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# INTRODUCTION

In March 2001 the Department of Health issued 'Social Care for Deafblind Children and Adults' LAC (2001) 8 under Section 7 of the Local Authority Social Services Act 1970. This guidance gave new rights to deafblind people and placed new duties on local authorities. This pack has been designed to help local authorities fulfil those duties.

## 1. USING THIS PACK

### Who is this Pack for?

In the first instance, the pack is directed at the member of senior management required by the Guidance to be identified for taking responsibility for its implementation. In addition deafblind people will require services from your Sensory Impairment team, Learning Disability, Children's and Older Adults teams. Therefore we would strongly recommend that copies of the appropriate sections of this pack are distributed accordingly, to team leaders and practitioners.

This pack aims to provide a practical guide to implementing each requirement of the deafblind guidance. Each section includes checklists and case studies to illustrate good practice. At the end of each section, the main organisations and publications which can provide information and support are listed. The appendix contains full details for all the organisations mentioned.

## 2. THE GUIDANCE IN BRIEF

These are the new responsibilities for local authorities. They must:

- Identify, make contact with and keep a record of deafblind people in their catchment area (including those who have multiple disabilities that include dual sensory impairment).
- Ensure that an assessment is carried out by a specifically trained person/team, equipped to assess the needs of a deafblind person - in particular to assess the need for one-to-one human support, 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 that specifically trained, one-to-one support workers are available for those assessed as requiring one.
- Provide information about services in formats and through methods that are accessible to deafblind people.
- Ensure that one member of senior management includes, within his/her responsibilities, overall responsibility for deafblind services.

Local authorities have a responsibility to demonstrate that they are following guidance from the Secretary of State for Health, and if they fail to do so they may be subject to judicial review.

With the introduction of the Government's policy guidance, ***Fair Access to Care Services***, it is now all the more important that local authority social services act upon their responsibilities towards deafblind people. This varied group, with their different needs and abilities, should receive their 'fair' share of services, just like any other group, under the new guidance. However, with the onus being placed on the referral and assessment processes, the need for officials and social services teams to have the necessary training and experience to understand the unique nature of dual sensory impairment becomes all the more important. Only then can an accurate assessment of the particular needs and circumstances of individuals follow. (See the Assessment and Training sections for information on how to find suitably qualified people to carry out assessments for deafblind people.)

### **3. WHO DOES THIS APPLY TO?**

The guidance describes deafblindness, or dual sensory impairment, in broad terms:

"Persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility".

This definition means that anyone who has both a hearing loss and a sight loss that cause them problems in everyday life is covered by the new guidance. People do not have to be completely deaf and blind. In this pack the terms 'deafblind' and 'dual sensory impaired' are used interchangeably. Deafblind people will sometimes have additional disabilities, such as a learning disability.

#### **Four groups of people experiencing deafblindness have been identified:**

Those with congenital deafblindness:

- Those who are hearing and sight impaired from birth or early childhood, for example, a person with the rare genetic condition, CHARGE syndrome.

And those with acquired deafblindness:

- Those blind from birth or early childhood who subsequently acquire a hearing impairment that has a functional impact.
- Those who are profoundly deaf from birth or early childhood, who subsequently acquire a visual impairment, for example, a person with Usher syndrome.
- Those who acquire a hearing and sight impairment later in life that has a functional impact (acquired deafblindness).

The often 'hidden' nature of deafblindness, and the wide range of needs that deafblind people have, should be appreciated. For example, people with learning disabilities may have undiagnosed sensory impairments. Congenitally deafblind children will have similar needs (e.g. around difficulties with communication, access to information, mobility) as those of older people acquiring a hearing and sight impairment in later life. But these distinct groups can sometimes have additional needs, which may differ. For example, congenitally deafblind children will often have

learning disabilities, whilst the older group may develop physical disabilities and additional health needs.

### CHECKLIST 1: **Some questions to ask**

In auditing your service to see whether you are complying with the Deafblind Guidance, the following questions may provide a starting point for identifying the strengths and the areas that require attention.

