

Children and young people Wales

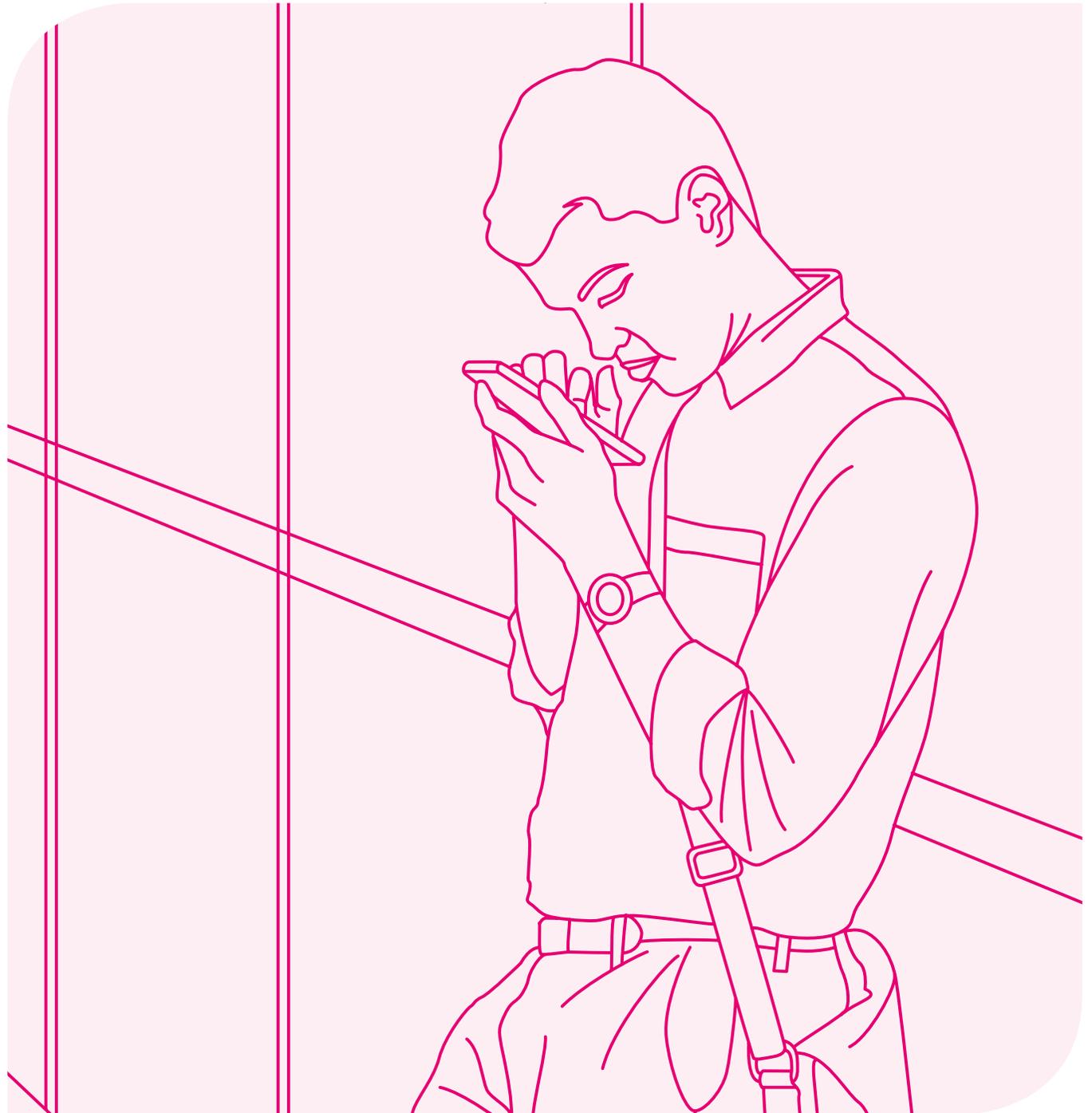
RNIB Evidence-based review

RNIB
Cymru

Supporting people
with sight loss

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Blind and partially sighted people come from every section of the community and sight loss affects people of all ages. Each is a unique individual. However there are some common issues and challenges that affect blind and partially sighted people in particular age groups.

This review looks in detail at the experience of Children and young people (CYP) who are blind or partially sighted living in Wales. It includes a profile of this group, the policies that govern their access to early support, education, employment, health and social care, and a commentary on what the evidence tells us.

Where relevant it includes reference to devolved legislation but also includes a wider UK evidence base.

Profile of children and young people

Population

Vision impairment (VI) in children is a low incidence special educational need and disability (LISEND) which is characterised as follows:

- A need which has the potential to have an adverse impact on learning and development unless additional measures are taken to support the child/young person.
- The prevalence rate is so low that a mainstream setting is unlikely to have sufficient knowledge and experience to meet these requirements. Settings will need to obtain specialist support and advice on how to ensure equitable access and progression (against national standards).

- The prevalence rate is so low that any formula for allocating specialist resources for additional needs, which is based on proxy indicators of need, will not reflect the true distribution of CYP identified as having LISEND [1].

There are an estimated 1,937 CYP aged up to 25 years with a VI of sufficient severity to require specialist support in Wales. Of these approximately 1,300 are under 19 years old [2]. This estimate is based on visual acuity and does not include those with less severe vision impairment. Yet many children with relatively good visual acuity may have other types of difficulties with their vision that – particularly when combined with other special educational needs and disabilities (SEND) – can have implications for the child’s learning and development [3; 4; 5; 6].

488 CYP aged under 18 were registered as blind or partially sighted with social services in Wales at the end of March 2014 [7]. Registration is voluntary.

488

Children and young people aged under 18 were registered as blind or partially sighted with social services in Wales at the end of March 2014

In the year ending 31 March 2013 there were 55 child Certifications [8]. It is generally accepted, and wider evidence shows [9] that not all children that are issued a Certificate of Vision Impairment are registered by their local authority.

At least 20 per cent of young people with a VI have additional disabilities and/or special educational needs and a further 30 per cent have multiple and complex needs [10].

