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Date:

Dear XXXXXXX,

# Effective Practice Guide

# Social Inclusion and Social Bonding - Early Years

## About this guide

In this guide, we look at social inclusion and social bonding. We explore the impact that vision impairment has on social development, as well as looking at some ideas to encourage blind and partially sighted young children to learn to socialise and make friends. Towards the end, we include a case study, looking at the experiences of Child C.

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## 1. What impact does vision impairment have on social development?

Children and young people with vision impairment are at greater risk of developing low self esteem than their sighted peers. Findings from the literature highlight that this may be the result of the added pressure in their lives.

* Some may experience greater feelings of failure, particularly in relation to sport and exercise.
* Some may be less accepted by their peer group and have fewer friends which is likely to impact on their self esteem.
* Some may have difficulty in observing and imitating their peers which can impact on the development of positive self esteem.
* Some tend to be more dependent on their parents in many areas, which may adversely affect the development of a sense of independence, one of the most important factors in relation to their self esteem and adjustment.

For some, the growing realisation of the restrictions that their vision impairment may impose upon them, usually in comparison to their sighted peers, may be a trigger for a series of negative emotions, and leave them vulnerable to psychological stress, frustration and even depression.

In addition, the perceptions of others may impact on their self esteem. For instance, parents of teenagers with vision impairment can exhibit over-protective or permissive behaviours which can prevent young people from learning what they should and should not do, adversely impacting on their self esteem.

Also, people may have inappropriate expectations about what children and young people with vision impairment can see and do, and thus self esteem may be negatively affected when the child or young person is unable to meet expectations.

Being aware of some of these issues helps to support children and young people with vision impairment in an appropriate way, and this must start from birth.

In the following sections, we draw on the insights of a Teacher of Children with a Visual Impairment and Counsellor around social bonding of children with a sight problem.

## 2. Bonding

One of the ways communication occurs immediately after birth is that the baby can follow her mother's eyes. This eye to eye contact contributes to bonding. In the first few days of a baby's life, he can interact by mimicking the facial expressions of others, such as putting out their tongues. These are just two of the intensely visual aspects of the bonding process which are absent from a blind baby's repertoire of early communication skills. A little later on, when a mother looks at her baby and her baby smiles back, the attachment is strengthened. She interprets the smile that the baby is contented and that she is a good mother. Blind babies smile at the sound or touch of their mother, but this responsive smile usually develops later and can be more fleeting than in sighted babies. Mothers may need to talk about this and express their feelings to others who have had similar personal experiences.

## 3. Reading the signals

Perhaps the main difference between young blind children and their sighted counterparts is seen in the different behavioural response to what interests them. If the child is very young and cannot ask for what she wants, a sighted child may turn, point, move towards the object of interest. Blind children, on the other hand, will probably do the complete opposite. When interested, they may be still. Though they are listening intently and enjoying or trying to make sense of what they are hearing or feeling, this very 'stillness' may often be interpreted by others as a lack of interest.

Consider this example:

'In our playgroup, after a period of settling in, the children sit in a circle with their parents behind them and we sing the Hello song. When the song starts it is quite amazing how all the children are 'still'. While most are too young to join in, they all listen intently and appear to recognise the song. We notice how, with repetition and routine, some are beginning to smile when their name is called, while some of the older ones listen for their name and are able to tap their chests when they hear the words 'Here I am'. The parents then see how the 'stilling' exhibits intense concentration in all the children, rather than boredom or any other negative emotion. They learn to interpret signals like this, which are different from the general behaviour exhibited by sighted children.'

## 4. Raising young children's awareness of the world outside

As a starting point for relating to others, a blind child needs to be aware of his/her own body. There are lots of songs naming body parts, for example, 'Round and Round the Garden'. Playing this on a child's hand, then encouraging them to play it on another child's hand, can be useful. It is vital that a blind child knows the name of the child or adult that he is with. Always say your name and the names of the other children in the group, and of course, always remember to say the child's name when talking to him.

