

Sensory Inclusion Service | Floor 7A, Darby House, Telford & Wrekin Council, Lawn Central, Telford, TF3 4JA

## Moving On

At the end of the summer term, I will be leaving the Sensory Inclusion Service, having worked for the service for 11 years and a term. I will miss my job and my colleagues very much indeed, but I have decided that I want to spend more time with my husband, my family and friends and all my animals.

I am an absolute 'anorak' when it comes to all things equine and have been so since I was a little girl. I am finding that as my job becomes more and more demanding, I just don't have enough time left to devote to all the hobbies that I feel so passionately about. My husband is often left to look after my three horses! I am planning on doing a lot more show classes, especially with my young horse, Lena, who is showing a lot of promise, but also with the other two as well (Scooby aged 24 and 9 year old Raffa). I love my horsey fun rides with my friends, especially in the Wyre Forest and I want to do more of those too. I am a keen Scottish country dancer and I can also add to my list walking, swimming and cooking, as well as watching Aston Villa! I find that I am constantly squeezing all these hobbies into a smaller and smaller amount of time.

Having been in the teaching profession in various roles for

nearly 35 years, I feel that it is now time for me to call it a day as Team Leader of the VI Service. I don't rule out some supply work as a QTVI, having been offered some in neighbouring authorities, but only on a part-time basis. It has been an absolute privilege and a pleasure to work with the families, children and young people that I have met in both Telford and Shropshire over the years.

With my very best wishes to you all, Love from Jayne. xx

**Jayne Bowen**, VI Team Leader, Sensory Inclusion Service.



## My News

After 14 happy years of working with the VI team, the time has come for me to leave, I believe it is called retirement! I joined the team as an Access Support Assistant back in the day, when modification often involved cutting and sticking, and technology was a word in the future. Now the ASAs do wonders with all new methods of preparing work, I am always amazed by their ability to tackle the next new innovation. It's been a great team to work with, thank you everyone.

Those of you with whom I have been fortunate enough to work with, will know that I then did a spell of retraining which enabled me to take on the role of the Mobility Officer, now called Habilitation Specialist. It was in this role that I supported the youngsters with their mobility and independence.

I have always felt it to be a privilege to work with our students, I feel very lucky to have enjoyed such a rewarding role. May I wish you all the very best for the future.

**Maggie**



## SAVE THE DATES



Jointly arranged by OneVISION, a charity for children and young people with visual impairment and

their families within Shropshire and Telford & Wrekin and the Sensory Inclusion Service (VI).

### FAMILY TRIP

#### Alpaca Walking and Picnic

**Sunday 9 September** Clivewood Farm, Clive Village

Options of morning or afternoon slots available. £10 deposit per family will be required to secure



placement (this will be refundable on the day) Further details will be sent out soon

### FAMILY TRIP

#### Pantomime 2018 Cinderella (with opportunity to meet and greet the cast before the show)

**Saturday 5 January 2019**

Oakengates Theatre



£10 deposit per family will be required to secure placement (this will be refundable on the day)

Further details will be sent out soon

#### Tour of Specsavers Opticians Telford Town Centre



Specsavers Optician, Telford Town Centre, have kindly offered to give young people with visual impairment a tour of their centre.

This will include the opportunity to visit the shop floor to look at different types of glasses, visit an optician's room, look at the equipment used to test sight and visit the spectacles laboratory to see how lenses are made.

If you feel that this would be of interest to a child or young person in your family, please contact Jo Adcock, Social Inclusion Facilitator, by email at: [jo.adcock@telford.gov.uk](mailto:jo.adcock@telford.gov.uk) or please telephone **01952 382314** to discuss your interest.

## URGENT HELP REQUIRED

**We are at risk of losing the OneVISION Charity and need your help.**

Current parent committee members have served on the charity committee for many years and are now at the stage where their children are leaving education. Therefore, we are in need of new parents to come forward to keep the charity running.

OneVISION members meet approximately three times a year to help support, organise and fund activities, events and equipment for children and young people with visual impairment and it would be a great shame to lose this charity.