At least

20 per cent

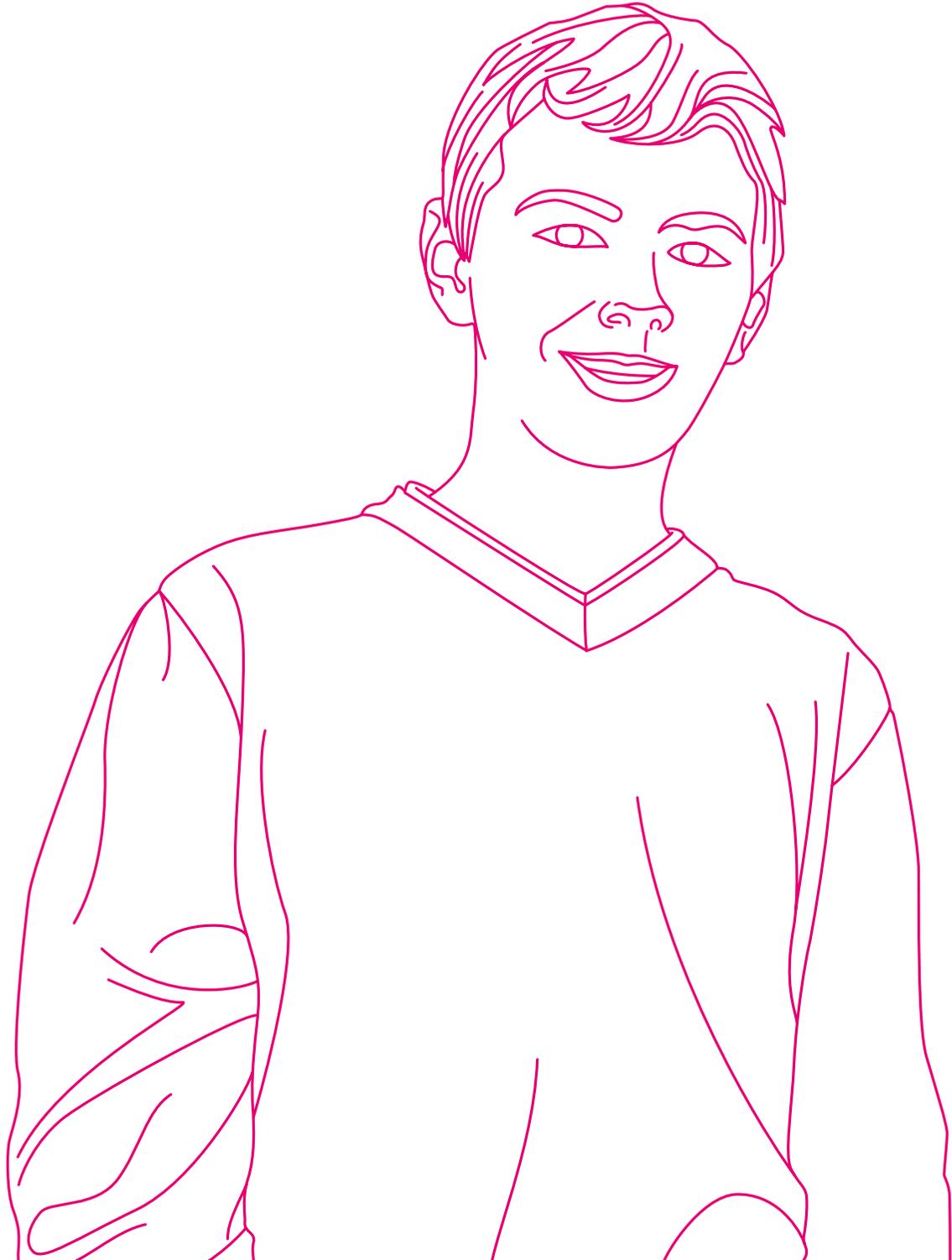
of young people with a VI have additional disabilities and/or special educational needs

Causes and risks of vision impairment

Most blind and partially sighted CYP are born with their VI. Approximately two thirds of children with severe VI and blindness are diagnosed before their first birthday [11]. The single most common cause of VI in children is cerebral visual impairment. It accounts for up to 48 per cent of blindness and between 32 per cent and 45 per cent of all VI in children [12; 13].

Children at most risk of severe VI or blindness are those who are born pre-term and of very low birth weight, from socio-economically disadvantaged backgrounds, or of South Asian origin [11; 3; 14; 15].

There is a high prevalence of blindness and partial sight in children with learning disabilities (LD) [16].



Currently in Wales there is no breakdown of information showing numbers of CYP with LD and VI. However, there is research indicating that they are underrepresented and in addition, that there are learners in special schools in Wales whose VI has not been identified [17].

CYP with VI are more likely than children without disabilities or special educational needs (SEN) to experience social and economic disadvantage [18; 19; 20].

Services and support

Health screening

The UK National Screening Committee (UK NSC) is responsible for reviewing screening policies and making recommendations to ministers in each of the four UK countries about whether or not a screening programme for certain conditions should be set up. Screening procedures for vision are set out in the National Screening Committee Child Health Sub-Group Report on Vision Screening [21]:

- All newborn and 6-8 week old babies should be examined as part of the routine review to exclude retinoblastoma, glaucoma and cataract since they are treatable and, respectively, life and sight threatening.
- a systematic population screening programme for VI between 4 and 5 years of age should be offered by an orthoptic-led service; vision defects include amblyopia, refractive error and strabismus.

National Institute for Clinical Excellence (NICE) Pathway

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathway – called ‘The Social and emotional wellbeing for CYP’ [22] is particularly relevant for CYP with VI. It brings together recommendations for those involved in promoting social and emotional wellbeing in four areas: strategy, policy and commissioning, early education and childcare, primary education and secondary education.

Education

Around seven in 10 CYP in Wales who have a VI are educated in mainstream schools, some of which are additionally resourced for learners with VI. Just over a quarter attend special schools for learners with learning or physical disabilities. Less than one per cent attend specialist schools designated for blind and partially sighted learners and the same proportion are in other types of setting such as hospital schools or home educated [10].

There are only 12 specialist schools for blind and partially sighted learners in the UK and none of these are in Wales. These schools support fewer than 1000 learners, most of whom have multiple needs. There are six specialist Further Education (FE) colleges for learners with VI, all in England. Some young people from Wales do attend these colleges.

Young people with VI in Wales are well represented in FE [23].

Although there are no statistics specific to Wales, in 2013/14 there were 1040 first year students in Higher Education (HE) in the UK who were ‘blind or with severe visual impairment’, representing 0.14 per cent of the first year student population. Of these, 795 (76.4 per cent) were first year undergraduates and 245 (23.6 per cent) were first year post-graduates [24].

There is considerable variation between local authorities in levels of educational provision for learners who have a VI. There is no standard threshold for receiving support from local authority VI services. Variance in provision is increasing and public sector cuts have resulted in continued uncertainty about future staffing and funding in many VI services in Wales [25].

The specialist practical support that CYP with VI typically require includes the following [26]:

- regular input from a qualified teacher of learners with VI (QTVI), both for direct teaching of specialist skills (such as learning to read and write through non-standard methods) and for advisory work
- adult support (including use of a trained teaching assistant)
- specialist equipment and access technology
- ongoing adaptation of learning resources and exams
- mobility training and independence skills, including daily living activities (habilitation)
- consistent access to low vision assessments and prescription of aids
- support for social and emotional development

- support for parent carers in the care, development and learning of their child.

