Workshop:
Rehabilitation and
Specialist Assessments for
Deafblind People

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Introduction:

Deafblindness is one of the most hidden disabilities.

People do not wish to identify themselves with sight and hearing problems, they may say “I cannot hear very well, it’s difficult to see” or blame society and environment.

Definition of Deafblindness

Persons are regarded as Deafblind “if their combined sight and hearing impairment causes difficulties with: -

- **communication,**
- **access to information and**
- **mobility (movement, orientation & mobility)**

This includes people with a progressive sight and hearing loss”.

The definition relates to the people who are:

Deafblind, Dual Sensory & Multi-sensory impaired

There are four groups of deafblindness:

- People with acquired deafblindness
- Deaf Visually Impaired people
- Blind Hearing Impaired people
- People with congenital deafblindness

Sense report 2018: there are approximately over **390,000 people in the UK** who are deafblind, with this figure set to increase to over 600,000 by 2035.

Most people have use some residual vision and hearing, by encouraging and reassuring the deafblind person to maximise their sight/hearing and become assertive to talk about their needs, they find they are more confident and able to address their own issues.

The main cause of deafblindness is **age** - many Rehab Workers have been supporting deafblind people without realising it, especially if they are older.

In my experience deafblind people can be passive, do not tell you when they cannot understand what you are meaning and agree / disagree by mirroring you i.e. they can tell if you are positive (nodding, positive tone, feel your body language - they respond in the same way).

Some deafblind people can be over confident, too assertive and not empathetic and are blunt. If they cannot access information by communicating effectively, seeing facial expressions, body language, eye contact and hearing the tone and frequency of voices, miscommunicate or ignore/not pay attention or moving away from the speaker, this will be detrimental to learning.

Deafblind people, like us all, stay in their comfort zone, they need to feel in control and will only choose repetitive routines, unless they trust your judgement or wish to please you.

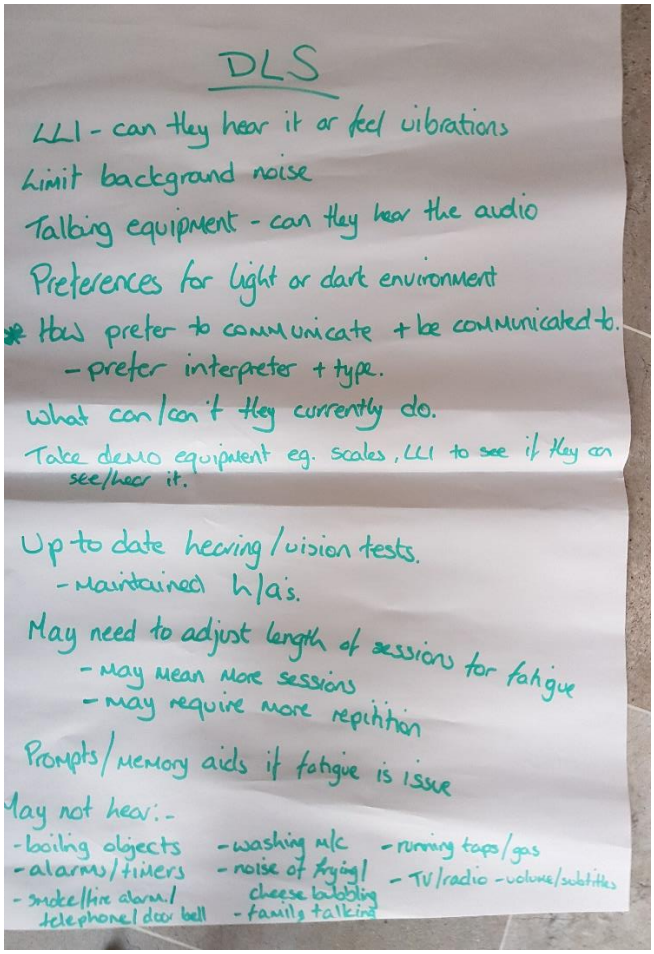
Group work:

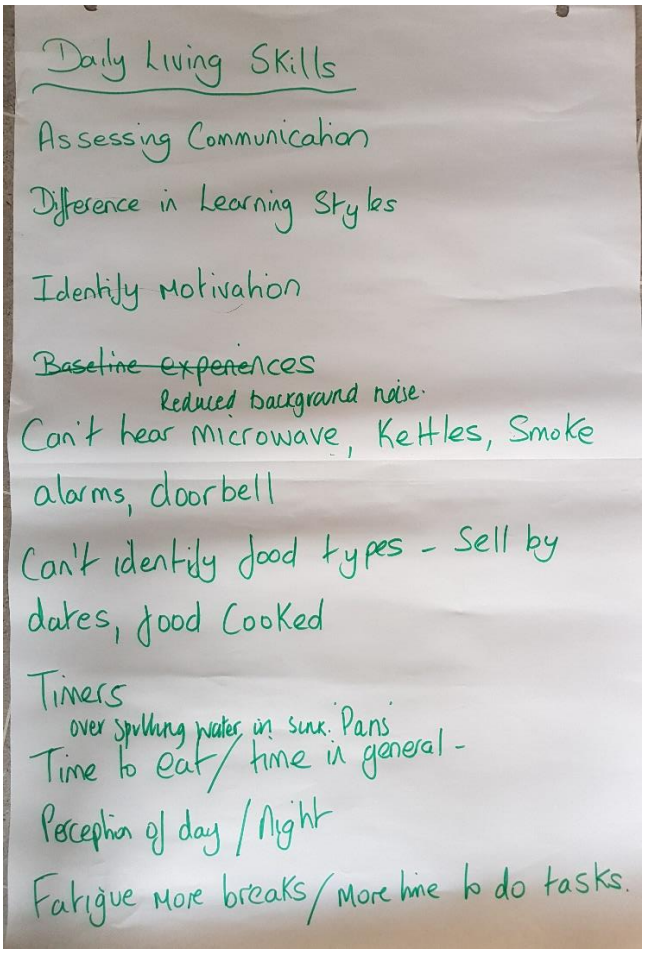
Identify the differences when teaching a person with a visual and hearing impairment:

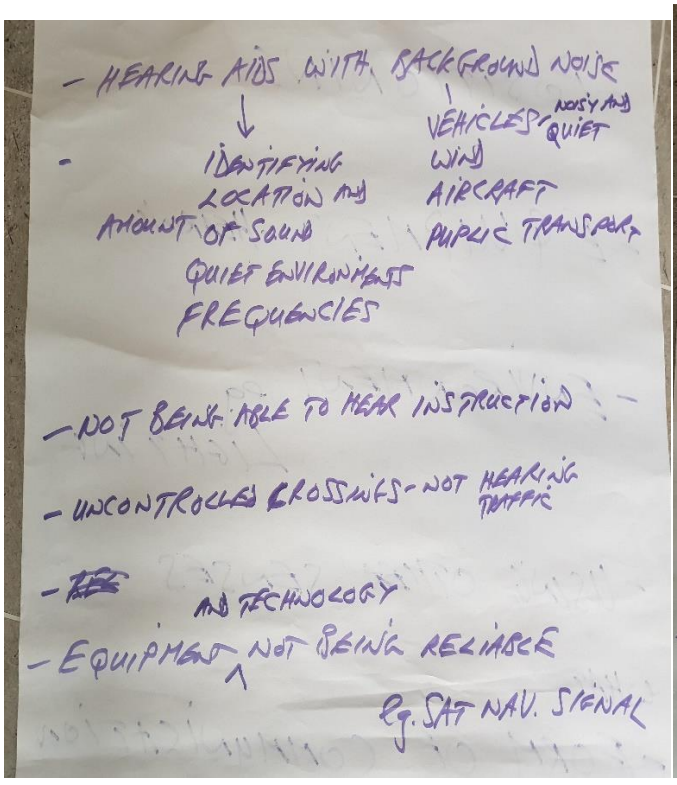
1. Teaching a deafblind person daily living skills (ILS)
2. Teaching a deafblind person orientation skills
3. Introduction session to learning Braille
4. Teaching a deafblind person how to use a long cane
5. Teaching a deafblind person communication skills
6. Teaching a route to a deafblind person who uses a Guide Dog
7. Teaching a deafblind person to use technology such as audio equipment (smartphones, sat nav, talking clock/watch, talking scales).

