

Doha Early Intervention Conference
for Children with Visual or Multiple Impairments
27th-30th April, 2011 AlNoor Institute - Qatar



مؤتمر الدوحة للتدخل المبكر للأطفال
ذوي الإعاقات البصرية والمتعددة
27 - 30 أبريل ، 2011 معهد النور للمكفوفين - قطر



Conference Recommendations

Al Noor institute Doha organized the ‘Doha Early intervention conference for children with visual or multiple impairments’ at La Cigale Hotel Doha from 27-30 April 2011. The conference the first of its kind in the Middle East was aimed at raising the awareness amongst health, education, rehabilitation, and social service fields on the necessity and techniques of early intervention for children with visual or multiple disabilities especially in the countries of Gulf Cooperation Council (GCC). The conference attracted the whole spectrum of professionals involved in the care of children with disabilities including Pediatricians, Pediatric Ophthalmologists, Optometrists, Physical Therapists, Occupational Therapists, Speech Therapists, Psychologists, Pediatric Neurologists, Orientation and Mobility specialists, geneticists and all involved in Rehabilitation and special education (Families, teachers, social work, administrative staff.) . The conference had eminent speakers from across the world with many experts from USA, Finland, and Saudi Arabia. The conference was held in collaboration with the International Agency for the Prevention of Blindness Eastern Mediterranean Region (IAPB EMR) and Prevention of Blindness Union (PBU).

The participants expressed sincere gratitude to Al Noor institute Doha for organizing this important and topical conference in the region. The leadership and wisdom of Her Highness Sheikha Moza Bint Nasser Al Missned in nurturing Al Noor institute Doha is highly appreciated and acknowledged. The support of the main sponsors of the conference- Qatar electricity and Water Company is recognized.

Current situation

The practice of early intervention for children with visual or multiple disabilities in the GCC countries is basically fragmented and not adequately coordinated across all the service providers. Assessment procedures and intervention methods may not be using up to date evidence based techniques. Family based care approaches are inadequately implemented. There is also poor communication between the

service givers and parents often resulting ineffective interventions. However few countries have made significant strides towards addressing these problems.

Data needed for efficient planning or enhancement of the existing services is lacking in most countries as there is no coordinated data collection and processing for children with disabilities. Inadequate communication between various service providers of children with visual disabilities or multiple disabilities in the region contributes to inability to establish a unified effective care and systematic data collection for all children with visual disabilities. The inadequate or non usage of unified classification for diagnosis of children with multiple disabilities may also have been an obstacle to collating data of children with visual disabilities. Furthermore in most countries children with multiple disabilities are not included in data as they often are not assessed for visual impairment. .

Recommendations of the Conference

A. Service provision

Governments and other service providers

1. Establish or strengthen existing services for early assessment and intervention for children with visual disabilities and/or multiple disabilities especially in health and education as part of the fundamental rights of people with disabilities as contained in UN resolution 2007 on Convention on the Rights of People with disabilities articles 7, 24 & 25.
2. Identify all stakeholders (including but not restricted to pediatricians, ophthalmologists, optometrists, Blind/Low vision rehabilitation specialists, Orientation and Mobility specialists, Early childhood education specialists, occupational therapists, , physiotherapists, speech therapists e.t.c) involved in the care of children with visual disabilities and or multiple disabilities and establish a coordinating body that will provide an overall supervision of services .
3. Establish an appropriate systematic child find process to search and screen all children with visual or multiple disabilities.
4. Ensure full implementation of the fundamental rights of people with disabilities as contained in UN resolution 2007 on ‘Convention on the Rights of People with disabilities’, including appropriate legislations where needed.
5. Within existing health education programs build in public awareness on preventive measures and early assessment and care of children with disabilities.
6. Provide accessible genetic counseling services for couples and families.

Professionals

7. Ensure a continuum of care for the children with Visual and or multiple disabilities from birth to adulthood involving health, education and social care including the use of the principles of universal design for learning (UDL) and inclusive education.
8. Ensure optimal multidisciplinary care to the children with Visual and or multiple disabilities through effective communication between all service providers.
9. Ensure all children with multiple disabilities have full visual assessment even with obvious absence of ocular problems. In addition assessment should include sensory, motor, and cognitive assessments e.t.c.
10. Utilize emerging and established evidence based techniques in the assessment and care of children including use of new assessment techniques and family based care that are culturally acceptable .
11. Engage the parents fully in assessment and intervention of children with disabilities through effective communication and participation.
12. Establish parents and consumer groups partnership schemes to encourage family –centered services.

