

Insight

RNIB

Supporting blind and partially sighted young people

Issue 25 • January/February 2010

SEAL: Social and emotional aspects of learning

- Confidence
- Conversation skills
- Teenage relationships

Plus

Curriculum Bitesize on PE



Flash forward

Daniel Kish is already known to many readers of *Insight* as the US mobility expert who teaches his own echolocation technique known as “FlashSonar”. Here, he writes about an extraordinary experience of working with a child who was in a wheelchair when he began mobility training with Daniel.

Daniel Kish

In August 2007, Visibility Scotland invited me to train five of their staff in coaching young blind students and families in FlashSonar. This is a way of using sounds, such as tongue clicks, to judge distances. In Daniel’s form of echolocation, a blind person can learn to tell, from the way the click sounds, how far they are from walls and objects, and move around independently.

There were 10 young people taking part in the coaching, including 11 year old Danyl. Danyl lost both his sight and the ability to walk at the age of eight, after a severe asthma attack which left him in hospital for seven months. He found it extremely difficult to understand what had happened to him, and used to keep asking why it was still night.

Danyl had received no mobility training before I met him, reportedly from the belief that this wouldn’t help him while he couldn’t walk. At the same time, although his physiotherapist had made considerable headway, there was little expectation that his walking would further improve.

Danyl was caught in a catch-22 situation. He hadn’t received mobility training, because he wasn’t physically mobile. Yet his physical progress was hampered, because he wasn’t perceptually mobile [able to use his senses to help him move around].

We wanted to break this cycle by developing his perceptual abilities. I was very concerned that Danyl’s long span of being wheeled along

would have eroded his brain’s capacity to learn mobility skills easily.

Starting training

We introduced Danyl to a long cane and a hiking stick, which our students use for mountaineering. Despite my fears, he demonstrated integration of the cane, hiking stick, and FlashSonar to a degree beyond my experience.

He initially said that he might only be able to walk briefly around the room. Supported mountain man-style by his hiking stick, he practised using FlashSonar and his new long cane to follow walls and negotiate furniture.

Heartened by Danyl’s positive response, I returned the following summer and autumn. He had gone far, but he had so far yet to go. Even with all his fortitude, he could walk no more than 100 metres before needing short breaks, and he still lacked confidence knowing where to go. We worked with him over flat, then uneven surfaces, increasing his speed, perceptual awareness, and distance.



Looking forward to independence

By October, Danyl, sporting his hiking stick and white cane, subtly clicking his tongue, and with eyes wide open, completed a two hour lesson, navigating car parks and crowded shops without a single break. During this perceptual training, Danyl's functional vision showed improvement. This fits in with my experience, that a broad program of perceptual development can stimulate functional vision performance.

We were all awed and humbled to see Danyl progress so far and so quickly in his achievements so far beyond our own capacity to teach him. When Danyl was asked how he found the training, "brilliant" was his immediate reply. He then remarked that he looked forward to learning to get around the city on his own.

Kerrie, counsellor

The mere beginnings of independent travel in his chair by no means covered Danyl's agenda. He told me that he would like to walk for some of the lesson, as he found it easier to be aware of his surroundings on his feet.

Walking appeared to cause him a lot of pain and it took a lot of energy, but he was extremely responsive throughout the session, despite the fact that the work was clearly tiring for him.

He very quickly mastered detection of panels through echolocation, and we moved outside to follow walls. After being spun round and confused, Danyl could orient himself and move his chair to find a wall over 7 meters away, and could navigate across 15 meters of open space from one building to the next. We completed part of the exercise with Danyl in his chair, and the remainder walking. We ended with an obstacle course through the school bins, which Danyl navigated very successfully in his chair.

Danyl was so impressed by his new-found echolocation abilities that he seemed reluctant for the session to end. I was a trainee with very little experience, and it was amazing to witness someone pick up the skills and use them to such great effect.

- **Kerrie Brown**, one of Daniel Kish's trainees



Alex, community development worker

We set off on the playground, encouraging Danyl to use his echolocation to explore all the nooks and crannies. He appeared to relish this challenge, and was keen to demonstrate his walking and orientation skills. I remember being particularly impressed by his stamina and determination to complete a lengthy lesson."