## EVENTS DIARY



**The next AGM is set for  
Tuesday 25 September,  
6.30pm at Hadnall Village Hall.**

If you can offer your support, please attend the AGM and/or contact OneVISION on [onevisionshropshire@yahoo.co.uk](mailto:onevisionshropshire@yahoo.co.uk)

Thank you in anticipation.

Registered charity no: 1043696  
For children with a visual impairment and their families in Shropshire and Telford & Wrekin

# FYPD

The FYPD stands for the Forum for Young People with a Disability (living in Telford & Wrekin).



The group's main aim is to provide a platform for young people with a disability, living within Telford and Wrekin, to discuss issues affecting them and other young people, as well as an opportunity to share their views and be involved with project planning and decision making in partnership with Telford and Wrekin Council.

Guest speakers have attended the forum and include speakers from the Substance Misuse Team, Therapy dogs, Talent Match, First Aid, West Mercia Police and the Sensory Inclusion Service (VI).

Guest speakers are regularly invited to attend the forum. Most recently, Clive Jones, Director for Children's and Adult's Services, attended the forum to answer questions from the members. The young people have their own views about what they feel has or would benefit young people with disabilities within the authority. They are forthright about the things that have not been so helpful or could be improved upon and Clive's attendance at the forum provided the members with the opportunity to discuss these issues.

The group take part in a wide range of work, which has included attending the opening of the accessibility playground at Telford Town Park. In fact, they carried out a thorough evaluation of the

playground, before completing a report that was shared with the Council and the Town Park management.

The forum meets on a monthly basis, on Fridays, 4-5.30pm, at Darby House.

**If you would be interested in participating in the forum**, in meeting new people, in having fun and helping to make a difference for young people with a disability living in Telford & Wrekin, please contact **Jo Adcock, Social Inclusion Facilitator Sensory Inclusion Service VI on 01952 382314.**

## Future VI Newsletters

In future, the Sensory Inclusion Service (VI) will only be able to send out this newsletter via email. If you would like to continue receiving this newsletter and we currently post it to you, would you



please inform us of a valid email address to send the newsletter to.

Could you please send an email to **[matt.kelsall@taw.org.uk](mailto:matt.kelsall@taw.org.uk)**, confirming your current email address and stating that you are happy to receive correspondence electronically in the future from the Sensory Inclusion Service (VI).

## The Sight Loss Shropshire/ Sensory Inclusion Service VI Achievement Awards 2018



This year, it has been decided, in negotiation with Sight Loss Shropshire, that the hard work of children and young people throughout the academic year, should be recognised in some way. QTVIs (Qualified Teachers of the Visually Impaired) were asked to nominate up to three candidates from their caseload for an annual award and to state why they have nominated them. Each nominee has received an achievement certificate, a congratulatory letter and a reward voucher for £10, generously sponsored by Sight Loss Shropshire. We hope to make this a regular, annual event. Very well done to the following children and young people.

Nominated by Jayne Bowen:  
Sophie Arnold  
Ashton Hurdley  
Lorna Nutley

Nominated by Georgina Barr:  
Ryan Burgess  
Roger Haywood  
Kyle Thomas

Nominated by Judith Claes:  
Matthew Cooper  
Nominated by Gill Dorricott  
Liam Dyas  
Iris Ion  
Deja McGowan

Nominated by Fiona Davidson:  
Luke Harris  
Liam Offermans-Pritchard  
Faith Pugh

**Jayne Bowen,**  
VI Team Leader,  
Sensory Inclusion Service.

# The Link Between Screen Time and Eye Symptoms in Kids

Good morning. My name is Priyanka Kumar. I am an attending ophthalmologist at the Children's Hospital of Philadelphia and an assistant professor of ophthalmology at the Perelman School of Medicine at University of Pennsylvania. I am here today to talk to you about screen time and the recommendations for screen time in children.

The guidelines from the American Academy of Paediatrics and the American Academy of Ophthalmology are based on consensus statements. We recommend that children under 18 months of age avoid all digital screen time, with the exception of video chatting with apps such as FaceTime, Skype, WhatsApp, and similar types of programs. This is to make sure that we are stimulating them with natural visual stimuli in order to support visual development.

