Mobility and independence: School Age

About this guide

In this guide we focus on the development of specialist skills for vision impaired children and young people in relation to mobility, orientation and independence.

Independence is about being able to make and exercise choices in our lives. It is a relative term which means different things to different people at different times. Although we expect most children to grow up into independent adults, all of us continue to depend on our families and friends throughout our lives. According to the extent of their vision impairment and other needs, many blind and partially sighted children may develop the skills to manage their adult lives at an equivalent level of independence to their sighted peers. For those whose needs mean they will never achieve this level of independence, it is nevertheless important to help them to develop skills that minimise their dependence on others.

This guide is part of our Barriers to Learning series. At the end you will find the full series listed, and details of where to find them.

Contents
1. The basics of mobility
2. Early foundation mobility and independence
3. Advanced mobility and orientation training
4. Independent living skills
5. Access to leisure activities
6. Further guides

1. The basics of mobility
Mobility is a key issue for all people with vision impairment. The amount of independence that a person can achieve is closely related to how independently mobile they are. It is possible to learn skills that will increase mobility within a person's immediate surroundings and for wider travel.
Independent movement and travel within the environment require two abilities, both interdependent and equally important:

1. Orientation is an awareness of space and an understanding of the situation of the body within it - the process of using all the body's senses to establish one's position and relationship to all other significant objects in the environment.

2. Mobility is simply the ability to move about safely within the environment.

Orientation is about creating a mental map of where one is in relation to surroundings and mobility is about physically moving from one place to another. Stone (1997) underlines the direct connection between movement and learning:

"It is through moving within our environment that understanding of the world is developed... If children are able to move independently their world expands and they are exposed to a far wider range of real experiences. This will feed into their development and learning, including their language, literacy and understanding of concepts".

Of equal importance are the social opportunities that independent movement facilitates. Running freely around the playground, climbing with confidence on play equipment, meeting friends to go shopping or to a club - all are dependent to a significant extent on mobility and orientation skills.

The majority of children with impaired vision experience some problems in mobility and orientation, but the challenges are different depending on whether the child is blind or partially sighted. Even a very low level of visual acuity can provide useful information about landmarks and give advance warning of obstacles.

Many children with vision impairment will not be able to learn daily skills from watching other people. Initially they may need support in navigating an unfamiliar environment safely. They may need to
learn to use adapted equipment for some daily tasks, for instance talking kitchen scales for cooking. However, they will only develop the necessary skills and confidence in these areas through experience. From the start, a child with VI should be encouraged to exercise choice and self-direction. It is important that adults and fellow pupils around them have appropriate expectations so that they are given every opportunity to learn by doing.

The teaching of specific mobility and orientation skills involves specialist knowledge and understanding and should only be undertaken by a qualified habilitation officer (HO) trained to work with children or a rehabilitation officer (RO) who works with adults and children. The role of non-specialists is to reinforce these skills by providing opportunities for children to practise and refine them in their everyday lives.

2. Early and foundation mobility and independence

The visual environment is an important stimulus in motivating children to explore and investigate. Children with little or no sight may be immature in developing an awareness of their body and its relationship to the environment. They may therefore be slow to crawl, walk, or to find their way around independently, compared with sighted infants. Another factor is that parents or caregivers may discourage them from active adventurous play, involving running, throwing or climbing, steering them instead towards more passive, sedentary activities which they feel to be safer.

The role of professionals in supporting early years children is therefore a critical one, facilitating opportunities for the child to explore their environment with confidence, in the knowledge that they are supported and safe. Early interventions to develop mobility and orientation skills are an integral part of the early years curriculum and essentially depend on providing opportunities for multisensory exploration through play and developing the child's awareness of and familiarisation with the nursery or classroom environment.
More specifically, input may be required in the development of body and spatial awareness in order to lay the foundation for more formal orientation and mobility training. This can be delivered incidentally as opportunities arise, through cross-curricular activities and, if required, through specific teaching programmes.

