

meet children's needs in the classroom (e.g. the best position for a child in the classroom), and instruct children in the use and care of low vision aids.

Working with pre-school children at home

Evidence shows that, for children with visual impairment, the pre-school stage is when the basics of learning, literacy, daily living skills, personal organisation, and mobility are established.¹

Itinerant teachers play an important role in this development process by spending time with visually impaired children at home in order to prepare them for primary school education. They provide tutoring in pre-Braille skills (e.g. sorting and matching activities) and daily living skills. They also play an important role in developing young children's orientation and mobility skills by assisting local rehabilitation workers with home-based programmes.

Identification, assessment, and referral

Itinerant teachers are often the first professionals to identify that a child has a problem with vision. They will normally alert their co-ordinator, who will then refer the child for clinical assessment. In the case of older pre-school children, itinerant teachers may carry out a preliminary functional visual assessment (perhaps using an E-chart) and may set the child a range of practical tasks to assess their current level of visual functioning.

These teachers are often an important link between families and clinicians. They can provide health professionals with useful background information about a child's circumstances and visual functioning. They also follow up children who have been prescribed spectacles or low vision aids, provide parents with information on where to buy aids, and seek funding for parents who are unable to afford them.

Counselling, practical support, and advocacy

Itinerant teachers provide individual and family counselling on how to raise a child who is visually impaired. They can also help the family to see their child in a positive light and to develop a supportive attitude towards their child. This will help with schooling and independence. Itinerant teachers also provide practical support to families, such as organising hospital and eye clinic visits for parents.

Itinerant teachers can sensitise local primary schools about issues related to teaching a visually impaired child in a mainstream class. In Uganda and Kenya, itinerant teachers play a key role in sensitising communities about

the importance of sending children with disabilities to school.

Challenges

The lack of clear job descriptions and support makes it very difficult for itinerant teachers to organise their work in order to reach the children who most need their help. Some teachers have to overcome many barriers, including:

- struggling to obtain permission from their own head teachers to visit children on their caseload
- having to travel long distances, without adequate transport, to visit schools
- poor access to appropriate teaching and learning materials
- a lack of moral support from the teaching profession.

One of the biggest challenges itinerant teachers face is working with visually impaired children who have additional complex needs or disabilities. Teachers who work with these children at home need to be able to deliver a programme of training in basic development areas (i.e. motor, communication, and social skills) and involve parents in practising these skills with the child. Unfortunately, many itinerant teachers are not sufficiently trained to work with these children.

Making it work

In spite of the many challenges they face in their work, itinerant teachers still offer a range of skills that can complement the skills of other professionals in eye care and rehabilitation. This will ensure that visually impaired infants and young children go on to take part in education and training, including mainstream schools.

We would like to encourage health professionals in eye care and paediatric care to work closely with itinerant teachers in districts and sub-districts where these teaching services are available.

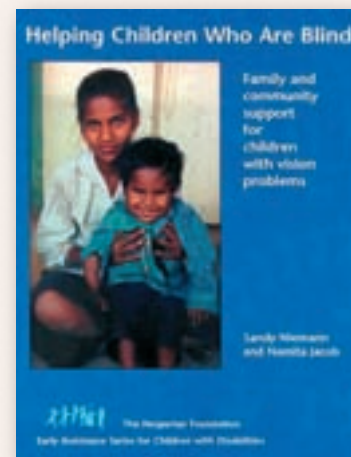
Health workers should be able to draw on the skills of itinerant teachers and on their knowledge of the community, family, and children when deciding which intervention programmes to implement, or when prescribing low vision aids or other equipment.

Provided they are given adequate support from their school and other professionals, itinerant teachers can play an essential part in ensuring visually impaired children receive the care and skills training they need.

Reference

- 1 Brouillette J, Thorburn M, Yamaguchi K. Early childhood special education: an international perspective. In: Mittler P, Brouillette R, and Harris D, eds. World education yearbook of education: special needs education. London: Philadelphia, 1993.

Book review



Helping children who are blind

Reviewed by **Paul Lynch**

This resource book was written primarily for parents, but it is also very useful for professionals working with visually impaired children, e.g. teachers, itinerant teachers, and mobility and rehabilitation workers.

The book explains how to help a baby or young child who is blind develop communication skills, daily living skills, and movement. Each chapter takes a step-by-step approach to helping a parent or carer through a specific skill; attractive pencil drawings illustrate each step.

The appendices provide a helpful resource for those developing intervention programmes for different age groups. There are also useful suggestions on how to make simple toys from local materials that help develop a child's use of hands and sense of touch.