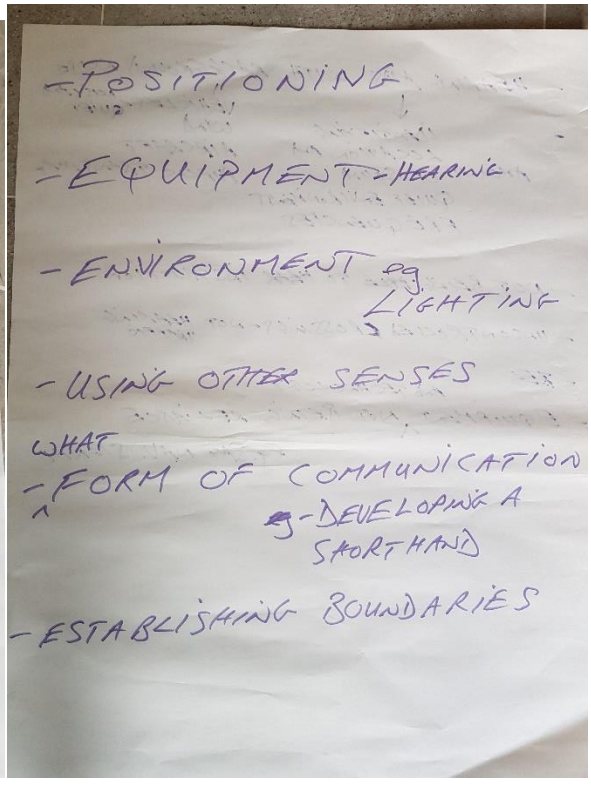
Rehab Workers Flip chart responses:

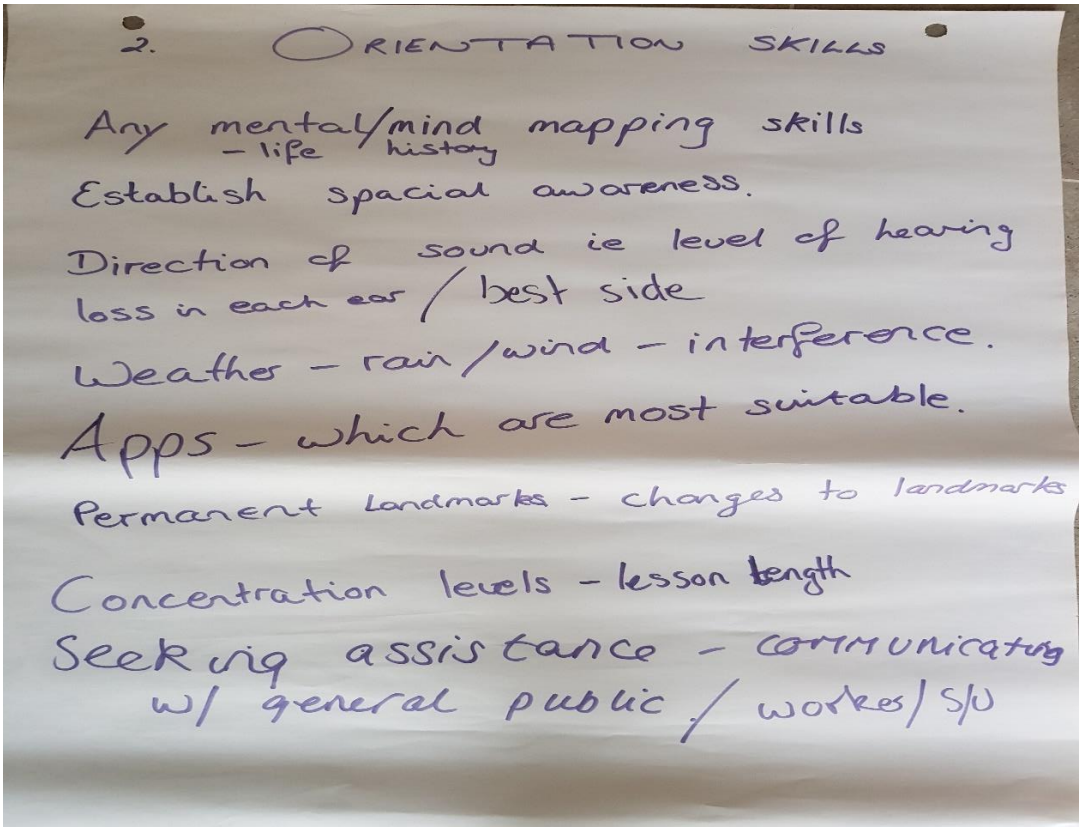
2.



