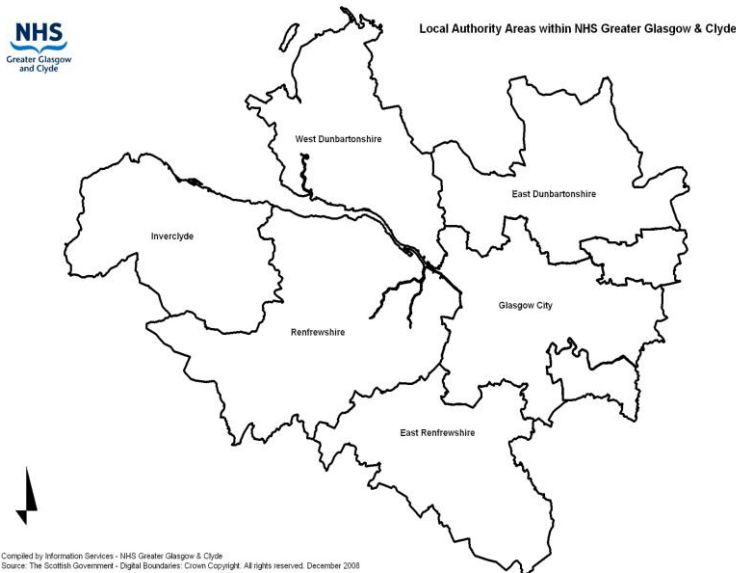


Children's Visual Impairment Services Greater Glasgow and Clyde

Getting It Right for VI Children

Annual Report 2017 - 2018



www.i-needs.org

1. Introduction

This annual report documents the work of the multiagency team across Greater Glasgow and Clyde NHS Board and its six local authorities working with children who have visual impairment (VI) and their families. These integrated services were set up in 2008 following the National Eyecare Review.

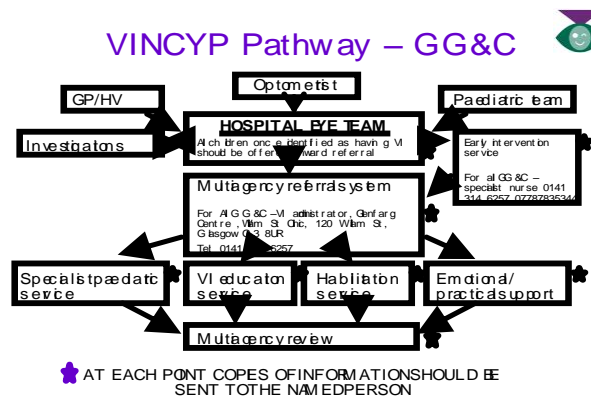
The multiagency team for children with visual impairment have continued to deliver high quality integrated services over this year with positive feedback from parents and professionals. The organisational difficulties which severely impacted on the volume of service delivery last year have eased and an administrative improvement programme is being worked through to ensure full recovery and full service delivery returns in future. It is clear that financial restrictions are affecting all services, but with pathways well established and multiagency cooperation, all are working to achieve the national standards for care for children with visual impairment and endeavouring to minimise the impact on children and families. Activity is reported, as are gaps in services, as feedback suggests this is of value in terms of planning services and addressing the needs of children.

The test developed by our joint vision functional assessment team which gives a guide as to the size of presentation of materials for children with very low vision or who are at an early developmental stage, has now been produced and distributed nationally with positive feedback on its usefulness from parents, VI teachers and orthoptists.

2. Integrated care pathways

The central referral pathway from all eye departments across GG&CNHSB is used to refer children to appropriate visual services timeously (available via staffnet). This system is embedded in the practice of clinicians seeing children regularly, and reflected in each health board nationally.