Room and route familiarisation are critical to the child's independence and are skills that can be practised on a daily basis. In secondary schools classrooms tend to change for each subject and primary schools increasingly 'set' children into ability groups resulting in more frequent room changes. It is important to liaise with the mobility instructor or qualified teacher of children with vision impairment as appropriate.

This is an example of a mobility assessment which could be used to identify a young person's current skills and what skills need to be developed.

<table>
<thead>
<tr>
<th>Mobility skill</th>
<th>Current level</th>
<th>Suggestions for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking (assisted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking (unassisted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking on various surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding obstacles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locating and retrieving objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigating in familiar locations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. Advanced mobility and orientation training

Young people preparing to transfer to secondary education need to be starting to travel independently and the HO/RO needs to be involved to develop a training programme that addresses travelling to and from school, as well as getting around areas local to both school and home.

The sorts of difficulties that young people with vision impairments may encounter in developing independent mobility include the following:

**Negotiating:**
- steps and curbs
street crossings
changes in terrain
crowds
objects and obstacles.

Adjusting to:
lighting changes
glare
different weather conditions
night blindness.

Perception and interpretation of:
street names
bus numbers
signposts
sounds - cars, buses, machinery, people etc
smells - plants and vegetation; types of shops etc.

Use of the long cane
The long cane is the most commonly recognised mobility aid and has become, along with the guide dog, a universal symbol of blindness. However, both the cane and dog are merely aids. Being mobile is of little value if the individual cannot orientate him or herself within the environment - they must know where they are and how to find their way around. Some young people, although not needing long cane training, may still need to carry a symbol cane to alert others in the community, particularly car drivers, to the fact that they have reduced vision.

Sighted guide
There are times when it is both necessary and desirable for a child or adult with a vision impairment to be safely guided along a route. Young children quite naturally hold the hand of a parent or caregiver, and often it is fine for the adult and child simply to chat as they walk along together. However at other times it may be an opportunity for the adult to develop the child's awareness of how s/he is moving through space and draw the child's attention to important environmental clues. This informal type of guiding plays an important part in encouraging children to be alert to their surroundings.
For children with little or no sight it is important to introduce the more formal technique of sighted guide at as early an age as possible, so that the habit becomes ingrained. A skilled sighted guide can convey a great deal of information, non-verbally, to a person with a vision impairment, who holds the arm of the guide usually just above the elbow (or, in the case of young children, the wrist) and walks at approximately half to one pace behind the guide. One important advantage of this technique is that the person being guided has some control over their movement - they are not being pulled along and they can choose to stop or let go if they feel unsafe. A sighted guide should never replace independent forms of mobility completely (except perhaps for some children with significant additional disabilities) but it can be a very sociable way of travelling around and may be particularly helpful when sighted and non-sighted young people are together in an unfamiliar place.

4. Independent living skills
The ability to perform the routine activities of daily living is critical for one's self image and self-esteem, as well as being a fundamental part of independent living. Every day we perform countless tasks that are essential to self-care and personal management. For many children and young people with a vision impairment, visual observation and incidental learning are not possible and they may need to be taught these skills explicitly. If adults over-support and over-protect a child at an early age then a cycle of learned helplessness is initiated which will make the successful development of living skills at a later stage impossible.

More information on developing and encouraging independent living skills such as toilet skills, dressing, eating and more can be found in the Mobility and Independence: Early Years guide, which is available to download at: www.rnib.org.uk/guidanceon.teaching
5. Access to leisure activities

If inclusive education is to be meaningful, children with vision impairments need to feel as involved in extra curricular activities inside and outside school as their sighted peers. Equalities legislation is important in addressing barriers to access but the main challenge is in the attitudes of sighted people. One of the main barriers to participation may be around genuine concerns in relation to health and safety issues. This can be met through visual awareness training and a process of risk assessments.

