

12-10-2018

## SPED 510 Podcasts Episode 13: Jane Elliott

Jane Elliott

Amy T. Parker

*Portland State University*, [atp5@pdx.edu](mailto:atp5@pdx.edu)

Let us know how access to this document benefits you.

Follow this and additional works at: [https://pdxscholar.library.pdx.edu/sped\\_podcast](https://pdxscholar.library.pdx.edu/sped_podcast)

 Part of the [Special Education and Teaching Commons](#)

---

### Recommended Citation

Elliott, Jane and Parker, Amy T., "SPED 510 Podcasts Episode 13: Jane Elliott" (2018). *O&M Podcast: On the Go*. 14.  
[https://pdxscholar.library.pdx.edu/sped\\_podcast/14](https://pdxscholar.library.pdx.edu/sped_podcast/14)

This Book is brought to you for free and open access. It has been accepted for inclusion in O&M Podcast: On the Go by an authorized administrator of PDXScholar. For more information, please contact [pdxscholar@pdx.edu](mailto:pdxscholar@pdx.edu).

[Amy Parker:](#) Hi, good morning Jane, can you hear me?

[Jane Elliott:](#) Yes, I can good morning.

[Amy Parker:](#) Good morning. Well, welcome Jane and welcome everybody to our podcast time with Jane Elliott today, who works at Sight Connection and is gonna be spending a little bit of time with our class talking about her practice, her background, her training and what exactly she does at Sight Connection, so thanks so much for making time for us, Jane.

[Jane Elliott:](#) Totally my pleasure.

[Amy Parker:](#) Wonderful. Well, if you don't mind start us out with telling us a little bit about who you are and how you got in to the field of Orientation and Mobility. I know when you and I were talking, it involves a little bit of a journey and we'd love to hear about that.

[Jane Elliott:](#) OK. Well, I am someone who didn't start out in this field, but in a completely unrelated field of marketing for cosmetics and skin care if you can believe that, which I loved, but found very stressful. And I was living in England at the time because I'm married to an Englishman and just got to the point where it was kind of an early mid-life crisis and saw an ad for what was called over there a "Rehab Officer for Visually Impaired People" and it struck a nerve with me.

[Jane Elliott:](#) And the reason it did is that I was born with a unilateral cataract on my right eye. And because that was way back in the Stone Ages, they couldn't deal with it and the long-term result was that I have no vision out of my right eye, or very limited vision. No useful vision, let's put it that way. And my left eye developed my "stagmis" to the point where my vision wasn't good enough to drive or gave me some kind of, I wouldn't have called myself "visually impaired" but I was certain low vision and had some difficulties. And as a child I was frequently told, "Jane, you can't do this. Jane, you can't do that." All because of my vision and it built up in me an empathy towards people who also had vision loss greater or lesser than my own. And a lot of that is what really pinged with me when I saw that ad in England for a rehab teacher. I was interested and pursued it and found that it would be working with people who had a recent vision loss and I decided to go for it.

[Jane Elliott:](#) So, it's a very personal connection for me, one that I still feel to this day when people say to me that they can't use a cellphone, they can't cross the street ... I'm very quick to respond and want to show them how they can. Just for me personally in my early adulthood, my vision in my one good eye was improved by surgery to the point of where I can now drive. Which has made a big difference in my ability to the job that I now do. The journey to becoming an O&M and RT on both was really built on my own personal experience with being told I couldn't do things. So, I spend a lot of time talking with people about how preconceived notions can be damaging and how there is so much more you can

do than you think you can do, you just have to kind of hear and open yourself to how. That's kind of the start, the genesis of my changing to this career and I'm so glad I did. I absolutely love what I do.

[Amy Parker:](#)

You can tell and it's our good fortune that you happened to see that ad and you happened to not like selling cosmetics.

[Jane Elliott:](#)

Well I gotta tell you, the previous career was a lot more lucrative. That's something really important to know about this career and I'm sure all your students already know this, but you're not gonna be rich from being an O&M or an RT and that is for darn sure. You have to really love it and you have to really ... I know this is a really obvious point too but, you have to love people, working with people. As obvious as that sounds, I have come across a number of people that discover afterwards that, not so much, you know. It is really important to love working with people.