Figure 1



There is now a managed generic service email address ViAdmin@ggc.scot.nhs.uk and this is to be issued to all partners to ensure the service is less vulnerable to administrative changes in future

3. Data collection

Data system

The database holds information about children with visual impairment across GG&C to allow for monitoring of due dates for review meetings etc and to identify information when requested. It is particularly important in being able to quickly establish when parents / young people have provided consent for their information to be shared between agencies. Unfortunately with administrative changes all children have not been recorded on this, leaving gaps in information and inaccurate figures for planning. Within the administrative improvement plan this should be addressed. There are currently 369 children identified with a visual impairment on the database (national prevalence figures would suggest 616) .60% of these children live within Glasgow City Council area (16% Renfrewshire, 8% East Renfrewshire, 7% West Dunbartonshire, 5% Inverclyde, and 3% East Dunbartonshire) . These figures may not represent a true reflection of the population due to variability in recording.

The national VINCYP datasystem is used across GG&C with an orthoptist trained in each eye department and our paediatrician also trained to enter data. Individual information is currently only available to health staff. Numbers of children notified within our Board and local authorities are increasing and families are being contacted to request that they consent to their data being added . As at June 2018 information for 148 children from GG&C had been entered. This system will allow better information for local and national planning, however the local system will require to remain in place for day to day working .

4. Multiagency review

Visual Impairment Review Groups (VIRGs) continue to meet regularly in each local authority area and produce individual VI specialist advisory reports for children to support their overall care plan. The groups advise professionals on management , identify gaps and duplications in services and report them to relevant service managers in order to affect change for individuals and services. These groups are also responsible for updating service information for their area.

The number of meetings scheduled is calculated according to population per local authority. This year most meetings were able to be delivered but not all meetings had correct attendees due to difficulties within health administrative support. Two meetings required to be cancelled due to illness when the only VI education representative in an area was unable to attend, highlighting the vulnerability of small services for these children with low incidence disabilities (Table 1)

Table 1. No of multiagency meetings and care plans produced in 2017/18

	Meetings delivered 16/17	Meetings delivered 17/18	Individual Reports produced 16/17	Individual Reports produced 17/18
Glasgow	9	16*	25	52
East Dunbartonshire	2	2**	7	6
West Dunbartonshire	2	3	6	7***
East Renfrewshire	3	3	8	10
Renfrewshire	4	5	13	15****
Inverclyde	3	2**	7	5
Total	23	31	66	95

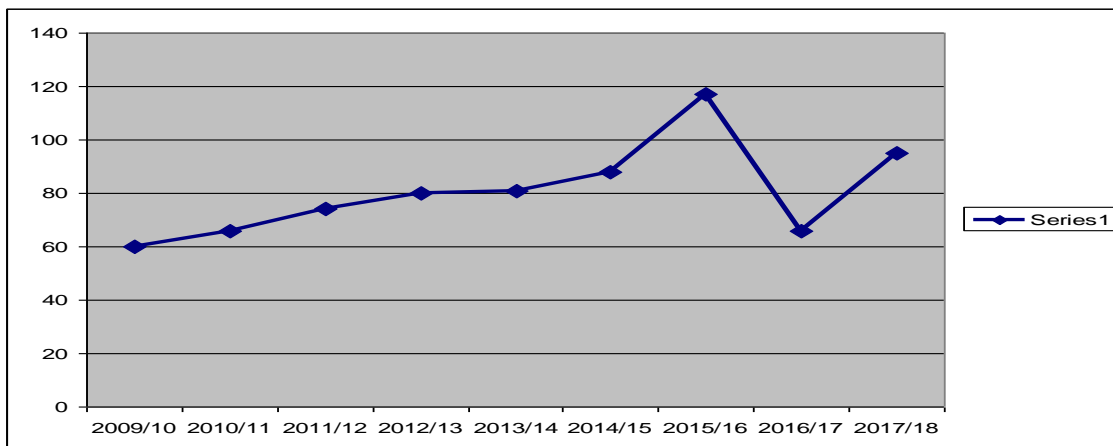
* 2 additional meetings arranged due to large volume of cases

** cancelled due to illness

***4 additional reports awaiting typing (from march 2018)

****2 additional reports awaiting typing (from march 2018)

Figure 2 . VIRG – No of multiagency care plans completed per year



The value of consistent, reliable administrative support and coordination within health has been acknowledged by education and social work services since services were developed. The above demonstrates the recovery over the year following administrative disruption. However this has only been achieved with significant additional input from clinicians involved, which cannot be sustained. The key importance of settled knowledgeable administrative staff is recognised and the improvement plan should, over time, address the remaining difficulties including typing delays .

