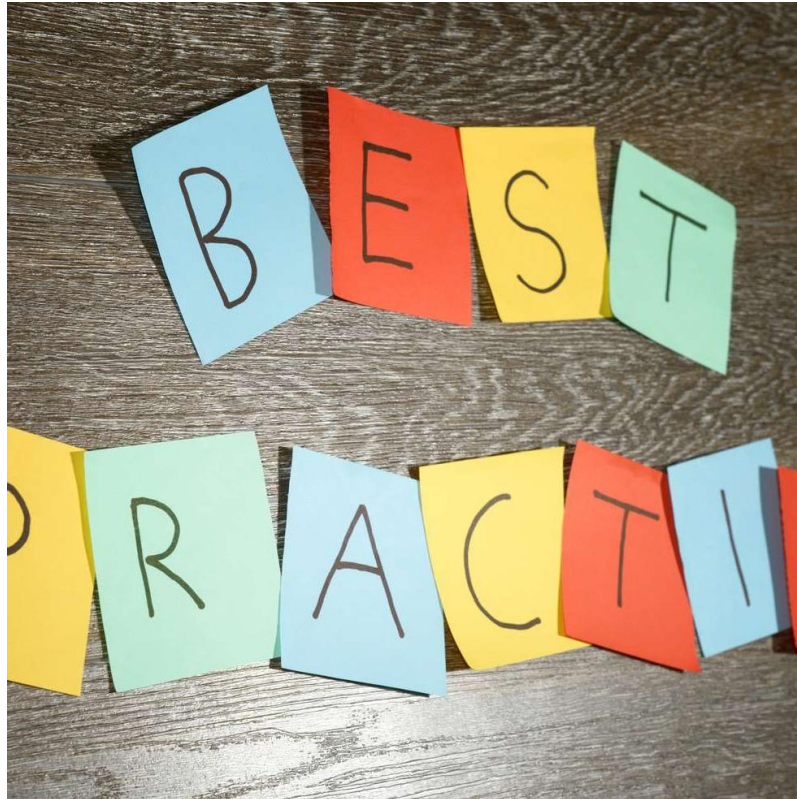




Early Intervention Services

for Families with Children with Vision Impairment and Additional Disabilities

I06_Best PracticesGuide



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3	ISTANBUL MEDENIYET UNIVERSITY-IMU	
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5	Liceul Special pentru Deficienti de Vedere Cluj- Napoca	
6	AMIMONI -Panhellenic Association of parents and friends of visually impaired people with additional handicaps	
7	St. Barnabas School for the Blind	
8	ANSGA-Ayşe Nurtac Sozbir Gunebakan Association for the Children with Multiple Disabilities with Visual Impairment and Their Families	
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INTELLECTUAL OUTPUT 6: Best Practices Guide

Key Action:	KA2-Cooperation for innovation and the exchange of good practices
Action Type:	KA201- Strategic Partnerships for school education
Grant Agreement No.:	2019-1-EL01-KA201-062886
Prepared by:	AMIMONI
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Form:	Final Report

Acknowledgement

The present project ErISFaVIA-Early Intervention Services for Families with Children with Vision Impairment and Additional Disabilities (No: 2019-1-EL01-KA201-062886) funded by the Erasmus+ programme of the European Union.



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Introduction to the ErISFVIa Project

Children with vision impairment and additional disabilities (VIAD) or deafblindness (D/B) have unique needs and require adaptations on intervention strategies. Early intervention services (EISs) are vital for children's health, education and quality of life.

The ErISFaVIA project concerns the training of professionals regarding EISs for children with VIAD or D/B. Early intervention services are demanding programs and can only be implemented by highly skilled and trained professionals. The ErISFaVIA project aims to address the following objectives: a. to develop a training program for professionals working in early intervention settings, b. to create early intervention opportunities for children with VIAD or D/B, c. to promote the collaboration between universities, schools and associations of children with VIAD or D/B, and d. to point out the best practices and guidelines for the development of effective EISs for children with VIAD or D/B. Ten organizations (e.g. universities, NGOs, schools) are included in the ErISFaVIA project, consisting of researchers and practitioners of common interest and a unique combination of skills and experience both within and outside the academic field on EISs and VIAD or D/B children's education, and will share the knowledge and experience to meet the above objectives.

The activities of the ErISFaVIA project are distributed according to the intellectual results and the management and implementation of the project. In particular, activities could be described as follows: a. designing and creating the program collaboration platform, b. literature review and needs assessment study, c. educational material and training events, d. reflective logs and questionnaires, e. collating case studies and elaborate relevant research data, f. best practices guide, g. dissemination and exploitation and h. policy recommendations and guidelines. The proposed methodology in the ErISFaVIA project will be oriented at two levels, namely the local and the overall level. Regarding the item Project management and implementation, each beneficiary is responsible for the local management of its time and resources. The overall strategy of the ErISFaVIA project will be based on a synthetic plan of activities to meet its goals. This plan will include possible avenues through which



project activities can be pursued taking into account quality, time, finance, risks, feasibility, IPR (Intellectual Properties Rights) protection and dissemination.

In the long-term perspective, the project will benefit families, young children with VIAD or D/B and the participating educational settings and associations. The project is likely to have a substantial positive impact on professionals and their future professional practice. The trained professionals can exploit their knowledge and skills and the training material to support and enhance families and children with VIAD or D/B at their associations, educational and family settings.



The Guide of Good Practices_IO6: brief description

All organisations involved in this intellectual output are included in the development of Best Practices Guide because each of them analysed data that will be collected through the implementation phase. The leading organisation (Amimoni) was responsible to collect all parts from the participating organisations and develop the final guide in English.

The purpose of this Intellectual output is to collect examples of good practice that organizations, schools or centres delivered to families with vision impairment and additional disabilities (VIAD) or deafblindness (D/B) during the implementation phase. These good practice examples will concern areas mainly in effective networking between different organisations in terms of services and programs. It is argued that O6 occupies elements of innovation because it includes networking value, such as incremental improvements to existing services for families of children with VIAD or D/B, or presentations of entirely new products and services based on up-to-date literature review, families' and professionals' needs.

The Best Practices Guide will highlight the difficulties and the unique challenges faced by the families in their effort to control their wider physical and social environment on one hand, and on the other will bring out exemplars of effective intervention which can be carried out by parents of various backgrounds in home as well as by professionals in a center. It is expected that O6, because of its condensed content, will show that effective early intervention services and programs provide different sources of social support to the family, which may reduce the impact of stress on the family and enhances parent-child interaction and consequently child development. The impact is tremendous because pointing out the best practices and guidelines for the development of effective communication regarding children with VIAD or D/B, enhance their acceptance and promote their inclusion from a broader social context. All this information will be uploaded as Open Educational Resources in the ErISFaVIA portal (elements of transferability potential).



Methodology applied

The framework of collaborative **action research** was applied during the implementation of the early intervention programs. The components of this method have the capacity to incorporate all levels of interactions, which were expected to take place within and between the educational settings, familial environments and professionals during their programs.

Action research is a methodology in which the participants examine their own educational practice systematically using techniques of research, solving real problems, improving practice, and developing new knowledge.

There are four distinct steps in the action research process:

- a. planning,
- b. acting,
- c. observing, and
- d. reflecting.

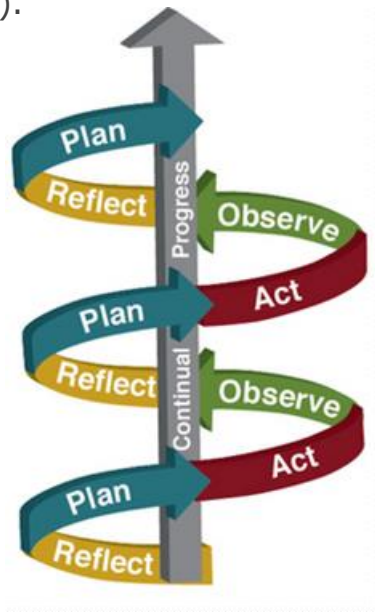
These steps compose a cycle, and ultimately many action research cycles lead into a spiral of similar constructed cycles. These cycles do not suggest that there are discrete boundaries between these cycles but rather that there is an ongoing process of learning and evolution in practices, understandings, and experiences (Drummond & Themessl-Huber 2007; Kemmis, McTaggart, & Nixon 2014).