See page 34 for ordering information.

Managing a young child for an eye examination



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Indications

A young child, or a child who is unable to co-operate, needs to be managed carefully when he or she is being examined by an ophthalmologist or other eye health practitioner. The following steps aim to guide the health worker who has to manage such a child whilst assisting the examiner.

You will need

- A sheet or blanket
- A torch or flashlight

Preparation

Gain the child's confidence by taking time to be friendly and playful.

While the child is relaxed, the examiner will have an opportunity to look at the way he or she uses his or her eyes and to note whether one is held shut with pain or whether there is any watering or squinting. (It may be helpful to observe babies' eyes while they are breastfeeding or being held by their parent or carer.)

Explain to the parent or carer, and to the child if he or she is old enough to understand, what you and the examiner are going to do. Talk reassuringly to the child and continue to do so throughout the examination.

Method

- Lay the child in the middle of the sheet or blanket with feet facing you
- Restrain the child's right arm close to the body by wrapping the left side of the sheet or blanket around both the arm and the body (Figure 1)
- Restrain the left arm by wrapping the right side of the sheet or blanket around the whole body of the child (Figure 2)
- In a sitting position, hold the wrapped child firmly, with the feet on your lap, and support the head
- The examiner, having washed his or her hands, then sits directly opposite you and takes over steadying the child's head in his or her own lap. If necessary, a second helper may hold the torch (Figure 3)
- The examiner can now start to examine the child's eyes.

Figure 1



Sue Stevens

Figure 2



Sue Stevens

Figure 3



Sue Stevens



USEFUL
RESOURCES

Useful resources: the visually impaired child

Online resources

Embracing diversity. Toolkit for creating inclusive, learning-friendly environments. Available to download from www.unescobkk.org/index.php?id=2950

Helping children who are blind (Hesperian Foundation). Available in English and Spanish. Download (free) from www.hesperian.org

Low vision online. This is an online training manual for non-specialists that can be used to identify children with visual problems for referral to clinical services and to train children with low vision after a clinical eye examination has been done. www.lowvisiononline.org

The International Council of Education of People with Visual Impairment (ICEVI). ICEVI publishes *The Educator*, which is available free of charge on its website (under 'Publications'). The site also contains information about ICEVI activities and contact information for different regions of the world. www.icevi.org

Enabling Education Network (EENET). An information-sharing network on the issue of inclusive education. Back issues of the EENET newsletter contain some useful and interesting articles on this topic. www.eenet.org.uk

Overbrook School for the Blind. This website contains free and useful information for parents of children with visual impairment, including those with additional disabilities (under 'Family and student info', in the section called 'Parent resource centre'). www.obs.org

Books

Embracing diversity. Toolkit for creating inclusive, learning-friendly environments. Available from the UNESCO Asia and Pacific Regional Bureau for Education.

Helping children who are blind (Hesperian Foundation). Available from TALC. UK £9.50 plus post and packing.

Inclusive education for children with visual impairments: a guide for non-formal schools. Available from Helen Keller International, Bangladesh.

Sonksen P and Stiff B. Show me what my friends can see. A developmental guide for parents of babies with severely impaired sight and their professional advisors. Available from the Institute for Child Health, London.

Stubbs S. Inclusive education: where there are few resources. Available from The Atlas Alliance, Norway.

Reports

Management of low vision in children. Report of a WHO consultation, Bangkok, 23–24 July, 1992. WHO/PBL/93.27. Available online at http://whqlibdoc.who.int/hq/1993/WHO_PBL_93.27.pdf

Journal articles

Verweyen P. Measuring vision in children. *Community Eye Health J* 2004;17(50): 27–29.

Community Eye Health Journal back issues

Volume 17, Issue 49, 2004 Low vision care: the need to maximise visual potential
Volume 14, Issue 40, 2001 New issues in childhood blindness
Volume 11, Issue 27, 1998 How can blind children be helped?

Suppliers' addresses

Atlas Alliance: Shweigaardsgt 12, PO Box 9218, Grønland, 0134, Oslo, Norway. Email: atlas@atlas-alliansen.no

Helen Keller International, Bangladesh: Technical Assistance for the Education and Rehabilitation of the Blind, Helen Keller International, Bangladesh House 38, Road 14 A, Dhanmondi Dhaka 1209, Bangladesh. Email: amin@hkdhaka.org

Institute for Child Health: Overseas applications should be sent in writing to: 'Developmental Guide', The Wolfson Centre, Mecklenburgh Square, London WC1N 2AP, UK, or by fax to: +44 207 833 9469.

