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The Social Inclusion Facilitator

Jo Adcock is employed by Telford and Wrekin Council, part of her role is to facilitate the social inclusion of children and young people with visual impairment and/or complex needs by supporting their personal, social and emotional wellbeing and development by offering mentoring sessions.

I am a Qualified Teacher of the Visually Impaired and made a referral to Jo for one of my caseload. Liam was 6 when I first referred him to Jo. I had concerns that he did not seem to interact well with his peers in class and on the playground. His mum shared the concerns and told me that he would often ignore friends that spoke to him rather than choose to socialize with them at the park. Also Liam did not like wearing his glasses and often lost them at home or fiddled with them in class causing them to break.

On first meeting Liam, Jo found him chatty and confident to talk to her. She soon realised that she could educate him on how to

look after his glasses and work on friendships if she worked with him and some peers in class who also wore glasses.

The group of four started a project about making sure their glasses were worn at all times and how to best look after them. They also designed a reward chart that school and parents could use to praise their efforts. This led on to other activities on how to be a good friend, taking turns and sharing all of which had a positive effect on Liam and upon his friendships in school.

Liam has fond memories of working with Jo and recently told me that she taught him how to play 'noughts and crosses' and 'snakes and ladders' going into great detail emphasizing how they needed to take turns. He told me that he now has lots of friends and plays families with them. He says he now knows how to help friends and to play nicely.

After a couple of months Liam's mum commented to me about how Liam was beginning to take notice of Jo and how he was much happier he has become about wearing his glasses. In a recent conversation, she told me that she

was very grateful for the work that Jo had done with Liam because he is overall much happier to go to school and often talks about the games he plays at with friends.

During my last couple of visits to school, I witnessed Liam wearing his glasses. He was very keen to show me his clean glasses and proudly told me how he wore them all the time and did not fiddle with them or chew them anymore. I also observed Liam interacting well with peers in class and on the playground.

Over the past few months, Liam has become much more confident with friends and is aware of how positive interactions can enhance his friendships. He is no longer self-conscious about wearing his glasses understanding the benefits of wearing them and that he is not the only child in school who needs glasses.

Liam's mum would like to extend her thanks to the whole of the SIS team, for the support offered to ensure that Liam is able to access the curriculum and is fully involved in all school activities.

Gill Dorricott Qualified Teacher of the Visually Impaired

A Parent's Perspective on Visual Impairment

Lacey was my first child and therefore I assumed it to be "normal" that she never opened her eyes when she was born. I constantly mentioned it to the midwives and health visitors that I felt something was wrong.

Due to my persistence, Lacey was referred to Birmingham Children's Hospital when she was 9 weeks old where she and I met our hero, Mr Parulekar, (Specialist Ophthalmologist). After examining Lacey, he knew immediately what was wrong. He explained that Lacey had Blepharophimosis Ptosis Epicanthus Inversus Syndrome which was very severe and he wanted to operate as soon as possible to enable the light to get to her pupils, otherwise it would affect her visual development. I was terrified.

BPES as it is known is a rare genetic disorder that affects mainly the eyelid formation. Mutations in the FOXL2 gene cause BPES Type 1 and Type 2. We later discovered Lacey has Type 1 which also affects fertility. The eye openings are small vertically and horizontally and the eyelids are droopy. Lacey had her first operation at 11 weeks old. She had over 50 stitches inside and out on her eyelids and had silicone rods

implanted in her forehead to raise the eyelids. I remember the first time I saw her eyes. They were bright blue.

A few days after the surgery, I showed Lacey her favourite toy and she saw it and smiled! I will never forget that moment and never part with that toy.

After 3 further procedures Lacey's eyes still look different but she is able to see more. She cannot close her eyes fully due to the silicone rods holding the eyelids open so she has to have eye drops every 2 hours and ointment in her eyes at night to prevent dry eye syndrome. I have done lots of research and found an online group for BPES that has been a tremendous help to me and Lacey.

Lacey was also referred to Wendy James, previous VI Team Leader, who came to visit Lacey at home regularly. It was nice to know someone was there even just to listen to my concerns.

I was told Lacey may have developmental delays due to her restricted visual fields and not being able to see at all until she was 11 weeks old. This turned out to not be the case as Lacey was walking at 10 months and talking ahead of most babies. I had to adjust my home slightly, removing the rug as it was a trip hazard. She still holds her head up slightly when she can't see something very well.