Kemmis and McTaggart (1988), argue that there is a dynamic complementarity, which links these four steps into a cycle, and ultimately into a spiral of such cycles. To do action research a group and its members undertake

To develop a plan of critically informed action to improve what has already happened,

- To act to implement the plan,
- To observe the effects of the critically informed action in the context in which it occurs, and
- To reflect on these effects as a basis of further planning, subsequent critically informed action, and so on, through a succession of cycles.

These cycles of development, described by Kemmis and McTaggart, have taken place in the present project and have constituted the cornerstone of the implementation of early intervention programs based on the ErISFaVIA training material (IO3).



Source: Valencia College

The operation of the ErISFaVIA project was based on the activities of all members who implemented early intervention programs. Amimoni, Syzoi, St. Barnabas School, the Liceul Special pentru Deficienti de Vedere Cluj-Napoca, and the Ayse Nurtac Sozbir Gunbakan Association for the Children with Multiple Disabilities with Visual Impairment and Their Families, worked out the four distinct steps of action research filling in



corresponding reflective logs, composing a networking group, the Action Research Networking Group (ARNG), which implemented two levels of activities, the preliminary and main activities.

The preliminary activities referred to the presentation and analysis of the reflective logs (see IO4) and the main activities refer to the implementation (IO5).

Reflective logs

The reflective logs consisted of the following steps: a. information regarding the student's profile, b. input regarding professionals' plan of their intervention,

c. actions that were conducted during the intervention, d. professionals' observations during the intervention (i. e. student's reactions, responses, etc.), and e. professionals' reflection on the results of the implementation.



Students' profile

It is evidence-based that the development of communication skills in children with multiple disabilities and vision impairment (MDVI) may differ significantly compared with the corresponding ones in children with typical development (Chen, 1999). One principal difference between the above populations is the fact that children with MDVI cannot obtain enough information from their environment (McInnes & Treffry, 1982). Thus, it is extremely important to trace and highlight notable students' strengths, weaknesses in order to reach a suitable and effective intervention program. This is why the first part of the reflective log is dedicated to students' profiles.



Planning

Before teachers and professionals implement proper interventions, it is necessary to evaluate the state of the child at all levels of his/her development. For this, the “plan” section in the reflective log precedes the intervention phase in order to improve professionals’ preparation in terms of management and effective observation.

Acting and Observing

The next section of the reflective log deals with observation. Observation is considered to be one of the “favorite” strategies of collecting data because it bears authenticity and validity. A professional, by a thorough observation, will be able to describe, encode, quantify, and analyze the behavior which is intended to be evaluated. For this reason, the section which deals with observation in the reflective log provided a number of techniques and options, such as diaries, field notes, checklists, video recordings, audio recordings, discussions with the working team, assessment activities, children’s products, and so on (Eames, 1990; McNiff, 1994; McNiff, Lomax, & Whitehead, 1996).

Reflecting

The last section in the reflective log puts great emphasis on reflection. Through this procedure the professionals had the opportunity to reflect on their own data, and grasp a deeper insight into their students’ understanding, improving educational practices and structure of their intervention programs (Feldman & Minstrell, 2000). In addition, professionals could elaborate and “interpret” their interaction with the child, becoming more aware and more sensitive regarding communication levels and alternative ways of enhancing interaction and communication.



References

- Chen, D. (1999). Learning to Communicate: Strategies for Developing Communication with Infants Whose Multiple Disabilities Include Visual Impairment and Hearing Loss, *reSources*, 10(5), 1-10. Published by California Deaf-Blind Services.
- Drummond, John S., & Markus Themessl-Huber (2007). The Cyclical Process of Action Research: The Contribution of Gilles Deleuze. *Action Research*, 5(4), 430-448. doi:10.1177/1476750307077317
- Eames, K. (1990). Growing your own: supporting the development of action researchers within an action research approach to whole- school development. *British Journal In-service Education*, 16, 122- 127.
- Feldman, A., & J. Minstrell, J. (2000). Action research as a research methodology for the study of the teaching and learning of science. In A.E. Kelly & R.A. Lesh (Eds.), *Research design in mathematics and science education* (pp. 429-55). London: Lawrence Erlbaum Associates.
- Kemmis, S., & McTaggart, R. (1988). *The Action Research Planner*, (3rd ed.), Victoria, Australia: Deakin University.
- Kemmis, S., McTaggart, R., & Nixon, R. (2014). *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer Science.
- McInnes, J. M., & Treffry, J. A (1982). *Deafblind infants and children*. Toronto: University of Toronto Press.
- McNiff, J. (1994). *Action Research-Principles and Practice*. Macmillan Education Ltd.
- McNiff, J., Lomax, P., & Whitehead, J. (1996). *You and Your Action Research Project*. London: Routledge.



Effective Networking Practices

Organizations providing training (BlindenInstitute and Malidom) were asked to describe their experience from the Hybrid Training (online and face to face) that was not originally foreseen from the project. Additionally, all trainers participated in the training sessions have replied to a testimony form, prepared by the coordinator of the IO in order to testify their experience from the hybrid training.

The innovation adopted initially in order to deal with the restrictive conditions that occurred due to Covid, has led to an innovative approach of the training practice that enhanced the knowledge base of the training provided, enriched the networking achieved and increased the opportunity for reflection on the training content.

Following are the outcomes of these activities.



Description of Hybrid training (online and face to face training) -The trainers experience

Blindeninstitut Munich

Baseline:

Due to the Corona situation, it was not possible to hold an attendance week in Munich as planned. After a lot of discussions with the colleagues from Malidom and the leader, we decided to hold online workshops/presentations.

Technical Challenges

Our institution only used „Teams“ for online Meetings and this program did not allow us to have this large number of external participants. So we had to switch to another program that would allow the large number of participants. The „Zoom“ program had to be purchased and with personal support from some colleagues a training in this program had to be done. Furthermore, we could win these colleagues as technical support during the online workshops, so that the lecturers could concentrate on their contents.

Content Challenges

Beforehand, we had to discuss with our colleagues from Malidom what the content of our workshops should be and then talk to colleagues from the different departments who are experts in these topics.

We then agreed on the following core topics for our workshops:

- Diagnostics/Assessment of functional vision
- Principles of early intervention with children with multiple disabilities – a videocase study
- Promotion of Vision in concrete terms
- Development and support of blind children
- Designing communication with non-speaking children Part I and II

The preparations were very time-consuming, as we tried to



create a good balance between theory and practice and to make the workshops as interesting as possible.

It is much harder to keep attention in digital events and so we tried to include many practical examples and different media such as photos, videos, demonstrations of materials.

Of course it was also a big challenge to talk in English and the lack of direct feedback from the auditorium also took some getting used to.

In general, the discussion showed that the online workshops were able to give theoretical insights, but regarding the "hands on"- topics we were missing the practical exercises and feedback.

Consequence

Thus, we were very pleased to be able to hold the attendance days in Munich in autumn 2021 and to be able to work through the discussed contents from the online workshops once again in more depth.

In particular, the view of the various materials for the diagnosis and promotion of vision or the topic of self-awareness in general and eating with children with multiple disabilities in the direct confrontation was very important for many colleagues.

A central point was the supervision and intervision of the cases given from the various partner institutes.

Online events can be a way to keep in touch with each other and to work on theoretical content in the framework of an ERASMUS project under COVID-19. The advantages are also that a larger number of participants can attend these online events.

However, practical contents that are of central importance in our Erasmus project, such as best practices in methods, materials and conditions/framework, can only be experienced and reflected upon in presence events.