[Amy Parker:](#)

Absolutely. So, when you took the job in England, it's kind of going back to your own timeline ... What happened? What did you begin to learn and how did you seek ways to prepare yourself outside of the own very compelling life experiences that you had, which is sometimes the most powerful experiences that inform your practice, but tell me about what happened in England. That's of interest to many people in our class.

[Jane Elliott:](#)

What happened in England ... Services in England, and again this is a long time ago, I left England in 2001 so services may be very different now. So I don't want anyone to think that this is necessarily still the way it's practiced ... But it's a very different place. People there were registered as visually impaired, either blind or legally blind. And we spent an awful time sitting down with people doing forms, listening and so far. And while I was in England I really discovered that I didn't have enough real training in Orientation and Mobility. That sounds odd, but the way we were trained, there was a huge emphasis on education on vision impairment. And there was a huge emphasis on connecting people with government benefits and that type of thing.

[Jane Elliott:](#)

So I found that I wasn't the practice that I really wanted to do and that sent me back to school. I did learn a lot on the job and I have always found that I've learned quite a lot from other colleagues and from my clients themselves. But, when I did return to the United States in 2001, I began a process of educating myself further and ended up at Western Michigan University to kind of finalize and cement my knowledge in O&M. The job that we do is so diverse and this is something that I think we'll talk about in a few minutes, but I know very few O&M's that do pure O&M. There are some and I don't deny that there are definitely people who only do O&M, but I found that my knowledge base had to be so much broader. I was constantly doing webinars and going to seminars and in addition the work I did at Western Michigan was just critical to make me feel like I was really prepared to do the more hands-on training I do here in the United States.

[Amy Parker:](#) Uh-huh.

[Jane Elliott:](#) I don't know if that answers your question, but I've always found since I started back in 1993, that it's been a constant ... not battle, but a challenge to stay on top of new information. Not only in O&M, but about research in to eye conditions which affect everything that I do in the field. Staying on top of new developments for treatments, staying on top of technology, what's happening in technology. Staying on top of everything that's going on out there that's moving so quickly.

[Amy Parker:](#) Sure.

[Jane Elliott:](#) I would say that maybe a bit of a surprise to me, having made this career change kind of in mid-life, is the ongoing education is really critical. And in addition to loving working with people, you have to definitely love learning, full stop. If you really wanna do a good job.

[Amy Parker:](#) Absolutely, now it's very much a part of our model to think with a hive-mind. To think of the connections that we have in other people and other callings ... to keep growing our skills through professional development, both formally and informally ... through modules, online learning, webinars as you mentioned. Did you, Jane, when you were in the UK, did you attempt any formal training programs there or was it on-the-job training before you went to Western Michigan for course work?

[Jane Elliott:](#) Yes, there was at that time, and again this is one of those things that may have changed, but I think the training has now become university based. At that time they had specialized teaching centers, it was a year-long intensive program which resulted in a British certification to do both what they called "rehab teaching" and "O&M". It then depended on what kind of teaching environment you found yourself in once you were employed. And in my case, I was employed, my education there and my education was provided through the sponsorship of the local government there in southern England. Once I completed my certification I was then working for that government body. And that's part of the reason why I found myself doing more kind of admin stuff than I would have wanted to do, more social work type stuff than actual hands-on teaching. So, I felt like I had a very good knowledge base of vision loss, basic teaching skills, but when I had the odd student who really had some serious mobility needs, that's when I found I felt like I needed more education. And that was provided in greater detail and made me feel a lot more confident once I came back here and went to Western Michigan. So yes, I have had lots of both formal and informal training and they've both been equally important.

[Amy Parker:](#) Mm-hmm (affirmative)- I think that's really important to draw out for everyone, many things that you share about the layered approach to learning that we all benefit from. So, tell me a little bit, after that, after you were trained and after

you began to practice in the United States. What did you do? What was your practice like? Who did you serve?

[Jane Elliott:](#)

So, when I came back to the United States I didn't immediately find a job as I'm sure many of your students may have this experience. It's hard to find the perfect job right away. When I came back initially, I worked as an assistant to a pediatric ophthalmologist which is something I had to do to make ends meet at first, but it turned out to be a wonderful thing. First of all, because it gave me the opportunity for the first time to work with children, which was super interesting.

