**Braille and Professional Practice - To What Extent Should Vision Rehabilitation Workers and Habilitation Specialists be Teaching Braille?**

**Findings of a RWPN membership survey December 2021**

**Response rate**

RWPN received 68 responses, which represents just under 20% of our registrants. This compares to 28% of registrants who responded to the survey on teaching phones and tablets. This is not as large a response as hoped, but probably large enough to draw valid conclusions.

58 respondents worked mainly with adults and 8 worked either partly or wholly with children and young people. Two thirds of the respondents worked in an organisation that was contracted to deliver services and one third worked for voluntary organisations that were not (e.g. Blind Veterans UK, Guide Dogs etc.)

**Results**

* “Do you think Braille is still a useful communication method and literacy skill for some of the visually impaired and deafblind people we work with?” 67 out of 68 people said yes.
* “Do you think Vision Rehabilitation Workers or Habilitation Specialists should learn skills in teaching Braille to meet the needs of some clients?” 88% (60 out of 68) said yes. Of the 8 who said no, 4 work either wholly or equally with children and young people. Respondents were asked who else should teach Braille if not registered professionals. The majority of these respondents said Qualified Teachers of the VI, but also other staff in voluntary organisations. However, others said that no such “others” exist in their area and on-line resources do not develop tactile skills sufficiently.
* Grade one Braille. “Do you think it should be a requirement of initial training that professionals learn Braille and study Braille resources to at least grade one?” Although this is a similar question to the previous, 94% (64 out of 68) said yes.
* Grade two Braille. Results were:

should (i.e. required) learn it whilst qualifying: 40% (27)

should not be required to learn it on course but do it as CPD: 31% (21)

should be strongly encouraged to learn it whilst qualifying but not mandatory: 19%(13)

should not be required to learn on course or as CPD: 10% (7)

Comment: This answer shows a divergence of views, and the actual numbers involved (i.e. not percentages) indicate no clear preference. Of those who felt grade 2 should be taught on the course, the majority worked under contract (though a significant number of contracted professionals chose the CPD option). Of those not under contract the larges number chose the CPD option. A majority opinion for teaching of grade two Braille during initial training only becomes evident when “should” and “strongly encouraged” are combined. 59% of respondents stated this but this still represents less than two-thirds of respondents.

**Individual’s feedback**

The individual comments submitted by respondents are much more revealing than the pure statistics. As you can see below, opinions varied very widely, and the comments related to the way it was taught as much as how useful you felt it to be. What did seem apparent was that the individual’s overall attitude to the value in Braille had a bearing on how they felt about teaching it (and maybe, by extension, in asking people about learning it.) Here is a sample of the range of comments:

“Working with older adults I have never trained anyone in Braille in 15 years. Technology has improved that means talking books, labelling devices, apps on phones have taken over Braille use. By all means teach Braille to independent specialists if they want to teach this, perhaps as a self-employed need. But it is important that children are taught Braille to read, so though my view are contradictory. Habilitation workers should learn Braille and the majority of rehab workers should learn if they feel their service needs it, otherwise refer to a group of Braille teaching specialists.”

“I believe the way Braille is assessed at BCU to be an issue. The pass/fail over it is far too stringent. Surely in preparing workers to teach Braille the focus should be more on preparing resources and teaching it rather than full knowledge of the Braille rules and being able to read it perfectly. In real life, after all, we would be able to have Primers and books for reference while working with clients.”

“I am a Braille reader. However the ROVI who taught me was dreadful and hadn’t done it for years. They were discouraging and the whole experience with them was miserable! That was because their experience was miserable”.

“Grade 2 [teaching] should be replaced with tech training including introduction to electronic Braille input and Braille displays. Would also demo why it is still relevant”.

“It's right for children with VI/DB but not for adults as they will have learned other methods of information/communication. I have not been asked to teach any adult Braille for years. IT has taken over pretty much. It takes a lot of time on the course that might be better spent on other areas of ADL/comms. It is important for rehabs to be able to have the discussion with service users so they have knowledge of what learning Braille encompasses, the dedication it needs alongside the practicalities of learning it as an adult (with everything else they have going on in their lives in addition, compared to what they might be getting out of it)”

“I learned Grade 2 Braille for my qualification approximately 20 years ago and there has only been need to teach up to grade 1 with adults. My experience is that adult service users learn grade 1 Braille to help with labels etc but find Grade 2 requires commitment and motivation to learn fully for reading/writing. ICT usually is a quicker, less time consuming option for SU.

“It is simple enough to learn grade 1 Braille, so teaching time would be better spent on grade 2, when support would be beneficial . When I trained we were asked to learn basic Braille pre-course, which made sense. The main need as I see it, is to learn techniques for teaching tactile Braille reading, which is the biggest challenge. When people have enough vision to sight read Braille, they can be directed to resources to self-learn. It is the tactile part that is hardest. When faced with someone who is both severely sight impaired and severely deaf, Braille would have so many benefits, but is not so easy to introduce. This may be regarded as a very specialist area, but the chances of finding someone else are very slim, so the Rehab Worker may be the only option. I don't think we have to be Braille 'gurus' but should be able to pass on what we know effectively, at whatever level. The best I can do as a summary is: Much of the Braille learning can be self-taught, but we need to know how to teach it effectively. There may be very few who ask about Braille who really need it, but for those who do, who else do they ask? Full blown Braille literacy may not always be needed (book reading) but reading Braille notes, labels (on packaging or self-produced) etc, can be quicker and simpler than using audio substitutes”.

