EDUCATION AND CULTURE COMMITTEE

Inquiry into attainment of school pupils with a sensory impairment

VINCYP Response: Impairment of vision and blindness in children - approaches required to raise levels of educational attainment

1. Preface
VINCYP is a Scottish Government approved, national managed clinical network funded by NHS Scotland. It comprises a network of professionals serving the needs of children and young people with visual impairment in Scotland. Membership of the network comes from health, education, social services and the voluntary sector. Members of the networks steering group are listed in Appendix 1.
VINCYP welcomes the opportunity to provide information on the needs of children with isolated visual impairment without additional needs, and how these can best be met in the context of GIRFEC and promoting attainment and independence.

2. Executive Summary

Issues identified as significant:

- Population – variation in measures and thresholds
- Early diagnosis with rapid access to support and intervention
- Accurate assessment of vision and overall strengths and difficulties
- Ability to match vision with production of appropriate materials
- Organisation, support and training for teachers of visual impairment
- Educational environment – physical and technological
- Access to true inclusion and habilitation
3. Population

The 2013 Report to Parliament on the Education Act (Additional Support for Learning) 2004 implementation quoted the number of young people in education with a visual impairment as 3370. VINCYP are concerned regarding the accuracy of this figure particularly regarding the quality and consistency of the definition used. The exact number of children affected by visual impairment in Scotland is unknown. The most accurate estimates come from figures produced by VIScotland circa 2009. From these figures the number of 0-16 year olds thought to have a visual impairment without additional needs is around 975 (less than 40% of those who have VI overall).

Although it is accepted that attainment in children with visual impairment is significantly lower than the general population, exact measures are difficult as across education services in Scotland there is no consistency in terms of what is considered to constitute a visual impairment, different authorities using various criteria. This was demonstrated in the Scottish Sensory Centre report 2012 and more recently in the mapping exercise of education services for children with VI carried out by VINCYP in 2015. It is unclear whether recording of children’s other difficulties is accurate. Of particular relevance is that the system used within education to record this data only records children as having one disability. It is most common for children with a visual impairment to have multiple disability and it is therefore not clear under which category these children are being recorded, raising further doubts as to reliability.

VINCYP has developed a notification system using a nationally supported IT system, currently being piloted, which in the future should provide an accurate measure of the numbers of children with a visual impairment, the nature of that impairment and the children’s other difficulties. There is an agreed definition of visual impairment across all
our partners which could be used to differentiate those children who have a true, validated visual impairment from those who are provided with some level of support through a VI education service.

4. Early diagnosis with rapid access to support and intervention

Early intervention has been shown to produce results across many areas of development, hence the concentration of national resource in early childhood. The individual benefits and economic benefits to the community in provision of early investment are undeniable. Children with visual impairment also require this in order to flourish. Identification at an early stage is key, in order that any treatable conditions are identified, but mainly in order that support and input can be given as soon as possible. 70% of visual impairment is currently untreatable and unpreventable. VINCYP has produced a pathway (Appendix 2) for use by all Health Boards in Scotland to support health professionals in doing this. One of the major difficulties is with the lack of early intervention services available. These are variable and, other than in Greater Glasgow and Clyde which has specific NHS provision, are provided by the voluntary sector on short-term funding. Other areas rely on VI teachers giving variable input and response times. Some of these services do not support children under 2 years at all, the most critical period in development.

 Provision of consistent, trained support at an early stage following diagnosis not only allows promotion of developmental skills and a reduction in social isolation and risk of social communication difficulties, but provides important support to parents and to older children in promotion of well-being, important in attainment and independence long-term. Ensuring that there is a cohort of professionals available and specifically trained in providing this consistently across Scotland would produce results.

5. Accurate Assessment

It is vital that there is an understanding by parents and professionals of the visual capacity of each child. Without this it is not possible to interact, produce materials and engage a child meaningfully and risks gaps in knowledge which remain undetected by both child and adults. This type of assessment and resultant planning of approaches, environment and materials requires collaboration between health and education professionals. This input requires to be available to all children with a
significant visual impairment- it is already provided to varying degrees in several areas of the country through functional vision assessment clinics staffed by both health and education professionals specifically trained in childhood VI. Access to specialist assessments and equipment within health such as eyegaze technology is currently not available to all. In addition it is important that children with a visual impairment have accurate assessment of their other abilities through trained professionals. Utilising a GIRFEC approach this should be provided by specialist developmental services in the early years and then by education services. It is important that individuals providing these services are provided with training to ensure that they can correctly identify when difficulties relate to VI and when not. Maintaining a cohort of trained professionals within developmental and education services is challenging but necessary. VINCYP has agreed standards ( Appendix 3 ) which include having an ophthalmologist and paediatrician within each Health Board with an identified role for children with VI. Having well trained teachers of visual impairment available is crucial and this is discussed below in section 7. Provision of further ongoing training by health to education professionals would be beneficial.

6. Ability to Match Vision with Materials

Assessment of visual abilities, as discussed above, should lead on to provision of appropriate materials, correct approaches and if done well, ensure that children with VI are not disadvantaged. There are several barriers at present to this: Training of teachers of visual impairment is significantly shorter and academically at a lower level than in some other European countries and the USA. Our teachers are therefore at a disadvantage in trying to address their pupils needs. This is compounded by 40% of those teachers providing support to children not holding a qualification in VI teaching (SSC report 2012) Significant numbers of teachers do not have the competences as specified by the Scottish Government guidance for teachers of pupils with visual impairment (http://www.gov.scot/Publications/2007/01/29163203/3)

Access to equipment and materials (enlargement, Braille, etc) is poor in many areas. Some local authorities have a central resource for equipment, sometimes linking with VI teachers sometimes not, others require individual schools to supply equipment or materials for children. There are delays and lack of provision for children frequently. Difficulties related to IT accessibility were highlighted in the 2014 SAVIE/SSC document Eye Right. Even when correct equipment is in place there is no
contingency for breakdown and rarely any provision for children to have equipment at home to carry out schoolwork as others. Individual teachers have difficulty in keeping abreast of all technology developments resulting in an adhoc knowledge and provision for children. The VI teachers technology group has tried to address this to an extent but involves a small number of teachers only.

