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# KEY PRINCIPLES

## VISUAL IMPAIRMENT

The inspiration for this document originates from reflective work undertaken by professionals at the Robert Hollman Foundation (FRH) who provides global support to children with visual impairments and their families. In preparation for the 10th ICEVI European Conference 2025, FRH and ICEVI-Europe have worked together with their network of European professionals to reach consensus on these key principles for supporting children and young adults with visual impairment (VI).

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The Robert Hollman Foundation offers counselling and development support services in Italy for children with visual impairments and their families, using a comprehensive and multi-disciplinary approach. All services are provided free of charge at the two centres in Padova and in Cannero Riviera (Verbania), which welcome over 400 children every year. It supports families and shares its knowledge with social workers, healthcare professionals and teachers. Its special approach also characterises the other areas in which it is involved: training, research and social awareness projects.

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ICEVI-Europe is a professional non-governmental organisation established to promote the educational opportunities and rehabilitation of children and young adults with visual impairments throughout Europe. Its objectives include: working with governments, non-governmental organisations and international bodies to improve special needs education; providing a wide range of information; offering expert advice and connecting members with leading professionals worldwide; organising training courses, seminars and conferences; supporting the global blindness prevention programme; supporting professional interest groups.

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# *Key principles for supporting children and young adults with visual impairment (VI)*

## Introduction

The key principles outlined in this document address the need to ensure children and young adults with visual impairment and blindness (VI) receive the equitable support and opportunities to which they are entitled.

Vision plays an important role in child development and learning. Early individualized and inclusive support is crucial to foster a child's development, especially in periods of maximum neural plasticity. Professionals should act in collaboration with caregivers/families as shared partners, supporting them in meeting their child's developmental needs and enhancing positive child-caregiver relationships. Such *relationship-based early interventions* have been demonstrated to lead to positive outcomes for children with disability and be highly appreciated by caregivers/families. Additionally, it is crucial to use a *strength-based approach* by promoting a positive attitude based on what a child can achieve and increasing optimism within the caregiver/family. This approach considers the development of identities in the context of disability as stated in the *Disability Identity Model*. This model acknowledges that the concept and the experience of disability are socially constructed. It assumes that the exceptionality of individuals contributes to accepting, embracing, and developing a positive identity, leading to a sense of belonging.

Based on this theoretical background, the Robert Hollman Foundation and the ICEVI-Europe Board agreed to produce a document outlining the key principles for supporting children and young adults with visual impairment (VI). They invited a multi-disciplinary group of professional experts in the field of VI from different European countries to undertake a project aimed at reaching a European consensus on these key principles. An e-Delphi consultation methodology was adopted which took place over three rounds: idea generation, refinement, and confirmation. Round 1 involved six online focus groups among 11 experts on VI (see the list of the authors). This group discussed what they considered essential when working with children and young adults who have VI. The online focus group meetings were held between June 2023 and March 2024, approximately every six weeks. This produced the first draft of this document. In Round 2, the first draft was distributed via an online survey to a wider European consultation group to collect reflections and suggestions for improvement. The feedback was analysed by the authors, and a second draft of this document was produced. In Round 3, the second draft was re-distributed via an online survey to the wider European consultation group in which they were asked for further views and their level of satisfaction with the latest draft. High levels of overall satisfaction were achieved: 82% were satisfied or very satisfied with the responses to their round 2 feedback (none were dissatisfied); 95% were satisfied or very satisfied with the draft of the Key Principles (none were dissatisfied). Final adjusts were made to the document – this final document was presented to the 10th ICEVI European Conference in May 2025 in Padova, Italy.

## Definitions, structure, and intended audience

In the current document we use the term visual impairment (VI) in line with the title of the International Council for Education of People with Visual Impairment (ICEVI). We define visual impairment by using the definition of vision impairment according to the 11th International Classification of Diseases (ICD-11; WHO, 2023). Therefore, with the term visual impairment (VI), we refer to mild, moderate, and severe vision impairment as well as to blindness. The primary causes of VI are numerous and significantly disparate. In this document, we refer to children and young adults with VI, extending beyond the aetiology to encompass both anterior and posterior segment disorders as well as visuo-cognitive disorders (e.g., cerebral visual impairment). Additionally, the term VI includes children and young adults with VI only, as well as children and young adults with VI and any additional disabilities (e.g., motor or intellectual disabilities).