Mali dom/Zagreb

During the pandemic it was a real challenge to organize events, lectures, conferences, and even joint writing of manuals. It was not only due to not being possible to make it in person, but also because all aspects of work changed so much, that it demanded different approach to all usual tasks and that took much more time.

Not only that new medium and new ways of communication were new to us, but also all the teachers involved in the project had difficulties in organizing their regular tasks which had to be drastically adapted to new situation.

Also, we were all affected by lack of direct communication, much more time consuming in preparation of materials, videos, meeting with parents.

As for the part of the lectures for Erisfavia project, we had to change the whole concept of how it is going to be presented and structured, to be able to adapt it for online time.

Of course, when writing about it today, almost 2 years after we all have been in this situation, it looks a bit different, since we all had to become very experienced in organizing online events and lectures. We now are able to immediately think in the way what and how it would be possible and doable through the online platform in order to get best outcome and result from the lecture.

But when we had to do it for the project, it was still rather new situation for us, and it took a lot of time to completely prepare material and lectures, as well as the structure of the lecture for the online version.

We have therefore decided together with the leader of the project, University from Thessaly, and partner Blindeninstitutstiftung, that lectures should be shortened to fit easier in the schedule of the participants, and also to have more specific topics which we divided between ourselves – Blindeninstitutstiftung and Mali dom.

For the choice of who will do the online part of the training among professionals from Mali dom who took part in the writing of the Manual, we made choice in joint decision with all them



according to their professional interest and their availability to deliver trainings in proposed timeline.

It was challenging, but over the time we got better and better in it, and even though we definitely did lack hands on type of experience, there are some things that might have had more benefit from the online version of the lecture.

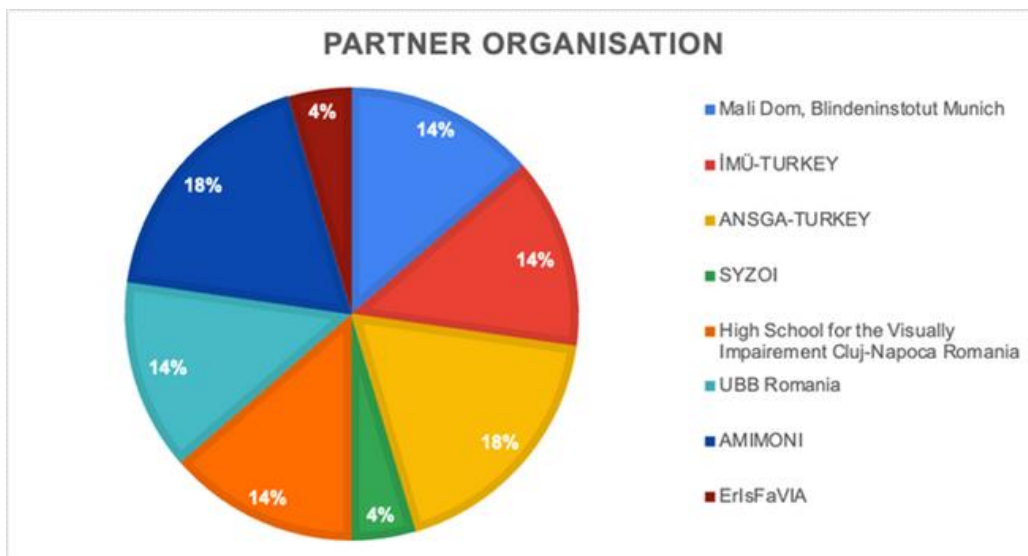
Among most benefits, is that more participants could be involved, and that we had to create additional material, like video clips a that could be of use for implementation in their program for the participant, on top of the manual we produced within the project.

Also of course, we were happy that at the end we could have a bit of live training and that is just perfect fit so we could go over the whole content live since there are many things that needed to be done live through onsite training.

However, we think that although we have been pushed into this model of lectures by the sequence of events, we did learn a lot ourselves from that situation. Not only about the online platforms and how to use them, but how to structure lecture, what is the best way to share the knowledge through the online platform, and what benefits this way could have for the future. We definitely think that this helped our thinking about concept of future trainings. We incline to the belief that in the future a way of hybrid lectures is often going to be an option, because more teachers could be reached due to saving time and funds, but also a live training should always be a part of the training that would round up the whole training and enable people to network and share.

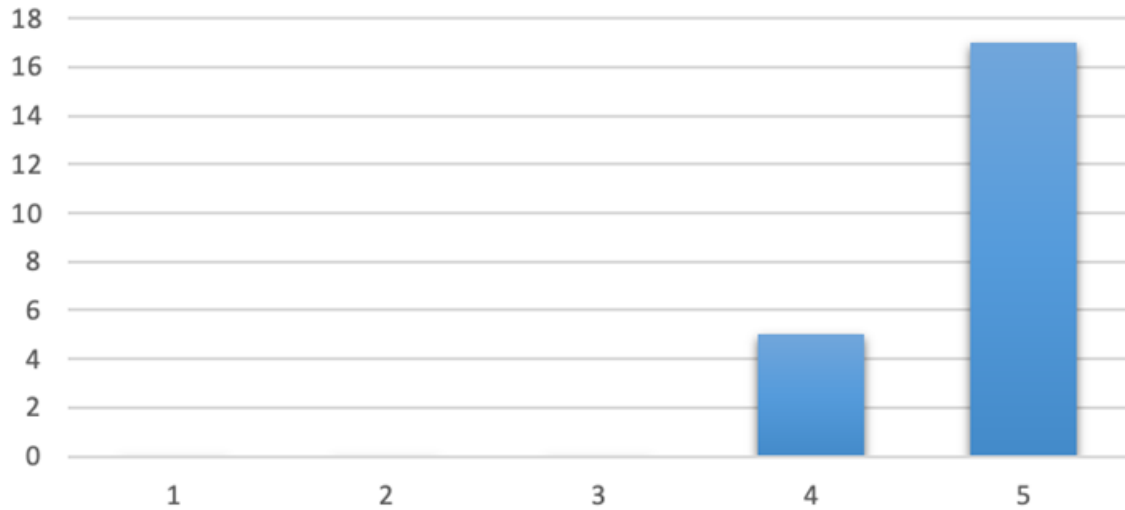
Description of Hybrid training (online and face to face training) - The Trainees' experience

