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Date:

Dear XXXXXXX,

# Effective Practice Guide

# Mobility and independence: Early Years

## About this guide

In this guide, you will find information on movement in the early years for children with vision impairment, which suggests ways of encouraging mobility from babyhood onwards, including for children with complex needs. We also cover some ideas and tips to help you with teaching daily living skills for this age group.

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## 1. Movement in the early years

In this section we explain how principles of how movement develops in the early years can be useful when considering children with complex needs and vision impairment.

### Babies and movement

Learning through the senses and movement is a recurrent theme in early childhood education. Reaching out to explore in play is a key principle recognising the value of movement in all learning.

Jean Piaget is one of the pioneers who defined the sensory-motor period in the first two years of life. Penny Greenland describes his work in this way:

"A child's ability to understand the world around, to communicate with others, and to establish a strong sense of self is grounded in the early sensory and motor experiences available to them. Sensory motor learning is the ability to take in, sort out, process and make use of information from the world around us." (Greenland, 2006)

She states that for a developing baby the key issues are:

* where do I begin and end?
* where is this body part in relation to that?
* how much force is too much?
* how do I fit into the space around?
* what does it feel like to be a body?

She describes this as developing embodiment, where children start:

* feeling comfortable in their own bodies
* having a sense of control over their movements
* developing a sense of wellbeing.

### How and why children move

So why is movement important? Take a moment to try something. Think of something you wish to communicate to another person; now try to do it - without any kind of movement.

All human communication requires some form of movement. So how do we know that children can communicate if they do not move, even in the slightest way? How do we know what they have learned?

According to Macintyre and McVitty, movement has three elements: planning, organising and doing. Children have to know what they want to do; they then have to sequence actions; and they have to know how, when and where to move. But we have to separate out two aspects of this process - learning to move, and moving to learn.

#### Learning to move

Learning to move involves the development of a child's independent movement, the steady progress of co-ordination and control of body movements and the growing understanding of "how I work". The second involves an understanding of what movement can achieve, of how the world works, both social and physical.

#### Moving to learn

In moving to learn, "the infant must realize, first, that the toy (or bottle or mommy) is somewhere out there. Secondly he must have the motivation or desire to secure that object. And third he must realise that he can influence whether or not he actually does secure it - that the choice is his" (Ferrell, 1986)

### Movement in children with a vision impairment

But what if the child has a vision impairment? While there will be great variety in children, it is likely that there will be:

* less experience of movement, as some blind babies tend to lie quietly or 'still' when listening so there is potentially less experience of how different body parts move
* less motivation to move, with the result that movement skills may develop more slowly
* dislike of being on their tummy, which has implications for upper body strength and crawling
* little incentive to lift their head without vision as a stimulus
* more help needed to recover balance, as saving responses may be slower to develop
* more wariness about being upright and unsupported
* more difficulty in navigating round obstacles.

#### Developmental Journal (DJVI)

The developmental journal for babies and children with vision impairment (DJVI) is a valuable resource to support development in young children from birth to three years. In 2005 it was commissioned by the English central government to be disseminated as the national early intervention framework for children with visual impairment and their families and has been scientifically proven for effectiveness in 2019 (Dale et al., 2019).

The section on early movement and mobility explores:

* body awareness
* learning to develop voluntary movement by being given the opportunity for movement experience, sensory experience such as on skin and touch experience through hands
* position in space: developing orientation in the 3D area of space with a growing awareness of the importance of the vestibular sense (balance) and proprioception (muscles/joints)
* exploring the environment: lying, rolling, crawling, creeping, walking, extending in space
* extending movement and co-ordination through parental play.

Early reflex actions, which babies are born with, are replaced in the early months by purposeful and controlled movement. As the authors of the journal state in the General Overview of Development:

"Children are motivated to make voluntary movements when they are interested in things beyond their own body and when they understand that they can reach and obtain these things even when they are not in direct contact with them."

Motivation, a growing interest in and understanding of things in the environment, and regular practice through play are all vital to help the child control the movements they make and become more independent.

## 2. Mobility - how to help

You can encourage a child to have a growing interest in, and understanding of, things in the environment. Regular practice through play helps children to control the movements they make and become more independent. You can do this by providing activities which include:

* floor play, tummy and back play, rolling over and over
* belly crawling and crawling
* spinning, tipping, tilting and falling (be safe)
* pushing, pulling, stretching, hanging and sliding.

### Habilitation Specialists

Some services for children with vision impairment are able to put you in touch with a Habilitation Specialist (sometimes called mobility officer) if a child would benefit from specific support. They can advise you on how to encourage children to move around the environment, both indoors and outdoors, more independently.