Parents and consumer groups

13. Establish consumer groups to support, advocate, contribute and monitor approaches for the care of children with visual and or multiple disabilities.
14. Participate actively in assessment, and care of children with visual and or multiple disabilities.
15. Link up with other existing disability networks to strengthen group cohesion and support.
16. Establish group/courses for parents and other family members to provide information about child development (These courses could be available for siblings and caregivers such as nannies).

Regional and International organizations

17. Advocate to the GCC governments to improve the services for children with disabilities especially those with visual impairment.
18. Provide technical support to governments and institutions involved in the care of children with multiple disabilities especially visually impaired.

B. Human resource development and infrastructure

Governments and other service providers

1. Support the improvement of knowledge and skills of all professionals involved in care of children with disabilities through regular training in view of the rapidly changing evidence based approaches to the care of children with disabilities in tandem with article 4(i) of the UN convention on UN resolution 2007 on Convention on the Rights of People with disabilities.
2. Identify the deficiencies in human resources for the care of children with visual and or multiple disabilities and make efforts to develop such cadres.
3. Identify and bridge the gaps in materials and structures for the care and education of children with visual and or multiple disabilities with integration into other existing disability services.
4. Organize Train the trainers (TOT) sessions for professionals involved in care.
5. Offer specialized university programs in early childhood development, visual impairment and multiple disabilities.

Professionals

6. Develop skills through accessing various HRD materials including e-learning resources.
7. Develop continuous professional development (CPDs) that covers aspects of assessment and care of children with visual and or multiple disabilities.
8. Advise the government and service providers in cost effective materials for use with children with visual and or multiple disabilities.
9. Highlight professional development in the areas of adaptive tools and instructional techniques specific to literacy, daily living, orientation and mobility.
10. Develop regional resource centers capable of designing, adapting and disseminating specialized products and learning materials (i.e. assessments, videos, compensatory (i.e. adaptive daily living, orientation and mobility) educational materials) from which teachers and other professionals could borrow materials from.

C. Research

Governments

1. Support the conduct of appropriate research into early assessment and care of children with visual impairment and multiple disabilities including operational, genetic, and operational and evidence

based systematic researches. (UN resolution 2007 on Convention on the Rights of People with disabilities Article 4g).

Professionals

2. Be proactive in engaging in research to determine the internal validity of approaches in assessment and interventions developed elsewhere.
3. Provide guidance to professionals/parents /consumers in translating evidence-based early intervention practices.
4. Disseminate research findings in formats and languages.

Parents/consumer

5. Contribute to determining the research agendas/public policy.
6. Advocate for and participate in relevant research and public policy.

D. Monitoring

Governments and other service providers

1. Enforce and supervise data collection and processing for children with visual and or multiple disabilities.

Professionals

2. Develop a standard reporting format and channel of data flow and communication.
3. Develop a definite classification scheme for children with multiple disabilities for use in data collection probably adopt international classification when available.
4. Include very early (at birth or shortly thereafter) vision and auditory assessment in assessment of all multiply disabled children, if it is not being practiced.

Parents and consumer groups

5. Ensure that children with multiple disabilities are registered within the visual disabilities database at all service points.

Regional and International organizations

6. Advocate to all countries to adopt a unified data collection system for children with visual disability including those with multiple disabilities.

7. Advocate for a simple user friendly international classification of children with multiple impairments in ICD using for example the following variables: sensory (visual, hearing), motor, cognitive and others.

E. Follow up

1. In view of the remarkable achievement of this workshop, it is hereby recommended that a follow up conference be held next year to review and harness progress of recommendations made therein.
2. The follow up will involve reviewing progress and challenges of situation in all GCC countries, in addition to scientific update courses for professionals and include forum for parents/ consumers.
3. Establish a regional network for all professionals, service givers, parents and other interested parties for sharing information and resources.