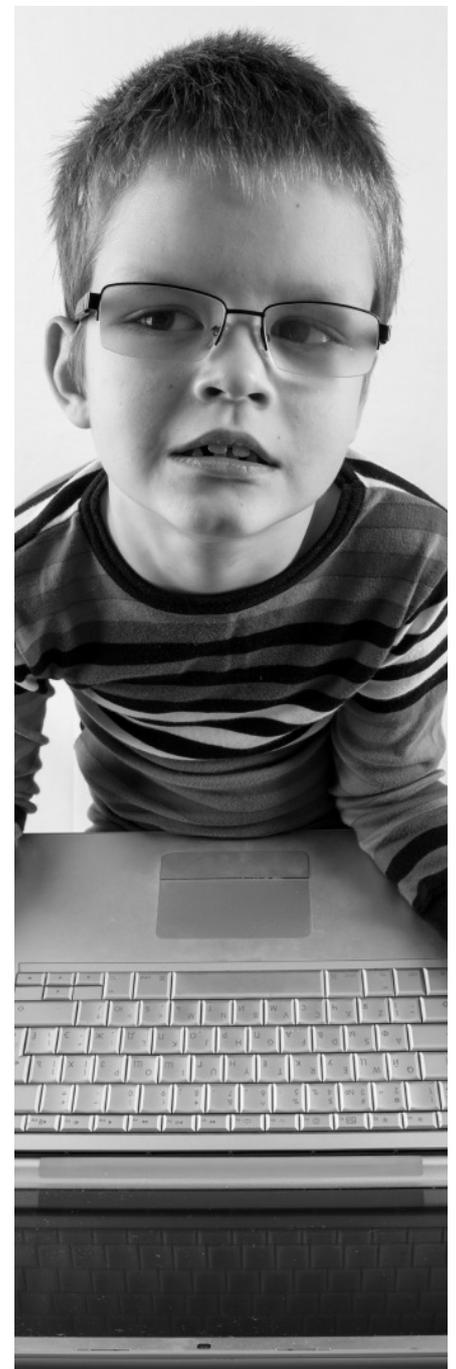
For children aged 18-24 months of age, it is recommended that parents and families slowly introduce digital screen time to their children. Parents should be actively involved with what is being watched, monitoring what is being seen, and educating their children about the program and the content.

For children who are 2-5 years of age, we recommend limiting screen time to about an hour a day. It is important to remember that this includes TV, computer, iPad, tablets, iPhones, and other types of electronic programming, with the exception of video chatting. It is really important to try to make sure that parents are showing their children high-quality programming and are still actively involved in terms of what is

being watched and teaching their children about what is being seen. For kids age 6 years and over, the limits are a little less clear. We understand that it can be very difficult to limit screen time based on the amount of homework that is being prescribed and the time that children need to spend on the computer to successfully accomplish their schoolwork. With that being said, it is important to really encourage children to do other things with their time. We still recommend limiting screen time in general to 1-2 hours a day, if possible.

This is important because we know that adults develop symptoms associated with a computer vision syndrome when they spend excess time on the computer or screens of any kind.[4] These symptoms include headaches, fatigue, and asthenopia. We would assume that children are at risk of developing these same symptoms. That is why these limits are in place. Interestingly enough, these [recommended] limits and [expectation of types of symptoms that may occur] are not based on any hard and fast science. However, more and more research is being done that tells us there is probably a correlation between these symptoms and screen time. A paper published in 2017 found that children with more than 3 hours a day of total screen time are at a higher risk of developing asthenopia, headaches, motor tics, and potentially even refractive error.

This study was retrospective and observational, with a small cohort, and thus highlights the fact that we need more research in this area. We would really like to understand this a little better. The flip side is that more work is being done examining the role of video games and dichoptic computer games to treat amblyopia which, for decades, has been treated with patching,



eye drops, and glasses. I think this is an interesting area of research because children would much prefer to play a video game to having to wear a patch on their eye.

The research is showing us that all of these modalities used together potentially could treat amblyopia equally as effectively and improve compliance. Look out for the results from the next papers about these types of studies. Hopefully, we will have more information about this topic in general.