It has taken a lot of teamwork between the school, Lacey's Advisory Teacher for Visual Impairment, Jayne Bowen and myself to determine what is best for Lacey. It has been explained to school that moving the classroom around does not help her, sand from the sandpit could cause irritation, she needs to be seated front and centre in class, she has to wear her sunglasses outside (as she is photophobic or glare sensitive) and someone in school needs to administer her eye drops regularly during the school day.

Lacey also now wears prescription glasses as she is short sighted and has a nystagmus/astigmatism. Her glasses have transition lenses to help her with her sensitivity to light. Lacey has experienced some comments from other children at school which we have dealt with as best we can. Jayne, (who took over from Wendy), has visited the school to talk to Lacey's peers about her condition so that they stop asking Lacey questions about her visual impairment and handle it a little more sensitively. She is the happiest child I know, full of confidence, doing brilliantly at school and if anyone says Lacey can't do something she likes to prove them wrong. I cannot wait to see what the future holds for my daughter Lacey.

Melissa
Lacey's Mum

Electronic Version

The Sensory Inclusion Service has been given consent by Telford & Wrekin to send out the newsletter by email rather than through the post.

We are therefore updating our database with current contact details.

Could you please send an email to matt.kelsall@taw.org.uk to confirm your current email address and that you are happy to receive correspondence electronically in the future from The Sensory Inclusion Service.



SIS-VI Referral Pathways



SIS-VI supports children and young people with a visual impairment i.e. vision cannot be corrected to within normal limits by glasses or contact lenses.

With written permission from parents, information about the child or young person's eye condition, treatment and implications is exchanged between the consultant ophthalmologist, orthoptists, opticians and SIS-VI.

Consultant Ophthalmologist referral

Consultant ophthalmologist refers baby/child from paediatric clinic

Advisory Teacher for Children and Young People with Visual Impairment (ATVI) meets child and parents at paediatric clinic

ATVI visits child at home and/or in education setting

ATVI assesses functional vision, makes recommendations and decides visit rate using NatSIP criteria (National Sensory Impairment Partnership)

ATVI writes report which is sent to parents and copied to consultant ophthalmologist, education setting, paediatrician, health visitor etc. as appropriate

School/early years setting referral

School/early years setting contacts SIS with concerns

ATVI asks setting to advise parent to take child to optician or GP

Optician or GP will then refer child to consultant ophthalmologist if appropriate

Consultant ophthalmologist will refer child to SIS-VI if appropriate

ATVI visits child at home and/or in education setting

ATVI assesses functional vision, makes recommendations and decides visit rate using NatSIP criteria (National Sensory Impairment Partnership)

ATVI writes report which is sent to parents and copied to consultant ophthalmologist, education setting, paediatrician, health visitor etc. as appropriate

Parental referral

Parent contacts SIS with concerns

ATVI will ask whether the child is under the care of consultant ophthalmologist

If child is under the care of consultant ophthalmologist

ATVI visits child at home and/or in education setting

ATVI assesses functional vision, makes recommendations and decides visit rate using NatSIP criteria (National Sensory Impairment Partnership)

ATVI writes report which is sent to parents and copied to consultant ophthalmologist, education setting, paediatrician, health visitor etc. as appropriate

If child is NOT under the care of consultant ophthalmologist

ATVI advises parent to take child to optician or GP

Optician or GP will then refer child to Consultant Ophthalmologist if appropriate

Consultant ophthalmologist will refer baby/child from paediatric clinic if appropriate

Advisory Teacher for Children and Young People with Visual Impairment (ATVI) meets child and parents at paediatric clinic

ATVI visits child at home and/or in education setting

ATVI assesses functional vision, makes recommendations and decides visit rate using NatSIP criteria (National Sensory Impairment Partnership)

ATVI writes report which is sent to parents and copied to consultant ophthalmologist, education setting, paediatrician, health visitor etc. as appropriate

Judith Claes and Jayne Bowen
Joint Team Leaders for Visual Impairment.



Training on Visual Impairment for Associate Teachers

In May this year, the Joint Team Leaders for Visual Impairment, (Jayne Bowen and Judith Claes), will be involved once again in the delivery of visual impairment awareness training to trainee teachers who are not yet in post, but about to embark upon their teaching career. We were approached in 2014 to carry out this training by the Severn Teaching Alliance and as a result we have successfully carried out three sessions of this training to trainee teachers.