Some children also use canes and squeaky shoes to help with mobility. Opinions vary as to when to introduce early cane skills, but some people think that it is good to introduce children to long canes as soon as they can walk, and that parents should be actively involved. The child uses the long cane as part of everyday life not just in mobility lessons.

One parent introduced her daughter to a cane when she was 3 years old and says that it was the best decision she could have made: her daughter took to it straight away and her concentration and behaviour improved immediately. She is relaxed and her cane provides the information to react to changes and hazards herself rather than waiting to be told.

A shoe with a squeak may also motivate a young child with a sight problem to take those first independent steps. Two mums tried out "Squeaky Shoes" with their daughters.

## 3. Daily living skills - teaching activities

### Advice for using the activities

This section was compiled with the help of a Qualified Habilitation Specialist (RQHS) These activities are really skills for life and should, therefore, begin as early as possible and involve everyone working with the child. There should be a 'commonality' of approach (which is best discussed with as wide an audience as possible) and of language used with the child, so that, for example, directional instruction remains the same. This avoids confusion for everyone involved. The skills fall into three main categories; toileting skills, eating skills and dressing/undressing skills.

### Toileting

* Encouragement - in any form - is okay. Keep a packet of Smarties or similar on hand, or use taped songs or favourite toys, anything that constitutes a reward.
* Use the same routine every time on entering and leaving the toilet. Think about a simple route in and out and add any tactile points in the room that the child may understand (bells on the door, an elastic band on the handle etc).
* Be flexible about the use of the potty or toilet. A lot of blind and partially sighted children fear sitting on a toilet. Do not leave them on their own, and offer lots of talk and support such as holding hands. Singing aloud helps too.
* Some children need to 'look' at what they have done and where it is. Don't be too squeamish about it, although this can be discouraged as the child develops the skill.
* Use the flush system as a reward. Most children love to hear it and to do it for themselves.
* Be sure the child always does the whole process, including hand washing, every time.
* Make a huge fuss at every success - accept accidents (there are likely to be many). Take the child to the bathroom to change wet clothes so that the act becomes associated with the appropriate places.

### Eating

* Fingers were invented before forks, so concentrate on them first.
* Many blind and partially sighted children develop preferences which are usually in favour of hard-edged foods like burgers, chips. They dislike foods with poor definition, such as yogurt with bits in. They like to have a commentary about what you are offering.
* A Dycem mat (or damp cloth) under plates keeps them still and in the same orientation.
* Try to use rimmed plates with a good contrast to the table, such as blue on yellow.
* Use hand on hand technique when starting to use tools, and begin with a spoon and fork. Some cutlery has enlarged grips and may be useful.
* Be prepared for mess and clear the child up at the very end. State what you are doing.
* Don't comment about refused foods. Try again another time.
* Let the child feel your own jaw when chewing and listen to you eating crunchy foods. They will enjoy this.

### Dressing and undressing

* Try to insist on easy clothes like track suit bottoms. All fastenings are a problem and can be frustrating for everyone. Avoid getting heads stuck.
* Begin by letting the child do as much or as little as he/she can, which may be pulling off a sock. Give praise even for small successes.
* Arrange clothing on a chair, where the child can return to dress again. Place items over the back in the order they come off, and place socks and shoes underneath the chair.
* The backs of clothing can be marked with a small button, or piece of Velcro on the label at the neck. Choose Velcro wherever you can - children love the sound of it. They also love zips.
* Coats nearly all have hoods, and these can be placed on the back of the head to start putting the coat on. Add extra length to zips with a safety pin or paper clip to ease movement up and down.
* Have a variety of fastenings on pieces of good quality cloth to play with in spare time.
* Be patient and praise every time. Occasionally, try to put the child in a position where time does not matter for dressing and undressing.

## 4. References

Dale N J, Sakkalou E, O’Reilly M A et al (2018) Home-based early intervention in infants and young children with visual impairment using the Developmental Journal: longitudinal cohort study. **Developmental Medicine and Child Neurology**, (DOI) – 1.1111/dmcn.14081

Ferrell, K A (1986) Infancy and Early Childhood in Scholl, G T (ed) Foundations of Education for Blind and Visually Handicapped Children and Youth. New York, American Foundation for the Blind

Greenland, P (2006) Physical Development in Bruce, T (ed) Early Childhood. London, Sage

Macintyre, C and McVitty, K (2004) The Importance of Movement for Learning in Early Education Autumn 2004

## For further information about RNIB

Royal National Institute of Blind People (RNIB) provide a range of services to support children with vision impairment, their families and the professionals who work with them.

RNIB Helpline can refer you to specialists for further advice and guidance relating to your situation. RNIB Helpline can also help you by providing information and advice on a range of topics, such as eye health, the latest products, leisure opportunities, benefits advice and emotional support.

Call the Helpline team on 0303 123 9999 or email cypf@rnib.org.uk

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