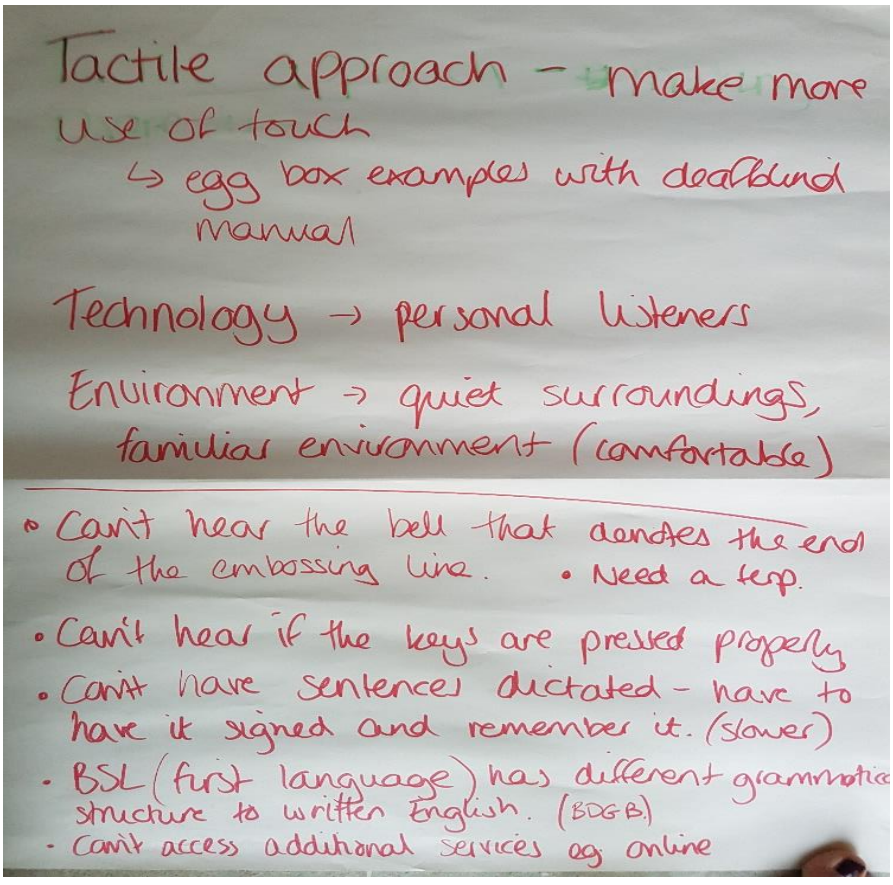


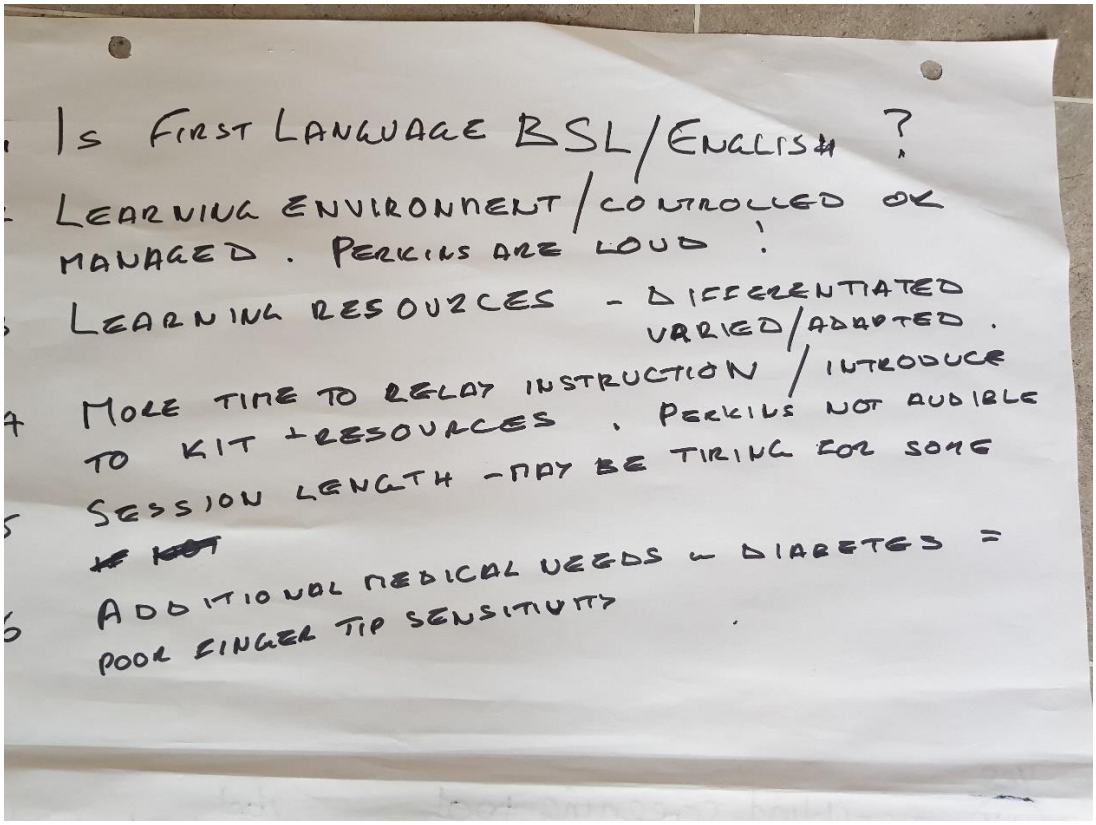


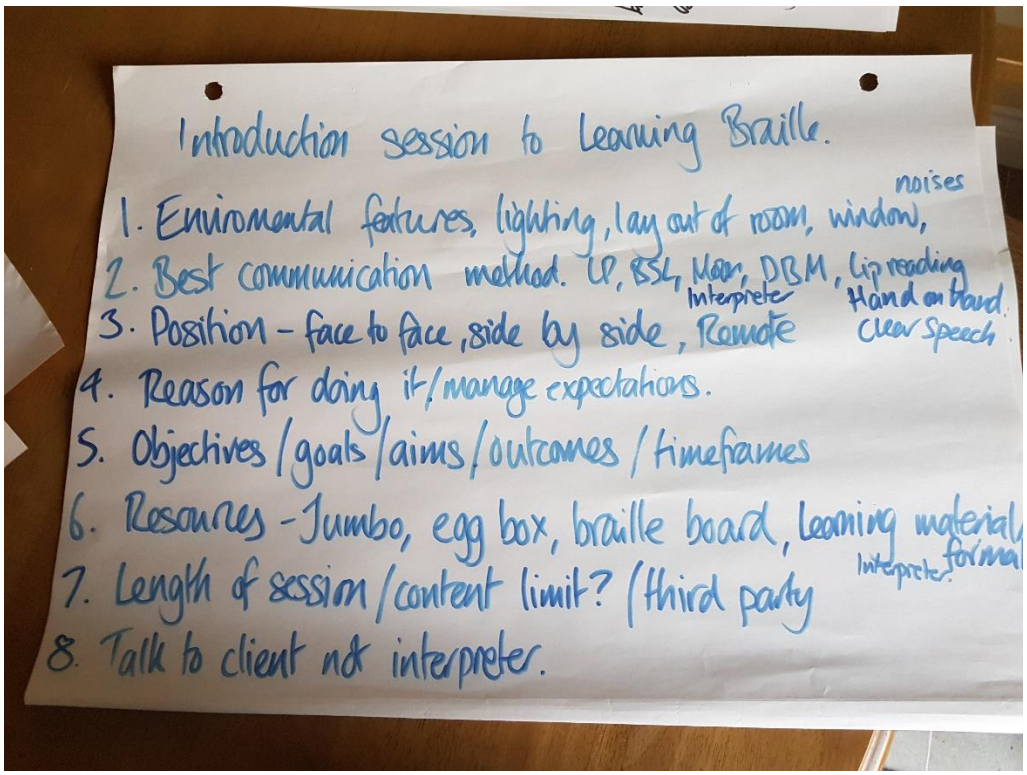




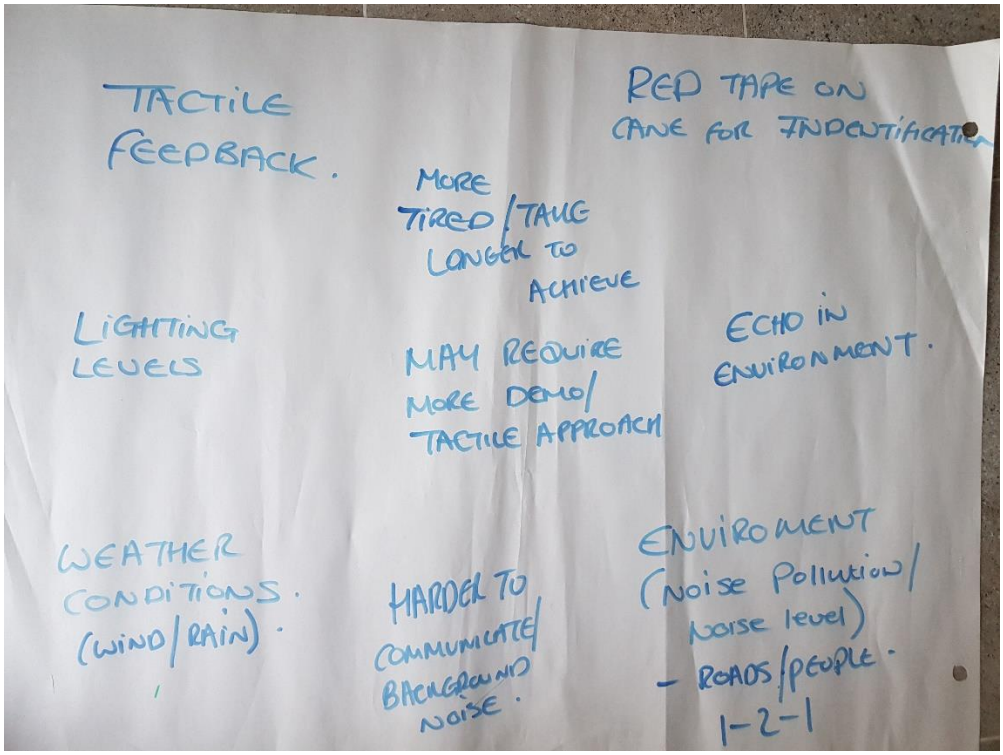
3 Braille:

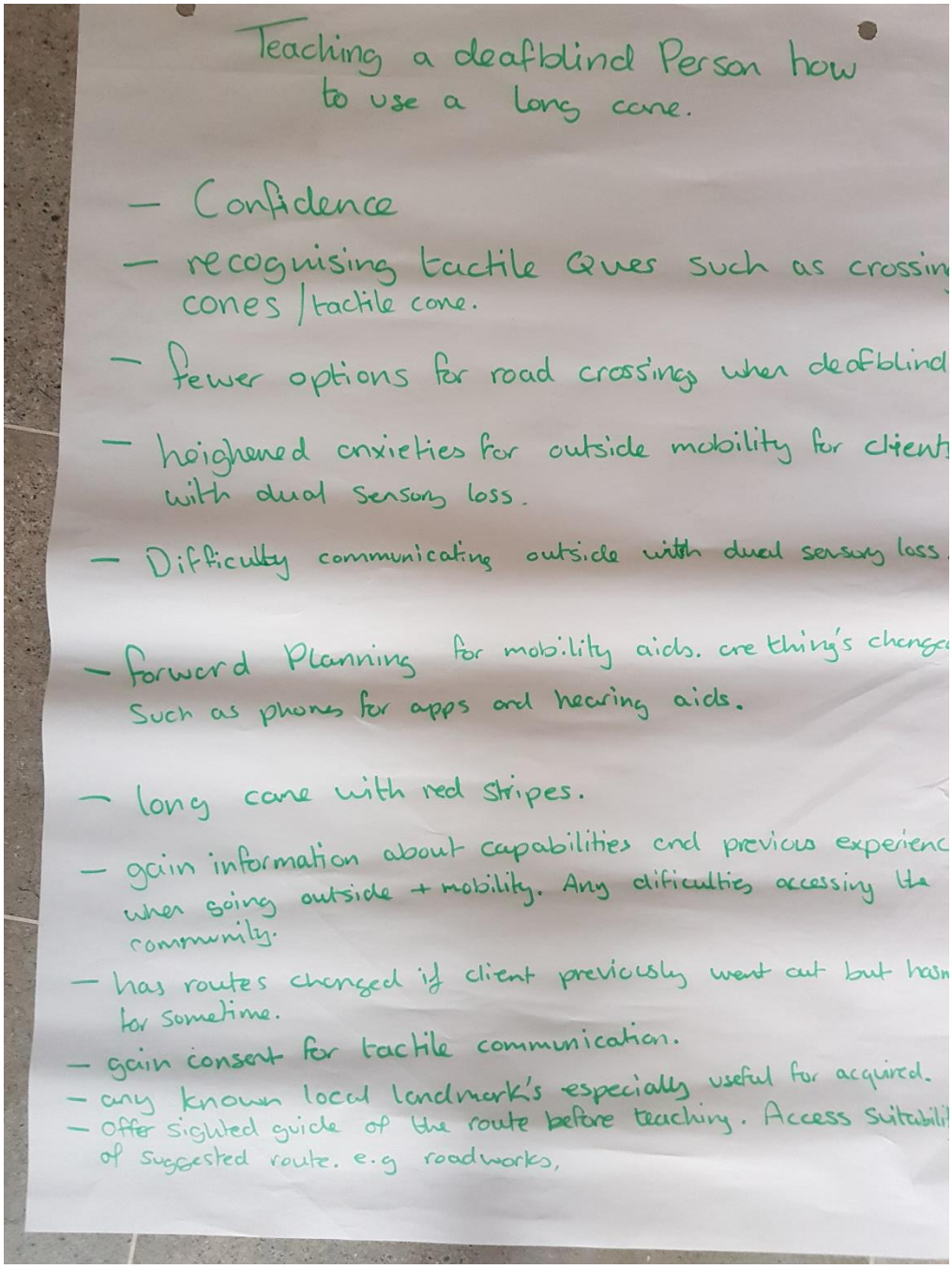



Is First Language BSL/English ?
Learning Environment / controlled or managed. Perkins are loud !
Learning Resources - Differentiated Varied/Adapted.
More time to relay instruction / introduce to kit + resources. Perkins not audible
Session length - may be tiring for some
Additional medical needs - diabetes = poor finger tip sensitivity


Introduction session to Learning Braille.
1. Enviromental features, lighting, lay out of room, window, noises
2. Best communication method. LP, BSL, Mak, DBM, Lip reading
3. Position - face to face, side by side, Remote
Interpreter
Hand on hand
Clear Speech
4. Reason for doing it/manage expectations.
5. Objectives / goals / aims / outcomes / timeframes
6. Resources - Jumbo, egg box, braille board, Learning material
7. Length of session / content limit? / third party
Interpreter
8. Talk to client not interpreter.