This specialist support should be available to babies and young children with VI and their families, at home, in early years settings, at school and to young people in post-school settings, via the local authority specialist education service for VI, but provision varies [10].

CYP may use non-sighted or sighted methods, or a combination of both, for reading and writing. Many use a combination of magnification, large print, electronic text, braille and audio to access learning materials, in English and/or Welsh. Just over three per cent of CYP with VI in Wales use braille as their sole or main literacy format [10]. Some young people with complex needs use alternative communication systems such as objects of reference.

As so many children with VI have additional needs it is important for allied health professionals and education professionals with SEN expertise to liaise with QTVIs in their support. This is important in particular where sighted methods of learning and communication comprise the main educational approach, for example CYP with autistic spectrum disorder [27].

Social care

Although the local authority VI education service usually takes the lead role in provision of specialist support for blind and partially sighted CYP, social care can also play an important role. For CYP who are eligible, and their families, registration as severely sight impaired (blind) or sight impaired (partially sighted) provides practical and financial benefits. Wider evidence shows that the support that parents have valued includes input from a social worker, short breaks, and help with re-housing. Parents have also found registration helpful as evidence of their child's VI when this may not always be evident, for example when the child has additional, complex needs [9].

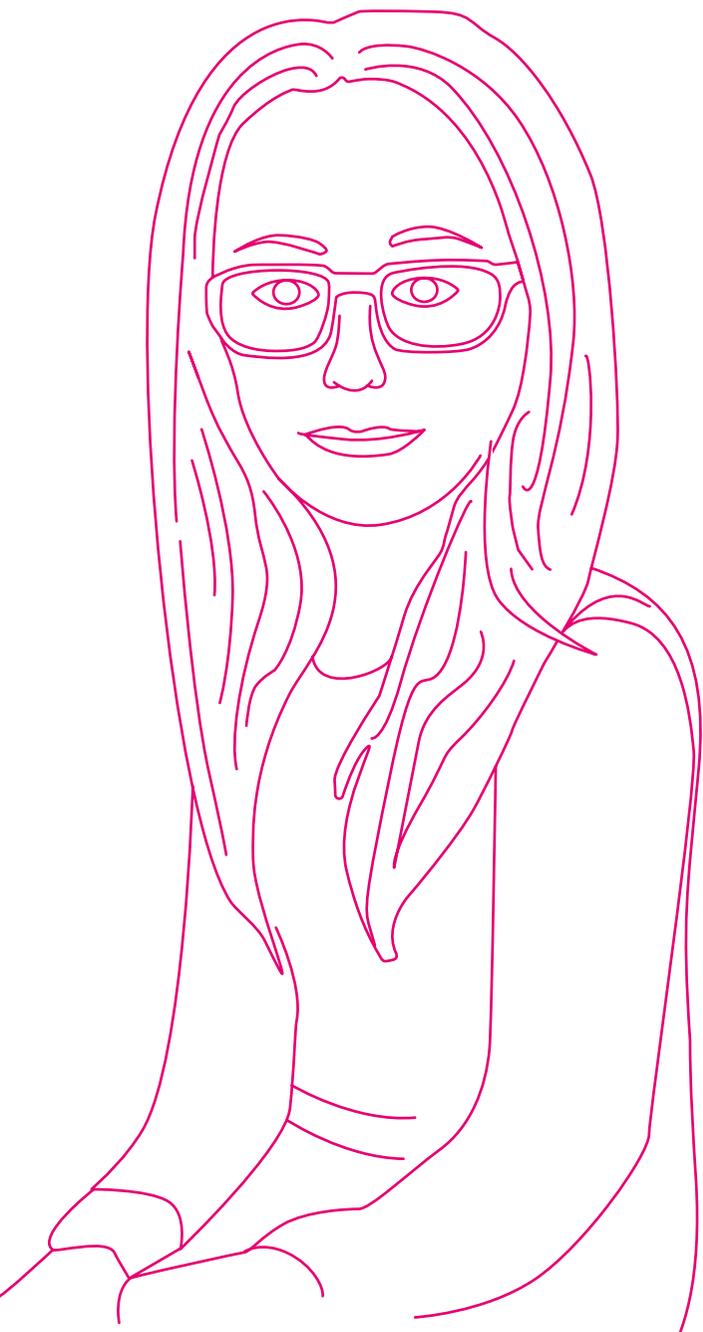
The Social Services and Wellbeing (Wales) Act 2014 introduces a duty to assess the needs of a child in need of care and support and places an enforceable duty on local authorities to provide all children with the care and support they are assessed as needing under the eligibility criteria.

Key professionals

Since the majority of CYP with VI are educated in mainstream settings they are taught mainly by regular teachers who are not VI specialists. Key professionals providing specialist support with this group are:

- Qualified teachers of learners with VI (QTVI) working for local authority VI services. QTVIs are required to hold a specialist qualification in VI in addition to qualified teacher status. Their role includes managing referrals from health to education, providing direct support to babies and young children with VI and their parents, assessing children's functional vision and liaising with health professionals, advising in mainstream and specialist settings on curriculum access, independent learning and social inclusion, guiding the work of other professionals such as teaching assistants, teaching specialist skills (for example braille) to children and developing the visual and communication skills of those with additional or complex needs and supporting students through transition into post-16/ FE education and independent adulthood.

- A mobility teacher/ habilitation worker should be available to teach CYP how to move around more independently and how to do practical everyday tasks for themselves. All CYP with VI will require an initial assessment of their mobility and independence needs carried out by a qualified habilitation officer working in partnership with parents and the QTVI. National standards and training for habilitation workers with CYP were developed to make sure CYP with VI are enabled, through high quality mobility and independence training and support, to achieve the greatest possible independence and maximise their educational outcomes and life chances [28].
- Teaching assistants (TAs) provide in-class and curriculum support. Some TAs are employed by local authority VI services but most are employed by individual settings. TAs are not required to have specialist training, although courses are available, including accredited courses.
- Health specialists, such as ophthalmologists, orthoptists, and optometrists specialise in diagnosis and treatment of eye conditions, correcting vision without surgery, or measuring sight and prescribing glasses, respectively.



Case study

Tiri Hughes, aged 17

Tiri was born partially sighted and also has a connective tissue disorder which causes her limbs to bend more than usual. She can read large print up close but has limited distance vision.

Tiri recently left mainstream school with 10 A star GCSEs. She is now studying for four A levels at the Royal National College for the Blind in Hereford. She is also working towards her Grade 8 Piano. Tiri wants to study medicine when she finishes school.