[Amy Parker:](#)

Mm-hmm (affirmative)

[Jane Elliott:](#)

And secondly it gave me a far greater understanding of what happens in a clinician's office. And since then, of course, I am out in the field all the time meeting people who are unhappy with their eye doctors. The things that go on when people get their diagnosis of macular degeneration or diabetic retinopathy or whatever, I have a greater understanding of what happens at that doctor's office because of having had that experience here at Children's Hospital, so that was really worthwhile.

[Jane Elliott:](#)

After about a year or so, I did land a job that ... what is now Sight Connection and was initially employed to do more on the RT end, the Rehab Teaching end ...

[Amy Parker:](#)

Mm-hmm (affirmative)

[Jane Elliott:](#)

And eventually once ... this is a very convoluted story and I apologize to your listeners, but I did have some trouble getting American certification. They were the ACVRET, at that point did not have a lot of experience getting people from overseas and certifying them here in the United States. So it was a bit of an eight-year battle to get my O&M certification over here and that was another of the reasons why I went to Western Michigan, they required that of me.

[Jane Elliott:](#)

So, my early days at Sight Connection were engaged mostly in doing in-home rehab teaching skills, but I was just itching to get out and do O&M, which is my favorite part of what I do.

[Amy Parker:](#)

Mm-hmm (affirmative)

[Jane Elliott:](#)

As the years passed and once I got my certification, I'm now doing a mixture of both. Actually, as many of us do, I wear many, many hats. I do O&M, I do RT, I do a smattering of low-vision, some AT's mixed in there and of course like everybody out in the field, social work kind of is an umbrella over all of it. My definition of social work which is listening to people, hearing them, how their vision has impacted their lives, and then offering some ideas on how those problems can be solved. And it usually involves O&M, but it often involves other

areas, too. The ones I've mentioned and the ones your students know are going to be mixed in. So does that answer your question, Amy?

[Amy Parker:](#)

It does, Jane, and it also brings up ... some of what you said earlier in your own life experiences, being told that you can't or believing that you can't and that piece of listening, as you said, coaching, helping someone take steps that reinforce their own beliefs in themselves in their daily routines and in deeply meaningful ways. I think our students even now, in the jobs that they currently hold and then their practicum experiences and field life experiences they are, they're right there. That it's not simply just teaching O&M or just learning the O&M process, it's all of the things that you've shared.

[Jane Elliott:](#)

And it has to be, because again sometimes when I talk about this it strikes me that this sounds very, very obvious. But, I'm not sure it would've sounded so obvious to me when I was a student. Now, part of this is that I've been doing this for a long time now, but each person is an individual human being with, although people say the same things when you've been working with macular degeneration for 25 years you get to hear the same things, but each person brings their own particular fears and challenges and that is a big part of the beauty of the job, it's a big part of the challenge of the job ...

[Jane Elliott:](#)

Really hearing these people, even though they're saying the things that you've been hearing over and over again, being able to hear that person and then find a way to help them find the courage to step outside their front door. Sometimes it's as dramatic as that, sometimes it's not. But, very, very often of all the areas that we've talked about, it's O&M that it's the mobility. It's stepping outside, it's crossing the street ... It cannot be understated how scary that is people. And for us as professionals who've been in the field for a while, that is something that we have to remember all the time. That it is very individual, that it is very frightening and that these people have to have a lot of courage to do what we're asking them to do.

[Amy Parker:](#)

[crosstalk 00:16:10] Absolutely, Jane.

[Jane Elliott:](#)

I have this terrible fear that I'm going off on tangents, so just stop me if I'm going on too ...

[Amy Parker:](#)

You know, I think that some of our best podcasts are really where people are just sharing their own lives. So, I would like to get in the car with you, virtually, and I'd like for you to take us with you on a day where you're going to see a client. And tell us about maybe the geography of the places where you're serving and what does your practice look like?

[Jane Elliott:](#)

OK, a typical day for me is not in the office. And this is something I also wanted to share with your listeners, and I don't know if you intended to ask me this later, but people really need to think about whether they want to be center-based or itinerant. Again, obvious thing, but so different. Four out of five my

days are in the field and that's the way I love it, the big part of why I love my job. I do not like sitting at a desk, I like being out in the field.

