

## Seeing dispensing through a child and family's eyes

### Q&A responses by Dr Cathy Hamer

- 1 Do you have any specific tips for introducing the topic of myopia management so as not to cause anxiety, or feelings of parental guilt.  
*This is a particularly relevant question given the findings of a recent study ([Global prevalence, trend and projection of myopia in children and adolescents from 1990 to 2050: a comprehensive systematic review and meta-analysis | British Journal of Ophthalmology \(bmj.com\)](#)) that found that one in three children and teenagers were short-sighted with a “particularly notable” worsening of eyesight during the pandemic when millions of children had to stay indoors and learn on screens rather than in the classroom and outdoors. In the UK about 15% of children suffer from myopia.  
Sharing information about myopia in a way that parents can understand i.e. what it is, how it can be managed, etc. is the best starting point. i.e. Short-sightedness, or myopia, refers to a difficulty seeing objects at a distance and typically starts in early childhood. Correction with spectacles or contact lenses will provide the child with improved visual acuity which will be more comfortable and effective for everyday life.*
  
- 2 When discussing the best option for a child e.g. myopia management, this can be expensive, and parents may not be able to afford it. If discussing in front of the child, the parents could feel ashamed that they cannot give their child the recommended care, and this could affect their relationship with their child. If they hear the parents declining the best treatment for them, they may feel undervalued by their family. Taking the parents away from the child to discuss the eyewear could make the child mistrustful that they are not involved. How can you suggest we get around this?  
*See Question 21  
Also, another appointment could be made with the child and family with the time in between used for a phone call with the parents out of hearing of the child to discuss options and parameters so they are able to make an informed decision of which you will be aware when they return.*
  
- 3 You mentioned using open questions wherever possible. When is it appropriate and/or necessary to use closed questions?  
*Open questions are best used in getting to know a child and family without needing to make presumptions. Closed questions give the respondent restrict the number of options, so response choices are limited e.g. do you prefer this frame or that one? Having limited options to choose from means patients aren't overthinking their responses and can make their choice more easily. Closed questions are also easier to understand, as they're usually worded in simpler terms.*
  
- 4 Fabulous explanation on communicating with the child and parent. Do you look at contact lenses for child very reluctant to wear spectacles?  
*I think this would be really interesting and might lead to additional challenges as well as a possible solution, but sorry I haven't looked at this.*
  
- 5 I find some children enquire about contact lenses, parents will often dismiss this and don't want them to try them. How do I navigate around this as I am aware some of these children are asking because they don't want to wear their specs and may be more compliant with contact lenses?  
*See Question 4*
  
- 6 How should we handle a parent who refuses to believe or understanding that their child needs spectacles, and refuses for them to be dispensed?  
*Seeking to explore and understand the reasons behind this would be a good starting point. Parents generally want the best for their child and encouraging them to see that improved vision would be beneficial for their child's learning and other aspects of development can be a strong motivator. You could explain that early intervention can help address potential issues before they affect a child's learning and development.*

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*However, if they are adamant in their refusal then you might suggest they go away, think about it and take time to observe how their child sees things and whether this is causing any difficulties. Giving specific examples of what they might consider could be helpful, e.g.*

- 1. Squinting: If your child frequently squints to see distant objects or when trying to focus, it may indicate they have trouble seeing clearly.*
- 2. Frequent Eye Rubbing: Rubbing their eyes often could suggest eye strain or discomfort, which might be a sign of vision problems.*
- 3. Complaints of Headaches: Persistent headaches can be a result of eye strain from struggling to focus, potentially signalling the need for glasses.*
- 4. Difficulty Seeing Objects at a Distance: If your child has trouble reading the board at school or seeing signs from afar, their vision might be compromised.*
- 5. Close Proximity to Reading Materials: Holding books or screens unusually close to their eyes can indicate difficulty with near vision.*
- 6. Frequent Complaints About Eye Discomfort: Any regular complaints about itching, burning, or general discomfort in the eyes could be related to vision issues.*
- 7. Problems with Eye Coordination: Difficulty with tasks that require eye-hand coordination, like catching a ball or reading, might suggest a vision problem.*

*It would be good to offer to arrange a future appointment at which you can discuss their observations. This website may be helpful: [Signs Your Baby, Toddler or Child May Need Glasses - BBC Tiny Happy People](#)*

- 7 How do you handle a situation where parent does not want the child to wear spectacles?

*See Question 6*

- 8 I always find it frustrating when a child likes a particular frame, but the parents would prefer the child to have a different look. How would you approach this?

*If, in your opinion, the child's preferred frame is suitable then it is a case of pointing out to the parent that the child's preference may mean they are more likely to wear their spectacles. This could involve asking the child to explain why they particularly like the chosen frame. Giving the child responsibility is likely to increase their autonomy and co-operation. However, parents' views are important too, so check out what it is about the different look that is important to them.*

*Frames don't last forever, and eyewear has increasingly become a fashion item so using this in your conversation can be relevant.*

- 9 Quite often the parents/carers haven't thought through the Dispensing function/process but often it is merely another thing on the list for that day e.g. Time issue! What advice would you give regarding this?