Central or regional funding and provision of equipment should be considered in order to reduce delays, provide appropriate equipment and avoid equipment no longer used lying idle. Consideration should be given to increased training, ongoing, for VI teachers – this is discussed further in section 7.

7. Organisation, Training and Support for VI Teachers

VI teacher training has already been noted to be less involved than in other countries. There is no incentive for teachers to become trained – in Scotland there is no additional payment, unlike in England. In Scotland currently local authorities can specify any teacher a VI teacher and assign them to provide specialist input to children whether they are trained or not!

Although some Local Authorities do, there is no incentive to release their teachers for training or on-going CPD (or penalty for not doing so) as the Education Act dictating that all teachers working with VI children to a significant extent require to be trained or undertake training within 5 years is not enforced and qualifications of these teachers are not assessed as part of HMI Inspections. The VINCYP mapping exercise 2015 and SSC survey confirm that children are being assessed and supported by teachers without a qualification.

Teachers are also expected in many areas to support children from a few months old, requiring intimate knowledge of early child development and parental interaction to aged 18yrs undertaking advanced Highers. Teachers may have a background in primary education or any subject specialty within secondary education. This task presents challenges.

In smaller authorities expertise is spread across only one or two individuals – requiring teachers to support all ages and abilities as well as intermittently support children learning and using Braille. Braille use is uncommon and often teachers will spend several years without using it then require to provide full support to a child who Brailles.

Additionally in several areas teaching services for children with visual and hearing impairment have been combined. Children who have these difficulties have entirely different educational and developmental needs and teachers of VI or HI cannot simply adapt and ‘pick up’, as has been assumed in some areas to support children with either disability. Children
with a sensory impairment are quite different from adults most of whom become hearing and visually impaired as part of an aging process and after they have already gained experience through these routes. The structure of teaching support for children requires review to ensure quality support and use skills maximally. Consideration should be given to central or regional organisation of services to reduce inequality, widen access to expertise and provide support to teachers in their continuing CPD. The training of teachers should be reviewed including the pay structure, and ongoing training should be mandatory. It is recommended that the educational system in New Zealand is compared, running a central VI teaching service within a country of similar population.

8 Educational Environment

Children currently do not have equal access to learning due to the physical environment of schools. Simple things like having a desk lamp available are not possible due to plugs not being available away from walls in classrooms. This means either children are sitting separately from their class, or more frequently, opt not to use equipment preferring to miss out visually. This has not been solved by new builds, and indeed, restrictions put in place by contracts when buildings are leased has resulted in poorer access at times for pupils. Getting appropriate technology has been discussed but also getting access physically for technology, particularly in multiple classes in secondary, poses problems. It is not always recognised that children, although they may be able to see print without their equipment, cannot access it with the same ease or for the same duration as others, disadvantaging them again. The ethos in schools varies, but there requires to be an acknowledgement that pupils should be provided with a holistic education – for pupils with visual impairment this has an additional dimension, supporting their social and emotional needs, providing education and training related to social skills and independence. Providing support for this may in fact boost academic performance despite some class time perhaps being sacrificed. Provision of support in these areas requires to be part of the curriculum and embedded within additional support plans for children with visual impairment.

9 Inclusion and Habilitation

Full inclusion, as it was intended for pupils with a visual impairment, has proved difficult to achieve.
This can be the result of lack of support in terms of technology or material adaptation, lack of social skills contributed to by lack of early intervention in this area and often, a lack of independence skills, confidence and mobility skills. There is a lack of trained habilitation specialists across the country and even when staff are in post children rarely receive ongoing holistic input. There is a need for habilitation to be recognised as a necessary part of the curriculum both in and outwith school. Habilitation training requires to be embedded within additional support plans for children with visual impairment and the provision of habilitation services requires to be reviewed considering a regional or national model similar to that suggested for VI teachers. The need to ensure that children with VI are not socially isolated also requires consideration and facilitation of VI specific peer groups should be encouraged through education and habilitation services.

Recommendations:

- There requires to be clarity and accuracy in figures regarding population – current figures are unsound. VINCYP intends to produce reliable figures in the coming years.
- Each Health Board and eye department should follow the VINCYP pathway to allow access to services promptly and each area should ensure that there is an early intervention professional specifically trained to rapidly provide quality input to visually impaired children and their families.
- Every child with visual impairment in Scotland, regardless of where they live, should have access to assessment from health and education by professionals trained in visual impairment.
- The provision of equipment for home and school for children should be reviewed including addressing the difficulties of IT systems within education particularly, and the need to improve the skills of those assessing needs to match these to visual abilities.
- The training of VI teachers requires strengthened with all teachers completing a qualification at diploma or higher level prior to working independently, and in addition completing annual VI CPD thereafter. The structures supporting teachers in delivery also require review, the current delivery via local authorities not appearing to give best value for children or be sustainable in some areas.
• The requirement to make adequate adjustment to the physical environment of schools and to the curriculum to address the wider needs of children with VI needs strengthened.

• There is a need to review the provision of habilitation services to children, how professionals are trained in Scotland and how services could be delivered better; the current arrangements via local authorities (either social work or education) not being sustainable or appearing to meet the needs of children

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