Total of replies: 22 trainees

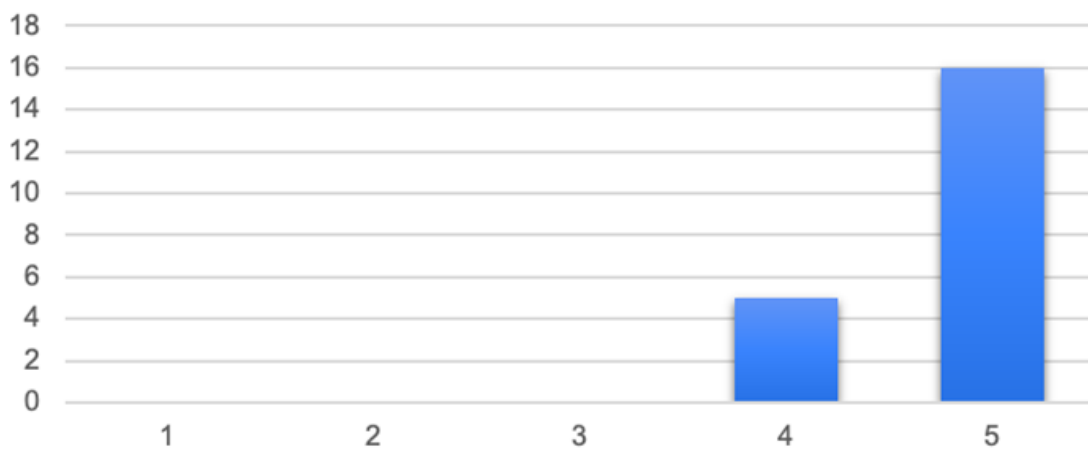




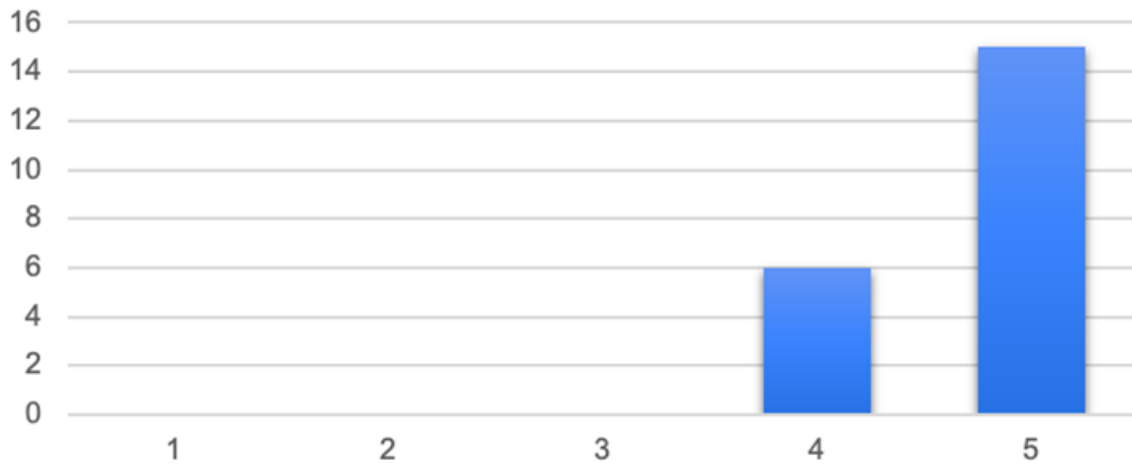
The objectives of the training activities were clear



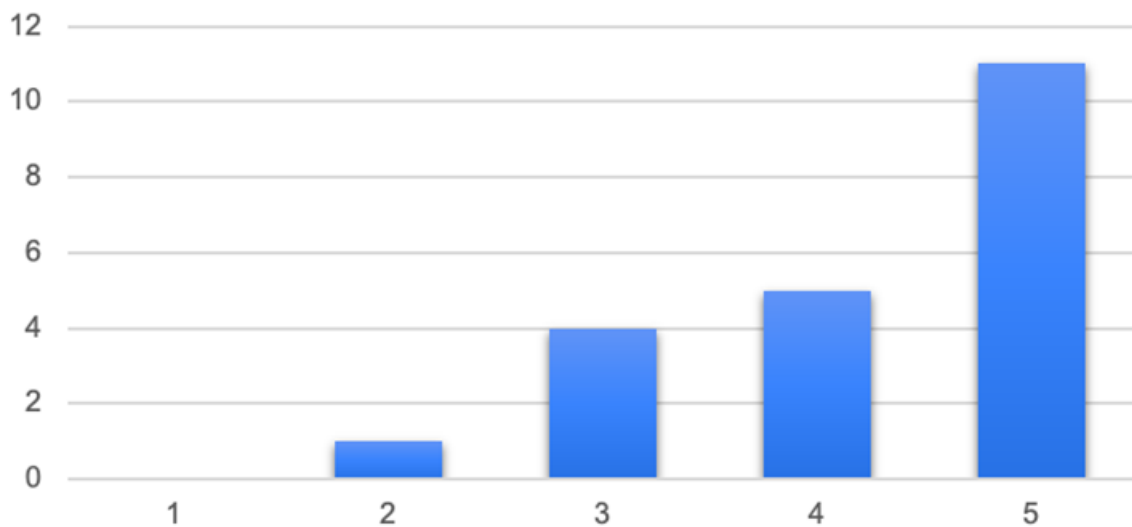
The hybrid (face2face and online) training methodology and training tools were useful



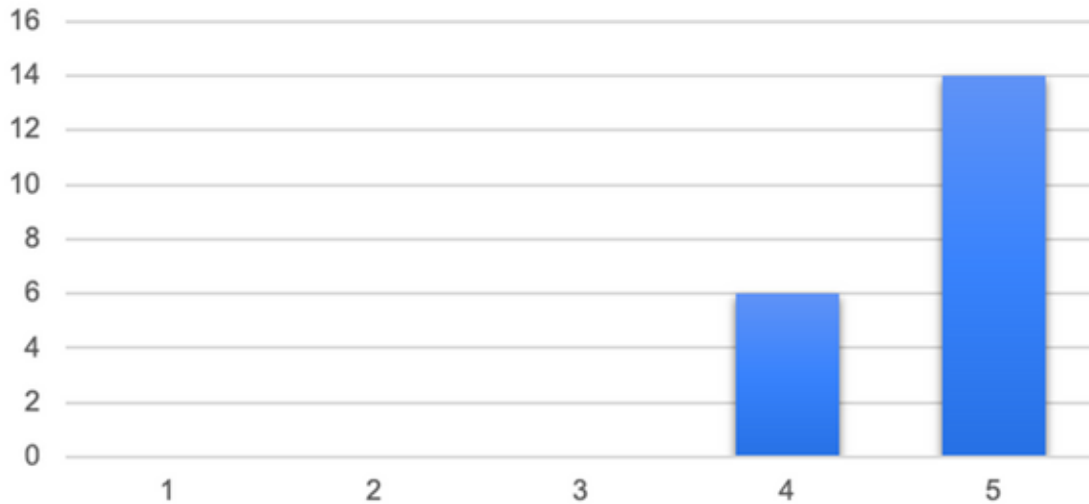
The hybrid training methodology enhanced my capacity to reflect and implement the knowledge acquired



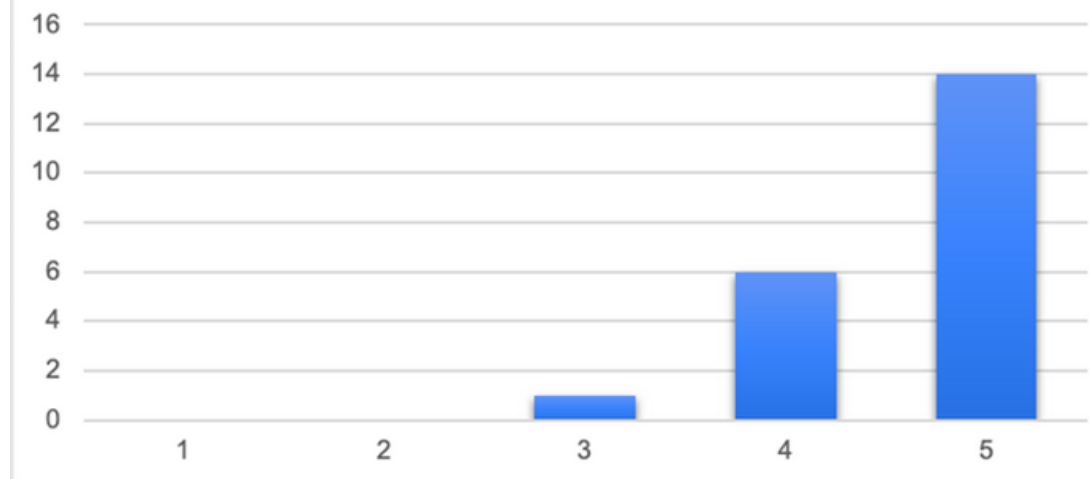
The duration of the on-line training activities were satisfactory



