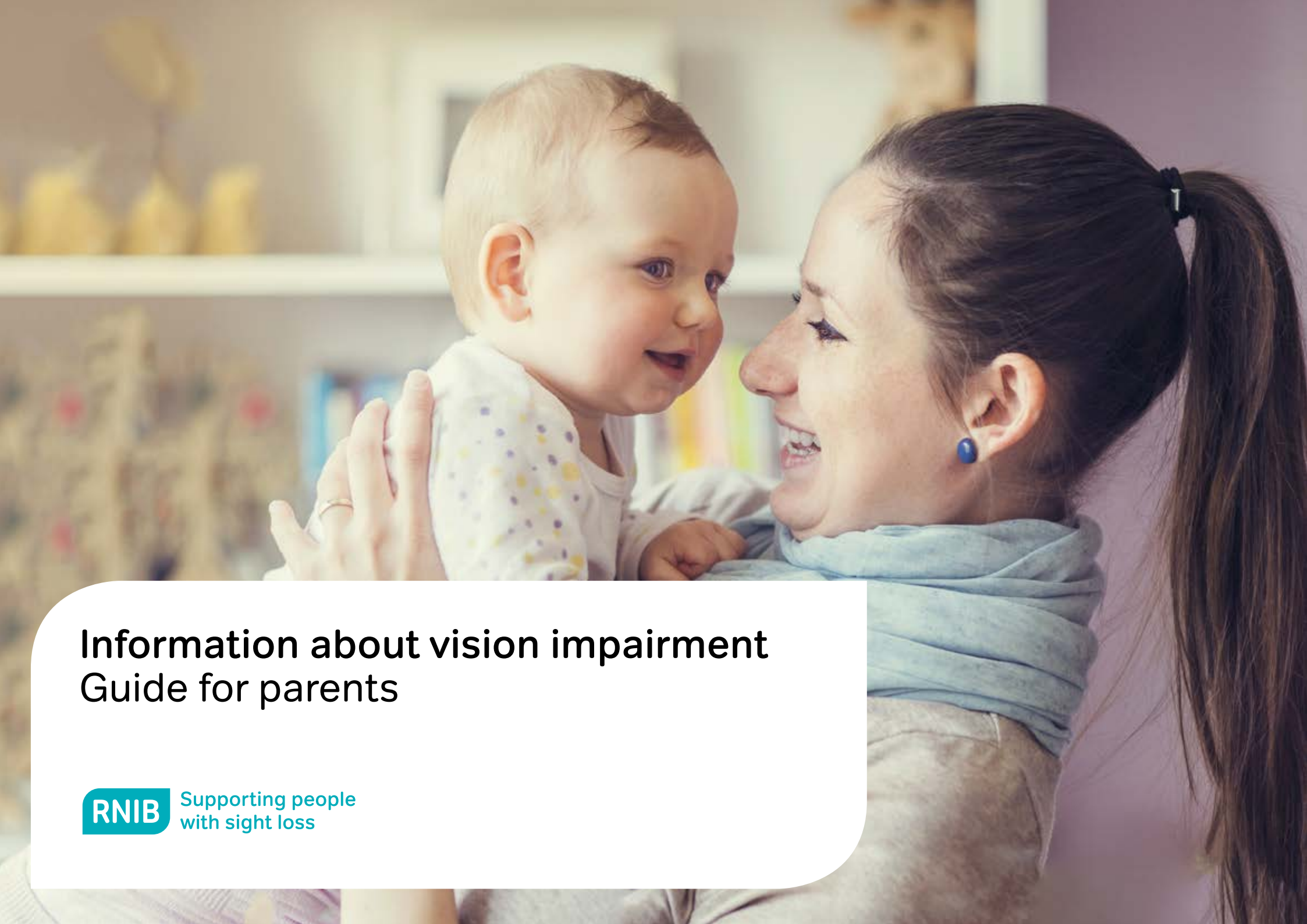


A photograph of a woman with dark hair in a ponytail, wearing a blue scarf and a grey top, smiling and looking at a baby. The baby is wearing a white shirt with colorful polka dots and is also smiling. They are in a room with bookshelves in the background.

Information about vision impairment

Guide for parents

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**About this
resource**



This is a series of information resources on vision impairment for parents and carers of children and young people with a vision impairment.

The resources are designed to help you find out more about your child's situation and to help you to help them. You will find information on:

- What vision impairment is
- How this will affect you and your child
- Where to go for further support and information.

This fifth edition has been revised by RNIB based on the earlier editions developed by the **Early Support Consortium** in partnership with RNIB because families, professional agencies and voluntary organisations had asked for better information.

Families were consulted about the content, and this publication reflects what parents and carers who have 'been there before' say they would have liked to have known when they were finding out about their child's situation.

RNIB revised this current edition in 2016 using feedback from families and in relation to the changes in policy and practice that have taken place since the first edition in 2004.





Early Support

The Early Support programme ran from 2002 to 2015 with the aim of improving the way services work with parents and carers of disabled children and young people from birth to adulthood across health, education and social care. Towards the end of the programme, it played an integral role in co-ordinating and bringing together key professionals from across the education, health and social care sector to support the transition and implementation of the Special Educational Needs and Disability (SEND) reforms.

Where a word or phrase appears in blue, **like this**, it means that:

- You can look it up in the Glossary in this resource
- The contact details for the organisation or agency identified are listed in the Useful contacts and organisations section, or
- You can find out more in the Who can help section.

There are three sections in the vision impairment guide for parents:

- **Vision impairment: Part 1 – General Information**
- **Vision impairment: Part 2 – Early Years**
- **Vision impairment: Part 3 – School Years**

Explanation of the term parent carer

Throughout this resource the term ‘parent carer’ is used. This means any person with parental responsibility for a child or young person with special educational needs or disability. It’s intended as an inclusive term that can cover foster carers, adoptive parents and other family members.

To find out more about Early Support, please visit the Council for Disabled Children website <http://bit.ly/2glGwwp>



Vision impairment: Part 1– General Information



Vision impairment

Understanding your child's vision impairment

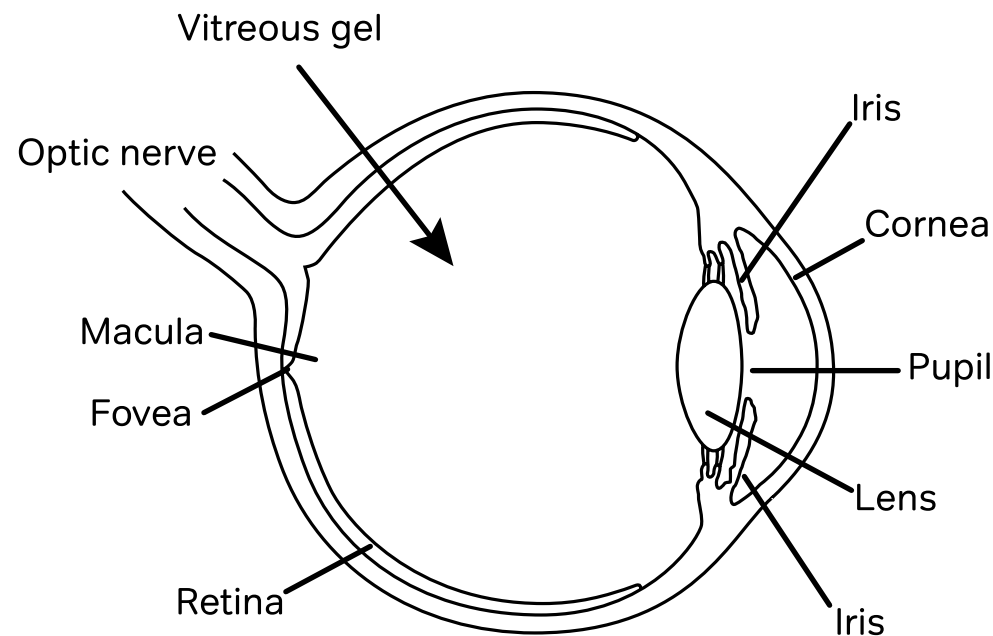
Finding out that your child has a vision impairment can be a difficult and emotional experience. Other parents and carers said good information and practical advice from families who had lived through some of the things that they were experiencing made a real difference and could really help.

This resource answers some of the first questions you may want to ask. It starts by presenting basic information about eyes and eye conditions. Then it moves on to explain what you can do to help your child. Understanding a little about how the eye works is the first step towards better understanding your child's condition.

Parts of the eye

In order to be able to see, three things need to work properly – the eye, the optic nerve and the brain. Although a child's eyes may appear to be fine, damage to the brain or optic nerve may cause sight loss.

You can find a description of parts of the eye in the [Glossary](#) at the back of this resource.





The development of vision in infants and young children

Vision is a major source of information that helps us to learn – most estimates suggest that vision provides about 80% of the information we need. The eye is the most developed organ of the body at birth and it develops more quickly than any other immediately after birth. At three weeks old, the eyes are one of the most active parts of a baby's body. Vision is still poor at this stage, so a baby needs objects that move and are of high contrast, such as black and white. The human face is ideally suited to attract and hold a baby's attention and, even from birth, sighted babies are able to imitate facial expressions and actions.

Much of our vision typically develops in the first year, particularly in the first four to six months, with a major growth spurt at two to four months. Vision is a learned process and by the time a baby is one year old they have typically acquired a wide range of visual skills.

Children's vision continues developing through the first years of life and becomes fully mature around the age of seven. Vision develops when it is used. If your child has some usable vision, it's important they are encouraged to use it.

The brain combines information received through vision with information coming through the other senses (touch, hearing, taste and smell) and awareness of our position in space. The fact that 40% of the brain is devoted to processing visual information shows how complex vision is. Children use their eyes to make sense of what they are experiencing. Along the way they are noticing and beginning to understand all sorts of things – we call this incidental learning.

80 percent

of information we need is given through vision



Vision organises the information we receive from each of our senses about the world and makes connections. Vision is an important way that the world attracts and engages a child's mind. It also enables children to anticipate what is going to happen next.

- Awareness – We become aware of movement, sound, or touch that happens near to us.
- Attention – We pay attention to the sights and sounds and other sensory experiences going on around us that we have become aware of. We then begin to learn more about them, including how to find out where they are.
- Localisation – Once we have found out where a particular sound, smell or sight is, we learn to separate it from what is happening around it.
- Recognition – We remember that we have seen or heard or touched that particular object before. We also begin to form a view about whether we like or dislike it.

- Understanding – To develop understanding, we have to put together all the information we have gathered. This means we have to use our memory and problem-solving skills in order to work out what to do with the object that we can see, hear, touch, smell or taste.

What does vision impairment mean for my child?

There are many terms to describe a vision impairment, some of which are used in this resource. You may hear it described as 'partial sight', 'low vision' or 'sight loss'. You may also hear the terms 'special educational needs', 'impairments' or 'disability' being used. These are words that appear in laws and official documents so they may be used by some of the professionals you meet. If you don't understand the descriptions that people use, ask for them to be explained. If any words in this resource are unfamiliar, check the [Glossary](#) at the back of this resource, which explains some common eye conditions and some of the specialist language which is commonly used.

Seeing is a complex activity and children with a vision impairment often surprise us by what they can see and do. Eye examinations can tell us a lot about what a baby or child can see. However, language is needed to describe exactly what we see and perceive and it may be several years before a child is able to communicate to us exactly what they can and can't see. But observing how your child functions in everyday settings provides a lot of useful information about how much they are seeing.

If your child takes longer to acquire language in addition to having a vision impairment, it may take longer for them to understand and communicate just how their eye condition affects their vision. No one will understand your child's needs as well as you do. It's important to share the observations you have made about your child's sight with any professionals you meet.



What can my child see?

Although doctors might be able to give some answers to this question, it often takes time to establish the exact nature of your child's condition. Sight continues to develop after birth and research suggests that vision must be stimulated to reach its full, useful potential. Seeing also requires perceptual skills to make sense of the images sent from the eye to the brain. For this reason, it's often many months, sometimes years, before parent carers find out the full extent of what their child can and cannot see.

Total blindness is very rare. Most children can see something, though it may not be very much, and it's important to remember that whatever sight a child has is likely to be useful. For example, children who can only see light and dark may be able to tell where a window is and use this information to find their way round a room.





Various aspects of vision can be measured by:

- How clearly your child can see fine detail close up and at a distance; this is called visual acuity.
- How well your child can see particular colours and contrast.
- What we can see above and below and to the left and right when looking straight ahead (field of vision).
- The effect of lighting on what your child can see.
- How quickly your child's eyes can adapt when moving from a bright environment to a darker space.
- How well your child can detect and follow something that is moving.

Refraction is the measurement of the correct lenses needed to bring the images seen by the eyes into best focus. Children with reduced vision should have an eye test to check whether they would benefit from wearing glasses.

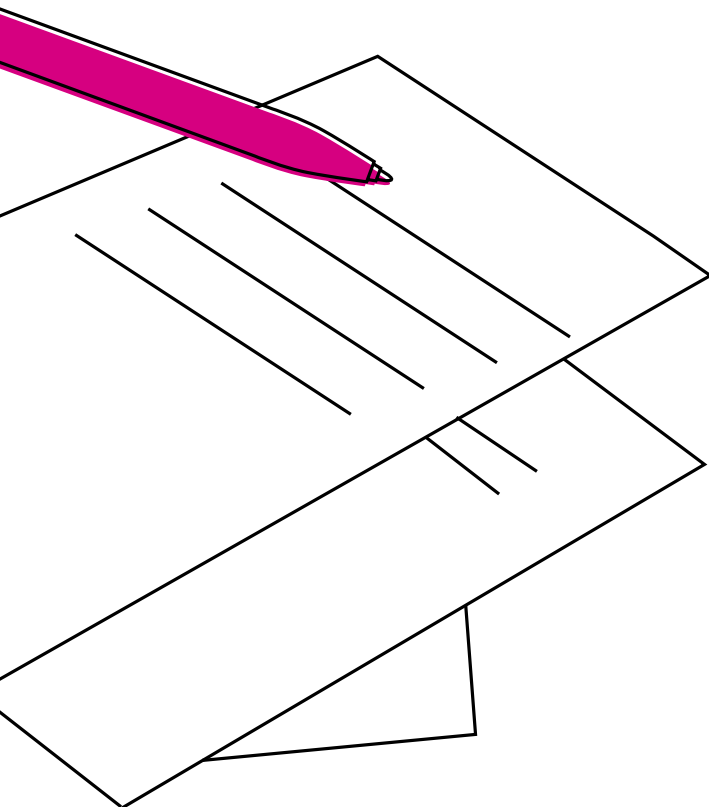
Not all children will need glasses but early diagnosis and correction of refractive errors is very important in young children because a blurred image on the developing retina can cause **amblyopia** (lazy eye). If left untreated, this can stop a child's vision from developing properly.

Children do not need to be able to read letters to have their eyes examined. There are charts for young children where the child is asked to identify and match pictures, not letters. There are other ways to test children and babies' vision that don't require the same level of co-operation, such as electrical measurement, which uses electrodes to measure the signals being sent along the visual pathways. These tests can be done at the hospital.

It is important to remember that **visual acuity** recorded in a clinic may not be the same as your child's day-to-day ability to see fine detail at home, or in an early years setting where objects are moving, in colour, and close as well as at a distance.

You might want to ask an orthoptist or optometrist (see Who can help) the following questions:

- Will glasses help and if so, when must they be worn?
- What can I do if my child doesn't want to wear glasses?
- Are there any low vision aids which can help my child to see better?
- Where should I go for a low vision assessment?
- How well can my child see at a distance, to the side, in colour, in the dark, and in bright light?
- How well can my child see movement and depth?
- Is there any special lighting that will help my child?
- Can you supply a straightforward explanation of what my child can see for the people working in my child's play group or early years setting?



Certificates of vision impairment

The information gathered about your child's vision may be used to issue a Certificate of Vision Impairment (CVI). This is signed by a consultant ophthalmologist to certify your child as sight impaired/partially sighted or as severely sight impaired/blind. Very young children may not be given a certificate until they are older, particularly if their vision is still developing.

Some parent carers worry that having a certificate may 'label' their child, although families with older children report that this doesn't seem to be a problem.

Whether or not your child is registered has no effect on how your child's needs will be assessed, nor will it affect planning for the support that they may need.

However, it does allow information to be collected about the number and causes of severe sight problems in children, which helps with the planning of services for all children with vision impairments. You may want to talk this through with your ophthalmologist when you are ready.

If you or your consultant is unsure about whether your child should have a certificate of vision impairment (CVI), another form called a Referral of Vision Impairment (RVI) can be filled in at the clinic. This can help to put you in touch with local social care and other services. It also contributes to collecting information about children who need help because of their eyesight, even if their vision doesn't meet the criteria for certification.



In the beginning

Finding out that your child has a vision impairment can be an emotional roller coaster. At different times you may feel disbelief, anger, fear, sadness, worry and frustration in addition to all the joys and pleasures that your child brings. Different feelings come and go and sometimes they catch up with you when you least expect it. All the while your baby needs food, love, warmth and security, which demands your energy, care and attention.

This resource is about helping you to create a loving and stimulating environment within which you can introduce your child to new experiences and awaken their interest in the people, things and places around them.

