The question of how best to rehabilitate blind and visually impaired people is of critical importance to both society at large and people who are blind or visually impaired within it. The importance not only arises from the formidable challenge that the lack of vision presents to an individual, but also the myriad of activities and tasks that must be performed by these individuals without the benefit of eyesight. From the simple act of going from one place to another with ever greater amounts of vehicular traffic, changing intersection designs, new traffic patterns, different traffic control devices with various phases of traffic flow, quiet vehicles, and roundabouts that are highly dangerous to pedestrians, to accessing information in an ever more electronic information environment, to learning and using proper social skills within the workplace, to maintaining the home with independence; there is a strong need to have assistance given to these blind and low vision people by professionals who are properly trained and know what to do with people who are blind and low vision.

To garner the supply of professionals needed to assist these rehabilitation consumers, there is a need for strong academic training on how to assist the consumer to learn how to travel with a cane or a dog guide. Other professionals would need to be trained in assisting these consumers to learn braille and other forms of communications to insure their literacy and ability to compete. Moreover, a well-trained force of professionals to teach these consumers how to use technology in a competent fashion is critical to the ability of these consumers to gain access to employment and to live with as
much independence as possible. In short, a system of rehabilitation is not only needed, but a system that understands and can meet the unique and various needs of blind and visually impaired people is absolutely necessary if we are to truly offer legitimate rehabilitation to those defined in our society as legally blind.

The categorical nature of rehabilitation to legally blinded people is best accomplished by a free-standing and competent agency of government dedicated to rehabilitative assistance to legally blind persons. Such agencies as these are often called commissions or departments for the blind within the state where they operate. However, the current economic circumstances in many states have been used to consolidate agencies and agency missions to the detriment of blind residents. These consolidations are ill advised because they allow for improperly trained personnel to work with blind people when whatever training they have had is oriented toward the different needs of different groups. The results are at best blind people living highly diminished lives from what they could have otherwise had, and at worst, blind people at constant risk of injury, impoverishment, or even death from the inability to properly cope with their living circumstances. Given the realities that specialized training is necessary for the rehabilitation of the blindness population, and the cost of such rehabilitation system needs to be managed properly, the American Council of the Blind Rehabilitation Issues Task Force offers the following new and existing ideas to assist in resolving the current difficulties.

1. Greater use of shared accessibility requirements and universal design products.
A relatively major cost item for the rehabilitation of blind people is the need to maintain an inventory of adaptive computer equipment, software, and trainer expertise to allow blind people to receive proper training in the usage of adaptive hardware and software. While it is not our desire to stifle competition between the various products made for use of the blind end user, the costs of maintaining an inventory of many of them and the up-to-date expertise in what is available and from where, does create a cost burden to the rehabilitation agency that could be reduced by a more concentrated system of adaptive equipment and software that conformed to certain standards. These standards would require similar command structures to the software and manipulatory controls to the hardware, which would make their use easier to teach and learn. In addition to this method of increased efficiency and cost savings, we further suggest that universal design of equipment be done to allow for all who use that equipment to be able to access it without the need for additional hardware or software. The current most positive example of this is the Apple iPhone. Not only does the iPhone work as a cell phone, it has a number of applications that can be useful to blind end users. These applications are made accessible by the iPhone Voiceover that comes standard with the phone. Trainers with rehabilitation agencies could easily learn the manipulation of the voiceover interface with the many applications and blind end users would greatly benefit from having to learn that one accessibility option rather than yet another new voice emulation software at agency expense.

Finally, in the area of accessibility and universal design, the federal government should be encouraged to actually enforce Section 508 of the Rehabilitation Act and make universal design a requirement of the contracting and purchasing
process. This would save a great deal of money to both the state rehabilitation agencies and to the federal government. The forces of market competition conforming to performance standards which, when applied to existing accessible software and hardware, would guarantee compliance with universal design and eliminate the need for an ever growing variety of special or adaptive devices oriented to a particular group of people, and their associated costs.

2. Dedicated revenue streams.

The cost burden to the states of having to operate a separate service system to people who are blind or low vision could be greatly lessened or eliminated by the state passing legislation which would dedicate a particular revenue stream to the agency for a particular product or products bought. An example of this would be a percentage or an exact amount of money charged for services to the blind from each pair of eyeglasses purchased in the state. Some may be aware that a similar charge is done on telephone bills to support access for deaf users of the phone system. Another example of this is a certain charge associated with motorcycle usage in certain states to benefit their head injury programs.