[Jane Elliott:](#)

I plan my days, I cover three really big counties: King County, Pierce County, and KITSAPP County, a new county for Sight Connection. So, it's a large territory. There are people out there who have bigger territories than this, so I take my hat off to them. But, I will try and arrange my days of course so that I've got three to four people in one general geographic area. I try not to zig and zag all over the place because the last thing my clients my need is a cranky Jane that's ticked off because I've been sitting in traffic or zigging and zagging all over the place. I will have about four people. The first one I will know what I'm doing, I will have planned it. I'll have everything I need in the car. And if it's a first visit I spend a fair amount of time just letting them talk to me. I'll ask them basic questions and I also need to say here that typically I'm not the first person from Sight Connection to see them. Typically we send in a social worker before me, so that the person has a chance to kind of debrief and let us know what their main priorities are, what their main concerns are and I'll know that going in most of the time. Not all of the time, but most of the time.

[Amy Parker:](#)

That's really good to know. Teamwork and the differentiation of roles.

[Jane Elliott:](#)

Yeah, and the differentiation of roles is ... it's a blurred line for us often because again we are all wearing a lot of different hats and we all try to address the person's need and sit their request rather than making them sit in to our particular roles.

[Amy Parker:](#)

Mm-hmm (affirmative)

[Jane Elliott:](#)

I'll go in usually knowing what their top priority is going to be, but I'll check in with them again just to make sure the social worker I work with hears the same things that I hear. And if O&M is their main concern, I'll kind of go in gently with it. Social worker will have introduced the idea, but I'll reintroduce it again and just talk to them about what scares them, what worries them, what they're really motivated to do and just have a real chat about it first. Again, this is absolutely essential every time. I never walk in and hand somebody a white cane right away. I don't think I've ever done that. And then if they're going straight to O&M we'll start to talk about that, what O&M is and I'll make sure they understand what I require of them.

[Jane Elliott:](#)

This kind of goes to how Sight Connection is funded and how much time I'm limited and how much time I can spend with them. I also, in addition to listening to them, I also need to have them understand the parameters of my work with them. So if I only have four hours that I can spend with them, if I can I want them to understand that from the start. So we can agree on how much time we can spend, so we can agree on goals, and so we can agree on what their part is in this, that they also have to work with me. I don't want to make a second visit and find that they haven't done anything in the interim, that doesn't work very

well. We'll have that chat, we'll start to work and it's difficult to tell you, Amy, exactly how it goes because it goes differently with every single person.

[Amy Parker:](#) Sure.

[Jane Elliott:](#) I can tell you for one thing, I definitely want to spend time listening to them and explaining to them and developing some kind of a plan with them and then agreeing on that plan. And then at that first visit, very often we're staying inside. If it's relevant, it isn't always, as you guys all know, it isn't about a white cane. O&M is much, much bigger than a white cane. We may start talking about orientation, we may [crosstalk 00:21:33]

[Amy Parker:](#) Sure, sure.

[Jane Elliott:](#) Depending on who they are, it's just so varied. After we've gone through all this discussion, if they are going to use a cane I'll start with very, very basics: why is the cane so long? How do you fold and unfold it? It's very basic things. And like I say, it's very common for me not to even venture outside on my first visit. Very likely, if they're a cane user, that will be on their second visit.

[Jane Elliott:](#) My second visit in a day may have nothing at all to do with O&M. Again, I'm an RT, I'm a social worker, I'm a low-vision person. I'm mainly an RT and an O&M. But, I will go to that second visit having some idea of what they want, but I will adjust to what's the priority that day. So in one day, Amy, of my four visits there may be two that involve cane training, cane introduction, crosswalk work, whatever. There may be one that is heavily in to AT, I do a lot of iPhone work, Android work, teaching people how to access their smartphones, that's really on the increase in my [crosstalk 00:22:51].

[Amy Parker:](#) Sure, sure, absolutely.

[Jane Elliott:](#) I may have one session that's really geared around independent diabetic management, a big chunk. That's actually becoming a little bit less now, but certainly when I started here in the early 2000's that was a huge chunk of my job. And there's lots of factors at play, external reasons why my job changes. One of those factors is that kidney centers and OT's are becoming more familiar with independent diabetic management for visually impaired clients and that's reduced that part of my job. So there's a lot of things at play, but my four visit day involves a lot of driving, a lot of listening, a lot of teaching introductory stuff and then once there are people more advanced I'm outside a lot more.