All children develop in their own way, at their own rate. Some are early talkers, others early walkers, some cry a lot while others smile a lot. Children progress at different rates whether or not they have a vision impairment. However, fully sighted babies soon see things that they want to touch and begin to reach out for them. Their sight gives them motivation to explore, move and learn.

Children with vision impairment may need help to make sense of the sounds they hear and to find out more about the toys, clothes and objects they touch. This resource can help you to stimulate your child's curiosity and encourage them to discover things in the world around them.

Other families have made suggestions on what information this resource should include, but you should use it only in the way that suits you and your family best. You may want to read all the sections straight away, or to take your time. Different sections are likely to be useful at different stages in your child's life. Some of the information may feel too painful to read now. If so, put it to one side until you are ready.

Handling news or no news

There are many reasons why children have vision impairments. Sometimes it's genetic, or the result of an infection or injury.

In many cases no specific cause can be identified. While a simple explanation may be given, diagnosis is often difficult, especially if the condition is rare and little understood. It's not unusual for the diagnosis of a child's medical condition to take months or even years. Sometimes families never get the explanation they would like as to why their child has a vision impairment.

**You may want to ask:**

- What's the cause of my child's vision impairment?
- What's my child's condition called and how do you spell the name?

Can anything be done to cure or help the condition? Is any special treatment necessary? What might help? What can I do to help?

- Is this a family or inherited condition? If so, will we be referred to a genetic counsellor and have genetic tests?
- Is there anything my child must not do (eg rub their eyes or shake their head, or take part in certain activities)?
- Is the condition likely to get worse, better or stay the same?
- What risks are there? What should I look out for?
- When should my child be examined again?

- Where should we go for further advice and help?
- Have you any information on the eye condition that I could take home and read? Is there a website?
- What support is available?

If you have been given a diagnosis of a particular condition affecting your child's vision, you can find out more about it in a number of different ways. You'll find a list of some of the more common eye conditions in the [Glossary](#) at the back of the resource. There's a lot of information available on the internet. For example, viscotland.org.uk is a website with medical information about vision impairments written specifically for parents. If you are not an internet user, ring the [Royal National Institute of Blind People Helpline](#) to speak to the Eye Health Information Team.

Sometimes your child's diagnosis may have implications for you and other members of your family. If so, you can ask to be referred to a genetic specialist to find out the chances of passing on any known condition.

Some families receive information that their child has a vision impairment as part of a rare syndrome or particular condition. Contact a Family is a national organisation offering support and advice to families with children of a range of disabilities. The organisation maintains a database of specific conditions and rare disorders in addition to those listed in the [Contact a Family Directory](#). This can be accessed online at cafamily.org.uk

RNIB helpline:
0303 123 9999



Looking after yourself

It can be exhausting to look after a young child, particularly when that child has a vision impairment and needs you to help them to develop and make sense of the world. Other families say it's important to know your limits and to avoid becoming overwhelmed and exhausted.

They offer the following advice:

- Meet other families who have children with vision impairments; they're a unique and invaluable source of information and experience.
- Approach big tasks one step at a time.
- Be realistic when estimating time and try to build in a big enough margin for your child to do things at their pace. This isn't always possible, but when you can build in the extra time likely to be needed, everyone arrives happier. Often parent carers feel most stressed when they have to be at a certain place at a certain time, eg on time for school or work.
- Find some help – and when you have found it, use it.
- Take a break. Plan small breaks for yourself during the day. When your baby is having a daytime nap, 10 minutes with your feet up reading a magazine will do you more good than 10 minutes of housework.
- Get out on your own from time to time. It may be hard to make the necessary arrangements for your child to be looked after, but it can be worth it. You and your child benefit from relationships with other people, and a chat with a friend or a trip to the shops may give you new energy or ideas, or just give you time to think, away from everyday jobs.
- Recognise that it's difficult to cope with the unknown. Acknowledging this may help you to deal better with uncertainty. Being positive and taking action to help your baby can help you to feel more in control.
- Spread the load. Involve grandparents, aunts, uncles and friends. Invite other parent carers in for a coffee and a chat – in the early years, this will also encourage your children to play together in a natural way.
- Laugh if you can – it can help in difficult situations.





Effects of a vision impairment on development

Children with a vision impairment develop in much the same way as other children, although the rate and order in which skills develop may differ. The difficulties experienced by children with a vision impairment are not always obvious.

Different eye conditions create different ways of seeing: some make it more difficult to see things at a distance, others to see things that are near; some affect what your child can see clearly, others what they can see in their wider field of vision; some mean that children don't see in colour. Different visual conditions result in a range of effects, with different implications for each child. It's important to remember that each child is an individual and that even children with the same eye condition may appear to see very differently.

There are many ways that your child's vision may be affected:

- Your child's level of vision may not be constant from day to day, or even from moment to moment. It may depend on the lighting and whether or not it is a familiar environment. Even mood can affect a child's ability to see and make sense of the indistinct picture that their brain is receiving. If your child is tired, unwell or under pressure, they may not use their vision as well as usual.
 - Children vary in the way they adapt and compensate for their vision impairment and how they find ways to learn by using and interpreting information from other senses. In general, they have fewer opportunities to learn incidentally in the way that their sighted friends do. Many skills, which other children simply pick up, may need to be deliberately introduced to children who have a vision impairment.
 - A child with any degree of vision impairment may not have the same variety of experiences as other children.
- For example, they may not participate as actively in the daily routines that lead to independence, including eating, bathing and dressing. They may also be less sure of their ability to get about, which affects how they interact with their physical environment.
 - Both the quality and the quantity of information available are usually reduced. They have fewer clues to help them understand the meaning of sounds or the function of objects. Your child may perceive only part of an object or activity at a time. The result is that their development may take place more slowly and unevenly, with unexpected gaps in understanding.
 - It may take your child longer to complete activities that involve vision. This can be frustrating for you and for them. The extra time and effort it takes to do everyday things can also make children with a vision impairment more tired than other children of the same age.



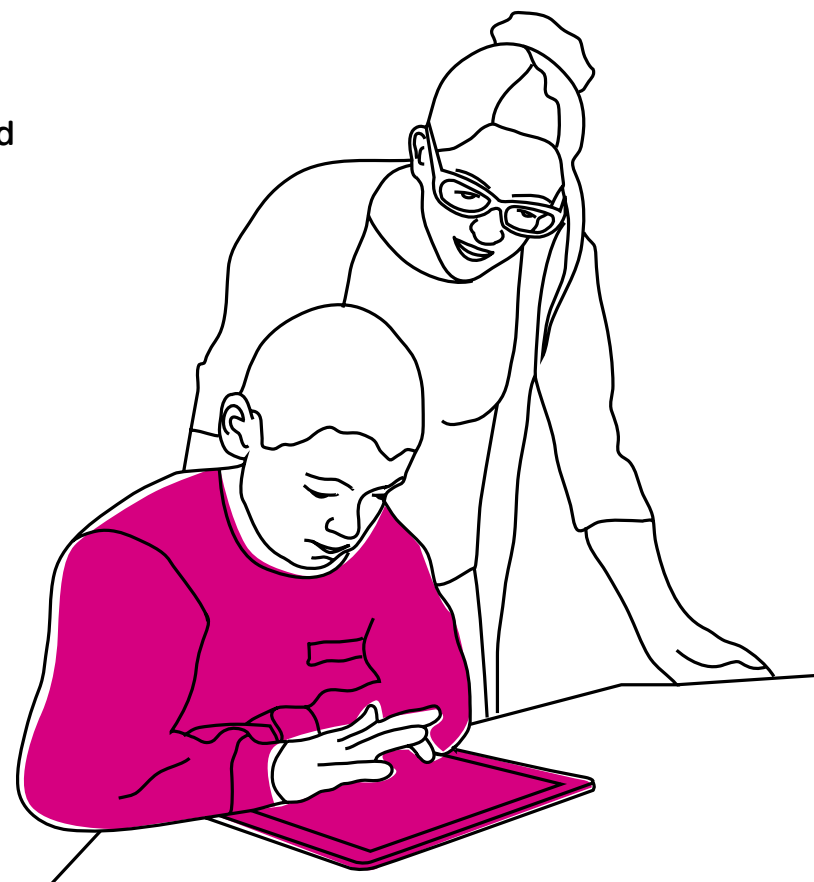
Understanding the impact of vision impairment on communication, self esteem and attitudes to learning is equally important for your child's development. Vision impairment can mean that eye contact, facial expressions, body language and gestures may simply go unnoticed or be misinterpreted. Your child may need help in learning the different ways of understanding social situations in order to build positive relationships with others.

Children develop gradually, and in the beginning nobody can know where the strengths of a child with a vision impairment lie, or what aspects of life they might find particularly challenging. For children with multiple needs, it can be doubly hard to know what they might achieve, particularly if they find it hard to show you what they have understood. Children with multiple needs often stay at an early stage of development for a long time before first words and controlled body movement develop.

The following may help:

- Assume your child can understand – talk to them, not about or over them, and encourage others to do the same.
- Let them hear you talking about what they can do, not what they can't do.
- Assume that in time they will learn to do some things for themselves. For each new skill, show them how to do one part of the process that you feel they could achieve on their own.
- Set them up for success and build on it.
- Discover their likes and dislikes and try to respect them.
- Use the things they like as rewards to encourage the repetition of positive behaviour.
- Find ways of showing them your interest in their smallest achievement.

Having read this, you may wonder how your child will cope. But with support – active involvement, guided exploration of real objects and experiences, and lots of verbal explanation – your child will learn and achieve a lot. The important thing to remember is that your child is a child first. Understanding vision impairment and the effect it may have is just a starting point. It leads to being able to help your child play, learn and enjoy life.





Who can help

Under the Children and Families Act 2014, local authorities are required to publish details of the services they expect to be available in their area for families of children with disabilities. This is called a “Local Offer”

The first thing is to make sure you are in contact with your local authority Vision Impairment Teaching Service (sometimes called Sensory Support Service). RNIB has compiled a list of local authorities in England alongside a link to what they offer for children and young people with vision impairment (VI). You can download the list from the RNIB website by following this link, <http://bit.ly/24KZLJt>

Professional support

This section introduces professionals that you might meet. Sometimes it can feel like armies of experts are advising you about your child. At other times you may wonder ‘Who really knows my child and can help them?’ Your child is unique and

it’s important to understand that some of the professionals you meet may have less experience than you regarding children with a particular combination of impairments or needs. Your observations of your child are crucial to ensure the success of any professional support.

Health

Family doctor

Your family doctor (or GP) is a doctor who works in the community. They are the first point of contact for many families. They are concerned with the general health of your child and can advise and arrange further examinations and refer you on to clinics, hospitals and specialists when needed. They may also support welfare benefit applications and/or other types of help. Your GP may refer you to a child health or child development clinic where you may meet doctors who are specially trained in the development of very young children and in identifying treatment or support needs.

Paediatrician

This is a doctor who specialises in working with babies and children. They check the overall health of newborn babies, usually at the hospital or child development centre. It’s usually a paediatrician who refers your child on to other specialists that they need to see. You may also meet a paediatric neurologist who has particular expertise in how the brain works in very young children. A paediatrician can offer advice, information and support about any medical condition(s) your child has.

Ophthalmologist

This is a doctor based in a hospital who specialises in the diagnosis and treatment of eye conditions. They have extra qualifications and experience in eye disorders and, where possible, in treating them with medicine and surgery. You may be referred to an ophthalmologist to check the health of your child’s eyes.



Health visitor

A health visitor is a qualified nurse or midwife with additional training and experience in child health. They visit family homes in the early years to check on children's health and development and also offer advice at baby or child health clinics in GP practices. They advise families on the care of very young children, normal child development, sleep patterns, feeding, behaviour and safety. You should receive at least one visit from a health visitor shortly after your baby is born. Contact them through your GP. Health visitors can also help you contact doctors, hospitals and other services in your area.



Physiotherapist

This is a health professional specialising in physical and motor development. They can assess your child's movement and develop an individual plan that might include helping your child to control their head movement, sit, roll over, crawl or walk. Physiotherapists can also teach you how to handle your child at home for feeding, bathing, dressing and advise on equipment which might help your child's mobility.

Speech and language therapist

This is a health professional specialising in communication and any associated difficulties with eating and swallowing. They offer support and advice to parents of children with any type of communication problem. They assess, diagnose and help children develop their communication, language and speech, including sign language.

Occupational therapist (OT)

Occupational therapists help children to develop their practical skills by suggesting helpful activities, adaptations to the household or elsewhere and the use of specialist equipment. OTs are concerned with difficulties that children face in carrying out the activities of everyday life. This could include sitting in a chair, holding a spoon and fork, and drinking from a cup.





Education

Qualified teacher of visually impaired children (QTVI)

Your local authority (LA) should have at least one qualified teacher of visually impaired children (QTVI). These specialists are teachers who have additional qualifications and experience working with children with vision impairments. They support children, their family and other teachers. They are sometimes called advisory, specialist, visiting or peripatetic teachers of children with vision impairments. In the early years they visit and support families and children in their homes. Ask your LA to put you in contact with a QTVI as soon as possible. If you have difficulty getting help, or need the contact details for a QTVI in your area, ring the RNIB Helpline or use our directory of local offer web pages at www.rnib.org.uk/sensupport

Mobility officer or habilitation worker [Registered qualified habilitation specialist (RQHS)]

Some services for children with vision impairment can put you in touch with a mobility officer or habilitation worker. This is a specialist who is trained in teaching your child to move around more independently and to do practical everyday tasks for themselves. They can support you to encourage your child's independence.

Special educational needs co-ordinator (SENCO)

The key task of the SENCO is to ensure that Special Educational Needs (SEN) provision in schools and early years settings is efficiently and effectively managed.

Equality named coordinator (ENCO)

An ENCO is a staff member working in an early years setting, playcare provision or school who supports the setting to give due regard to the equalities needs of children, young people and families.

They also assist the setting to comply with equalities legislation and best practice. In regard to disability equality, they work with their setting SENCO.

Early Years Professional (EYP)

This is a lead practitioner in early years settings who promotes quality delivery and supports staff to plan for, meet, assess and review each child's playful learning, care and development needs and progress.

Educational psychologist

Educational psychologists help children who find it difficult to learn or to understand or communicate with others. They can assess your child's development and provide support and advice.



Social care

Specialist social worker or rehabilitation worker

Social services often have a specialist social worker or rehabilitation worker for people with vision impairment who works with children and their families. Social workers provide practical help and advice about counselling, transport, home helps, and other services. They may be able to help you to get equipment at home and suggest lighting or decor to help your child to locate door frames, walls and furniture more easily and to move about at home with more confidence. Rehabilitation workers teach mobility and daily living skills and will be able to answer some of your questions about sight loss. The law requires

social services to offer practical help to disabled children and their families. If you experience any difficulty making contact or getting help, ask to speak to the person in social services with responsibility for disabled children.

Voluntary organisations

Voluntary organisations provide information and services linked to particular needs. They are usually charities that operate at national and/or local level. Many families find that they provide valuable information and support. For details of voluntary organisations offering support to children and young people with a vision impairment, see the [Useful Organisations and websites](#) section of this resource.

Visit this RNIB webpage at:
[rnib.org.uk/insightmagazine](https://www.rnib.org.uk/insightmagazine)



Top tips

- Focus on all of the things your child can do and encourage your child's enthusiasm for learning new skills. Children are often better than adults at believing in their own abilities so let them have a go. Encourage every attempt at independence as children learn by doing and making mistakes.
- It is not true that children with sight problems automatically develop extraordinary skills in the other senses, such as hearing, to compensate for not being able to see. Your child will develop the use of all their available senses through experience, practice and supported learning.
- Always use your child's name first to gain their attention so that they know you are talking directly to them. This way your child won't miss an instruction or description or act on a comment meant for someone else.
- Describe objects, events and people clearly and simply, so that children can understand what is going on around them and anticipate what is happening next. Provide enough description to help your child but also allow quiet spaces so that they can think, ask questions, become aware of other sounds or just rest their ears. Most children don't want their parents or carers to talk all the time.
- Don't be afraid to use words about sight, e.g. 'Shall we see if there are any bigger bricks?' Use words like 'look', 'see' and 'watch' naturally.
- Take your time. Daily routines, play activities and learning experiences are likely to take more time with a child with vision impairment. Vision is an 'integrating sense' – it often helps us to make sense of other sensory input, such as the cause of a loud noise. It can take longer for your child to make sense of what is going on, or what something is for, if they mainly use sound or touch to explore new things. Some parents can unintentionally prevent their children from developing independence skills, such as getting dressed, because it takes a child a long time, and the pressures of daily life mean you have to rush and do it yourself! Try to allow the time your child needs and work together on the best way for them to do something – they will speed up as they get more practice!
- Lighting and sound levels can make a huge difference to what many children can see or hear. Ask your child's qualified teacher of visually impaired children (QTVI) what suits your child best.
- Your child is a child first and foremost, and their development will be individual regardless of their level of vision impairment. As a parent carer, you are the expert in them as a unique person, even if a lot of professionals become involved.

Stay in touch

Insight

Stay in touch with the latest developments by reading this magazine for parents, carers and professionals working with children and young people. Published online, it focuses on the education, health and wellbeing of children with sight problems, including those with complex needs. Regular features include eye health, family life, early years, the curriculum and access to learning rnib.org.uk/insightmagazine.