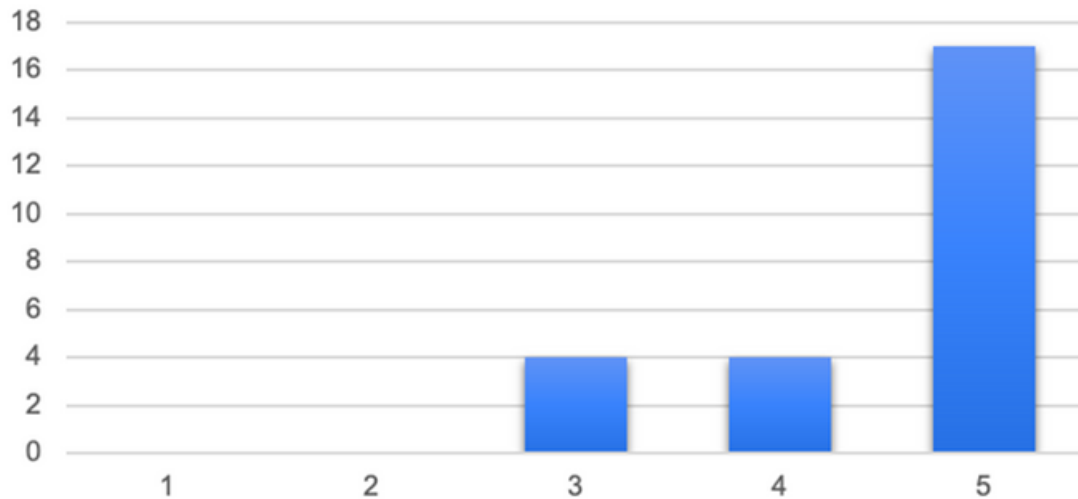
The duration of the face-to-face training activities were satisfactory



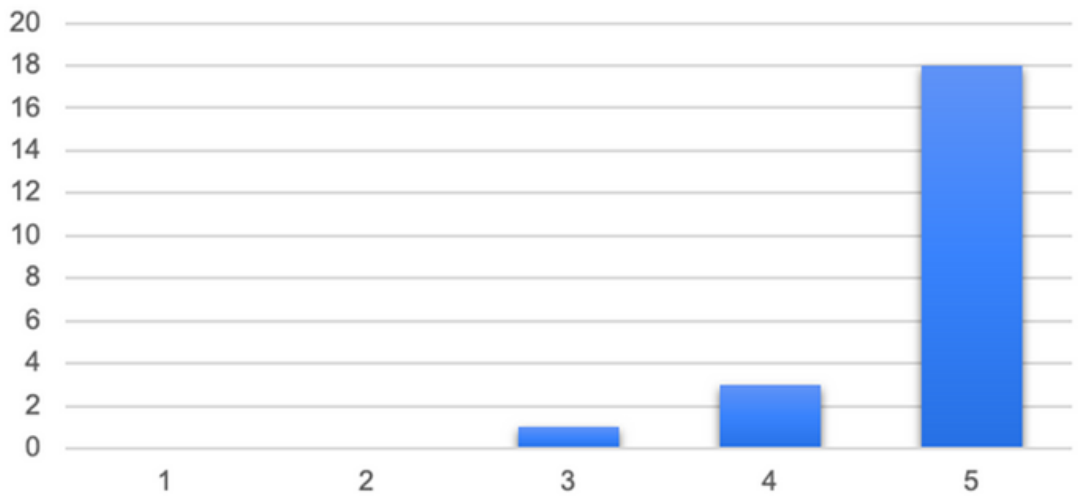
The implementation of a hybrid training has successfully responded to challenges set by the pandemic



The ECI practices presented were overall clear and useful

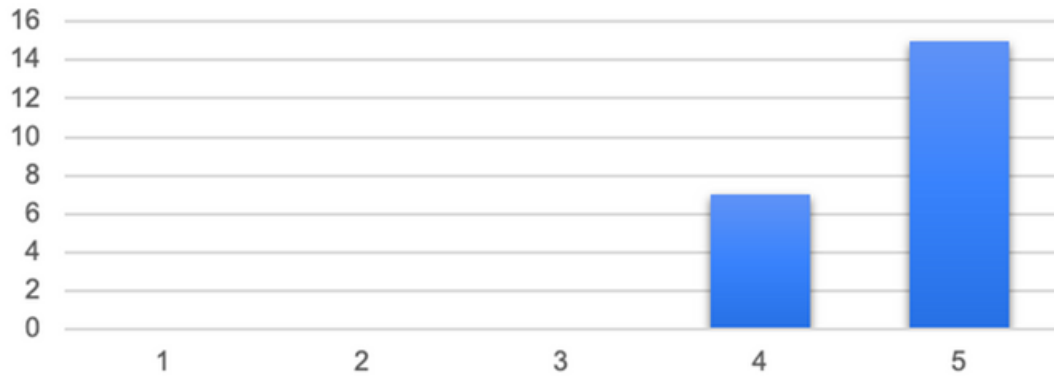


The ECI practices presented were relevant with my professional needs



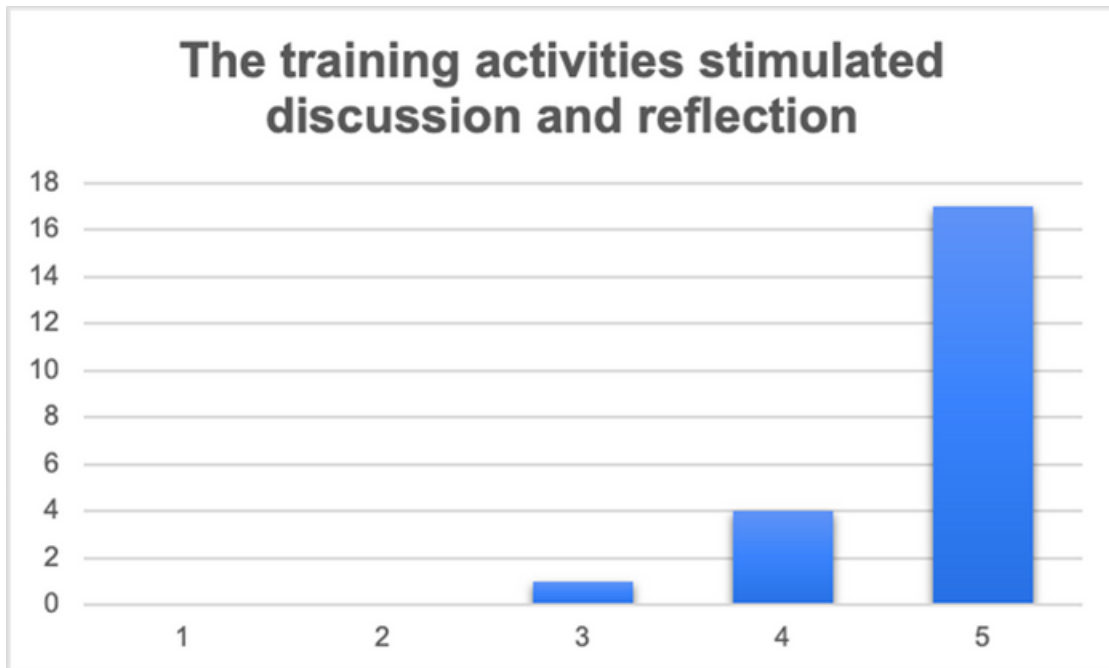


The training activities gave me the information needed to build competencies in supporting the family



The training activities gave me the information needed to build competencies in supporting the child







Hybrid training

Outline of the feedback from trainees experience related to the Hybrid Training methodology applied (good practices and methodologies learned that were introduced to ECI services, overall experience of training process)

Online training

- theoretical approach on methodologies and practices
- useful Tools (e.g. Halliwick concept of Swimming)
- acquisition of in depth of theoretical knowledge (e.g. visual functioning stimulation, feeding of MDVI children, strategies for stimulating motor skills and communication)
- new ideas for educational material

- new learning approach adapted to pandemic condition
- enrichment of online training with stories, videos, pictures
- peer learning
- clear information/knowledge
- learning on how to interact with parent & baby
- Information and examples of practices in the area of cognitive development, brain development and prematurity

Face2face training

- practical examples and Implementation
- family intervention approach
- experiential learning
- practical approach on assessment methodologies
- Individualized family plan & individual support plan
- experience in working and cooperating with multidisciplinary teams
- Working in peers with other specialties
- parents active participation

- the usefulness of video analysis
- exchange of ideas, knowledge with colleagues
- multicultural experience/ meeting with colleagues from other countries
- peer learning
- discussing on challenges about the pandemic
- experience and getting to know from close the programs of Malidom and BlindenInstitute
- reflect on specific practices learned

TESTIMONIALS

Best Practices

"Firstly I am so happy and feel so fortunate because I had a lot of hours of training both online and face to face"

"It was a unique multicultural experience that gave us the opportunity to see how early intervention works in other countries and how we could make our program better for our families"

"I have to say I enjoyed all the experience. I find it very practical and Useful. It helped us desing better case studies and activities looking from different and many other perspectives"

"It was a delightful experience that provided me with useful information and tools and gave me the oppoprtnuity to exchange ideas with colleagues from other countries"

"I am really grateful for the opportunity to join both online and face-to-face training and I also congratulate all trainers because of their generosity when sharing knowledge and experience and their supportive attitude towards all the trainees. Job well done!!"

