

## **Albinism**

Here are some strategies to help schools meet the needs of children with albinism. There are two main types of albinism, ocular albinism and oculocutaneous albinism. Both are inherited conditions.

The colour of our skin depends on how much melanin is in it. Melanin is a dark brown material (pigment) found in many parts of the body. The body parts that it helps colour include the skin, hair and eyes. Some children cannot make as much melanin as others and some cannot make any melanin at all. Children who do not make as much melanin as normal have albinism.

Ocular albinism: the most common form of albinism; these children only have a problem making melanin in their eyes.

Oculocutaneous albinism: in other children the lack of melanin affects all parts of the body as well. They may have pale skin and blonde hair with light coloured eyes.

The visual impairment caused by albinism relates to reduced melanin in the eyes' irises. More light is able to enter the eye, and this is why people with albinism are likely to experience photophobia or light sensitivity. Albinism is also associated with nystagmus, an involuntary movement of the eyes that causes reduced visual acuity.

People with albinism may also have refractive errors (myopia and astigmatism), and an underdeveloped macular (the part of the retina responsible for forming clear central images).

A child with albinism may, therefore, experience difficulties working in bright conditions and may have problems seeing fine detail, particularly in the distance.

Tinted glasses may be prescribed to reduce light sensitivity and correct any refractive error.

### **Positioning and control of lighting**

For a child with albinism, bright light will be cause discomfort and reduced vision. Classrooms where the child is regularly taught will need blinds so that light levels can be controlled on sunny days.

Make sure that the child is positioned so that the light source is behind him/her. Check that his/her view isn't compromised by glare from reflective surfaces such as whiteboards. When speaking to the class make sure that you are not standing in front of a window where you will appear silhouetted and difficult to see.

If the child has been prescribed with tinted glasses encourage the pupil to 'take ownership' and wear them when they will help eg on days when it is bright.

## **General Strategies**

- Position the child close to the whiteboard or whatever is the focus of attention.
- Children with nystagmus may adopt a head turn or tilt when looking with concentration. They are likely to be using their 'null point', the position in which they gain the best view. Do not discourage learners from using their null point.
- Talk through work which is on the board or which is being demonstrated.
- Use precise language in order to give a clear verbal description wherever possible.
- Provide as many opportunities as possible for concrete learning through direct experience.
- Allow plenty of time for the visually impaired child to handle and explore everyday objects and to talk through their experiences.
- Allow more time for the visually impaired child to complete tasks. It may sometimes be necessary to give them fewer tasks than their peers.
- If glasses are worn they should be worn all the time including at playtimes and for P.E.

## **Position in The Room**

When you are talking to the class or a group which includes a visually impaired child:

- Position yourself so that you can be seen easily, preferably against a contrasting background and away from glare. Try not to stand silhouetted against a window.
- Try to establish eye contact with the visually impaired child, although sometimes this is very difficult. If necessary encourage them to turn towards your voice.

## **Writing**

- Writing implements need to give a clear dark line. 2B pencils, black felt tip pens or a black biro are useful.
- Paper needs to be non-reflective.
- Any lines used, for instance underlays, should be clear and dark.
- Illustrations and diagrams need to be clear and uncluttered.
- Worksheets and photocopies need to be clear with good contrast between print and paper, again not on shiny paper.
- Print rather than cursive script may be needed.
- Child's handwriting may be larger than normal.
- Teacher comments should be written in black pen large enough for the pupil to read.

## **Reading**

- Reduced visual acuity caused by albinism and nystagmus can cause difficulties in recognising letters and words.

- Check with your STLS VI teacher about the most appropriate size of font for the pupil. Provide reading materials in this font so that they have the best opportunities for reading fluently and for making progress with reading.
- Avoid books with poorly produced print illustrations.
- Allow children to have the book at an angle and distance which is comfortable for them. Special stands for books are available.
- Children with albinism need their own copy of books and should not be asked to share.
- In teaching reading stress language rather than visual cues.
- These children will need training in search and scan techniques.

### **Social Skills and Mobility**

- Make sure visually impaired child knows their way around the school and around the classroom.
- “Go with Jane ...” is more tactful than “Take Jane ...”.
- Anticipate new situations especially if they involve trips out of school, such as visits to museums or geography field work.
- Encourage confidence and social awareness by social skills training.
- Encourage visually impaired child to be as independent as possible in organising and taking care of their own belongings.
- Ensure PE is fully inclusive

### **ICT**

- Ensure there is good contrast on whiteboard or consider sitting child with VI at a separate monitor.
- Use high visibility stickers on a standard keyboard.
- Make use of accessibility options.