



Functional Vision Assessment for people with learning disabilities.



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Introduction

Vision is the key to learning, communication and movement. Around 1 in 3 people with a learning disability have a sight problem. Unidentified sight problems can seriously undermine people's quality of life and lead to avoidable sight loss and increased dependency. Often very little may be known about how much a person with learning disabilities can actually see, therefore making it very difficult for carers to know how to support the person to make the best use of their vision. This is particularly important for people with profound and multiple learning disabilities who may find it difficult to communicate to others what they are able to see.

This Functional Vision Assessment was created by SeeAbility. It is intended to be used by supporters of people with learning disabilities who know that person well, such as family carers and support staff. This Functional Vision Assessment is an observational tool that can be used to recognise how a person with learning disabilities might be using their sight. It can give an indication of what a person might not see, or have difficulty seeing.

Many people with learning disabilities may not be able to tell others if they have a sight problem. A Functional Vision Assessment can be an effective way of recognising the sight difficulties people with learning disabilities might be experiencing. A Functional Vision Assessment is an excellent starting point for supporting someone to have a potential sight problem recognised by an eye care professional. The information gained from an assessment should be shared with the person's optometrist and with specialist workers for the visually impaired. Sharing information helps the person get the best support and advice.

The resources in this pack will:

- Enable carers to find out more about what a person can see
- Enable carers to effectively monitor a person's vision between eye tests
- Identify questions to ask the optometrist during the person's next eye test
- Identify questions to ask Rehabilitation Workers for people who have a visual impairment
- Provide strategies to support the individual to make the best use of their vision

A Functional Vision Assessment can be carried out by observing a person in an environment they feel comfortable in, using everyday items which they are already familiar with.

This pack includes:

- Easy to use Functional Vision Assessment checklists and a suggested list of items which can be used in the Assessment
- A format to summarise your findings and guidance on what action to take
- Guidance and support on eye tests for people with learning disabilities
- An eye care journey chart for people with learning disabilities and a glossary, which will help you to identify support and resources

Only a qualified optometrist or eye care professional can provide a clinical eye examination. It is important to remember that this Functional Vision Assessment tool should not be regarded as a substitute for an eye test. It is crucial that people with learning disabilities have regular eye tests.

About SeeAbility:

Getting Further Support and Information.

If you require any guidance or support on completing this Functional Vision Assessment please contact SeeAbility's Look Up team on 01372 755 066, email info@lookupinfo.org or visit www.lookupinfo.org. SeeAbility's eye 2 eye team can also provide a range of training and advisory services on eye care, visual impairment and the needs of people with learning disabilities.

SeeAbility is a registered charity that works with young people and adults who are visually impaired with additional disabilities. SeeAbility provides residential and supported living, day services, rehabilitation services and information and advisory services. In 2005 SeeAbility launched the eye 2 eye Campaign to transform eye care and vision for people with learning disabilities in the UK. The eye 2 eye Campaign provides information, advice and support for people with learning disabilities, their families and carers, eye care professionals and health and social services staff. In 2007 SeeAbility launched the Look Up information service which provides information and advice to eye care and vision professionals on the needs of people who have a learning disability – and information and advice on the importance of eye care and vision to those who support people who have a learning disability.

How to use the Functional Vision Assessment Checklists

In **Section A** there are seven checklists covering different areas of vision and eye health. We recommend that you view all seven sections on-line and then print off from www.lookupinfo.org the individual sections of the Assessment that you wish to complete.

Once you have completed all of the checklists go to the summary in **Section B** which will explain what to do with the information you have gathered. The Functional Vision Assessment checklists included in this pack are:

- **Checklist 1** **Appearance of the eyes** – the appearance of a person’s eyes may raise concerns about their eye health
- **Checklist 2** **Behaviour** – a person’s behaviours may be related to poor vision or other eye care needs
- **Checklist 3** **Poor central vision** – this is when a person cannot see straight ahead very well
- **Checklist 4** **Poor peripheral vision** – sometimes a person has difficulties seeing to the sides and up and down
- **Checklist 5** **Sensitivity to light** – some people experience difficulties because their eyes are very sensitive to light
- **Checklist 6** **Poor colour vision (or contrast sensitivity)** – some people do not see colours very well and can find it difficult to see objects clearly against a background
- **Checklist 7** **Poor vision in one eye** – some people have poor vision in one eye only