She is a member of the Great Britain Women's Disability Artistic Gymnastics Squad, and has won several gold medals in her category at the British and

Welsh Open Championships. She also travelled to South Africa for 10 days this year with British Gymnastics on a tour promoting Disability Gymnastics throughout the country.

Tiri is a keen campaigner and volunteer for RNIB, and has even spoken at a reception at the House of Lords about her sight loss.

Tiri lives at home with her parents and younger (sighted) brother Tom. She receives Disability Living Allowance which helps with her mobility and care.

Tiri uses a white cane to get around. She uses a Macbook with a screen reader and also an iPad and iPhone.

By chance, Tiri's mother, Laura used to volunteer for the RNIB Transcription Service. She then had Tiri who was born partially sighted and subsequently knew a lot more about how to access sight loss services than the average new parent.

Laura's biggest concern is that services for blind and partially sighted children and young people are too 'hit and miss'. Laura said: "Services offered are increasingly erratic. The key statutory services of education, mobility/habilitation and health care are a post code lottery and there is no national framework to ensure good provision throughout the UK."

Laura thinks Tiri's biggest achievement is her ability to live her life despite her sight problems. She does things that fully sighted people don't do and is continuing to challenge herself.

Tiri is also a big fundraiser and has raised over £1000 for VI schools in the UK and an orphanage in China that looks after children with sight loss.



“Services offered are increasingly erratic. The key statutory services of education, mobility/habilitation and health care are a post code lottery and there is no national framework to ensure good provision throughout the UK.”

Policy context

It is against the law (Equality Act 2010) [29] for schools and other education providers to discriminate against disabled learners of all ages. This applies to blind and partially sighted learners in early years settings, primary and secondary schools, including academies and free schools in England, and further/higher education. The Equality Act includes a duty to make reasonable adjustments, including the provision of auxiliary aids where these are not provided under the SEN route. Schools and local authorities also have an anticipatory duty: they are required to carry out accessibility planning to anticipate and improve their ability to meet the needs of disabled learners

Since education has been devolved, the education contexts are becoming increasingly divergent in the four UK

countries. Key policy documents and reviews affecting the lives of blind and partially sighted CYP in Wales include the following:

2004 Rights for children and young people -Welsh Government adopted the United Nations Convention on the Rights of the Child as the basis for policy making for children and young people in Wales. [30].

2009 Getting it right - United Nations Convention on the Rights of the Child [31].

2011 Nurturing Children, Supporting Families - childcare policy statement [32].

2014 Social Services and Well-being (Wales) Act 2014 [33].

2015 Draft Additional Learning Needs and Education Tribunal (Wales) Bill [34].

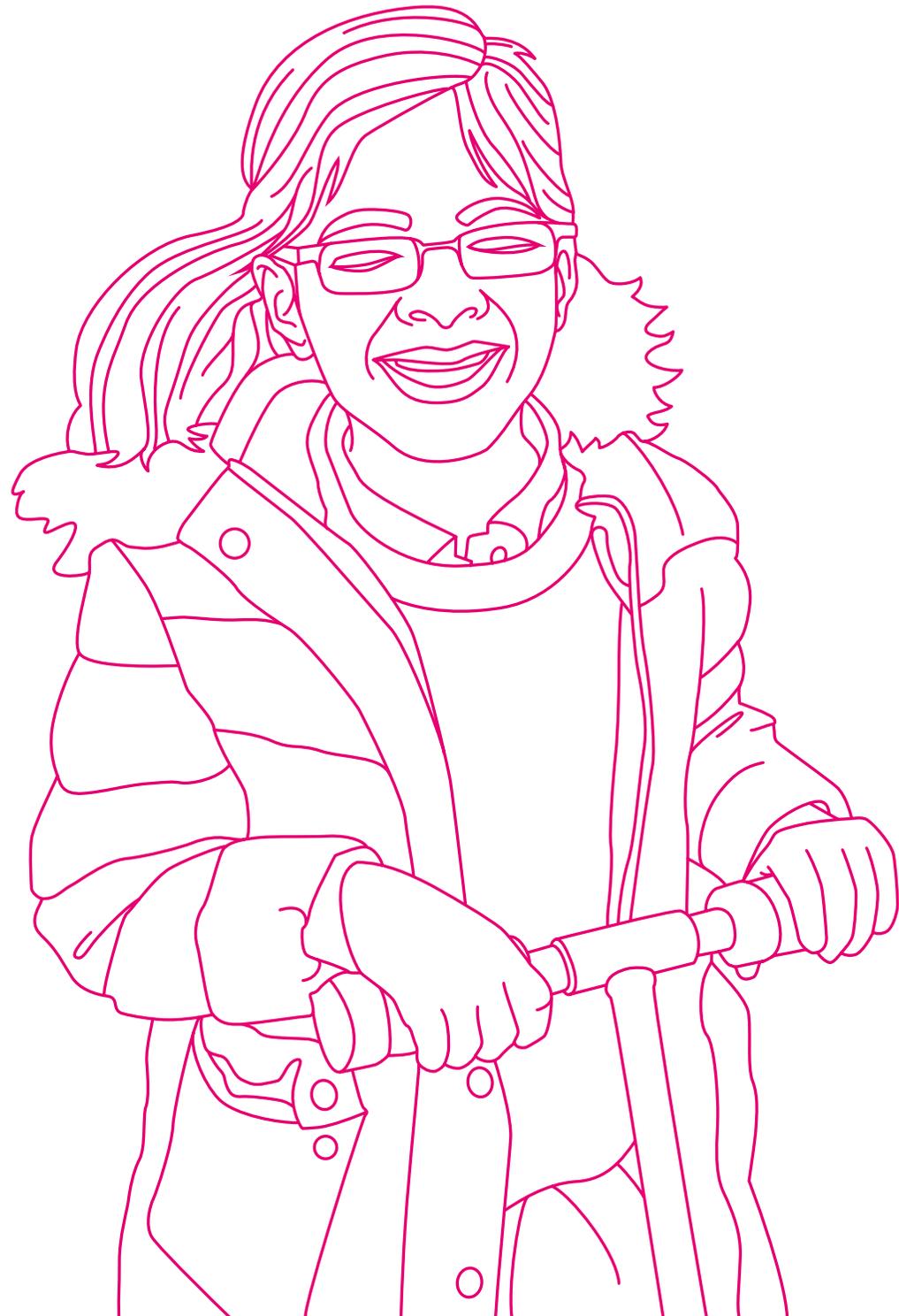
Although some policies differ across the UK, CYP with VI face many common issues and some common themes are emerging across the four countries:

- Developing alternative statutory assessment and planning systems, building on person-centred planning approaches.
- Bringing together education, health and social care provision through integrated planning and commissioning of services.
- Planning for CYP from birth through to 25 years of age to improve transitions.
- Focusing on outcomes for CYP, rather than inputs, which requires evaluation of the impact of services.
- Better experiences for CYP and their families based on greater choice and control.