A baby with dark hair, wearing a white long-sleeved shirt, is crawling on a dark rug with a white geometric pattern. The baby is focused on two blue rectangular blocks in front of them, with one hand reaching towards them. In the background, a wooden toy with a yellow and black component is visible, and the scene is softly lit.

Vision impairment: Part 2 – Early Years

Getting started

You probably have a million different questions. You will want to know which organisations can help you, what resources are available or simply want to know 'What do I do next?' You may also want to meet other parent carers who have experience of having a child with a vision impairment.

What can you do to help your child?

The most important thing for a baby and young child is to find meaning in what they experience from the earliest days. You have a very important role in making the world meaningful for your child.

Simple tips are to:

- Think about timing – introduce new ideas and experiences when your child appears ready
- Be spontaneous
- Be prepared
- Try it yourself
- Reduce distraction

- Show your child how to do it first
- Work from different positions when showing new movements
- Allow enough time
- Reduce support
- Be consistent
- Learn for a purpose
- Praise your child
- Practice
- Let your child do new things and use new skills as independently as possible
- Let your child help you to do things
- Encourage self discovery
- Above all, follow your child's lead.



Learning to communicate

Learning to communicate is vital for development and for forming relationships. Often children who have a vision impairment do not babble as much as a sighted child, possibly because they are listening more. In general, their language development moves forward more slowly than other children of the same age.

It is important to establish some sort of basic communication with your child early on, through the use of touch. For example, you can play simple repetitive games such as 'Round and round the garden'. After a couple of goes, wait for your child to react, and then respond. This allows them to tell you if they want you to play the game again. You could imitate the movement they made in response, to show them you have understood.

This will help them understand that they need to take the lead sometimes, for two-way communication to take place.

One of the first breakthroughs in communication is when a child can make their parent or carer understand what they want. If you are spending a lot of time with a child who finds it difficult to communicate, you need to actively look for the signals that children give before they can ask for what they want using words. Many parent carers in this situation become expert at reading the body language, vocal sounds and gestures of their child.

Developing 'shared' or 'joint' attention so that you know you and your child are concentrating on the same thing at the same time, and are therefore talking about the same thing, is very important for learning. It's the foundation for social development, play, learning,

communication and language, and it starts from an early age, before your child can talk.

You can support your child by following their lead and observing what they're interested in. Make sure that what you say relates to what your child is doing or touching at the time you speak to them. Slow down the pace so that your child has time to understand that you, too, are interested in the things they're concentrating on.

Some children have particular difficulty in learning to communicate and may need speech and language therapy. This may be particularly relevant for children with other learning difficulties in addition to a vision impairment, who may need to use an additional, alternative means of communication. If you feel you need specialist advice from a **speech and language therapist**, the earlier you get this, the better.

Some children with multiple needs, who may have a very individual way of communicating, use **communication passports**. A communication passport is a small booklet made up of information about a child, presented from the child's point of view in a positive way. A communication passport might say something like this:

'My name is Anna. I am eight months old and I live in Liverpool. I am mixed race, my mum is Black African of Nigerian IBO ethnicity and my dad is White English and we are all British citizens. I can see you if you stand on my right. I need objects to be presented to me from the right. I often need help to hold things and like to be introduced to new experiences very gradually. If I like something, I smile and rock backwards and forwards. To tell you I don't like something, I make a noise and push away with my arms. I like different kinds of music and having rhymes sung to me. My favourite rhymes of all are 'Anyi n'eje', a Nigerian IBO action rhyme, and 'The wheels on the bus', which is from England.'

A communication passport makes it easier for all the people that your child meets to interact with your child in a sensitive, culturally-appropriate and effective way.

Developing the senses

Learning is the key to development. This section explains how you can help your child to develop by helping them to listen, to touch and, if they have some vision, to look. All children with a vision impairment, even those with relatively good partial sight, benefit from learning to use their non-visual senses to give them more information about their surroundings. Children can be taught to interpret and piece together the information being sent to their brain from all their senses. These are skills which are learned over several years and can take a lot of practice.





Learning to listen

Babies are surrounded by adult speech from day one. When a baby is lying very still, it's easy to interpret this as a lack of interest in what is going on. However, babies or toddlers with a vision impairment often become really still precisely so that they can listen and work out what is happening. For example, in the morning a child with little sight may listen to the bedroom door open and hear their parent's voice. Gradually they learn the routine and begin to smile with pleasure in anticipation of being picked up and cuddled.

Your child needs to be rewarded for their smile by hearing the pleasure in your voice and by feeling your warmth. In this way they will learn that smiles are important. Children soon learn to tell when their parent carers are happy or cross by the tone of their voices.

During their first few years of life, most children gradually learn to associate meaning with words.

Here are more ideas for talking together:

- Encourage people to use your child's name when talking to them. They will begin to hear the difference when people talk to them and when people speak away from them. They will also learn that adults usually use a different, higher tone when they are talking to babies and young children, and that they use only simple sentences and repeat what they have said. Gradually, they will begin to recognise the voices of the people they spend the most time with and understand when someone is talking to them.
- Name objects such as bottles, spoons, vests and coats every

time they are used by your child. Naming things every day will make the words become familiar and help your child to associate them with objects and events. If your family is bilingual, you may wish to use both languages to help your child's understanding and acquisition of their home language and that of English, too.

- Encourage your baby to listen to the differences in sounds, such as moving a sound maker around your baby (in front and behind), and to listen to how your voice changes in different places, such as in the bathroom, kitchen or outdoors.
- Sing or say nursery rhymes, helping them to do any actions.



- Use repetitive games like 'Round and round the garden'. As your baby gets to know them they may show excitement, kick their legs or flap their arms. They will learn to join in by laughing, gurgling, clapping or banging, and in time, attempt to say some of the words.
- Praise every attempt your child makes to use language, repeating the sounds they make and giving them meaning. Record the sounds they make and play them back to your baby.
- Help young children make sense of what they hear in busy settings where they are bombarded with lots of sounds. Take your child to the source of a sound to explain what it is and where it's coming from.
- Gain your child's attention before you encourage them to notice a sound and begin to make sense of it. For example say, 'Listen, Lily' and then take them to the vacuum cleaner so they can hear and feel the noise it makes.
- Take your child around the house, naming all the sound clues they can hear. A wind chime, a ticking clock, a humming fridge, and a spinning washing machine are all clues. Let them ring the doorbell or listen to the phone ringing.
- Taking your child to the same sounds over and over again gradually reinforces the experience, until sounds become familiar, giving them a sense of security.
- Turn off the radio or television when you want your child to hear and learn to listen to other sounds. It's easier for children to tune in to what you are saying and develop their own speech when there is no background noise.
- Use songs and audio stories. They're great for encouraging language development. When telling stories use your voice to make it fun such as 'Splish, splash, splosh!' or 'Closer, CLOSER, CLOSER!'



Learning to touch and feel

Touching and holding different objects is one of the most important ways for your child to find out about their world. It's important that your child learns to use both hands.

Within a few months of birth, fully sighted babies discover their moving arms and bring their hands in front of their eyes where they can see them. This may not happen spontaneously for a child who has little or no sight. Some children with a vision impairment notice that the little light they can see seems to disappear momentarily when their hands wave in front of their eyes.

You can help your child to discover their hands by putting wrist rattles on their arms, or using little finger puppets which make different noises. When you

sing finger and hand rhymes such as 'Pat a cake', or 'Tommy Thumb', blow on your child's hands too and stroke them. Some children enjoy having baby oil massaged into their hands. Once your child has discovered their hands, you can help them to use them, so that their fingers become stronger and more skilful.

Your child may repeat some actions endlessly but tire easily of others. Some children with a vision impairment find it difficult to use their hands or to experience touch in a pleasurable way. Sometimes it helps to stimulate their sense of touch by gently dabbing on the back of their hands or placing items in their hands or on their fingers. If this is too threatening or unpleasant for your child, try to use their feet as a means of experiencing touch, as this might be more acceptable to them.

Many children prefer to explore hard surfaces. Furry objects like teddy bears have a less definite shape and feel, and some children with a vision impairment may find this off-putting.

Here are some more ideas to try:

- Always position your child where they feel secure. Many children with a vision impairment feel safer if they can feel the edges of their space. This might be lying in your arms, on your lap, or sitting next to you on a sofa or chair, or in a baby activity nest. They should be able to reach and hold things easily so that they can use both hands to explore objects and toys. As well as their hands, children use their mouths to explore, often licking, biting and chewing their toys. This is an important way for them to find out about things and should not be discouraged. It's also important that

babies experience different secure positions, such as lying on their tummy, as time goes by. They may not always be the same one.

- Make a noise with an interesting feely toy that has different textures and then put it near their hand. Let your child hold and explore safe household objects. Pan lids and wooden spoons that can be banged and shaken make good toys. Lay your child under a baby gym and show them how the toys feel when they move.
- Introduce them to a variety of different materials and textures. Wood, metal, rubber, sari material, foil, carpet, paper, sponge, towelling, felt, denim, wool and velvet are more interesting to feel than smooth plastic.
- Assemble a treasure basket – a shallow sturdy basket containing a collection of everyday items made

of natural materials which vary in weight, size, texture, colour, taste, temperature and sound for your toddler to dip into. Safe, clean items with interesting textures appeal to young children. Examples include a squeazy sponge, the cardboard centre of a kitchen roll, and an orange or lemon. You might want to include some relevant items that reflect your own culture and heritage, and introduce items to your child from different cultures, too. You can change the items so that your toddler will always have something new to root around for in the treasure basket. Find out more information about treasure baskets in our guide on Learning through play.

Visit this RNIB webpage at:
[rnib.org.uk/educationprofessionals](https://www.rnib.org.uk/educationprofessionals)



Learning to look

When babies are born, their vision is not yet fully developed. Children's sight continues to develop in the first years of life by being exercised. So it's very important, if you think your child can see anything at all, or if you aren't sure, that you encourage them to look as well as to listen. Children with vision impairments can be encouraged through play activities to make the most of their sight and they find special ways of viewing objects and handling materials, maybe holding things close to their eyes, or to one side.

It can be very hard to tell how much your baby can see. Watch closely and ask yourself

- Do they tilt their head to look?
- Do they look at mirrors or brightly coloured objects?
- Do they stare at sunlight or artificial lights?
- Do they see better in dim light or bright light?
- Do they look at objects or faces?

If the answer to any of these questions is yes, or if you have noticed them doing other things, it suggests your child may have some vision, so encourage them to use it. Here are some ideas to encourage visual interest. And don't worry – sitting close to the television or computer will not harm their eyes, and looking at things very closely will not strain their eyes.

Lighting

You can help your child by ensuring that there is sufficient (but comfortable) light in the environment. Be alert for the smallest sign of interest. It may be just the tiniest movement of an arm or a tilt of the head or a wiggle of the toes, but if you notice it and can work out which object, which direction and at what distance your baby appeared to see something, you can build on this interest by repeating the experience.

Visual stimulation

Some children may face additional difficulties arising from their physical and learning needs and may need extra help to make sense of visual information and in learning to 'look'. This is sometimes called visual stimulation. Visual stimulation takes place naturally for most children, but needs to be carefully structured and planned for children with complex needs. For children who have very little or no sight, different ways to stimulate their interest have to be found to encourage them to explore the world around them.

Extra time

An important point to consider is that many children with multiple impairments and a vision impairment need more time to process information and to respond to it. It's very easy to take something away from a child before they have had a chance to organise their response to let you know that they have seen it.

Objects and toys

Visual understanding can be supported by having lots of very familiar things to look at. It helps if objects and toys can be held or positioned close to your child so they can look at each part and not be confused by a cluttered background. Objects and toys that are simple in design with a clear contrast between colours or features are easier to understand visually. iPads also have lots of useful apps for visual stimulation. In the early stages of children's visual development, large objects with chunky features are more interesting than small things which are visually complex. You may want to set up a small special area for visual stimulation, maybe in your child's bedroom, using objects that interest them.



The RNIB Play Guide has information about playing with your child, and choosing toys [rnib.org.uk/play](https://www.rnib.org.uk/play)



Here are a few more ideas to encourage your child to look:

- Position your baby so that they feel secure. To put them in a good position for looking you may need to put them on their side or on their front.
- Place your baby so that they can see your face. If they can see something, babies react best to faces first of all.
- Talk, coo, nod your head and make big smiles to attract attention; play 'Peek a boo'.
- Place one brightly coloured toy against a plain contrasting background.
- Use shiny, silvery paper and mirrors to attract their attention. For example, inflate the inside of a wine box to make a reflective balloon. Unbreakable festive decorations can also make good toys.
- Use toys with lights to attract their attention. Torches and coloured lights are fun, too.
- Your child may be able to see a mobile made of shiny foil or holographic card.

- A spotlight or angled lamp may make it even easier to see but be sure that the light doesn't shine directly into your child's eyes.
- Suspend objects on a baby gym or a frame. Sometimes real objects are more exciting than toys; try a CD, reflector, shatterproof mirror, something striped, high-contrast simple black and white patterns, or pictures.

Making play and learning fun

Time for play

When children are playing, they are doing much more than simply enjoying themselves – they are learning to make sense of the world using all their senses: taste, smell, touch, hearing and sight.

It may be difficult for young children with a vision impairment to explore toys and materials and to play with other children, unless sensitive adults actively encourage, support and extend their play. **You can help your child by:**

- Observing your child's behaviour closely to find out what interests them.
- Giving enriched descriptions of what they are doing and what you are doing.
- Providing a commentary so that your child learns about the things they cannot see.
- Providing rich experiences which build on your child's interests.
- Giving them choice and control when they're playing.
- Making sure your child is able to engage with an activity in their own way.

Choosing toys and activities

All babies need opportunities to make things happen. At the simplest level, a baby gradually works out that if they cry, someone comes. Toys are an important way for a child to learn that they can make things happen. They help babies learn to do things for themselves. Toys that respond to action in a way that makes sense to a child who does not see well are best.

For example:

- Rattles which make a noise when they are shaken
- Activity centres or toys with buttons to push which make different sounds
- Balls that play a tune when shaken or rolled.

Your baby's position is important. When they are playing, make sure they feel secure and that they have both hands free to move and explore their toys. Some toddlers are reluctant to use their hands to explore and are not keen to let an adult guide them. Sometimes it's because they have had unpleasant experiences handling things that they found disagreeable to feel.

Don't worry if your baby puts toys in their mouth for longer than their sighted friends, or if they smell them or run their tongue over them. As their touch becomes more finely developed they will use their hands to explore more and rely on their mouth less.

You can also read RNIB's Play leaflet at:
[rnib.org.uk/play](https://www.rnib.org.uk/play)



All the usual safety considerations apply but there are a few special considerations when choosing a toy for a child who has a vision impairment:

- Is the toy easy to manipulate?
- Is it brightly coloured with good contrast?
- Does it do something, like make a noise or have parts that move?
- If you close your eyes, is it interesting to touch?
- What could a baby do with it?

It isn't necessary to buy expensive toys. Lots of other things make good playthings. Here are some suggestions:

- Different kinds of paper, cardboard and corrugated card
- Materials that feel different and can be explored, such as fur,
- Cellophane, and bubble wrap
- Small containers filled with rice or dried pulses which make good rattles

- Mini-beanbags made out of different fabrics and filled with dried beans
- Cloth books made from different fabrics with shells, feathers, buttons, short strings and ribbons sewn to the pages
- Feely boards or mats with different textured materials – not just smooth fabric but leather, plastic, and corduroy too
- A tray of buttons, marbles, stones, milk bottle tops and cotton reels – best for older children who have stopped putting everything in their mouth!
- Velcro and zips, which satisfy the 'fiddle factor', as do bicycle bells, bicycle pumps and clip purses, which snap open and close
- An old wind-up alarm clock and cardboard tubes from kitchen foil
- A range of different brushes and spoons.

If your child has a vision impairment and additional needs, give some thought to these ideas too:

- Choose toys and play materials that offer a variety of sensory experiences.
- Children need to be alert to play, so choose other activities when they are unwell or tired.
- Children learn from opportunities to experience challenge, risk and excitement. Choose carefully and take into account their needs and skills.
- Define a play space around your child to create a secure, familiar den.
- It is especially important to find out what motivates children with limited communication skills by observing their responses. Watching and listening to a child is the best way to find out what kind of play is likely to stimulate and interest them.
- Children with additional needs depend more on a sensitive play partner to encourage, support and extend their play with objects – someone who also knows when to withdraw or not to interfere!

- Make sure your child is in the most suitable position to use hands and eyes to best advantage, whether seated, standing or lying down.
- Keep toys within reach so that any of your child's movements can create an effect.
- Allow your child to explore objects with their mouth or feet as well as encouraging them to use their hands.
- Try to use your child's repeated behaviours, and develop them into an activity that is more creative.
- Use simple short descriptions to support activities.
- You can try a 'Little room', an idea devised by Lilli Nielson. You can make a little room from a large cardboard box. Place the box on its side with your child lying just inside the opening. Line the sides with textured materials and suspend objects securely from the top so that they hang down within the child's reach. This brings the environment closer to the child making it easier for your child to see, touch and hear the objects.

Toy libraries are an inexpensive way of introducing your child to lots of new toys. Toy libraries can:

- Offer play facilities
- Provide a place to meet other parent carers
- Allow you to borrow toys in the same way as you borrow books from a library.

