Blindfolds Off: The Current State of Rehabilitation

by Julie Franks

This is the second in a series of papers which seek to explore the relationship between the traditional hard core of skills training prescribed by UK training bodies in the field of rehabilitation qualifications to work with blind and partially sighted people and the part this core content plays in the delivery of services on the cusp of the twenty-first century. The curriculum area of daily living skills (DLS) customarily encompassing the teaching of independent culinary, personal and home management skills to blind and partially sighted people has provoked increasing debate in recent times on questions of content, method and relevance to contemporary professional practice. It is with these concerns in mind that the results of an ongoing research project undertaken jointly by the Universities of Birmingham and of Central England in Birmingham are presented to contribute to the development of this discussion.

Introduction

Long before the evolution of 'daily' or 'independent' living skills as a core component of training to work with blind and partially sighted people, there is ample evidence of the thought that was given to such matters in autobiographical works and critical studies by men of letters in the early part of the twentieth century. Drawing on his own experience of becoming blind suddenly at the age of 62, Javal (1904) appears to take an eminently nonchalant approach to "Domestic Occupations" in his manual of advice directed at people who have recently lost their sight:

> "There is nothing ... to prevent the blind man from chopping and sawing firewood, laying fires, going to the cellar for wine, uncorking bottles, setting and cleaning the table, washing and arranging crockery, preparing vegetables, making beds, sweeping rooms and cleaning tiles. All this only requires a little practice and an appropriate turn of the wrist" (p.18).

The author goes on to advocate pragmatism in relation to the practice of independence:

> "I have learned to allow my neighbour to do little things for me, even when not necessary. I am quite able to help myself to whatever I require to drink, by inserting the left forefinger more or less deeply within the glass ... But what is the use? For if the gentleman on one side enjoys cutting up my meat, or the lady on the other side wishes to look for bones in my helping of fish, why should I deprive them of such pleasure?" (pp.34-5).

Javal thereby raises a timeless theme which, more recently, has been explored and developed by Sally French in a thought-provoking and memorable article in *The New Beacon* (1991). In contrast with Javal, Villey (1922), professor of literature at Caen University and blind since early childhood, manifests in matters of daily living a rigour and attention to detail which should leave the reader suitably chastened:

> "At table, there is no excuse for him if he does not eat in an absolutely correct way. Although his shyness may prevent him from cutting his meat in the presence of strangers, he can quite well do this. Indirect touch, by means of the knife and fork, enable him to judge of the size of the pieces and, if he should be mistaken, the weight of his fork will warn him" (p.159).

A close scrutiny of the working lives of home teachers - a forerunner of today's rehabilitation workers - demonstrates clearly, via articles such as those published over many years in *The Teacher of the Blind* periodical, that their role was varied indeed. However, beyond the occasional mention of setting up cookery classes there is little documented evidence of systematic teaching activities to foster independence within the framework of the above definition of 'daily living' skills. Yet there is a veritable wealth of reporting on the subject of handicrafts and the acquisition of these skills features prominently in the earliest syllabi for qualification as a home teacher and in the ensuing years. The annual reports of the Home Teachers Examination furnish a detailed account of the range of handicrafts undertaken by candidates from hand knitting and rush seating to rug making and raffia work; and these reports also record the varying pleasure and dismay of the examiners; in 1931 the examinees' wholesale incompetence with regard to netting was prompting radical, if not altogether educationally sound, thinking:

> "During the last five years there have been 2 Honours, 5 passes and 16 failures in this subject. Do the results warrant the retention of this subject in the syllabus?" (p.2)

Reports in *The Teacher of the Blind* testify to the widespread 'competition culture' of the early and middle decades of the Twentieth Century. These events appear to have concentrated on judging handicraft items made by blind and "semi-blind" "unemployables" and on assessing fluency in Braille/Moon reading. However, few skills escaped the enthusiastic scrutiny of the judges and there are some fine examples of mundane 'daily living' chores elevated to the status of a competition class. The Birmingham Royal Institution for the Blind offers a detailed account of its Competition afternoon in 1932, including button-sewing - which attracted 47 entrants - and potato-peeling "for the elderly people only" which drew 19 entrants:

> "The competitors brought their own knives, or peelers, and were each provided with a nicely washed potato, which they peeled as thinly as possible. Some of the old folks were quite expert in the art of potato-peeling" (p.195).