[Jane Elliott:](#) It's very, very varied. It's really difficult to say, other than the number of visits, the areas that I cover, the general things that I do ... one of the things I love most about my job is that there really isn't a typical day. Other than the fact that I drive and I listen and I teach.

[Amy Parker:](#) Yeah, I think that [inaudible 00:24:14] that really, really works for you.

[Jane Elliott:](#) It really does.

[Amy Parker:](#) Yeah. As for many people that are drawn to O&M, I think that level of variation and individualization is also appealing. And it also changes with the environment, with the community where the person is living, as well as what they want to do. Could you talk a little [inaudible 00:24:38] about the communities that you serve and a little bit more about the age range of folks [crosstalk 00:24:45].

[Jane Elliott:](#) Amy, you cut out a little bit in the middle of that question [crosstalk 00:24:49] again?

[Amy Parker:](#) Sure. Just talking about the age of the clients that you serve and the variation in the communities where people are living.

[Jane Elliott:](#) Sure. Like I said I cover three major counties in Washington state: King, Pierce, Pierce contains Tacoma. King of course contains Seattle and then Kitsap county contains Bremerton, another large town. We work with people 24 and up. The main thing with Sight Connection and one of the things that really impacts the O&M portion of what I do is the fact that we do not work with people who are working or have a vocational goal. So, here in Washington state, that work is done by the Washington state Department of Services for the Blind, or DSP. DSP O&M's work only with folks who are either at work or have a vocational goal, which makes their clients skew younger than ours do. And the younger clients on my case load do tend to have complicated situations of other health issues and such. But that's part of our demographic. Also, we've recently done a survey of income and about 35% of my clients are low to very low income, which also impacts in many ways what I do.

[Jane Elliott:](#) Racially our clients are very diverse in King and Pierce county and that's about it. We have a very, very mixed case load for sure, but does skew to slightly older. And as you can imagine that impacts my O&M work. Fewer long cane users, but again that is for some reason on the increase whether that's due to the employment situation, I don't know. Generally I would say the bulk of my clients are 45 and up.

[Amy Parker:](#) OK, alright. You mentioned something about the diversity of clients, you mentioned poverty as a factor, you mentioned just the diversity in cultures and perhaps racially ... Can you talk a little bit about equity in that sense and having access to Sight Connection? Having access to you, being a source of equity in terms of accessing the community?

[Jane Elliott:](#) Well, in order for the community all factions in all areas of the community to access us, they have to know about us. And that is an ongoing challenge for a small non-profit like us. Obviously, DSB, the Department of Services for the Blind, gets the bulk of the calls and they then get forwarded over to us. One of the things that's important for a non-profit like us is to get out there and do a

lot of community outreach. And it's the community outreach which eventually helps people access our services. An example of that is in King county, we've done a fair amount of outreach to the Downtown Emergency Service Center which is the hub for our homeless community here in Seattle. And really due to that outreach I've had an upswing in homeless clients. And they're challenging because of simple things like just contact. Folks without a phone, without an address, how to manage those clients, how to actually meet up with them. Where do we meet up? What kind of environments are safe and comfortable, not only for them but for me as well. So that's been kind of interesting in an area where I felt I didn't have sufficient training.

[Jane Elliott:](#)

Mentally ill folks, working with people who have unusual and mental health conditions that I don't know much about, that's been very challenging. Equity of services is important to Sight Connection and is something that we try to make sure we are doing to the extent that we can. You'll hear a little bit of reticence in my voice just because I never feel like we do enough of a job, an outreach. But it is complicated by our funding situation, our staffing shortages, it's difficult to be out there doing all of this at the same time we're also doing our job of teaching.

[Amy Parker:](#)

Of course, of course.

[Jane Elliott:](#)

Again, again it's another hat that we have to wear and I don't want to paint a bleak picture to anybody that's listening to this. Working for a non-profit is a wonderful thing and it has a lot of advantages again to Jane Elliott's mind over working for a state organization that has rigidity to it that doesn't appeal to me. There are challenges and doing that outreach is an important part of ensuring equity to people, but it is an ongoing challenge for sure. I think reaching the visually impaired community is challenging in many ways. You can't reach through newspapers, not that newspapers are that effective anymore anyways, but through print media or print outreach which is the way a lot that a lot of folks market their services.