**Thank you for reading**

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# Digital Device Use Rampant Among Preschoolers



**TORONTO — More than 90% of toddlers younger than 3 years interact with at least one digital device at home, new research shows.**

Although the cumulative time spent with those devices over the course of a day has not been precisely determined, the duration of an individual session and the frequency of those sessions suggests that toddlers are spending far more time than is recommended by the American Academy of Paediatrics (AAP) for a healthy “media diet.”

“In our clinics, we see a lot of children coming in with devices,” said Ruth Milanaik, DO, director of the neonatal follow-up program at the Cohen Children’s Medical Centre in New York City.

We should ask whether the device is being used to keep a child occupied in a stressful situation, like a physician’s office, or whether it is a regular occurrence, she told Medscape Medical News.

When she and her team asked parents how often children are using these devices and how many different devices are they using, “we found there was an alarming tendency for a cumulative digital device usage time far higher than current recommendations,” Milanaik reported here at the Paediatric Academic Societies 2018 Meeting.

In 2016, the AAP revised its

policy on a healthy media diet, recommending that no child younger than 18 months be exposed to any type of screen media other than video chatting, as reported by Medscape Medical News.

**We found there was an alarming tendency for a cumulative digital device usage time far higher than current recommendations.**

After that, parents are advised to introduce high-quality programming that they can “cowatch” with children 18 to 24 months of age. No specific time was set for this by the AAP, but Milanaik said she recommends that parents keep it under 30 minutes a day.

Children 2 to 5 years of age should be restricted to less than an hour a day of high-quality programming, again cowatched with a parent. For their study, Milanaik and her colleagues distributed a survey on Amazon Mechanical Turk. They received anonymous responses from 637 parents of children younger than 3 years (mean age, 29.7 months).

The survey asked about the types of digital devices in the home, the types of devices used by the child, the frequency of use, and the duration of each session with a digital device.

Close to three-quarters of the respondents reported that their child watched television, and almost half of those watched TV multiple times a day.

And 71% of respondents reported tablet use, with about 30% reporting use multiple times a day. About half of the children used a smartphone, and about one-quarter used it multiple times a day.

Only about 10% of children used a laptop or a desktop computer, and

about 15% used a gaming system. However, a not inconsequential proportion of respondents reported use of these devices multiple times a day.

Although very few children used any device for more than 3 hours a day, 1 to 2 hours a day was relatively common.

## Proficiency of Use

“We also asked questions about their independence in using these devices,” said investigator Heejin Lim, a medical student at the Cohen Children’s Medical Centre. “We asked if the child could unlock the tablet, get to different apps. If they opened up a computer, we asked if they could get to their favourite websites by themselves and whether they could turn on the TV by themselves,” she told Medscape Medical News.

The majority of children could do all of these things, Lim noted. What parents and physicians really need to know is how much cumulative time the children are spending with digital devices, Milanaik pointed out.

“If a child watches a TV show for 25 minutes, plays a game on an iPad for another 25 minutes, and then watches more TV later, that all adds up. This is something that needs to be addressed by the AAP, because how it all adds up is our main concern,” she explained.

The investigators would like any future AAP guidelines to specify what high-quality programming is, not just for TV, which is the focus of the current guidelines, but for programs that run on tablets, which are almost as common as TV shows, Lim explained.

“The AAP needs to elaborate on the kinds of apps and videos children can watch as well, and they need to emphasize that parents should limit the cumulative amount of time a child spends with digital devices,” she added. And paediatricians should start talking to parents seriously about the possible adverse consequences that time spent with digital devices

can have on a young child.

### **Not Good for Kids**

Evidence to suggest that too much time spent interacting with digital devices is not good for children was also presented at the meeting.