## 5. Helping young children make friends

We cannot expect a very young blind child to initiate contact with others, so we need to devise activities which replicate the developmental stage of 'playing alongside one's peers'. The difference is that we ensure that they can interact through sound and touch. A popular activity is the foot-spa. Two children sit on chairs in close proximity to one another with their feet in the water. As they move their feet, they touch and splash one another. They listen to adults talking and laughing as they (the adults) get wetter. The children not only enjoy the activity, but learn about being with others, which opens up a whole new world. Other activities include:

* Encourage two children sitting with legs apart, feet touching to roll a sound producing ball to each other.
* In circle time, ensure that two children sit together with an adult on the opposite side so that the children can interact freely with one another between the adults.
* Encourage children to partner up for activities, particularly when exploring big apparatus, such as slide, tunnels, climbing frames - be aware that some activities, like see-saws, do not necessarily encourage social interaction because a blind child may not have any awareness that another child is involved in the movement.

## 6. What next?

When a child is familiar with the routine and environment and they are used to playing with other children, parents and teachers are often able to take a step back. It is then useful if the adult focuses attention on the other children in the group. The adult can encourage the more confident blind and partially sighted children, or their sighted siblings, to involve a less confident blind child in play by:

* describing their activities verbally; the adult may need to prompt this by saying 'Tell Jack what you are doing'
* asking the child to join in an activity
* physically leading them to the activity
* talking to them whilst involved in the activity.

The main aim by this stage is for a child to feel confident enough to take the first step to join in. When a child says "What are you doing? Can I play?", it is a great achievement.

## 7. Ensuring young children have the opportunity to interact

Young blind children will find it very difficult to forge strong social links with their peers and others unless informed adults prepare the way for them. They may remain isolated unless they know they are part of a group and on-going help is available throughout each session. This will at least give them the opportunity to respond and interact with their peers. The whole process takes a lot of time and commitment from both teachers and carers. It is this extra input from adults which constitutes the basic difference between socialisation of blind and sighted very young children. This extra input is so important to give children the opportunity they deserve to become sociable and independent children and adults.

## 8. Case study: Supporting C

### About C

At the time of this case study, C was a very bright and bubbly toddler aged 2 years 9 months who was blind. She attended a private day nursery. C did not have a member of staff assigned to her there but did have a key worker. C also received a weekly support session from her QTVI.

Observations of C playing in her nursery group and discussions with the staff there and her mum, highlighted the difficulties that young blind children can experience in accessing play and therefore in developing important social skills:

* play is largely motivated, triggered and sustained by visual clues
* play can be fast moving - situations change from one moment to the next, which requires quick responses
* play involves lots of free flow movement like running and jumping around.

### Ways to support

The concepts of 'Commenting,' 'Connecting' and 'Creating' can help a parent and teacher support a child's development. This is illustrated by working with C:

#### Commenting

Putting into words the events and experiences that are happening.

* Describe your own and other's actions, interactions, expressions and feelings - what the other children are up to.
* Verbalise C's feelings and expressions.
* Tell C what she looks like each day and also what everyone else looks like.

#### Connecting

Pointing out links and providing structure.

* Making connections in her world, where people and toys are.
* Linking previous experiences with what is happening now and what will happen next.
* Explaining why children are behaving the way they are.
* Explaining appropriate social behaviours and the consequences of inappropriate behaviours - for example not "looking" at a friend/adult or turning her back on other children.

#### Creating

Creating opportunities to maximise social interaction.

* Creating secure and manageable small groups - an element of family grouping may help, for example a 4 year old will have more advanced language skills and may be more sensitive to the communication and play needs of a blind child.
* Encouraging children to interact directly with C and not through an adult.
* Where children are able, encourage them to tell C what they are doing.
* Allow C to play on her own - allowing space for her peers to approach her.
* Encourage lots of functional play - using toys or objects for pretend play and dramatic role play.
* Prompt C to verbalise preferences, share toys, choose friends to share activities with and put feelings about other children into words.
* Encourage C to imitate her friends by describing their actions and helping her to copy them - modelling of actions may be needed.
* Be one of the kids! - get involved, when appropriate, in role play by way of prompting/supporting C.

