

The Role of Integrated Education for Blind Children

Dr M N G Mani

*Principal
Sri Ramakrishna Mission Vidyalaya
College of Education
Coimbatore – 641020
India*

Why Integration?

Over the years, studies in child development, sociology, and special education have led enlightened educators to the conclusion that blind children grow, flourish, and achieve greater self and social fulfilment by being nurtured in the least restrictive environment. Through local education, supported by well prepared specialists in education of the blind, these children may enjoy everyday common experiences essential to the development of a keen awareness of the realities of the world around them. With proper technical assistance, consultation given to regular classroom teachers, and a broad educational environment, blind children are able to show their true worth; they are then more readily accepted socially by their sighted counterparts. Statistics reveal that not even 10% of blind children in most of the developing countries are receiving any kind of education, and therefore, integrated education is considered to be the only practical approach. It is the economically viable, psychologically superior, and socially acceptable model to bring all those unreached blind children into the mainstream of education.

Objectives of Integration

The true objectives of integrated education are to:

- Provide the same opportunities and educational experiences for blind children as those provided for sighted children

- Allow blind children – and their families, neighbours, and friends – to interact socially in normal situations
- Change the typical public response to blindness by demonstrating that blind children are children first and blind children next
- Provide a natural basis for adult life experiences so that blind students may take their proper places as contributing members in all sectors of society.

Integrated education is not simply placing a child in a regular classroom. The child needs assistance. Blind children can easily assimilate more than 80% of teaching and experience in the regular classroom if they are provided with **the correct material in the correct form at the correct time**. Therefore, development of the right educational environment will make integration of blind children a reality.

Factors Contributing to the Success of Integration

The major means of attaining successful integration are:

- 1 Provision of specialised teachers to serve as resource persons, to prepare special materials, as required, and to provide special instruction in those skills peculiar to blindness such as Braille reading and writing, use of reader services, auditory perceptual training and orientation and mobility.
- 2 Provision of all appropriate educational texts and selected aids and appliances. If textbooks are not available in Braille, substantial quantities of individually transcribed Braille materials may be required.
- 3 Provision of consultation for regular



Reading Braille

Photo: Clare Gilbert

classroom teachers, school administrators, families, local health authorities and the general public on matters dealing with education of blind children, specialised training techniques and selection of appropriate materials.

- 4 Full use of local consultants, specialists and volunteers with special skills or those who are willing to be trained to assist in specialised ways, such as through reading services, or materials preparation including Braille transcription.

Curriculum in Integrated Schools

A curriculum for blind children is never less than the curriculum for sighted children; on the contrary it is more comprehensive. In addition, for every skill expectation of the sighted child, blind children must do more. Apart from academic subjects, integration becomes effective when the blind child is well trained in compensatory skills such as Braille reading methods, use of slate and stylus, use of audio equipment, development of visual perceptual activities, speed and accuracy in the use of the abacus, skills of daily living and orientation and mobility. In order to enable the blind child to follow the general curriculum without any difficulty, the resource teacher, in consultation with the regular teacher, can make changes in the presentation of materials, if necessary. There are four principles involved in the preparation of materials.

- **Duplication** is the most encouraged method of materials preparation
- **Modifications**, in terms of content, method of display, type of material used, and the response expectation from the child, are sometimes made
- Sometimes, there is no suitable way to modify materials and therefore an experience may have to be **Substituted** so that it closely approximates that presented to sighted counterparts



Children and teachers at work!

Photo: Lynne Ager

- Under unavoidable circumstances, a concept or a lesson may have to be **Omitted**.

Selection of an Appropriate Model of Integrated Education

In developing countries, awareness of integrated education is found among organisations working for blind persons and amongst professionals as well. There is a common consensus that integrated education should aim at normalising the life and education of the blind child but opinions vary to a great extent about how to realise the goal of integration. A minimum of ten models of integrated education are currently observed in developing countries.

Resource models with residential facilities are predominately found in many integrated programmes in developing countries but these are as costly as special school settings. The itinerant model, composite areas approach, and other contract specific cost-effective models have to be tried out to reach the currently unreached blind children in rural areas. **There are claims and counter-claims about the superiority of one model over the other. In this professional debate on models, the real impact of integrated education should not be lost.**

In deciding the cost-effective models of integrated education, three factors have to be considered.