The home teacher played a key role in encouraging individuals to participate in these local events and the Editor of *The Teacher of the Blind* journal was at pains to keep home teachers informed with regard to a broad range of pastime pursuits, variously issuing instructions for making bead handbags (1932) and offering advice on the rearing of spring flowers (1933).

The programmes of practical daily living instruction developed by workers from St. Dunstan's for servicemen blinded during the First World War (Farrell, 1956) and subsequent developments during and after the Second World War both in the UK and in the USA contributed to the emergence of daily living skills as a core component of specialist worker training in the early 1970s. The publication of seminal texts such as *A Step-by-Step Guide to Personal Management for Blind Persons* (AFB, 1970), promoting the concept of task analysis in relation to the teaching and execution of daily living activities, provided thereafter a clear methodology for the delivery of the DLS curriculum in UK training centres. The exposition of the suggested "Thirty stages to bed making" (pp. 108-110) and of the "twenty-three stages to cutting pie" (ibid. pp.145-7) will, one suspects, be familiar to many specialist workers who have undergone formal training over the past quarter of a century. Four years later, Yeadon (1974) affirmed this trend towards the functional, methodical and highly specific treatment of daily living skills with the publication of *Toward Independence*. This text, borne of the author's experience at that time of working mainly with young adults who were mostly congenitally blind and lacking in basic domestic skills, advocated as its central tenet the use of instructional objectives, described in her Introduction as: "clearly defined tasks which can be used as the framework for a structured teaching program". Each objective was elaborately choreographed, whether this was the practice of "Cutting Fried Eggs With the Aid of a Knife and Fork" (p.21), "Packing a Suitcase" (p.44) or "Using an Electric Blender" (p.70).

The 1970s and 1980s marked the heyday of the delivery of extensive, structured, functional DLS training. However, in their meticulously researched analysis of Mobility Officer (MO) and Technical Officer (TO) training - which had succeeded the Home Teacher and, latterly, in the early 1970s, the Social Welfare Officer for the Blind training in the UK - Maychell and Smart (1990) concluded from their findings that too much time was indeed devoted by the relevant training agencies to total blindness as opposed to low vision, to students learning skills themselves rather than concentrating on imparting skills and suggesting strategies to others and to the acquisition of advanced skills. The authors observed that:

> "Three-quarters of TOs interviewed had not taught a daily living skills programme; the great majority of clients required only tactile marking of cookers and advice on making a hot drink" (p.222).

Maychell and Smart also recorded an acute disparity between the number of hours dedicated to the DLS element of the TO course by the respective training agencies:

> "NRAB (North Regional Association for the Blind) 150 hours
> SRAB (South Regional Association for the Blind) 78 hours" (ibid. pp.31-2).

With the advent of Rehabilitation Officer/Worker (RO/RW) training in the mid-1980s which combined and ultimately displaced MO and TO training, some attempt was made by the three agencies offering an RO/RW course to regulate by mutual agreement the number of hours accorded to each curriculum area. In principle, the subject of Daily Living Skills, for example, was allocated 12.5% of the timetable compared with 28% on the NRAB TO course and 19% on the corresponding SRAB course. Nevertheless, in practice Maychell and Smart noted that the training centres did not adhere to the agreed time allocations (ibid. p.188).

The Lomas consultative report on behalf of the Visual Handicap Group (1995) concluded, from the results of a postal questionnaire sent to a small sample of 84 rehabilitation workers, that most respondents:

> "were finding they needed the long-established skills covered in training - mobility, daily living ..." (p.52)

Equally, there were concerns that course components such as daily living should not be over-emphasised to the consequent neglect of other pressing areas of training.