Section A

Functional Vision Assessment Checklists

About the Person

Persons Name:	
Date of birth:	-- / -- / ----
Medical summary:	
Medication:	
Preferred methods of communication used:	
Other information:	
Name and role of person completing assessment:	

Checklist 1

Appearance of the eyes

Sometimes, the appearance of a person's eyes can tell us something about their eye health and vision. Look at the person's eyes and go through the checklist below. Use the tick boxes and record any concerns that you have about the appearance of the person's eyes.

Observations	Tick if you agree	Notes/descriptions
No eyes at all	<input type="checkbox"/>	
Very small eyes	<input type="checkbox"/>	
Closed, partially closed or droopy eyes or eyelids	<input type="checkbox"/>	
In-growing eyelashes	<input type="checkbox"/>	
The white of the eye looks red, bloodshot or sore	<input type="checkbox"/>	
The white of the eyes looks yellow	<input type="checkbox"/>	
Sticky or infected eyes possibly with discharge	<input type="checkbox"/>	

Observations	Tick if you agree	Notes/descriptions
The “pupil” appears mis-shapen or incomplete	<input type="checkbox"/>	
One or both eyes turned in or out (squint)	<input type="checkbox"/>	
The eyes look “milky” or “cloudy” and you cannot see the iris or the pupil clearly	<input type="checkbox"/>	
Eyes that move constantly up and down, from side to side or in circular movements	<input type="checkbox"/>	
Eyes that bulge, seem “pointed” at the front or have an unusual shape	<input type="checkbox"/>	
Eyes appear scarred or “damaged”	<input type="checkbox"/>	
Cysts or styes on the eyelids	<input type="checkbox"/>	
Watery / weepy eyes or dry eyes	<input type="checkbox"/>	
Anything else that appears “unusual”	<input type="checkbox"/>	

- **Add information about what you have learnt from your observations of the appearance the person’s eyes to the ‘summary of findings’ section.**
- **Now go to checklist 2: Behaviour.**

Checklist 2

Behaviour

Sometimes, people's behaviours are related to poor vision. Take time to observe the person's everyday behaviours and use this checklist to record your observations.

Observations	Tick if you agree	Notes/descriptions
Frequent touching of eyes - such as poking, rubbing	<input type="checkbox"/>	
'Light gazing' - appears fascinated by light and stares at sources of light	<input type="checkbox"/>	
Finger or hand flapping – the person enjoys doing this in front of their eyes	<input type="checkbox"/>	
“Unusual” head positions	<input type="checkbox"/>	
Moves head to look at things - but eyes do not move much	<input type="checkbox"/>	
Unusual head movements - for example, frequent head shaking	<input type="checkbox"/>	
'Head rolling' - circular movement of head	<input type="checkbox"/>	

Observations	Tick if you agree	Notes/descriptions
Puts hand over one eye	<input type="checkbox"/>	
Constant frowning	<input type="checkbox"/>	
Constant blinking	<input type="checkbox"/>	
Blinks at bright lights	<input type="checkbox"/>	
Avoids bright lights and sunlight	<input type="checkbox"/>	
Turns off lights when indoors	<input type="checkbox"/>	
Draws curtains when indoors	<input type="checkbox"/>	
Shields eyes in bright sunlight	<input type="checkbox"/>	
Avoids close up work and activities	<input type="checkbox"/>	
Draws very small pictures	<input type="checkbox"/>	
Draws very large pictures	<input type="checkbox"/>	
Seems to see some colours better than others	<input type="checkbox"/>	