"The hybrid training was very well organized. The nformation was clear and consistent"



Examples of Good Practices

Case studies of schools, centers and organizations (Atlas analysis)

The reflective logs, which were administered to educators and professionals, and filled in by them consisted of core categories all relevant to intervention procedures. The core categories which were incorporated in the present output were the following: a. Intervention Criteria, b. Intervention Place, c. Intervention tools, d. Intervention Challenges, and e. Monitor Intervention.

In total, 153 reflective logs were selected and analysed through the software Atlas.ti. The results of this analysis led to the creation of 130 codes which their interrelation is depicted through representative graphics.

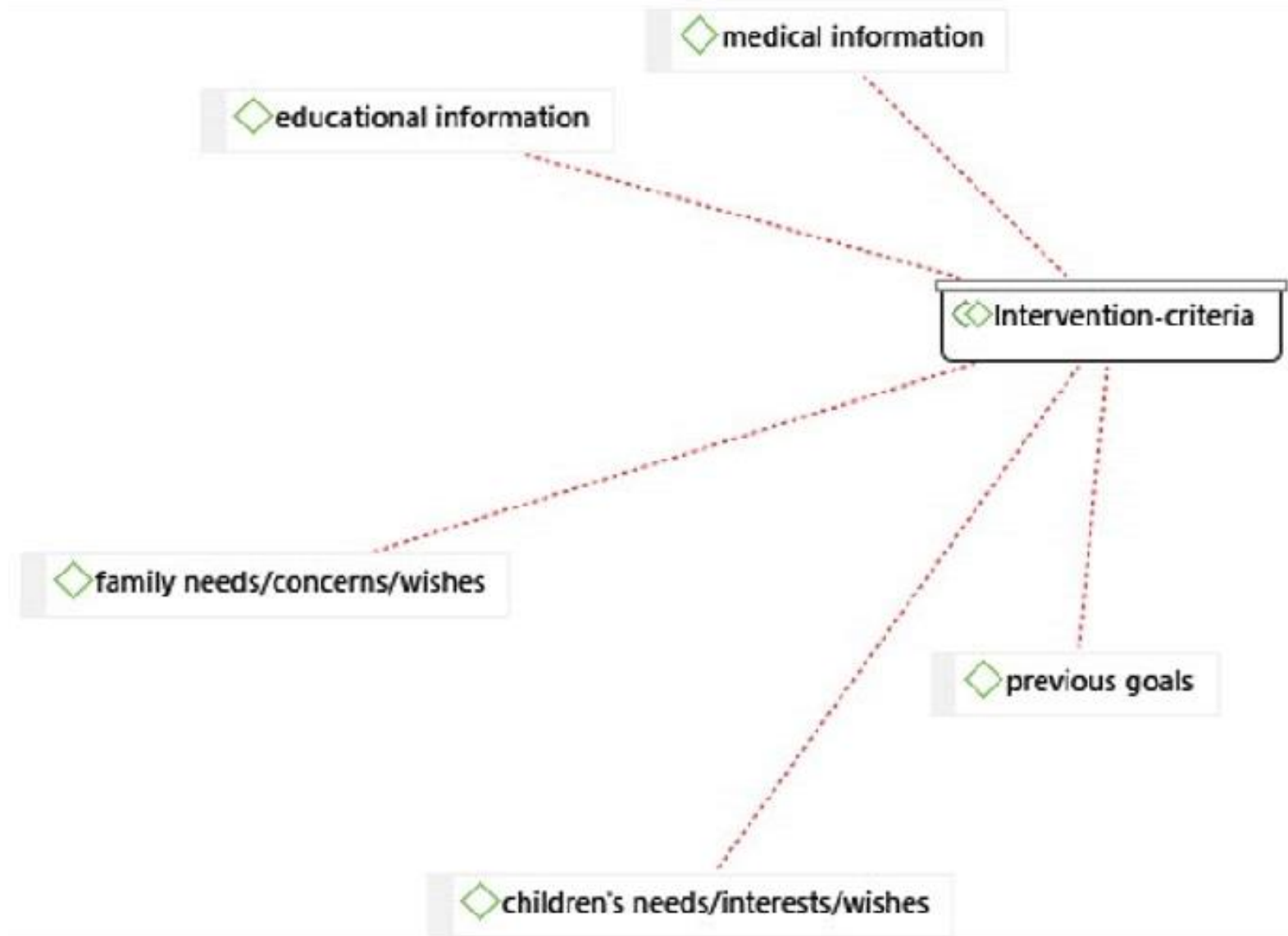


Intervention Criteria

The question which aimed to professionals' prioritization regarding their intervention programme was "What are your prior criteria in order to identify the intervention area(s) for your child/family in question?"

The codes which were traced regarding this core category were relevant to family needs, medical information, educational information, etc. (see Figure 1)

Figure 1. Intervention Criteria





Intervention Place

(Where did you implement your early intervention programme?)

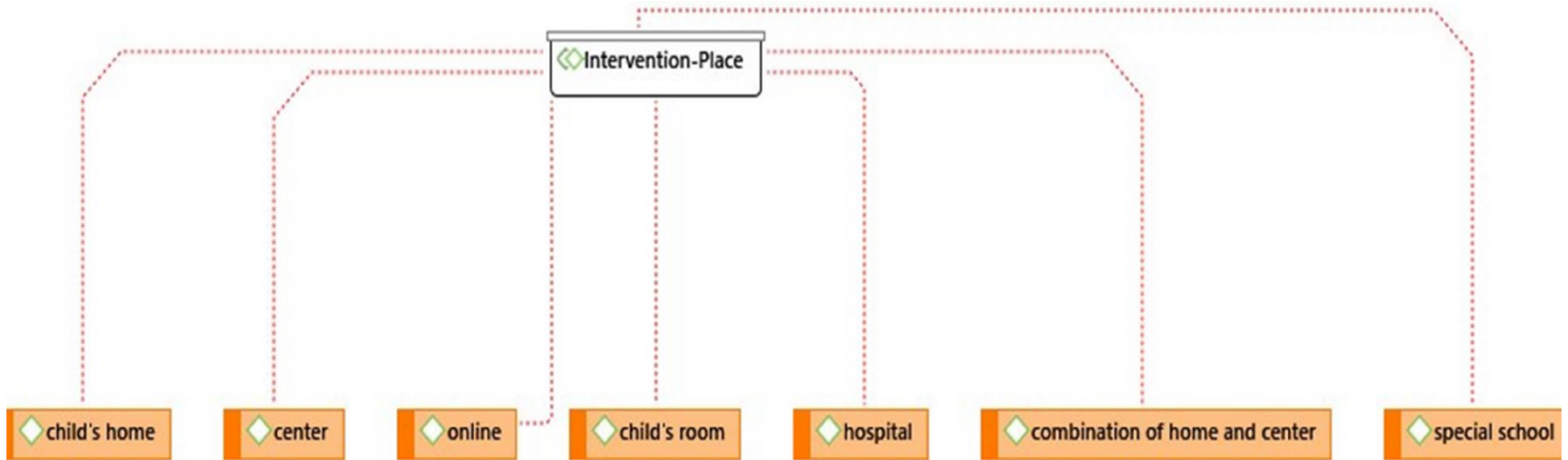
By this question, it was feasible to detect the type of the programme which was applied by the professionals. The following table and graph depict the distribution of the intervention place