In

2004

The Welsh Government adopted the United Nations Convention on the Rights of the Child as the basis for policy making for children and young people in Wales



Learning from the evidence base

Two sub-populations of children with VI

The population of children with VI can be thought of as two distinct sub-populations: those with and those without additional impairments/disorders [35]. The “patient journey” as well as a range of wellbeing and educational outcome measures are markedly different for children with a VI as their sole disability compared to those with VI and additional disabilities/chronic health problems [35].

Diagnosis and early support

The period around diagnosis is critical for parents to understand their child’s VI and how it might affect their child’s development and learning and the support they might need to reach their potential [36; 15; 9].

Evidence shows that VI is more likely to go undetected in children with additional disabilities, in children in some Asian ethnic groups and in children from socio-economically deprived groups [35].

Infants and young children with VI show developmental delays compared to sighted infants and are at greater risk of social communication, attention and behavioural difficulties [37; 38]. If babies with a VI are not identified early and intensive health and education developmental support provided in the first two years of life, the development of the child’s social and communication skills can be seriously impeded [39]. Blind children, in particular, require high levels of specialist input to address crucial needs in their cognitive development, communication, social and independence skills [40].



“If babies with a VI are not identified early and intensive health and education developmental support provided in the first two years of life, the development of the child’s social and communication skills can be seriously impeded [39]”.

Emotional wellbeing and social relationships

At age seven, children with VI in the Millennium Cohort Survey (MCS) differ across a range of characteristics associated with wellbeing when compared with sighted seven-year-olds. For example their parents were significantly more likely to say that their child had emotional, concentration or behaviour difficulties; was often unhappy, downhearted or low; and wet the bed at least once a week [18]. At age eleven, their parents were significantly more likely to say that the child was nervous or clingy in new situations, and to often seem worried. While eleven-year old children with VI were just as likely as other children to feel they were a person of value, to feel good about themselves, to consider they had a number of good qualities, and to feel happy with the way they look, they were less likely than other children to feel

that they were able to do things as well as others [20].

Other research has found lower quality of life scores in children with VI [41].

Parents and teachers of seven and eleven-year-old children with VI were significantly more likely to say that the children were being bullied, than parents and teachers of children without VI [18; 20].

At ages seven and eleven, children with VI plus an additional SEND are at particularly high risk of poor outcomes across a range of emotional and social wellbeing indicators [18; 20]. For example, at the age of eleven children with sight impairment and additional SEND were less likely than other children to be happy and more likely to feel worried [20].



“Parents and teachers of seven and eleven-year-old children with VI were significantly more likely to say that the children were being bullied, than parents and teachers of children without VI [18; 20]”.

CYP with VI are regular users of information technology including mobile phones, and communicate regularly through social networking sites such as Facebook [42; 20]. However, this is less likely to be the case for children with VI and additional SEND [20]. CYP with VI are also interested in a wide range of leisure activities [43, 20]. At the age of eleven however, there is some evidence to suggest that they are less physically active than other children [20].

Children aged seven with VI in the MCS were just as likely as fully sighted children to say they had “lots” of good friends [18], while those who took part in the survey at the age of eleven were just as likely as other children to be happy with their friends and according to their parents and teachers to have at least one good friend [20]. This is supported by another study of young people with VI in school and further education

settings which found most had a good network of friends [42]. However just under half of the 50 participants in an Action for Blind People survey of 14 to 25 year olds with VI (around half of whom were currently accessing Action for Blind People services) cited a lack of social life/friends as one of the three issues that affected them [43]. Children of school age with VI have been found to have poorer use of language for social communication than their fully sighted peers [44].

At the ages of seven and eleven, children in the MCS who had VI and additional SEND differed from other children of the same age on a number of variables related to friendships and social activities, indicating that this group may be at higher risk of social exclusion than children with sight impairment as their only SEND. It is important to note that severity of VI was not taken into account [18; 20].



“Children aged seven with VI in the MCS were just as likely as fully sighted children to say they had “lots” of good friends [18]”.

Curriculum access and attainment

At all key stages the attainment of learners with VI (as a SEND group) is lower than that of learners with no SEND, but higher than any other SEND group. We also know that at all ages, learners with VI as their only SEND do better in terms of their attainment and progress than learners with a VI plus an additional SEND [19; 45; 20]. The current evidence on educational attainment does not tell us the effect (if any) of severity of VI.

Analysis of the MCS has found differences at the ages of seven and eleven between children with and without VI on several school related variables. For example, at the age of eleven children with sight impairment were more likely than other children to feel tired at school and were less likely than other children to feel that they could

do things as well as most other people. However, the majority of children with VI (with and without additional SEND) were happy with and liked their school and liked the core curriculum subjects and considered they were good at them [20].

Although most CYP with VI are educated in mainstream settings, as VI is a low incidence disability, mainstream teachers rarely encounter learners with VI. They often struggle to teach CYP with VI effectively, having had little opportunity to develop alternative strategies. Evidence reveals poor planning by teachers [46] and concerns that an emphasis on provision of accessible materials is leading to a reduced focus on supporting independent learning through the use of low vision aids and assistive technology [47]. Mainstream technology with built in accessibility options is

being used increasingly by young people with VI, but needs to be part of a range of strategies for accessing information [48; 49].

Interim findings from a recent study suggest that there has been further decline in habilitation services since 2012. A particular concern is the low numbers of qualified Habilitation Specialists across Wales and the lack of Habilitation services in general [50]. Key longer term independence skills (including mobility and social skills) that fall beyond the academic curriculum may be neglected [51; 49; 52; 53].

Although Teaching Assistants (TAs) play an important role, evidence relating to pupils with SEN (but not VI) shows that they may also prevent social inclusion and have an adverse effect on educational attainment by acting as a barrier between the child, their peers, and their teacher [54]. Evidence indicates

that TAs can best support children with VI if they have an understanding of VI and how it affects the individual [51]. RNIB has identified over 200 TAs supporting CYP with VI in Wales. The majority were employed directly by individual mainstream schools but this is an under-representation as not all local authorities were able to provide numbers of TAs in mainstream schools. This raises concerns over the degree of oversight that the local authority VI service may have over TAs working in these schools [10].

A recent study recommended the development of national standards, resources and teacher training for specialist teachers to enable them to teach literacy through braille since many QTVIs feel ill equipped to do so [55]. In response, RNIB has recently developed an online training course to support QTVIs in how to teach literacy through braille.