Secondly, the key target audience for this document is professionals that work on a daily basis with children and young adults with VI in educational and learning settings (e.g., schools and colleges), healthcare and re/habilitation (e.g., hospitals, local health services) as well as in recreational settings (e.g., sport, leisure).

Lastly, the pillars are not hierarchically organized. They are conceived as being deeply inter-connected and related in a circular, rather than a linear, way. It is expected that the complementarity and interconnectedness of the pillars will constitute theoretical and shared guidance for professionals who have different backgrounds and work in different settings. The pillars are not meant to be guidelines or best practice. However, they will logically constitute a second step of this document.

## 'What matters': the transversal values and goals

The document is built upon our shared values of 'what matters' to us as a professional community – our transversal values and goals. At the heart of what matters is that children and young adults with VI achieve:

Such values and goals should be the entitlement of *any* child or young adult, but we recognise that children and young adults with VI may require targeted interventions and adjustments to social and physical environments to enable this to happen. The professional role in supporting, teaching, enabling, and advocating for children and young adults with VI to achieve these goals is at the heart of this document and at the heart of achieving *inclusion*.

With reference to these values and goals, our 10 pillars of professional practice are presented below.

# 1

# Focus on strengths

*Through a strength-focused emphasis we seek to challenge common deficit views of disability and VI in particular. Approaches which emphasize such deficit perspectives can inappropriately seek to 'fix' or 'overly protect' children. The approach advocated here is seeking to support the development of children and young adults to their full potential, respecting everyone's potential and sensitivity, interests, and cultural needs, and valuing achievement in all its forms. Indeed, early intervention are needed to identify and enhance the strengths of children and young adults with VI in a timely way to motivate and support them in fulfilling their potential and to promote their socio-emotional development, preventing possible future mental health disorders. Everyday activities are often more demanding, time-consuming, and tiring for those with VI. Professionals should ensure that they:*

1. **Identify and assess strengths and weaknesses in order to develop early individualized interventions and activities**
2. **Inspire the wish to learn, and facilitate discovery and interaction with the environment through scaffolding strategies that motivate and guide the child to learn through play and to become competent in their daily life**
3. **Plan and implement strategies that support individualized compensatory skills**

4. **Facilitate the child/young adult with VI and their caregiver/family to reach their maximum potential in relationships (friendship, romantic relationships) and in all their daily activities, curricular (school/work) and extracurricular (sport, leisure time, hobbies, clubs), while monitoring their level of fatigue**

5. **Recognise that the physical and social environment contains enablers and barriers to the long-term development of children and young adults with VI. Enablers should be promoted; barriers should be challenged**

# 2

# Person-centered and family-centered practices

*Children and young adults with VI need a supportive environment. A child is best helped when the adults around them are consistent, engaged, and empowered. Therefore, it is essential to develop person- and family-centred practices that identify resources to share with caregivers/families and support them, as they are the main experts of their child. Professionals should ensure that they:*

1. **Plan and implement early holistic interventions focused on children and young adults with VI and their caregivers/families**
2. **Work in close cooperation with children and young adults with VI to identify or meet formerly identified needs**
3. **Promote the choices and full participation of children and young adults with VI and their caregivers/families at all stages of the decision-making process**
4. **Inform caregivers/families on legal regulations and guidelines regarding equal access**
5. **Empower all members of the family, e.g., siblings as well as extended family members, to consider themselves as partners in learning at all stages**

6. **Address caregivers'/families' questions and worries about the development needs of their children and young adult with VI, giving them, when required and appropriate, suggestions and recommendations that can be applied in relevant settings (e.g., home, school)**
7. **Professionals have a duty to understand the cultural and educational preferences and choices of caregivers/families, while at the same time professionals have a duty to offer alternative perspectives and even to challenge thinking. Although there are tensions between these different roles, they are compatible with person- and family-centred planning**