Different types of Intervention Place

Place	N	%
Child's home	61	39.87
Child's room	11	7.19
Center	14	9.15
Special School	47	30.72
Combination of center and home	6	3.92
Hospital	9	5.88
Online	5	3.27
Total	153	100



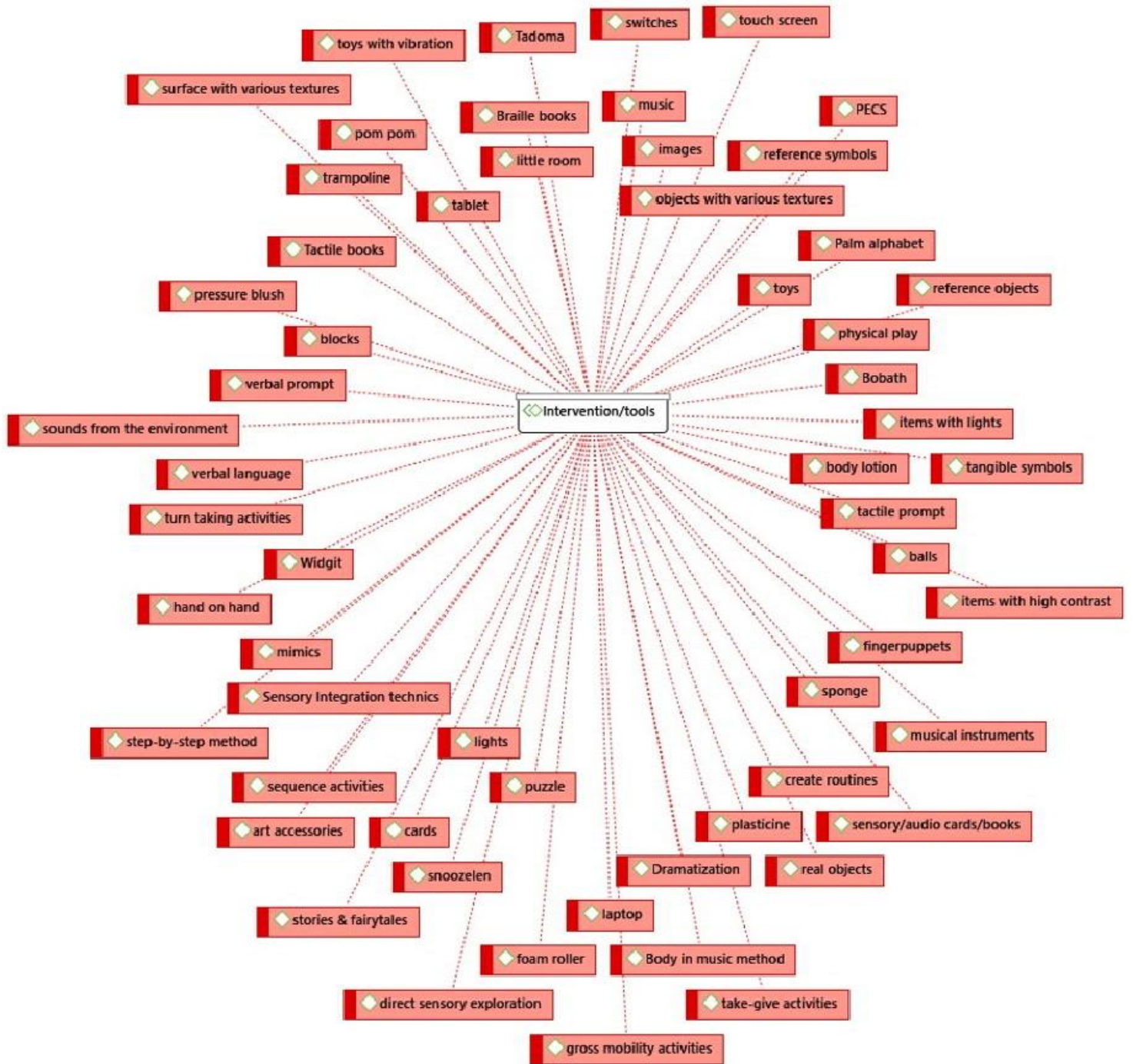
Intervention Place





Intervention tools

It is amazing the plethora of the intervention tools which justifies the great heterogeneity that takes place in the population of people with visual impairments and multiple disabilities.