Observations	Tick if you agree	Notes/descriptions
Obvious problems with focusing – when switching between close objects and those which are far away; or when switching between large and smaller objects	<input type="checkbox"/>	
Short attention span or seems uninterested in other people or surroundings	<input type="checkbox"/>	
Poor self-care skills	<input type="checkbox"/>	
Poor communication skills - difficulty learning sign language	<input type="checkbox"/>	
Dramatic changes in behaviour - may become upset or anxious for no apparent reason	<input type="checkbox"/>	
Body rigidity - seldom seems relaxed	<input type="checkbox"/>	
Does not appear to recognise people	<input type="checkbox"/>	

Observations	Tick if you agree	Notes/descriptions
Does not make eye contact with people	<input type="checkbox"/>	
“Stares” at other people or objects	<input type="checkbox"/>	
Startled by noises	<input type="checkbox"/>	
Anxious or unwilling to walk alone	<input type="checkbox"/>	
Constantly looks down when walking	<input type="checkbox"/>	
Uses hands to trail walls when walking	<input type="checkbox"/>	
Withdrawn from groups or favourite activities	<input type="checkbox"/>	
Chooses to sit very close to the TV	<input type="checkbox"/>	
Does not like to sit close to the TV and chooses to sit further back	<input type="checkbox"/>	

- **Add information about what you have learned from your observations of the person’s Behaviour to the ‘summary of findings’ section.**
- **Now go to checklist 3: Central vision.**

Checklist 3

Central vision

Sometimes, people's behaviours are related to poor central vision. Take time to observe the person's everyday behaviours and use this checklist to record your observations, gather further evidence and then implement enabling strategies. (Please note - some of the behaviours in this table may indicate that the person has Myopia which means that they see things better close up. This can be confirmed in an eye test with an Optometrist and may be corrected with spectacles.)

Some people who have a sight loss can experience visual hallucinations - seeing objects which are not actually there. This can be particularly true for people who have central vision loss. If you think someone may be experiencing visual hallucinations, this should be shared with the person's optometrist or eye care professional.

Behaviour

Does the person do any of the things in this checklist? (Please tick.)

- Holds objects to the side to see them
- Brings objects closer
- Person appears to 'lose sight' of objects when trying to pick them up
- Unable to find object directly in front of them
- Limited or "indirect" eye contact
- Difficulty recognising faces
- Problems identifying small print or small objects
- Difficulty seeing objects of poor colour or contrast
- Turns or tilts head when looking.

- If you have ticked any of the boxes, go on to Observations.
- If not, go to Section 4: Poor peripheral vision.

Observations

The behaviours on the previous page may indicate a problem with central vision. Here are some basic observations you can carry out to explore this further.

- Give the person an object. Where do they hold it to look at it?
- Ask the person or observe how the person picks up an item from a table
- Walk up to the person, without using your voice, observe if they recognise you
- Ask the person to look at a picture, observe where they hold it
- Observe the person at meal times, can they identify or locate what is on their plate?
- When watching television, does the person sit very close or watch it using the “corner of their eye”?
- Does the person turn their head to look at you with their peripheral vision or appear to be “looking away” during conversation?

Comments

- **Now go to the next page: Strategies.**

Strategies

If you believe the person does have poor central vision, here are some strategies you can use when supporting them.

- Make things bigger, brighter and bolder
- Use large print; make sure the font and size of print or symbols are clear
- Enlarge pictures, ensure they are of good quality
- Use good colour contrast; for example, at mealtimes use a plate with a coloured rim or cups with bright colours
- Lighting is very important; use shades which cover the whole of the light bulb
- Consider the use of fluorescent task lights for close work
- Maximise use of natural daylight but ensure that you minimise glare. Consider the use of blinds
- Watching television – think about where the person sits. (Poor vision is not caused by sitting close to the television.)
- Ensure the person is approached in their line of vision
- It can be helpful to speak to the person as you approach them or to gently touch the back of their hand

- **Add information about what you have learnt from your observations of the person's central vision to the 'summary of findings' section.**
- **Now go to checklist 4: Peripheral vision**

Checklist 4

Peripheral vision

Sometimes, people's behaviours are related to poor peripheral vision, maybe due to the person having difficulties seeing to the sides and up and down. Take time to observe the person's everyday behaviours and use this checklist to record your observations, gather further evidence and then implement enabling strategies.