[Amy Parker:](#)

Sure.

[Jane Elliott:](#)

Isn't very effective for obvious reasons to the visually impaired community. We do make efforts, Amy, but it is an ongoing thing.

[Amy Parker:](#)

Of course, I have such ... You aren't painting a bleak picture, I think you're putting together a pretty complex mosaic where services meet the needs where people are and that's very varied. Our communities are so varied. The homelessness situation is particularly compelling in the Pacific Northwest, both for the Seattle communities and for the Portland, Oregon communities. I don't know, Jane, without disclosing anything is there any particular situation that you could share about some services that you've provided?

[Jane Elliott:](#)

Oh God ... One pops in to my mind right away. This is a homeless woman. She was homeless when I met her through the DESC. She got housing and through

this process I was trying ... She was totally blind, she is totally blind and also has an undiagnosed hearing loss which [crosstalk 00:31:52] treatable. She's not totally deaf, but hearing loss to the point that it very much affects her mobility, her safe mobility. While working with her, I very quickly realized that she didn't feel comfortable ... this is just gonna sound so odd, but she did not feel comfortable walking on the sidewalk. I could not ... I'm looking for the right word here. I could not encourage or in any way make it seem reasonable to her to walk on the sidewalk. She insisted on walking in the street. I know this is horrifying to everybody listening, but this is the real world. Things do not always go like they do in school. You can't always do A and then B and then C.

[Jane Elliott:](#)

And this woman, she was really lovely, she was complicated, she swore all the time, she used to ... oh my goodness, she had hygiene issues that were just kind of horrendous. But she did not wanna walk on the sidewalk. While she was housed in south Seattle she wanted to continue going back downtown to the Emergency Service Center where all her buddies were. She wanted to take the bus, she had to walk to the bus stop. There wasn't always someone to walk with her. She would walk, if anybody listening knows Rainier Avenue South, it is a major thoroughfare in Seattle, major. And so busy, and so dangerous, and she would insist when not with me, on walking in the street. She would use her cane and just bash it, you know shoreline against the curb [crosstalk 00:33:37].

[Jane Elliott:](#)

Oh my God, it was so terrifying. I even saw someone writing in to the Seattle Times about her after, you know, "Why isn't anybody doing something?" And I'm like, "I tried so hard". In the end, what we did was we decided ... I could not, I can not make anyone do anything. None of us O&M's, none of us teachers can make people do anything. We influence, we try to cajole and encourage. In this situation we decided the best thing we could do would be to light her up like a Christmas tree and make her as visible as possible. Try and keep her safe.

[Amy Parker:](#)

Right.

[Jane Elliott:](#)

An obvious thing and again, non-profit, no money. Our CEO donated money to buy her reflective clothing. We didn't have the funds for that, but we got her a reflective jacket, reflective pants, a reflective hat. And in addition to her frequently lost cane, which we frequently replaced which were also reflective, we hoped she would stay safe. And that is a standout example of something ... that was the best we could do. And as far as I know she's still safe. There's an example of a homeless woman, we did the best we could. We taught her the best we could not just me, but colleagues helped as well. And that's where we ended up with her.

[Amy Parker:](#)

Wow.

[Jane Elliott:](#)

Not sure that's a great example, but that's the reality of working in this field. It does not always end up with someone with perfect technique.

[Amy Parker:](#) Sure.

[Jane Elliott:](#) [crosstalk 00:35:20] Who I feel is completely safe and is going to be A-OK. But, [crosstalk 00:35:25]

[Amy Parker:](#) Well, and looking at the person, the very unique person that you described in a very unique environment and travel goals that were meaningful to her and motivating to her. That's powerful, I really appreciate you sharing that. You know, I do know that I could probably talk to you all day. You have a fascinating practice, Jane, and I really appreciate you opening it up to us. You mentioned a couple of times about funding constraints. Where does your funding come from? It comes from different places but ...