Current Study

The ongoing research project undertaken in Birmingham aims to address DLS/ILS work as part of a broader study of rehabilitation services to blind and partially sighted people. Between December 1996 and March 1997 some 560 eight-page questionnaires were distributed (with the approval of the Association of Directors of Social Services Research Group, the voluntary agencies approached and with the additional assistance of contacts known to the author) to a sample of rehabilitation staff and specialist workers throughout the UK. From the target sample 330 returns were made, giving a response rate of 58.9%. Table 1 shows that the majority of respondents were rehabilitation workers (264 or 80%) while the remaining 20% was accounted for by specialist social workers (42 or 12.7%) and other closely related staff in social services and voluntary organisations (24 or 7.27%).

Rehabilitation Workers		Specialist Social Workers		Other Staff	
No.	%	No.	%	No.	%
264	80	42	12.73	24	7.27

Table 1: Breakdown of respondents (N = 330).

It is difficult to assess accurately what proportion of the entire workforce is represented by this return, particularly in the absence of a comprehensive national register of rehabilitation workers. However, the results of this survey no doubt go some way to shedding light on contemporary professional practice.

The questionnaire consisted of 102 statements to which recipients were asked to respond by ticking options. Many respondents penned additional information and views, ranging from a few words to sizeable appended commentaries. Seventeen of the 102 statements have particular relevance to this Paper and are tabulated below (Tables 2-18). In Tables 2-15 respondents were asked to comment on the frequency with which they undertook certain independent living skills activities in the course of their work with blind and partially sighted people. Tables 16 and 17 relate specifically to working with children and Table 18 relays an overview of activities which sets traditional skills teaching in the broader context of rehabilitation work. Tables are presented in descending order of perceived frequency of activity and fall naturally into three clear bandings. All percentages have been rounded up to two decimal places.

Activities Undertaken with Most Frequency

Table 2 presents the results of respondents' estimates of the frequency with which they demonstrated specialist equipment of all kinds (including, by implication, items related to daily living): 272 (82.42%) reported this to be a regular activity, with an overwhelming majority of the remaining respondents acknowledging some involvement.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
272	82.42	45	13.64	9	2.73	0	0	2	0.61	2	0.61

Table 2: Frequency of demonstrating specialist equipment to people (N = 330).

A similar degree of consensus is observed in Table 3 with regard to time spent discussing general safety and risk issues, of clear relevance to the subject matter of this Paper.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
246	74.55	69	20.91	11	3.33	1	0.30	1	0.30	2	0.61

Table 3: Frequency of discussing general safety and risk issues (N = 330).

Table 4 presents the results of respondents' estimates of the frequency with which they gave general advice on making hot drinks and these figures would appear to indicate that this is a core ILS activity for a substantial majority of workers: 318 (96.36%) of the sample expressed an involvement, and 307 (93.03%) reported that they gave this type of advice "regularly" or "sometimes".

Regularly		Sometimes		Rarely		Never		Not applicable	
No.	%	No.	%	No.	%	No.	%	No.	%
249	75.45	58	17.58	11	3.33	5	1.52	7	2.12

Table 4: Frequency of giving general advice on making hot drinks (N = 330).

Another core ILS activity emerges from a study of the results in Table 5. Here, respondents were asked to comment on the frequency with which they marked cookers, washing machines and other appliances in order to render the controls accessible to blind/partially sighted people. According almost identically with the results presented in Table 4, 317 (96.06%) of the sample expressed an involvement in high contrast/tactile marking of appliances and 306 (92.73%) indicated that they undertook this task "regularly" or "sometimes".

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
272	82.42	34	10.30	11	3.33	6	1.82	5	1.52	2	0.61

Table 5: Frequency of marking cookers, washing machines and other appliances (N = 330).

Table 6 is distinct from Table 4 in its placing emphasis on teaching people to make hot drinks. Fewer respondents, 289 (87.58%), reported an involvement in 'teaching' than in offering 'general advice', 318 (96.36%), in this area of ILS. Of those 30 who reported that they never taught, 17 held specialist social worker/care manager posts, 9 held rehabilitation worker posts (including 3 with senior/managerial responsibility) and 4 were designated 'other staff', according to the categories set out in Table 1.

Regularly		Sometimes		Rarely		Never		Not applicable	
No.	%	No.	%	No.	%	No.	%	No.	%
190	57.58	74	22.42	25	7.58	30	9.09	11	3.33

Table 6: Frequency of teaching people to make hot drinks (N = 330).