3. Alternative methods of administration.

This is a sensitive topic since the opportunity for harming services to people who are blind is clearly present if not done properly. In this model, a state would arrange for services to the blind to occur by competent staff while having the administrative functions carried out by a more generic system. Hence, the general rehabilitation agency could conceivably take care of many administrative functions while the service delivery agency for the blind would still be responsible for
recruiting, training, and deploying service professionals with the required expertise in blindness to properly instruct blind consumers.

There are clearly more areas which need to be addressed to insure that blind and visually impaired consumers are properly served and rehabilitated. For this reason we are including a revised copy of our original ACB White Paper on the subject of rehabilitation.

REVISED ACB WHITE PAPER
WHITE PAPER ON REHABILITATION AND TRAINING

INTRODUCTION

The American Council of the Blind is an organization of blind people with tens of thousands of members in seventy affiliates with members in every state of this country. At our Board of Directors' meeting on September 24, 2006 the Rehabilitation Task Force was instructed to prepare a White Paper on the Rehabilitation and Training of People who are Blind which was to be ready for dissemination by the end of December. It was the Board of Directors' intention that this paper would respond to what we believe is a crisis in rehabilitation. The paper is intended to provide not only background to the current situation but also includes a series of recommendations which can be used by our affiliates and by other interested organizations in formulating their policies and attitudes towards this vital service delivery system which is responsible for the vast majority of adjustment to blindness services and placement endeavors for people who are blind in the United States. Herewith, then, is the first revision of this paper as revisited by the Rehabilitation Issues Task Force as of April 2011.
BACKGROUND AND CONCERNS

At the end of the First World War, a large number of Americans who had fought in that conflict returned to this country having suffered significant vision loss. As a result, rehabilitation services were authorized to help these individuals and others with disabilities achieve employment and self sufficiency. With the influx of huge numbers of additional disabled veterans after the Second World War, these services significantly expanded. The post war period has been characterized by the gradual emergence of professional training for those in rehabilitation and to an expectation that people serving those with disabilities should be specifically certified. At the same time, the federal government began the process of monitoring and evaluating the service delivery systems in each state. This has led to the emergence of a widespread belief that agencies ought to be evaluated by independent accrediting bodies. While services delivered by agencies authorized under this legislation have, at times, been custodial and demeaning, the disability rights movement has gradually created a rehabilitation system which recognizes that training and job seeking are collaborative processes between counselors and customers at the heart of which is the notion of informed choice. This principle asserts that every customer of the rehabilitation process has the right to explore a range of rehabilitative options and that his or her wishes concerning these and other components of the rehabilitative process must be presumed to have merit. The process of developing and implementing rehabilitation plans is a joint activity. Both the agency represented by the counselor and the customer have responsibilities and there are expectations of performance that apply to both partners from the point at which the case is opened through and beyond final placement.
As the rehabilitation service delivery model has evolved, consensus has emerged throughout the blindness community that blind people are best served by agencies at the state level whose only responsibility is to serve those who are visually impaired. This position is based on the study documented assumption that there are a range of services that must be provided to people who are blind which are substantially different from those required by people with other disabilities. Specific instruction in alternative communications approaches, access technology, orientation and mobility, and daily living skills are among the specialized components that are essential elements of the training that will enable a person who is blind to be successful. Over the past half century, public and private agencies have delivered these services in every state. By the 1980s such training services had matured into a model which was dominated by professional counselors who tended to have low expectations of "clients" and who gradually ceased to be innovative or self critical. The net result was a rehabilitation system which patronized those it was supposed to help and which sought to limit the range of career options available to the blind people it "served." Partially as a result of this closed training model, a series of centers were encouraged and funded through the National Federation of the Blind which claimed to offer a real alternative to what they perceived as the demeaning and limiting services delivered by existing agencies. While the model espoused by such "centers" is still evolving, core components would seem to be emphasis on the need to develop a philosophical adjustment as well as learning adjustment to blindness skills, the need for long stays, the principle that blind people ought to have preference as teachers, the use of blind fold techniques for training all persons with some useable vision, and the gradual adoption of the notion of "structured discovery" learning. ("Structured
discovery" has, at its core, the principle that you should not tell people what to do or how to do it. Instead, it is expected that the learner will, through analysis and experiment, discover for him or herself how to accomplish the task being taught.) These principles have now begun to move beyond the specific NFB centers and are being adopted by many state run agencies as well as by many private agencies. With the proliferation of NFB modeled centers whose curricula are inflexible and apply to all who wish to attend, the availability of quality training options which honor the principle of informed choice are shrinking precipitately. Those agencies which have not adopted NFB centered approaches have tended to offer the "traditional" model of rehabilitation service delivery and still espouse many of the limitations which led to the creation of NFB centers in the first place.