TALC: PO Box 49, St Albans, Herts, AL1 5TX, UK. Email: info@talcul.org

UNESCO Asia and Pacific Regional Bureau for Education: PO Box 967, Prakhonng Post Office, Bangkok 10110, Thailand. Email: bangkok@unescobkk.org

WHO: World Health Organization, WHO Press, CH-1211 Geneva 27, Switzerland. Email: bookorders@who.int

News

Correct formula for Timolol Maleate 0.5% m/V eye drops

An incorrect formula for Timolol Maleate 0.5% m/V eye drops appeared in the Local Small Scale Preparation of Eye Drops manual, and the Technology Programme Committee of Vision 2020 is concerned that it may have been copied in other manuals in its incorrect form.

Please ensure that you use the correct formula, shown in Table 1.

This manual is no longer available in its printed form, but is downloadable from the World Health Organization website (www.who.org). It now contains the correct formula.

Exchange contributions wanted

The *Community Eye Health Journal* would like to invite readers to submit short articles (500 words) for the Exchange section of the journal. For Issue 64 (December 2007) and Issue 65 (March 2008) we are particularly interested in experiences related to advocacy and cataract complications, respectively.

Farewell

Sue Stevens will be retiring and leaving the International Centre for Eye Health (ICEH) and the *Community Eye Health Journal* at the end of July. She has been here since 1993, giving professional nursing input to the journal and providing educational information and resource services to eye health workers all over the world. Sue will be sorely missed and we wish her well in her future endeavours. For information please contact Jenni Sandford: jennisandford@lshtm.ac.uk

Acknowledgement

Many thanks to the late Dr Hans Hirsch and his family for their support to the *Community Eye Health Journal* over the next three years. Dr Hirsch and his wife Gertrude had a strong interest in helping those who are blind, both through education and through clinical interventions.

Meetings

The 30th Annual Congress of the Ophthalmological Society of Pakistan and 4th Khyber Eye Symposium will take place in Pakistan from 22–24 February, 2008. For more information, contact Dr Tariq Farooq Babar. Email: osp_nwfp@hotmail.com

The International Conference on Prevention of Avoidable Blindness and Visual Impairment in South-East Asia will take

place in Pasir Panjang on 5 October, 2007. For more information, contact Mr John SY Tan at cipremie@singnet.com.sg

Training

Paediatric ophthalmology fellowship

The CCBRT Hospital in Tanzania is offering a six-month fellowship in paediatric ophthalmology. **Requirements:** Candidates should be qualified ophthalmologists and have performed at least 500 adult cataract operations. They should also be able to demonstrate that there is a need for paediatric ophthalmology services at their place of work, and that they have been or will be given the resources to put into practice the skills that they acquire during the fellowship. **Fees:** US \$5,000 (tuition only), board and lodging US \$25 per day, expenses for necessary documents approximately US \$200. No salary is paid by CCBRT to the candidate.

Contact: Dr Richard Bowman, Training Director, CCBRT Hospital, PO Box 23310, Dar es Salaam, Tanzania.

Email: richardbowman@bol.co.tz

International Centre for Eye Health Diploma in Community Eye Health

Date: 13 February–23 May, 2008.

Venue: The International Centre for Eye Health at the London School of Hygiene and Tropical Medicine, 8 Bedford Square, London WC1B 3RE, UK. **Objectives:** This course is aimed at people who want to know more about the major blinding eye diseases and the VISION 2020 initiative. Participants will be expected to research and write up a strategy document outlining plans which will be instituted on return to their home country. **Target audience:** Eye care professionals (including ophthalmologists, optometrists, and project managers) who want to receive training in Community Eye Health, but cannot be away from their place of work for a longer training course.

Scholarships: Please contact Emma Sydenham (emma.sydenham@lshtm.ac.uk) for assistance with securing funding from your home country to cover part of the course fee. **Further details and admission procedures:** Applications for this course are available on the London School of Hygiene and Tropical Medicine's website: www.lshtm.ac.uk/prospectus/short/sdceh.html.

Email: ShortCourses@lshtm.ac.uk

New and notices continue over page >

Table 1. Correct formula for Timolol Maleate 0.5% m/V eye drops

	For 100 ml	For 500 ml
Timolol Maleate 0.5%	680 mg	3.4 g
Dihydrogen Sodium Phosphate	400 mg	2.0 g
Disodium Hydrogen Orthophosphate 2H ₂ O	1.4 g	7.0 g
Stock Solution Cetrimide 0.5%	4 ml	20 ml
Freshly distilled water	100 ml	500 ml