Subject specific expertise has declined with the closure of many specialist VI schools. This can lead to difficulties when learners are entered for national tests and exams because classroom practice may not always correspond with exam provision [56].

Curriculum access issues are exacerbated by public sector cuts leading to reduced staffing in local authority VI services and thresholds for access to support being raised as a consequence [57].

Transition to further study, training and employment

Estyn inspects post-school provision, but does not report on the local variations in availability and quality of post-school provision for those with specialist needs such as sensory impairment.



“Students with VI who had successfully completed college courses emphasised that computer, assistive technology and keyboard skills were important and necessary skills to have before going to college [60]”.

While most young people with VI describe their experience of transition from school as fairly positive, they have identified the need for better planning, preparation and information, including the opportunity to meet their new education provider in advance [58].

There is evidence of 'churning' for some young people with VI, meaning that their progress through post-school education is delayed because they repeat a year of an education course, or repeatedly take courses at the same level (or even lower levels) [48; 59].

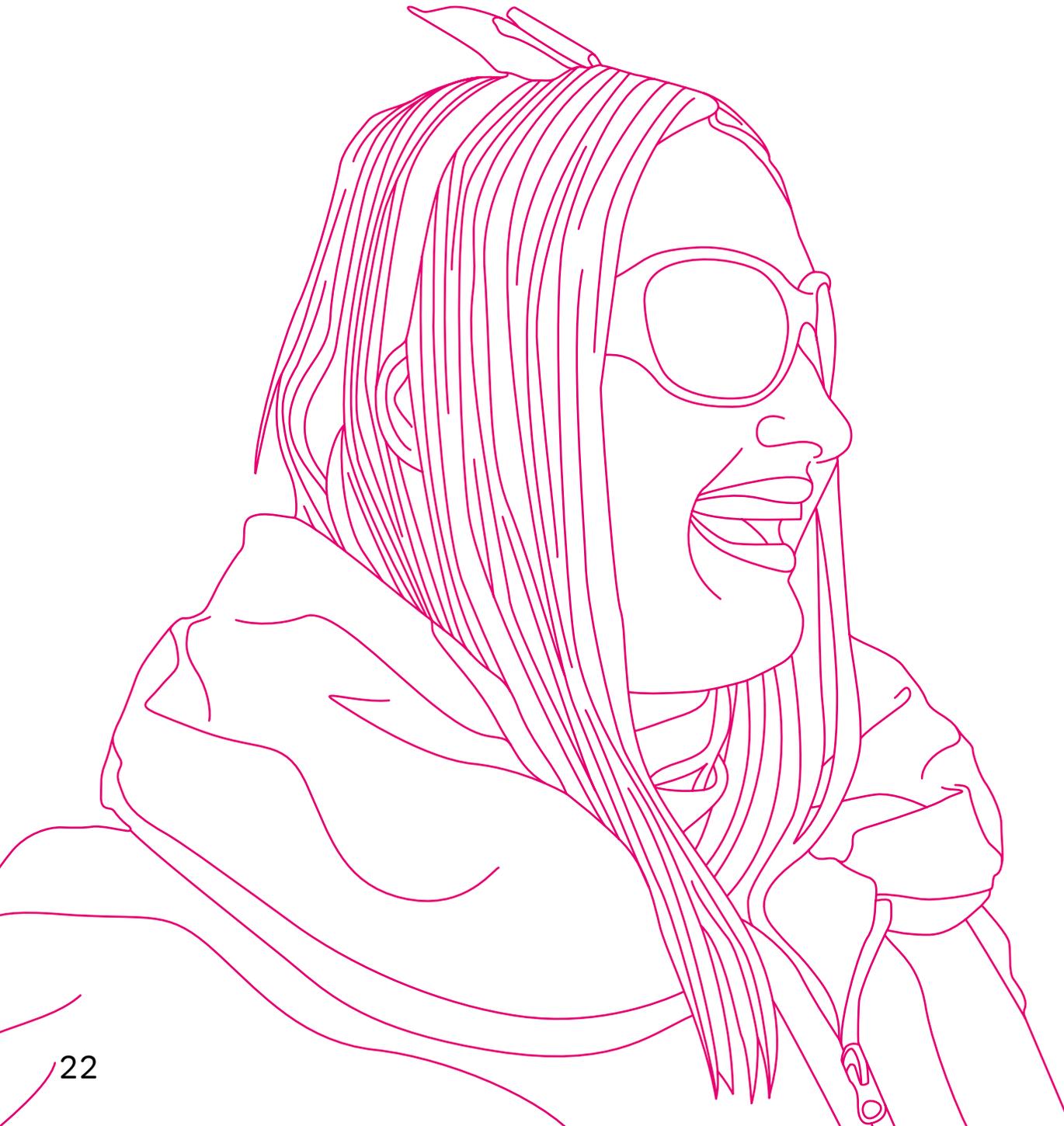
Research has also found that many young people with VI have poor mobility and independence skills, and that this becomes more of a problem as they move into further and higher education [49; 52].

Students with VI who had successfully completed college courses emphasised that computer, assistive technology and keyboard skills were important and necessary skills to have before going to college [60]. Successful transition to university includes: applying for disabled student allowance (DSA) at the earliest opportunity; researching in advance for DSA assessments assisted by those with specialist knowledge; negotiating support agreements in good time; good self advocacy skills; good mobility and ICT skills with appropriate training prior to the start of the course [61].

For further evidence about the transition experiences of CYP, a longitudinal study is being carried out by the University of Birmingham and RNIB. Visit <http://www.rnib.org.uk/knowledge-and-research-hub-research-reports/education-research> for more information.

Factors that contribute to successful transition of young people with complex needs from residential school provision include:

- personalised support from the age of 14
- better and earlier provision of information for parent carers and the provision of a written transition plan to families
- involvement of senior management to ensure integrated working between adult and children's services and across sectors and local authorities
- dedicated transitions workers supporting the young person and their parents through the process of transition [62; 63].



In 2013

38.9 %

of graduates with VI found
full time employment

Analysis of the Labour Force Survey (LFS) shows that fewer 16 to 25 year olds 'disabled due to a seeing difficulty' were employed compared to all young people in this age group. They were also twice as likely to be NEET (not in education, employment or training) [64].

For blind and partially sighted people, holding an educational qualification is a key enabler for obtaining employment [51]. In addition to employers' attitudes, factors that determine a blind or partially sighted person's distance from the labour market, and whether they are ready for work, are detailed in the Evidence-based review of people of working age [65]. They include independent mobility skills, assistive technology skills and skills to communicate needs and associated adjustments to employers. Research carried out in the USA showed that factors associated with employment

of young people with VI aged 19-23 included multiple work experiences, completing a post-secondary programme of study, independent travel skills and peer social skills [66]. Yet evidence suggests that young people with VI are less likely than their peers to have experience of paid employment, and that independent travel may be an aspiration rather than a reality for some, particularly those with more severe VI [43; 67].

