

Strabismus (squint)

STRABISMUS occurs when an eye deviates either inwards/ esotropia (converges) or outwards/ exotropia (diverges) from the position where it should be when regarding an object. There are some, rarer, cases where the eye deviates upwards or downwards. Strabismus can be constant or intermittent. It can also cause a loss of two-eyed of depth perception.

If there is a constant strabismus, which is left untreated, then this can cause amblyopia or 'lazy eye' where the affected eye has reduced vision which is not correctable with glasses. With amblyopia the brain does not acknowledge the images seen by the amblyopic eye.

Some squints are present at birth, others develop only when the child begins to make full use of his or her vision. It is very rare for squints to develop in older children, unless they have had a latent deviation when younger.

Strabismus may be caused by refractive errors such as long sightedness, short sightedness or astigmatism, by congenital cataracts, or by eye muscle problems. In certain cases, the good eye will be patched in order to stimulate the vision in the squinting eye. This process is known as occlusion. It will not reduce the squint but seeks to ensure that the eye does not become amblyopic.

In most cases, children with strabismus do not require specialist interventions from a Qualified Teacher for Visual Impairment, and their needs can be met through Quality First Teaching and simple strategies used in the classroom. The information in the universal section of the Mainstream Core Standards for VI may also be useful.

When the child is patched: General Strategies

- 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 visually impaired child to handle and explore everyday objects and to talk through their experiences.
- Make sure they fully understand the concepts they are trying to learn.
- Allow more time for visually impaired child to complete tasks. It may sometimes be necessary to give them fewer tasks than their peers.
- If glasses are prescribed, they should be worn all the time including at playtimes and for P.E.

Position in The Room

- 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.
- Ensure that the child is seated centrally or to the side where they can make use of their better vision.
- If the child is patched, then careful consideration will need to be made so that they are positioned closer to the focus of the lesson than normal and to the side where they have some useful vision.
- Try to establish eye contact with visually impaired child, although sometimes this is very difficult. If necessary, encourage them to turn towards your voice.
- Ensure child sits close to the teaching focus.

Writing

- Writing implements need to give a clear dark line. 2B pencils or black felt tip pens 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

- Some children will need clear, large print books. The font size may need to be larger than normal if the child is being patched, as they will be using their weaker vision to access reading materials.
- Avoid books with poorly produced print illustrations.
- Allow children to have the book at an angle and distance which is comfortable for them.
- Try to avoid asking visually impaired children to share a book and if they do need to share then ensure that the book is placed to the side where the child has their better vision.
- 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.
- Ensure that steps are highlighted with yellow edging to help the child to notice the change in floor levels.
- If the child is patched, then additional support may be needed to ensure that they do not bump into doorways and furniture as they will only have vision in one eye which will also be weaker.
- 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, and that additional support is given for activities like gym apparatus where depth perception skills are more essential.

ICT

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