Behaviour

Does the person do any of the things in this checklist? (Please tick.)

- Bumping into doors / people
- Tripping over steps / kerbs
- Tends to turn head frequently to see different things
- Exaggerated head movements
- Takes a long time to find objects
- Appears to have problems seeing, but close or detailed vision appears to be good
- Does not tend to respond to things outside of their central vision

- If you have ticked any of the boxes, go on to Observations.
- If not, go to Section 5: Sensitivity to lighting levels.

Observations

The behaviours on the previous page may indicate a problem with peripheral vision. Here are some basic observations you can carry out to explore this further.

- Observe if the person bumps into doorways
- Observe if the person bumps into people in busy crowded areas
- Observe if the person has difficulty on steps or stairs
- Put an object on the side of a table and observe how the person looks for it
- Observe whether the person appears aware of objects and people outside of their central vision
- Observe the person's head position when watching television
- Observe whether the person turns their head a lot to see other people in group situations
- Bring an object of interest (quietly) from behind the person and observe when they first notice it. Repeat this for both sides

Comments

- **Now go to the next page: Strategies.**

Strategies

If you believe the person does have poor peripheral vision, here are some strategies you can use when supporting them.

- Look at the person's environment – ensure doorframes have good contrast and outside steps are marked with white or yellow paint
- Approach the person in their central vision, and use your voice to help them recognise you
- In crowded areas, support the person by using appropriate sighted guide techniques (see www.lookupinfo.org for further guidance on sighted guide)
- When watching television, the person may prefer to sit in a particular place. You may need to experiment to work out the best solution
- Items may be easier to locate if they are kept in familiar positions
- Consider where the person may like to sit in group situations to minimise head turning

- **Add information about what you have learnt from your observations of the person's peripheral vision to the 'summary of findings' section.**
- **Now go to checklist 5: Sensitivity to lighting levels**

Checklist 5

Sensitivity to Lighting Levels

Sometimes, people's vision can be affected by lighting levels. This could be in very bright or dark conditions, or when dealing with changes in artificial or natural light. Take time to observe the person's everyday behaviours and use this checklist to record your observations, gather further evidence and then implement enabling strategies.

Behaviour

Does the person do any of the things in this checklist? (Please tick.)

- Screws up eyes a lot, frowns or blinks
- Puts hands in front of eyes as if "shielding" them from the light
- Hesitant when going from dark areas to bright areas
- Doesn't like going out when it is sunny
- Turns lights off even when it is dark outside
- Closes curtains when it is sunny
- Often has head "bowed" as if looking away from sources of light
- Hesitates or is reluctant to leave the house when it is dark
- Hesitates when going from bright to dark areas
- Is tentative or hesitant when moving into shadows from daylight, or into daylight from shadows

- If you have ticked any of the boxes, go on to the next page, Observations.
- If not, go to Section 6: Colour vision (or contrast sensitivity).

Observations

The behaviours on the previous page may indicate sensitivity to lighting levels. Here are some basic observations you can carry out to explore this further.

- Does the person seem to struggle with glare from the computer screen?
- Observe the person when they wear sunglasses, peaked cap or visor
- Reduce the lighting in brightly-lit areas by using less powerful bulbs, ensuring the bulb is covered by a shade or turning down the dimmer switch. (Make sure that this does not adversely affect other individuals!)
- Is the person happy to go out when it is not sunny?
- Observe the person when sun light and glare are reduced by partially drawing the curtains or adjusting window blinds
- Observe whether the person bows their head in darker areas as well as bright areas
- Is the person happy to go out when it is light but not when it is dark?
- Does the person hesitate when stepping into or out of shadows

Comments

- **Now go to the next page: Strategies.**

Strategies

If you believe the person is sensitive to lighting levels, here are some strategies you can use when supporting them.