In 2013, 38.9 per cent of graduates with VI found full time employment and a further 15.8 per cent were in part time jobs. The proportion in part time employment was slightly higher than for all disabled graduates. Over one in ten (11.4 per cent) of graduates with VI were unemployed, compared with 8.0 per cent of disabled graduates and 5.4 per cent of non-disabled graduates [68].

Blind and partially sighted people face barriers to apprenticeships. Estyn have reported lack of awareness of apprenticeships by parents, employers and learners themselves, few apprenticeship role models from disabled groups, difficulties in finding suitable work placements, especially where employers believe there will be a need to provide additional support for learners, and real or perceived discrimination. Available support for learners was also not being accessed or fully utilised [69].

What the evidence tells us

Policy makers should plan for two sub-populations of children with VI

- Experiences of health, education and social care are different for children with a VI as their sole disability compared to those with additional disabilities. Policy makers, commissioners and service providers should take into account the different needs of these groups: when analysing and interpreting statistics and developing wellbeing and educational outcome measures, the population of children with VI should be divided into those with and those without additional disabilities.

Early diagnosis and support is crucial

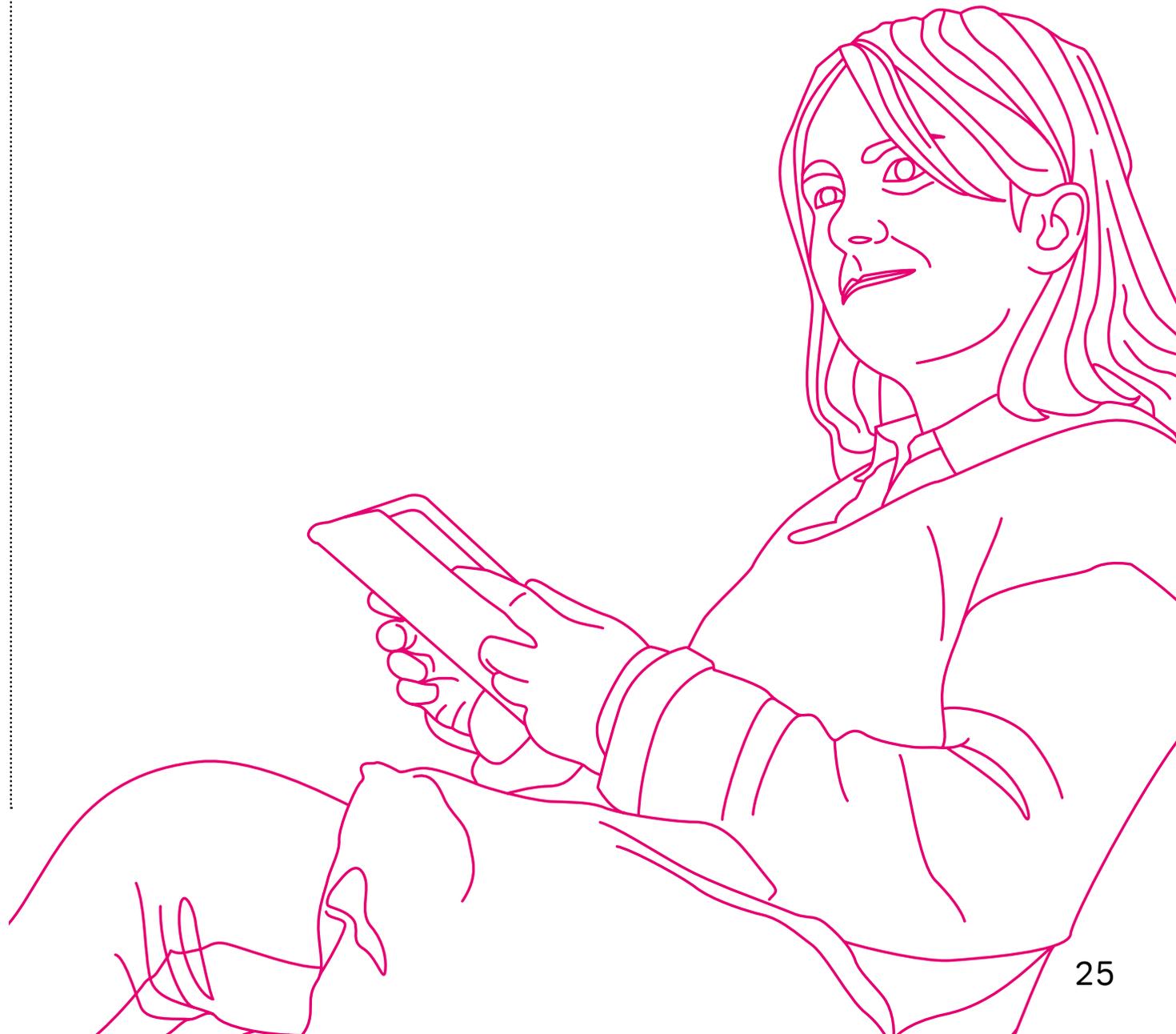
- Unlike adults, most children with VI have conditions that are present from birth or diagnosed in the first year of life. Professionals supporting babies and young children and their families should have specialist training in childhood VI and should be encouraged to use the Developmental Journal for Babies and Children with Visual Impairment [70].
- The majority of these children need specialist support to minimise the developmental (and sometimes the emotional and psychological) impact of VI. At the point of diagnosis of a VI, the whole family needs to be scaffolded in a way that promotes a positive, aspirational approach to addressing potential challenges as the child grows up. Parents are looking for

emotional and practical guidance on methods of care, nurture, play techniques, resources and welfare advice. Therefore, babies and children with VI should be referred as soon as possible after identification to the local authority specialist VI education advisory service for support from a QTVI. Vision 2020 UK has a recommended pathway for CYP with VI [71]. See also Boyce, 2015 [9] for a wider discussion about pathways.

- At least 50 per cent of CYP with VI have additional disabilities and/or chronic health problems, including many with multiple and complex needs. RNIB believes that all children with special needs should have a full vision assessment carried out by an ophthalmic team on school entry, as well as regular orthoptic and optometric assessment in special schools

throughout their school life with a clear plan for transition to adult services. The full vision assessment in special schools is currently being consulted on by the Welsh Government with an emphasis on screening for the special school population in their schools [72]

- The National Screening Committee recommends that all children in mainstream schools are vision screened in reception aged 4-5 years but children attending special schools require much more in-depth and specialist assessment of their functioning vision.
- Parents of children who are registered say that registration is important to them. The offer of registration should include the offer of a social care assessment. Parents who receive support from social care value it highly [9].