[Jane Elliott:](#) Yeah, so that's a great question. For us at Sight Connection, only about 17%, one seven, percent of our budget comes from government sources. In Washington state, our funding is mainly federal with a tiny state match, is my understanding. So that leaves more than 80% that must be raised through fundraising: donations, events, that type of thing. I don't personally believe that non-profit like ours can survive without government funding and it's getting tougher and tougher. And we really just suffered another 20% cut to our government funding, which is just awful. With the addition an additional county and a cut it's very, very challenging. This is the reality of not just Sight Connection but I think pretty much every non-profit. As I said, it has it's real, true, strong benefits working in this environment but funding is always going to be an issue. Right now our government funding is dwindling. We hope to find ways to boost it back up through other means, but right now it's at 20% government, 80% fundraising.

[Amy Parker:](#) You know, I think some of what our jobs are or end up being is being, truthful and compelling storytellers about the practices because many people are not aware of the impact of vision loss or they begin to use that narrative of "You can't do this. You can't do that. You can't do this" when there are ways to do it. Which promote overall health, overall functioning and confidence and feelings of well-being. You know, if we help them draw the connections between really human-matched services to that person and really I think your services are quite economical for what you're providing in terms of ... you know if people think of simple return on investment mentality. And I think that's what non-profits have to do, is tell really compelling stories about what difference is made through existing and provision of services.

[Jane Elliott:](#) Absolutely and we are being asked all the time to provide these stories, it is critical. So, yes, absolutely. And compelling stories we've got a lot.

[Amy Parker:](#) You do, you do. Do you wanna share another one while we have a minute together?

[Jane Elliott:](#) Actually, if I have limited time there's a really important message that I'd like to give if your students are listening to this, is that OK? Just kind of go off to a different direction here?

[Amy Parker:](#) Of course, of course.

[Jane Elliott:](#) Something I was saying to you earlier, Amy, is I really feel strongly looking back at my own internship that I did not do enough of really getting out there to look at the variety of work environments that O&M's work in. Now, maybe your students are a lot smarter and more curious than I was and I hope that's the case. But, just on the off-chance, I really want to advise people to make a big effort to go out and see all of the different environments where we work. And I understand that programs are split between adults and children, but even on the adult side you could spend some time in a center-based environment like the Oregon Commission or like DSP's. Where, taking DSP for an example, the O&M's that work in their center do only O&M. That is a great opportunity when you're an intern, because that's the place where you're going to see the full O&M curriculum put in to practice. At Sight Connection or a non-profit like ours, you're less likely to see that full curriculum in to practice. And I really think that's important. Make sure that you check that out.

[Jane Elliott:](#) Make sure that you also have an opportunity to do some shadowing at a non-profit with someone like me who does a variety of different things including O&M. Check out the VA as well. Everything that I know about the VA tells me that's a very unique and different environment. And one where perhaps, I don't know if the VA would like me saying this, but they have fewer financial constraints. Which can make a real interesting difference on how you provide services.

[Jane Elliott:](#) And there are other organizations like the Seattle Lighthouse that has a very different client-base, where a lot of their clients are deaf-blind, not just visually impaired. So, this may be a very important part of your program already, Amy, and I don't know but really encourage people to find out all the different ways you can practice O&M because they're very varied. And if you're like me and you're not a person who likes being in one place all the time, you definitely want to check out an itinerant O&M position. Man, it is super fun. I really can't, I can't say enough how much fun it is.

[Amy Parker:](#) Well, Jane, I'm smiling because that is one of the reasons I wanted to interview you and do a podcast with you, is we do really embrace that diversity of experience and do encourage people in their practicum. Not just to view it as gathering a certain number of hours, but to really look at different places where people practice and work and serve. Because that's a part of that education. So, yes you're singing my song and we are a brand new program in the field and have a wide geographic area that we serve which includes and Alaska and Hawaii, Montana, Idaho, Washington state, and Oregon. And we do have people from other places as well, but part of the reason we exist is because the federal

government believed that we made a compelling argument that we needed a program.

[Jane Elliott:](#) [crosstalk 00:42:43]

[Amy Parker:](#) Anyhow, yeah. OK [crosstalk 00:42:46] talking with you, Jane, and thank you so much for your time.

[Jane Elliott:](#) It's my pleasure and I hope to see some of your students up here interning at Sight Connection. [crosstalk 00:42:57]

[Amy Parker:](#) Take care, thank you Jane.

[Jane Elliott:](#) You too, bye bye. Thanks for the opportunity.

[Amy Parker:](#) Bye bye.