Evaluation of VIRGs by Education Staff - see Appendix 1

Issues identified as gaps / difficulties within services :

In the majority of cases the recommendations made at a VIRG can be progressed. However, as part of the role a log is kept of difficulties. The issues are grouped below :

Organisation

Although service delivery has improved since last year, there remain significant difficulties related to administration which have been reported through health governance systems. Not all those who should be invited to children's meetings are, as demonstrated in the small sample within the VIRG evaluation report. There have been issues with transfer of waiting lists, resulting in wasted appointments, children not being seen when planned and severe typing delays – not all reports from last financial year ending March were typed by August . There are no 'gaps reports' currently available beyond January 2018. One incidence of a referral not being passed on to education and social work was identified. An improvement plan within the reorganised admin service has been put in place, including additional time allocation and clinical staff continue to provide support and advice.

Within Renfrewshire issues have been identified with no environmental assessment having been requested by education from a qualified habilitation specialist to ensure appropriate adjustments were made for children with VI within the new school building for children with additional support needs. This has now been requested, issues having been raised for several pupils.

Meetings

Representation from all services has been consistent, the issues with Glasgow social work representation having been resolved. There have been occasions when at short notice, due to illness etc representatives have been unable to attend. On these occasions individual decisions are made as to whether the discussion can take place or requires to be deferred.

Services

A shortage of habilitation services continues to be an issue. This affected Renfrewshire, East Dunbartonshire, Inverclyde and Glasgow. A reduction in staffing within Renfrewshire has resulted in an inability to provide assessments for all children requiring these. Within East Dunbartonshire there had been lack of clarity around responsibility for provision , however education now have in place a short-term contract with Guide Dogs to provide services. Within Glasgow some children have received only assessment and input for mobility, excluding independence skills, and there have been difficulties in getting mobility training provided within a child's home area. There remains no habilitation provision within Inverclyde.

A lack of Qualified VI teacher input has been raised for children with additional support needs , particularly in Glasgow where numerous children have been affected and again in Renfrewshire. Glasgow continues to provide no ongoing qualified VI teacher support within any additional support needs school. Renfrewshire has also had difficulty in providing QTVI input to pupils within mainstream schools due to staff shortages.

Visibility provides groups for children with VI to meet as isolation has been identified as a significant problem for children. An incidence of a child being unable to access after school activities was reported due to transport being provided by taxi at a set time.

Communication

There were individual incidents highlighting communication difficulties . On two occasions there was a delay in service provision due to referrals not being actioned (Glasgow education). No difficulties were identified with transfer of information between authorities and there was evidence of VI teachers now proactively linking with their counterparts when children moved authority.

Equipment and Connectivity

Difficulties with IT connectivity within schools due to the specialist programmes and accessibility options required for children with VI continue, this was highlighted within West Dunbartonshire. Lack of provision of specialist equipment was also raised within West Dunbartonshire and Glasgow.

Service managers have been alerted to these issues through their representatives and have been asked to address them.

