
Surveying the Needs of Blind and Partially-Sighted People in the UK: Developing the Instrument



Guide Dogs

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1 Context

Estimates put the number of young people with a visual impairment in the UK at between 10,000 and 25,000.¹ These young people come from every strata in society. As 'children and young people' covers the whole age range from birth to young adults, the nature and extent of the services that they require varies enormously. But services also depend on factors such as geography, social demographics and the perceptions of the adults around the child. It is also important to acknowledge that visual impairment is not the only condition impacting functionality for many of these young people; often visual impairment is the result of an underlying aetiology resulting in multiple disabilities, some of the most common being learning difficulties, diabetes and hearing impairment.

Increasingly concerned about the current state of services to blind and partially-sighted people a UK sector-wide Rehabilitation Project Group (RPG) was formed in 2005. The RPG was jointly established in 2005 by the Guide Dogs for the Blind Association (Guide Dogs), the Royal National Institute of the Blind (RNIB), Action for Blind People, and the National Association of Local Societies for Visually Impaired People (NALSVI). Its purpose was to work together with other statutory and voluntary agencies in the field in order to enable significant improvements in the provision of services to blind and partially sighted adults and children/young people. In order to ensure that proposed reforms were grounded in empirical evidence, the RPG identified the need for a study on the needs of blind and partially-sighted children and young people in the UK with a focus on independent living.

This study follows on from work by Guide Dogs on the functionality and needs of blind and partially-sighted adults in the UK.²

This publication contextualizes the development of a suite of survey instruments designed to measure the functionality of blind and partially-sighted young people in the UK. In it we describe the contents of the instruments together with some of the work which has informed their development; we also consider the relationship to other existing instruments. Finally, we discuss how these instruments have been used to survey blind and partially-sighted young people in the UK in 2007.

¹ http://www.rnib.org/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp), <http://www.fortunecity.com/campus/belhaven/1066/chap1.htm>

² Pey, T. Nzegwu, F., and Dooley, G. (2007). *Functionality and the Needs of Blind and Partially-Sighted Adults in the UK*; Reading, Guide Dogs for the Blind Association.

2 Objectives

The main objective of the survey instruments was to produce a detailed picture of the ways in which blind and partially-sighted young people are functioning. The resulting description is in a form which can help to illuminate and understand the needs, aspirations and barriers to achievement. A particular focus of the instruments was mobility, activities of daily living, and general psychosocial wellbeing: These were all areas indicated to be of key importance both in the preceding adult functionality study and in the scoping work preceding the present study.

In the adult study we developed our description of function using only a single survey instrument which was completed by blind and partially-sighted adults themselves. For young people, although the voice of the young people themselves was still a major element, we felt that a complete picture of functioning should also include those adults closest to the young person. With this in mind we developed separate survey instruments for:

- Young People (ages 11 years and older)
- Parents/Guardians (irrespective of their age of their child)
- Teachers and Teaching Assistants
- (Re)habilitation/Mobility Officers

3 Using The Instruments

Consistent with the adult study, we used the World Health Organisation International classification of Functioning, Disability and Health as the fundamental framework within which to develop our surveys. This is probably the most inclusive and sophisticated taxonomy of health currently available. With its emphasis on functionality, participation and activity, we believe that this approach has resulted in much more positive and affirming survey instruments than in many other studies. The importance of the positivity of the instrument should not be underestimated, particularly when questioning children/young people, because we need to cause as little anxiety and stress as possible while asking about some necessarily sensitive issues.

The four instruments are a suite of tools that can be used individually or together. When used together they are capable of producing a picture of a complexity and breadth rarely seen in this area. The inclusion of DISABKIDS as a quality of life measure ensures some inbuilt measures for comparison with other studies.

Like the adult functionality study that preceded it, we hope that it will serve to highlight needs of individuals and populations for each of the four potential survey targets. The adult study only used blind and partially-sighted people themselves as respondents; in the children's study we also involve the people closest to the children and with the greatest responsibility in meeting their needs. In this way, we hope to not only highlight needs but also to be in a position to offer some potential solutions.

In the next sections we examine the structure and contents of each of the four survey instruments.

4 Young People's Survey Instrument

With young people, there are both ethical and procedural difficulties in using survey instruments, particularly when it comes to very young children. The range and complexity of questions that could be asked of a 4 year old are very different from those that could be asked of a 14 year old. Therefore, we decided to limit our young people's survey instrument to something suitable for young people aged 11 years and over. Though this group could still hardly be treated as homogenous, questions could be asked in a common format for all members of this group. Consultation with teachers and others in education confirmed that all the questions included were suitable for people aged 11 years and above. Also, the choice of 11 years as a minimum also ensures that children are at least of secondary school age which limits the complexity of the questions that need to be asked about education.

The survey consisted of 195 questions and was designed to be administered by a telephone interview lasting approximately 45 minutes. Most of the questions required the respondent to select from a short list of options, some more qualitative questions asked for more non-prompted responses and answers were recorded verbatim.

The survey areas chosen for inclusion reflect the results from our previous adult survey, an extensive review of the literature and the outcomes of an extensive consultation process including focus groups. Broadly speaking, the areas of interrogation are:

a) Demographics

Basic demographic information includes age, gender and family environment. The first part of the residential postcode was also collected in order to determine the areas in which people live. This is important for subgroup analysis and in order to check the distribution of the sample.

b) Health

Questions on health are concerned with a) whether there are any medical conditions that could limit functionality other than the respondent's eye condition and b) the extent of residual vision. Residual vision is determined using a standard seven question set and is identical to that used in the adult study. It is particularly important when it comes to looking at the provision and utility of low-vision aids.

c) Low-Vision Aids

This includes questions about the provision and use of glasses as well as magnifiers, CCTVs and handheld telescopes. In each case, we ask if the device is used and if so, how useful it is. There is also opportunity to list other low-vision aids used currently and aids that are not currently used but are perceived as being potentially useful.

d) School/Education

Questions about school and education focus on the type of school/college attended, extra-curricular activities, general satisfaction with school/college and participation in sports at school. We also ask about the amount of support received and try to ascertain barriers to participating in extra-curricular activities.

e) Activities of Daily Living - functionality

We use a common five-point difficulty scale to assess the perceived difficulty with 28 common activities. Some of these things commonly appear on lists of daily or independent living skills like washing, dressing and organising possessions; other things like making friends or keeping up with fashions are more socially-based activities but are nevertheless things that would be important to most teenagers. A subset of activities questions relate to school-based activities like participating in school activities, doing homework and getting between classes. These questions are not asked if the respondent is not currently at school. Following after the questions about activities of daily living are questions concerning household chores, part-time jobs and helping care for younger siblings, issues which our consultation suggested featured strongly in many teenagers lives.

f) Activities of Daily Living - training

It is important to understand what training the individual has had, and/or is currently receiving, when considering performance of activities. We focussed on what was being taught, by whom and how useful it was perceived to be. We also asked whether there were things that the young person had not been taught but they thought should be included in the curriculum.

g) Communications and Technology

Communications and technology are an integral part of all of our lives. In these sections the questions focus largely on the use of two common technologies, the personal computer and the mobile telephone. The answers to these questions can be used to determine whether the use of these technologies is similar for blind and partially-sighted children to their fully-sighted counterparts. For personal computers we asked about extent of use, the place of use (home or school) and the different activities for which one could use a computer. For mobile telephone we asked about the use of phones per se and the use of special modifications or attachments to facilitate use.

h) Information Format

The use of different formats of information and the preferred format used were the subjects of this section. The focus was primarily on the use of Braille and large print.

i) Mobility

Mobility questions made up a substantial part of the survey. This is a reflection of the importance of mobility in everyone's life, especially for teenagers who may be expanding and exploring their independent mobility for

the first time in their lives. It also reflects the importance accorded to mobility by Guide Dogs who are fundamentally committed to mobility-related services. Questions focussed on extent of mobility, mobility in different situations, use of mobility-facilitating devices and barriers to mobility.

j) Mobility Training

In parallel with the questions about the nature and extent of mobility, we also asked about mobility training. The focus here was on the extent, provider and content of training. There was also ample opportunity for respondents to comment on the usefulness of training and the participation of parents in the mobility training process.

k) Quality of Life

Quality of life was assessed using the chronic generic module of the DISABKIDS instrument³. This consisted of thirty questions designed to measure different aspects of health-related quality of life.

l) Leisure

Questions about leisure covered three areas, sport (other than school sport), music/drama and hobbies. Finally in the leisure section, we asked whether there were any activities or hobbies that the young person would like to pursue and what were the barriers stopping them.

m) Aspirations

This section covered questions about what the person wanted to do after they left school, their ideal job and whether they thought they would actually end up doing their ideal job.

n) Opinions and Attitudes

Young people were asked whether they agreed or disagreed with 18 different statements about their lives and activities. They were also asked open-ended questions about the single most important thing that could be done for them as individuals and for blind and partially-sighted young people in general.

³ Petersen C, Schmidt S, Power M, Bullinger M, group DISABKIDS. Development and pilot-testing of a health-related quality of life chronic generic module for children and adolescents with chronic health conditions: A European perspective. *Qual Life Res.* 2005;14:1065–1077

5 Parents/Guardians Survey Instrument

The Parents survey was designed for any parent or guardian of a child or young person with a visual impairment. There was no minimum age limit on the children in question, therefore, it was difficult to find a set of questions which were appropriate for all parents. We could have been specific and designed age-specific surveys (e.g. for parents of babies or teenagers) or opted for a generic survey which only asked questions relevant to all parents. However, we felt that both of these approaches would have been too limiting and opted instead for a single survey with questions appropriate for a range of different ages and abilities. One result of this approach is that the parents of very young children will find that some questions in the survey are not (yet) applicable to them or their situation.

Another feature of our approach to the parent survey was to create an instrument that was focussed on an individual child. Some parents could have more than one blind or partially-sighted child. We decided to do this because we wanted to ask parents questions about the abilities and experiences of their child and this would have been very difficult to do for multiple children simultaneously. In the Guide Dogs (2007) implementation of the survey, all parents with more than one eligible child were given the opportunity to fill in multiple survey instruments, one for each child.

The survey consisted of 159 questions and was designed to be administered by a telephone interview lasting approximately 45 minutes. Most of the questions required the respondent to select from a short list of options, some more qualitative questions asked for more non-prompted responses and answers were recorded verbatim.

The survey areas chosen for inclusion reflect the results from our previous adult survey, an extensive review of the literature and the outcomes of an extensive consultation process including focus groups. Broadly speaking, the areas of interrogation are:

a) Demographics

Basic demographic information includes relationship to the child in question, age of the child and family environment. The first part of the residential postcode was also collected in order to determine the areas in which people live. This is important for subgroup analysis and in order to check the distribution of the sample. We also recorded whether the parent was themselves blind or partially-sighted and whether there were any other blind or partially-sighted people in the immediate family.

b) Health

Questions on health are concerned with the aetiology and diagnosis of the child's eye condition. We also asked whether there are any medical conditions that could limit functionality other than the child's eye condition. There are also questions about the onset of the eye condition and whether parents felt that they received sufficient support and information at that time.

c) Characteristics and Social Relationships

Parents were asked about general character traits such as whether they perceived their child to be confident and happy. They were also asked about how easily their child made and maintained friendships.

d) Support Services

Parents were asked about their satisfaction with different types of support services that they had accessed between the time of diagnosis of the eye condition and the present. The questions focussed on services in four major areas:

- Medical support and services
- Educational services
- Services provided by local authorities
- Peer group or voluntary support services

We also asked about different types of peer support groups, extent of participation and whether the parent found them useful.

e) Sources of Information

These questions asked about where people would go if they needed information in a number of key areas:

- Information on medical issues relating to their child's condition
- Information about special or adapted equipment for their child
- Information on mobility training and independence training
- Information on opportunities available for their child including academic and/or career opportunities
- Information on benefits and grants

f) Review Meetings

Attendance at Review Meetings (or reasons for non-attendance) were determined together with an indication of how useful parents thought that these meetings were.

g) Low-Vision Aids

This includes questions about the provision and use of glasses as well as magnifiers, CCTVs and handheld telescopes. In each case, we asked if the device is used and if so, how useful it is. There is also the opportunity to list other low-vision aids used currently and aids that are not currently used but are perceived as being potentially useful.

h) Communications and Technology

As with the Young People's survey, the questions focus largely on the use of personal computers and the mobile telephones.

i) Information Format

The use of different formats of information and the preferred format used were the subjects of this section. The focus was primarily on the use of Braille and large print.

j) Education

The questions focus on the type of school attended, the reasons for attendance at that type of school and the overall satisfaction. In addition, parents were asked their level of agreement with 11 statements broadly concerning education of blind and partially-sighted children.

k) Activities and Independence

As in the Young People's Survey, parents were asked to rate the difficulty of a wide range of common activities. There was the option to indicate if the particular activity was not age-appropriate for their child.

l) Mobility

Mobility questions, as in the Young People's Survey, focus on extent of mobility, mobility in different situations, use of mobility-facilitating devices and barriers to mobility.

m) Mobility Training

The extent and results of mobility training and the extent of parental participation in that training are the focus of questions in this area. We also ask about any training that the parent may have had to enable them to help their child with mobility.

n) Quality of Life

Quality of life was assessed using the parent/guardian version DISABKIDS instrument. This consisted of thirty questions designed to measure different aspects of health-related quality of life. These questions were effectively identical to those in the children's version except they were expressed in the third person ("Does your child..." rather than directly at the respondent "Do you...").

o) Leisure and Social Activities

Analogous to the questions in the Young People's Survey, we asked about the range of participation in sports, arts/music and hobbies. We also asked about specific barriers preventing participation in particular activities.

p) Opinions and Attitudes

Parents were asked the extent to which they agreed with statements connected with their situation or about vision impairment in general. In addition we asked them to rate the helpfulness of a range of different professionals with whom they may have come into contact regarding their child (eg GPs, teachers and public transport staff). They were also asked open-ended questions about the single most important thing that could be done for their child and for blind and partially-sighted young people in general.

q) Aspirations

Parents were asked to describe how they saw the future for their child after they left full-time education.