# 3

# Different modes of communication

*Professionals constantly communicate with children and young adults with VI and their primary caregivers. Communication should be respectful, open, clear, and free from excessive use of specialized terminology. Children and young adults with VI need the professional to facilitate appropriate access, and understand and represent the environment they encounter, otherwise information may not be understood. Professionals should ensure that they*:

1. **Support children and young adults with VI to understand and gain awareness of their environment**
2. **Support children and young adults with VI to express themselves using different modes of communication (e.g., speech, vocalizations, gestures, signs, movements, body posture, and touch)**
3. **Use tailored communication approaches that promote closeness, understanding, and support of children and young adults with VI and their caregivers/families (e.g., pause, silence, tone, asking open questions)**
4. **Allow the child and young adult with VI and their caregivers to express themselves freely and at their own pace, listening to them respectfully to facilitate the sharing of experience**

5. **Use enhanced and alternative approaches to typical communication approaches, such as assistive technology, to support education and communication (e.g., tablet, screen reader, digital platforms) and to maximise access and independence (e.g., communication through the tactile modality; technology to support communication and independence)**

# 4

# Individualized approach to pace and to the environment

*VI influences children and young adults' perceptions of the world; therefore, they may need time to explore, understand, and learn from the social and physical environment because of their visual condition. Vision is a unifying sense that provides a rapid overview of the environment (analysis and synthesis). Therefore, children and young adults with VI need a meaningful environment and a specially designed and adapted space to better attend to, perceive, and understand the physical world around them. Professionals should ensure that they:*

1. **Adjust the pace according to the needs of the children and young adults with VI and their caregiver/family**
2. **Provide the time that children and young adults with VI need to obtain and interpret information perceived from the environment, to reflect on this information, and to express themselves**
3. **Conduct a multi-disciplinary assessment/ environmental audit to identify specific environmental facilitators according to the individual needs of the child or young adult with VI, to support adaptive functioning and promote autonomy and learning**
4. **Provide an enriching and accessible environment (at home, school, healthcare setting) with real materials and objects to enhance concrete experiences and support learning, understanding, and adaptive functioning**

5. **Provide a safe and secure space, paying attention to children and young adults with VI and their caregiver’s/family’s emotional and social needs**

6. **Promote awareness of environmental barriers and facilitators for children and young adults with VI that should be addressed to ensure access, inclusion, autonomy, and independent mobility**

# 5

# Provision of accessibility through inclusive practices

*Children and young adults with VI need to be supported to achieve independent living skills, engagement, full participation, and agency. VI reduces their opportunities to interact with the environment unless it is adapted in accordance with individual needs. Professionals should ensure that they*:

1. **Reduce barriers to learning and participation to promote independence and to ensure equal access to different contexts of life**
2. **Design the environment and learning materials to promote self-confidence, social inclusion, learning, and access to knowledge and culture**
3. **Support and empower children and young adults with VI to become independent and successful learners**
4. **Provide opportunities to actively participate in real-life experiences and learning by doing**
5. **Inform, support, and empower caregivers/families on the importance of accessibility and inclusive practices that can provide children and young adults with VI opportunities to achieve independent living skills and autonomy**

# 6 Specialist expertise

*Our recognition of the importance of accessible and inclusive practice does not detract from the importance of targeted specialist approaches which are relevant to the needs and circumstances of children and young adults with VI. These specialist approaches should be tailored to each individual child and young adult with VI. Professionals should ensure that they*:

1. **Promote the use of functional vision and multi-sensory integration**
2. **Promote the development of emotional, social, and communication skills to favour the sharing of experience and social participation (in sports, culture, and leisure activities)**
3. **Teach and promote braille literacy based on a foundation of pre- and early braille skills**
4. **Teach and promote appropriate communication including literacy through a range and combination of appropriate approaches (e.g. real objects, symbols, print, and technology)**
5. **Promote orientation and mobility, and independent living skills to enhance self-confidence and self-determination, independent mobility, and autonomy**
6. **Teach assistive technology (low and high tech) skills and the use of low-vision aids**