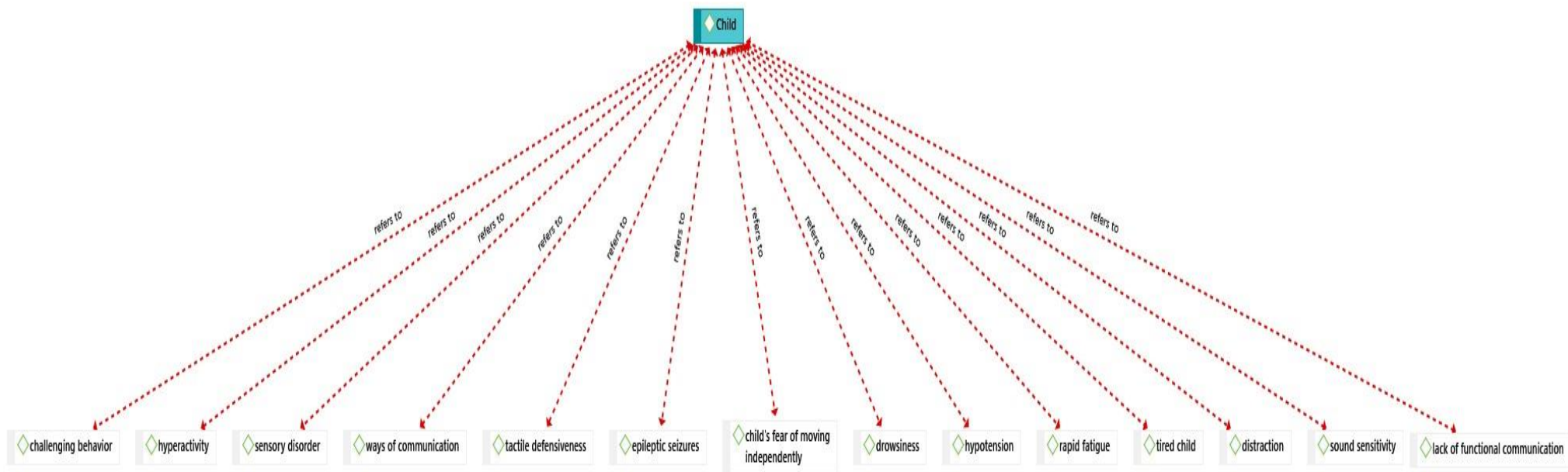




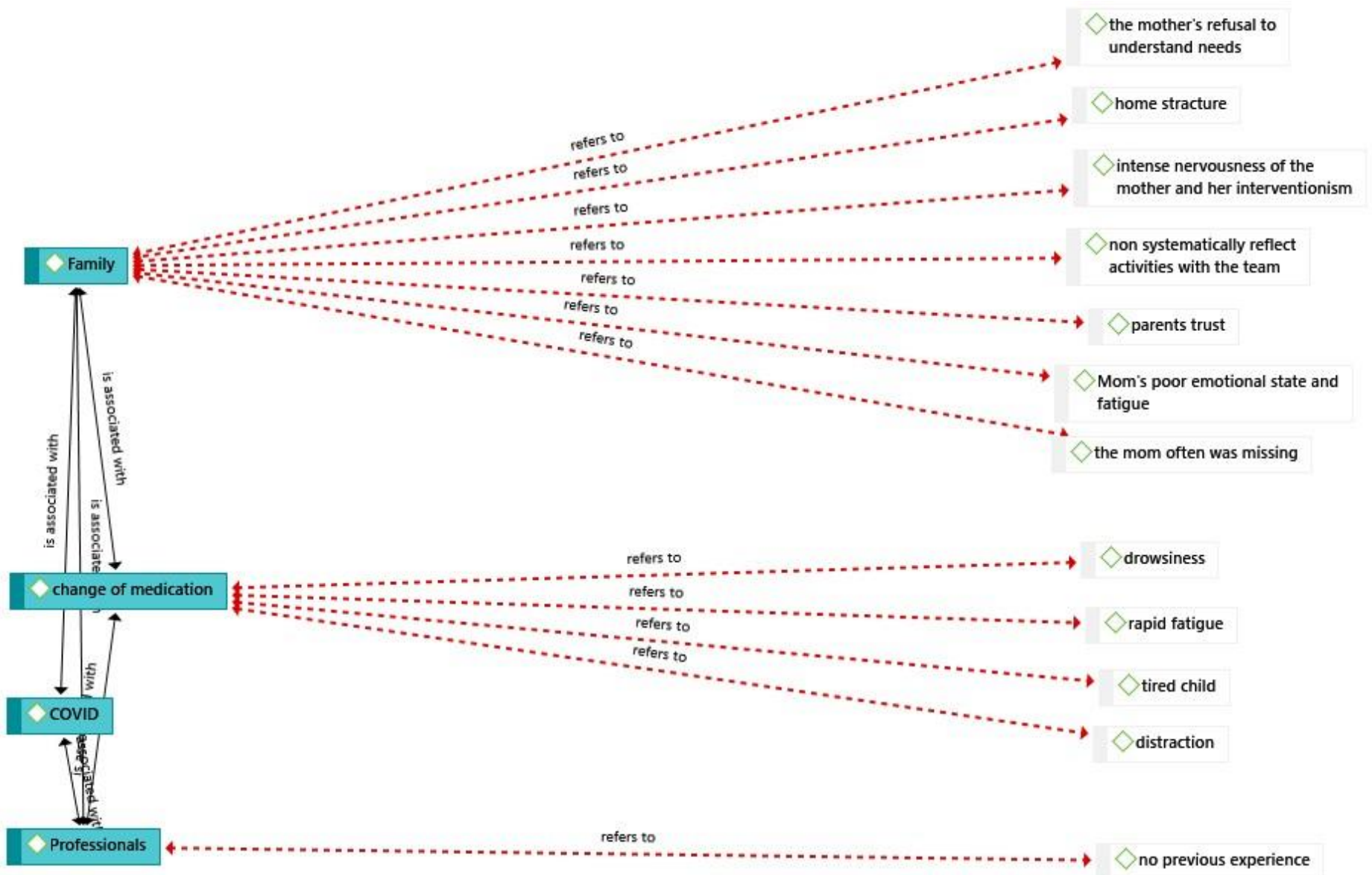
Intervention Challenges

There was one question in the reflective log (“What were the main challenges and difficulties in the intervention and how did you approach them?”) which aimed to highlight the challenges that the professionals met during the intervention process and most importantly how did they deal with them. The following figures depicts in brief this aspect.

Intervention Challenges (Part I)



Intervention Challenges (Part II)





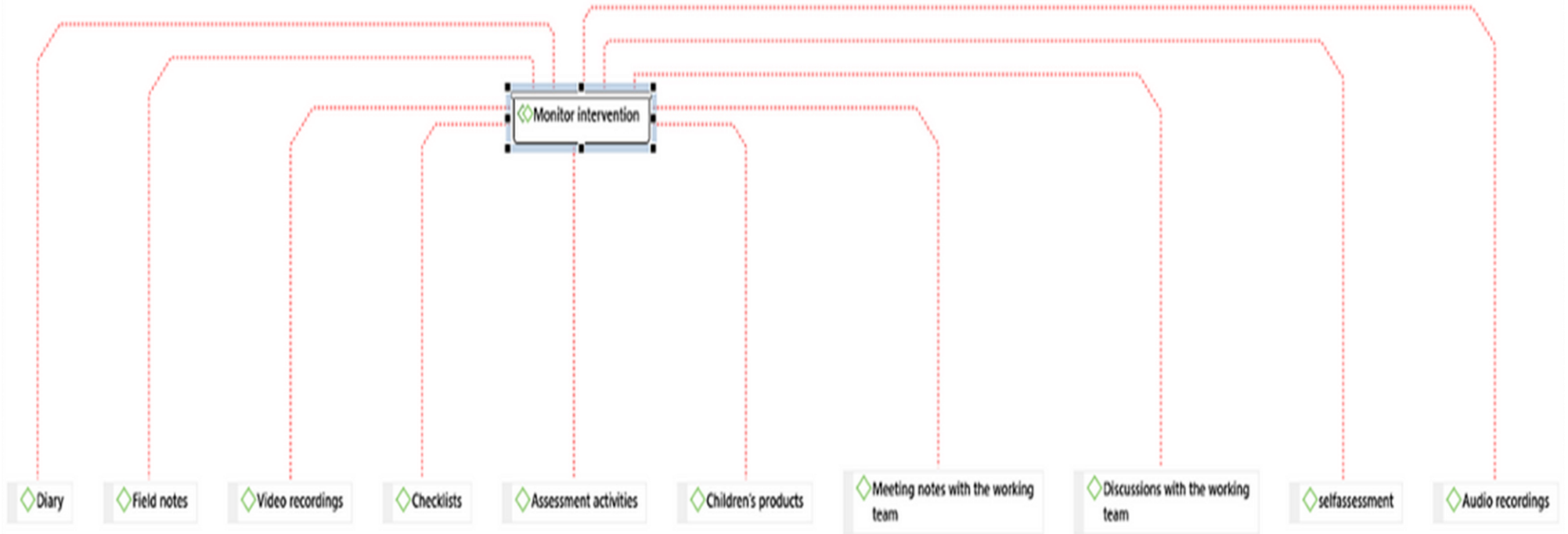
Monitor Intervention

The last core category delves into the very important section of early intervention which is the monitoring the intervention programme as well as find out potential ways of obtaining information to analyze it and based on that to proceed on further decisions. The following figure as well as the percentages which correspond to the type of monitor, provides a detailed picture of what happened during this project.

Type	%
Assessmentactivities	13.33
Audio recordings	2.05
Children'sproducts	7.69
Discussions with the working team	13.85
Field notes	18.46
Meeting noteswith the working team	8.72
Self- assessmentactivities	6.67
Video recordings	13.85
Diary	15.38



Monitor Intervention





Conclusions

Benefits of hybrid training approach

The experience of trainers and trainees from the implementation of a hybrid training approach has revealed the challenges and benefits of the approach.

As a concluding outcome, having overcome the demanding process of designing a hybrid training that was not foreseen in advance and was imposed for safety reasons mostly due to covid-19 pandemic, both trainees and trainers agreed on the fact that both online and face to face training are indispensable and fulfill different functions. In particular, the main benefits are:

In terms of flexibility:

- Learn wherever you are
- Use innovative digital materials
- Reduced student absenteeism. People might not be physically well or able to attend the classroom but can still engage with the class
- Virtual classroom might be the more cost-effective option

In terms of learning through technology:

- Offers a way to remove the physical barriers
- Offers trainees and trainers new skills related to working with technology
- In terms of soft skills and networking:
- The personal contact and opportunities for personal interaction are safeguard
- The networking benefits and the experiential character of learning remain intact and are even more enhanced

Best practices concluding remarks

Following the analysis of the Atlas results on good practices identified throughout the project, it is evident that learning opportunities, tools and practices to be applied to MDVI children by Early Intervention professionals are affluent, effective and evidence based.

High level of expertise has been revealed and documented throughout the ErISFaVIA project and the importance of Early Intervention approach has been highlighted in order to ensure that the MDVI child will reach his/her full potential.

Further elaboration on the good practices and outcomes of ErISFaVIA project may constitute an integral approach for policy recommendations and solid educational curriculum explicitly designed on the needs of MDVI

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



children and their families.