6 Teachers Survey Instrument

The focus of the Teachers Survey instrument was the background and qualifications of the people teaching blind and partially-sighted children, the range of children they teach and the contents of their teaching. Additionally we wanted to get people's views on the profession as a whole and the ways in which blind and partially-sighted children are educated in the UK. Specific areas covered in the survey were:

a) Local Authorities

For individuals who indicated that they were employed by local authorities (probably the majority of people for whom this survey is appropriate) we asked about whether their authority had policies on mobility or independence and life skills.

b) Qualifications

Individuals were asked about their qualification type and their experience in working with blind and partially-sighted children.

c) Children Supported

Questions in this section focussed on the numbers and ages of children supported and the types of school that these children attended.

d) Statements of Special Educational Needs

Questions were asked about whether any of the children they taught were covered by statements of special educational needs, whether these were useful and whether children who were covered by such statements received different support from those who were not.

e) General Support Provided

Respondents were asked to indicate whether ten different components of support were part of the support they currently provide.

f) Mobility Training

Teachers were asked how many children they provided mobility training to and about the components of that training. For children who were supported by the teacher but for whom the teacher did not provide the mobility training, we asked about the alternative sources of training these children were getting. Finally, we asked opinions about what is currently lacking in mobility training.

g) Independence Training

Using a similar structure to the previous questions on mobility training, there are questions about extent, content and alternative providers of independence training.

h) The Education System

With these questions we hoped to get an indication of how teachers felt about the education given to blind and partially-sighted children. We asked them to rate the quality of education provided and their children's participation in a

number of key areas. We also asked about the interaction between key individuals involved in the child's education like class teachers, mobility teachers and parents. We also asked about preferences for different school types for blind and partially-sighted children, and the transition period between secondary school and higher education or work.

i) Mobility and rehabilitation Workers

This section focussed on the Mobility and (Re)habilitation work profession including questions about whether there were sufficient people in the profession and the reasons why there might not be enough.

j) Demarcation – Who Should Teach What?

We asked for opinions about whether key components were best taught by specialist teachers or class teachers and about the perceived barriers to quality training.

k) Achievement and Inclusion

These questions focussed on outputs, on the achievements of blind and partially-sighted children within the existing educational system. Particular stress was placed on inclusion, participation and social aspects of a child's development as well as academic achievement.

l) Opinions and Attitudes

Consistent with the other three surveys we asked for levels of agreement on a number of statements about the education of blind and partially-sighted children. Many of these statements were common to both the Parents and Mobility Officers Surveys as well. We also included open-ended questions about the most important changes that need to be made for blind and partially-sighted children and for their teachers.

7 Mobility and (Re)habilitation Officers Survey Instrument

(Re)habilitation Workers/Mobility Officers provide critical habilitation services to young people. As they are key to mobility teaching for blind and partially-sighted children, it was important to develop a survey instrument that covers their work. Though many of the questions are similar to those asked of the teachers, there are significant differences. The mobility officers survey covered the following areas:

a) Qualifications

This section contained questions covering general qualifications, qualifications for working with children and professional society membership.

b) Employment

This covered job title, employer(s) and the general scope of their work.

c) Children Supported

We asked about the age range of the children with whom they currently work, and those with whom they have worked throughout their careers, to determine if mobility officers specialize in particular age groups. We also asked about proportions of time spent actually teaching mobility and independence.

d) Environment and Timing

Environment and timing questions focused on where mobility was taught and whether it was done during regular school hour or outside of school hours and during school holidays.

e) Assessment

In this section we looked at how mobility is assessed including the instruments used for assessment and the reports that people have to produce.

f) Training Content

We looked at the components involved in training by agegroup for four different agegroups: preschool, primary school, secondary school and post-16. Respondents were also asked to use a rating scale to rate the importance of a number of different components of their job.

g) Partners in Mobility Training

Two sections of questions looked at involvement of parents and schools in mobility training. For each of these two groups we asked about the level of support received and what could be done to improve participation and support.

h) The Mobility and (Re)habilitation Profession

The questions centered around the number of people in the profession, the components of the service and who was better equipped to teach different components. We also asked about perceived barriers to the provision of appropriate, quality mobility & independence training.

i) Opinions and Attitudes

Consistent with the other three surveys, we presented a number of statements and asked whether people agreed or disagreed with them. Many of these statements were common to the Teachers and Parents surveys. We also included open-ended questions about the most important changes that need to be made for blind and partially-sighted children and for mobility/(re)habilitation officers.

j) The Future of Mobility Training

During the consultation phase for this project, we determined that the issues of how mobility is taught and the appropriate qualifications for teaching it were very important. Therefore, we added a section of questions which specifically addressed these issues focussing on the type of course needed to teach mobility and (re)habilitation officers and the type of service that they should be providing.

Guide Dogs completed data collection in October 2007 with four groups of people appropriate for each of the four surveys. The results from these surveys will be published by Guide Dogs in March 2008.

Young People's Survey

This survey was designed for telephone or face-to-face administration by an interviewer with young people aged over 11 years. Administration should take approximately 45 minutes.

Guidelines for the Interviewer:

Please fill in using black ink and remember to add the unique ID provided by Guide Dogs on all pages in the space provided. If the respondent identifies individuals when answering the qualitative questions, please anonymise them as appropriate using an initial to replace the name.

1 Introduction

"Hi, my name is [*Name*] and I'm calling from Guide Dogs. First, can I just check that I am talking to [*Name*] and that you agreed to take part in a survey with us? [*Thanks*] And is any adult home with you, (your mum or dad)? [*Record adult present on contact spreadsheet.*] The survey should take about [*45*] minutes to complete, is that OK?"

This survey is being done by Guide Dogs. We are trying to build up a picture of what sorts of things young people are doing and what is important to them. So the questions will be about all aspects of your daily life. Anything you can tell us will be a big help in our research. We will be producing a report using the information young people give us. We hope to use this report to help us campaign for better services for blind and partially-sighted young people.

Some of the questions will ask you to pick an answer from a list and others will just ask you to tell me what you think. There are no right or wrong answers to any of the questions. If you don't understand a question, or if it isn't clear, then just tell me and I can try to explain it a bit better. If you don't know an answer, again say so. If there are any questions that you feel uncomfortable about answering, then tell me and we can skip them. Also, if you want to stop at any point you are free to do so.

The answers you give me are confidential between us and will not be shared with anyone you know. In our report about the survey we will talk about what young people have told us and no one will be named or identified. But if you tell me something that leads me to think that you or another person may be hurt or being harmed in some way then I will have to tell someone who can help you.

Do you have any questions before we start? Well, if you have any questions as we go along, then please let me know ... here we go....."

“How old are you (in years)?” / Gender (M/F)

2. “Apart from yourself, how many children aged 18 or under live with you?”

3. “How many adults live with you?”

4. “What is the first part of your postcode?” e.g. RG32 or W3

2 Residual Vision

5. "For how many years have you had a serious problem with your sight?"

6. “Other than your eye condition, do you have any other medical condition?”

Tick One

Yes

No **GO TO Q8**

Not Specified or Prefer not to answer **GO TO Q8**

7. "What are they?"

Tick all that apply

Impaired hearing

Learning disability

Diabetes

Epilepsy

Cerebral Palsy

Other (specify)

8. “Do you know if you are currently registered as blind or partially-sighted?”

Tick One

Registered blind

Registered partially-sighted

Not registered

Don't know

9. “During daylight can you see where the windows are in a room from the light coming through them?”

Tick One

Yes

No **GO TO Q28 – School/College Experience**

Not Specified or Prefer not to answer

10. “When in a lit room can you see the shapes of the furniture?”

Tick One

Yes

No

Not Specified or Prefer not to answer

11. "Can you recognise a friend's face by looking at them up close?"

Tick One

- Yes
- No
- Not Specified or Prefer not to answer

12. "Can you recognise a friend's face at an arm's length away?"

Tick One

- Yes
- No
- Not Specified or Prefer not to answer

13. "Can you recognise a friend's face across a living room?"

Tick One

- Yes
- No
- Not Specified or Prefer not to answer

14. "Can you recognise a friend's face across a road?"

Tick One

- Yes
- No
- Not Specified or Prefer not to answer

3 Low-Vision Aids

"The next questions are about things you might use to help you."

15. "Do you currently wear glasses?"

Tick One

- Yes
- No **GO TO Q18**

16. "How many pairs do you have?"

17. "How useful do you find them?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified or Prefer not to answer

18. "Do you use a magnifier?"

Tick One

- Yes
- No **GO TO Q20**
- Used in the past but not currently
- Not Specified *or* Prefer not to answer **GO TO Q20**

19. "How useful do you find it?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

20. "Do you use a CCTV system?"

Tick One

- Yes
- No **GO TO Q22**
- Used in the past but not currently
- Not Specified *or* Prefer not to answer **GO TO Q22**

21. "How useful do you find it?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

22. "Do you use a handheld telescope?"

Tick One

- Yes
- No **GO TO Q24**
- Used in the past but not currently
- Not Specified *or* Prefer not to answer **GO TO Q24**

23. "How useful do you find it?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful

-
- No Use At All
 - Hindrance (negative help / burden / impediment)
 - No Opinion
 - Not Specified *or* Prefer not to answer

24. "Are there any other low vision aids that you currently use?"

Tick One

- Yes
- No **GO TO Q26**

25. "What are these?"

26. "Are there any low vision aids that you think you would benefit from but are not currently using?"

Tick One

- Yes
- No **GO TO Q28**
- Don't Know *or* Prefer not to answer **GO TO Q28**

27. "What are these and why haven't you got them?"

4 School/college Experience

28. "Do you currently go to school or college?"

Tick One

- No **GO TO Q35 – Extra Curricular**
- Yes

29. "What is the name of your school/college?"

30. "What type of school/college do you go to?"

Tick One

- "Mainstream school/college"
- "Mainstream school/college with a specialist VI unit"
- "Specialist VI school/college"
- "Specialist school/college – not just VI"
- Other (specify)

31. "How much do you enjoy school/college?"

Tick One

- Very much / A lot **GO TO Q33**
- Sometimes / Somewhat / It's OK **GO TO Q33**
- Not much
- Not at all

32. "Why don't you enjoy school/college?"

33. "What are your favourite subjects?" (up to 3 – indicate 'none' if child has no favourites)

34. "Generally, how are you doing in school/college?"

Tick One

- Well
- OK
- Not as well as I'd like
- Don't know / Can't say

5 Extra Curricular

35. "Are you involved in any extra-curricular activities?"

If the respondent does not immediately understand what this means, then clarify prompt with "extra activities at school, things like sporting activities, drama, music or interest groups"

Tick One

- Yes
- No **GO TO Q43 – Sports in School/college**

36. "What is the activity / are the activities?"

Record maximum of three then ask sequence of questions below, as appropriate.

Activity 1

Activity 2

Activity 3

37. "Where do you do [activity 1]?"

Tick All That Apply

- At school/college
- Outside of school/college

38. "How do you usually get there?"

Tick One

- Already at school
- Parent or other adult takes them (walking, private or public transport)
- Goes alone (walks)
- Goes alone (public transport)
- School/college transport
- Taxi
- Goes with a group or friends or siblings
- Not applicable (e.g. does it at home)

39. "Where do you do [activity 2]?"