Since 1980, the rehabilitation system which, until then, was essentially a monopoly has been increasingly challenged by two new candidates to deliver the same services. Earliest to emerge were independent living centers which have repeatedly asserted that they are better qualified to deliver rehabilitation services. Many have set up training services and job placement departments. While their notion that people with disabilities are uniquely qualified to help other people with disabilities optimize their adjustment to our society, their emphasis on a solution that applies equally to all disabilities and insistence that categorical services are not appropriate for people who are blind makes that model unacceptable to the blindness community. More recently, the one stop system of comprehensive service delivery for people who are disadvantaged in various ways has been espoused by recent federal administrations. Despite immense pressure to make "one stops" central to serving people with disabilities, workers
are uncomfortable delivering service to people who are blind and lack the specific training and resources to make them an effective or appropriate service delivery option. As things stand now, all three systems are essentially competing for scarce dollars and for the hearts and minds of people with disabilities.

While traditional vocational rehabilitation certainly represents the most appropriate service delivery model, it is seen by many as a failure since it has not significantly impacted the 70 percent unemployment rate among people with disabilities despite the allocation of substantial resources over the past half century.

Throughout its history, the American Council of the Blind has adopted resolutions and policies which have sought to clarify our position on what constitutes appropriate, quality rehabilitation services for people who are blind. The principles and recommendations in this document are based directly on policies previously adopted by this organization, and articulated by The ACB Rehabilitation Issues Task Force, which now include additional considerations identified in cooperation with various members of differing Statewide Rehabilitation Councils since the adoption of the 2006 ACB White Paper.

**PRINCIPLES**

I: The American Council of the Blind reiterates its conviction that services should be delivered to blind people by state agencies which are categorical, have discreet budgetary authority, and operate with a separate statewide rehabilitation council. All agencies for the blind must conduct their decisions without bias towards customers affiliated with any particular organizations and must not engage in any methods of
administration that evidence any such bias. This especially applies within the arenas of procurement of assistive technologies and referrals to rehabilitation training centers. With respect to technologic procurements; the incorporation of universal design into the standards of procurement must be reasonably applied.

II: The American Council of the Blind believes that every blind person applying for services from an agency has the right to expect: to be accorded individual respect for his or her values as embodied in the principle of "informed choice"; to have access to all appropriate materials in accessible formats including, but not limited to, agreement of understandings, rehab manuals, state plans, employment plans, information on alternative rehabilitation options, information on appealing decisions including CAPS program brochures, and information on the federal and state laws and regulations governing rehabilitation. Correspondence with the client shall also be in accessible format as shall any announcements of public hearings on the adoption of state plans and public hearings of the state rehabilitation council.

III: The American Council of the Blind categorically asserts its belief that every blind person being served by any agency has the right to be treated with dignity and respect and that such client shall always be deemed as a partner in the rehabilitation process with the ability, at all stages of the rehabilitation process, to make "informed choices." Care must be taken to insure that rehabilitation staff in positions of authority to purchase rehabilitation training are both choosing to fully inform customers of all their options and what attendant concerns might be involved in order to insure the customer has real choice in their training. We need to change the social
perceptions of the competence of blind people: There are leveraging points to lend credibility to what we already know is true using sighted spokespersons for successes in the workforce.

IV: The American Council of the Blind asserts that people who are blind, like other people, have the right to expect society to make such changes to the built environment and to programs and activities operated by federal, state and local governments that shall have the effect of forwarding the inclusion of blind people in the main stream of society. Examples of appropriate modifications in the rehab process include, but are not limited to: self advocacy training which includes detailed instruction about those rights that the rehab act and the Americans with Disabilities Act allow, instruction in a broad range of access technology options, an understanding of braille, large print, taped and computerized information and where it should be made available, and all reasonable alterations in programmatic delivery which will make all communities more accessible to people who are blind. This principle asserts that blind people have the right to be fully included in our society and, to forward this end, public and private entities which serve the public are expected to take steps to assure that people who are blind can fully and, where possible, independently access the services or goods that are being made available to those who are not blind. Public and private agencies providing rehabilitation must be models of accessibility, and make as their first priority the procurement and use of products that have incorporated universal design.