Danyl's use of echolocation seemed to build his self confidence and thus his desire to become more mobile. I believe that echolocation was a crucial driver towards Danyl's rehabilitation, as he very quickly understood the value of it. The multi-agency and family input was all very valuable, as everyone was cooperating to ensure that Danyl had the best possible experience.

- **Alex Campbell**, one of Daniel Kish's trainees working for Visibility

Letter from Danyl

Hi Daniel,

I woke up in the middle of the night. It was hard to breathe so I got up and woke my dad. I took my inhaler and when it didn't make any difference, my dad phoned an ambulance. I got into the back of the ambulance with my dad on my right. The last thing that I can remember seeing, was my dad to my right. The ambulance driver in the front and a dark road outside. The last thing I said was: "I'm dying dad, I'm dying dad." after that I can't remember anything.

I was transferred to a children's hospital where I was taken to intensive care and put on a life support machine. For months afterwards, I was completely blind and couldn't walk at all. For the first few weeks, I swore at the nurses and doctors and didn't believe that I was actually blind. It took me a couple of months to accept it as I was convinced that I was still dreaming. I didn't really know a lot about what had happened and I didn't really care at first, I was just glad that I was still alive.

Every day after I came round, I can remember always wanting to walk again. I didn't know how much I would be able to walk, but as long as I could walk a bit. I was really annoyed about relying on someone else for everything and I hated it.

When you first came out to work with us in Knowetop [Primary School] 2007 I didn't

really understand what you meant at first. I honestly thought you were joking, I didn't think that it would work. I was still trying to use the little eyesight I had for everything and I thought that everyone who came out to Knowetop were crazy.

By November 2007 I had thought about the clicking a lot more and actually thought that it could work. I had practised my click and was able to do it properly and I was surprised using the hiking stick and learning the basics of the white cane. I found it really hard mixing all three, clicking, walking with the hiking stick and using the cane.

In summer 2008 I was surprised with how much walking we practised and mixing some click in with the walking. The following October, I found it easier to walk and click. The weather was horrible but I was used to it. By time we went to Lanark and I was using the little vision I had, the white cane and echo location. I was a lot more confident walking, [and] I found it a lot easier than the first time I tried.

When I first came round in hospital and I really wanted to walk and see again, I didn't think that all of this would be done for me. I didn't think that there would be help coming from all of Scotland, never mind from America to help me. Now I definitely think I will be able to walk again and know my eyesight is improving so I am really, really happy with all the help that I've received.

Danyl, November 2009

Danyl recently had surgery to correct problems with his feet, and we wish him well with his recovery and continuing to increase his mobility.

● **Daniel Kish** is a certified Mobility Instructor and Perceptual Psychologist, and has been blind since infancy.

www.worldaccessfortheblind.org

Previous articles on Daniel Kish and Flash Sonar have appeared in Insight in 2008 (Issues 14 and 17). To buy back issues call RNIB 0303 123 9999.

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Insight



Welcome to issue 25 of Insight, and a happy new year

SEAL, or Social and Emotional Aspects of Learning, is a National Strategies curriculum resource aiming to “underpin effective learning, positive behaviour, regular attendance, ... and the emotional health and wellbeing of all who learn and work in schools.”

So that’s the definition. But how does it apply in practice to children with sight loss?

In North Yorkshire they are helping learners flourish at school using role play to develop conversation skills, while in Leeds they are getting young people involved in challenging and exciting activities out of school (p10). At West of England residential school, the evenings are a chance to make strides in social and personal care skills, from shopping to yoga (p17).

Also in this issue: discover the vital role of the key worker in supporting very young children and their families (p35). Understand the complexities of Individual Education Plans (p29) and peek into a Swedish classroom (p32).

Our photocopiable resource Curriculum Bitesize, free with this issue, is about inclusive school PE.

A handwritten signature in dark ink, appearing to read 'Dw', written in a cursive style.

Deborah Webber, Editor

In the March/April issue

Our topic for the next issue is play: why is it so important to very young children and does it have a role for older children too?