# Comprehensive vision assessment for children and young people with VI

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This statement should be read alongside RNIB’s other [policy position statements on children and young people with vision impairment](https://www.rnib.org.uk/campaigning-policy-and-reports-hub-education/education-policy-statements) particularly the [Child vision screening for 4-5 year olds (England) policy statement](https://www.rnib.org.uk/sites/default/files/Position%20Statement%20Child%20Vision%20Screening%20Oct18.docx).

This statement should be read in the context of the Equality Act 2010, the Children and Families Act 2014, and the 2015 statutory guidance, ‘[SEND Code of Practice](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25): 0 to 25 years’.

This statement is supported by VIEW, the professional association of the vision impairment workforce.

## What we think

Children and young people with a suspected, or diagnosed, vision impairment need comprehensive and regular assessments of their vision by more than one type of qualified specialist. This should encompass clinical assessments - to provide a precise measurement of vision, and functional assessments - to describe how the child is able to use their vision in everyday life. From this combined perspective, interventions can be developed to ensure children and young people achieve the best possible outcomes. Vision should be assessed regularly as the child grows up.

## What’s the current issue

Two in in every 1,000 children and young people up to the age of 25 in the UK have a vision impairment, of whom around 5 in every 10,000 are blind. There is a very high prevalence of vision impairment in the population of children with learning disabilities. An estimated 56 in every 1,000 children up to the age of 16 with a learning disability are blind or partially sighted.

A child can only be certified as having a vision impairment (which leads to registration as sight impaired with local authorities), by a consultant ophthalmologist following a sequence of clinical vision testing. The tests for registration assess visual acuity and visual field. A full clinical vision test will also check:

* Binocular function (how well the eyes work together as a pair);
* Whether there is a squint (strabismus) or lazy eye (ambylopia);
* Refractive error problems;
* The ocular motility status (eye movements);
* The health of the inner and outer eye;
* The internal structures of the eye e.g. the retina, optic nerve, or lens; intraocular pressure;
* Whether there is nystagmus (involuntary movement of the eyes), contrast sensitivity, colour vision and any unusual head posture or visual behaviours.

Clinical vision testing gives an accurate and quantifiable measurement of visual ability which can guide treatment where precision is required. This precision and numerical scoring enables reliable monitoring of change in the child’s vision over time. Results may indicate treatment with glasses or contact lenses, patching (occlusion), and/or surgery.

Clinical vision testing, however, does not fully assess the nature of a child’s vision. This is due to the rigidity of the tests, the necessity of performing the tests in an unfamiliar clinical setting, with fixed levels of lighting, and where the child is required to be able to communicate about visual prompts and questions, particularly if they have significant learning or communication difficulties.

Blind and partially sighted people have also told RNIB how clinical vision testing can be scary and stressful for many children and young people, with some people feeling a sense of failure at being unable to complete tasks and others reporting the trauma caused by the tests. This is likely to also impact on the outcome of the tests. Other people reported that some ophthalmologists and orthoptists did not have good knowledge and understanding of sight loss and the support and adjustments children and young people need.

In addition, some children's vision is affected by cerebral vision impairment (CVI), attention, epilepsy and other factors. Clinical vision assessment also does not identify all the ways in which a child uses their vision, and this is important to ensure that a child makes the most of whatever sight they have.

To supplement clinical findings, we believe that a functional vision assessment should be carried out by a qualified teacher of children with vision impairment or multi-sensory impairment (QTVI or QTMSI). While many local authorities provide good levels of support for this, there are not clear referral pathways from health to education in all areas.

Functional vision assessments should include investigating a wide range of visual skills including:

* Visual awareness;
* Near visual acuity and preferred font size;
* Distance acuity and access to display material;
* Fixation;
* Eye contact;
* Tracking and visually switching from one stimulus to another;
* Visual pursuit;
* Visual field;
* Visually directed reach and hand-eye co-ordination;
* Contrast sensitivity – ability to see low-contrast objects and images;
* Figure-ground discrimination – seeing objects against complex backgrounds;
* Recognition – of objects, faces, pictures, symbols, shapes, colours;
* Perception of depth/3D;
* Mobility and orientation;
* The effect of environmental factors – lighting, glare, contrast, visual crowding, and extraneous noise.

## Recommendations

We believe that both clinical testing and functional vision assessments are necessary for comprehensive assessment of what a child can see. To achieve this, we recommend the following should happen:

* Babies, children and young people with vision impairment should be referred as soon as possible after identification to the Local Authority VI or sensory education advisory service for support from a qualified teacher of children with vision impairment or multi-sensory impairment (QTVI or QTMSI).
* The QTVI/QTMSI should observe how the child uses their vision across everyday situations and environments, and suggest ways this can be improved, either through the development of strategies or changes to the environment.
* The QTVI/QTMSI should investigate a wide range of visual skills (listed above)
* The QTVI/QTMSI should also consider specific strategies to support CVI (cerebral visual impairment).
* The QTVI/QTMSI should consult with the child and those who know the young person well, e.g. parents, carers, practitioners in undertaking the functional vision assessment.
* The functional vision assessment of young children or those with complex needs should be an ongoing process as visual skills can change and develop.
* Children should be seen by the QTVI/QTMSI regularly (depending on their needs), with a focus on the child’s access to education and gaining social and independence skills.
* Clinical vision testing would usually take place in a hospital or clinic setting, however, RNIB would recommend practice already occurring in some areas where ophthalmologists and orthoptists conduct clinics within special schools for children with complex needs, supporting the child with a familiar environment and known school staff.
* Clinical vision tests should also be tailored to what is appropriate for children and young people with vision impairment. As part of this, ophthalmologists and orthoptists should have regular specialist sight loss training so they know how to appropriately support and assess children with a vision impairment.

## What RNIB is doing

RNIB continues to work with partner organisations to campaign for better support for children and young people with vision impairment, so they can reach their full potential in adult life. Many of our policy priorities are reflected in the Curriculum Framework for Children and Young People with Vision Impairment (CFVI), which seeks to define, unify and embed best practice support for children and young people with VI.

## Contact

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