V: The American Council of the Blind categorically asserts that people who have some residual vision have the right to expect training that will optimize their ability to make use of what sight
still remains to them. All agencies are expected to develop and implement low vision evaluation programs and to incorporate as core components of their training curricula low vision elements which shall include: training in using visual enlargement techniques to access print and technology, training in the use of low vision aids for reading and for distance vision, orientation and mobility training which will include both visual and non visual approaches to orientation and way finding, and, in general, the incorporation of such visual techniques into all aspects of training that will assure that the use of residual vision constitutes the primary means of adjustment to visual impairment.

As an extension of this principle, the American Council of the Blind believes that every person with a visual impairment has the right to be valued positively by training agencies regardless of his or her adjustment to vision loss. Each individual who meets any agency's criteria for services shall have the right to fully participate in the programs offered by that agency. Specifically, this organization believes that all visually impaired people are capable of making informed choices and no agency should be permitted to implement policies which deny access to programs based on a refusal by a person with residual vision to enter into programs whose only instructional components are non visual.

There needs to be a more full disclosure of agency performance as measured by the amount of successful closures in all categories of customers broken out by characteristics such as partial vision and total blindness, as well as the number of repeat successful closures.

VI: The American Council of the Blind believes that a core component of every adjustment to blindness training program
must be an exploration of the impact that blindness has on the individual adjusting to vision loss. Such training must incorporate an acceptance of partial vision as well as an acceptance of total blindness. It must begin with a rigorous effort to create a capacity for critical thinking in all trainees and must include a discussion of a broad range of philosophical notions rather than a reliance on any specific set of values. It must include a detailed analysis of what blind people can and should expect from society. It must take as a core value the notion that blindness should not be seen as a debilitating condition and must incorporate the widespread inclusion of successful blind people as role models. It must incorporate the notion of positive adjustment to blindness and should inculcate the notion of finding ways to do the things the individual wishes to do rather than focusing on those things blindness prevents people from doing. All programs should enlist the assistance of both the American Council of the Blind and the National Federation of the Blind and should encourage those adjusting to blindness to become involved in both organizations.

VII: The American Council of the Blind believes that every person working in a professional capacity for agencies serving the blind should be specifically trained to serve blind people. The American Council of the Blind will work with universities providing such training to help to assure that their programs are more widely available as distance learning options and to see that they include the core components we believe all professionals must be provided to be effective workers.

Agencies must make the effort to promote the recruitment and employment of qualified blind and low vision consumers irrespective of their organizational affiliations. Promoting a cross section and diversity of views affords consumers with a
more richly enhanced experience from the rehabilitation agency.

VIII: The American Council of the Blind believes that all training programs must make access technology an inherent component of all training areas. We believe that computers have a role to play in orientation and mobility, daily living skills, communications, and personal management, and that curricula in all these areas must be redesigned to include access technology, and where possible, universally designed technology. Serious discussions must be carried out to insure that agencies are not pigeon-holing customers into the use of a particular access software over other competitors, when no universally designed mainstream products are available. While we recognize that consumer choice may be jeopardized by the lack of considered application of this standard, we are convinced that the numerous benefits from procuring universally designed products and the incentives that the manufacturers of these products will experience to make their products accessible to and usable by blind and low-vision consumers will greatly impact the viability of employment for our consumers. Only in the event where no universally designed product is available or the consumer has a particularly compelling need to utilize an add-on access product should such products and consumer choice be provided.

IX: The American Council of the Blind believes that the use of blindfolds or sleep shades in the rehabilitation of people who are visually impaired, but not completely blind, may have value. However, we categorically assert that their use must be negotiated by the agency with the client and that they should only be used after the client has been taught to optimize his or
her use of residual vision. A trial of sleep shades may be incorporated into the initial evaluation period as one of the potentially available pedagogical methods.