- When using a computer, select light-coloured text on a dark-coloured background
- See if sunglasses, a peaked hat or visor help the person in bright conditions
- Offer the person a seat which does not face towards a sunny window
- Control excessive sunlight and glare by using adjustable blinds, curtains or net curtains
- The person may find it easier to use a torch for night-time travel
- Identify routes of travel which avoid variations in lighting levels and shadows
- Identify in what lighting conditions a sighted guide might be needed

- **Add information about what you have learnt from your observations of the person's Light sensitivity to the 'summary of findings' section.**
- **Now go to checklist 6: Colour vision.**

Checklist 6

Colour vision (or contrast sensitivity)

Sometimes, people's behaviours are related to having poor colour vision. Take time to observe the person's everyday behaviours and use this checklist to record your observations, gather further evidence and then implement enabling strategies.

Behaviour

Does the person do any of the things in this checklist? (Please tick.)

- Has difficulty judging steps and kerbs; often trips up or appears unconfident
- Often knocks things over such as cups and bottles
- Bumps into doorways
- Often doesn't appear to see people approaching
- Appears to see some objects and colours better than others
- Appears to have difficulty finding all food on a plate

- If you have ticked any of the boxes, go on to the next page, Observations.
- If not, go to Section 7: Monocular vision.

Observations

The behaviours on the previous page may indicate a problem with colour vision. Here are some basic observations you can carry out to explore this further.

- Observe the person negotiating steps with painted edges
- Experiment with good and poor levels of colour contrast between the person's cup and the table
- Experiment with coloured cups instead of clear glass
- Observe the person going through doorways where the colour contrast is good
- Does the person see you better when you wear brightly-coloured clothes?
- Does the person enjoy using different colours in painting and craft work?
- Does the person enjoy choosing and wearing different coloured clothing?

Comments

- **Now go to the next page, Strategies.**

Strategies

If you believe the person does have poor colour vision, here are some strategies you can use when supporting them.

- Mark up the edges of external steps with white or yellow paint to make them more visible
- Try to use a variety of colours for objects in the person's home, including cups, plates and kitchen containers
- Encourage good colour contrast with the décor, including furniture, flooring and wall colourings
- Wear bold colours so that you can be seen more easily
- Use a plate which contrasts with the colour of the food. For example, potato can be difficult to see on a white plate
- Use coloured stickers or tactile coloured bump-ons to mark up controls and dials on everyday household equipment to make it easier to use

- **Add information about what you have learned from your observations of the person's colour vision or contrast sensitivity to the 'summary of findings' section.**
- **Now go to checklist 7: Monocular vision (Vision in one eye only).**

Checklist 7

Monocular vision (Vision in one eye only)

Sometimes, people's behaviours are related to having monocular vision. Take time to observe the person's everyday behaviours and use this checklist to record your observations, gather further evidence and then implement enabling strategies.

Behaviour

Does the person do any of the things in this checklist? (Please tick.)

- Person bumps into furniture, doorways and people on one side
- Does not always see objects passed to them
- Often appears "startled" when people are near to them
- Does not appear to see all objects on a table, including meals
- Vision appears to vary in different situations
- Exaggerated head movements

- If you have ticked any of the boxes, go on to the next page, Observations.
- If not, go to the 'summary of findings' section.

Observations

The behaviours on the previous page may indicate that the person has monocular vision. Here are some basic observations you can carry out to explore this further.

- Observe the person passing through doorways
- Try passing objects to the person from both sides
- Is the person consistently missing things on one side? (Left or Right?)
- Can the person locate objects scattered on the table in front of them?
- Where does the person hold objects to look at them?
- Does the person seem to favour one eye when looking at you or watching TV?
- Does the person turn their head a lot in some situations?
- Does the person tend to see you better when you approach from one particular side?
- Cover each eye in turn with a hand or cloth and note the person's reaction. If this unsettles the person, you may be covering their "good eye" and they may be unable to see well with their other eye. This is especially true if the person does not object when the other eye is covered

Comments

- **Now go to the next page: Strategies.**

Strategies

If you believe the person does have monocular vision, here are some strategies you can use when supporting them.