Activities Undertaken with Moderate Frequency

Table 7 gives data on respondents' estimates of the frequency of teaching people to thread needles. Although 278 (84.24%) of the target sample indicated an involvement in this activity, a different patterning clearly begins to emerge in the percentage ratings from now on. In Table 7, only 54 (16.36%) of the respondents estimated that they undertook this activity "regularly", compared with Tables 2-6, where the estimates in the corresponding rating column are much higher, between 190 (57.58%) and 272 (82.42%).

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
54	16.36	150	45.45	74	22.42	36	10.61	11	3.33	5	1.52

Table 7: Frequency of teaching people to thread needles (N = 330).

Respondents were asked to estimate the frequency with which they discussed personal matters with people and two suggested examples were included to clarify the meaning of this questionnaire item. The results are presented in Table 8.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
29	8.79	124	37.58	101	30.61	65	19.70	7	2.12	4	1.21

Table 8: Frequency of discussing personal matters (e.g. coping with menstruation, using public conveniences etc.) (N = 330).

The task of ironing is treated in the same way as that of making hot drinks, the target sample having been asked to respond to the act of 'giving general advice' and the act of 'teaching' as two separate items. The data presented in Tables 9 and 12 would appear to indicate that the giving of general advice about ironing, 252 (76.36%), outweighed specific teaching of this skill, 206 (62.42%).

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
44	13.33	124	37.58	84	25.45	61	18.48	12	3.64	5	1.52

Table 9: Frequency of giving general advice about ironing (N = 330).

Respondents were asked to estimate the frequency of teaching 'conventional cookery'. In the layout of the questionnaire, this item was in deliberate juxtaposition to teaching microwave cookery in order to distinguish the latter from use of gas/electric cookers, for example. Table 10 reveals that just over one-fifth of the respondents (70 or 21.21%) estimated that they taught 'conventional cookery' on a regular basis. Almost three-quarters of the sample (238 or 72.12%) reported an involvement in teaching. Of those 70 who reported that they taught "regularly" 66 held rehabilitation worker posts (including 9 with senior/managerial responsibility), 1 held a specialist social worker post and 3 were designated 'other staff', according to the categories set out in Table 1. 60 of the 66 rehabilitation worker posts were field positions; the remaining 6 were centre based. Of those 76 who reported that they never taught 'conventional cookery', 35 held rehabilitation worker posts (including 7 with senior/managerial responsibility), 28 held specialist social worker/care manager posts and 13 were designated "other staff".

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
70	21.21	107	32.42	61	18.48	76	23.03	14	4.24	2	0.61

Table 10: Frequency of teaching 'conventional cookery' (N = 330).

Percentages broadly similar to those which pertain to teaching 'conventional cookery' emerge from Table 11 with regard to the frequency of teaching microwave cookery. Almost one-fifth (64 or 19.39%) reported that they taught "regularly" and almost three-quarters of the sample (235 or 71.21%) reported an involvement in teaching.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
64	19.39	126	38.18	45	13.64	81	24.55	13	3.94	1	0.30

Table 11: Frequency of microwave cookery teaching sessions (N = 330).

Activities Undertaken with Least Frequency

Table 12 presents the results of respondents' estimates of the frequency with which they taught people to iron clothes. Although very few reported this to be a regular activity (19 or 5.76%), almost one-quarter (80 or 24.24%) taught sometimes. Of those 19 who taught regularly, 6 held centre-based posts.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
19	5.76	80	24.24	107	32.42	107	32.42	14	4.24	3	0.91

Table 12: Frequency of teaching people to iron clothes (N = 330).

Table 13 reveals that teaching board games, dominoes etc. was generally not perceived as a core activity by the target sample. Only 8 respondents (2.42%) indicated that this was a regular activity for them and almost half (154 or 46.67%) reported that they never taught.

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
8	2.42	50	15.15	99	30	154	46.67	16	4.85	3	0.91

Table 13: Frequency of teaching people board games, dominoes etc. (N = 330).

Teaching people to clean the bath has a similar patterning, the data presented in Table 14 indicating that this was not a core activity for the majority of respondents.