The session we deliver includes definitions of what a visual

impairment actually is, (and you would be surprised about the number of people who think that the service just works with all children who wear glasses!) We also talk about the Sensory Inclusion Service (VI) in more depth and provide details about individual roles and responsibilities of colleagues within the service. We provide an overview of what a functional visual assessment looks like, so that trainee teachers will know what to expect when a child or young person is initially referred to the service. The group undertakes a simulation spectacles exercise in order to develop their empathy of visual impairment and experience first-hand what it is like to have this disability. It is also most important in a training session such as this to give recommendations for a visually

friendly classroom and we talk at length about how trainee teachers can achieve this when in post for the very first time. Last but not least, we provide an overview of our work with pre-school children, with special schools and with further education colleges, to enable delegates to fully understand the wide-ranging nature of our work and the support that we offer from 0 to 25 years in some cases. As managers, we welcome work of this nature, with the aspiration that the training will begin the process of equipping newly qualified teachers to meet the needs of children and young people with a visual impairment in schools across the Local Authority.

Jayne Bowen
Joint Team Leader
for Visual Impairment

Encourage your child to look after their glasses

Glasses dirty, filmy?

Wash them regularly and polish with a cloth.

Glasses broken, loose, twisted, uncomfortable?

Store them in a case or box.

Lenses scratched?

Lay them down properly when you take them off.

Care of Glasses

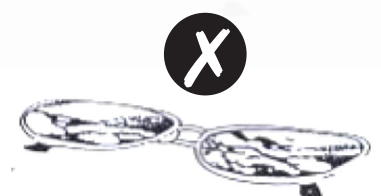
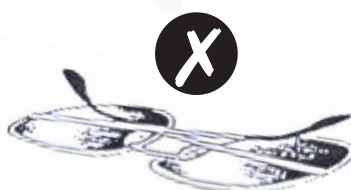
If you wear glasses, make sure they are:

- your own
- clean (wash them regularly and polish with a cloth)
- in good repair
- unscratched
- kept in a case when not in use
- checked regularly to make sure they are right for your eyes (you should have your eyes tested every six months).



Judith Claes
Joint Team Leader for Visual Impairment

Lay glasses down properly



Young Chef Of The Year Competition 2016

Deja is a Year 7 student at Ercall Wood Technology College. As well as transitioning from primary school to secondary school in the Autumn Term 2016, she also took on the challenge of entering the Young Chef Of The Year Competition, hosted by the school. Everyone at the Sensory Inclusion Service are very proud of Deja for having had the courage to take part and not allowing her profound visual impairment to hold her back. She has been asked to write an article for the newsletter to share this experience with you.

The judges were impressed with Deja's culinary skills and urged her to pursue this as a hobby and they hope to see her again next year. Deja's Account:

'Early in year seven, I found out in form that there was a cooking competition. This was organised and judged by the Rotary club and my cooking teacher, Mrs Taylor. At this point I quickly realised that I would love to enter. That lunchtime I went to Mrs Taylor to get a letter to enter.

About a month later my auntie helped me come up with a recipe (also with my mum's help). We had to cook a main course and a pudding for two people. I also had to make things to decorate the table. One of the things that I used was from my Mum and Dad's wedding.

I cooked a roasted chicken with a creamy chorizo and mushroom sauce placed on a bed of baked new potatoes, mangetout and broccoli. This was my main course. For my pudding I made a lemon cheese cake with a biscuit base topped with a creamy lemon



sauce with a fanned out strawberry for decoration.

Before the competition I had loads of practices every day. My auntie helped me practice every night. On the night of the competition, I was extremely nervous! The kitchen was busy with eight young chef students preparing their dishes. My TA, Mrs Wright, was there for support. Mrs Wright wasn't allowed to do anything for me, however she was able to help me. The only thing was that I had to tell her what to do for example, "Please could you put this in the oven for half an hour".

We only had one hour and a half to cook our meals. We began cooking at around 3:30pm and finished at about 5:00pm. While we were cooking, the Rotary Club judges walked around the room asking us questions for example, "Why did you use coconut oil instead of normal oil?" When the judges were walking around I felt quite worried just in case I didn't answer their questions correctly.

The time finally came when I got to plate up my food and present it to the judges. While the judges were judging my food I got to go outside and eat cookies and have a drink.

I was really worried therefore I only ate one cookie. Finally we all sat down and parents started coming in and the Rotary Club took their places at the front. It was at this point that they announced the runners up and to my surprise I was on that list.

I was really proud and really didn't expect to come runner up and would love to enter next year.'



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