MOBILITY TRAINING FOR
THE BLIND
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Assignment Report
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Preface

At the request of the Government of Iceland, the Director-General of Unesco arranged, under the Organization's Participation Programme for 1981-1983, for a consultant mission to be carried out in Iceland between 18 April and 30 May 1982, with the following terms of reference:

1. To take a group of blind people through the initial steps of mobility training.
2. To give initial training to prospective Icelandic mobility instructors.
3. To help review the educational status and facilities of the blind in Iceland and give advice on lines of action.

The consultant wishes to record his appreciation for the hospitality and kindness shown to him by the Chairman and Board of the Icelandic Association for the Blind, and in particular to the two interpreters for their valuable assistance.
Introduction

1. My purpose was to review the mobility of the blind in Iceland, and to advise the Icelandic Association of the Blind on the training methods required in order to provide a service to blind persons to enable them to become independently mobile. During my stay in Reykjavik I was accommodated at the Centre of the Icelandic Association of the Blind, where I was in a position to observe and advise approximately 20-30 blind and partially-sighted persons on the question of mobility problems.

Assessment of needs

2. During the first two days of my mission I interviewed and assessed the needs of all the persons who had requested some form of mobility training. The first consideration is to restore a person's confidence. It is lack of confidence that is so often the trouble, so that mobility in the early days simply means encouragement to 'have a go'. Once you are able to motivate a person to come to terms with himself, to realize that he can still be useful and can take his part in the family and in society, he is then going to realize that it is up to him to 'have a go'. Success breeds success. When people talk of mobility they normally talk of the white cane, but there is very much more to it than that of course. General adjustment is what is needed but the white cane is a very vital part of mobility training.

Public awareness campaign

3. During the course of interviews with the blind and partially-sighted persons it became abundantly clear that there was a general reluctance to use or even carry a white cane because of the negative attitude to the cane by the sighted members of the public in Iceland. The white cane was completely disregarded by the public in Reykjavik and, as a consequence, the blind persons felt that they were being considered something of a freak if they ventured out of doors carrying a white cane. The general public appeared to take the view that blind persons should not be allowed to travel alone out of doors and this attitude was particularly apparent so far as relates to the drivers of motor vehicles. Because of this attitude,
therefore, it was immediately apparent that my first concern was to mount a massive publicity campaign, directed at the sighted population of Reykjavik, in order to draw the attention of all persons, car drivers and pedestrians, to the need for their consideration and understanding towards blind and partially-sighted persons who would, in future, be travelling out of doors and crossing roads using a white cane.

4. I made representation to the Icelandic Association of the Blind, and arrangements were made for a press conference, at which I outlined the general principles of mobility training for the blind. As a consequence, an article appeared in the national Press directed mainly towards drivers of motor vehicles and pedestrians. Furthermore, I appeared on Icelandic television and also broadcast an appeal on radio. A documentary film has been made which will be televised later this year emphasizing the need for all concerned to recognize the white cane, and to offer assistance and consideration to blind and partially-sighted persons as and when required.

Training of the blind

5. During the course of mobility training for blind and partially-sighted persons the exercises had to be condensed in order to cover the essential skills within the short period of six weeks. Throughout the whole period I trained 15 persons in basic mobility skills, and also in the use of the long cane and guide cane. Because of the variation of the needs of each individual it was necessary to limit the exercises in order to give maximum tuition to all concerned. There is no hard and fast ruling as to the length of training for each individual, and the training has to be tailored to meet the requirements of the person concerned. All the persons who received training, however, received tuition in the basic mobility skills indoors, such as the correct method to 'follow' a sighted guide with variations in travelling along narrow passageways, walking up or down stairs and opening and closing doors. Further indoor exercises were conducted in teaching the use of the long cane in order to perfect the grip, arm position and wrist pivot before receiving training out of doors.

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6. The training out of doors took place, in the first instance, in a comparatively quiet residential area involving improving the use of the long cane and crossing minor roads. Subsequent training included crossing the road at 'bleeper' controlled traffic light pedestrian crossings and also uncontrolled pedestrian crossings. In order to improve and develop memory and concentration, exercises were conducted whereby the blind person received detailed verbal information to follow a route to a particular destination which entailed road crossings, including traffic light controlled junctions, and also making use of his hearing in taking heed of traffic sounds, etc. Lessons were also conducted in getting into and out of motor vehicles, and also in visiting shops and stores.

7. Not all the partially-sighted persons required training in the use of the long cane, and therefore some persons received mobility training in the use of the guide cane. This cane is used in a modified version of the long cane and is designed as a mobility aid for partially-sighted persons who experience some mobility problems in different light conditions - i.e. they may have useful guiding vision by day but experience difficulty at night, or they may have useful vision in cloudy or overcast conditions, but are severely handicapped by strong sunlight.

8. During the course of my stay in Iceland I attended an annual conference for blind persons at which I addressed the delegates on the general principles of mobility training, and also explained and demonstrated the use of the various types of mobility aids. This talk had added value inasmuch that many of the blind and partially-sighted delegates were accompanied by their friends and families, and the demonstration of the various white canes emphasized the needs of blind persons and furthered the necessity of educating the sighted public. Following the conference I distributed several white canes to the delegates.

Training of mobility instructors

9. Throughout the whole of my time training blind persons I was accompanied by an interpreter, without whose help I would have experienced considerable difficulty in communication. I am indebted to the two women who acted as interpreters for their valuable assistance. The two women are both potential mobility instructors and, therefore, they had the benefit of
learning the mobility skills during the teaching of the blind persons. Furthermore, they both received formal mobility training, under blindfold, both indoors and out of doors. One of the women had already received mobility training in Norway and, therefore, my tuition was in the form of a refresher course.

Recommendations

10. I should like to draw the attention of the responsible organization and the authorities concerned to two main actions that would have immediate impact and benefit:

   (i) I would strongly recommend that at least one person be employed on a full-time basis.

   (ii) I would also suggest that continued publicity be directed to the general public in Iceland in order that more assistance and consideration be given to the blind.

Conclusion

11. The loss of mobility is perhaps the greatest of all the losses due to blindness. It intensifies what might be considered the other greatest loss, that of social adequacy, both in its reality and in its emotional aspects. Restoring mobility to the extent needed for normal life and work is necessarily one of the major objectives of a mobility training programme and modern developments have, at last, made it possible to achieve this object. With few exceptions, human movement is guided by vision. With the loss of sight mobility becomes a monumental challenge. Even amongst the best equipped and most highly trained blind persons, getting from one place to another requires the utmost of attention, skill and courage. Mobility, therefore, if the 'Key to Living'. The ability to move about, and an awareness of the immediate surrounding are essential factors in making a life and making a living. Freedom of movement in many cases does more for self-respect than the job itself. The long cane in the hand of a properly trained person is the modern tool for independent travel.