Tick All That Apply

- At school/college
- Outside of school/college

40. "How do you usually get there?"

Tick One

- Already at school
- Parent or other adult takes them (walking, private or public transport)
- Goes alone (walks)
- Goes alone (public transport)
- School/college transport
- Taxi
- Goes with a group or friends or siblings
- Not applicable (e.g. does it at home)

41. "Where do you do [activity 3]?"

Tick All That Apply

- At school/college
- Outside of school/college

42. "How do you usually get there?"

Tick One

- Already at school
- Parent or other adult takes them (walking, private or public transport)
- Goes alone (walks)
- Goes alone (public transport)
- School/college transport
- Taxi
- Goes with a group or friends or siblings
- Not applicable (e.g. does it at home)

6 Sports in School/College

43. "What sports do you do in school/college?"

Tick if 'Yes' for each one

- a) Gym or PE
- b) Athletics and field sports (e.g. running, jumping)
- c) Racket sports (e.g. tennis, badminton, squash, table tennis)
- d) Outdoor pursuits (e.g. orienteering, cross-country running)
- e) Swimming
- f) Dance
- g) Team sports (e.g. rugby, cricket, football, hockey)
- h) None **GO TO Q47 – Satisfaction with School/college**
- i) Other (specify)

44. "Generally, do you like doing sports in school/college?"

Tick One

- Yes **GO TO Q46**
- No

45. "Why not?"

46. "What is your favourite sport in school/college?"

7 Satisfaction with School/College

"The next few questions are about general satisfaction with school"

47. "To what extent do you feel included or accepted in your form class?"

Tick One

- Very/fully included
- Quite included
- Not included
- Can't say/Don't know

48. "How satisfied are you with the amount of help you get in the classroom?"

Tick One

- Very satisfied
- Quite satisfied
- Not at all satisfied
- Can't say

49. "Do you have a teaching assistant to support you with some of your work?"

Tick One

- Yes
- No **GO TO Q53 – Activities of Daily Living**

50. "Is this teaching assistant with you?..."

Tick One

- "All of the time"
- "Most of the time"
- "Some of the time"

51. How helpful do you find this?

Tick One

- Very helpful
- Quite helpful
- Not at all helpful
- Can't say

52. "Do you have any other comments about the teaching assistance that you receive?"

8 Activities of Daily Living

“The next questions are all about things that you might do regularly and how difficult or easy you find them...”

53. “How easy or difficult is it to do the following things without assistance”:

Scale:

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Impossible
- Do not do / Not Applicable

- a) Tidy your room, including making your bed
- b) Dress yourself, including putting on your shoes and socks
- c) Eat a meal using a knife and fork
- d) Prepare a cold meal – e.g. a sandwich for yourself
- e) Prepare a hot meal for yourself
- f) Help with the work in the house or garden (like cleaning, tidying or doing the laundry)
- g) Wash yourself
- h) Set the controls on household appliances such as televisions, DVDs or cookers
- i) Organise your possessions – like books or CDs
- j) Find clean clothes to wear
- k) Make telephone calls
- l) Make new friends
- m) Set the table at home for meals

Only ask (n)-(u) if young person is still in school – otherwise, **GO TO (v)**

- n) Keep your desk, books and other materials at school/college organised
- o) Spend time with friends during break times
- p) Complete your homework on time
- q) Keep up with the rest of your class
- r) Be on time to school/college
- s) Get from one class to another on time
- t) Take part in PE, games or other sports
- u) Take part fully in class lessons

- v) Pour a drink into a glass
- w) Identify and use money
- x) Keep up with the latest fashions and trends
- y) Cut up food using a knife
- z) Make a hot drink
- aa) Tell the time
- bb) Use a computer

9 Younger Siblings

54. "Do you have any younger brothers or sisters?"

Tick One

- Yes
 No **GO TO Q57 - Chores**

55. "Do you help take care of your younger brother or sister?"

Tick One

- Yes
 No **GO TO Q57 - Chores**

56. "In what ways?"

Chores

57. "Do you have chores?"

Tick One

- Yes
 No **GO TO Q59 – Part Time Employment**

58. "What are they?"

Part-Time Employment

59. "Do you have a paid part-time job?"

Tick One

- Yes
 No **GO TO Q61 – ILS Training**

60. "What type of job is it?"

ILS / Daily Living Training

61. "Have you ever had any classes or training (either in or out of school/college) where you were taught things like cooking, organising your belongings or clothes, or other everyday skills?"

Tick One

- Yes
 No **GO TO Q74 – Communications and Technology**
 Don't know or can't remember **GO TO Q74**

62. "What were these classes/training called?"

63. "How old were you when you first started these classes/training?" (*years*)

64. What did you learn in these classes/training?

Tick All That Apply

- Cooking
- Eating and cutting up your food
- Shopping
- Identifying and using money
- Keeping your school/college desk, belongings and surroundings tidy
- Being able to follow your class timetable
- Getting changed by yourself, especially for sports activities
- Other (specify)

65. "Who were these classes/training taught by?"

Tick All That Apply

- School/college teacher
- VI teacher
- Rehab officer
- Mobility educator
- Don't know
- Other (specify)

66. "Did these lessons help you?"

Tick One

- Yes
- No **GO TO Q68**
- Don't know or can't remember **GO TO Q68**

67. "In what ways did they help you?"

68. "Is there anything you would have liked to have been taught in these classes/training but weren't?"

Tick One

- Yes
- No **GO TO Q70**
- Don't know or can't remember **GO TO Q70**

69. "What were those things?"

70. "Do you think it would have been helpful to you if you had started these classes/training earlier than you did?"

Tick One

- Yes
- No **GO TO Q72**
- Don't know or can't remember **GO TO Q72**

71. "In what way(s) do you think it would have helped you?"

72. "Have you got any plans to do any classes/training in ILS or living skills in the future?"

Tick One

- Yes
 No **GO TO Q74 – Communications and Technology**
 Don't know or can't remember **GO TO Q74**

73. "Can you tell me briefly what you are planning to do?"

10 Communications and Technology

Personal Computer

74. "Do you currently use a computer either at home, school/college or both?"

Tick One

- Never use a computer **GO TO Q80**
 Use a computer only at school/college
 Use a computer only at home
 Use a computer both at home and at school/college

75. "Which of the following activities do you sometimes use a computer for?"

Tick one for each statement

- a) "Doing homework or classwork" Yes/No
b) "Sending emails" Yes/No
c) "Talking to friends (chatrooms, skype etc)" Yes/No
d) "Surfing the internet" Yes/No
e) "Playing games" Yes/No
f) "Downloading music or videos" Yes/No
g) "Anything else?" Yes/No
 Yes
 No **GO TO Q77**

76. "What?" Other (specify)

77. "When you use a computer do you use any of the following?"

- a) "Special screen magnifiers" Yes/No
b) "Text-to-Voice software (e.g. JAWS)" Yes/No

78. "Do you use any other special equipment or software to make it easier to use a computer?"

- Yes
 No

79. "What is that?"

80. "Is there anything you would like to be able to use a computer for that you don't at the moment?"

Tick One

- Yes
- No **GO TO Q82 – Mobile Telephones**
- Don't know **GO TO Q82**

81. "What is preventing you?"

Mobile Telephones

82. "Do you use a mobile phone?"

Tick One

- Yes
- No **GO TO Q85 - Braille**

83. "Is the phone you use adapted to have audio/voice output so that you can hear things like menus?"

Tick One

- Yes
- No
- Don't know

84. "Do you have an attachment to enlarge the screen?"

Tick One

- Yes
- No
- Don't know

Braille

85. "Do you use Braille?"

Tick One

- Yes
- No **GO TO Q90 – Large Print**

86. "In general, how useful do you find Braille?"

Tick One

- Very useful
- Quite useful
- Not very useful
- Don't know OR it depends

87. "Do you think that all blind and partially-sighted young people should be taught Braille?"

Tick One

- Yes
- No
- Don't know

88. "Are there any things that you'd like to have in Braille but can't get?"

Tick One

- Yes
- No **GO TO Q90 – Large Print**
- Don't know **GO TO Q90**

89. "What materials would you like more of in Braille?"

Tick All That Apply

- School/college or textbooks
- General reading / Fiction
- Newspapers, magazines
- Information or instructions (e.g. labels on products)
- Other (specify)

Large Print

90. "Do you use large print reading materials?"

Tick One

- Yes
- No **GO TO Q94 – Preferred Information**
- Don't know / Not Specified **GO TO Q94**

91. "In general, how useful do you find large print?"

Tick One

- Very useful
- Quite useful
- Not very useful
- Don't know OR it depends

92. "Are there any things that you'd like to have in large print but can't get?"

Tick One

- Yes
- No **GO TO Q94 – Preferred Information**
- Don't know / Not Specified **GO TO Q94**

93. "What materials would you like more of in large print?"

Tick All That Apply

- School/college or textbooks
- General reading / Fiction
- Newspapers, magazines
- Information or instructions (e.g. labels on products)
- Other (specify)

Preferred Information Format

94. "If you had the choice of getting information in Braille, large print or audio/recorded formats, which would you choose?"

Tick One

- "Braille"
- "Large Print"
- "Audio / recorded"
- Other (specify)
- Don't know **GO TO Q96 - Mobility**

95. "Why is that?"

11 Mobility

"The next questions are about mobility, how you get out and about..."

96. "How do you get to and from school/college?"

Tick All That Apply

- Is at boarding school/college
- Walks on their own or with other children
- Walks accompanied by an adult
- Car
- Public transport (e.g. bus, train, tube, tram)
- School/college bus
- Taxi
- Bicycle
- Other (specify)

Mobility Training

97. "Have you ever had any classes/training (either in or out of school/college) where you were taught mobility skills like finding your way, and moving around, in your local area, home or school/college?"

Tick One

- Yes
- No **GO TO Q116**
- Don't know or can't remember **GO TO Q116**

98. "Where were these classes/training taught?"

Tick One

- In school/college
- Out of school/college
- Both In and Out of school/college
- Don't know or can't remember

99. "How old were you when you first started these classes/training?"

100. "What did you learn in these classes/training?"

Tick if 'Yes' for each one

- a) "Knowing where you were – orientation"
- b) "Move around more confidently"
- c) "Move around independently"
- d) "Find way around your school/college"
- e) "Moving around in quiet outdoor areas out of school/college"
- f) "Moving around in busy areas like town centres"
- g) "Use of streets / crossing roads safely"
- h) "How to use public transport"
- i) "Routes in home area"
- j) "Work experience"
- k) "Going shopping"
- l) "Find your way around inside your home"
- m) Other (specify)

101. "Who were these classes/training taught by?"

Tick All That Apply

- School/college teacher
- VI teacher
- Rehab officer
- Mobility educator
- Parent or friend
- Don't know
- Other (specify)

102. "Did these classes/training help you?"

Tick One

- Yes
- No **GO TO Q104**
- Don't know or can't remember **GO TO Q104**

103. "In what ways did they help you?"

104. "Is there anything you would have liked to have been taught in these classes/training but weren't?"

Tick One

- Yes
- No **GO TO Q106**
- Don't know or can't remember **GO TO Q106**

105. "What were those things?"

106. "Do you think it would have been helpful to you if you had started these classes/training earlier than you did?"

Tick One

- Yes
- No **GO TO Q108**
- Don't know or can't remember **GO TO Q108**

107. "In what way(s) do you think it would have helped you?"

108. "Overall, has your mobility training helped you to get around more confidently and independently?"

Tick One

- "Has helped you get around very well"
- "Has helped you get around somewhat"
- "Has not helped you get around at all"
- "Don't know / Can't say"

109. "Did your parents or carer ever come to any of your mobility training classes with you?"

Tick One

- Yes
- No **GO TO Q111**
- Don't know or can't remember **GO TO Q111**

110. "In general would you say that your parent / carer coming to classes was..."

Tick One

- "Helpful "
- "Not so helpful"
- "Can't say / can't remember / neutral (OK)"

111. "Did any of your mobility training classes take place within the last year?"

Tick One

- Yes
- No **GO TO Q116**
- Don't know or can't remember **GO TO Q116**

112. "What were these classes/training called?"

113. "Did these classes/training take place...?"

Tick One

- "In school/college" **GO TO Q115**
- "Out of School/college" **GO TO Q115**
- "Both"

114. "Did the same person teach your in-school/college and out-of-school/college classes?"

Tick One

- Yes
- No
- Can't remember

115. "About how many of these classes did you do?"

116. "Have you got any plans to do any mobility training in the future?"

Tick One

- Yes
- No **GO TO Q118 – Mobility Aids**
- Don't know or can't remember **GO TO Q118**

117. "Can you tell me briefly what you are planning to do?"

Mobility Aids

Canes

118. "Do you use any type of cane to help you get around?"