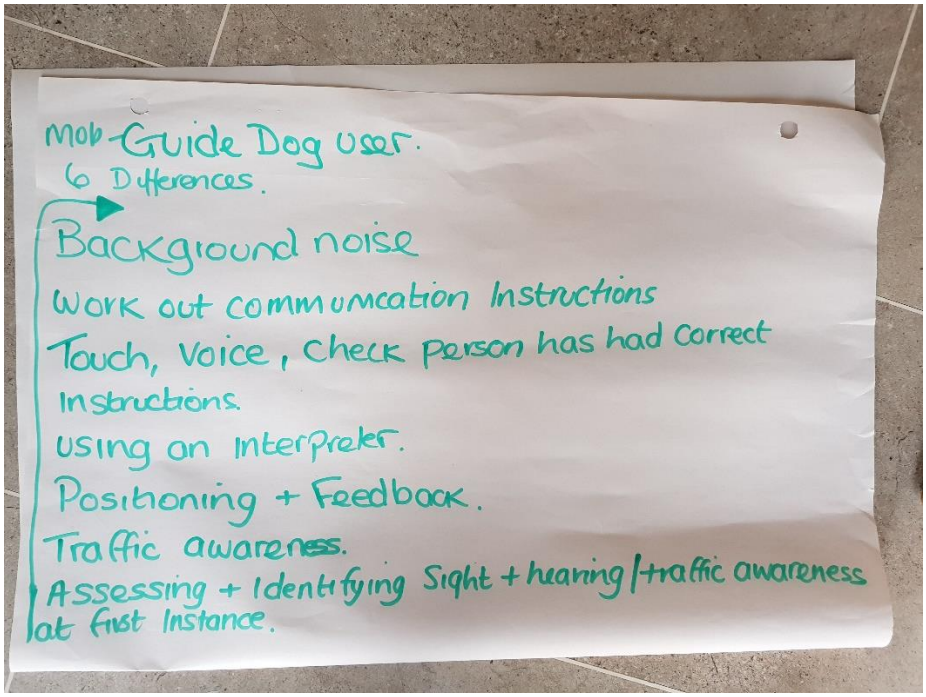
4. Long Cane

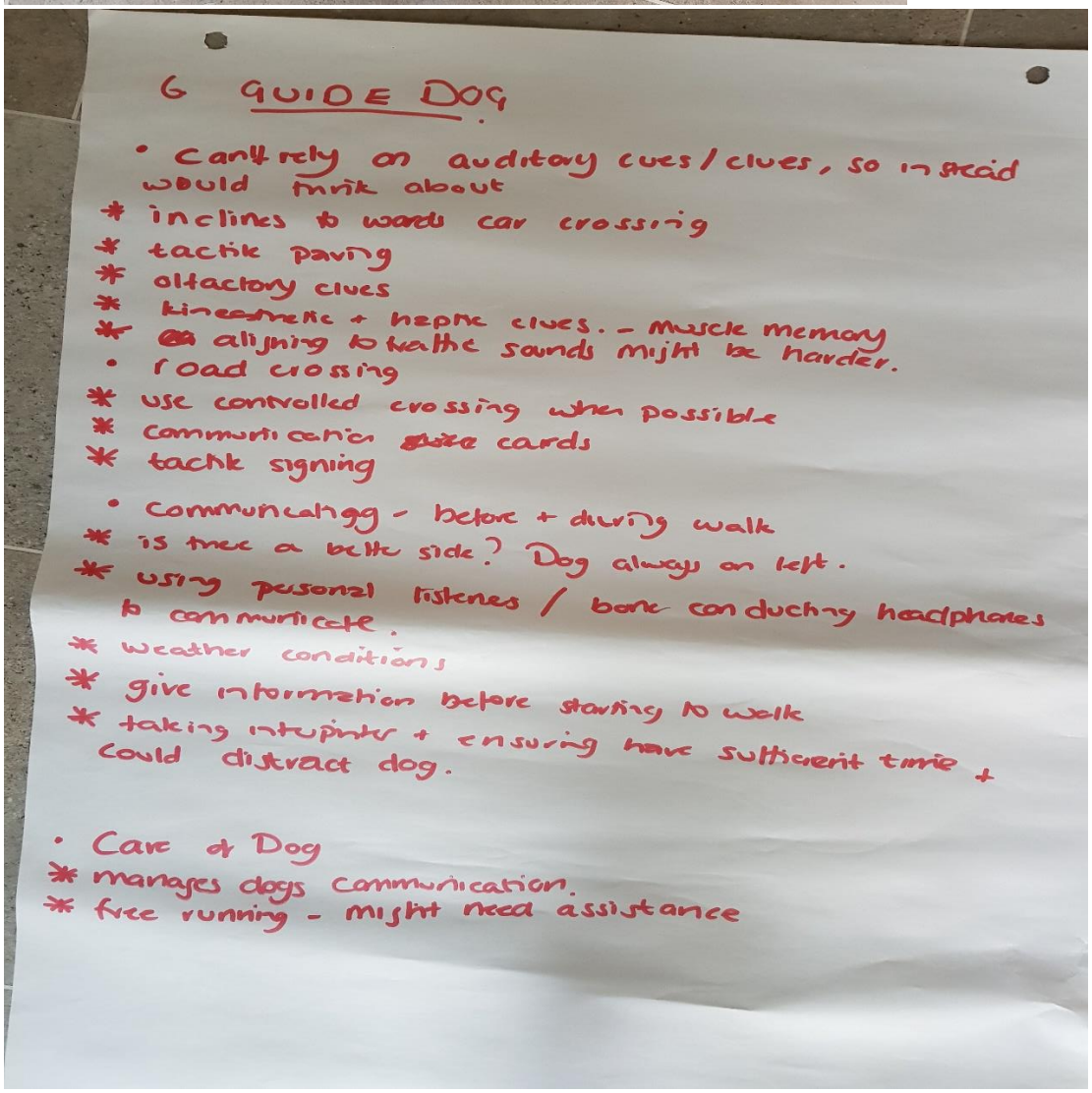


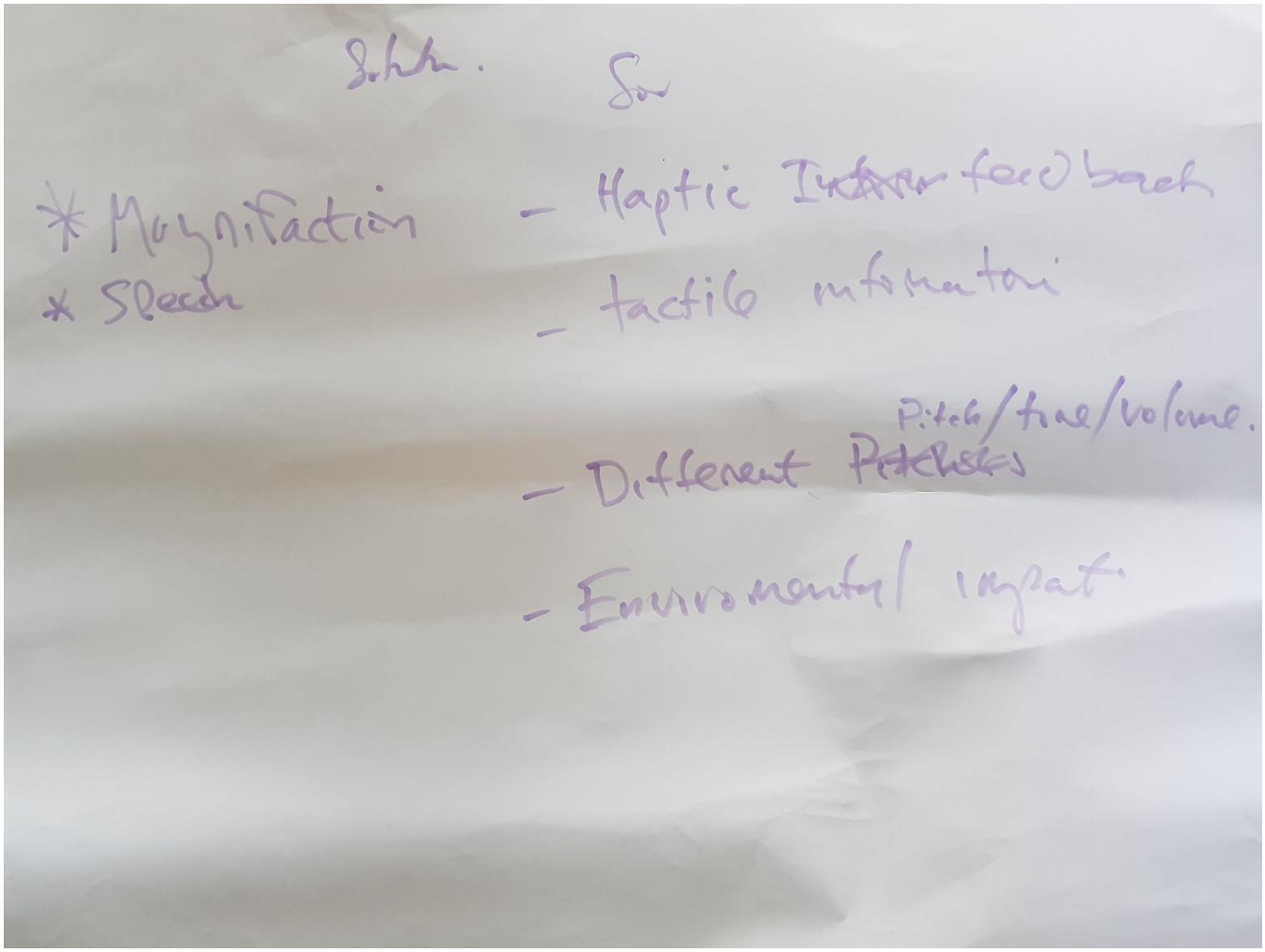


Teaching a deafblind Person how to use a long cane.

- Confidence
- recognising tactile Clues such as crossing cones / tactile cone.
- fewer options for road crossings when deafblind
- heighened anxieties for outside mobility for client with dual sensory loss.
- Difficulty communicating outside with dual sensory loss.
- forward Planning for mobility aids. are thing's changed such as phones for apps and hearing aids.
- long cane with red stripes.
- gain information about capabilities and previous experienc when going outside + mobility. Any difficulties accessing the community.
- has routes changed if client previously went out but hasn for sometime.
- gain consent for tactile communication.
- any known local landmark's especially useful for acquired.
- offer sighted guide of the route before teaching. Access suitabili of suggested route. e.g roadworks,


Mob - Guide Dog user.
6 Differences.
Background noise
Work out communication instructions
Touch, voice, check person has had correct instructions.
using an interpreter.
Positioning + Feedback.
Traffic awareness.
Assessing + Identifying Sight + hearing / traffic awareness at first instance.