# 7

# Tailored educational and clinical approaches

*Children and young adults with VI are individuals with unique visual conditions, characteristics, strengths and backgrounds. For this reason, they require individualized strategies and goals that should be identified through assessments of need and monitored and adjusted over time. Professionals should ensure that they*:

1. **Participate in trans- and inter-disciplinary observation and assessment, both clinical, functional, and educational**
2. **Utilize assessment tools to support the planning and development of early intervention**
3. **Provide proper support as early as possible to enable children and young adults with VI, supported by their caregivers/families, to reach their full potential**
4. **Support the development of self-empowerment and social skills, including self-advocacy and self-determination**
5. **Monitor children and young adults with VI's progress in meeting their goals, documenting the whole process to support caregivers/families and other professionals during the process, and to ensure continuity at times of transition (e.g. changes in carergiver, or professional or educational establishment)**
6. **Ensure that transition planning takes place in a timely manner**

# 8

# Professional attitude and competences

*Children and young adults with VI need professionals to have specific knowledge, understanding, and skills (practice, research, collaboration, and values/theory) in relation to VI and the child's development. Professional expertise should be grounded in relational- and development-oriented frameworks and driven by the latest scientific findings and clinical guidelines on VI. Furthermore, professional conduct should be collaborative, trusting and based on mutual respect. Professionals should ensure that they*:

1. **Use empathetic listening and have a non-judgmental attitude**
2. **Support caregivers to meet their child's developmental needs**
3. **Empower caregivers/families, promoting their self-esteem and self-confidence, to advocate for their children and young adults with VI**
4. **Work as a facilitator with children and young adults with VI**
5. **Inform children and young adults with VI and their caregivers/families about their rights and responsibilities, national laws/legal regulations, and guidelines to ensure equal access to services, ethical interventions, and protection of data**

6. **Empower children and young adults with VI to be advocates for themselves**
7. **Use a systematic approach and practitioner-researcher mindset to enhance practice, including evaluating effectiveness to improve outcomes**
8. **Keep up to date with professional learning and latest developments with an attitude of continual personal improvement in relation to practice**

# 9

# Interdisciplinary team partnership

*Children and young adults with VI need comprehensive and interdisciplinary support focused on common goals and strategies. This support is needed because VI may be associated with difficulties across domains, such as: concept development and learning; sensory development; social and emotional development; communication; fine and gross motor skills, orientation and mobility; and sense of self, relationships with others and the wider community. Professionals should ensure that they*:

1. **Develop a clear understanding of each child and young adult with VI's visual and developmental profile**
2. **Promote inter-disciplinary and multi-agency team working that meets regularly and reflects together to build a holistic view of the child and young adult with VI and their caregiver/family**
3. **Develop a single, shared strategic plan, personalized interventions, and supportive strategies**
4. **Continuously monitor the needs, development and progress of children and young adults with VI**

# 10

# Professional community

*Children and young adults with VI need multi-dimensional and community-based intervention focused on common goals and strategies, shared with institutions and services (e.g., education, health, recreation, professional/work) because vision is associated with all aspects of everyday life. Professionals should ensure that they*:

1. **Cooperate with other professionals involved in children and young adults with VI's daily life in a mutual exchange of information (with the children/young adults' informed consent and ensuring data protection)**
2. **Create a responsive and supportive network that promotes the agency and social participation of children and young adults with VI and their caregiver/families**
3. **Understand legal regulations/relevant legislation and guidelines to ensure equal access to high quality of services for children and young adults with VI and their caregivers/families**
4. **Raise awareness/ in settings of the unique needs of children and young adults with VI (e.g., extra time at school/for a test, the need for tailored approaches)**

5. **Explain the challenges faced by a child or young adult with VI; disseminating advice and strategies based on current research to foster change and advance knowledge**
6. **Cooperate with stakeholders (e.g., local services, private and public stakeholders) to remove environmental barriers and enhance facilitators to Support equal access and independence**

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The following colleagues were directly involved in the development of this document. All contributed to the drafting of the document in all three rounds of the e-Delphi consultation.

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