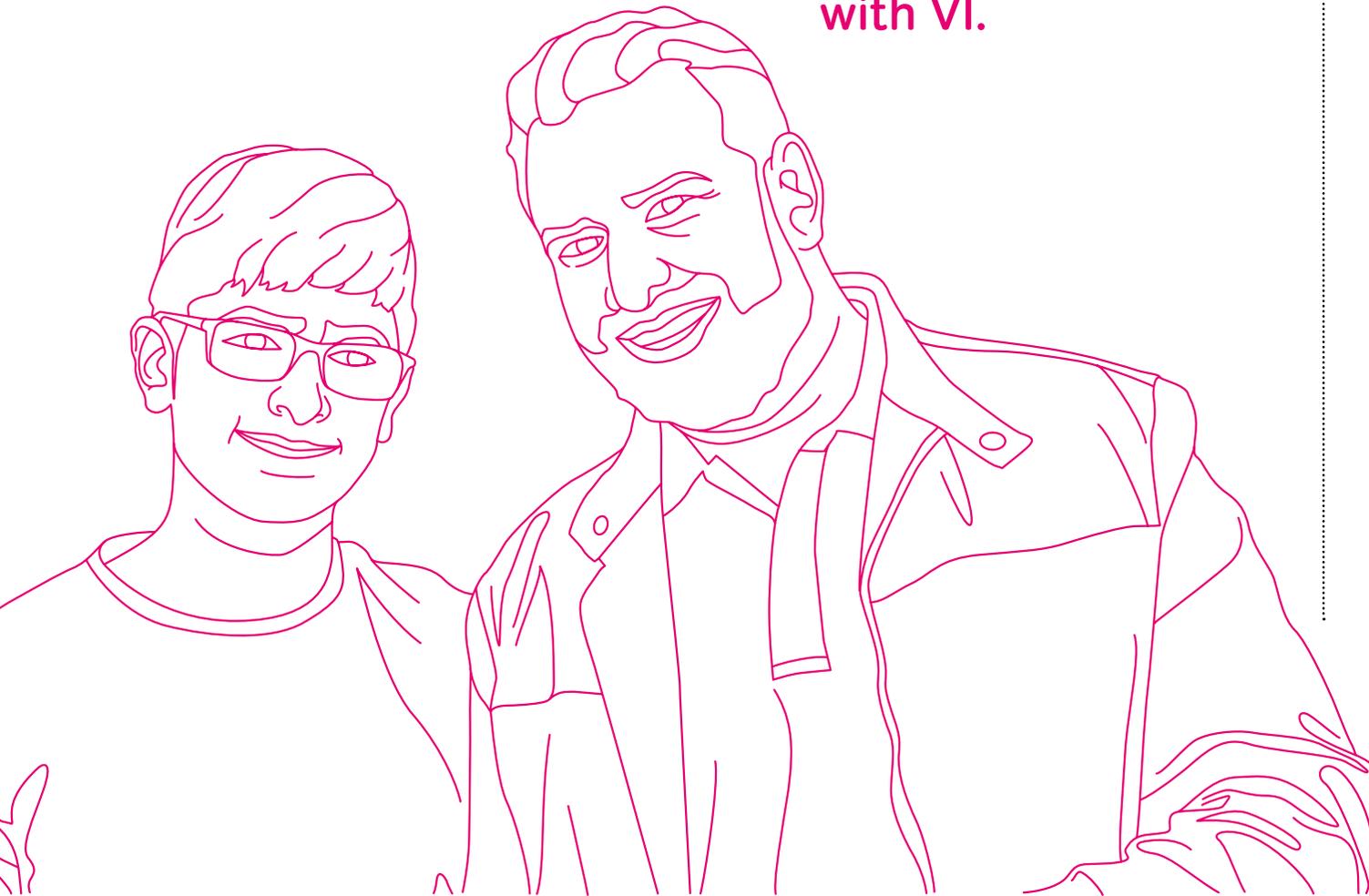




Parent carers, mainstream education and specialist support all have a role to play in providing social skills and independence training to CYP with VI.

Emotional wellbeing and social relationships are risk areas

- Children with VI are at risk of poor outcomes across a range of emotional and social wellbeing indicators and the risks are even greater for children with VI and another disability.
- It is important that the additional curriculum, which includes independence, daily living and social skills (known as habilitation skills) is given equal priority with academic attainment, in order that CYP are fully included with their peers, and adequately prepared for the transition to independent adulthood.



- All CYP with VI are entitled to a full assessment by a registered qualified habilitation specialist, with education and habilitation provision in accordance with their assessed need.
- Parent carers, mainstream education and specialist support all have a role to play in providing social skills and independence training to CYP with VI.

Specialist support is essential for curriculum access and attainment

- Awareness raising among mainstream teachers of the effects of VI on learning is key to inclusive provision. All those supporting learners with VI should have specialist training to ensure that they enable rather than prevent inclusion and independent learning. All CYP with VI should be entitled to a full assessment by a QTVI.

- CYP with VI form a diverse but low incidence group. As a result, the way to support professionals is to identify evidence of effective practice models and address the challenge of how best these can be implemented in practice, given that most CYP are educated in non-specialist VI settings.

Early preparation is needed for transition to further study, training and employment

- Evidence shows that if young people with VI, with and without additional disabilities, are to be equipped with the skills required to succeed in post-school settings greater emphasis is required, during schooling, on developing their independent learning and social skills. Information and guidance should be provided to young people while at school, and to their parents, about the options

available, including Access to Work – the government support programme that aims to help more disabled people start or stay in work. Young people with additional needs making the transition from residential settings should also have the support of a dedicated transition worker.

Tracking destinations and providing support systems are needed to prevent young people becoming socially isolated and NEET (not in education, employment or training) when they leave education.

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About our evidence

RNIB is a leading source of information on sight loss and the issues affecting blind and partially sighted people.

Sight loss data tool

Our Sight loss data tool provides local and regional facts and figures about blind and partially sighted people and those at risk of sight loss.

[rnib.org.uk/datatool](https://www.rnib.org.uk/datatool)

Research reports

We carry out and commission a wide range of research on the issues that affect blind and partially sighted people.

[rnib.org.uk/research](https://www.rnib.org.uk/research)

Knowledge Exchange Network

The Knowledge Exchange Network for the Sight Loss Sector has been set up to help professionals generating and using research and information on sight loss. To find out what the network can offer, and to receive our email updates visit:

[rnib.org.uk/ken](https://www.rnib.org.uk/ken)

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