Create more opportunities to learn about feelings, expression and gesture by:

* encouraging C to feel expressions on yours and her face (mouths & eyebrows are important)
* using dolls with facial features/expressions that can be felt with hands
* creating tactile art work to create expressions
* drawing attention to feelings of others - in role play, books and stories
* teaching non-verbal skills and manners - waving, shaking head and nodding for yes/no, to say "excuse me" when bumping into friends.

### Talking to C's Mum

#### What are your hopes and fears for C?

"What I want is for her to be able to live without me. I want her to be able to hold her own. She'll always need some help and assistance, but already she knows her own mind and how to get what she wants! She has her strops like a normal 2-year-old, but it is a balancing act between helping her to be assertive without letting her manipulate us all! Although she can be independent, like when she is walking around, she needs reassurance. She needs to know we are still there for her.

On the microcephalic website I read a teenager's story about a girl who had found it difficult making friends in her mainstream school and had gradually withdrawn into her books and become isolated - I don't want C ending up as that child."

#### What got you through in the early days?

"The first people that I spoke to, and who helped me, were from a local vision support charity. We have a caseworker, J, who is a mum with two kids and is registered blind. It is so reassuring to talk to Jo because she is blind and copes so well. When I went up to the charity I knew that J was blind, but my family did not - J answered the door and made us all a drink, then this guide dog bounded in and my dad could not believe that she was blind! You are sitting there with a six month old baby who is blind and you think that there is no hope, and there is this woman who is blind living as normal a life as you can. It gave me hope!"

#### How did you decide on the nursery?

"I had to go back to work and my younger sister was on placement at a local nursery and was happy there. I met the nursery nurse in charge of the toddler room, and myself and C took to her straight away. She was so enthusiastic about C and did more than she needed to, to find out about how she could help, and still does. I had a gut feeling that C would be happy there. I wanted them to be as normal as possible with C, but also to be a substitute for me, not to be afraid to give her kisses and cuddles. I did not want her to be isolated or to have everything done for her - she was coming up to two and was already starting to manipulate people!"

#### How are you making the decision about school?

"I really always wanted C to go into a mainstream school. I know that this would be hard, but the sooner she is accepted in society, the better off she will be. I have however always got that girl's story in my head and I do not want to force C into a situation where she may feel isolated. I am therefore also considering a special school on a mainstream school site where I feel she could be guaranteed the specialist support she requires and inclusion into the mainstream school. This is the hardest decision that I have ever had to face in my life…..and my worry is that if it turns out to be the wrong decision, from my knowledge of how the statementing process works, it will be hard trying to correct it."

### Talking to C’s Early Years Educator

"We felt a bit reassured as C’s aunty was here at the beginning. We did panic though about what activities we could do with C. C’s mum gave us guidelines to begin with. We also watched how she was with C - she is a very supportive mum and she never fusses. Between the two of us, we kind of meet in the middle. Mum put a lot of trust in us, which really helped! To begin with we watched C all of the time, but now we tend to verbally guide her from wherever we are. We have also kept the room layout the same since C started here. Knowing that the QTVI can advise and support us is very reassuring."

#### How does C mix with the other children?

"Because she is advanced in her language development mixing is made a bit easier….she will call out to her friends when she hears them. We are now encouraging the other children to interact with C and help her more. The training we received has made us realise that C should be treated the same as the other children, and it has made us think more about how she is feeling. We need to make sure that C is with the other children, and not to interrupt opportunities for her to be with her friends. We have also talked about her being with some of the older children as they may help her a lot more."

## For further information about RNIB

Royal National Institute of Blind People (RNIB) provide a range of services to support children with vision impairment, their families and the professionals who work with them.

RNIB Helpline can refer you to specialists for further advice and guidance relating to your situation. RNIB Helpline can also help you by providing information and advice on a range of topics, such as eye health, the latest products, leisure opportunities, benefits advice and emotional support.

Call the Helpline team on 0303 123 9999 or email [cypf@rnib.org.uk](mailto:helpline@rnib.org.uk)

Guide updated: July 2020