Listed in the table below are possible strategies that could be implemented in order to facilitate the inclusion of children and young people with vision impairments in mainstream clubs and activities and leisure pursuits:

- identifying children's entitlement to access to clubs and leisure activities in the assessment and planning process
- raising the issue at annual reviews
- visual awareness training in local clubs/centres, breaking down barriers to participation, with particular reference to health and safety issues.
- using the Equality Act duties to ensure transport arrangements are put in place
- inviting a local artist/sports professional into the school to provide a 'taster' session, which can break down apprehension/fears of staff in relation to vision impairment issues and inform/inspire the child to want to take up the activity
- organising buddy support e.g. friend/older peer
- contacting local voluntary organisations, e.g. RNIB, NCH, Children's Society, Kidsactive, to see what inclusive schemes they are running and to see if they have a buddy scheme in operation

Taking part in clubs and activities alongside sighted children and young people is an essential part of social inclusion. However, it is also important to provide opportunities for blind and partially sighted children to meet each other. Vision impairment is such a low incidence disability that many children who attend mainstream education have limited opportunities to meet up with young people
who have a similar disability and to share significant life experiences with them. Coming together on a regular basis with other individuals with the same disability can fulfill a number of objectives:

- supported access to a range of exciting and challenging activities within arts and sports
- incidental sharing of life experiences
- helping pupils to adjust to the fact of their disability
- emotional and social support for each other
- making friends
- incidental opportunities for support between parents
- opportunities for personal development and support for additional life skills
- raising self-esteem.

Many local authority VI services, parent groups and voluntary organisations organise events such as family days, residential trips, playschemes and after school clubs to bring groups of children and young people with visual impairments together.

For more information about events happening in your area visit the Action for Blind People activity calendar which provides details of activities and events run by a range of organisations for children and young people with vision impairment and their families.

Visit: [http://www.actionforblindpeople.org.uk/children](http://www.actionforblindpeople.org.uk/children) and select Activity Calendar.

### 6. Further guides

The full **Removing barriers to learning** series of guides includes:

- Access to education
- Overview of exam access arrangements
- Social inclusion
- Mobility and independence - school age
In addition, you may also be interested in the following series' of guides, all of which are relevant to children, young people and families:

- Supporting Early Years Education series
- Removing barriers to learning series
- Complex needs series
- Further and Higher education series

We also produce a Teaching National Curriculum Subjects guide and a number of stand-alone guides, on a range of topics. Please contact us to find out what we have available.

All these guides can be found in electronic form at [rnib.org.uk/educationprofessionals](http://rnib.org.uk/educationprofessionals). For print, braille, large print or audio, please contact the RNIB Children, Young people and Families (CYPF) Team at cypf@rnib.org.uk.

**For further information about RNIB**

Royal National Institute of Blind People (RNIB), and its associate charity Action for Blind People, provide a range of services to support children with visual impairment, their families and the professionals who work with them. RNIB Helpline can refer you to specialists for further advice and guidance relating to your situation. RNIB Helpline can also help you by providing information and advice on a range of topics, such as eye health, the latest products, leisure opportunities, benefits advice and emotional support.

Call the Helpline team on 0303 123 9999 or email helpline@rnib.org.uk.

If you would like regular information to help your work with children who have vision impairment, why not subscribe to "Insight", RNIB's magazine for all who live or work with children and young people with VI.

**Information Disclaimer**
Effective Practice Guides provide general information and ideas for consideration when working with children who have a visual impairment (and complex needs). All information provided is from the personal perspective of the author of each guide and as such, RNIB will not accept liability for any loss or damage or inconvenience arising as a consequence of the use of or the inability to use any information within this guide. Readers who use this guide and rely on any information do so at their own risk. All activities should be done with the full knowledge of the medical condition of the child and with guidance from the QTVI and other professionals involved with the child. RNIB does not represent or warrant that the information accessible via the website, including Effective Practice Guidance is accurate, complete or up to date.

Guide updated: September 2014