X: The American Council of the Blind believes that adjustment to blindness training will be effective only when training at a center is combined with careful, ongoing and monitored training once the customer has returned to his or her home community. Rehabilitation agencies need to fully utilize all public and private resources available to the tasks at hand. Organizational efforts such as career connect should be viewed as a national resource for consumers to utilize. There is currently inadequate funding for employment placement & development. Agencies must continue local and national job hunting skill development.

Greater utilization of one-stops should be encouraged. There are states where the relationship of the one-stops and the state agency for the blind has been productive and useful since the one stops have learned a greater appreciation of the issues faced by low-vision and blind consumers.

Volunteering and internships as stepping stones for employment deserve greater attention. Getting known and trusted through unpaid work is a valuable road to paid employment sometimes, but there is always the hazard that employers will take advantage of this avenue to get some free labor with no future for the volunteer/intern.

XI: The American Council of the Blind believes that all agencies should encourage those who work there to participate in consumer organizations of blind people. We also believe that attendance at meetings and conventions of these organizations ought to be mandatory for professionals.
XII: The American Council of the Blind believes that every agency, public or private, must set up meetings at least twice per year with the major consumer organizations so that ideas can be regularly shared.

XIII: The American Council of the Blind believes that every state should develop and implement a blindness caucus which will include legislators, consumers, professionals, and family members of those who are blind whose purpose will be to implement an ongoing comprehensive approach to meeting the needs of all blind people in the state.

XIV: The American Council of the Blind believes that one of the first priorities of such a state caucus must be the expansion of service availability to older people with vision loss who are woefully underserved at this time.

XV: The American Council of the Blind believes that every state should have an early intervention program designed to serve babies and children with visual impairments. Each state program shall serve children up to the point where they can be seamlessly integrated into the rehabilitation program.

XVI: The American Council of the Blind believes that the rehabilitation of every person who is blind should be seen as a holistic process. Adjustment to blindness, training in the use of access technology, the provision of post secondary education, where appropriate, and adjustment to living independently in a community must be seen as core components to such training. We believe that only when attention is paid to all of these components will the long term unemployment rate of blind people significantly change.
XVII: The American Council of the Blind believes that insufficient attention is currently being paid to the specific needs of blind people with additional disabilities including those who are deaf and blind. We believe that the Rehabilitation Services Administration (RSA) should require the inclusion of specific state plan components for these populations.

XVIII: The American Council of the Blind believes that agencies operated under the auspices of National Industries for the Blind are currently playing an invaluable role in the rehabilitation of people who are blind. We believe that the regulations implemented by RSA to limit employment closures for individuals served by such agencies must be reviewed and repealed. Regardless of what is done, we believe that RSA and state agencies must work closely with such agencies to assure that the widest range of rehabilitation choices continue to be available for people who are blind.

XIX: The American Council of the Blind remains convinced that the Randolph Sheppard program constitutes an effective and appropriate career option for people who are blind and urges RSA, state agencies and state rehabilitation councils to seek to expand available locations throughout the country and to encourage blind people to consider this career option.

XX: The American Council of the Blind believes there must be continued exploration of employment incentives for both employers and employees. Agencies should seek to enhance the incentives for employers to hire low-vision and blind people, and benefit programs for blind individuals should continue until it is reasonably certain that the consumer will no longer need those benefits.
Conclusion

The foregoing principles constitute a statement of the collective belief of the American Council of the Blind about rehabilitation. They are intended to guide our affiliates in their interaction with state and private agencies. It is also believed that these principles are at the heart of effective rehabilitation of the blind. As such, we will encourage other organizations and agencies to adopt these principles along with ACB. At their core is our belief that every blind person is valuable and has a right to expect to receive services that are delivered in a respectful and cooperative environment.

We adopt these principles understanding clearly that they create responsibilities for blind people as well. Blind people must recognize that it is up to us to conduct ourselves in a manner that will lead to our full inclusion in society. Each of us must commit to be as independent and self sufficient as we can. The American Council of the Blind believes that a society that fully engages and includes those Americans who are blind will be enriched and strengthened! Let us weave blind people into the tapestry of our nation through our rehabilitation system so that we can truly say that our society welcomes the immense talents and potential that blind people have to offer!

This paper was adopted by the Rehabilitation Task Force during a conference call on December 23, 2006, and is hereby updated by adoption of the Rehabilitation Issues Task Force in April 2011.