- When guiding the person, you would normally be on the side of their weaker eye. This allows them to use their remaining vision more effectively
- Remember to approach the person from their “good” side
- Position seating so that the person can comfortably see the TV with their “good” eye
- Organise tabletop activities and pass objects to the person so that they can use their better eye effectively
- Think about where the person should sit to maximise their useful vision in group activities

- **Now add information about what you have learnt from your observations of the person’s Monocular Vision to the ‘summary of findings’ section.**

Section B

Summary of Findings

Summary of Findings

(Use this form to summarise your findings from all sections of this assessment)

Person's name:	
Date of birth:	--/ --/ ----
Person who completed the assessment:	
Date assessment was completed:	

Having made your assessment please tick the relevant boxes:

- Checklist 1** – I have concerns about the appearance of the person's eyes
- Checklist 2** – I have concerns about the person's behaviour
- Checklist 3** – I have concerns about the person's central vision
- Checklist 4** – I have concerns about the person's peripheral vision
- Checklist 5** – I have concerns about the person's sensitivity to light
- Checklist 6** – I have concerns about the person's colour vision / contrast sensitivity
- Checklist 7** – I have concerns about vision in the person's left or right eye

Please look back over each of the seven checklists that you have completed and summarise any areas of concern or interest that you may have. Now write a list of the strategies you are going to use to address the identified problems.

Please summarise your concerns

Please summarise the strategies you think will support the person in using their functional vision

What have you learnt from your observations?

You have made observations about the appearance of the person's eyes, their vision and their behaviour. You may have identified some potential vision and eye care concerns which will need to be checked. Please see the section '**Taking Action**' (page 32) for advice as to what to do next with your concerns.

Taking Action

This section will help you to decide what action to take regarding the information you have found out about the appearance of the person's eyes, their behaviour and vision. Please consider the information you have summarised and tick the relevant boxes below.

- 1) **I have completed all seven checklists and have no concerns about the person's vision or eye health.**
In this instance, continue to support the person to have regular eye tests to monitor their ongoing eye health. Go to Page 33 for guidance on frequency of eye tests.
- 2) **I have completed all seven checklists and I have some concerns which are described in the summary of findings.**
You should now support the individual to seek advice from an appropriate eye care professional. Please refer to the "Eye Care Journey for People with Learning Disabilities" on page 36 and the Glossary on page 37 which explains the roles of different eye care professionals. Please take the full assessment along to the appointment so that you can talk about it and ask questions.
- 3) **By carrying out this assessment, I believe that I have identified some useful support strategies which benefit this person. I now need to talk to a Rehabilitation Worker about these strategies and get further guidance and advice?**
Contact your local Social Services department to request a visit from a Rehabilitation Worker for a range of support.
- 4) **I want to share what I have found with other people who support this person as they need to know how they can support the person in the best possible way.**
The information you have gathered about the person's vision and eye health should be shared with relevant people who need to know and recorded in the person's Support Plan / Communication Passport / Person-Centred Plan / Health Action Plan. This information and advice can then be understood and acted upon by everyone who supports this individual.

Frequency of Eye Tests

How often should someone have an eye test?

Around 1 in 3 people with a learning disability have a sight problem. Unidentified sight problems can seriously undermine people's quality of life and lead to avoidable sight loss and increased dependency. Therefore it is very important that people with learning disabilities have regular eye tests. As a guide, the following applies:

Age 0 – 16 years	eye test every year
Age 16 – 70 years	eye test every two years
Age 70 plus years	eye test every year

However, there can be exceptions to this guidance based upon individual circumstances, therefore consult an optometrist for further details.

Date of the person's last eye test: __ / __ / _____

Considering this person's age and professionally diagnosed eye health condition, they require an eye test every _____ years.

Date of the person's next planned eye test: __ / __ / _____

If the person has never had an eye test or you are unsure of the date of their last eye test then please arrange a test as soon as possible.

Supporting the Person to have an Eye Tests

www.lookupinfo.org has a range of materials to help you prepare someone for an eye test Including:

- An Optometrists and Opticians database which gives key information about practices and facilities in your area that are available for people with learning disabilities.
- 2 forms that will help people with learning disabilities have a good sight test:
 - **“Telling the optometrist about me”** which will help you to prepare for an eye test. This form will help the optometrist know all of the important things about the person you are supporting.
 - **“Feedback from the optometrist about my eye test”**. This form needs to be filled in by the optometrist at the end of the eye test. This form will help to share important information about the eye test and will help people to understand how the person sees best, why glasses have been prescribed and when they will help, what low vision aid or lighting has been recommended, why a referral to another service has been made

Please take the full completed Functional Vision Assessment along to the eye test so that you can talk about it and ask questions.

