

Sensory Needs Service Cerebral Vision Impairment (CVI) Policy and Protocol: Mainstream Settings

What is CVI?

CVI is a neurological condition that is caused by damage to the parts of the brain that process vision. Given that a significant proportion of the brain is involved with 'seeing', a condition which affects the structure of the brain often makes an impact on how a child uses vision and responds to visual stimuli. Some children with CVI also have an ocular impairment affecting the structure of the eye.

Some of the many features associated with CVI are:

- Fluctuating clarity of vision.
- A visual-field deficit.
- Difficulties accessing/making sense of board work and copying from the board.
- Difficulty recognising familiar faces.
- Difficulties navigating a page of crowded text, e.g. scanning/following lines of text; locating items of text and information; being unaware of text to either left or right of a page.
- Getting lost/becoming disorientated in crowded environments.
- Inaccurate visual reach.
- Difficulties with co-ordination.
- Difficulties concentrating in a busy environment especially if it is noisy and there is a lot of visual distraction.
- Difficulties with mobility and orientation.
- Difficulty interpreting facial expression.
- Difficulty selecting from an array of items or objects.
- Difficulty maintaining attention when looking, listening and doing are simultaneously required.
- Heightened anxiety and reduced emotional resilience.

Luek, A and Dutton, G. (eds) *Vision and the Brain: Understanding Cerebral Visual Impairment in Children*. 2015. Kentucky: AFB Press.

<https://makeiteasiertosee.co.uk>

The Sensory Needs Service response to CVI

Qualified Teachers of vision impairment (QTVI) do not diagnose CVI: their response is in accordance with the ophthalmologist's findings and recommendations.

The Teacher of Vision Impairment (TVI) or QTVI's aim is to advise settings on how to meet need so that a child with CVI has the best possible access to and is included in all aspects of the curriculum and learning environment; and has the resilience to manage their condition.

Protocol

When a letter/report is received from ophthalmology stating possible CVI, a consent form will be sent to parents/carers. The consent will be accompanied by information regarding our CVI protocol for children and young people (CYP) without a diagnosis.

Once parental consent has been received the following steps will be undertaken:

- Send parents/carers the parental questionnaire
- Send the setting a questionnaire to help to build a picture of how the child uses their vision in learning environment.
- Following receipt of the questionnaires TVI/QTVI will arrange one visit to the school/setting.
- During the visit to the school/setting the TVI/QTVI will undertake the following:
 1. Observe the child in a lesson/session.
 2. Carry out a functional vision assessment to establish/confirm visual acuities.
 3. Meet with the child to establish the type of difficulties encountered in the learning environment.
 4. Meet with key staff and the parents/family (as appropriate)
 - Following the school/setting visit the TVI/QTVI will write a report which will be shared with parents/carers, ophthalmology and the school/setting (without specific recommendations).
 - If the CYP subsequently receives a diagnosis of CVI they will be placed on the SNS caseload, and visits will be undertaken in accordance with the NatSIP [Eligibility](#) Criteria.
 - If the CYP does not receive a diagnosis of CVI there will be no further action from the SNS, and the parents/carers will receive a letter stating that the Service will no longer be involved.

When a referral is received (from a school/setting or a clinic) with an accompanying ophthalmology report confirming the diagnosis of CVI, the child meets criteria for the involvement of an VTI or QTVI. This involvement takes the form of an initial visit (with preparation preceding it) and follow-up visits as described below. There are no set timescales to the length of time between visits.

Preparation for Visit One

In anticipation of involvement, the TVI or QTVI:

1. writes to the ophthalmologist for more information with regard to the context of the diagnosis and the nature of the CVI (e.g. whether it is the dorsal or ventral stream that is more affected).
2. Ensures parental consent is received from the family.
3. has a discussion with the family to build a picture of how the child uses their vision.
4. Sends the school/setting and parents/carers a questionnaire to help to build a picture of how the child uses their vision in learning and home environment.

Visit One

The child is visited in the setting during which the TVI/QTVI:

1. Observes the child in a lesson.
2. Carries out a functional vision assessment to establish/confirm visual acuities.
3. Meets with the child to establish the type of difficulties encountered in the learning environment.
4. Meet with key staff and the parents/family (as appropriate) to discuss and agree support arrangements around access to learning.

After the visit has taken place, the TVI/QTVI:

5. Summarises in a written report what has been observed, discussed and agreed.
6. Liaises with other professionals if appropriate.

Visit Two (May be combined with Visit Three)

The TVI/QTVI with support (as appropriate) from the Mobility and Habilitation Specialist, makes a follow-up visit to the setting to informally assess the classroom and general school environment and to communicate with key staff to advise on reasonable adjustments in accordance with ordinarily available provision and quality-first teaching. After the visit has taken place, the TVI/QTVI summarises what has been recommended and agreed.

Visit Three

The TVI/QTVI makes another visit to the setting to deliver training to staff to raise awareness of CVI and how it affects the child in question so that they understand the implications for access to learning, learning to access, inclusion and emotional wellbeing.

Once these three visits have taken place, the TVI/QTVI continues to be available by email or phone while the setting embeds its CVI practice and the support arrangements.

Visit Four

Once the setting has had an opportunity to embed its CVI practice and staff have had the experience of supporting, including and taking responsibility for a child with CVI, the TVI/QTVI makes another follow-up visit and:

1. Observes the child in a lesson.
2. Meets with the child to establish whether the support arrangements have brought any benefits/improved visual access to learning.
3. Meets with key staff to report the child's views and to establish whether the support arrangements have brought any benefits/improved visual access to learning.
4. Reviews the support arrangements based on the classroom observation and the outcome from meeting with the child and key staff. If any of the support arrangements are amended/changed, these are agreed with the school/setting.

After the visit has taken place, the TVI/QTVI

1. Summarises in writing what has been observed, discussed and agreed.
2. Liaises with other teams who have involvement if appropriate, in addition to the ophthalmologist as part of multi-agency meetings.

Next steps

Following visit four, the TVI/QTVI determines the ongoing frequency of visits using the NatSIP Eligibility Criteria.

Factors in determining/informing frequency of subsequent visiting include:

- The current needs of the child around visual access to learning/learning to access and the environment.
- The current needs of the school/setting and the level of support/advice it still requires so that it can provide equal access to learning through informed CVI practice.
- Times of transition.