Toy libraries are run by volunteers (often parent carers of young children) or by paid staff. Many are located in community centres, church or village halls, and schools, while others are housed in a bus, van or caravan to enable them to reach a wide area. Regular borrowing of appropriate toys encourages all children to explore and develop new skills. Brothers and sisters are welcome too. For details of your nearest toy library, contact [Playmatters](#).



You can also read RNIB's Play leaflet at:
rnib.org.uk/play

Playing in the kitchen

Parent carers spend a lot of time in the kitchen and your child will want to join you there. Encouraging your child to 'help' you in the kitchen can lead to useful play. It could include:

- Banging saucepans with a range of spoons
- Playing with plastic boxes and lids
- Playing with cake tins of different sizes
- Unpacking shopping bags
- Unloading the washing machine into a basket
- Putting plastic bowls and plates away
- Sweeping with a dustpan and brush – very hit and miss, but often enjoyed
- Fetching vegetables from a rack
- Washing fruit
- Spreading butter on bread to make sandwiches
- Mashing and mixing sandwich fillings
- Licking the bowl

- Stirring jelly or cake mixture
- Washing up cups and plates
- Cutting out biscuits, kneading bread or chapatis – or making their own with playdough

Older children often play happily with a selection of screw top jars. Let them unscrew them and try to find a reward inside. Keep a collection of empty egg boxes, clean yoghurt pots and margarine tubs in a cardboard box. Children need to learn about containers and their uses by taking things out and putting things in, and working out relative sizes. You may like to put some of these safe items in a low cupboard so your child can get things out for themselves. It's best to fit cupboard locks on cupboards where you store plates, glasses, bleach, detergents and cleaning fluids.

Making food with your child helps them to develop better control of their hands, and it's fun if you can eat the food you have made together afterwards.



The kitchen is often also a good place to introduce messy play, as it usually has the floor that is the easiest to clean. All children need to experience a range of materials and have the opportunity to express themselves through painting, drawing and making things. Some children will be able to see certain colours, fluorescent and metallic paints. Take care to choose non-toxic paints. Regardless of their level of vision, when children hear colour being talked about, they will want to know about it.

Give your child the opportunity to learn to use glue and modelling clay. Encourage them to make collages and models using boxes, different types of paper, card and fabric. Some children enjoy making tactile pictures — sand and other grains of various grades can be added to paint to achieve different textures.

Settling down

Children like routines. A well-planned day enables a child to recognise, and then anticipate, familiar events and helps them to cope with the different things that happen. Events such as eating, bathing and bedtime provide a pattern for young children's lives.

Eating

Whether you are breastfeeding or bottle-feeding your baby, it's a special time for you and your baby to get to know each other. It's important to take time to enjoy the closeness of regular feeds in the first few months. It gives your child several opportunities every day to feel your warmth, to familiarise themselves with the way you hold them, and to get to know your scent, the feel of your clothes, the sound of your voice and perhaps the look of your face. This is important, too, for children who are fed by non-oral methods such as tube feeding.

Your baby may be more reluctant than other infants to drop feeds, so they may be a little later in being weaned. If feed times are difficult, or if you are concerned about your child's weight gain or growth, there are professionals who can help. For example, **speech and language therapists** often help with sucking and swallowing difficulties, and **health visitors** can advise on early feeding patterns and weight gain, and can assess whether or not to refer your child to a **paediatrician** for extra help. If you are returning to work, you may need to plan very carefully how and when you wean your baby. If you are breastfeeding, you may have to introduce a bottle earlier, before moving on to solids at the usual time. Most babies with a vision impairment enjoy sucking, so you may need to transfer from breast to bottle to cup very gradually.



When your baby is ready to start eating solids, take it slowly. Their main nutrition continues to come from milk and it takes time for babies to accept new flavours and learn to swallow lumpier food. If your child regularly chokes or gags on their food, express your concern to your health visitor or GP.

Introduce new flavours early on. Your aim is for your child to like a wide range of foods. Encourage them to taste something again if they didn't like it the first time. Remember that new experiences are accepted best when a child is feeling well, so don't push them if they seem a bit under the weather.

There are clues to help your baby know that it's meal time:

- They have that 'hungry' feeling
- You put their bib on them
- You put them in their highchair
- They hear familiar sounds that indicate food is on the way
- You give them a spoon
- They smell delicious food.

Some children show they want to feed themselves by finger feeding or grabbing their spoon. Others may need you to encourage their independence.

To feed themselves, eventually your baby needs to be able to hold a piece of food, and then a spoon, scoop with it, put it in their mouth, close their lips round it and then replace the spoon, (or reach back for more food in the early finger-food stages). Learning these skills takes time and you may have a long period where you and your baby tackle this together.

At mealtimes, babies learn many skills:

- In crawling or walking to their highchair, they are learning to orient themselves
- When they show they want to get in the highchair or that they want the food they can smell or hear you preparing, they are communicating
- If they are offered a choice of two foods, they are learning about different flavours, smells and textures, and also learning about making decisions

- If they are helping with feeding, they are refining the use of their hands to pick up finger food or to control a spoon.

Introducing solid food

- Fingers were used before spoons and forks, so concentrate on them first.
- Let your child feel your own jaw when chewing and listen to you eating crunchy foods. They'll love it and it helps them to understand what actions are required for eating.
- When introducing your child to using a spoon, put your hand over theirs, holding the spoon. As they get the idea, you can gradually move your hand further up their arm so that they are controlling it more.
- Tell them what you are doing, eg 'I'll help you to scoop up the potato' or 'I'm rolling the Injera'. Children enjoy a commentary on what's happening and it helps children who can't see to know what the food is.

- Your child may be able to get the spoon to their mouth once you have helped them to load it, but they may need help to put it back in the dish. It's worth putting a damp cloth or a non-slip mat under the dish to prevent it from sliding around.
- Alternate between helping them to do it and letting them do it by themselves. But don't let mealtimes go on for too long or make your child feel frustrated by forcing the pace of independence. As meals take place at least three times a day, try to make them happy occasions for both of you.
- Always show that you are pleased with your baby when they can do something new for themselves. You can show your pleasure by touching them and through your voice. This stage needs lots of patience with all children.
- All children make a mess, eat with their hands, throw their spoons and even put bowls on their head. A long-sleeved bib, a big splash mat and a flannel or wipes make cleaning up easier. Clean up at the very end, rather than all the way through the meal. Some parent carers tie easy-to-clean toys to the high chair for their child to play with while waiting for their dinner.
- Let your child put their fingers in the dish to explore their food. It may be the only way they can find out what they've been given.
- Some babies eat all the food they're given, while others are fussy eaters or are simply not interested. Try to relax – babies can pick up on the feeling that you're worried. If they don't eat much, or indeed nothing, they can always have a bit more next time.

Learning to drink from a cup

- Introduce a cup early so your baby gets used to handling it.
- Alternate between using a bottle and a cup and gradually increase the amount of time they have the cup. Some parents find it helpful to give their child the cup at the beginning of a feed and give them the bottle as a reward, after they have taken a few sips.
- Start with a small amount of water or milk in the cup. This makes it easier to control the flow of liquid and reduces the risk of spills.
- Children with vision impairment need to be shown the sequence of picking up a cup, holding it, and putting it down again, rather than letting it drop or throwing it.
- When your child can drink from a cup with a spout, gradually introduce them to a cup with no lid.

Bathtime

Bathtime provides a natural opportunity to talk about and learn the names of body parts. When getting your baby ready for a bath say, 'It's bathtime now. Let's get you undressed.' Remember to use a non-slip mat and watch and stay with your child at all times.

Bathtime is a good time for exploration too:

- Give your baby the time to explore. Stick foam shapes and toys with suction cups to the side of the bath that they can feel.
- Some families put up textured tiles, or place a soap dish in which they put a toy, for their child to discover.
- Show them how to pat the water to make splashes.
- If you have a shower attachment, turn it on gently and listen to the different sounds of water spraying on a shower curtain, the side of the bath, into the bath or onto your child's body.
- Scented soap and bubble bath make bathtime more interesting.
- Practice pouring and squeezing bath water.
- Find toys that make interesting noises when filled with water or emptied.
- Use a plastic tube to blow bubbles in the water. Some children like bubbles being blown against their body.
- Use towelling flannels or a mitten that feels velvety when dry. Sponges of different shapes are fun too.
- Take turns in games and talk about what your child is doing.
- If your baby is afraid of water, try using a small baby bath so they can feel the sides and don't feel lost in a big space. A baby bath seat or sponge insert also works.
- Once your baby enjoys the bath, you might like to take them swimming.
- Many pools have parent and baby sessions that are quieter, and sometimes warmer, than public sessions. It's good to take your child swimming at an early age so they become confident in water and learn about water safety.



Bedtime

Many newborns fall asleep at the end of a feed in your arms or are easily rocked off to sleep in the buggy or car. As they get older, it's important that they learn to fall asleep by themselves and become less dependent on being rocked or patted. It helps if you begin to put them down just before they fall sound asleep, so they can learn this important skill. It takes time for babies to learn this, sometimes many months, but it's worth persevering so that your child develops good sleeping habits. Babies who can fall asleep by themselves often get themselves back to sleep when they wake in the night. So you'll get more sleep too!

You can help your baby to recognise bedtime and to begin to tell the difference between night and day. Bedtime will be smoother and easier for both of you if you establish a clear routine. Activities near bedtime that are quiet and relaxing can help your child to wind down, rather than wind up. For many children, bedtime follows bathtime, a drink or a story. Your baby will gradually get to know it's time for bed when they put on pyjamas or a sleep suit, or when they hear you drawing the curtains. Children with a little vision may see that it's getting dark or that you have dimmed the lights. Some babies have a favourite object or blanket to take to bed. Quiet songs or lullabies, or a gentle wind-up

musical toy, may help your baby to go to sleep. If your baby doesn't see, they won't know that darkness means time for sleep, but they will get used to night-time sounds. If you keep evening sounds gentle and soothing they will come to associate those noises with slowing down and going to sleep.



If your baby has trouble sleeping, ask yourself:

- Are they comfortable?
- Have they had enough to eat and drink during the day?
- Are they too warm or a bit cold?
- Are they in pain?
- Are they tired?
- Have they had too many naps during the day or close to bedtime?
- Have they been busy enough to make them tired?
- Are they wound-up or over-excited?
- Are they afraid of something?
- What happened last night at bedtime?

Many children find it difficult to settle into a regular sleeping pattern. Sleep deprivation can quickly exhaust your daytime energy and lower your spirits, so ask your **health visitor** or GP for help. Many health centres run sleep clinics and there are organisations to support parents who have problems with getting their children to sleep.

Call the Cry-sis Helpline on 08451 228 669 (open seven days a week, 9am –10pm) to get help from someone in your area, or check [cry-sis.org.uk](https://www.cry-sis.org.uk)

Dressing and undressing

Even when your baby is really tiny you can begin to help them learn about dressing and undressing.

Ideas to try include:

- Dress and undress your child in the same order every time. Talk through the actions each time.
- Undressing is easier than dressing and is worth learning first using loose clothes. Many babies delight in pulling socks off.
- At first, choose clothes that are easy to get on and off. Pull-up trousers are easier than dungarees.
- Choose attractive, comfortable clothes with 'feely features' where possible.
- The backs of clothing can be marked with a small button or piece of velcro under the label at the neck. Use velcro as a fastener wherever you can – children with vision impairments love the sound of it. They love zips, too.
- You can put a coat with a hood on the back of your child's head so your child can start putting the coat on. Add a short bit of ribbon to the sliding bit of the zip to make it easier for them to hold and pull up and down.
- If your child has a little sight, choose clothes in colours you think they may see.
- Later on, teach them that their clothes are always to be found in a certain place to encourage their independence.



Personal care

How do you tell if your child is ready for toilet training?

Questions to ask include:

- Are they happy and comfortable sitting on a potty? Let them play with one for a week or two before starting, if this is culturally acceptable to you.
- Do they ever tell you there's a poo in their nappy?
- Have they ever noticed themselves doing a wee without a nappy on?
- Are they happy to be in the bathroom?
- Do they know that you go to the toilet?
- Will they usually respond to your request to do a wee or a poo?

If you're not sure whether your child is ready, or if you know your child has other special needs too, you might want to talk it through with a health professional first.

And finally – are you ready? Can you be patient when accidents occur? If you know that in the next few weeks you will be moving house, having a baby or visiting somewhere unfamiliar it can be better to leave toilet training to when you and your child are feeling settled.

Things to keep in mind:

- Does your child have enough clothes that are easy to pull on and off?
- Have you got time to sit and talk to them while they sit on the potty or toilet, so that they feel more secure? Small children need to try very frequently at first.

- Choose a potty with a solid base that is hard to tip over. Put it where they feel secure, such as within reach of a wall or something to steady themselves on. Alternatively, you could use a potty chair. When they are older they might want a toilet seat but these feel less secure to a child with a vision impairment so are best avoided when you first try.
- Your home may have installed an Arabic-style toilet. You might wish to introduce your child to a western-style toilet gradually for when he or she starts to attend early years settings, etc. This will enable your child to become less wary of things that they are not used to.

Think about what you'll do when you go out together. Here are some more toileting tips:

- Use the same routine every time on entering and leaving the toilet. Think about a simple route in and out and add tactile points to the room that your child may understand (bells on the door, an elastic band on the handle).
- Be flexible about whether they use a potty or toilet. A lot of children with a vision impairment fear sitting on a toilet. It's easier to poo if your feet can reach the floor or a step. Don't leave them on their own, and offer lots of talk and support such as holding hands. Singing helps too.
- Some children need to explore what they have done and where it is, once they have done it. Don't be too squeamish about this, although this can be gradually discouraged as the child develops their skill.
- Praise each success. Most children love to hear the toilet flush and to do it for themselves. Or use recorded songs, favourite toys or anything else that your child would recognise as a reward. Consider buying a musical potty.
- Accept accidents in a matter-of-fact way – there will be many. It's important not to tell your child off, as this leads some children to deliberately wet or dirty their clothes as a way of getting attention. Try to have a 'Never mind, better luck next time' attitude. But do take your child to the bathroom to change wet clothes so that weeing becomes associated with the toilet.
- Be sure that your child always does the whole process, including washing their hands, every time. You may of course have your own faith and cultural toilet etiquette requirements that you may wish to support your child with, too. If you are from the Muslim faith you may wish to follow in your home Qadaa' al-Haajah, or Asher Yatzar if you are from a Jewish faith tradition.



On the move

Early movement helps your baby to learn about their position in space. This is where a registered qualified habilitation specialist (RQHS), habilitation worker or mobility officer (see Who can help) may be able to help. Sighted babies see other people moving around and learn by trying to copy. You may need to teach your baby the ways of moving. They need to learn 'where do I begin and end? Where is this body part in relation to that? How much force is too much?'

This section suggests ideas for helping your child to move independently and to develop stronger muscle tone.

Babies who do not move can develop repetitive actions, such as rocking backwards and forwards. This may show that they are bored and need stimulating.

A baby sling or backpack carrier enables your child to experience your movement, while held close, warm and secure. They also provide an alternative view of the world for children with some vision. If your baby has a condition that affects their movement, they may find moving to be tiring or frustrating.

If your child appears to see better on one side, or holds their head in a particular position to view an object, it will have implications for how you introduce them to new experiences. If they also have difficulty with controlling their muscles, supporting their body or moving, it's important to get professional advice from a **physiotherapist** on how to position, lift, and carry them and also to encourage them to move. Your child may need extra equipment to support their movement or position. Some children require specialist buggies, standing frames, body jackets, or bolster rolls to support them. As a child grows heavier you may need help with lifting or supporting them.

There are many different supports, seats and standing frames, but it is essential to receive professional advice, from a physiotherapist, for example, to ensure that specialist equipment suits a child's particular needs as they grow.

Getting your baby moving

Before a baby can learn to sit unsupported, they have to be able to lift their head when they lie on their back and on their front. They need to move their head from side to side to strengthen their neck muscles. You can encourage them to lift and turn their head by attracting their attention with musical or squeaky toys, brightly coloured lights or toys that are interesting to feel.

Your child needs to experience floor play, lying on their back, tummy and sides, rolling, pushing, and pulling. They also need to experience being propped up securely against a person, or by cushions against a piece of furniture.

Here are some ideas to try out:

- Put them on their back and gently tilt their hips from side to side.
- Rolling games help them to get the idea of moving from one position to another. Lay them on a large inflatable bolster or ball, and roll it gently back and forth. Put them on your lap and gently roll from side to side.
- Use favourite toys which make sounds to motivate them to move towards you.
- Help them to rock in a baby rocking seat or bouncy chair.
- Give them a go in the baby swings at the park.
- For toddlers, push-along toys that make a noise motivate children to move at the same time as protecting them from bumps.



Remember that if a child is engrossed in playing, it can be frightening to be suddenly picked up with no warning. So as you approach your child to move them to a new position or take them to another room, tell them that you're there. Say their name and lightly touch them before you pick them up.

Infant massage

You can also try infant massage. For a child with a vision impairment, starting early with infant massage can support tactual sense, body awareness and the use of hands. Importantly, it can help to establish the strong bond of trust between you and your child. Many health visitors run massage classes.

Many early learning skills require the development of tactual sense.