6 GUIDE DOG
• Can't rely on auditory cues / clues, so instead would think about
* inclines towards car crossing
* tactile paving
* olfactory clues
* kinaesthetic + haptic clues. - muscle memory
* aligning to traffic sounds might be harder.
• road crossing
* use controlled crossing when possible
* communication cards
* tactile signing
• communicating - before + during walk
* is there a better side? Dog always on left.
* using personal listeners / bone conducting headphones to communicate.
* weather conditions
* give information before starting to walk
* taking interpreter + ensuring have sufficient time + could distract dog.
• Care of Dog
* manages dogs communication.
* free running - might need assistance



Thank you to everyone for taking part in the group work exercises.

Some reflection points may be:

- **Referral:** background/history, aims/outcomes of your visit, communication methods, deafblind interpreters, third party.
- **Planning and allocating more time.**
- **Impact on a deafblind person's life:** it is different with a combined sight and hearing loss, the world around them becomes much smaller, they become more anxious and more withdrawn/isolated. Think about the difficulties with communication, access to information and mobility (environmental and social) as these all play a part in a deafblind persons life.
- The impact of the deafblindness:
  Age of onset
  Birth, childhood, adolescence, adulthood, family background
  Support given at onset
  Communication adaptations, financial support, counselling, mobility & orientation, availability of support workers
  How the loss occurred
  Sudden, gradual, through old age, accident, illness
  Attitudes of others
  Ignorance, stereotyping, supportive
  Attitude of the person-coming to terms with their deafblindness
  Shock, fear, anger, frustration, denial, depression, isolation, bereavement, acceptance (not always achieved)
  Educational experiences/access to education
  Acquisition of language, acquisition of culture, mainstream or special school
  The deafblind person in society
  The rights deafblind people have as a consequence of their unique dual disability, relevant legislation affecting deafblind people especially child and adult protection, relevant legislation that upholds the human and civil rights of deafblind people
- Understanding deafblindness is unique and the deafblind person is individual – **Do Not Assume anything!**
- **Ensure two-way communication**
- **Processing information** takes time, we often jump in if there is silence without giving the person enough time to answer questions. (Repeat and rephrase questions and check answers)
- Information gathering can lead to '**information overload'**, recognising a deafblind person is not remembering what you are discussing and

therefore will not recall your questions or their answers and just say to others that you were a nice person!

- **Effort, Motivation, concentration, energy levels and strength** all play a part in deafblind people's lives.
- **Routine and repetitiveness:** ensure shorter sessions but more frequent – it doesn't say anywhere in the Care Act, 2014 about any time constraints.
- **Beware of dependency on your visits** as deafblind people are isolated and you may become part of their daily weekly routine, before you know it and emotional dependency is always difficult when you finish your rehab programme.
- Giving **praise** in a way they understand what they did right!
- "*The human **balance** system involves a complex set of sensorimotor-control systems. Its interlacing feedback mechanisms can be disrupted by damage to one or more components through injury, disease, or the aging process. Impaired balance can be accompanied by other symptoms such as dizziness, vertigo, vision problems, nausea, fatigue, and concentration difficulties" - Authors: The Vestibular Disorders Association, with contributions by Mary Ann Watson, MA, and F. Owen Black, MD, FACS, and Matthew Crowson, MD*
- **Carers/family members views vs professionals views:** there are more associated risks which cause criticism/dilemmas why a deafblind person cannot start rehab or learn or develop skills.

Factors to Assist Communication

It is important to get the environment at the optimum condition to facilitate effective communication. The best way of doing this is to ask the individual for their personal preferences.

Areas to think about include:

- Getting into the right position/area
- Sitting position
- Distance-proximity for good communication v invasion of personal space
- Lighting
- Visual/auditory distractions (including vibrations)
- Acoustics
- Personal attire (e.g. colour of clothing)
- Olfactory (smell)-aids personal identification, personal hygiene
- Touch

- Use of other senses to alert to changes in environment: sound, remaining sight, wind (e.g. opening doors), vibrations, smell and touch.
- Accents and pronunciation of words
- Gestures, facial expressions, body language
- Low vision aids e.g. magnifiers
- Hearing aids/cochlear implants/induction loops
- Be careful of letters that have the same mouth and sound patterns, these include:

t, d and n	toe, doe, no, tear, dear and near
p, b, and m	pea, be, me pole, mole and bowl
k or (hard c) and g	come and gum coal and goal
s and z	seal and zeal Sue and zoo
ch and j	joke and choke chain and Jane
sh and ch	shoes and choose ship and chip

Ref: Lipreading and hearing aids by Irene Rosetta Ewing, 1944

- The National Occupational Standards (SCDSS11) Support the independent living skills of Deafblind people:

  The Rights of Deafblind People, NOS, November 2008:

  1 Be respected
  2 Be treated equally and not be discriminated against
  3 Be treated as an individual
  4 Be treated in a dignified way
  5 Have privacy
  6 Be protected from danger and harm
  7 Be cared for in a way they choose
  8 Have access to information about themselves
  9 Communicate using their preferred methods of communication and language

  Points 5-9 need to be thought through when teaching deafblind people.

Rehabilitation points when teaching deafblind people:

- Be on time, do not rush teaching and have patience.
- Be clear and concise, short sentences using clear speech, deafblind manual, block. Do not waffle, chew, get distracted.
- Set clear goals / aims / objectives with the deafblind person
- Use their residual sight and hearing to the maximum benefit
- Health issues, medication and emotions on the day
- Active listening – verbally and non-verbally
- Balance issues
- Time of day
- Duration of teaching session and how often depending on concentration and ability levels
- Lighting issues (linked to Com and Access to Info)
- Fluctuating needs and a person's wellbeing (6.58 & (6.136 Care Act 2014)
- Reliance on others (and Carers needs)
- Background noises and distractions
- Directional hearing loss
- Hearing aids / Cochlear Implants (including batteries, processor working, connected properly)
- Temporary and permanent furniture – anxiety relating to communication/access to environmental info issues
- Dexterity, fine motor skills, gross motor skills – developing a tactile sense or tactile sensitive/defensive.
- Understanding if the deafblind person uses hand signals or louder voice control to instruct their Guide Dog
- Encouragement and praise linked to the agreed programme
- Reliance on you!
- Communication method vs accessing information vs mobilising / orientating? Emergency sign, stop to communicate.
- Weather - clothing – footwear, etc
- Record everything – risks, professional opinions and family influences.

Specialist Assessments – 7 years on!!

On 1st April 2015, the Care Act, 2014 came into force with specific reference to deafblind people and their carers'. The deafblind guidance is now linked to the Care Act and is mandatory. It is stated in the regulations that every deafblind person has the **right** to:

- A specialist assessment facilitated by a person who has specific training, expertise and experience (6.92)
- Fluctuating needs – establishing the frequency and degree of fluctuation and consider the person's wellbeing (6.58 & (6.136)
- Care plan input by a deafblind specialist (10.85)
- Access to information and advice (6.4, 6.22)
- In the market shaping guidance it mentions communicator-guides being available to address the issues faced by this unique, hidden disenfranchised group of people
- Eligibility for NHS support to health appointments (6.107i)
- There are many variations of systems used to arrive at personal budget amounts, ranging from complex algorithmic-based resource allocation systems (RAS), to more 'ready reckoner' approaches. Complex RAS models of allocation may not work for all client groups, especially where people have multiple complex needs, or where needs are comparatively costly to meet, such as deafblind people. (11.23)

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

"Care and Support Policy Guidance for Deafblind Children and Adults, 2014" under the Care Act, 2014, issued under Section 7, Department of Health, previously known as (LAC(DH)(2009)6).

"Care and Support Policy Guidance for Deafblind Children and Adults, 2014" states that Local Authorities must take the following action:

- Identify, make contact with, and keep a record of, deafblind people in their catchment area, including people who have multiple disabilities which include dual sensory
- Ensure that when an assessment of needs for care and support is carried out, this is done by a person or team that has specific training and expertise relating to Deafblind persons - in particular to assess the need for one-to-one human contact, assistive technology and rehabilitation.

- Ensure that appropriate services are provided to deafblind people, who are not necessarily able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses.
- Ensure they are able to access specifically trained one-to-one support workers for those people they assess as requiring one.
- Provide information about services in formats and methods that are accessible to deafblind people.
- Ensure that a Director-level member of the local authority senior team has overall responsibility for Deafblind services.

In the Care Act, 2014, point 6.94 states that there is a need to recognise the effect that dual sensory impairment has on the following key factors to maintaining independence:

- autonomy and the ability to make choices and take control of your life
- health and safety
- managing the daily routines of personal and domestic life
- involvement in education, work, family, social and community activities

Local Authorities should ensure that as soon as an initial assessment identifies that a person may have a dual sensory impairment, a Specialist Assessment is arranged, to be carried out by a specifically trained experienced person / team equipped to assess the needs of a Deafblind person, including communication, one-to-one human contact, social interaction and emotional wellbeing, support with mobility, assistive technology and rehabilitation.

Group work:

Please answer the following questions:

1. Do you complete Specialist Assessments for deafblind people (Care Act 2014) within your Rehab Worker role? Please add details of your area. If you are not, do you know who to contact to provide one?