5. Service provision

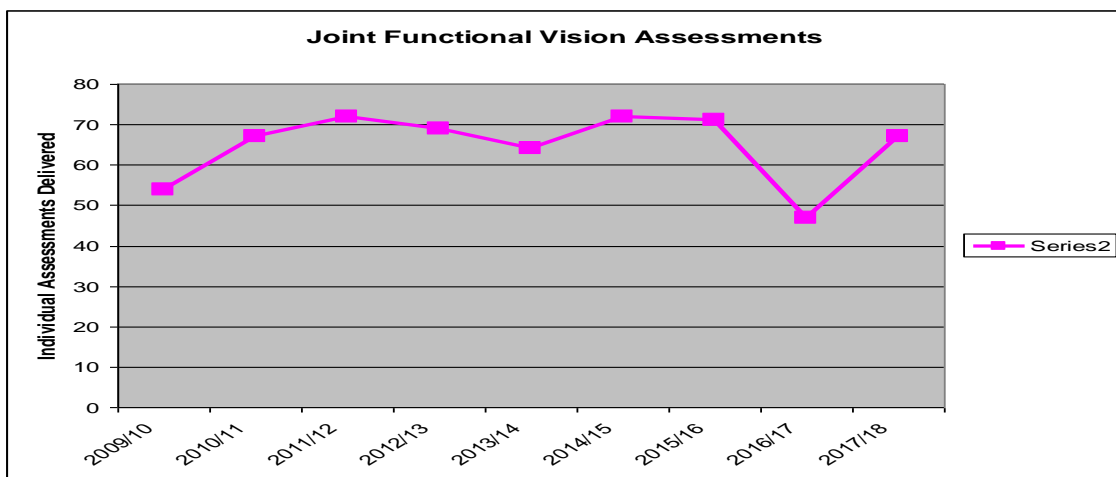
a) Joint Functional Vision Assessment (FVA) Clinics

These clinics, run jointly between health and education, take place in the 6 LA areas and involve an orthoptist, optometrist, occupational therapist, VI Teacher and paediatrician. They are held outwith eye clinics in order to improve cooperation and achieve a more accurate assessment of everyday function. Three children can be seen per clinic. Feedback from parents and professionals indicates that this is beneficial. Accommodation is variable and there remain difficulties in East Dunbartonshire in finding premises suitable with accommodation now being within Bishopbriggs High School. Renfrewshire and West Dunbartonshire are within health premises as no other accommodation could be found. There is accommodation provided by education within Glasgow, and social work in Inverclyde. All accommodation at present allows a full number of appointments although in East Dunbarton the current accommodation remains unsuitable for all children. Once the new Woodside Health Centre opens in 2019 it may be possible to accommodate this clinic within the child development centre there.

Table 2. Joint functional vision assessments

	No of clinics delivered 2016/17	No of clinics delivered 2017/18	No of appts offered 2016/17	No of appts offered 2017/18	No of appts attended 2016/17	No of appts attended 2017/18
Glasgow	15	19	43	58	25	42
East Dunbartonshire	2	2	3	5	3	4
West Dunbartonshire	3	3	9	9	5	4
East Renfrewshire	2	2	6	6	5	4
Renfrewshire	3	4	8	12	8	9
Inverclyde	1	2	1	4	1	4
Total	26	32	70	94	47	67

Figure 3 Joint Functional Vision Assessments – Number completed



Recovery of service is demonstrated however difficulties remain in ensuring appointments are fully utilised. Phone reminders of appointments have not been restored as yet which may account for some of the reduced attendance. However, it should be recognised that many of these children have significant health needs and appointments may require to be cancelled at short notice due to illness.

Again, although encouraging, this recovery has only been possible due to input of additional clinician time. The administrative improvement plan should help to address this and delays in typing these reports for parents. There remains only one paediatrician and one optometrist able to deliver these clinics which continues to leave the service vulnerable.

At these clinics, assessment for and provision of basic independence and low vision aids continues, a small number of aids are provided each year. This allows immediate access for children avoiding additional waits and clinics.

Training continues to be provided to a wide range of professionals including doctors, orthoptists, occupational therapists from GGC and other health boards, VI teachers from our and other local authorities, and habilitation specialists again from our own and other organisations.

The Minimum Detection Test developed by the team now forms part of our available testing materials and is taken to each clinic, being used to demonstrate the size of object that a child can see. It is planned to undertake formal evaluation of its usefulness within clinic.

b) Habilitation Training (Child Mobility and Independent Living Skills)

As highlighted through the VIRGs lack of services for children continue to be of concern.