The awareness of our hands and fingers, for example, is a vital skill for exploring objects and our environment. Experiencing massage at an early age can support the child's understanding and acceptance of positive touch, and really help when you might want to sensitively guide your child's hands for learning and play. Infant massage can enhance your interactions and also help your child's developing sense of body awareness. Massage can also encourage your child's purposeful movements, including transitions from lying to rolling, and then to propping up on arms and hands.

Tips for massage include:

- Always make the best use of your child's available vision – move in close to encourage face-to-face contact.

- Be aware of lighting conditions. Avoid placing your child directly under a strong overhead light which will then put your facial features into silhouette.
- During massage, describe what you are about to do and comment on what you are doing, keeping language simple.
- You may need to break down the massage routine into smaller stages and build slowly. Remember this is a time for mutual pleasure. Respond to what your child seems to like and go with what is comfortable for you both.
- Start and end the session the same way each time. This helps your child to understand what is about to happen, what will happen next and to develop their understanding of when the massage is about to end.

You can find out more through the International Association of Infant Massage at iaim.org.uk

Your child needs lots of opportunities for physical exercise. Take them walking, running, climbing and play plenty of physical games with them. In fact, the more active the play, the more confident they are likely to become. They will be a fitter, happier child and far more able to join in with their sighted friends. Help to guide them at first by holding their hand, but as they get older, encourage them to hold only your finger and when tall enough, your elbow.

Babies and young children with vision impairment need people who are loving and confident when handling them. When playing physically, include some repetitive games that follow a pattern so your child can learn the pattern, anticipate what will happen next and enjoy it. Most children love rough and tumble play. It gives them experience of different positions – high up, low down – and of different movements such as swinging and bouncing.

Always talk about what you are doing while you play. If your child also has a physical disability, or problems controlling the movement of their body, talk to your child's physiotherapist about safe games to play. You may also want to ask for advice from the [physiotherapist](#) or the [health visitor](#) before using a baby walker.

Safety

Before your child starts to move around the house on their own, you need to make sure that they can't hurt themselves:

- Fit guards to fires and the cooker
- Keep doors fully open or properly closed
- Pad sharp edges of the furniture
- Move breakable objects and houseplants well out of reach
- Keep out of reach the small objects that they might swallow or choke on
- Fit plug guards to electrical sockets and pin back trailing wires
- Lock bleach, cleaning fluids and medicines away
- Fit cupboards with locks
- Fit safety gates to stairs.

Try not to be frightened for them, as they will sense your worry. Remember, all toddlers fall over and bump themselves during the day. You can help your child by putting up sound, scent and tactile clues to help them know where they are in the house. Examples include a wind chime in the hall, scented potpourri, wallpaper of different textures on the walls, and floor coverings that sound different, such as tiles, stripped wood or carpet.



If your child has some vision, try to find out if they can see better in bright or dim conditions, and then consider the implications of this at home. For example, is the hallway a bit dark, or do any rooms need blinds when the sun is strong? It's easier for children with vision impairments to find toys against a plain background, so plain carpets and tabletops are likely to be most helpful. Alternatively, you can spread out a plain cloth so that your child's toys are easier to see. If your child finds very bright light uncomfortable, look out for glare caused by light reflecting off shiny surfaces, such as sinks or worktops.

Some things to try:

- Keep furniture in the same place, so your child can find their way confidently around the room. If furniture has to be moved, show them the new arrangement.
- When they are moving around the house, talk to them about where they are going, what they can hear, see, feel or smell.
- Teach them the language for describing positions such as on, under, next to, above, forwards, backwards and eventually left and right.
- Count steps with them and make it fun. Gradually all this helps to give them a sense of distance and direction.
- Let them go round the room by themselves – they will find their own way around.
- Encourage your child to work out what each door in the house is like. The front door may have a panel they can feel, or a mat in front of it, or a letterbox that they can reach up to and feel. A back door may have a cat flap or a different shaped handle. Internal doors offer clues too. Some open easily while others drag a bit on carpet. Point out different floor coverings too. If the door is by tiles or lino, it might be the bathroom or kitchen. Encourage your child to use all of these clues.
- And remember to leave doors fully open or completely closed to prevent your child from walking into the edge of one.

While your child may feel very confident in safe areas where they can move freely, they may still be anxious about leaving the house. As your child gets older, you may want some extra help with encouraging your child to explore, to learn routes around the nursery or school, and to learn to move confidently in an unfamiliar environment, eg when visiting a friend's house.

Your visiting **qualified teacher of visually impaired (QTVI)** can put you in touch with a mobility officer, habilitation worker or RQHS who can support you and your child.

It may be that using a long cane would help your child to walk about more independently. Opinions vary as to when to introduce early cane skills but some people think it's a good idea to introduce children to using long canes as soon as they can walk, and that parents should be actively involved so that children learn to use their cane as part of everyday life, not just in mobility sessions.

One parent introduced her daughter to a cane when she was three years old and said that it was the best decision she could have made. Her daughter took to it straight away and her concentration and behaviour improved immediately. She is also relaxed and her cane provides the information she needs to react to changes and hazards independently, without relying on being told.

Up and walking

Many children have dens and hideouts, which are, in effect, small spaces over which they have complete control. This experience is essential for children with sight impairments. They need to learn that a space has walls or sides, a bottom, a ceiling, a floor, an entrance or an exit. Huge cardboard boxes are a good, fun way to teach this, or you could corner off a bit of a room with armchairs. The aim is to create a space in which your child is confident and in which they can control their toys. Gradually the space can be made bigger, encouraging them to move and explore further.



Children with a vision impairment need lots of experience of exploring small, safe spaces. It builds their confidence and makes it more likely that they'll want to move around larger spaces, like a room or garden, independently. Some parents set up a travel cot or very large play-pen with toys to encourage their child to explore in safety.

Other ideas to try:

- Let your toddler play 'house' or 'boat' or 'car' inside a large cardboard box.
- If you have the space, keep an old mattress for jumping on.
- Let them climb on a small strong box, and help them to learn how to jump off.
- 'Sit and ride' toys, such as toy cars, give your child a degree of freedom of movement with some protection from bumps.

Learning to stand and learning to walk are real milestones in a child's development. Your baby may be a little late in learning to do these things when compared to other children, and some may prefer to shuffle on their bottom instead. Babies with poor sight are often reluctant to crawl as they are more likely to bump their heads, so encourage them to get up on their feet as early as possible. Again, a [QTVI](#) or [habilitation worker](#) can support you and your child.

- Before walking, your baby first needs to learn to stand. Encourage this by bouncing them on your lap to strengthen their legs and by standing them to lean against your chest when you are sitting down.
- Help them to stand on the floor by holding onto a sofa and encourage them to move along. They may feel more secure if you stand or kneel behind them.
- When they can confidently move along furniture, stand behind them, lean forward, and hold their hands at a level no higher than their shoulders.

- When they are comfortable in this position, gradually move their feet forward with your toes, so they get the idea of moving one foot and then the other.
- If they are still frightened of moving and are clutching on tight, practice around the furniture a bit more until they gain confidence.
- Give them a favourite toy to hold in one hand, while you hold the other.

Developing your child's confidence

As children begin to move around the house on their own, they still want to know where you are. You'll find that they call out very often and need you to reply so they can be reassured by your voice that you are still around.



Exploring the world outside

Each time you walk to the shops or the park or to pick up brothers or sisters from school, your child has an opportunity to learn about the outside world. A baby in a buggy feels the difference between a warm sunny day, a crisp cold day or a wet day. As well as the temperature, the sounds are different too – on a wet or foggy day the sounds are more muffled, and it's possible to hear spray on the wheels and the raindrops hitting the buggy covers. Some children with vision impairment don't like wearing hats as it makes hearing and interpreting sounds more difficult. Likewise, some toddlers dislike gloves if they stop them from feeling walls, fences and things that they pick up. Try to make regular walks fun and use them as a chance to notice something new, or reinforce something from last time.

Look out for interesting things along the way which may be large or colourful enough for your child to see, including:

- Bright red post boxes
- Cracks in the pavement

- Bubble paving stones at crossings
- Bus shelters

Listen for interesting sounds and explain:

- Cars and lorries
- Children playing
- Dogs barking
- Wind in the trees
- Squeaky gates

Collect interesting things such as:

- Leaves, twigs and pine cones
- Stones
- Feathers

Talk to your child as you turn corners, to introduce the language of directions, for example left, right, straight on, let's turn round, and stop. You can touch them on their shoulder, too, to reinforce this: left shoulder when turning left, right shoulder when turning right. See if they can begin to remember which way to go on walks that you do together often.



Gardens and parks

Take your child to the park or let them go in the garden in all sorts of weather and during all the seasons, so they know how different gardens and parks sound and smell when it is rainy or sunny. Introduce them to grass, gravel paths, tarmac, wood chips and springy safety surfaces. Let them feel and smell safe plants and notice the difference between cold metal swings and a warmer wooden fence. When it's warm enough, let them experience grass barefoot, too.

Other ideas for spending time outside:

- Give them a sturdy wheelbarrow to collect things in and play ball games with an audible ball.
- Let them help you to plant herbs with a definite smell in pots or in the garden – for example, rosemary or thyme release a strong smell when stroked and are not too prickly. Some children can use different scents to remind them of where they are and find their way around.

- If you have a space big enough for a climbing frame, hang something noisy on it such as a wind chime so that your child can find it by themselves.

Sandpits and paddling pools have great play value as well if you have the room. Introduce these things slowly and supervise closely. Gardens and parks can be magical places but can also be dangerous. Here are some things to look out for:

- Make sure the fence is safe and secure so they can't wander out.
- Make sure the garden gate is securely fastened.
- If you have a pond in the garden, cover it over so they can't fall in.
- Watch out for wires, hose pipes, poisonous berries, cat mess, slug pellets, stinging nettles and thorns.
- If you use garden canes, cover the tops so your child can't hurt themselves if they fall.

Car rides

Car rides are often helpful in soothing a fretful baby, but as they get older, your baby may become bored and frustrated when strapped in a car seat. Keep them entertained by talking or singing to them. Explain the sounds they can hear, or play music or a story, and give them some favourite toys to play with. For long journeys, a new toy or activity centre attached to the car seat might help to keep them happy and interested for some of the time.

Meeting others

When parents or carers find out their child has a vision impairment, many find it helpful to talk to others and to meet other families who have a child with a vision impairment. Some choose to contact or join a parent carer support group. Some are organised by **local authority vision impairment services** and others are run by parents or sight loss charities. Your local Action for Blind People Children and Families Co-ordinator can tell you about parent-led support groups in your area. **Action for Blind People** also run residential weekends where you can meet other families with a child or parent carer who has a vision impairment, take part in activities and listen to talks about supporting people with a vision impairment.

Parents groups vary enormously in size and in how active they are. Some cover only part of a city, while others bring together parent carers from across a whole county. Some parent carers keep in touch by phone or email and meet informally in between group meetings.

Group meetings give parents an opportunity to:

- Share experiences and emotions
- Learn from each other and meet other people who understand what it's like to bring up a child with a vision impairment
- Meet older children with a vision impairment
- Listen to guest speakers
- Attend social events which involve all the members of the family.

You may want to look at general parent carer support websites, such as Mumsnet or Netmums as these often include active conversations relating to children and young people with a vision impairment.

If you are a parent carer of a child with vision impairment, or a blind or partially sighted parent, you may like to visit the parents' section of our website at rnib.org.uk/parents.

You can find more information on support groups in the Who can help section in Part 1 – General Information.



If you're out, it can be difficult when a total stranger asks you questions in front of your child about your child's eyes and what they can see. Shopping with a young child can be stressful enough without such questions. However, it happens, and it's difficult to avoid other people's curiosity or well-meant interest. Eventually you become used to it.

Many parent carers find it helps if you prepare your own matter of fact answer, making it less likely that you get upset. Your answer can reinforce the positive attitudes you want your child to have. Brothers and sisters often become very good at explaining what their sibling can or can't do. Eventually most children learn to answer for themselves. Encourage people to talk directly to your child and support your child so that they learn to answer politely and appropriately.

Choosing an early years setting

Starting at a childminder's house, nursery, school or playgroup is a big step, so contact your Local Authority **qualified teacher of visually impaired children (QTVI)** to discuss the choices and help available. If a QTVI is already supporting you with your child's learning at home, they usually continue to support your child as they make the transition into early years settings. They can help you to make choices and help staff at the setting to understand your child's needs. They also directly support some children at playgroup or nursery and at school.

Children with vision impairment may benefit from starting playgroup or nursery on a part-time basis a bit earlier than other children. Most go to local mainstream nurseries or playgroups, but some special schools also have nursery classes.

Early years settings offer young children with a vision impairment the opportunity to:

- Broaden their experience
- Engage with the early years curriculum called the Early Years Foundation Stage to assist them in playful learning and their development
- Learn to play with other children
- Get used to moving about confidently in different and larger environments
- Play with more and bigger toys than can be provided at home
- Increase in confidence both indoors and out-of-doors.

All these skills are valuable in their own right for children who are in their early years and it can help them make a better start at school later on. It's never too early to begin finding out what educational opportunities are available in your area.

Going to an early years setting for the first time

This is an important stage for you and your child. Children are primed to stay close to their parent carers so it's no surprise if, from the age of around eight months to three years, or older, children protest when you leave.

Visiting a new childminder, playgroup or nursery before you first leave your child there is essential. It allows them to become familiar with the new surroundings and to get to know the children and adults there. This may take longer for a child with vision impairment. How quickly you can leave depends on your child. If they settle in gradually but without tears, they're likely to have more confidence later on, when they start school.

Try to stay calm and positive and always talk about the setting in an encouraging way. If you smile and talk in a relaxed way when you chat with the staff, your child will pick up cues that it's fine to stay. If you show you're anxious, your child may pick this up too and become more fearful.



Check whether the setting operates a 'key person' system. This is where one person takes particular care of your child and forms a special relationship with them so they can build confidence and trust in the setting over time. The setting might also have an equality named co-ordinator (ENCO) on the team, whose role is to support inclusion and to promote equality for every child. The ENCO, working alongside the SENCO, can aid your child's transition into the early years setting and support your child's equalities needs.

In addition, try to help your child become more confident about:

- Learning practical everyday tasks, like dressing, eating and using the toilet
- Talking to new adults, for example, when paying in a shop, so that they learn to ask adults for help
- Taking some responsibility for tidying toys, watering plants or feeding a pet.

When you start to leave your child, slowly build up the amount of time you are away. Try not to play alongside your child, or they may think you'll always be there. Aim, little by little, to distance yourself from your child – for example, by wandering to the edge of the room and talking to another adult so that your child can hear your voice and know you're still there, but busy. Start by telling your child that you're going away for a couple of minutes and then return. If your child is happy with that, gradually increase the time you're away. Aim to build up a 'goodbye' routine so that your child knows you're going, but is confident that you will always come back.

One way of helping your child feel more at home in a new setting is to turn one area into a quiet corner. Create this with furniture and add a removable entrance. It could enclose your child's favourite toys. Your child might like to explore and feel secure in this area first. Then the area they play in can gradually be expanded. Other children can be invited to visit in ones or twos.

As your child gradually wants to venture further into the play areas, your child's key person can respond by helping them to learn key routes and introduce them to all the activities that are on offer.

Playing with other children

All children play alone or alongside each other at first and it takes time for them to be ready to mix with others and interact when they play. While a fully sighted child can quickly scan a room and see all the possibilities for play available to them, including other children, a child who has a vision impairment may only be aware of what is immediately within reach. Being able to move and being told what is on offer that day gives a child more choices about what to do. It takes time and reassurance to encourage them to include others in their play. If they join in with a small number of other children early on, they will soon be less reluctant to mix.

In general, children with impaired vision need more help to understand social conventions and to learn to use appropriate body language. Being with other children helps as it gives them lots of opportunities to experience how other children behave and to experience others' reactions to their own behaviour.

Encouraging positive behaviour

Learning to share, searching for independence and dealing with change are important parts of every early years child's development and it's important to have the same expectations about behaviour that you would have of other children of the same age. However, when a child has other learning difficulties in addition to a vision impairment, be aware that unacceptable behaviour may be a signal that they are not feeling well or are feeling frustrated that they can't communicate something. Trust your judgement.

Setting boundaries

Building up a child's self-esteem and making them more secure involve establishing some ground rules to let them know what you expect of them and what responses they can expect from you.

Establishing ground rules:

- Be consistent about behaviour. If you let them get away with something one day and not the next, they won't know whether it's right or wrong.
- If you say no all the time, your child will switch off and not take any notice of you. Say no to the things that really matter. And if you say 'no', mean it and carry it through – otherwise they learn that if they make a fuss you will change your mind.

- Take every opportunity to tell them they have done something well and that you are pleased. Praise and positive reinforcement are the best ways to let a child know that you value what they've done and encourage good behaviour.
- Encourage other adults to behave towards your child in the same way as they would to any other. Your child is a child who happens to be blind or have partial sight, not a blind child or a partially sighted child. Positive attitudes and high expectations really affect your child's view of their own abilities and their self-confidence.

It sometimes helps if other children can share books about vision impairment. You can find suggestions in the sight section at healthybooks.org.uk

Establishing routines

It's important to establish clear routines so that children know what to expect. Routine helps young children to feel secure, and it's very important for children who can't see, because it can be more difficult for them to anticipate what's going to happen next. Routines can be built around taking children to nursery, mealtimes, and personal care. Doing things in the same order, day after day, helps children to predict what will happen next and to begin to understand more about the world. There will be occasions when normal routine is disrupted. Explain this to your child to help them understand and deal with change.