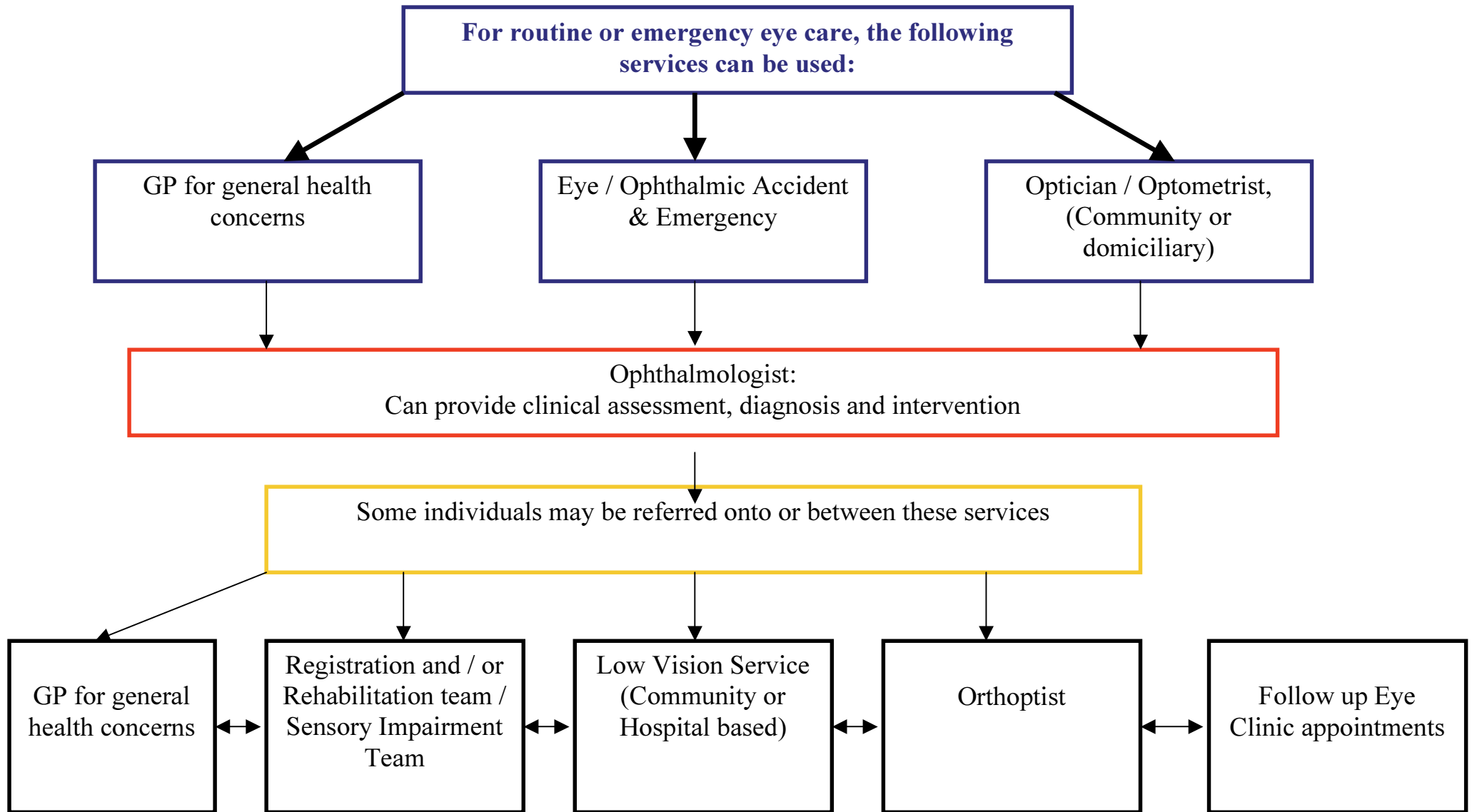
It is important to remember that this Functional Vision Assessment tool should not be regarded as a substitute for an eye test by a qualified optometrist. It is crucial that people with learning disabilities have regular eye tests.