Tick One

- Yes
- No **GO TO Q122 - ETA**

119. "What type of cane do you use?"

Tick all that apply

- Symbol cane
- Guide cane
- Long cane
- Hoople
- Ultra cane
- Sonic aid
- Other (specify)

If only one type of cane is indicated in Q119 then **GO TO Q121**

120. "Which of these canes do you use the most?"

Tick all that apply

- Symbol cane
- Guide cane
- Long cane
- Hoople
- Ultra cane
- Sonic aid
- Other (specify)

121. "To what extent does your (most used) cane help you in getting around?"

Tick One

- A big help
- Some help (OK)
- A small help
- No help at all
- Don't know / can't say

ETA

122. "Do you use any type of electronic travel aid, such as a GPS or sonic cane, to help you get around?"

Tick One

- Yes
 No **GO TO Q125 – Sighted Guide**

123. "What type of electronic aid do you use?"

124. "To what extent does your electronic travel aid help you in getting around?"

Tick One

- A big help
 Some help (OK)
 A small help
 No help at all
 Don't know / can't say

Sighted Guide

125. "Do you use a sighted guide (someone who helps to guide you) to help you get around?"

Tick One

- Yes
 No **GO TO Q129 if >16 years, otherwise GO TO Q132 – Mobility Situations**

126. "Who is normally your sighted guide?"

Tick all that apply

- Parent or Carer
 Friend
 Teacher or teaching assistant
 Brother or sister
 Other (specify)

127. "Are there any places that you can't access without a sighted guide?"

Tick One

- Yes
 No **GO TO Q129 if >16 years, otherwise GO TO Q132**
 Don't know **GO TO Q129 if >16 years, otherwise GO TO Q132**

128. "What are they?"

GO TO Q129 if >16 years, otherwise GO TO Q132 – Mobility Extent

Guide Dog

129. "Do you use a guide dog?"

Tick One

- Yes
 No **GO TO Q132 – Mobility Situations**

130. "For how many years have you had a guide dog?"

131. "To what extent does your guide dog help you in getting around?"

Tick One

- A big help
- Some help (OK)
- A small help
- No help at all
- Don't know / can't say

Mobility Extent

132. "Do you have any condition other than your eye condition that limits your ability to get out and move around?"

Tick One

- Yes
- No **GO TO Q134**

133. "What is that?"

134. "In a typical week, how often do you go out by yourself (including journeys you have to take like walking or taking public transport to school/college)?"

Tick One

- Daily or more frequently
- 4-6 times
- 1-3 times
- Less than once a week
- Never

135. "In general, are you able to get out as much as you would like?"

Tick One

- Yes **GO TO Q137 – Mobility Situations – shopping centre**
- No

136. "What prevents you from getting out as much as you would like?"

Mobility Situations

Shopping Centre

137. "Do you ever go to a shopping centre or town centre by yourself or with friends of your own age?"

Tick One

- Yes **GO TO Q139**
- No

138. "Why is that?"

Tick One

- Don't want to **GO TO Q140 – Unfamiliar area**
- Don't have the opportunity **GO TO Q140**
- Too difficult **GO TO Q140**
- Not allowed to go (by parents / carers) **GO TO Q140**
- Other (specify) **GO TO Q140**

139. "In general, how easy or difficult do you find it to get around in the shopping / town centre?"

Tick One

- Very difficult
- Quite difficult
- Neither easy nor difficult
- Quite easy
- Very easy

Unfamiliar Area

140. "Do you ever go to a new or unfamiliar area (some place you've never been to before) by yourself or with friends of your own age?"

Tick One

- Yes **GO TO Q142**
- No

141. "Why is that?"

Tick One

- Don't want to **GO TO Q143 – Other Places**
- Don't have the opportunity **GO TO Q143**
- Too difficult **GO TO Q143**
- Not allowed to go (by parents / carers) **GO TO Q143**
- Other (specify) **GO TO Q143**

142. "In general, how easy or difficult do you find it to get around in a new or unfamiliar area?"

Tick One

- Impossible
- Very difficult
- Quite difficult
- Neither easy nor difficult
- Quite easy
- Very easy

Other Places

143. "Are there places you'd like to be able to get to, but can't?"

Tick One

- Yes
- No **GO TO Q146 – Quality of Life**
- Don't know **GO TO Q146**

144. "What are these places?"

145. "What is preventing you from going there?"

12 Quality of Life (DISABKIDS)

Questions 146-176 inclusive are copyright DISABKIDS and cannot be reproduced here. Details of the background and content of the DISABKIDS instrument can be found on their website at <http://kidscreen.diehauptstadt.de/disabkids/uk/index.html>

13 Leisure

Sport

177. "The next questions are about things you might do in your leisure time, apart from the extra-curricular activities that you have already told us about, do you do any sporting activities?"

Tick One

- Yes
 No **GO TO Q179 – Music and drama**

178. "What are these?"

Tick All that Apply

- Gym or PE
 Track and field sports (running, jumping etc)
 Racket sports (e.g. tennis, badminton, squash)
 Swimming
 Team sports (e.g. rugby, cricket, football, hockey)
 Horse riding
 Other (specify) Music and Drama

179. "Do you do any drama or music related activities?"

Tick One

- Yes
 No **GO TO Q181 – Other hobbies**

180. "What are these?"

Tick All that Apply

- Play a musical instrument
 Sing in a choir or play in an orchestra / band
 Involved in a drama group (either as a performer or on the technical side)
 Other (specify) Other Hobbies

181. "What do you enjoy doing in your spare time?"

[Prompt: activities, hobbies, pastimes, clubs...]

Tick All that Apply

- Going to the cinema, theatre or music venues
- Playing on the computer or internet
- Spending time with friends
- Watching TV / DVDs
- Listening to music
- Arts and crafts
- Collecting things
- Going to a club (e.g. youth club / guides / scouts)
- Cooking
- Reading
- Shopping
- Travelling
- Other (specify)

182. "Are there any activities or hobbies you would like to be doing but can't?"

Tick One

- Yes
- No **GO TO Q185 - Aspirations**

183. "What are these?"

184. "Why can't you do this/them?"

14 Aspirations

Continue if the person has left school/college, otherwise GO TO Q186

185. "What have you been doing since you left school/college?" **GO TO Q187**

186. "What do you hope to do when you leave school/college?"

[Variable prompt to elicit information about career - "What about a job?"]

187. "What would be your ideal job, the thing you'd really like to be?"

188. "Do you expect to achieve this?"

Tick One

- Yes **GO TO Q190 – Opinions and attitudes**
- No

189. "What do you think may stop you?"

15 Opinions and Attitudes

190. "Next we have a list of statements that you might or might not agree with. For each one, please say 'Agree' or 'Disagree' or 'No opinion' if you can't decide."

Scale:

- Agree
- No Opinion
- Disagree

a) "I am generally a confident person"

b) "I am generally a happy person"

Only ask c-e if young person is still in school – otherwise, GOTO (f)

c) "I have good friends in school/college"

d) "I can confidently find my way around school/college"

e) "My teachers are supportive and helpful"

f) "I have good friends in my local neighbourhood"

g) "Most of my friends are online or on the internet"

h) "Generally, I feel safe"

i) "My family do not let me do enough things on my own"

j) "I can confidently find my way around my neighbourhood"

k) "Most of my social life is with my family"

l) "Most of my friends are fully sighted"

m) "I don't have to do as many chores/jobs around the house as most people"

191. "What is the single most important thing that could be done to improve things for you personally?"

192. "What is the single most important thing that could be done to improve things for blind and partially-sighted young people in the UK today?"

16 Final Demographics

“Finally, just a few questions to help us to make sure that we have a range of people represented in our survey.”

193. “Were you born in the UK?”

Tick One

- Yes **GO TO Q195**
 No

194. “How old were you when you moved permanently to the UK?”

195. “What is your ethnic group?”

[Categories used correspond to the 2001 census in England and Wales]

Tick One

- Not Specified *or* Prefer not to answer

White

- British
 Irish
 Any other White background, please specify

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background, please specify

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please specify

Black or Black British

- Caribbean
 African
 Any other Black background, please specify

Chinese or other ethnic group

- Chinese
 Any other background, please specify

Parent/Guardian's Survey

This survey was designed for telephone or face-to-face administration by an interviewer with parents/guardians of blind or partially sighted children. Administration should take approximately 50 minutes

Guidelines for the Interviewer

Please fill in using black ink and remember to add the unique ID provided by Guide Dogs on all pages in the space provided. If the respondent identifies individuals when answering the qualitative questions, please anonymise them as appropriate using an initial to replace the name.

1 Introduction

"This survey is being carried out by Guide Dogs as part of the 'Needs and Functionality of Blind and Partially-Sighted Children in the UK' research. The project involves consulting young people, their parents, teachers and mobility/(re)habilitation workers on a wide range of issues that affect them but with an emphasis on mobility and independence issues. This work builds on Guide Dogs previous work looking at 'Needs and Functionality of Blind and Partially-Sighted Adults in the UK'.

Ultimately, we hope that the information generated from this work will lead to a better understanding of the needs of blind and partially-sighted people and that understanding will in turn generate change for the better in people's lives.

Your participation is greatly appreciated and will be a valuable contribution to our work. All information collected will be treated as strictly confidential. Data will be published in aggregate form and when individual quotes are used in publication, they will not be attributed in any specific sense or contain any information that would identify individuals".

1. "What is your relationship to the child?"

Tick One

- Mother
- Father
- Other (specify)

2. "What is the first part of your postcode?" e.g. RG32 or W3

3. "Are you, or is any other adult in your household, registered as blind or partially sighted?"

Tick One

- Yes
- No

4. "How many other adults including yourself live in the household?"

2 Child/Children Details

5. "How many children (under the age of 18) live with you?"

6. "How old are they"

3 Aetiology and Diagnosis

7. "Is your child completely blind or does s/he have some degree of vision?"

Tick One

- Completely blind
- Some vision
- Don't know

8. "Has your child had their vision condition since birth or did they develop it later?"

Tick One

- Had condition since birth
- Developed condition later
- Don't know

9. "What is the name of your child's eye condition?"

Tick all that apply

- Albinism
- Cerebral vision impairment (CVI)
- Hydrocephalus
- Nystagmus (or involuntary eye movements)
- Cataracts
- Don't know
- Other (specify)

10. "Apart from your child's eye condition, do they have any other serious health problems or disabilities?"

Tick One

- Yes
- No **GO TO Q12**
- Not Specified or Prefer not to answer **GO TO Q12**

11. "What are they?"

Tick all that apply

- Impaired hearing
- Learning disability
- Diabetes
- Epilepsy
- Cerebral Palsy
- Other (specify)

12. "Is your child registered as blind or partially-sighted?"

Tick One

- Registered blind
- Registered partially-sighted
- Not registered
- Don't know what this means

13. "Thinking back over the last year, would you say that your child's eye condition has"

Tick One

- "Stayed about the same"
- "Deteriorated"
- "Improved"
- Not Specified or Prefer not to answer

14. "How old was your child when you were told that s/he had an eye condition?"

15. "Who told you that your child had an eye condition?"

Tick One

- Eye doctor
- Teacher
- GP / family doctor
- Other (specify)

16. "When you were told that your child had an eye condition, were you given enough information about the condition and the implications for your child?"

Tick One

- Yes **GO TO Q18**
- No
- Not Specified or Prefer not to answer **GO TO Q18**

17. "What information didn't you get that would have been useful to you at the time?"

18. "Do you think that you were given sufficient support at the time of diagnosis?"

Tick One

- Yes
- No
- Not Specified or Prefer not to answer

19. "Do you have any comments about the information or support you received at the time your child's eye condition was diagnosed?"

4 Characteristics & Social Relationships

20. "The next few questions are about general character traits. Which of the following statements best describes *[child's name]* ...

a) (*Independence*)

Tick One

- "Very Independent"
- "Quite Independent"
- "Not Very Independent"
- No Opinion / Can't Say

b) (*Confidence*)

Tick One

- "Very Confident"
- "Quite Confident"
- "Not Very Confident"
- No Opinion / Can't Say

c) (*Happiness*)

Tick One

- "Very Happy"
- "Quite Happy"
- "Not Very Happy"
- No Opinion / Can't Say

21. "How easy or difficult does your child find it to make friends?"

Tick One

- "Very Easy"
- "Quite Easy"
- "Quite Difficult"
- "Very Difficult"
- "Impossible"
- "It Varies" or "Sometimes Difficult"
- "Don't know"

22. "Which of the following best describes your child's peer group friends"

Tick One

- "All of them have a visual impairment"
- "Most of them have a visual impairment"
- "A mixture, some have visual impairment and some do not"
- "Most of them are fully sighted"
- "All of them are fully sighted"
- Child has no friends
- Don't know OR Prefer not to answer

23. "To what extent has your child's eye condition affected their ability to form and maintain friendships?"