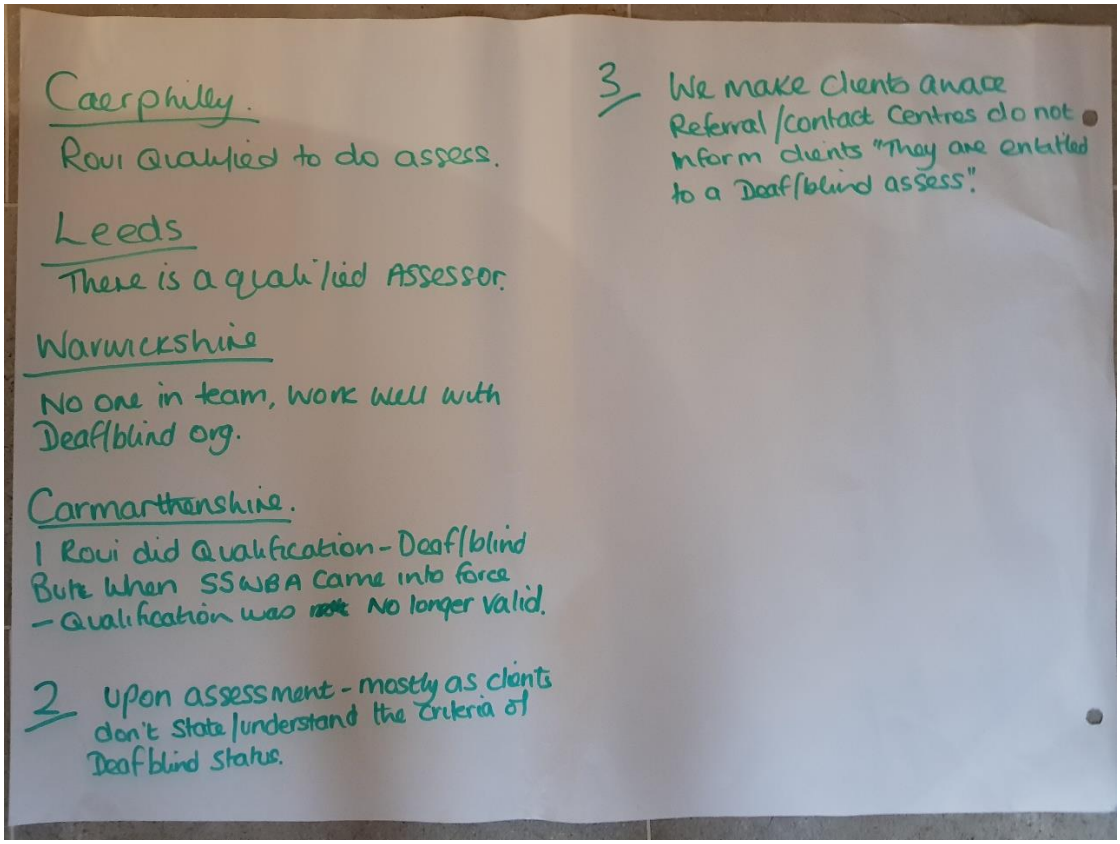
2. How do you identify deafblind people? Do you think it is part of your role?

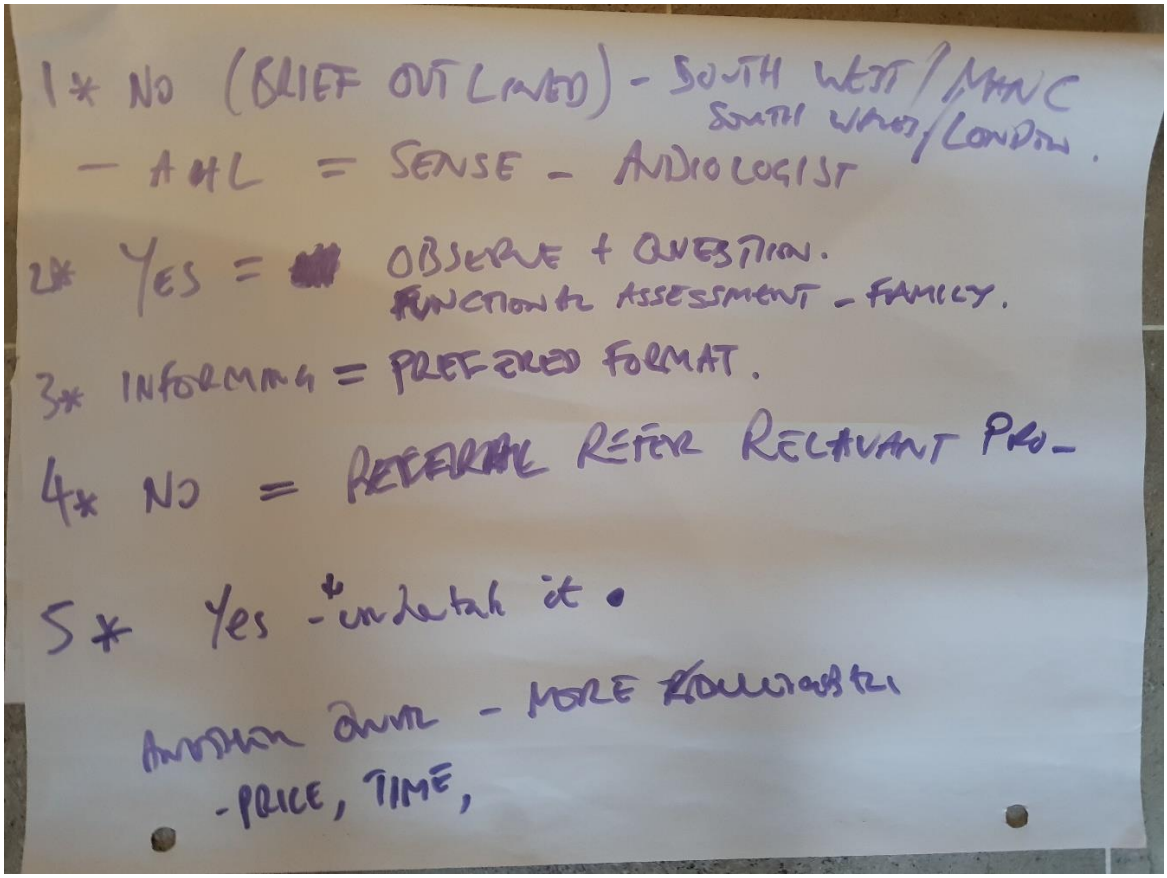
3. How do you inform deafblind people that the Care Act, 2014 specifically states they have a 'right' to a specialist assessment?

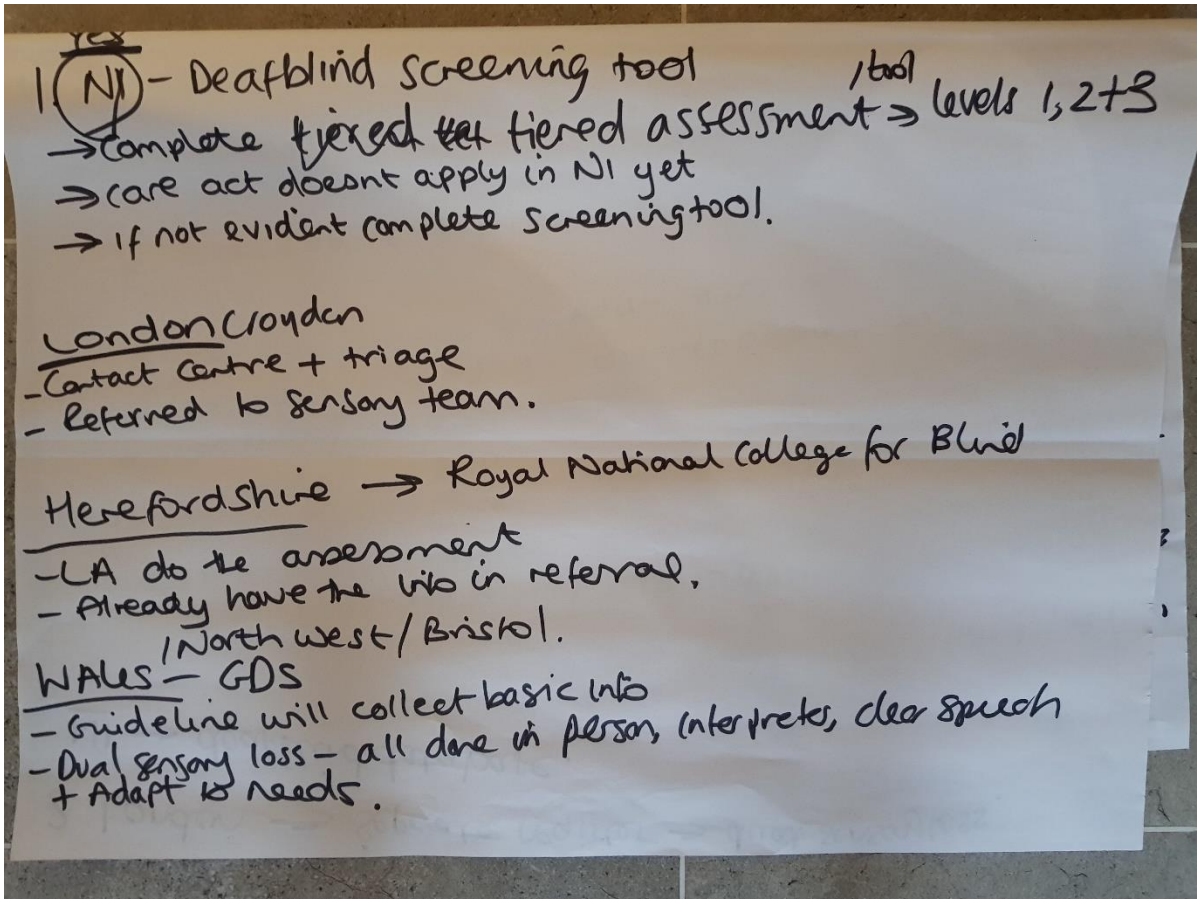
4. Are you qualified to complete a Specialist Assessment, if so, how?