Functional Vision Assessment Equipment List

This is a list of items which can be used in a Functional Vision Assessment. They are mostly everyday items which should be readily available in the person's home. When you carry out the assessment, you may think of other useful things to use – this is fine if it helps you to find out more about what the person can see!

- Anything bright or sparkly
- Biscuits / sweets e.g. smarties / hundreds and thousands
- Cups – bright and neutral colours
- Different coloured trays
- Different coloured straws
- Examples of print or symbols in different sizes
- Favourite personal items
- Meals (for observation)
- Paints and craft materials
- Penlight or maglite torches
- Pens and pencils for writing or drawing
- Pictures / photos
- Plates – good and poor contrast
- Sunglasses / peaked baseball cap / sun visor
- Tennis balls, rubber balls or similar
- Television or computer screen

Eye Care Journey for people with Learning Disabilities (please ensure that patient consent is addressed at each stage)



(Please note some organisations charge for their services)

Glossary – What does it mean?

- **Eye / Ophthalmic Accident and Emergency** – deal with eye injuries and other emergencies. Usually based in a hospital
- **GP (General Practitioner)** - is a doctor who sees patients in surgeries or their own home in order to diagnose and treat medical conditions and to promote health. The GP is also a link to many other healthcare services
- **Hospital Eye Clinic** – is at the hospital where people can access ophthalmologists, orthoptists and low vision services
- **Low Vision Service** - are services to help a person see better by using lighting, magnifying glasses and other techniques and equipment. Low vision services can be provided by a hospital eye clinic, local voluntary societies for the blind, Rehabilitation Worker or optometrists
- **Ophthalmologist** – medically qualified doctors who treat eye problems. They are usually based in hospital eye clinics
- **Optician (dispensing opticians)** - are qualified to fit and adjust spectacles. Some are further qualified to fit contact lenses or low vision appliances from a prescription supplied by an ophthalmologist or optometrist. They work in high street premises or hospital eye clinics. Some opticians can visit people at home if they are unable to go to the practice
- **Optometrist** - are qualified to carry out eye examinations and advise on eye care and recognise abnormal conditions. They prescribe and fit spectacles, contact lenses and low vision appliances (such as magnifying aids). They work in high street premises or hospital eye clinics. Some optometrists can visit people at home if they are unable to go to the practice
- **Orthoptist** – is qualified to diagnose and treat problems related to binocular vision - such as squints, double vision, impairment of depth perception and so on. They mainly work with children but can also work with adults. They are usually based in hospital eye clinic and work alongside ophthalmologists

- **Registration as Sight Impaired or Severely Sight Impaired (also known as Partially Sighted or Blind)** - registration begins at the hospital eye clinic and is a formal recognition of someone having poor sight. Registration should be followed by an assessment (usually undertaken by a Rehabilitation Worker) to decide what support the person needs
- **Rehabilitation Worker** - professionally qualified person who supports people who have a visual impairment. Rehabilitation Workers are part of the rehabilitation team and they can be contacted via local Social Services Departments
- **Sensory Impairment Team** – Rehabilitation Workers are often a part of a Sensory Impairment Team in Social Services. These teams also support people with hearing impairments
- **Visual Impairment** –is when a person has significantly reduced vision due to the presence of one or more diagnosed eye conditions

SeeAbility's eye 2 eye Campaign works to transform eye care and vision for people with learning disabilities.

If you require any guidance or support in completing this Functional Vision Assessment please contact us.

Additional copies can be downloaded from the Look Up website which provides information and advice to:

- eye care and vision professionals on the needs of people who have a learning disability.
- those who support people who have a learning disability on the importance of eye care and vision.

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Please contact us for copies of our literature in accessible formats.



SeeAbility is the operating name of the Royal School for the Blind founded in 1799.
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