*Time is often an issue for parents/carers. It's important to set expectations from the outset. They need to know the sequence of activity with which they and their child will engage within the optical practice and how long each stage is likely to take. You could consider creating a visual timetable of what will happen with approximate timings, so the dispensing function/process is clearly identified and the family know what to expect.*

- 10 What do you consider is the best approach when communicating with a new family in practice where the parents don't speak English and use the child as translator?

*This is tricky. It is not considered good practice to rely solely on children to translate/interpret as there is a risk of inaccuracies.*

*You may find that parents' or carers' understanding of language is better than their own spoken English so seek to communicate directly where possible, perhaps with signs, photographs etc. Recognise that this is likely to take extra time but is a sound investment.*

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*If you work in an area where there are languages, other than English, spoken predominantly you may be able to access interpreters for specific sessions. Family hubs may offer this. It's worth trying to find out. Google translate can be helpful. However, there is a difference between word-by-word interpretation and interpretation by meaning.*

- 11 What would you do when parents insist on unsuitable frames just because they like it and even after advising about child needs, they insist on their choice?

*See Question 8.*

*Also, make sure you explain why their chosen frames are unsuitable, giving the reason/s is more likely to achieve a successful outcome.*

- 12 How do you overcome the challenge of parents disagreeing with their child's choice of frames and forcing their own styles much to the child's dismay?

*See Questions 8 and 11.*

*Ask the parent how they would feel if someone was insisting, they wear something they didn't like and whether it would make them more or less inclined to wear it.*

- 13 How do you approach parents who are dictating the choice of spectacles to the child?

*See Questions 8, 11 and 12.*

- 14 When it comes to hospital prescriptions, how is a good way of asking the parent/carer about the patient's clinical history, without embarrassing the patient and feeling too intrusive? What happens if the parent is not well informed or doesn't want to disclose this information?

*It is important to establish the background information and try to avoid gaps and misunderstandings. Another family member engaging the child in play while you seek to build up a picture from the parent/carer can be helpful. It is difficult as most parent/carers expect that their information will have been shared.*

*Parent carers are more likely to disclose information if you explain the reasons why it is relevant. In extremis you will need to consult, review and revisit.*

*Also see Question 16 in relation to collecting information.*

- 15 How do you navigate communicating with parents or carers when they don't agree between themselves? How can we minimise this having a negative impact of the Child's experience?

*Many parents have disagreements over decisions related to their child with learning and thinking differences and conflict can be uncomfortable. Be aware of the need to avoid confusing debate. So, any communication should be child focussed from the outset. Make sure to listen to parent/carers' questions and concerns, and reassure them that you're there to support them in order to achieve a positive outcome for their child.*

*Be careful to give balanced information and views, especially in the child's presence.*

- 16 What is the best way of starting communication with a child that has severe learning difficulties? Finding out how the child best communicates is essential. It may be by eye pointing, gesture, signs, pictures, symbols, etc.

*See: [Communicating with people with PMLD a guide 1 .pdf \(jpaqet.nhs.uk\)](http://jpaqet.nhs.uk)*

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*There are a range of tools that can be useful. However, these require engagement with the child and family prior to an appointment:*

*A one-page profile is a simple summary of what is important to a child and how they want to be supported.*

*A range of templates are available at: [sheff kids one page profile template - Search Images \(bing.com\)](#)*

*A communication and health passport completed with and by those who know the child can provide lots of personalised information: [My communication and health passport - Resource Library - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](#)*

- 17 What do you do when a child is simply not in the mood to co-operate?  
*Make it fun! Try to engage in an activity which the child is likely to enjoy, e.g. giving them a fidget toy, blowing bubbles, or making a paper aeroplane, before attempting the dispensing process. However, if all else fails, offer another appointment but consider what day, time of day etc. the child is most likely to co-operate.*
- 18 Could you recommend some reading material about engaging with children and child psychology?  
*This Australian website has some useful information;  
[Practical strategies for engaging children in a practice setting \(emergingminds.com.au\)](#)  
**[Download a printable version of Practical strategies for engaging children in a practice setting](#)**  
This paper is part of **[a suite of resources focusing on children's participation in decisions that affect them](#)**. It introduces practitioners to practical strategies and ideas to consider when engaging children (aged 0–12 years) in a practice setting. It briefly discusses the relationship between children's engagement and children's participation in decisions that affect them, including the importance of effectively engaging children in practice in order to facilitate decision-making activities.*
- 19 Are there any useful information booklets or websites that can be recommended for parents/carers to help prepare for a neurodivergent child's 1st sight test?  
*Social stories can be helpful in preparing for an appointment. They are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.  
[Social stories and comic strip conversations \(autism.org.uk\)](#)*
- 20 Can you tell me how frames can affect the natural development of the nose please.  
*See [Paediatric Facial Anthropometry Applied to Spectacle Frame Design — Aston Research Explorer](#)*
- 21 I find it difficult to be taken as a DO and more of a salesperson when recommending coatings, polycarbonate lenses etc as these are extra and not covered by the GOS3. Any help?  
*Offering options and being clear about your reasoning for the recommendations is key.  
Define what you consider to be essential/necessary at the outset with other options discussed in the light of the value they add.*