Habilitation training remains a high priority for the group as lack of this affects individual's social opportunities, employment prospects, educational opportunities and finances in addition to increasing the financial burden on the state. Economic pressures along with cessation of training in Scotland and lack of a recognised professional structure and organisation have compounded difficulties. This is a difficulty nationally and solutions continue to be being sought through various eyecare groups and Scottish Government.

The West of Scotland mobility network which was created by our group to provide professional support and CPD opportunities. This has not met for some time with difficulties in maintaining leadership.

c) Early Intervention Nurse Specialist

This part-time post covering all GG&C is a permanent post funded by Specialist Children's Services GG&CNHS Board. The nurse provides support and information to families following identification of their child having a visual impairment. She maintains close links with eye clinic clinicians within the children's hospital, provides telephone advice, home visits, ward visits, advice on play and interaction , works closely with Visibility in the provision of parent and toddler groups and links with VI teachers once they become involved. She is mainly involved with families of young children but also supports young people who suffer visual loss in teenage years. She has supported 29 newly diagnosed children and 66 previously diagnosed children and their families throughout the year, similar to previous years

This model of service for supporting parents and children has been recognised nationally as a good model of practice.

d) Low Vision Aid Service

This service is designed to allow VI teachers to refer directly and to provide child specific clinics when they can attend with their pupils. Arrangements are in place across all areas. Clinics are now ad hoc rather than regular due to low numbers which can make linking with teachers more problematic. There is a low

but steady uptake of this clinical service which remains important despite the widespread availability of electronic aids

6. Information / Communication www.i-needs.org

The i-needs website was launched in 2013 . This is sponsored by the Childrens VI Steering Group and run/ monitored on its behalf by Visibility. It has been designed with parents and a significant amount of the content is provided and directed by them. It was created to help in directing parents to the most useful information (identified by our parents and professionals) and give practical information on toys etc and local service information. Positive feedback has been received from families locally but also from national organisations. The web address is printed on all joint clinic reports and on business cards which professionals have been encouraged to give to families The site information is developed by Visibility's family workers , the VI specialist nurse and the children and families . Local service information is provided on VI services from all agencies, and is updated at least annually.

7. Monitoring and Strategic Overview

The Children's Visual Impairment Steering Group with representation from all local authorities and the voluntary agencies meets biannually. The purpose of this group is to : maintain progress, monitor effectiveness, promote interagency working and links , develop services, promote research and act as a local expert group for local and central government.

8. Future Priorities

Improvement in our services , and hence outcomes for children , is planned around the guidance produced by VINCYP . We are pleased that work from our GG&C service has been adopted and recommended for national use by VINCYP. A priority for all of our services continues to relate to ensuring and maintaining a skilled workforce: there is only one paediatrician , and optometrist with a specialist interest/expertise in VI ; one local authority does not have a qualified teacher of visual impairment; and habilitation services are not universally provided by qualified workers across the area. Members of the steering group continue to work towards solutions, some of which require to be national. For health, the immediate priority remains in ensuring a robust and efficient administrative system.

Dr Katherine Spowart, Consultant Community Paediatrician and Clinical Lead Children's Visual Impairment Services GG&CNHSB on behalf of the GG&C Childrens VI steering Group

Evaluation of VIRGs by Education Staff - Appendix 1

VIRGs are in place across all our local authority areas and address the national standard for multiagency working. Informal feedback supports the use of VIRGs as a means to ensure specialist VI advice is available to professionals supporting children with visual impairment. They involve significant professional time and an evaluation of their effectiveness was therefore undertaken. This was carried out in June 2018 for meetings which took place January – February 2018. Unfortunately evaluation could not take place with a closer time gap due to typing delays which may explain in part the poor response.

20 children were identified as having had a VIRG. Where the child had a school/nursery a questionnaire was sent to the head of establishment or the representative attending the meeting and where there was a VI teacher involved a questionnaire was sent to them.