Regularly		Sometimes		Rarely		Never		Not applicable	
No.	%	No.	%	No.	%	No.	%	No.	%
13	3.94	41	12.42	90	27.27	171	51.82	15	4.55

Table 14: Frequency of teaching people to clean the bath (N = 330).

As Table 15 reveals, teaching people to knit was the least commonly occurring ILS activity, fewer than one-quarter of respondents (76 or 23.03%) reporting an involvement. One questionnaire was returned which stated simply "can't knit!"

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
5	1.52	14	4.24	57	17.27	231	70	20	6.06	3	0.91

Table 15: Frequency of teaching people to knit (N = 330).

Respondents were asked to estimate the frequency with which they carried out ILS work with children. Table 16 reveals that just over half of the sample (167 or 50.61%) reported an involvement, with just under one-quarter (82 or 24.85%) of this indicating that ILS work with children was undertaken "regularly" or "sometimes".

Regularly		Sometimes		Rarely		Never		Not applicable		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
14	4.24	68	20.61	85	25.76	118	35.76	41	12.42	4	1.21

Table 16: Frequency of doing ILS (Independent Living Skills) work with children (N = 330).

Respondents were also asked to air their views on whether school-based rehabilitation workers specialising in work with children and employed by the Local Education Authority might be best placed to undertake ILS and mobility required. As Table 17 shows, over half of the sample (177 or 53.64%) expressed agreement or strong agreement with this item while 58 (17.58%) did not subscribe to this. 92 respondents (27.88%) selected the "not sure" option. Of those, 82 (24.85%) who estimated that they did ILS work with children "regularly" or "sometimes", a clear majority 52 (63.41%) expressed agreement or strong agreement with the notion of school-based 'specialist' rehabilitation workers. The scope of this current research project does not allow for the detailed and thorough examination of rehabilitation work specifically in relation to children; however, this majority finding alone perhaps suggests that a substantial national study is called for in this area of training and provision.

Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
6	1.82	52	15.76	92	27.88	105	31.82	72	21.82	3	0.91

Table 17: Statement: Independent living skills and mobility work with children best undertaken by rehabilitation workers who are based in schools on all-year-round contracts and employed by the Local Education Authority (N = 330).

Respondents were asked to estimate whether the balance of their activities was weighted toward offering information, advice, advocacy services, counselling skills and general support or toward traditional skills teaching.

Of the 264 respondents who were rehabilitation workers, 150 (56.82%) expressed agreement or strong agreement with this statement. Of the 98 (37.12%) rehabilitation workers who disagreed or disagreed strongly with this statement, 14 (14.29%) held centre-based posts. The remaining 16 respondents selected either the 'not sure' option (14 or 5.30%) or gave no indication (2 or 0.76%). The results presented in Table 18 reflect the returns made by all 330 respondents, including specialist social workers and those designated 'other staff'.

Strongly Disagree		Disagree		Not Sure		Agree		Strongly Agree		No indication	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
22	6.67	81	24.55	15	4.55	125	37.88	83	25.15	4	1.21

Table 18: Statement: The majority of my work with blind and partially sighted people consists in offering information, advice, advocacy services, counselling skills and general support rather than traditional skills teaching (N = 330).

Discussion

As demonstrated by Tables 2-6, more than 85% of respondents reported involvement in a small subset of daily living activities. However, the patterning of

the percentage ratings in Tables 7-11 differs markedly from this first group of tables, delineating a sharp decline in the numbers of respondents reporting that they undertook activities "regularly". This patterning is clearly reinforced in Tables 12-15 which indicate those tasks which were performed with least frequency by respondents. Maychell and Smart (1990) found in their survey of *visual impairment specialists at work* that the most common needs were reported to be help with marking cookers/kitchen appliances and with hot drinks making; and the findings of the current Birmingham study are indeed broadly consistent with those results. However, there is clear evidence from this latter study especially that other daily living activities are also being undertaken by specialist workers, albeit with variation in the frequencies reported for each activity.

