

## Nystagmus

Here are some strategies to help schools meet the needs of children with nystagmus.

### What is nystagmus?

Nystagmus is a condition of uncontrolled eye movement. It makes children's eyes move constantly. This can be in a side to side, and up and down, or a circular motion, or a combination of these. This uncontrolled movement can affect how clearly a child can see. Most people with nystagmus have reduced vision.

Nystagmus can develop if control of a child's eye movements or gaze (the direction a person is looking) doesn't develop properly or is damaged in later life by a stroke or brain injury. Nystagmus can be associated with other visual difficulties such as photophobia (light sensitivity) in cases of Albinism.

### Which children are most likely to have nystagmus?

Infantile or congenital nystagmus is usually diagnosed in very young children. All babies are born without fully developed visual systems. In the first few years of life, their vision develops through their eyes and brain being stimulated by what they see. If a baby is born with an eye condition which affects how well they can see, then their visual system may not have a chance to develop normally.

Nystagmus is common with some eye conditions which can cause reduced vision in children, such as:

- congenital cataracts
- ocular albinism
- retinal dystrophies, such as cone dystrophy or congenital stationary night blindness
- optic nerve conditions, such as optic nerve coloboma or hypoplasia
- aniridia

### How nystagmus may affect children

Where eye movement is more noticeable, a child is likely to experience greater difficulties with school work. The level of movement tends to increase if the child is tired or under stress. It is not unusual for children to experience a worsening of their nystagmus when they are unwell, anxious or upset. Visual acuity (how clearly things appear) is reduced causing the blurring of images and text. This may affect the child's ability to access visual information. Reading involves systematic scanning from left to right, so may become very difficult and tiring.

## **Head position and the 'null point'**

Children are sometimes able to minimise their nystagmus by turning the head or face to a particular angle. This is the 'null point', where they are least affected and this should not be discouraged. It is important that attention is not drawn to this automatic behaviour. Likewise, some children may display a slight 'head shake'.

## **General Strategies**

- Children with nystagmus need a calm and supportive environment to ensure that the condition is not exacerbated by stress.
- Extra time should be allowed for focusing and scanning.
- Call the child's name before engaging in conversation with them so that they know you are talking to them.
- 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 worn they should be worn all the time including at playtimes and for P.E.

## **Position in the room**

- This should be discussed with the Qualified Teacher for Visual Impairment.
- 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 visually impaired child, although sometimes this is very difficult. If necessary, encourage them to turn towards your voice.
- The child would benefit from sitting close enough to the focus of the lesson but not so close that they become unaware of what is happening around them.
- For children who use a null point, they will need to be positioned in the classroom where they can make use of this.

## **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.
- 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.
- Many children will learn to touch-type early in their education, even if they can handwrite clearly, to reduce the length of time they need to focus.

## **Reading**

- Some children will need clear, large print books. Please follow guidance from qualified teacher for visual impairment (QTVI) on appropriate choice of font and print size. Smaller print can create difficulties if the child is unable to discriminate between similar letters.
- Any reading material should be presented with any unnecessary clutter removed.
- 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 nystagmus will need their own individual copy of books and worksheets.
- These children will need training in search and scan techniques.
- Children can be encouraged to use a bookmark or finger to retain their place. Especially helpful is using a 'typoscope' or line guide, to cover all but the line being read.
- Children who routinely manage with standard print sizes, may still need a larger print size in exams, when stress worsens their nystagmus
- Alternative approaches to reading – the use of audio copies of longer texts, and screen reader software (or options in Kindle and other apps) are vital in reducing reading time to brief spells.

## **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, and that the child has opportunities to explore the playground or hall before the activity starts, so that they can familiarise themselves with the layout and where equipment is.

## **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.