

QUALITY INDICATORS

Approved by the Steering Group 20 September 2019

	Definition/ clarification	Measurement
1. % of children seen in a dedicated children's clinic	Child = 0-16yrs. It is not possible to reliably record if 16-18 yr olds are at school.	CAS
2. % of children, with VI who have had an assessment of need by a QTVI within 4 weeks of the referral/ request for assistance being sent out (if the period of referral spans the school summer holiday, the % of children who have had an assessment of need within 8 weeks)	A QTVI is defined as a qualified teacher holding either a post graduate degree or diploma in teaching children with a visual impairment (this may be MEd/BPhil/Postgraduate Diploma from any recognised university) or who has gained an award through completion, via a recognised route, of all competencies deemed suitable by the Scottish Sensory Centre. The interventions required should be identified and form part of the Child's Plan (Children and Young Peoples Act Scotland 2014) Time of referral is from date of referral letter being sent out.	CAS Education services will require to notify referrer when this is complete.
3. % children with VI who have had an assessment of need by a qualified habilitation specialist within 4 weeks of the referral/request for assistance being sent out	A qualified habilitation specialist is defined as one who meets the agreed Mobility21 Quality Standards for Provision of Habilitation Training (this may be a habilitation specialist, rehabilitation worker with additional training or significant experience with children, or mobility specialist). The interventions required should be identified and form part of the Child's Plan (Children and Young Peoples Act Scotland 2014) Time of referral is from date of referral letter being sent out.	CAS Habilitation services will require to notify referrer when this is complete.
4. % of children less than 2 years with VI, and those of any age with acute visual loss, referred to a multiagency referral system/ early intervention service within at most 2 working days of identification of visual loss	Time of referral is from clinic date. Children with acute visual loss require early intervention to provide practical strategies and emotional support. Early support is particularly important to the development of young children	CAS

5. % of children with VI referred to a paediatric neurodisability team / community child health team within 3 weeks of identification	Time of identification is clinic date	CAS
6. % of children having a VI interagency advisory report within 8 months of identification	This should follow a similar model to CVISTA as recommended in the Community Eyecare Review and recommendations should be incorporated into the Child's Plan	CAS Paediatricians who coordinate these groups should be responsible for notifying date of discussion.