- entering others personal space,
- seeking and maintaining excessive physical contact,
- a combination of all of these mannerisms can occur.

CHALLENGES

Mannerisms can appear strange or shocking and lead to the inaccurate assumption that the blind person has intellectual disability.

There is a risk of harmful effects on health.

Mannerisms may be caused by a natural need for physical movement that is not being met because of limited mobility.

TIPS:

- it is important to discourage mannerisms from an early age. This will not cause harm,
- set consistent standards for children, parents and educators to address mannerisms,
- be open and talk about it to the child. Explain the consequences, for example pushing their eyes can cause damage or rocking can put a great deal of strain on the back and neck,
- try to provide regular, intense mobility experiences that satisfy the need for movement,
- provide lots of opportunities for physical movement:
 1. Squeeze a rubber ball for hand strengthening exercises
 2. Place a beanbag on the head as a balance exercise
 3. Regular jogging with a partner
 4. Box with punching bag
 5. Use fitness machines
 6. Swimming
 7. Goalball training
 8. Play the drums
- in some cases it may be necessary to wear special goggles that make it difficult to poke the eye.



AUDIODESCRIPTION

CONCISE, OBJECTIVE



INTRODUCTION

Describing situations and environments enables people with visual impairment understand what is happening around them and provides context for their experiences of the world. If people with visual impairment have information about their surroundings, they are less likely to be passive and will be better equipped to take part in conversation with others. Audiodescription can take place in any environment, for example at sporting events, cinemas, theatres, museums, cafes and shopping centres (note: use a hushed voice and provide important information only). Providing a good description can enable those with visual impairment to have a similar experience to sighted people.

Audiodescription is also very important for orientation and mobility. When we want to explain a new or unfamiliar route, we have to give precise information. Inaccurate information can lead to confusion and failure. As a consequence, the person with visual impairment may have lower self-esteem, they do not believe they can be independent and so are even more reliant on other people.

So, what different types of descriptions we know?

First, our description can be objective or subjective.

Audiodescription can be prepared in advance or it can be spontaneous. It can vary from describing to only one person or a group of people and it can be performed live or through different audio systems. How well we will be prepared for describing can depend on multiple factors. Some descriptions can be prepared in advance, for example a path that you are teaching a blind person to use. At other times description can be as it happens, or over a call. Describing an event

happening at that moment in the school cafeteria can only be spontaneous. Arts we aim to describe as objectively as possible so that person with visual impairment can interpret it in their own way.

CHALLENGES

One of the biggest challenges for describers is to remain objective. If we are familiar with the content of what we are describing, then we tend to talk more about elements that we know are important. In this way, we are suggesting the right answers to our children with VI.

Disorganized description can also be a huge problem for people with visual impairment. If the description of a stage set for example jumps from left to right, from floor to the ceiling, it is much harder to visualize that set compared to a description that follows scene elements from one side to another.

Another challenge for the describer is to stay interesting for the listener for longer periods. If you are in a theatre watching drama for two hours you have to be skilful at describing so as not to be repetitive. Also, it is a good idea to vary the tone of your voice. If there is a loud party on stage you describe it in cheerful tones, or if there is a mystery scene, your tone could be more suspenseful.

In our environment, there is a lot of information. When describing to the visually impaired, sometimes it is impossible to describe everything. In those cases, we have to choose carefully what information we will transfer to children with VI. Deciding what is useful information and what is not can be challenging.

TIPS

When describing we have to be precise. If we mention something, we have to explain it. A blind person may be familiar with a word but may not understand its meaning fully. Check if the person understands everything.

Use familiar comparisons; this works well when describing sizes for example. Rather than saying something is "large" you could say "as long as a car", "as tall as a door" or "as big as your hand". In this way the person who is visually impaired has something concrete as a reference point.

Order of the description. Start describing slowly from left to right and be thorough, so you do not go back and forth during the description.

When describing, if possible, always check if a person understands your description. If he or she does not understand then try using different words.

When describing a new route, describe every part that is relevant to the person who is visually impaired like doors, changes in levels, bannisters. Provide many opportunities to practice and use the same words and description consistently. At the end check, if all parts of the path are recalled.

Aim for description to be short and precise and allow time for the visually impaired person to absorb the information.

INFORMATION ABOUT YOURSELF

PRESENTATION, EMPOWERMENT, SELF-ADVOCACY



INTRODUCTION

It is important that the child with VI has an awareness of their unique visual diagnosis. This is the first step towards understanding and accepting their visual impairment. This requires sensitive support and can be a long process. Having knowledge about their vision encourages self-advocacy skills and should enable the child to be able to share information with others about their visual needs.