“I think that the teaching of Braille should be looked at more in depth while studying at BCU. I think that the tutors should spend more than half a day's session teaching Braille, and that students should be encouraged to make links with Braille teaching organizations. It would be helpful for students to have a list of Braille recourses including codes of Braille materials that can be purchased from the RNIB. Regarding RNIB, it can be difficult to actually find a Braille course on their website. I should add that in 15 years of working as a RW I have only had four clients who were willing to learn it. Most of my requests are for Assistive Technology (speech software, magnification software, Microsoft shortcut keystrokes, iPad accessible tools, and how to use various apps which have been created to assist people with visual impairments.”

“Assessment on the rehab and hab courses re Braille seem to be vastly different. I would like to see some cohesion with this. Also, like any skills, there is a tendency to 'lose it if you don't use it' so training or annual input would be beneficial to maintain skills”.

“Braille is being squashed out of Society when its value, necessity and relevance should be increasingly promoted. Braille is now more accessible and portable than ever with the availability of amazing technological advances in electronic Braille. There is nothing more satisfying than enabling an individual to read and write independently following sight loss, who, otherwise, would be illiterate without the skills of reading and writing. Therefore, why is it most unacceptable for a sighted individual to be illiterate yet perfectly acceptable for a blind individual to compromise their literacy skills by being told they can access everything they need via audio. This line of thinking is outrageous and does not enable visually impaired individuals to fare on an equal footing with their sighted peers. Nor does it afford the precious gift of independence our roles as Specialist Rehabilitation Practitioners purport. As a community of Specialist Professionals, we need to be able to confidently teach this medium to anyone and everyone who wishes to learn it. Those who think otherwise have never caught the vision of Braille and its capacity to dramatically transform the lives of both children and adults alike. Braille has an important place in the past, the present and the future - it simply requires competent facilitators to maintain its essential status in our fast-paced throw-away society.”

**Initial Conclusions**

It would seem clear that the profession feels Braille does have its place in society, and that we do have a role in promoting it. How much we actually promote it in reality is more debateable - the views of service users were not sought (apart from those professionals who use Braille) and it would be revealing to ask service users experiencing fast-deteriorating sight or who have no sight if they had been talked through the pros and cons of learning Braille.

As to how Braille is taught during qualification, your overwhelming view is that a Vision Rehabilitation Worker should learn grade one during qualification. The absence of Braille input in some habilitation training is also called into question in responses. In addition, there was a view that instructors should require students to focus as much on resources and how to introduce and teach Braille, as on the code itself.

The question of how much time Braille takes to teach was not asked directly but is obviously an issue that is hard to ignore given the pressures of case work. However, as an outcome-focused profession, how do we place a value on one outcome above another? A person-centred approach to rehabilitation would imply that, for a few people, competent literacy skills are just as important as, say, independent travel. Whether you are taking notes in meetings or lectures, reading stories to your children, or are unable to hear speech output, then literacy matters hugely. Being an independent traveller and acquiring literacy both take time, yet we instinctively accept that teaching O&M skills can be year or more’s commitment.

Grade 2. It seems hard to avoid the conclusion that very few of us have taught it with any regularity, yet most think we should learn it and many think we should learn it when qualifying. The reasons for this discrepancy can be deduced in a number of the responses. Yet as one of the respondents said, how can we know what it is we are advocating for (or saving them the frustration and failure of) unless we experience it for ourselves and know how the code works? However, the purpose of this survey was find out your views on what we learn and when; it was not to direct training organisations on how they respond to that.

Whether grade 2 is taught or assessed on the course or not, it is evident that knowledge and confidence disappear without use. Additionally, most of the profession trained at a time when technology hadn’t opened up access to Braille in a way that it now clearly has. These factors point to a need for continued learning and to a need for CPD opportunities and resources around Braille.

To put the debate in rights-based context, when we engage in CPD around IT/tech-based solutions, we are trying to remedy the digital exclusion our clients often experience. So the question of Braille could be framed as one of literacy and information-exclusion and maybe our engagement with Braille CPD should viewed in that context.

RWPN has a clear role in advocating for Braille for those clients that it would benefit, and, whether we learn on the course or later, continuing professional development is at the heart of that. A Braille Special Interest Group (SIG) has been set up in the members’ section of RWPN’s website as a starting point and some resource links have been posted there. All our SIGs allow members to post their own comments and ideas. If members are looking at one single place to start, the Braillists Foundation (via its website or Facebook page), might be the place to start. Braille is theme we would like to explore at the annual seminar and we welcome any suggestions you have about how to improve how professions can feel more confident including Braille in their skill-set.

Simon Labbett

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