Choosing a school

It's important to discuss options with your visiting teacher (QTVI). You should be offered information on the schools in your area. This may be the local school, a mainstream school that has a specific resource for children with a vision impairment, or a special school, including schools specifically for children with a vision impairment. Your local school should make provision for your child, but may not have a specific resource for children with vision impairment. The RNIB website lists some of the mainstream schools in the UK that have specific resources for blind and partially sighted children.



Find out more information by visiting this RNIB website at [rnib.org.uk/education](https://www.rnib.org.uk/education)

Most blind and partially sighted children are educated in mainstream schools, but some attend special schools for children with a vision impairment or schools for children with additional learning needs. RNIB has details of schools and colleges that are specifically for blind and partially sighted children, including those with additional needs, or schools that have facilities for them.



Find out more information on choosing a school by visiting this RNIB website at <http://bit.ly/1RiX6nz>



The Early years foundation stage

Children in all early years settings in England follow the early years foundation stage (EYFS). This became compulsory in September 2008 for all early years settings that have to register with The Office for Standards in Education, Children's Services and Skills (Ofsted), which inspects and regulates care and education for children and young people in England. The Department for Education revised the EYFS in 2014. The new framework sets out seven areas of learning and development that must shape educational programmes in early years settings. All areas of learning and development are important and inter-connected.

Learning to read

Young children can be introduced to the pleasure of listening to rhymes and stories from an early age, including stories about their own experiences. This is often their first introduction to books. Children look at pictures and recognise people and objects that they experience in everyday life, or are introduced to other real-life or fantasy experiences. They begin to enjoy imaginary play where toys and objects represent real-life experiences. They begin to use crayons and pens for early drawing. Young children play at reading and writing before they begin to learn more formally. They also begin to pay attention to the sounds or 'phonic' elements that make up individual words that they hear spoken, especially in rhyming games.

These are all emerging skills that are needed for literacy to develop. They demonstrate a child's ability to link meaning to abstract symbols.

Vision usually plays a key role in these early developments, but other sensory channels can be used to provide alternative opportunities. If a planned approach is used, you can help your child with all of these experiences. It's never too early to introduce your baby to books. Babies enjoy the closeness of being read to, well before they understand the words that are being said.

Find out more information by visiting this RNIB website at <http://bit.ly/1S1LyBV>

Babies with vision impairment are attracted to clear, simple images such as faces and bold black and white patterns like stripes and chequered squares. They are also likely to be attracted by movement. Some board and cloth books open out into a frieze of high-contrast pictures which you can prop up for your baby to look at.

When your baby has developed some control over their hands, let them turn the pages as you share a book together. Babies will want to feel the pages, so books with textured pictures, crinkly pages or flaps to lift up are fun. Young children enjoy noisy and squeaky books too. Soft plastic books are fun to splash about with in the bath. You can adapt books and make your own with objects that have particular meaning for your child. Let your child discover the things that you read and explain what they are – newspapers, recipes, catalogues, takeaway menus and junk mail, as well as books.

Booktrust is the national charity concerned with books and reading for pleasure. The organisation is probably best known for **Bookstart** which offers parents or carers of every baby in the UK a free pack of advice and books. There is a version of the pack called **Booktouch** specifically for children with a vision impairment. Every blind or partially sighted baby is entitled to a free pack, and there is an extra one (featuring an older touch and feel book) for children aged two to four years. The pack is often given out by health visitors or QTVIs who work closely with their local Bookstart scheme to ensure the right numbers of packs are ordered and given out.



Learning to read in print

Children with limited vision may not naturally come across or be able to see and learn about visual symbols, pictures and printed text. They may enjoy stories but not be able to see the details of the pictures or text with sufficient clarity to understand it or make connections with the story. If your child has some vision, choose books with bright, clear pictures with bold outlines to read with them. Babies are attracted to big, clear illustrations of familiar objects. It's best if the words are in bold print on a plain background, as words printed on top of a picture are harder to see.

Many children with a vision impairment are able to use print, although most need larger or clearer print than is normally found in books.

Partially sighted children learn to read in the same way as sighted children, using suitably adapted large print books or magnifiers, or other low vision aids prescribed by a low vision clinic to help to them see the words more easily. It's important to remember that not all children need spectacles, but you should find out all the options available to make it easier for your child to read print. You can find some books in large or clear print at your local public library; Blind Children UK sells a large selection of large print books, and RNIB Reading Choices has titles to loan and buy.

Learning to read in braille

Some children may learn to read and write in **braille** or **Moon** as an alternative to print. **Braille** is a tactile form of reading made up of raised dots.

Reading braille requires the ability to discriminate by touch the patterns that are made by sets of raised dots which represent letters or words.

There are two grades of braille:

- Uncontracted braille is a straightforward letter for letter translation from print and includes the alphabet, numbers and punctuation marks.
- Contracted braille has shorter signs for combinations of letters and more commonly occurring words. This makes braille documents shorter and quicker to read.

RNIB has a good summary of information on books for children at <http://bit.ly/1QUUvhs>

Children learn to write braille using a Perkins Brailler, a braille writing machine with six keys, which makes raised dots on special paper. A **qualified teacher (QTVI)** of visually impaired children will give expert advice about whether a child should learn braille.

Moon is another form of reading by touch, which looks more like print letters, using curves and straight lines. It is easier for some children to read, as it can be enlarged, but there are not as many books available.

Even though it may be far too soon to think about whether your child will learn braille later on, you can borrow books with both print and braille on them to share together. In the same way as we read print to children who are far too young to understand letters and words for themselves, you can let your child feel the braille dots and introduce the idea that braille dots make words that tell you what to say.

Children need a rich literacy environment to prepare them for more formal reading and writing approaches later in school. You can help your child to prepare for reading and writing by:

- Reading to your child
- Involving your child in everyday routines and objects so that they become meaningful to the child
- Responding to your child's early language and communication to help them make sense of their everyday experiences
- Listening to first stories, such as stories about their daily experiences
- Sharing early tactile and sound books with family members
- Labelling books with a tactile marker or braille so that children can pick out their favourite stories

- Using story sacks or 'bag books' in place of pictures to add to the pleasure of sharing books and to encourage children's involvement in understanding and predicting stories
- Labelling everyday objects or features at home with braille, such as a symbol, initial letter or braille name on room doors, such as 'Jane' on Jane's bedroom
- Labelling print books with braille tape/film.



Children need to develop touch discrimination and a range of hand skills before beginning to use braille, so they can use their fingers to discriminate and read braille symbols through touch and use a braille machine to write. These finger skills usually develop through touching, striking, twisting, picking up, carrying, pointing and playing with everyday objects that they come across. Finger strengthening activities can be included in everyday experiences and play so that they are motivating and meaningful for your child. If your child has any difficulties with using their hands or is reluctant to do so, talk to a **qualified teacher of visually impaired children (QTVI)** about the best ways to help.

Below are lots of ideas for activities to encourage early touch skills.

Grasping with whole hand or palm

- Squeezing toys
- Squeezing clay, dough or plasticine
- Taking objects out of containers
- Drawing
- Using pastry or cookie cutters

Grasping with finger and thumb

- Stringing beads
- Holding paper for cutting
- Using crayon, pencil, paintbrush, or glue sticks
- Pinching clay, dough, or plasticine
- Turning pages of a book
- Sorting small objects like paper clips and buttons
- Using buttons, zips and poppers (press studs)
- Turning knobs on a wind-up toy

Releasing from grasp

- Giving an object on request
- Stacking activities
- Sorting activities
- Placing objects in containers
- Putting shapes in a shape sorter
- Putting coins in money box slot
- Putting pegs in pegboards

**Rotary (turning) motion (wrist/elbow movement only)**

- Assembling nut and bolts
- Turning volume knobs on radio, TV, etc
- Manipulating screw top lids on jars
- Mixing food in a bowl
- Scooping sand, gravel, dried peas or beans
- Finding things in gravel, sand, dried peas or beans
- Turning keys in locks
- Pouring from one container to another

Using fingers individually

- Making finger prints in clay, dough or plasticine
- Pushing buttons on a cause-effect toy, CD or music player or electronic learning toy to get different responses
- Playing musical keyboards
- Turning dial on traditional toy phone
- Tracing around stencil with finger

Encouraging light/sensitive touch

- Handling soft or fragile objects without crushing, eg cotton wool balls or dried flowers
- Tickling others gently
- Stroking a pet
- Moving counters over a slippery surface

Encouraging tactile discrimination

- Identifying clothing by texture
- Using feely bags
- Playing 'What is it?' games using touch alone
- Finding objects in sand barrel or similar
- Sorting socks by texture and size
- Sorting shapes such as building blocks or pasta
- Sorting small objects, eg buttons, beads or grains of rice (short and long grain)

**Developing hand and finger strength**

- Crumpling pieces of paper, eg newspaper or brown paper
- Stretching rubber bands
- Manipulating dough or clay
- Squeezing bottles, such as glue or bubble bath
- Using a small stapler with one hand
- Using a stapler placed on table
- Using a rolling pin
- Using a hole punch
- Assembling and dismantling linking construction toys
- Squeezing a sponge or wringing water out of a cloth
- Flattening a ball of clay or dough with hands or fist

Using both hands together

- Stringing beads
- Pulling tape off a roll
- Tearing paper
- Twisting lids off and on
- Tearing or cutting paper
- Holding container with one hand while putting object in and out with the other
- Pushing together and pulling apart pop toys
- Kneading bread dough
- Rolling dough or clay into balls and sausage shapes
- Rubbing in flour and fat when making pastry
- Stabilising bowl with one hand whilst stirring with the other

Developing finger position

- Curve fingers over edge of a ruler or pencil
- Gripping rungs of ladder or climbing frame
- Name and identify the job of each finger, eg 'Peter Pointer'

Developing tracking

- Trace along a line of string or dowelling
- Track along a line of thread, wool, pipe cleaner or straw
- Follow a line of holes or stitches

The following organisations have materials to help you support your child in developing these early touch skills.

- RNIB has information about braille reading schemes and distance learning courses designed for parents and support workers wanting to learn braille to support their children. Check out the summary of information on books for the classroom and leisure: nib.org.uk/professionals/education/support/resources/resources/Pages/leisure_books.aspx.
- The **ClearVision** lending library has an extensive collection of mainstream picture books with added text in braille or Moon. These include a number of two-

way books that combine print and pictures with braille, which blind and sighted children or adults can read together.

- The RNIB Reading Service also has braille children's books for older readers.
- The **Living Paintings Trust** offers a free library of children's picture books.
- **Booktouch** is part of Bookstart, which aims to introduce babies and toddlers who are blind or partially sighted to books, and provides a free pack for parent carers.
- **Bag Books** has a selection of multi-sensory story packs to buy.

Stories in other formats

Many children's stories, poems, songs and rhymes are available through toyshops and bookshops. Your local public library should have a range of audio books. Charity shops are a good source of children's CDs to buy.

Calibre Audio Library is a lending library of audio books and has a collection of stories for children. The **RNIB Reading Service** also has a postal library service that offers a range of children's audio books.

You can find contact details in the Useful organisations and websites section in Part 1– General Information.

**Vision
impairment:
Part 3 –
School Years**



Getting started

Starting school is an exciting and major event in a child's life and it can open up a range of experiences, relationships and support that will benefit your child and the rest of the family. It can feel daunting, however, to enter a new school community and get used to new ways and new people around your child. The advice here will help you know what to expect.

Many children will already have been diagnosed with a sight problem before school age, either because it was clear from a very early age that they have difficulty seeing, and/or because their eyes looked noticeably different. Some vision impairments, however, may not be detected until the child is a bit older.

This might be because your child has a condition where their vision becomes worse over time, or the new demands on their vision (such as reading and looking at the board at school) make it clear that there is a problem.

Vision impairment can also be a result of an illness, accident or injury.

If your school-age child has recently been diagnosed, you may find it helpful to look at the [Early Years section](#), which has a wealth of information about how vision works and how a vision impairment can affect learning and understanding. The [Early Years section](#) contains information about helping your child to learn life skills, making the best use of any remaining vision, developing sensory skills and learning to move confidently. This advice will still help if your child is older, but having to re-learn living skills with a vision impairment.

Going to school might be the first time that your child is spending a large part of their day away from you. It is understandable to worry about your child's happiness, safety and ability to join in the activities, but the people around your child want to work with you to make all of these things go smoothly.





Your local authority **qualified teacher of visually impaired children (QTVI)** will work with you and the staff at your child's school to meet their needs. If your child has a teaching assistant, the QTVI will train and advise this person to support your child's learning in school. QTVIs support school-age children in different ways – they can give advice at review meetings and decision-making points, and liaise with class teachers. They may visit the child and be involved in their classroom teaching more regularly, perhaps weekly, monthly or termly, to support particular subjects.

The level of support depends on the individual needs of the child, their specific vision impairment and how support for children with additional needs is organised in your school and by your local authority.

Going with the flow

Everyday life

This section looks at some of the everyday challenges for families with a school-aged child who has a vision impairment. Developing independence skills, and supporting your child to find their own interests and talents, is a helpful starting point. If your child has a severe vision impairment and/or additional needs, they may always have a higher level of dependence than other children of the same age, but steps can still be taken towards them doing things for themselves.

All children can move towards understanding that their own choices, interests and preferences are very important and can be made to happen with the right help.

That doesn't mean that Mum and Dad always say yes to everything though! Learning to fit in and take account of other people's needs and choices are just as important as learning to making their voice heard.

Eating and drinking

The **Eating** section in **Vision impairment Part 2 - Early Years** gives practical suggestions for weaning, introducing solids and learning to eat independently. It's important to develop school-aged child eating and drinking skills so that your child is comfortable with eating in new environments such as school.

Find out more information about classroom support on the RNIB website, at [rnib.org.uk/guidanceonteaching](https://www.rnib.org.uk/guidanceonteaching)



If mealtimes present specific difficulties for your child, practice often helps. Many primary schools serve meals on moulded trays with a section for each type of food. You might find it helpful to borrow one of these trays so that your child can practice eating from it at home. The staff serving the food can be asked to describe carefully where each type of food is on the tray or plate, so that your child knows where to locate everything. Some older children who have learnt to tell the time use a 'clock face' description to understand their meals – 'Your peas are at 9 o'clock, your chips are at 12 o'clock'.

To help your child develop an understanding of food and healthy eating, involve them in cooking and food preparation at home. This helps them to learn about ingredients, tastes, smells and ways that food can be prepared.

Playing

Play is one of the richest environments for learning, and remains extremely important as your child goes through school. Your child may start to enjoy games and toys such as board games, which involve patience, thought and tactics.

Toys and games which encourage development of these skills and which use memory skills are good. Inviting, or visiting, new school friends to play is also a good way to expand your child's experience of playing and developing friendships, giving them access to a wider range of people, toys and ideas.

RNIB sells adapted or tactile versions games for people with a vision impairment at rnib.org.uk/shop



Sleep

Most children's sleep patterns are well established by the time they reach school age. If you are having trouble establishing bedtime routines and cues for going to sleep, take a look at [Vision impairment Part 2 - Early Years](#) for practical advice.

Some children who have no vision, or only have a very low level of light perception, encounter problems with sleeping because they are not receiving and processing daylight through the retina (back of the eye) which in turn affects the 'body-clock'. In some cases, such children can be prescribed Melatonin, a hormone that cues the body to sleep at night. If you are concerned about your child's sleep patterns, contact your GP for further advice.

Remember that many everyday tasks can be more tiring for children with vision impairment, either because they are working hard to use their remaining vision, or concentrating hard to bring together bits of information from their other senses to make sense of what is going on around them.

School years place increasing demands on children in terms of learning, concentrating and being involved in many different activities. Getting enough sleep helps to give your child the best chance of reaching their potential.

Getting around

Learning to move about confidently, safely and as independently as possible continues to be an extremely important part of your child's growth and development through school years. RNIB's Effective Practice guide called [Mobility and Independence](#) at school age explains how mobility officers can work with you and your child to develop your child's independent mobility.

You can download the guide from this page rnib.org.uk/guidanceonteaching

You can also find more information in the Early Support resource for Sleep at the Council for Disabled Children website see <http://bit.ly/2hBPi3q>



Hobbies and free time

As a parent carer, you may wonder how your child can take part in the hobbies and activities that sighted children do outside school. Children with vision impairment can take part in a large range of hobbies, clubs, sports and activities. They can get involved with mainstream groups and join in on activities specifically for children with vision impairment or other impairments or additional needs.

Actionnaires are sports and activity clubs for children with a vision impairment, aged from eight to 16 (or from four years-old if accompanied by a parent carer), and their siblings. These clubs are run by **Action for Blind People** throughout England and meet regularly (weekly, fortnightly or monthly). The clubs are a great way for children to meet others with vision impairment, which can be helpful if your child does not know many other children who have a vision impairment.

Across other parts of the UK, activities specifically for children with a vision impairment may be organised by parent carers support groups. Your child might like to join a group such as Brownies or Scouts, or Woodcraft Folk in your community, which offer lots of activities and the chance to make new friends. If your group leader would like advice on including a child with vision impairment, **Action for Blind People** can advise them and provide ideas for awareness-raising activities with the rest of the group.