Tick One

- makes it EASIER to have friends
- has NO EFFECT on friendships
- makes friendships a LITTLE DIFFICULT
- makes friendships MODERATELY DIFFICULT
- makes friendships VERY DIFFICULT
- makes it IMPOSSIBLE / UNABLE TO have friends at all
- No Opinion / Too Difficult to answer
- Not Specified or Prefer not to answer

5 Current Support/Services Accessed

24. "From the time of diagnosis to the present time, please rate your overall satisfaction with the services you received in each of the following areas using the scale:

- "VERY satisfied"
- "QUITE satisfied"
- "NEUTRAL"
- "QUITE dissatisfied"
- "VERY dissatisfied"
- Not Specified
- Not Applicable or prefer not to answer

- a) Medical support and services
- b) Educational services
- c) Services provided by local authorities
- d) Peer group or voluntary support services

25. "Apart from the services that were just mentioned, are there any other services that you have accessed?"

Tick One

- Yes
- No **GO TO Q28**
- Not Specified or Prefer not to answer **GO TO Q28**

26. "What were they?"

27. "How satisfied were you with each of these services?"

Tick One

- VERY satisfied
- QUITE satisfied
- NEUTRAL
- QUITE dissatisfied
- VERY dissatisfied
- Not Specified
- Not Applicable or prefer not to answer

28. "Do you have any comments about the services that you have accessed or would like to have accessed?"

Support

29. "Are you currently involved in any support group(s) organized by parents?"

Tick One

- Yes
- No **GO TO Q31**

30. "How useful is this support group?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified or Prefer not to answer

31. Are you currently involved in any support group organised by other organizations like local authorities or voluntary organisations?

Tick One

- Yes
- No **GO TO Q33**

32. "How useful is this support group?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified or Prefer not to answer

33. "Are you currently involved in online or email support groups?"

Tick One

- Yes
- No **GO TO Q35 – Sources of Information**
- Not Specified or Prefer not to answer **GO TO Q35 – Sources of Information**

34. "How useful is it to you?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

6 Sources of Information

"The next questions are about information and where you would go to access it"

Repeat the following sequence (Q36-Q36) for each of 5 types information:

- 1) Information on medical issues relating to your child's condition
- 2) Information about special or adapted equipment for your child
- 3) Information on mobility training and independence training
- 4) Information on opportunities available for your child including academic and/or career opportunities
- 5) Information on benefits and grants

35. "Are you satisfied that you are able to get enough information on [information type]?"

Tick One

- Yes
- No
- Not Specified *or* Prefer not to answer

36. "If you wanted [information type] where would you go?"

Tick All that Apply

- Local Authority / Social Services / HSS Trusts
- The child's school
- NBCS
- The VI teacher
- Rehabilitation Worker
- Mobility Officer
- RNIB
- Guide Dogs
- Action for Blind People
- Visual Impairment Scotland / VIZKIDS
- Access to Work Scheme
- Royal London Society for the Blind
- Local Society for Blind People or Voluntary Organization
- Hospital / Eye clinic
- GP
- Community optometrist
- Local library
- Internet

- Other disability groups
- Citizens Advice Bureau
- Disability Advisory Service
- TNAUK
- Eye Clinic Liaison Officer (ECLO)
- Family and friends
- Nobody / Not Applicable
- Other (specify)
- Don't know

7 Review Meetings

37. "Have you ever attended review meetings to review *[child's name]* needs?"

- Yes
- No **GO TO Q41**
- Not Specified *or* Don't know what these are **GO TO Q43 – Low Vision Aids**

38. "How often have you attended these meetings?"

- Always
- Sometimes
- Never **GO TO Q41**

39. "How useful did you find them?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

40. "During the review meetings, to what extent do you feel your views were addressed?"

Tick One

- My views were largely addressed **GO TO Q42**
- Some of my views were addressed but not all **GO TO Q42**
- My views were not addressed **GO TO Q42**
- I didn't express my views at the review meeting **GO TO Q42**

Q41. "What has prevented you attending these meetings?"

Tick One

- Wasn't invited
- Unaware the meetings were happening
- Meeting were not at a convenient time or location
- Other (specify)

Q42. "Have you anything else to add on the subject of review meetings?"

8 Low Vision Aids

Glasses

43. "Does your child currently wear glasses?"

Tick One

- Yes
 No **GO TO Q46**

44. "How many pairs does s/he have?"

45. "Which of the following best describes how [Child's name]'s glasses were paid for?"

- "I covered all the costs"
 "The NHS paid for some of the costs, but I paid the difference"
 "The NHS covered all the costs"

"The next questions are about any Low-Vision Aids that your child may use – either at home or at school, things like magnifiers or CCTV"

46. "Does s/he use magnifiers?"

Tick One

- Yes
 No **GO TO Q49**
 Used in the past but not currently
 Not Specified or Prefer not to answer **GO TO Q49**

47. "Who prescribed or recommended a magnifier?"

Tick One

- Orthoptist
 Optician
 Teacher
 Rehab worker
 Don't know or wasn't prescribed
 Other (specify)

48. "How useful does s/he find it?"

Tick One

- Invaluable
 Very Useful
 Moderately Useful
 Not Very Useful
 No Use At All
 Hindrance (negative help / burden / impediment)
 No Opinion
 Not Specified or Prefer not to answer

49. "Does s/he use a CCTV system?"

Tick One

- Yes
- No **GO TO Q52**
- Used in the past but not currently
- Not Specified *or* Prefer not to answer **GO TO Q52**

50. "Who prescribed or recommended a CCTV system?"

Tick One

- Orthoptist
- Optician
- Teacher
- Rehab worker
- Other (specify)

51. "How useful does s/he find it?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

52. "Does s/he use a handheld telescope?"

Tick One

- Yes
- No **GO TO Q55**
- Used in the past but not currently
- Not Specified *or* Prefer not to answer **GO TO Q55**

53. "Who prescribed or recommended a handheld telescope?"

Tick One

- Orthoptist
- Optician
- Teacher
- Rehab worker
- Other (specify)

54. "How useful does s/he find it?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified *or* Prefer not to answer

55. "Are there any other low vision aids that your child currently uses?"

Tick One

- Yes
- No **GO TO Q57**

56. "What are these?"

57. "Are there any low vision aids that you think your child would benefit from but is not currently using?"

Tick One

- Yes
- No **GO TO Q59 – Communication and Technology**
- Not Specified *or* Prefer not to answer **GO TO Q59**

58. "What are these and why haven't they got them?"

9 Communication and Technology

Computers

59. "Does your child use a PC or other computer either in the home or at school?"

Tick One

- Yes
- No **GO TO Q62 – Mobile Phones**
- Not Specified *or* Prefer not to answer **GO TO Q62 – Mobile Phones**

60. "Does s/he use it at home or in school or both?"

Tick One

- Home
- School
- Both
- Not Specified *or* Prefer not to answer

61. "Is the computer adapted or modified in any way?"

Tick One

- Yes
- No
- Not Specified *or* Prefer not to answer

Mobile Phones

62. "Does your child have a mobile telephone of their own?"

Tick One

- Yes
- No **GO TO Q65 - Braille**
- Not Specified or Prefer not to answer **GO TO Q65 - Braille**

63. "Is their mobile adapted to provide audio information for things like phone menus or text messages?"

Tick One

- Yes
- No
- Don't understand or Not Specified

64. "Does their mobile have an attachment to enlarge the screen?"

Tick One

- Yes
- No
- Don't understand or Not Specified

Braille

65. "Does your child use Braille?"

Tick One

- Yes
- No **GO TO Q69**
- Not Specified **GO TO Q69**

66. "Where [did your child learn] / [is your child learning] Braille?"

Tick All that Apply

- Home
- School
- Local society or group
- Other (specify)

67. "Do you think that there are sufficient materials available in Braille for your child?"

Tick One

- Yes **GO TO Q70**
- No
- Don't know **GO TO Q70**

68. "What materials would you like more of in Braille?"

Tick All That Apply

- School or textbooks **GO TO Q70**
- General reading / Fiction **GO TO Q70**
- Newspapers, magazines **GO TO Q70**
- Information or instructions (e.g. labels on products) **GO TO Q70**
- Other (specify) **GO TO Q70**

69. "Would you like your child to learn Braille?"

Tick One

- Yes
- No
- Don't Know / Not Specified

70. "Do you have any comments about the teaching of Braille to blind and partially-sighted children?"

Large Print

71. "Does your child use large print reading materials?"

Tick One

- Yes
- No **GO TO Q74 - Education**
- Don't know / Not Specified **GO TO Q74 - Education**

72. "Do you think that there are sufficient materials available in large print for your child?"

Tick One

- Yes **GO TO Q74 - Education**
- No
- Don't know / Not Specified **GO TO Q74 - Education**

73. "What materials would you like more of in large print?"

Tick All That Apply

- School or textbooks
- General reading / Fiction
- Newspapers, magazines
- Information or instructions (e.g. labels on products)
- Other (specify)

10 Education

74. "What level of school does your child currently attend e.g. primary, secondary etc?"

Tick One

- Preschool – has not attended school yet **GO TO Q76**
- Nursery school **GO TO Q76**
- Primary school **GO TO Q76**
- Secondary school **GO TO Q76**
- Tertiary education – college or university **GO TO Q76**
- Currently in home schooling
- Child has left school **GO TO Q76**
- Other (specify) **GO TO Q76**

75 “If your child did not have an eye condition, do you think that you would have still gone with the home schooling option?”

Tick One

- Yes **GO TO Q77**
- No **GO TO Q77**
- Not Specified **GO TO Q77**

76. “Which of the following best describes your child’s current school environment?”

Tick One

- “Mainstream school”
- “Mainstream school with a specialist VI unit”
- “Specialist VI school”
- “Specialist school – not just VI”
- Other (specify)

77. “Has your child ever attended any other types of school?”

Tick All that Apply

- No has always been at school type *as indicated in Q64 or home school*
GO TO Q79
- “Mainstream school”
- “Mainstream school with a specialist VI unit”
- “Specialist VI school”
- “Specialist school – not just VI”
- Other (specify)

78. “Briefly describe the reasons for the change in school types”

“The next questions are about your child’s present school [college]”

79. “In general, how well would you say your child is doing at school[college]?”

Tick One

- Very well
- Quite well
- NEUTRAL – neither well nor badly
- Quite badly
- Very badly

80. “How satisfied are you with the level of input you have in to your child’s education?”

Tick One

- VERY satisfied
- QUITE satisfied
- NEUTRAL
- QUITE dissatisfied
- VERY dissatisfied
- Not Specified
- Not Applicable

81. "In general, how satisfied are you that your child's present school[college] meets their needs?"

- VERY satisfied **GO TO Q83**
- QUITE satisfied **GO TO Q83**
- NEUTRAL **GO TO Q83**
- QUITE dissatisfied
- VERY dissatisfied
- Not Specified **GO TO Q83**
- Not Applicable **GO TO Q83**

82. "In what ways does it not meet their needs?"

83. "Next we have a number of statements – for each one we would like to know your opinion. Please indicate your response to each statement using the following scale:

- Strongly Disagree
- Disagree
- No Opinion / neutral
- Agree
- Strongly Agree
- Don't know / Not Specified"

a) "Enough materials are available at school in appropriate formats for my child"

b) "The staff at school are sensitive to issues concerning my child's eye condition"

c) "My child finds it difficult to make friends at school"

d) "I don't think I get enough information about how best to help my child at home"

e) "There are not enough inclusive extra curricular activities (like sports, drama or interest groups) available for my child"

f) "The school does not do enough to keep me informed about my child's progress"

g) "Blind and partially-sighted children do not get the same range of opportunities as their sighted peers"

h) "My child has been subject to bullying"

i) "The school works effectively with other agencies to put measures in place to support my child"

j) "Lack of transport prevents my child from taking part fully in extra curricular activities"

k) "I support the idea of inclusion for blind and partially-sighted children in education"

Education Opinions/Satisfaction

84. "In general, do you think it is better for blind and partially-sighted children to be educated in schools for blind and partially-sighted children or in mainstream schools?"

Tick One

- Specialist VI schools
- Mainstream schools *with* specialist VI unit
- Mainstream schools *without* specialist VI unit
- Mixed placement
- Depends on person/circumstances

85. "What is the single most important thing that could be done to improve education for blind and partially-sighted children in the UK?"