- Number of blind children in a locality

- The nature of services required by blind children
- Expertise needed by a special teacher and general classroom teachers

More than 90% of blind children in developing countries are from rural areas, which are scattered. In a rural locality, it is difficult to find the required number of blind children for resource models. In such circumstances, the only cost-effective model would be an itinerant approach where one resource teacher can attend to the needs of more blind children in a cluster with the assistance of general classroom teachers. Research clearly indicates that resource models are academically superior to all other models of integration but duplication of resource models for mass implementation is not feasible. Now **inclusive education** is increasing in special education and general education itself is sensitised to take care of the educational needs of blind children.

Blind children require different kinds as well as different levels of service. Children who are at the primary level will require the direct assistance of a specialist teacher whereas children at higher levels depend more on regular classroom teachers provided they are given the necessary materials for learning in the regular classroom. **Therefore, selection of a model depends upon the nature of services needed by the blind children.**

The success of integration also depends upon the extent of assistance provided by the general classroom teachers. In integration, the general classroom teacher and the specialist teacher are 'two sides of the same coin' and, therefore, the general education system itself should equip the regular classroom teachers in pre-service programmes to cope with the needs of disabled children in general and blind children in particular. Hence, blind children can be served effectively by a good combination of specialists and general classroom teachers.

Role of Special Schools

Special schools should change their role by serving blind children who cannot benefit by integration. Blind children with additional disabilities require special school services and, therefore, special schools will continue to provide services. In fact, they can become resource centres in a locality to promote the cause of integrated education.

Conclusion

In countries like India where the numbers of blind children are staggering, integration emerges as the only alternative to reach the unreached. Services for blind children in the country are more than 100 years old but the coverage of blind children in education is not even 10%. This scenario will change with the speedy implementation of integrated education. □

Ocular Infection

Investigation and Treatment in Practice

David V Seal MD FRCO (Ed) FRCS (Ed) FRCS (Ophth) FRCS (Gen) FRCS (Plast)

- Covers a Wide Variety of Ocular Infections
- Clear and Concise Text
- An Indispensable Resource Book
- Extensive Referencing



Contents:
Pathogenesis of Infection and the Ocular Immune Response
• Antimicrobial Pharmacology for the Eye • Ocular Fluid and Lymphatic Systems • Conjunctiva, Cornea and Anterior Chamber • Uvea
• Endophthalmitis, Vitritis and Retinitis • Tropical Ophthalmomycoses
• Epidemiology of Ocular Infection • Prophylaxis of Foreign Body-Induced Infection of the Eye • Appendixes

1989, 236 pages, £35.00, ISBN 0 446 04374 0 / 0 446 04375 0

For more details, visit our website or contact ophthalmology@liverpool.ac.uk
Martin Dunitz Publishers, Scarborough

Martin Dunitz Ltd
The Library House, 79, Park Street,
London, NW1 3BA, UK
Tel: +44 (0)1 483 2292
Fax: +44 (0)1 753 3159
Aldinger@liverpool.ac.uk

MARTIN DUNITZ PUBLISHERS

Book Review

OCULAR INFECTION: Investigation and Treatment in Practice

Authors: D Seal, A Bron and J Hay

This really useful book comprehensively covers the field of ocular infections and is an important contribution to the prevention of blindness. Eight chapters cover general topics such as pathogenesis of infection, ocular immunology and pharmacology and epidemiology applicable to ocular infection, together with specific infections of ocular tissues and systems.

Professor Philip Thomas writes on tropical ophthalmomycoses. Chapter eight deals with hospital acquired infections, covering clinics, operating theatres, surgical prophylaxis and eye banking hygiene. Eight appendices contain very practical information on microbiological methods, formulations of antimicrobial agents and treatment regimens.

The authors are all experts of international renown in the field of ophthalmic infection and microbiology. The text is attractive, clearly laid-out and beautifully illustrated with diagrams and coloured plates. Recommended reading and references are also given.

This volume will become indispensable reading for those dealing with eye infections as it presents essential information on patient management in both temperate and tropical areas. It is a 'must' not only for ophthalmologists but also microbiologists, infectious disease physicians, pharmacists, ophthalmic nursing staff and all medical and nursing libraries. At £35.00 it is a bargain. Perhaps a handy, cheaper paperback version would improve availability for developing countries.

E D Wright PhD FRCPATH