Results from the first study of its kind designed to look at the effects that the presentation of a story has on functional brain networks in preschool-aged children were reported by John Hutton, MD, from the Cincinnati Children's Hospital Reading and Literacy Discovery Centre. The investigators presented three stories, in three different formats, by Robert Munsch — all narrated by the same person — while 27 children (mean age, 57 months) underwent functional MRI. All presentations were 5 minutes long. During the audio presentation, the children listened through headphones but saw no visuals. During the illustrated presentation, the children saw pictures displayed on a mirror above them while they listened to the audio through headphones. During the animated presentation, the children were exposed to straight animation of a picture book on a digital device. "This is the age when kids are not reading yet but they are being read to. We wanted to get a sense whether there are any differences in how their brains process the story through those different formats," Hutton told Medscape

### **Medical News**

The investigators were aware that different story formats would likely influence different parts of the brain. These include the language network; the visual perception network, or the seeing part of the brain; the visual imagery network, which is a higher-order visual network that takes images from memory and imagines them in the mind's eye; and the default mode network, which is involved with self-referential processing. The cerebellum helps children learn all types of skills, including language



skills.

Comprehension rates were similar when children were presented with the audio and illustrated formats (81% vs 70%). However, rates dropped to 50% with the animated presentation.

There were differences in the functional connectivity for the three formats, which is a measure of how well synchronized areas within these networks are and how well the networks connect with each other.

When the illustrated format was compared with the audio format, "there was this nice positive increased connectivity, which was statistically significant," Hutton reported.

Specifically, there was a 55% increase in functional connectivity between the visual perception network, the default mode network, and the imagery network, with the cerebellum helping out. "Paradoxically, we observed decreased connectivity within the language network, which doesn't reflect less engagement of the language network, but rather the fact that the pictures are providing a scaffolding. Children are seeing the picture and then brain networks involved in imagery are activated to help bring that story to life in their mind, and that makes it easier for the language network to understand what's

going on," Hutton explained. This is the reason children of this age like picture books — they need a visual anchor to help them understand what's going on. In contrast, when the animated format was compared with the audio format, there was less visual integration. In fact, there was a 78% drop in functional connectivity between the visual perception and language networks.

"You don't get that nice integration of visual language networks that you get with illustration. It's almost like the networks stop talking to each other, so animation does not provide the same level of constructive scaffolding in the brain, where the child can do their own work to figure out what is going on in the story," Hutton pointed out.

When the effect of the animation format was compared with the illustrated format, there was a dramatic decrease in the connectivity of all of the networks with one another.

In other words, with the animated format, there is less integration of imagery with the default mode network and none of the same scaffolding for the language network, he said. In addition, the cerebellum does not help children figure out what's going on.

"It's almost like these networks pull

apart,” Hutton explained. When the animated format was compared with the illustrated format, the decrease in functional connectivity was 33% (mean, 19% - 82%).

“We think this reflects less effective visual scaffolding in the animated state, compared with the illustrated state, so animation is more about processing the audio and visual stimuli — taking it all in — than about using the imagination to figure it all out,” he explained.

If children are not getting practice using their imaginations — their visual imagery skills — then the networks involved will be less likely to integrate and grow. This means that “when children are transitioning from picture books to books without pictures, it’s possible they may be less able to use their imagination to figure out what’s going on in stories,” he concluded.

It is no surprise that digital device use in the home is so ubiquitous among toddlers, said Suzy Tomopoulos, MD, from Hassenfeld Children’s Hospital at NYU Langone in New York City.

“Recent data suggest that over 40% of children between 0 and 8 years of age have their own tablets, and older children are using their devices 6 to 8 hours a day,” she told Medscape Medical News.

This is not optimal for healthy brain development. It is during their earliest years that significant pruning of the brain’s synapses takes place and important connections are made.

“When everyone is on their devices, children lose out on the quality and quantity of interactions they have with their parents,” Tomopoulos added.

They are also losing out on the verbal stimulation that children need to develop language skills and, later on, school readiness. Once developmentally delayed, children, for the most part, are going to stay developmentally delayed, especially if they are poor, she explained.

“What concerns me about the high prevalence of use of these devices in the home is that it’s impacting day-to-day interactions — playing and reading and talking to your child — all of which are so important in the first few years of life,” Tomopoulos said.

Milanaik, Lim, Hutton, and Tomopoulos have disclosed no relevant financial relationships.

**Paediatric Academic Societies (PAS) 2018 Meeting. Presented May 5 and May 6, 2018.**

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