11 Activities and Independence

86. "Next I would like to ask about some common activities. For each one I'd like to know whether your child does that particular thing and, if they do, how difficult or easy is it for your child to do that particular activity by themselves on the following scale:

- Very Easy
- Quite Easy
- Quite Difficult
- Very Difficult
- Impossible
- Not Applicable – child doesn't do"

- a) Wash themselves
- b) Dress themselves, including putting on their shoes and socks
- c) Go to the toilet on their own
- d) Eat a meal using a knife and fork
- e) Prepare a cold meal – e.g. a sandwich for themselves
- f) Prepare a hot meal for themselves
- g) Tidy their room, including making their bed
- h) Help with the work in the house or garden like cleaning, tidying or doing the laundry
- i) Set the controls on household appliances such as televisions, DVDs or cookers
- j) Pour a drink into a glass
- k) Find clean clothes to wear
- l) Make telephone calls
- m) Make new friends
- n) Set the table at home for meals
- o) Keep their books, music and other materials organised
- p) Play with friends
- q) Complete their homework

- r) Keep up with the rest of their class
- s) Be on time to school
- t) Follow their class schedule
- u) Keep up with the latest fashion – what’s “in” and “out”
- v) Keep up with the news – what’s “in” and “out”
- w) Take part in PE, games or other sports
- x) Go out with friends
- y) Participate fully in class lessons
- z) Tell the time
- aa) Identify and use money
- bb) cut up food using a knife

Note that for younger children many of these activities may not yet be age appropriate.

12 Mobility

87. “Does your child have any condition(s) other than their eye condition which limits their ability to get around independently?”

Tick One

- Yes
- No **GO TO Q89 – Mobility Training**
- Not Specified **GO TO Q89 – Mobility Training**

88. “What is this?”

Mobility Training

89. “Has your child had any kind of mobility training?”

Tick One

- Yes
- No **GO TO Q94**
- Don’t know what ‘mobility training’ means OR unsure **GO TO Q94**

90. “Who provided this training?”

Tick All that Apply

- School
- Social services
- Local education authority (LEA) / Children’s Services
- Local society or voluntary organisation
- Don’t know
- Other (specify)

91. “Was this training....”

- a) “To help the child get around *within the home environment?*” Y / N / Don’t know
- b) “To help the child get around *outside the home?*” Y / N / Don’t know
- c) “To help the child use public transport?” Y / N / Don’t know
- d) “To help the child use street crossings on their own?” Y / N / Don’t know

-
- e) "To help the child get around their school / college environment?" Y / N / Don't know
 - f) "To help them use their other senses to orient themselves and find their way around?" Y / N / Don't know
 - g) "To help them develop problem solving skills?" Y / N / Don't know
 - h) "Any Other?" (specify)

92. "Overall, how useful do you think this mobility training has been?"

Tick One

- Invaluable
- Very Useful
- Moderately Useful
- Not Very Useful
- No Use At All
- Hindrance (negative help / burden / impediment)
- No Opinion
- Not Specified or Prefer not to answer

93. "Which of the following best describes the effect of mobility training on your child's confidence:

Tick One

- "Mobility training has increased my child's confidence"
- "Mobility training has had no effect on my child's confidence"
- "Mobility training has decreased my child's confidence"
- Don't know or no opinion

94. "Do you think that your child would benefit from [further] mobility training?"

Tick One

- Yes
- No
- Don't Know / Not Specified

If child has not attended any mobility training GO TO Q97

95. "Have you ever accompanied your child during their mobility training sessions?"

Tick One

- Yes
- No **GO TO Q97**
- Not sure / Can't remember **GO TO Q97**

96. "How often have you been with them?"

Tick One

- Often / Regularly
- Occasionally / Sometimes
- Rarely / Once or twice

97. "Have you or any other member of your family had any training to help your child with their mobility?"

Tick One

- Yes
- No **GO TO Q99**
- Not sure / Can't remember **GO TO Q99**

98. "Overall, how useful do you think this training was?"

Tick One

- Invaluable **GO TO Q100**
- Very Useful **GO TO Q100**
- Moderately Useful **GO TO Q100**
- Not Very Useful **GO TO Q100**
- No Use At All **GO TO Q100**
- Hindrance (negative help / burden / impediment **GO TO Q100**
- No Opinion **GO TO Q100**
- Not Specified or Prefer not to answer **GO TO Q100**

99. "If training was available, is it something you would take part in?"

Tick One

- Yes
- No
- Not Sure / Don't know

100. "In your opinion, what kinds of things should mobility training include?"

Mobility Aids

101. "Does your child use any of the following to help them get around..."

- "A guide cane?" *Y / N / Not specified*
- "A long cane?" *Y / N / Not specified*
- "A symbol cane?" *Y / N / Not specified*
- "An electronic travel aid?" *Y / N / Not specified*
- e) "A guide dog?" *Y / N / Not specified*
- "Other mobility aid?" (specify)

The current minimum age for using a guide dog in the UK is 16 years. The above question is included in the survey as parents of young people up to the age of 18 are being interviewed and there are also a few trials going on looking at use of guide dogs by young people.

102. "Is there any mobility aid or device that you would like your child to be able use which they don't use currently?"

Tick One

- Yes
- No **GO TO Q104 – Mobility Situations**
- Don't know OR unsure **GO TO Q104 – Mobility situations**

103. "What is this?"

Mobility Situations

104. "The next questions are about mobility situations. We'd like to know how difficult or easy it is for your child to get about in that situation without assistance from anyone else – on the following scale:

- Very Easy
- Quite Easy
- Quite Difficult
- Very Difficult
- Impossible
- Not Applicable OR depends on circumstances"

- a) "Getting around within the home, including use of stairs?"
- b) "In the supermarket or shopping centre when accompanied by you"
- c) "Getting around outside the home in familiar places?"
- d) "Getting around outside the home in unfamiliar places?"
- e) "Using public transport like buses or trains on their own?"

105. "Which of the following best sums up your child's mobility and independence?"

Tick One

- "It is about what I would expect for a child of his/her age"
- "It is WORSE THAN I would expect for a child of his/her age"
- "It is BETTER THAN I would expect for a child of his/her age"

106. "Have you noticed whether your child uses any of their other senses (like hearing or smell or touch) in a special way to compensate for their eyesight?"

Tick One

- Yes
- No **GO TO Q108**
- Don't know/ Not specified **GO TO Q108**

107. "Can you briefly describe in what way they do this?"

108. "In general, what could be done to improve mobility and independence for your child?"

13 Quality of Life (DISABKIDS)

Questions 109-139 inclusive are copyright DISABKIDS and cannot be reproduced here. Details of the background and content of the DISABKIDS instrument can be found on their website at <http://kidscreen.diehauptstadt.de/disabkids/uk/index.html>

14 Leisure and Social Activities

140. "Is your child involved in any **sporting activities** – other than regular scheduled school sports / PE?"

Tick One

- Yes
- No **GO TO Q142**
- Don't know/ Not specified **GO TO Q142**

141. "What are they?"

Space for 3 separate answers

142. "Is your child involved in any **social activities, clubs or groups**?"

Tick One

- Yes
- No **GO TO Q145**
- Don't know/ Not specified **GO TO Q145**

143. "What are they?"

144. "Are any of these sports, groups or activities that your child is involved in organized by their school [college]?"

- Yes
- No **GO TO Q145**
- Don't know/ Not specified **GO TO Q145**

145. "Is there any activity that your child would like to take part in, or you would like your child to take part in, that they are unable to do?"

Tick One

- Yes
- No **GO TO Q147**
- Don't know/ Unsure **GO TO Q147**

146. "What is preventing them?"

147. "What are your child's favourite hobbies or pastimes?"

Tick All that Apply

- Going to the cinema or theatre
- Playing on the computer or internet
- Spending time with friends
- Watching TV / DVDs
- Listening to music
- Arts and crafts
- Collecting things
- Going to a club (e.g. youth club / guides / scouts)
- Cooking
- Reading
- Shopping

-
- Travelling
 - Other (specify)

15 Opinions and Attitudes

148. "I am now going to ask about how helpful people are with regard to your child and his/her condition. Please indicate whether, in general, you find the following to be ...

- Very Helpful
- Quite Helpful
- Neutral ('neither helpful nor unhelpful' OR 'in the middle')
- Quite UNHelpful
- Very UNHelpful
- Not Applicable OR depends on circumstances"

- a) "Your child's class teacher"
- b) "Your child's specialist VI teacher"
- c) "Your GP"
- d) "Employees on public transport"
- e) "Staff in Hospitals"
- f) "Staff at leisure facilities (eg swimming pools, sports centres etc)
- g) "Staff at local authority, local education authority or council offices"

"Now a couple of questions about how you feel generally"

149. "To what extent do you feel cut off from people and things around you?"

Tick One

- NOT cut off at all
- A LITTLE / SOMEWHAT cut off
- MODERATELY cut off
- SUBSTANTIALLY / VERY cut off
- COMPLETELY cut off
- Not Specified *or* Prefer not to answer

150. "To what extent are you able to cope with the demands in your life?"

Tick One

- It is VERY EASY to cope
- It is QUITE EASY to cope
- Neither EASY nor DIFFICULT to cope
- It is QUITE DIFFICULT to cope
- It is VERY DIFFICULT to cope
- Not Specified *or* Prefer not to answer

151. "Next we have a number of statements – for each one we would like to know your opinion. Please indicate your response to each statement using the following scale:

- Strongly Disagree
- Disagree
- No Opinion / neutral
- Agree
- Strongly Agree
- Not Specified"

- a) "I am concerned that my child's career prospects may be limited by her/his eye condition"
- b) "I don't think that local authorities do enough to support parents of blind and partially-sighted children"
- c) "I am sometimes over-protective of my child"
- d) "It is important that blind and partially-sighted children are encouraged to become as independent as possible"
- e) "Not enough support is available to help parents cope at the time when their child is diagnosed with an eye condition"
- f) "Blind and partially-sighted children are more likely to be bullied than other children"
- g) "I would like more training to enable me to help my child"
- h) "Children would get more benefit from mobility training if they had the same mobility or (re)habilitation officer throughout their school career"

152. "Are there any devices, equipment or help in general that you feel your child would benefit from but which you are unable to obtain?"

153. "What is the single most important thing that could be done to improve things for blind and partially sighted children in the UK?"

154. "Briefly describe how you see the future for your child after they have left school"

16 Final Demographics

“Finally, just a few questions to help us to make sure that we have a range of people represented in our survey.”

155. “Was your child born in the UK?”

Tick One

- Yes **GO TO Q157**
- No
- Not Specified **GO TO Q157**

156. “How old was your child when they moved permanently to the UK?”

157. Are you a single parent?

- Yes
- No
- Prefer not to say

158. “What is your ethnic group?”

categories used correspond to the last national census categories

Tick One

- Not Specified *or* Prefer not to answer

White

- British
- Irish
- Any other White background, please specify

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify

Black or Black British

- Caribbean
- African
- Any other Black background, please specify

Chinese or other ethnic group

- Chinese
- Any other background, please specify

Teachers and Teaching Assistants Survey

This survey was designed for written administration to be filled in by teachers of blind or partially sighted children.

1 Introduction

This survey is being carried out by Guide Dogs as part of the 'Needs and Functionality of Blind and Partially-Sighted Children in the UK' research. The project involves consulting young people, their parents, teachers and mobility/(re)habilitation workers on a wide range of issues that affect them but with an emphasis on mobility and independence issues. This work builds on Guide Dogs previous work looking at 'Needs and Functionality of Blind and Partially-Sighted Adults in the UK'.

Ultimately, we hope that the information generated from this work will lead to a better understanding of the needs of blind and partially-sighted young people and that understanding will in turn generate change for the better in people's lives.

Your participation is greatly appreciated and will be a valuable contribution to our work. All information collected will be treated as strictly confidential. Data will be published in aggregate form and when individual quotes are used in publication, they will not be attributed in any specific sense or contain any information that would identify individuals.

1. Gender (M/F)
2. "What was your age last birthday?"

2 The Local Authority

3. "Are you employed by a local authority?"

Tick One

- Yes
 No **GO TO Q8**

4. "Which local authority are you employed by?"
5. "Does your local authority have a mobility policy?"

Tick One

- Yes
 No
 Don't know

6. "Does your local authority have an independence and life skills policy?"

Tick One

- Yes
 No
 Don't know

7. "Do you have any comments about the mobility or independence and life skills policies of your employer?"

GO TO Q10 – Qualifications

8. "If you are not employed by a local authority, who are you employed by?"

9. "Which is the main county that you work in?"

3 Qualifications

10. "What do you currently work as ...?"

Tick One

- A QTVI (Qualified Teacher of the Visually Impaired)
- A teacher (not QTVI)
- A teaching/learning assistant
- Other (specify)

11. "In what year did you qualify?"

12. "In what year did you begin working with blind or partially-sighted children?"

13. "Do you have any qualifications related to teaching mobility?"