Remember that your child has a right to be included in leisure activities under the Equality Act (2010) which applies to people providing services such as after-school clubs or swimming lessons for children. Sometimes it can take time and some discussions to make sure that the support arrangements are right for your child, but try to keep a 'can-do' attitude and don't be put off if you are presented with barriers. These

might occur simply because the people involved don't have experience of working with children with vision impairment, in which case training and advice are available.

Health and safety considerations for activities involving children are usually adequate to ensure the wellbeing of participants. However, the organiser should assess any additional risks that might arise from a vision impairment.

It is likely that an increased staffing level will make sure that your child can get the most out of the activity and be assisted when needed. It is not lawful to charge you more for extra staff. An activity leader who wants guidance on how to include your child can contact the **RNIB Helpline** for advice.

Find out more information on the Action website at actionforblindpeople.org.uk/children



Going to primary school – how your child's needs will be met

Your child should have a joint assessment of their needs, so that:

- Your child's teacher understands the implications of the vision Impairment, and can figure out the way the child can learn best.
- The support your child needs can be put in place, such as any special resources, extra staff support or adaptations to make the school easier to move around.

There is a new framework for providing support to children with special educational needs as set out by the Children and Families Act 2014.

You can also find information on RNIB's SEND reforms page at [rnib.org.uk/send-reform-resources](https://www.rnib.org.uk/send-reform-resources).

Education, Health and Care Plans

Depending on how much support your child will need, your child may have an Education, Health and Care Plan (EHC Plan), which sets out all the help required and who will deliver it. EHC Plans replace Statements of Special Educational Needs (also known as Statements). The principle of setting out what a child needs remains the same.

If your child is being assessed for support for the first time, you will enter the new system and be assessed for an EHC plan or SEN Support. No newly-assessed children will be issued with a Statement as these are being phased out and replaced by EHC plans.

For more information, you can download the Department for Education's (DfE) Special Educational Needs & Disability (SEND)'s guide for parents and carers from bit.ly/1lc1e94



If your child already has a Statement, your local authority will guide you through the transfer from Statements to EHC plans. Different local authorities are doing this in different ways, but this must be done by April 2018.

Your child may have an EHC Plan before starting statutory education, but this is not always the case. An EHC plan names the method of access (eg braille, large print) and outlines how the outcomes in the Plan should be met, eg through provision of alternative formats, teaching assistant support, mobility training, equipment and adaptations. It should also include your child's views and aspirations and any cultural needs, such as home language requirements, and if English is an additional language.

A main feature of EHC plans (that differs from Statements of Special Educational Needs) is that they combine the education, health and social care needs of the child altogether in one document.

SEN Support

Your child may not have an EHC plan but can still receive support to meet their special educational needs through an individual plan. This is called SEN Support and it means that the support is co-ordinated by the school. SEN support replaces School Action and School Action Plus. Your school will assess the needs of your child, ask for advice from other professionals, such as a QTVI, if necessary and develop an action plan on how to achieve the outcomes that have been identified.

For both EHC plans and SEN Support, your views as a parent, and your child's views are a central part of putting the right support in place. You and your child will be asked about hopes and aspirations for the future. You and your child will be asked what their strengths are, what they find difficult, and what helps most. Reviews will also take place, where you will have a chance to say what support has made a positive impact, whether the outcomes have been achieved, and what changes need to be made.

Information about the timescale for transfer from Statements to EHC plans is available from IPSEA at bit.ly/1nyMwtS



The Local Offer

Every local authority must identify the education, health and social care services in their local area, which are provided for children, young people with SEN or disabilities, and their families, and include them in an information directory called the Local Offer. You or your school can use the Local Offer to see what support is available to help achieve your child's outcomes. You can use our **online database of local offer weblinks** rnib.org.uk/sensupport to find your area's details.

Teaching assistants

At times, a teaching assistant is employed by the school to help ensure that your child has appropriately adapted materials.

The teaching assistant may also spend time alongside your child in the classroom to help them to participate fully in learning experiences.

The teaching assistant will work closely with the class teacher, inclusion manager (sometimes called the SENCO or special educational needs co-ordinator) and QTVI to ensure your child can take part in all subjects.

A school or play provision might also have among their staff team an equalities named coordinator (ENCO) who will work with the SENCO and other staff to support your child's holistic equalities needs and inclusion.

Sometimes a teaching assistant works directly with a child to ensure they understand the lesson, but at other times the teaching assistant spends time adapting materials for future lessons or supporting others. The aim is to enable your child to access the curriculum as independently as possible.





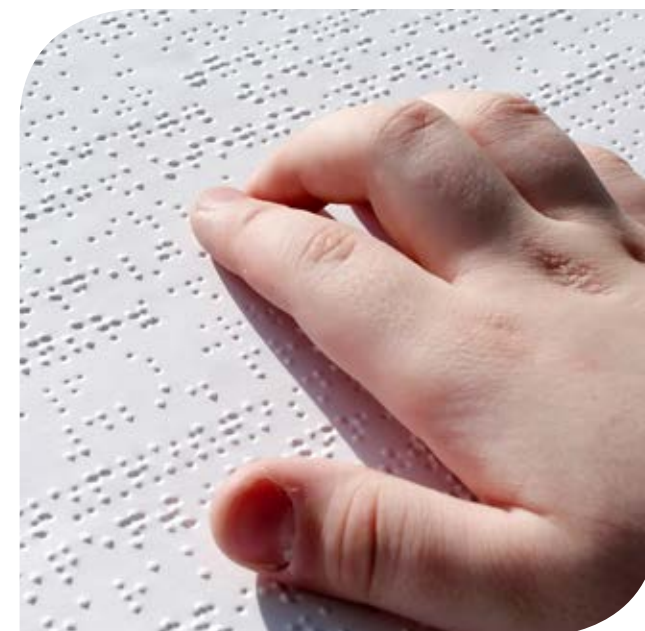
Methods of learning and formats

Before your child moves on to primary school, your **qualified teacher of visually impaired children (QTVI)** will talk to you about the different methods and tools your child will need to use to learn at school. This depends on what they can see and their progress so far. Your child might use standard print perhaps alongside **low vision aids**, enlarged print, braille, **Moon** or objects of reference (using objects to convey a meaning). Most children who have a vision impairment in mainstream schools use enlarged print or braille. For more information see the **Learning to read** section in **Vision impairment Part 2 - Early Years**.

Braille

A child who is learning to read and write in braille spends most of their primary school life learning it, just as it takes sighted children several years to develop their print literacy skills. You can read about pre-braille and early braille skills in **Vision impairment Part 2 - Early Years**.

You can support your child's progress and enthusiasm for learning braille by reading books together at home (either in braille or dual format print/braille books which are available from **Clearvision**), noticing braille signage when you are out and about and by finding braille books or publications about subjects that your child is interested in.



To find out how to get hold of books in braille, large print, audio, ebooks and multimedia textbooks to support your child's learning in RNIB's guide to books for the classroom, visit <http://bit.ly/1UdtRCC>



Adapting or enlarging print

Large print generally refers to print that is larger than 14 point and has no upper size limit. Though if your child needs an extremely large font size, your QTVI might discuss whether other options (such as braille) will be easier for your child to manage and easier to source.

Many materials presented to children in the first years of their early years setting and school are all in large print because this is easiest for all new readers. If your child continues to need books and written materials in large print as they move up the school, they will have an increasing need to have adapted or specially produced materials, because books and worksheets produced for sighted children tend to have smaller print as they go up the primary years.

Simply enlarging written material on a photocopier is unlikely to produce good quality written material. The print becomes less clear and you can end up with large A3 paper that is difficult for your child to manage in school. If print needs to be enlarged, often the whole page needs to be adapted, with any diagrams redrawn or simplified so that it is easy to follow in the larger font size.

Before adapting books and other resources, it is important to check if a large modified version has already been produced. RNIB's guide to books for the classroom lists many providers of large print and electronic books and is a good place to start. Find out more information at bit.ly/1XsNZPn.

Children who read large print often prefer to write on dark-lined paper and to write with a thick black pen rather than a pencil.

Audio books, DAISY and ebooks

Some children use audio books, too. Audio or talking books are widely available, and are also produced specifically for people with vision impairment. Audio books, newspapers and magazines are available to listen to on CD, and in digital formats such as MP3. You can listen to RNIB talking books using a DAISY player. Audio books are mainly recorded by actors and other professional readers, whereas ebooks are read by a synthetic voice. Find out more about buying and borrowing audio books at rnib.org.uk/reading

RNIB Bookshare (previously called Load2Learn) provides accessible textbooks and images to support learners who have difficulty reading standard print. Their service is free to educators in the UK. load2learn.org.uk



Your child may like to listen to books at home as a leisure activity. This can be a restful alternative to learning to read print or braille. Listening to stories in the car also can encourage an interest in stories and be enjoyed with brothers or sisters. Developing good listening skills will be extremely useful if your child is likely to rely on their hearing to compensate for the visual information they miss. They may listen to computer and online materials using 'talking' software when they get older.

Touch typing

As children begin to produce more work, some children are taught to touch type, so that they can produce work that reflects their ability. It's important for children with severe vision impairment to learn to touch type accurately as this is likely to become their main way of producing written material at school and into adulthood. Your **qualified teacher of visually impaired children (QTVI)** will work with your child's school to organise teaching for your child to type.

Numeracy

Children learn important concepts in numeracy in the early years of primary school, often by using counters, shapes and measuring equipment. This practical approach usually presents less of a challenge than when maths becomes more complicated.

Your child may need extra support and different materials or learning experiences to ensure they understand visual and spatial concepts. RNIB sells a range of maths equipment including easy-to-see and tactile graph paper, rulers, and talking calculators.

Equipment and aids

Some children with vision impairment benefit from alterations to lighting, either because they are sensitive to bright light or glare or because brighter light helps them to use their vision better.

Children may also be encouraged to use a white cane (either a long one for mobility, or a short 'symbol' cane to help other people understand that they have a vision impairment.) A mobility officer can discuss these options with you and your child's teacher.

Low vision aids, such as magnifiers and CCTVs (a video magnifier consisting of a high definition camera connected to a monitor with a movable table below) are useful for some children. An optometrist or optician can refer your child to a low vision clinic to be assessed for appropriate aids.

Find more information visit this RNIB website at <http://bit.ly/1R0dV18>



Choices and challenges

Friendships

‘My child cannot see facial expressions or body language. She can’t recognise people at a distance; how will she manage in the playground?’

Vision impairment can mean that eye contact, facial expressions, body language and gestures may simply go unnoticed or be misinterpreted. Your child may need help to learn ways of understanding social situations so that they can build positive relationships with other children and adults. Young people with vision impairment say that making friends is one of the most important contributors to being happy as they are growing up.

Encouraging children to socialise

If your child needs help to socialise, staff will plan how to encourage your child to interact with others, both in the classroom and in the playground. At first, this may need to be closely structured, but as your child grows in confidence and builds friendships, the need may lessen. Talk to your child’s teacher about what you can do to help your child make friends.

Remember, all children have individual personalities. Some children don’t want to be always playing with others; they like time to themselves, or with one special friend.

Accepting differences and dealing with bullying and discrimination

Just as you have developed a way of talking about and explaining your child’s vision impairment to others, your child may find it helpful to develop a way of explaining their eye condition or vision to enable friends and classmates to understand their impairments and needs. Some children prefer not to discuss their eye condition and their privacy should be respected. However, most children find it helpful for the people they spend time with to understand a little about the way the vision impairment affects them, and to have a sense of when to offer help, or when no help is needed.

If you would like school staff or the rest of the class to understand more about vision impairment, ask the class teacher or **SENCO**, who may involve the qualified teacher of visually impaired children (QTVI), to provide training, activities or materials.



RNIB has some teaching and learning materials available for sighted primary school children to understand vision impairment. These are available as downloadable lesson plans in the Resources for Teachers section in [RNIB's Wear Dots](https://www.rnib.org.uk/weardots) fundraising website. Find out more at weardots.rnib.org.uk.

How you talk about and share your child's vision impairment is a very personal decision that should be made within your family, with your child's feelings and preferences at the centre.

Bullying and discrimination should never be tolerated or ignored, whether it relates to a child's impairments or otherwise. If your child is being bullied and/or subjected to discrimination at school, speak to the class teacher or head teacher and ask about their bullying and equalities policies and procedures.

The Young People's section of the RNIB website offers guidance on coping with bullying and discrimination, as well as case studies from young people themselves on how they have managed this difficult issue, rnib.org.uk/youngpeople

RNIB's Sight Loss Counselling Service can support parent carers and young people from the age of 11. This may be useful if you or your child is struggling to come to terms with the impact of a vision impairment, or is facing bullying and/or discrimination.

Find out more by visiting this RNIB webpage
rnib.org.uk/emotionalsupport



What if things aren't working?

If you or your child is not happy with the support arrangements at school, we suggest you raise your concerns at an early stage with the class teacher, head teacher or **QTVI**. Ask to meet with the staff supporting your child to raise your concerns, and try to discuss solutions or new approaches to a problem.

Go prepared to the meeting – write a list of your concerns and any changes that you feel could make things better. Try to take account of the limits on time and money that the school and QTVI teaching service have to work within.

Your local Information, Advice and Support Service (IASS) can give you support and advice if you are facing challenges regarding your child's special educational needs. It is a free,

independent service that each local authority has to provide. Find out more at iassnetwork.org.uk.

You can contact **Blind Children** UK at any stage for confidential advice and guidance if your situation requires specialist education support.

Call **01278 764 770** and you will be put through to BCUK's Education Advice and Support Service. A BCUK's education support manager can help, support and advise you at any point in the process.

Your local authority must make arrangements for both disagreement resolution and mediation services to be available. These services are independent of your local authority and can provide you with a quick and informal way of resolving disagreements.

If informal discussions or mediation do not resolve problems, or if your child is not receiving the support set out in their statement of special educational needs or EHCP, you can take your case to the Special Educational Needs and Disability Tribunal, which is a more formal route for discussing and deciding what support your child should receive. Some cases involving disagreements about which school your child attends can also be taken to the Tribunal.

Find out more at justice.gov.uk/tribunals/send.

Alternatively, where your child, or you as your child's carer, has been subjected to discrimination, you can seek guidance, advice and possible enforcement support from the Equality and Human Rights Commission. Find out more at equalityhumanrights.com



Choosing a secondary school

Your **qualified teacher of visually impaired children (QTVI)** can help you to find the options available to your child for secondary school. This is an important decision for all families and will be based on the specific needs of your child, including, but not limited to, their vision impairment. You may consider the distance from your home, size of school, existing teaching support and the staff's experience of supporting blind and partially sighted children.

Your child may be entitled to transport to school, or you may have to pay for school travel. It's worth investigating transport options so that you know what any travel costs will be, particularly if your preferred school is not nearby.

There are different types of secondary schools – mainstream secondary schools, mainstream schools with a resource base for pupils with a vision impairment, schools that specialise in teaching children with a range of additional needs and schools that specialise in teaching children with vision impairment.

Some children change the type of school they attend when they move to secondary school due to the different way subjects are taught, and the size and nature of the school environment as compared to primary school.

Making the transition from primary to secondary school

As your child moves up to secondary school, they may need to adapt the way they work to become more independent learners. Planning for this usually starts in Year 5. It involves you working with the **qualified teacher of visually impaired children (QTVI)**.



At secondary school your child will move around the school buildings to attend lessons in different subjects. They'll also learn a wider range of subjects at a more in-depth level.

As soon as you know which secondary school your child will be going to, representatives from both primary and secondary should meet to ensure that resources are ready for when your child starts the following year. This should include input from a mobility or habilitation officer to plan skills development and visits to help your child to get to know the layout of the secondary school.





Education, Health and Care Plans (EHC Plans)

If your child has an Education, Health and Care Plan (EHC Plan) this will need to be reviewed at the end of Year 5 or early in Year 6 before starting their new school, to take into account the different methods of learning at secondary level.

Teaching assistants

If your child was supported by a teaching assistant (TA) at primary school, it is likely that they will continue to have some TA support at secondary school, but it will probably not be the same person. The level of support from one or more TAs may also change to take into account the different demands and expectations in a secondary school.

What teaching assistants do

The subject teacher is responsible for your child's learning and progress. The aim is for your child to learn the same material as the rest of the class, but not always by practicing the same methods as they are.

At secondary school, TAs work closely with the subject teachers, inclusion manager (sometimes called the special educational needs co-ordinator) and **QTVI** to ensure that your child is able to access each aspect of the curriculum.

Sometimes the TA works with your child directly to ensure they can follow and take a full part in lessons, but at other times the TA will spend time adapting materials for future lessons.

Increasing independence

The TA will work towards increasing your child's independence in lessons as they progress through secondary school. Some lessons, for instance, science, maths or geography, where the material is visual, may need in-class support. In other lessons your child may be able to work independently.

Find out more about guides for teaching each school subject at nib.org.uk/curriculum



Using technology

At secondary school your child may need to learn more computer skills than before, so to research and present their work more independently. There is a variety of special equipment, software and applications to help children with vision impairment to learn. This includes enlarging or reading out the print on a screen and using scanners and braille machines to read and write braille, save it, print it and to read written and electronic materials.

Test and exams

If your child is doing public exams or other qualifications, arrangements need to be made to accommodate their usual way of working.