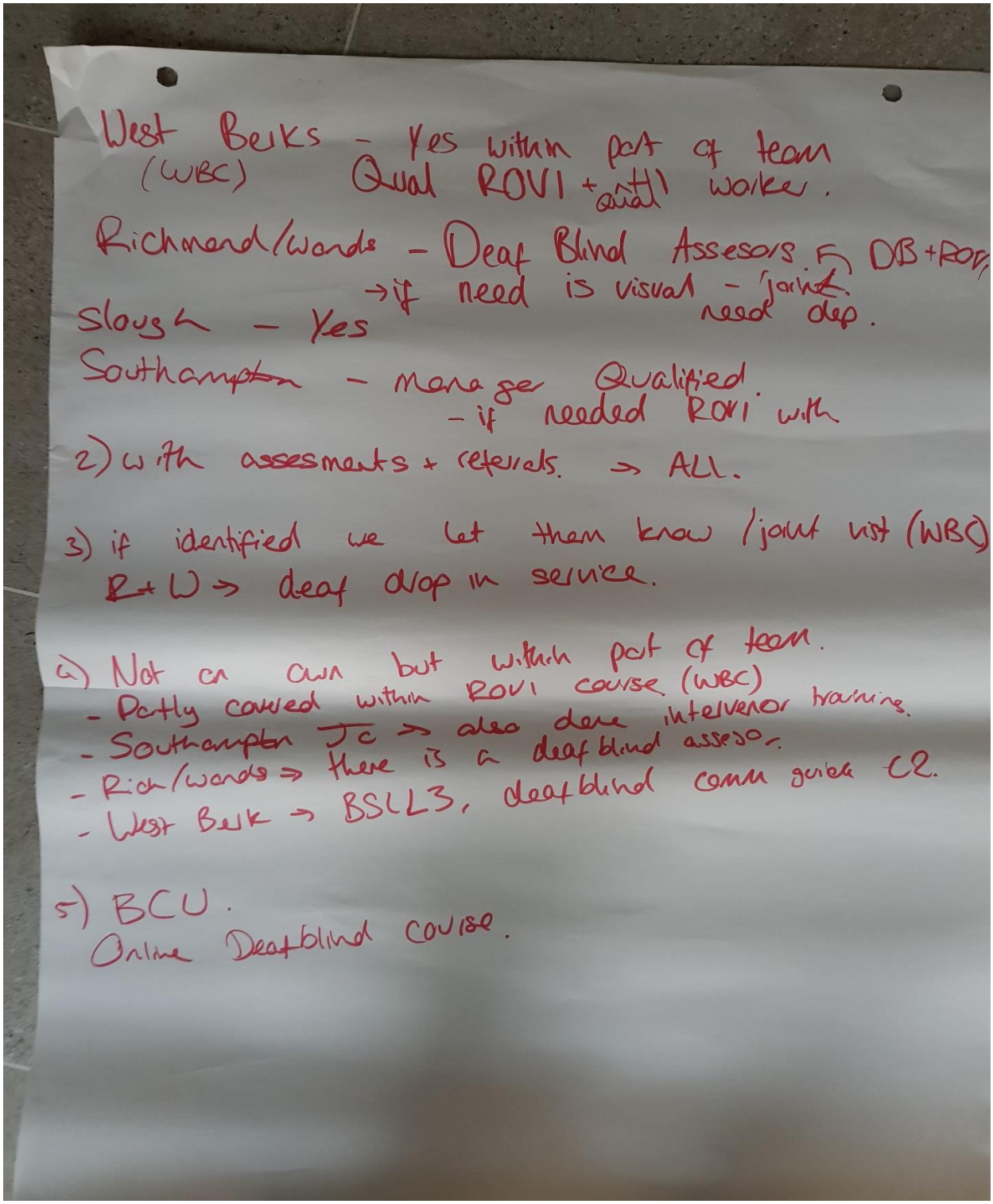
5. If not, do you or your colleagues know where to undertake deafblind qualifications and what are the positive/negative views this?

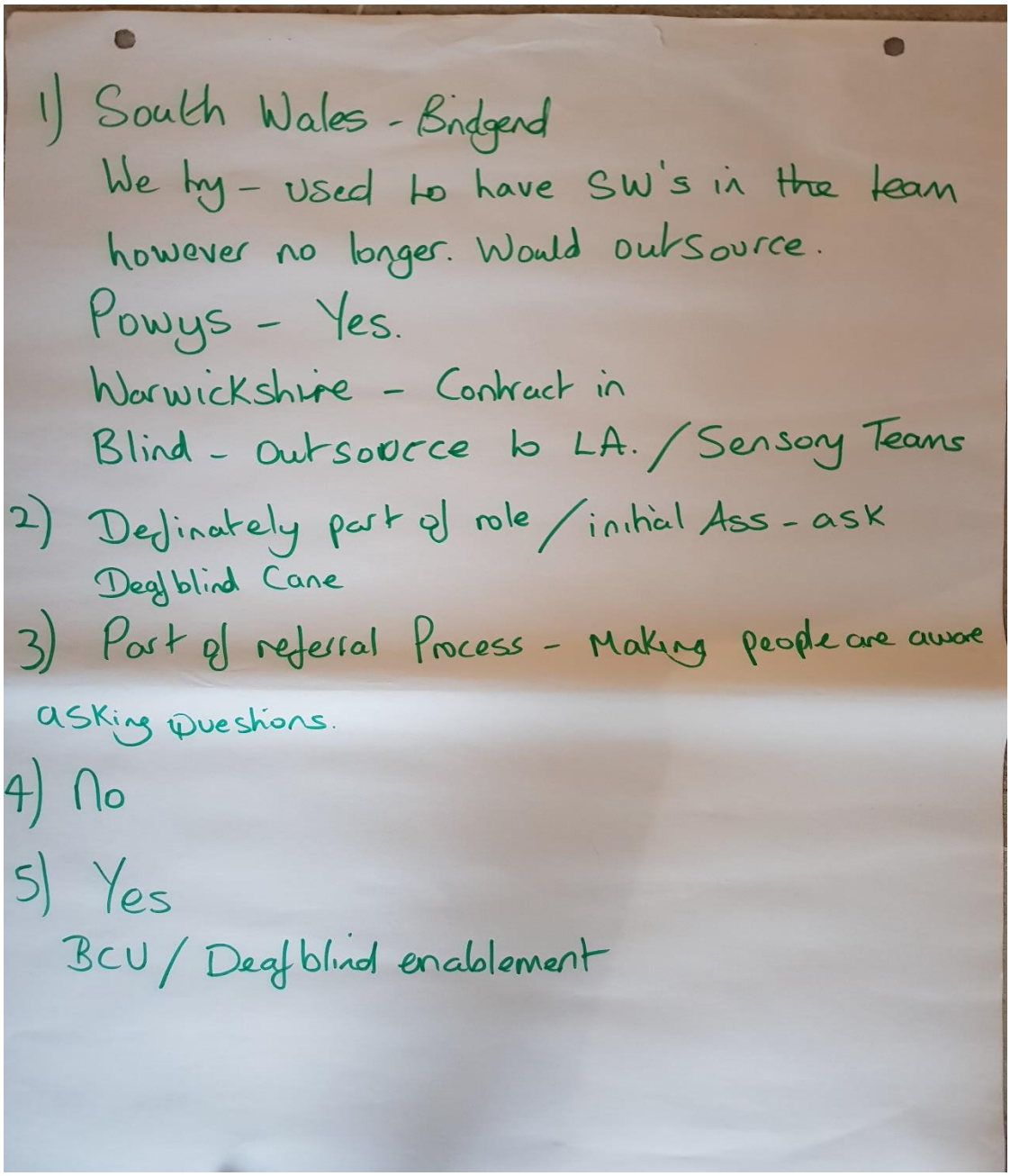
Rehab Workers Flipchart responses:

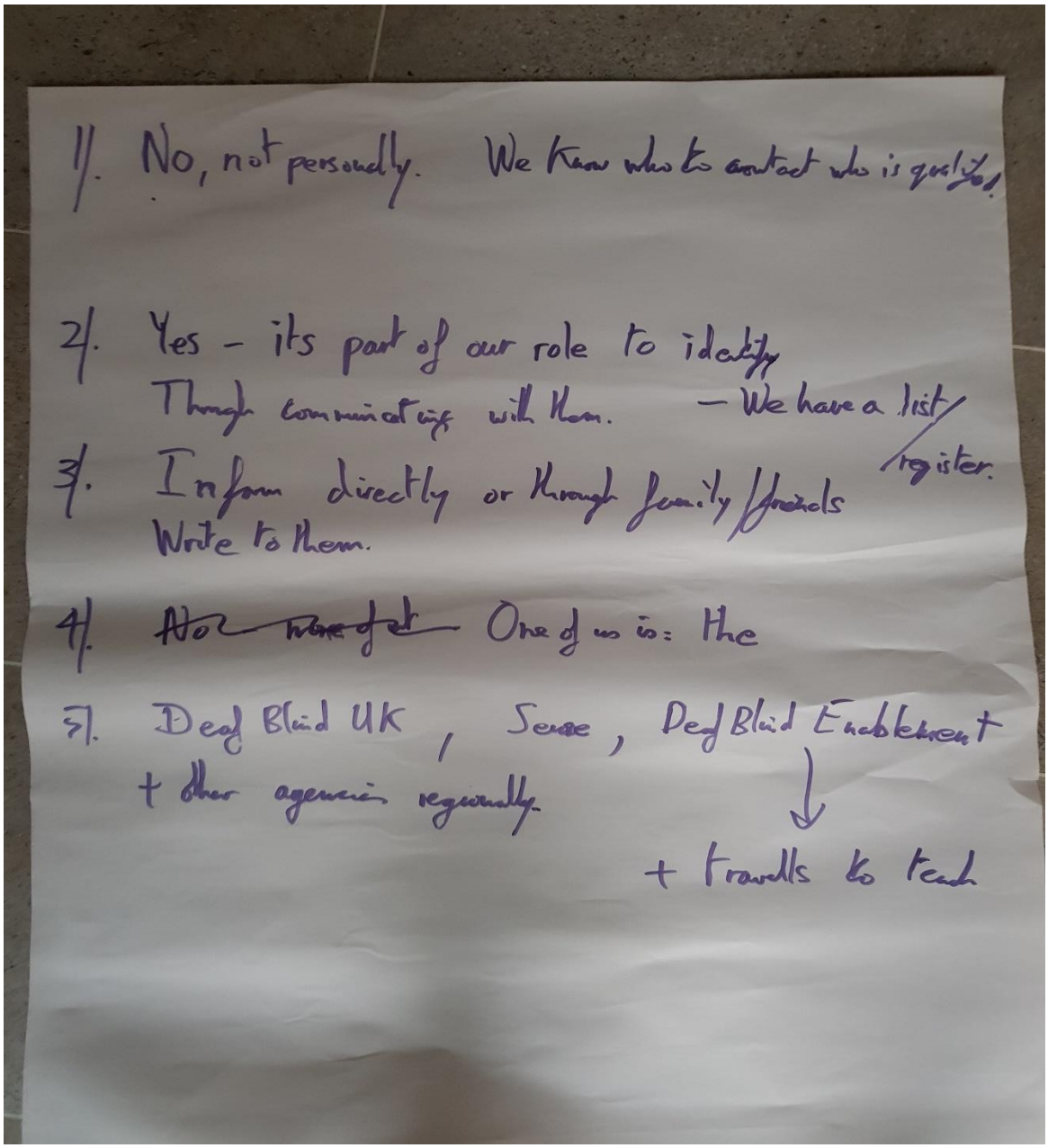


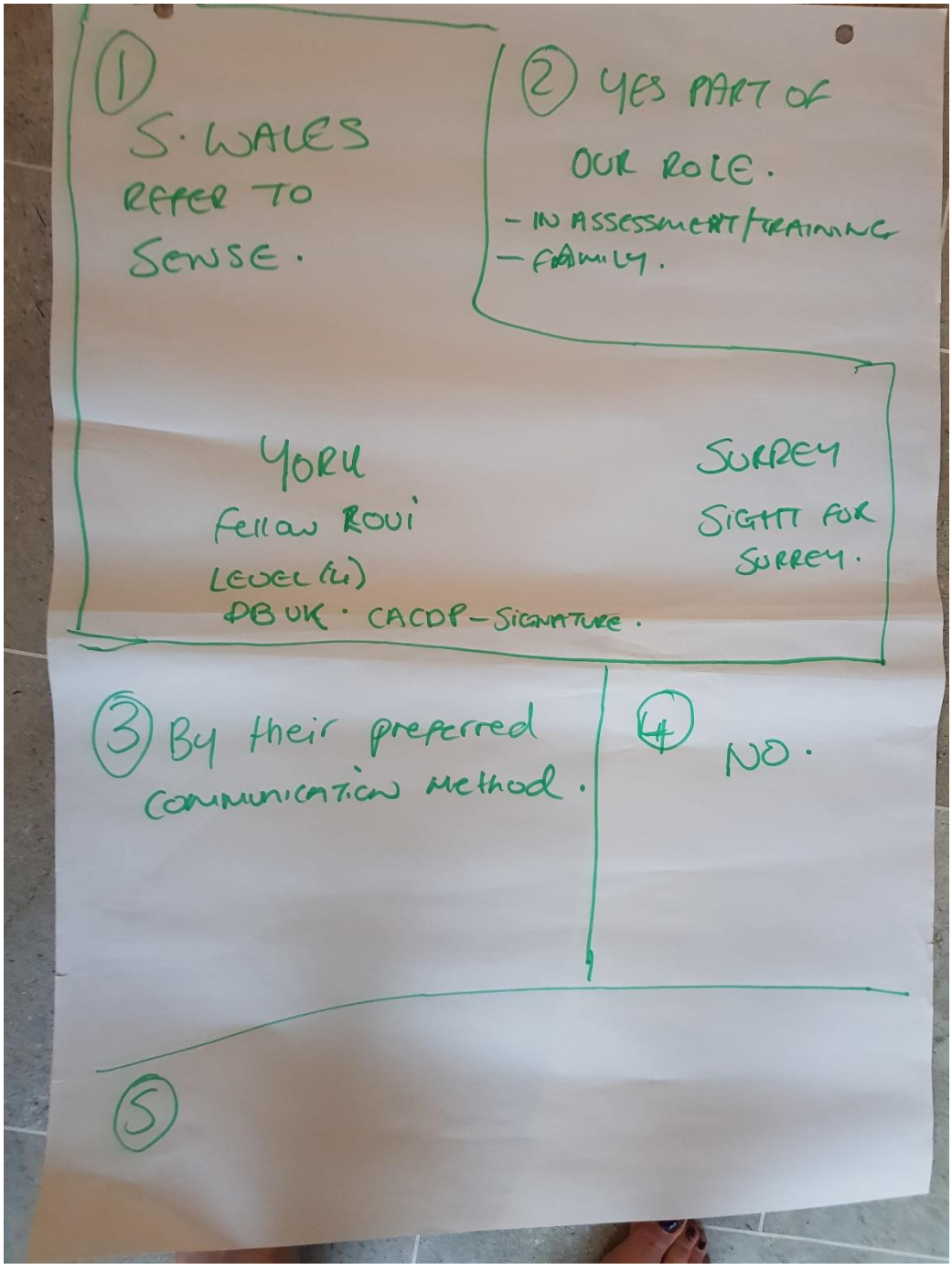



NI - Deafblind screening tool
→ Complete tiered assessment tool → levels 1, 2+3
→ care act doesnt apply in NI yet
→ if not evident complete screening tool.
London Croydon
- Contact Centre + triage
- Referred to sensory team.
Herefordshire → Royal National College for Blind
- LA do the assessment
- Already have the info in referral.
North west / Bristol.
WALES - GDS
- Guideline will collect basic info
- Dual sensory loss - all done in person, interpreter, clear speech
+ Adapt to needs.


West Berks - Yes within part of team (WBC) Qual ROVI + qual worker.
Richmond/Wands - Deaf Blind Assessors & DB+ROV
→ if need is visual - joint need dep.
Slough - Yes
Southampton - manager Qualified.
- if needed ROVI with
2) with assessments + referrals. → ALL.
3) if identified we let them know / joint visit (WBC)
R+W → deaf drop in service.
4) Not on own but within part of team.
- Partly covered within ROVI course (WBC)
- Southampton JC → also done intervenor training.
- Rich/wands → there is a deafblind assessor.
- West Berk → BSLL3, deafblind comm guide C2.
5) BCU.
Online Deafblind course.


1) South Wales - Bridgend
We try - used to have SW's in the team however no longer. Would outsource.
Powys - Yes.
Warwickshire - Contract in
Blind - outsource to LA. / Sensory Teams
2) Definately part of role / initial Ass - ask Deafblind Cane
3) Part of referral Process - Making people are aware asking questions.
4) No
5) Yes
BCU / Deafblind enablement


1. No, not personally. We know who to contact who is quality!
2. Yes - its part of our role to identify
Through communicating with them. - We have a list/register.
3. Inform directly or through family/friends
Write to them.
4. ~~Not ... of it~~ One of us is: The
5. Deaf Blind UK, Sense, Deaf Blind Enablement
+ other agencies regionally.
+ travells to teach



Please would you send me your information for your area so that we can gain a picture of what is happening nationally. Thanks Debbie 😊

Specialist Deafblind Training Courses available:

Specialist Assessment and Service Provision deafblind modules available for qualified Rehabilitation Workers (Visual Impairment). These modules aim to upskill their expertise and knowledge in relation to working with people who are Deafblind. The modules may be studied individually or as part of a BSc (Hons) Specialist Complex Needs Rehabilitation Work (VI) top up degree.

One of their key goals has been to develop their Act 2014 in relation to Deafblind Assessment and Service Provision. For more information about the modules and the course please contact: **Peter Cooke, Senior Lecturer, BSc/FdSc Rehabilitation Work (Visual Impairment)**

- **Signature Level 2 DBG Communicator-Guide Qualification**
  (Previous Level 3 Communicator-Guide qualification is only equivalent to Level 2)
- **Signature Level 3 RQF Evaluating the Needs of Deafblind Adults**

  Specialist Assessor's qualification – Care Act 2014 (Level 2 DBG is a prerequisite)

- **Specialist Assessment Training** (Completion of DBG2 is a prerequisite)

- Level 3 Certificate in Working Effectively with Deafblind Manual
- Level 3 Modifying Language for Deaf and Deaf and Deafblind People
- Level 3 Certificate in Working Effectively with Visual Frame Hands On

Contact: training@deafblind-enablement.co.uk – 01733 686969
Deafblind Enablement Facebook page – please keep in touch.