Tick One

- Yes
- No **GO TO Q15**

14. "What are they?" *Name(s) and duration of course*

15. "Do you have any qualifications related to teaching independence and life skills?"

Tick One

- Yes
- No **GO TO Q17 – The children you support**

16. "What are they?" *Name(s) and duration of course*

4 The Children You Support

17. "Which of the following agegroups of children do you provide support for?"

Tick All That Apply

- Pre-School
- Primary
- Secondary
- Post-16

18. "How many different schools do you teach / provide support in?"

19. "Which of the following types of school do you provide support in?"

Tick All That Apply

- Specialist VI school
- Specialist school (not exclusively VI)
- Mainstream school *with* specialist VI unit
- Mainstream school *without* specialist VI unit

20. "How many children in total do you provide support for?"

21. "How many of these children have multiple disabilities?"

5 Statement of Special Educational Needs

(In some parts of the country, these statements are known as coordinated support plans or records of needs)

22. "How many of the children you support are covered by statements of special educational needs?"

Tick One

- All of them
- Most of them
- About half of them
- Less than half of them
- None of them **GO TO Q27**
- Don't know **GO TO Q27**

23. "Of the children who are covered by statements of special educational needs, how many have mobility specified as a need?"

Tick One

- All of them
- Most of them
- About half of them
- Less than half of them
- None of them
- Don't know

24. "Of the children who are covered by statements of special educational needs, how many have ILS training or Daily Living Skills training specified as a need?"

Tick One

- All of them
- Most of them
- About half of them
- Less than half of them
- None of them
- Don't know

25. "In your opinion, how useful are statements of special educational needs in guiding provision for children?"

Tick One

- Very useful
- Quite useful
- Not very useful
- Not at all useful
- Don't know / No opinion

26. "Do non-statemented children have the same access to mobility and ILS training as statemented children?"

Tick One

- Non-statemented children have less access
- Non-statemented children have about the same access
- Non-statemented children have more access
- Don't know

27. "Do you have anything to add about statements of special educational needs, how they are used or how they could be improved?"

6 The Support You Provide

28. "Thinking about the support that you provide, for each of the following please indicate whether it is a major component, a minor component or not something you do at all."

Tick One for Each

	major component	minor component	not included
Admin and report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-class teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials production / curriculum adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting class teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaising with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence / Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaising with social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. "Are there any other major areas of your support which are not covered in the above list?"

Tick One

- Yes
- No **GO TO Q31 – Mobility Training**

30. "What are they?"

Mobility Training

“Of the children that you provide support for.....”

31. “How many receive mobility training from you?”
32. “How many receive mobility training not provided by you?”
33. “How many do not receive any mobility training at all?”

If you indicated above that some of the children for whom you are responsible get mobility training from someone other than you...

34. “Who provides the mobility training for these children?”

If you are not currently teaching mobility GO TO Q39 (last question of section)

35. “Thinking about the training that you provide, for each of the following please indicate whether it is a major component of your training, a minor component or not included in your training at all”

Tick One for Each

	major component	minor component	not included
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. “Are there any other major areas of your mobility training which are not covered in the above list?”

Tick One

- Yes
 No **GO TO Q38**

37. “What are they?”

38. “What percentage of your time do you spend on mobility training?”

39. "In your opinion, what, if anything, is lacking in the mobility training program in the school(s) where you provide support?"

Independence Training

"Of the children that you provide support for....."

40. "How many receive independence and life skills training from you?"

41. "How many receive independence and life skills training not provided by you?"

42. "How many do not receive any independence and life skills training at all?"

If you indicated in Q41 that some of the children for whom you are responsible get independence and life skills training from someone other than you...

43. "Who provides the independence and life skills training for these children?"

If you are not currently teaching independence and life skills GO TO Q48 (last question of section)

44. "Thinking about the training that you provide, for each of the following please indicate whether it is a major component of your training, a minor component or not included in your training at all"

Tick One for Each

	major component	minor component	not included
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. "Are there any other major areas of your independence and life skills training which are not covered in the above list?"

Tick One

- Yes
 No **GO TO Q47**

46. "What are they?"

47. "What percentage of your time do you spend on independence and life skills teaching?"

48. "In your opinion, what, if anything, is lacking in the independence and life skills training program in the school(s) where you provide support?"

7 The Education System

49. "Thinking of the children you support, please rate each area using the scale:

- "Excellent"
- "Good"
- "Satisfactory"
- "Poor"
- "Don't know or can't make a judgment"

- a) General quality of Mobility Training
- b) General quality of Independence and Life Skills Training
- c) Average Level of Social Skills
- d) General Academic Education
- e) General participation in Extra-Curricular Activities
- f) General involvement in the arts (e.g. music and drama)
- g) Quality of Career Guidance
- h) General involvement in Sports, Games, PE

50. "Which of the following best describes how class teachers follow up on your recommendations for a child?"

Tick One

- Class teachers follow up extremely well on my suggestions
- Class teachers largely follow up on my suggestions
- Class teachers only partially follow up on my suggestions
- Class teachers do not follow up on my suggestions

51. "In general, how supportive are the following of your work with blind and partially-sighted children?"

Tick One for Each

	Very Supportive	Quite Supportive	Not Very Supportive	Not At All
Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The children themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Re)hab/mobility workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. "In what ways could the other staff's understanding and attitudes be improved in the schools you support?"

53. "In general, how well do you think that the children and young people that you support are accepted by their peers?"

Tick One

- Very well
- Quite well
- Not very well
- Not at all

54. "Do you have any other comments/suggestions about the inclusion and acceptance of blind and partially-sighted children and young people by their peers?"

55. "What could be done to facilitate the transition of blind and partially-sighted young people from primary school to secondary school?"

56. "What could be done to facilitate the transition of blind and partially-sighted young people from secondary school to employment/higher education?"

57. "What do you think are the major barriers to the provision of quality education for blind and partially-sighted children?"

58. "In general, do you think it is better for blind and partially-sighted children to be educated in schools for blind and partially-sighted children or in mainstream schools?"

Tick One

- Specialist VI schools
- Mainstream schools *with* specialist VI unit
- Mainstream schools *without* specialist VI unit
- Mixed placement
- Depends on person/circumstances

8 Mobility and (Re)habilitation Workers

59. "In your opinion are there sufficient mobility and (re)habilitation workers to meet the needs of young blind and partially-sighted people in the UK?"

Tick One

- Yes **GO TO Q61**
- No
- Don't know **GO TO Q61**

60. "In your opinion, what are the **three** most important reasons why there are not enough mobility and (re)habilitation workers?"

Tick Up To Three

- Inadequate funding for services
- Not enough opportunities for career development
- Profession is seen as too stressful or not rewarding
- Mobility training is not sufficiently valued
- Not enough opportunities to do the training

- The training is too difficult or too long
- The training is too expensive to complete
- Not enough opportunities for people once they've trained
- Lack of a nationally recognised curriculum for mobility

61. "In your opinion, please indicate whether the following are best taught by teachers, by mobility / (re)habilitation workers or whether it doesn't matter"

Tick One for Each

	<i>Best taught by Teachers</i>	<i>Best taught by Mobility / Rehab Workers</i>	<i>Doesn't Matter</i>
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Activities:

	<i>Best taught by Teachers</i>	<i>Best taught by Mobility / Rehab Workers</i>	<i>Doesn't Matter</i>
Classroom lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. "In your opinion, what is the **single** most significant barrier to the provision of appropriate, quality mobility & independence training for children?"

Tick One

- Inadequate funding
- Insufficient mobility training opportunities for teachers
- Insufficient numbers of mobility instructors
- Lack of understanding and awareness of need at *LA* level
- Lack of understanding and awareness of need at *school* level
- Lack of parental support
- Lack of support from class teachers
- Lack of a nationally recognised curriculum for mobility
- Other (specify)

9 Achievement and Inclusion

63. "In general, how would you rate the performance of the children you support compared with other children of the same age?"

Tick One for Each

	Better than than	About Same as	Less
	Other children	Other children	Other
children			
Expressed levels of confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels of independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integration into the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social networks/friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectations of themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. "Inclusion is often cited as a key aim for teachers. In general, to what degree do you feel that the children you support are included in each of the following areas?"

Tick One for Each

	Fully Included	Largely Included	Not Very Included	Not At All Included
Their main class/form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PE/games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break /playground activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social network/friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Opinions

65. "Next we have a number of statements – for each one we would like to know your opinion. Using the scale:"

"Strongly Disagree"

"Disagree"

"No Opinion / Neutral"

"Agree"

"Strongly Agree"

- a) "I often feel that mobility and independence training is undervalued by schools"
- b) "Sometimes parents are over protective of blind and partially-sighted children"
- c) "There are not enough (re)habilitation workers / mobility officers in the profession"
- d) "Not enough time is spent teaching social skills to blind and partially-sighted children"
- e) "Confidence is the major issue limiting a child's mobility"
- f) "My job is very rewarding"
- g) "Not enough time is spent teaching mobility and independence to blind and partially-sighted children"
- h) "The parents' expectations can have a large effect on a child's achievement"
- i) "The career prospects of blind and partially-sighted children are naturally limited by their eye condition"
- j) "Supported employment is essential if blind and partially-sighted people are to find work"
- k) "The transition from school to higher education/employment is more difficult for blind and partially-sighted people"
- l) "Sometimes people expect too much of blind and partially-sighted children and young people"
- m) "Blind and partially-sighted children and young people should have the option of moving between schools for blind people and mainstream schools"

-
- n) “Extra curricular activities work best for blind and partially-sighted children and young people when arranged specifically for them (i.e. without involving fully-sighted children and young people)”
 - o) “The education that blind and partially-sighted young people get does not adequately equip them for a successful life”
 - p) “The current levels of visual-impairment awareness training in schools is adequate”
 - q) “I support the idea of inclusion for blind and partially-sighted children in education”

66. “What is the single most important thing that could be done to help improve things for blind and partially-sighted children and young people?”

67. “What is the single most important thing that could be done to help improve things for you as a teacher of blind and partially-sighted children and young people?”

11 Final Demographics

“The following information helps us to make sure that we have a range of people represented in our survey.”

68. “What is your ethnic group?”

[Categories used correspond to the 2001 census in England and Wales]

Tick One

Not Specified or Prefer not to answer

White

British

Irish

Any other White background, please specify

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please specify

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please specify

Black or Black British

Caribbean

African

Any other Black background, please specify

Chinese or other ethnic group

Chinese

Any other background, please specify

Mobility and (Re)habilitation Officers Survey

1 Introduction

This survey is being carried out by Guide Dogs as part of the 'Needs and Functionality of Blind and Partially-Sighted Children in the UK' research. The project involves consulting young people, their parents, teachers and mobility/(re)habilitation workers on a wide range of issues that affect them but with an emphasis on mobility and independence issues. This work builds on Guide Dogs previous work looking at 'Needs and Functionality of Blind and Partially-Sighted Adults in the UK'.

Ultimately, we hope that the information generated from this work will lead to a better understanding of the needs of blind and partially-sighted people and that understanding will in turn generate change for the better in people's lives.

Your participation is greatly appreciated and will be a valuable contribution to our work. All information collected will be treated as strictly confidential. Data will be published in aggregate form and when individual quotes are used in publication, they will not be attributed in any specific sense or contain any information that would identify individuals.

1. Gender (M/F)
2. "What was your age last birthday?"
3. "What is the first part of your employer's postcode?" e.g. *RG32* or *W3*

2 Qualifications

4. "Do you have any formal qualifications in mobility or (re)habilitation training?"

Tick One

- Yes
 No **GO TO Q6**

5. "If 'yes', what are they?"

Qualification	Year	Course Title
----------------------	-------------	---------------------

Diploma or Certificate

ACE

Degree

Masters

Other (specify)

6. "Are you a member of any professional group related to mobility training?"

Tick One

- Yes
 No **GO TO Q8**

7. "If 'yes', which one(s)?"

Tick All That Apply

- MISE (Mobility and Independence Specialists in Education)
 Social Care Association
 Other (specify)

8. "Do you have any qualifications related to working with children – including any teaching qualifications?"

Tick One

- Yes
 No **GO TO Q10**

9. "If 'yes', what are these?"

Qualification	Year	Course Title
----------------------	-------------	---------------------

Degree
Diploma or Certificate
Masters
ACE
Other (specify)

10. "For how many years have you worked in mobility?"

3 Employment

11. "What is your current job title?"

12. "Who are you employed by?"

Tick All That Apply

- Local Authority / Local Education Authority
 School
 Specialist unit within a school
 NGO / Voluntary Organisation
 Other (specify)

13. "Do you work full time or part time in this role?"