The RNIB *Survey of Blind and Partially Sighted People in Britain* (Bruce, McKennell & Walker, 1991)[2] revealed that almost one-fifth of the 524 respondents would have welcomed a visit from Social Services to give "advice and instructions about day-to-day problems" (p.279). It pointed also to the inadequate availability of information generally and specifically about equipment. The *Strathclyde Needs Report* (Williams, 1993) singled out information provision, too, and coping with insecurity/fear of personal safety as two of the main priorities set by a target sample of older visually impaired people. The recent Department of Health Social Services Inspectorate Report *A Sharper Focus* (1998) into services for adults who are visually impaired or blind (resulting from the inspection of 8 Social Services Departments during the course of 1997 and including a sample of interviews with individual service users of each) commented on the "immense value" of outdoor mobility training and daily living skills to visually impaired people and reported anecdotally:

> "One user described how being re-taught how to cook had made them (sic) once again feel useful" (p.28).

It would appear, then, that the most commonly undertaken activities in the area of daily living signalled by specialist workers in the Birmingham study bear close resemblance to some of the requirements and priorities voiced by blind and partially sighted people in the above studies, i.e. demonstrating specialist equipment, discussing general safety and risk issues, marking cookers/appliances etc.

However, ongoing evaluation of this whole area of provision is vital if rehabilitation work is competently to meet present requirements and confidently to anticipate those of the future. Ponchillia and Ponchillia (1996) make this very point about contemporaneity emphatically in the epilogue to their comprehensive textbook on rehabilitation in the United States, *Foundations of Rehabilitation Teaching with Persons Who Are Blind or Visually Impaired*, citing examples pertinent to the latter part of the Twentieth Century: "It would be wrong of a rehabilitation teacher to deny clients the power of new technology and developments because he or she is ignorant of computers, just as it would be unrealistic to continue to teach food preparation as if most meals were prepared by stay-at-home housewives" (p.313). In the UK, Crossland (1996), a practising rehabilitation worker, has been at particular pains to address the knotty theme of relevance, recounting with distaste his experience of the daily living skills curriculum during his training in the late 1980s and expressing the conviction that:

> "... the skills we need as Rehab Workers to facilitate the kind of changes newly visually impaired people have to make are simply not addressed by making cakes under blindfold" (p.106).

Latterly, in an article published in the *New Beacon*, Crossland (1998)[4] has called for the entire ILS module to be "scrapped", referring trenchantly to the irrelevance of:

> "... the hours of time I wasted on my training making cakes under blindfold or doing role-plays 'teaching' someone to pour milk on their cornflakes, or doing a task analysis on filling a kettle".

A number of issues present themselves here. There is a clear place for DLS/ILS in the curriculum of rehabilitation training, to which the limited amount of service user research available and responses from professional workers in the Birmingham Study and other similar studies bear testimony. Some standardisation in estimated frequency of ILS activities is evident from the three bands of results in the Birmingham study; it is clear, then, that just as some activities have wide applicability - such as marking cookers/other appliances - so too are there equally valid activities for which there is an irreducible minimum of demand which must be respected and met.

The task for rehabilitation training providers in this diverse and expanding curriculum area is to stitch the outline of a clear, colourful, contemporaneous and carefully executed tableau on a vast expanse of tapestry canvas: to establish a clear philosophy with which to underpin good practice; to offer a framework for service assessment, planning, implementation, evaluation, monitoring and review; and to foster imaginative and informed working that is multi-disciplinary where practicable and appropriate. In common with the acquisition of literacy through touch, the promotion of independent living

skills work is vital; blind and partially sighted people must know what services are currently available if they are to be in a strong position to request these and additional services. The specialist worker has a key role in this process and in subsequently filling in the detail of the tableau by drawing on a range of stitching techniques. These techniques are constructed not as an end in themselves but as a means to an end and constitute individually only part of the tableau. Thus, transferring the metaphor to the subject matter in hand, tools such as task analysis may be invaluable in formulating a methodology influencing practice in a particular situation but the onus is firmly on the rehabilitation training provider to present these strategies contextually, constructively, critically and at an appropriate pace.

Finally, the future of the daily living curriculum area in rehabilitation training lies not in the rejection of practical culinary, personal and home management skills work but in the commitment to incorporate these elements into a broader contemporary design. Undoubtedly, the lively debate which has arisen recently in relation to this area of rehabilitation work is set to continue productively for many months to come.

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