We teach a child with VI:

- to understand their unique visual impairment and be able to explain it in simple terms,
- to be aware that he/she is a child with unique abilities and needs,
- to be aware of challenges as they arise and have the confidence to discuss them, for example difficulties moving around the classroom independently,
- to be able to show others equipment that they use,
- to be aware of the support that they need, for example the size of enlarged print, braille, lighting requirements,
- strategies to deal with other people's reactions to their sight loss,
- to encourage peers to ask questions and to answer them,
- to demonstrate walking with a white cane (if used), trailing independently or walking with a companion,
- to be able to talk about how classmates/others can help.

CHALLENGES

Children with VI may seek to deny or ignore their unique challenges. Understandably they try to be as similar as possible to their peers in order to fit in, regardless of the problems they face daily.

Due to a lack of understanding, sighted peers and adults can misinterpret the needs and abilities of the child with VI. This can lead to low expectations of their academic and social potential.

Stereotypical ideas of how a person with VI looks and behaves may need to be addressed. Peers and adults may be puzzled when they found out that the person with VI may have some visual ability.

TIPS

The children with VI have opportunities to practice presenting information about their sight loss to an adult or professional first, before they talk to their peers. With a professional, he/she can practice different situations where specific help is required. This can be done through discussion and role-play.

The child with VI could prepare a presentation for new classmates where they talk about their sight loss, strengths and abilities in simple terms.

Role-play can be extremely useful for preparing for a range of scenarios such as job interviews, shopping or meeting new roommates. It can also be an excellent strategy for practising

meeting new people at social events.

During role-play training, adults or professionals should provide a child with a range of possible comments/questions/answers for different social situations and provide opportunities for them to practice using these.

This will provide lots of opportunities to practice self-advocacy. Practicing in this way will help to improve the confidence and self-esteem of children with VI.

It is vital that parents understand the importance of encouraging their child to discuss their visual impairment and to practice their social skills at home as well as in school.

Teachers could provide ideas for role play at home based on the individual needs of the child. Understanding the importance of social skills for making friends/having a support network/independence/mental health/ employment in future life should be emphasised to parents.



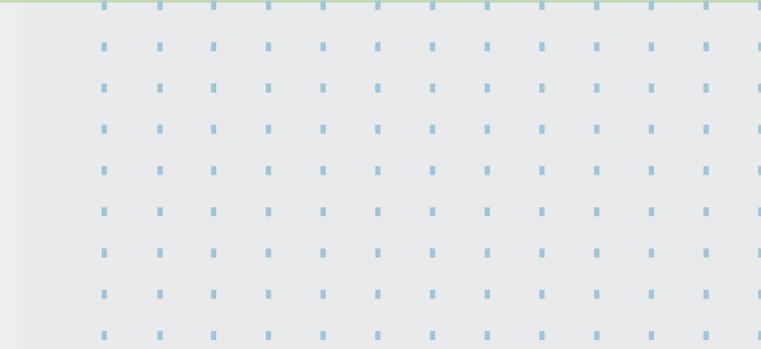
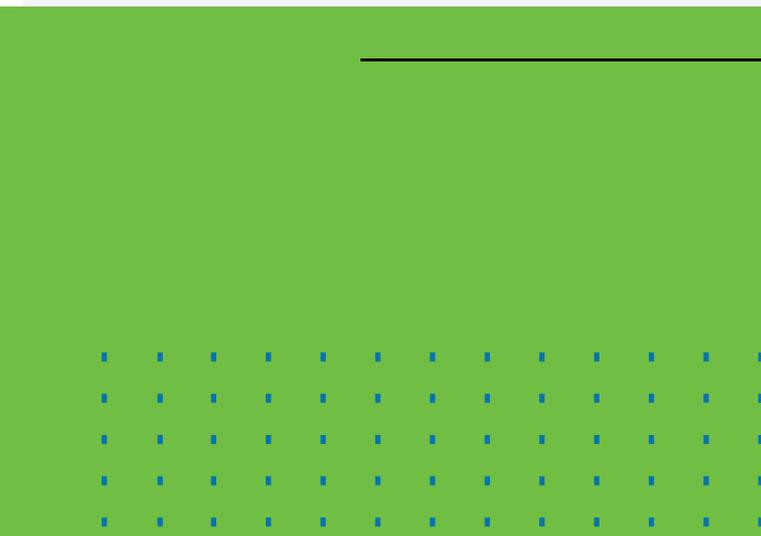
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SMILE!



Ljubljana, 2021