Tick One

- Full Time **GO TO Q15**
 Part Time

14. "If 'Part Time', on average, how many hours do you work per week?"

15. "Which of the following best describes your current work?"

Tick One

- "I only teach children / young people"
- "I teach both adults and children / young people"
- "I only teach adults (19+)"

4 The Children / Young People

16. "What is the age range of the children with whom you currently work?"

"Minimum age (in years)"

"Maximum age (in years) " ...

17. "What is the age range of the children that you have worked with throughout your time as a mobility or (re)habilitation officer?"

"Minimum age (in years)"

"Maximum age (in years) "

18. "To how many children do you currently teach mobility?"

19. "In an average week, about how many hours would you spend actually teaching mobility to children (excluding admin and travelling times)?"

20. "To how many children do you currently teach independent / daily living skills ?"

21. "In an average week, about how many hours would you spend actually teaching independent / daily living skills to children (excluding admin and travelling times)?"

5 Environment and Timing

22. "When you are teaching mobility, which of the following best describes how your teaching time is divided between teaching in a school/college environment compared to teaching outside of the school/college?"

Tick One

- "All of my time spent within school/college"
- "Most of my time is within school/college, but some time is spent outside school/college"
- "My time is divided equally between school/college and outside school/college"
- "Most of my time is outside school/college, but some time is spent in school/college"
- "All of my time spent outside school/college" **GO TO Q24**

23. "When you teach in school/college, how frequently do you take the child out of regularly scheduled lessons?"

Tick One

- Always
- Often
- Sometimes
- Rarely
- Never

24. "Which of the following best describes when you do most of your teaching?"

Tick One

- "All of my teaching is done during school term time"
- "All of my teaching is done during school holiday time"
- "I teach during school term time and during school holidays"

25. "If any of your teaching is during term time, is this teaching...?"

Tick One

- "Only during regular school hours"
- "Only outside of regular school hours"
- "Both during and outside of regular school hours"

26. "If any of your mobility teaching is done outside of the school environment, which of the following elements are included ...?"

Tick All That Apply

- "home area mobility"
- "mobility within local community"
- "mobility in a town or city"
- "public assistance skills"

6 Assessment

27. "Do you use any scales or instruments to assess the children's progress in mobility?"

Tick One

- Yes
- No **GO TO Q29**

28. "What are they?"

29. "Are you required to write regular reports on a child's progress?"

Tick One

- Yes
- No **GO TO Q32**

30. "Who has access to these reports?"

Tick All That Apply

- Teachers
- Parents
- Other (specify)

31. "On balance, which of the following best describes your feelings about the reports you are required to write..."

Tick One

- "Too much time is spent writing reports and not enough with the children"
- "Not enough time is allocated for writing reports"
- "The balance is about right between time spent on paperwork and time spent working with the children"

32. "Is the child's progress in mobility assessed or measured by any other means?"

Tick One

- Yes
- No **GO TO Q34 – Training Content (Pre-School)**

33. "What are they?"

7 Training Content (Pre-School)

34. "Do you currently teach any **pre-school age or nursery age** children?"

Tick One

- Yes
- No **GO TO Q38 – Training Content (Primary)**

35. "Thinking about the training that you provide, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this age group, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				
Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. "Are there any other areas which are major areas of your training which are not covered in the above list?"

Tick One

- Yes
- No **GO TO Q38 – Training Content (Primary)**

37. "What are they?"

8 Training Content (Primary School)

38. "Do you currently teach any **primary school age (5-11)** children?"

Tick One

- Yes
- No **GO TO Q45 – Training Content (Secondary)**

39. "Thinking about the training that you provide **within the school environment**, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this age group, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				
Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. "Are there any other areas which are major areas of your training within the school environment which are not covered in the above list?"

Tick One

- Yes
 No **GO TO Q42**

41. "What are they?"

42. "If applicable, think about the training that you provide **outside of the school** environment. For each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this agegroup, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				
Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. "Are there any other areas which are major areas of your training outside of the school environment which are not covered in the above list?"

Tick One

- Yes
- No **GO TO Q45 – Training Content (Secondary)**

44. "What are they?"

9 Training Content (Secondary School)

45. "Do you currently teach any **secondary school age (11-16)** children?"

Tick One

- Yes
- No **GO TO Q52 – Training Content (Post-16)**

46. "Thinking about the training that you provide **within the school environment**, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this agegroup, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other skills

Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. "Are there any other areas which are major areas of your training within the school environment which are not covered in the above list?"

Tick One

- Yes
 No **GO TO Q49**

48. "What are they?"

49. "If applicable, think about the training that you provide **outside of the school** environment, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this agegroup, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				
Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. "Are there any other areas which are major areas of your training outside of the school environment which are not covered in the above list?"

Tick One

- Yes
 No **GO TO Q52 – Training Content (Post-16)**

51. "What are they?"

10 Training Content (Post 16 years)

52. "Do you currently teach any children **aged 16-19 years?**"

Tick One

- Yes
 No **GO TO Q59 – Components of Training**

53. "Thinking about the training that you provide **within the school environment**, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this agegroup, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				

Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. "Are there any other areas which are major areas of your training within the school environment which are not covered in the above list?"

Tick One

- Yes
 No **GO TO Q56**

55. "What are they?"

56. "If applicable, think about the training that you provide **outside of the school** environment, for each of the following please indicate whether it is a major component of your training, a minor component or not part of your training at all. If training in a particular area is not applicable to the children you support in this agegroup, indicate N/A"

Tick One for Each

	major component	minor component	not included	N/A
Mobility-related Skills				
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills				
Pre-School Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Parents and Mobility Training

61. "Are parents encouraged to be a part of mobility training during your sessions as well as at home?"

Tick One

- Yes
 No

62. "In your experience, do parents generally make the most of opportunities to be a part of mobility training?"

Tick One

- "Parents generally take opportunities to become involved with mobility training"
 "It varies widely from family to family"
 "Parents generally do not take opportunities to become involved with mobility training"

63. "In general, to what degree do the parents you work with have an understanding of the importance of mobility education?"

Tick One

- "The parents have little or no understanding"
 "The parents have some understanding but more is needed"
 "The parents are very understanding"
 "Don't know"

64. "In general, how supportive would say that parents are of your activities as a mobility or (re)habilitation officer?"

Tick One

- "Very supportive"
 "Somewhat supportive"
 "Not supportive"

65. "In what way(s) could support from parents and carers be improved?"

13 Schools and Mobility Training

66. "In general, to what degree do the schools you work in have an understanding of the importance of mobility education?"

Tick One

- "The schools have little or no understanding"
 "The schools have some understanding but more is needed"
 "The schools are very understanding"

67. "How supportive would say schools are of your activities as a mobility or (re)habilitation officer?"

Tick One

- Very supportive
 Somewhat supportive
 Not Supportive

68. "In what way(s) could support from schools be improved with regard to mobility or independence and social skills training?"

14 The Mobility and (Re)habilitation Profession

69. "In your opinion are there sufficient mobility and (re)habilitation workers to meet the needs of young blind and partially-sighted people in the UK?"

Tick One

- Yes **GO TO Q71**
 No
 Don't know **GO TO Q71**

70. "In your opinion, what are the **three** most important reasons why there are not enough mobility and (re)habilitation workers?"

Tick Up To Three

- Inadequate funding for services
 Not enough opportunities for career development
 Profession is seen as too stressful or not rewarding
 Mobility training is not sufficiently valued
 Not enough opportunities to do the training
 The training is too difficult or too long
 The training is too expensive to complete
 Not enough opportunities for people once they've trained
 Lack of a nationally recognised curriculum for mobility

71. "In your opinion, please indicate whether the following are best taught by teachers, by mobility / (re)habilitation workers or whether it doesn't matter...."

Tick One for Each

	<i>Best taught by Teachers</i>	<i>Best taught by Mobility / Rehab Workers</i>	<i>Doesn't Matter</i>
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body / Early movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial skills / Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sighted guide skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symbol cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long cane skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor travel skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locating classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport / PE skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal care / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labelling and storing clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public and Private behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Activities:

	<i>Best taught by Teachers</i>	<i>Best taught by Mobility / Rehab Workers</i>	<i>Doesn't Matter</i>
Classroom lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. "In your opinion, what is the **single** most significant barrier to the provision of appropriate, quality mobility & independence training for children?"

Tick One

- Inadequate funding
- Insufficient mobility training opportunities for teachers
- Insufficient numbers of mobility instructors
- Lack of understanding and awareness of need at *LA* level
- Lack of understanding and awareness of need at *school* level
- Lack of parental support
- Lack of support from class teachers
- Lack of a nationally recognised curriculum for mobility
- Other (specify)

15 Opinions

73. "Next we have a number of statements – for each one we would like to know the extent to which you agree or disagree. Please indicate your response to each statement using the following scale:

- Strongly Disagree
- Disagree
- No Opinion / neutral
- Agree
- Strongly Agree
- Not Specified"

- a) "I often feel that mobility training is undervalued by schools"
- b) "Sometimes parents are over protective of blind and partially-sighted children"

-
- c) "There are not sufficient opportunities to improve my professional skills and knowledge"
 - d) "There are not enough mobility officers in the profession"
 - e) "Mobility or (re)habilitation officers should specialise in teaching children of one particular age group"
 - f) "Confidence is the major issue limiting a child's mobility"
 - g) "My profession is very rewarding"
 - h) "Not enough time is spent teaching mobility to blind and partially-sighted children"
 - i) "The parents' expectations can have a large effect on a child's mobility"
 - j) "There are too many different qualifications in the profession and they need to be standardised"
 - k) "Children would get more benefit from mobility training if they had the same mobility or (re)habilitation officer throughout their school career"
 - l) "Not enough time is spent teaching independence and social skills to blind and partially-sighted children"
 - m) "Mobility or (re)habilitation officers should specialise in teaching adults or children, but not both"
 - n) "Parents often underestimate the importance of training in social skills"
 - o) "Not enough time is spent teaching social skills to blind and partially-sighted children"

"We are interested in your ideas about how mobility training could be improved. The following questions are an opportunity for you to tell us how that could happen"

74. "Currently, the average duration of a mobility training session with a child is

minutes long. Ideally, training sessions should"

Tick One

- be longer
- stay as they are, no change required
- be shorter

75. "Which of the following best represents your opinion about the amount of mobility training that children receive..."

Tick One

- Children don't receive enough mobility training
- Children get about the right amount of mobility training
- Children receive too much mobility training
- No opinion, or it varies from child to child

76. "In your opinion, how much benefit do children generally get from mobility training"

Tick One

- Most children get little benefit from mobility training
- Most children get some benefit from mobility training
- Most children get a lot of benefit from mobility training
- No opinion, or it varies greatly from child to child

77. "Which of the following best represents your opinion about the amount of ILS / social skills training that children receive..."

Tick One

- Children don't receive enough ILS / social skills training
- Children get about the right amount of ILS / social skills training
- Children receive too much ILS / social skills training
- No opinion, or it varies from child to child

78. "In your opinion, how much benefit do children generally get from ILS / social skills training"

Tick One

- Most children get little benefit from ILS / social skills training
- Most children get some benefit from ILS / social skills training
- Most children get a lot of benefit from ILS / social skills training
- No opinion, or it varies greatly from child to child

16 Training Mobility Trainers

"There are currently a number of proposals on how mobility officers working with children should be trained. In your opinion... "

79. "Would working with children be a separate course or part of a more general mobility officer training?"

Tick One

- It would be a separate course
- It would be part of a general mobility training
- It doesn't really matter

80. "What do you think should be the minimum entry qualification?"

Tick One

- There should be no minimum requirement
- GCSEs (including equivalent vocational qualifications)
- A Levels (including equivalent vocational qualifications)
- Degree

81. "What type of course do you think would be ideally required to qualify someone as a mobility officer to work with children?"

Tick One

- A diploma or certificate course
- A bachelors degree
- A postgraduate course – following any degree
- A postgraduate course – following mobility officer training
- Other (specify)

82. "How long do you think the course would require?"

Tick One

- Less than 3 months full time
- 3-6 months full time
- 7-12 months full time
- 1-2 years full time
- More than 2 years full time

17 The Way Forward

83. "What do you consider the most important challenge facing training for blind and partially-sighted children in the UK?"

84. "What single thing could be done to help improve things for you as a mobility or (re)habilitation officer?"

18 Final Demographics

“The following information helps us to make sure that we have a range of people represented in our survey.”

85. “What is your ethnic group?”

[Categories used correspond to the 2001 census in England and Wales]

Tick One

Not Specified *or* Prefer not to answer

White

- British
- Irish
- Any other White background, please specify

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify

Black or Black British

- Caribbean
- African
- Any other Black background, please specify

Chinese or other ethnic group

- Chinese
- Any other background, please specify

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