Adaptive arrangements for blind or partially sighted children taking exams include:

- Accessible test papers, eg enlarged print, modified enlarged print and braille.
- Additional time, which can be up to 100% extra.
- Technological aids.
- A scribe (also known as an amanuensis), reader or practical assistant.
- Early opening of exam papers – if alterations need to be made to them.

Your child's school should apply for all of these adaptation arrangements. Each situation is different, so your child's school needs to speak to the appropriate awarding body.

Preparation for tests and exams, and getting papers in the correct format, is the responsibility of your child's school, with the support of the qualified teacher of visually impaired children (QTVI).

You can help your child to prepare for exams by doing practice papers at home, helping your child to understand what is required of them in the exam and revising the right parts of the course. RNIB's website gives lots of useful study and revision advice for young people.

Visit RNIB for educational professionals at rnib.org.uk/educationalprofessionals.
Find out more at rnib.org.uk/youngpeople



Meeting others

Parent and carer groups

There's still a lot to be gained by meeting with other parent carers of school-aged children with a vision impairment. Face-to-face groups or online communities can be a good source of advice and information about the new challenges that crop up as your child gets older.

Going out with your child

If your child has had a vision impairment from a very early age, you are probably an expert at getting out and about and dealing with other people and places. If your child's vision impairment has occurred more recently, you may find it useful to read **Meeting others** in the Early Years section.

As your child grows older, it is very important to encourage your child's independence and ability to take part in activities, friendships and relationships. A good first step can be to find activities and youth groups where you feel confident with the staff and supervision available if your child needs it.

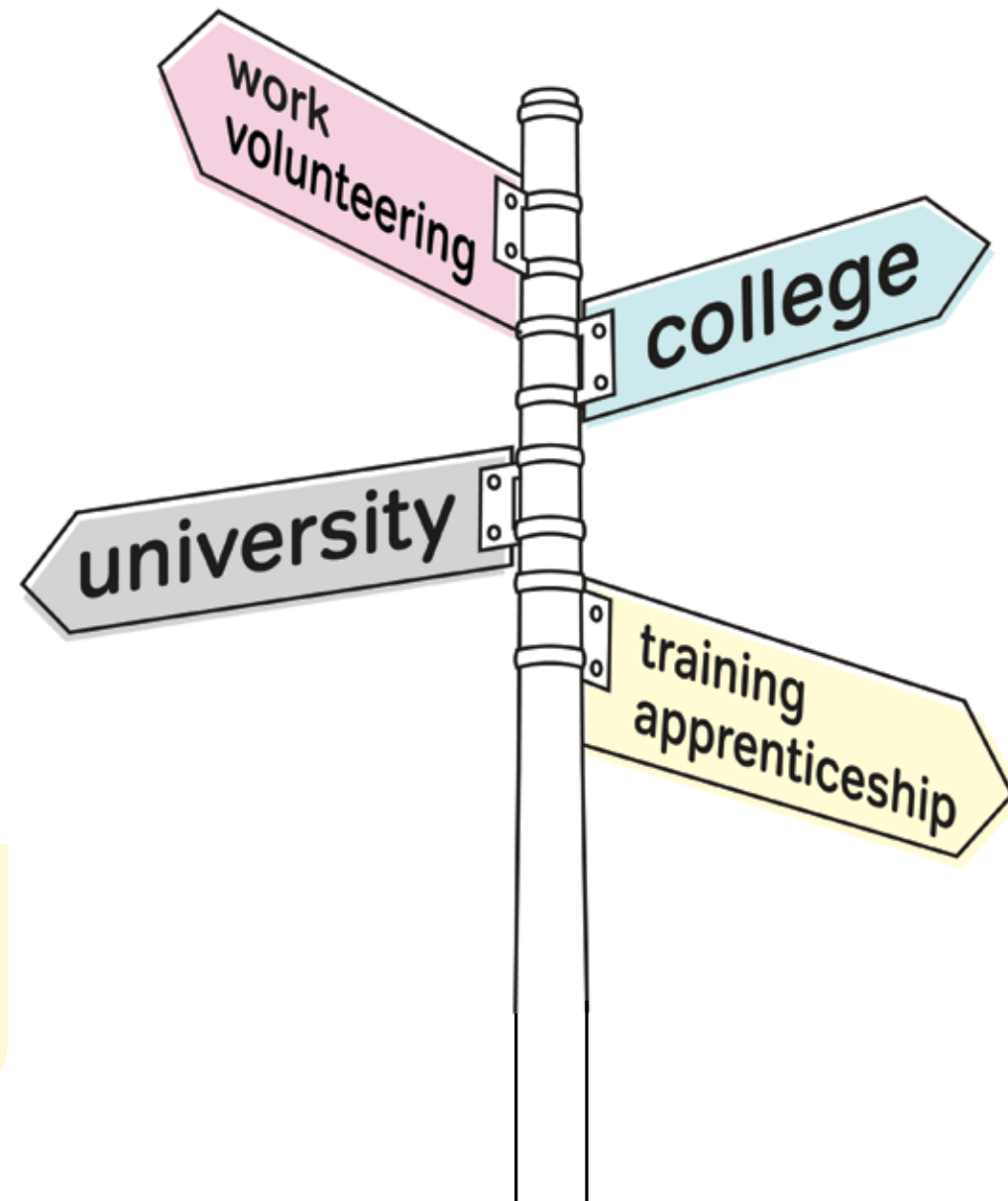
Young people want to visit each other and go out together. They get to an age where they prefer adults not to be around all the time. Letting go is difficult for all parent carers, and particularly if your child has a vision impairment and you have concerns about their ability to cope without your support. Young people with vision impairment say they do want to go out just like their friends. And, like all teenagers, sometimes they don't want parents or carers to cramp their style.

Sometimes another trusted adult, older young person or sibling might be a more popular option as a sighted guide or chaperone. You may like to visit the RNIB's website section for Young people called Your sighted friends, which contains advice and video footage for young people on how to sighted guide their friends.

Find out more information on this RNIB webpage
<http://bit.ly/22hespQ>

Into Adulthood

RNIB has a guidance booklet for young people called Bridging the Gap, which covers all aspects of the next steps after school, including college, university, work and leaving home.



You can download the booklet at

rnib.org.uk/bridgingthegap

You may also like to visit our Young People's website at rnib.org.uk/youngpeople

**Additional
resources**



Resources

Bag Books

Sells multi-sensory story packs.

Tel: 020 7627 0444

bagbooks.org

Booktouch

Introduces books to babies and toddlers who are blind or partially sighted. A Booktouch pack is available for free to parents or carers of children who are blind or partially sighted up to (and including) the age of four.

www.bookstart.co.uk

Braille resources

Offers resources to support children learning braille.

Find out more at:
rnib.org.uk/braille

Here are a few examples

- Hands On – Fun reading scheme to teach the basics of contracted (grade 2) braille to children aged four to six www.rnib.org.uk/shop
- Feeling ready to read – A pack to teach pre-reading and tactual skills to children who will learn to read using braille www.rnib.org.uk/shop
- Finger fun books – Books to help children to develop tactile skills. Simple, entertaining stories in large print with bold black illustrations and robust, brightly coloured thermoforms of everyday objects. Age 3+. www.rnib.org.uk/shop

Calibre

Audio library of story books for children available as MP3 files, on CD or USB memory stick.

Tel: 01296 432 339

youngcalibre.org.uk

ClearVision Library

A UK postal lending library of mainstream children's books with added braille. The books have braille (or Moon), print and pictures, so that visually impaired and sighted children and adults can share them.

clearvisionproject.org

Children's books mentioning vision impairment

The books listed on this website feature children with additional needs. Browse the Sight section for books featuring characters who have a vision impairment.

healthybooks.org.uk

Hungry Fingers

Educational tools designed to give visually impaired children the confidence to be in command of the space around them.

hungryfingers.com



Inclusive Technology Ltd

Supplies equipment and software that help those with special educational needs to use a computer, communicate and learn. Leaps and Bounds introduces young children to mouse skills, decision making, visual and auditory stimulation, left/right orientation and tracking.

inclusive.co.uk

Kneebouncers

Online games for babies and infants.

kneebouncers.com

Lea Hyvarinen

Teaching materials developed by Lea Hyvarinen, an ophthalmologist who is a senior lecturer at the University of Helsinki.

lea-test.fi/leaweb/index.html

Lilli Nielsen

Find out about an 'active learning' approach developed by Lilli Nielsen, a Danish teacher and psychologist.

lilliworks.com

Living Paintings

A free library of living picture books and packs for children, and introductory packs of touch and sound books.

livingpaintings.org

Load2Learn

Learning resources in downloadable, accessible formats.

load2learn.org.uk

Moon Literacy

Teaching literacy and maths using Moon.

moonliteracy.org.uk

RNIB Parents

A safe place to meet other parent carers, pick up tips and advice, and get information about health, rights and services.

rnib.org.uk/parents

Richard Hirstwood and Flo Longhorn

Information about multi-sensory approaches to learning, training for schools and things to buy.

multi-sensory-room.co.uk

Tactile books

Advice and information about designing, producing, using, buying and borrowing tactile books.

tactilebooks.org

Wonderbaby

An American website, it provides information on toys and equipment, including sensory rooms and ideas for supporting blind babies and infants.

wonderbaby.org



Useful organisations

Action for Blind People

Practical support and advice.

Freephone helpline: **0800 915 4666**

actionforblindpeople.org.uk

Blind Children UK

Supports children and young people with visual difficulties.

Freephone: **0800 781 1444**

services@blindchildrenuk.org

blindchildrenuk.org

Contact a Family

Advice, information and support to parents of disabled children, including an A-Z list of eye conditions.

Freephone helpline: **0808 808 3555**

Textphone helpline: **0808 808 3556**

cafamily.org.uk

Cry-sis

Support for parents whose children have sleeping problems.

Helpline: **08451 228669**

(to find someone in your area)

cry-sis.org.uk



Gov.uk

Support for parents and young people on a range of subjects, including transition into further education and training, employment and benefits.

Tel: 0808 808 3555

[gov.uk](https://www.gov.uk)

Guide dogs

Offers a Mobility and Independence Education Preparation and Support service for young people through critical transition stages, such as school to further education and/or employment.

Tel: 0118 983 5555

[guidedogs.org.uk](https://www.guidedogs.org.uk)

Henshaws Society for Blind People

Care, advice and training, including support for visually impaired parents, in the north of England.

Tel: 0161 872 1234

[hsbp.co.uk](https://www.hsbp.co.uk)



LOOK

Supporting parents and carers of children with vision impairment

Tel: 0121 428 5038

look-uk.org

NATSPEC: The Association of National Specialist Colleges

NATSPEC is a membership association for independent specialist colleges and offers information about specialist colleges and how to apply to them.

natspec.org.uk

Playmatters

Creating and supporting high quality play opportunities.

Tel: 020 7428 2280

playmatters.org.uk

Royal London Society of the Blind

Services for children and young people with vision impairment.

Tel: 01732 592500 (Seal office) or
020 7808 6170 (London office)

enquiries@rlsb.org.uk

rlsb.org.uk



Royal National Institute of Blind People (RNIB)

Information, support and advice to people with sight loss

Helpline: 0303 123 9999

RNIB National Library Service,
rniblibrary.com

rnib.org.uk

Parents' Place: rnib.org.uk/parents

Young People: rnib.org.uk/youngpeople

Products and Publications: rnib.org.uk/shop

Teaching and learning guidance:
rnib.org.uk/guidanceonteaching

Sense

For people with deafblindness and associated disabilities.

Tel: 0845 127 0060

Textphone: 0845 127 0062

sense.org.uk

VICTA

Support and information to parents, carers, young people with a vision impairment and organisations. VICTA also offers grants to individuals, groups and research projects.

victa.org.uk



Local Authority Vision Impairment Services

Your local authority should have at least one qualified teacher of visually impaired children (QTVI) to work with you and your child. These specialists are qualified teachers who have additional qualifications and experience in working with children with a vision impairment. If you have difficulty getting help, or need the details of the specialist teacher in your area, contact RNIB Helpline on **0303 123 9999** or search the Sightline Directory at **sightlinedirectory.org.uk**

We have a database of local offer webpages detailing VI or sensory support services in every local authority.”

rnib.org.uk/information-everyday-living-education-and-learning-young-childrens-education/special-educational

If your home language is not English, ask your local authority to provide an interpreter for you. The interpreter can work with you when you are meeting with professionals to make sure that you are able to participate fully in any decisions being taken. It is important to inform professionals about your language requirements.

If you have a hearing impairment you can ask for a signing interpreter. It is also important to inform professionals about any cultural or religious requirements your family has, so they can support you and your child effectively by engaging with you in culturally-sensitive and appropriate ways, and understanding your wishes.

Glossary

Common eye conditions

Albinism – associated with a lack of pigment (colour) in skin, hair and eyes. Tinted spectacles may be needed to maintain best comfortable vision in bright light where glare is a problem. Albinism is commonly associated with nystagmus and problems with binocular vision. Children with albinism have very short sight that cannot be fully corrected by wearing spectacles.

Find out more at www.albinism.org.uk.

Amblyopia – sometimes called a ‘lazy’ eye. It means that an eye has a decrease in vision which cannot be corrected with spectacles. It’s usually caused by an eye turn (strabismus/squint), so it’s more likely that one eye is affected. It is very important that if a young child’s squint is treated as quickly as possible while there is still time to improve the development of vision.

Anophthalmia – when a baby is born without one or both eyes.

Find out more at www.macs.org.uk.

Astigmatism – an irregular shaped cornea. Vision is distorted because the light rays do not meet at a single focal point. Very few eyes are perfect spheres so astigmatism is quite common. Depending on the severity of the astigmatism, the focus of vision can be corrected with spectacles.

Cataract – a clouding of the lens resulting in images becoming unclear. Cataracts can be present at birth or develop after birth. Most cataracts are surgically removed as soon as they are detected to avoid delaying or preventing the development of vision in a baby.

Cerebral vision impairment – usually results from damage to parts of the area of the brain that processes vision. Some children have specific processing and perception problems. It is very common in children with complex additional needs.

Colour confusion – not being able to distinguish certain colours from each other, sometimes called ‘colour blindness’. Around 8% of boys have colour confusion, typically with red and green.

Conjunctivitis – inflammation of the conjunctiva.

Glaucoma – damage to the optic nerve generally associated with a build-up of pressure inside the eye.

Hypermetropia (long-sightedness) – things are seen more clearly in the distance than when they are near. Typically corrected by spectacles or contact lenses.

Keratitis – an infection or inflammation of the cornea.

Keratoconus – thinning of the cornea causing it to become cone shaped, resulting in distorted vision; more common in older children and young adults.

Microphthalmia – when a baby is born with one or both eyes that are unusually small. Find out more at macs.org.uk.

Myopia (short-sightedness) – things are seen more clearly when closer than when in the distance. It is typically corrected by spectacles or contact lenses.

Nystagmus – an involuntary ‘wobble’ movement of the eyes from side to side or up and down, resulting in an unclear image. Find out more at nystagmusnet.org.uk.

Optic atrophy – the deterioration of the optic nerve.

Retinitis pigmentosa – a group of hereditary diseases of the retina that sometimes result in ‘tunnel vision’, when there is a gradual loss of peripheral vision. Find out more at rpfightingblindness.org.uk.

Retinoblastoma – a very rare cancerous tumour of the retina which mainly affects children under the age of five. Over 95% of children survive after treatment at a specialist centre. Find out more at chest.org.uk.

Retinopathy of prematurity – damage to the retina in a premature baby’s eye.

Strabismus (squint) – sometimes called an eye ‘turn’, where both eyes point in different directions due to a muscle imbalance or long sight. A very common condition – it is estimated that around 5% of children will have some kind of strabismus. Treatment may include prescribing glasses or wearing an eye patch (on the good eye). Find out more at strabismus.org

EyeSite

Eyesite is a unique internet resource designed especially for children and young people, promoting eye health and giving information about eye conditions and diseases. It contains age-specific patient information for three age groups, plus an animated eye, a virtual children’s eye hospital, games and other fun interactive features. Find out more at www.eyesite.nhs.uk/Home.

Specialist language

Accommodation – the ability of the lens to change shape to focus on objects at different distances.

Acuity – ability to see fine detail measured from a variety of distances.

Binocular vision – when both eyes work together at the same time; it enables depth perception.

Braille – a tactile form of reading made up of raised dots on a page.

Congenital – a word describing any condition present at birth.

Contrast sensitivity – the ability to distinguish different shades of grey from each other.

Field of vision – the total area that can be seen around you without shifting your gaze; detailed central vision as well as peripheral vision.

Focal point – the point of the retina where light rays meet and gives our most detailed vision; an object is in focus when it is being seen most clearly.

Functional vision – the ability to use eyesight in everyday conditions.

Habilitation – mobility and independent living skills

Light adaptation – the ability of the eye to allow in more or less light and process changes of light and dark.

Low vision aids (LVAs) – aids that improve a person's functional vision such as magnifiers; often training is needed for such aids to be used efficiently.

Mobility – training to develop orientation skills and independent movement, including use of a cane.

Monocular vision – sight through one eye only.

Moon – a form of reading by touch, which looks more like print letters than braille. It uses curves and straight lines.

Occlusion (patching) – covering one eye to develop the sight in the other (lazy) eye.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

National Helpline 0303 123 9999
helpline@rnib.org.uk

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