3 children had no VI teacher despite all having severe VI – one due to staff shortages, and 2 due to children with additional needs not being supported by qualified VI teachers as a policy within that authority.

2 children had no educational placement on account of their age.

17 questionnaires were therefore issued to VI teachers and 18 to schools.

4/17 responses received from VI teachers (24 %)

9/18 responses received from schools (50 %)

All VI teachers were present at the meetings. Schools were represented at only 4/9 meetings, 2 due to administrative errors in not being invited.

All who attended meetings reported that the discussion and recommendations :

- Allowed their questions re vision to be answered
- Provided them with a fuller insight into the pupils vision and support needs
- Provided reassurance that the pupils needs were identified and met
- Provided useful recommendations to be taken forward.

1 school reported that they did not receive a copy of the child's report – all other schools and VI teachers did. The individual report was resent.

All schools and VI teachers reported the report and recommendations to be helpful, except for one. In this case a recommendation made by the manager of social work services regarding support from social work services for a non-VI condition, was felt to be unhelpful. The teacher felt the child was ineligible. The teacher was not present at the meeting to discuss this due to staffing shortages.

All VI teachers reported that the information and recommendations had made a positive difference for the pupil and their family. 4/7 schools also reported this. 1 school felt it was too early to assess impact, one felt that they had made some positive difference, and one related to the case above when the teacher disagreed with the recommendation regarding non-VI service access criteria.

Although the numbers surveyed were low, the response from schools was encouraging and the feedback received suggests that VIRGs continue to be a useful means of supporting children with VI through providing advice and information to the professionals involved.

Appendix 2

Children's Visual Impairment Steering Group

	Professional Role	Organisation Represented
Patricia Lafferty	Resource Worker	Inverclyde Council
Clare Sweeney	Children and families Worker	Visibility
Anne-Marie Fleming	Children and Families Officer	RNIB
Julie Steel	Quality Improvement Officer	Glasgow Education
Karen Keith	Head Teacher	Glasgow Education
Kevin McNaught	SW Team Leader	Glasgow Social Work
Heather McColgan	VI Teacher	West Dunbartonshire Council
Sandra Metcalfe	Team leader Social Worker	Renfrewshire Council
Katherine Spowart	Consultant Paediatrician	GG&C, SCS
Hazel Leiper	VI Teacher	East Renfrewshire Council
Diana Frater	VI Teacher	East Dunbartonshire Council
Elaine McCrossan	Lead Paediatric Orthoptist	Hospital Eye Service
Vacant	Children's Service manager	Sense

Appendix 3 – Reporting pathways

Glasgow

Education

Colin Crawford , Education Officer, Inclusion

Health

Jamie Redfern, General Manager of Royal Hospital for Children

Stephen McLeod, Head of SCS

Gillian Wilson, service manager (disability) SCS

Jim Bretherton, Ophthalmology Service Manager , Acute Services for GGC

HSCP

Mike Burns , Assistant Chief Officer, Childrens services

East Dunbartonshire

Education

Jacqueline MacDonald, Chief Education Officer

Health (as Glasgow)

Social Work

Paulo Mazzoncini, Chief Social Work Officer

West Dunbartonshire

Education

Laura Mason, Chief Education Officer

Health (as Glasgow plus)

Sheila Downie, service manager SCS

HSCP

Jackie Irvine , Head of Childrens Health, Care & Criminal Justice

East Renfrewshire

Education

Mhairi Shaw, Head of Education Services

Health (as Glasgow)

HSCP

Julie Murray, Chief Officer

Renfrewshire

Education

John Trainer, Head of early years and inclusion

Health (as Glasgow plus)

G McDaid, Service manager for SCS

HSCP

Peter MacLeod, Director of Childrens Services

Inverclyde

Education

Ruth Binks ,Head of Education Services

Health (as Glasgow plus)

Fiona Houlihan , Children's Service Manager

HSCP

Sharon McAlees, Childrens Services and Criminal Justice