#### **Policy**

- Do we have a written, coherent, and integrated policy on meeting the needs of deafblind people?
- Does the policy cover all relevant teams/divisions, i.e. Sensory Impairment, Disabilities, Children's and Older Adults Teams?

#### **Management**

- Which named senior manager is responsible for the implementation of the policy, and for the overall delivery of services to deafblind people?
- How are these services monitored?

#### **Systems and processes**

- Do we have a record of deafblind people that is regularly updated and maintained?
- Do we have a system or process in place for identifying deafblind people?
- How do we provide for people from black and ethnic minority communities and other hard to reach communities?
- What provision is made for an ongoing consultation process with deafblind people and their carers?
- Have we co-ordinated our efforts across Sensory, Children's, Older People's, and Learning Disabilities teams?
- (For Welsh authorities) Have we identified and provided for the needs of people who have Welsh as their first language?

**Resources**

- How many staff do we have who are specifically qualified, and sufficiently experienced, to provide assessments for deafblind people?
- How do we manage complex assessments where individuals may be deafblind with other disabilities?
- What services are provided locally to deafblind people by statutory, voluntary and private agencies?
- Do we have service level agreements with relevant agencies?
- What provision do we have for ensuring communication support is available (for example, to those for whom BSL is their first language)?
- What support groups are available for deafblind people?
- What have we done to ensure our generic services are accessible to deafblind people - including the provision of transport?

**Training**

- What ongoing training do staff receive in deafblind awareness - especially home care and residential care staff, and other people who come into regular contact with deafblind people?
- Do we have a training plan for deafblind skills covering all staff teams within social services and other frontline staff?

**Access**

- Are there clear policy and practice guidelines with regard to specialist equipment?
- Are there clear policy and practice guidelines for accessible information about services that would be of interest to deafblind people?
- Are there clear policy and practice guidelines with regard to access to buildings?

**Budget**

- Is there a specific budget earmarked for services for deafblind people?
- Is there a budget available to fund the necessary training for staff working with deafblind people?

#### **4. DEAFBLIND DEVELOPMENT OFFICERS**

One way to ensure effective implementation of the Guidance is to appoint a deafblind development officer. As well as being able to work to a broad remit across the local authority's area, a deafblind development officer can respond to the particular demographic needs of the area. For example, it may be appropriate to place a specific focus on black and ethnic minority communities or older people.

A number of local authorities have taken this approach, including Walsall, Sandwell, Derbyshire, Worcestershire, Trafford, Lancashire and Lincolnshire.

**The key areas of work that can be fulfilled by a deafblind development officer include:**

- Identification and recording of deafblind people in the area.
- Assessment of needs and/or facilitating such assessments.
- The mapping of all existing services, provided by statutory and voluntary sectors, and the identification of areas of unmet need where service developments are required.
- Referral to appropriate services, and working with colleagues in other services to ensure services are accessible and appropriate for people who are deafblind.
- Training for staff providing different levels and kinds of services for people who are deafblind.
- The development of networks of professionals and of professionals with deafblind groups, both aiding the establishment of the specialism.
- Opportunities for people with deafblindness to be consulted on the services provided for them and to be part of the planning process.

#### **CASE STUDY 1: WALSALL BOROUGH COUNCIL**

In April 2002 Walsall Borough Council recruited a Deafblind Development Officer along with a Deafblind Service Co-ordinator. Their roles would include referral taking and screening and the identification of an appropriate response. As service

purchasers, they would monitor and review the operational services as provided by other agencies.

### **The assessment**

The deafblind officers take the initial referral and work with the deafblind person for up to 8 hours a week over a 4-8 week period. This provides the time for an assessment period prior to the more 'formal' assessment meeting(s). Since March 2001 over 250 deafblind people have been identified and assessed in Walsall, the majority of whom are elderly people who have acquired a dual sensory loss in later life.

### **Services and training**

The social services team takes action on the assessment report and the appropriate services, including Communicator Guides, are then arranged. Currently 10 people are in receipt of a Communicator Guide service. Since the new posts have been operational, staff training in deafblindness has been initiated and rolled out across the social services team, in liaison with a specialist agency.

The Deafblind Service Co-ordinator manages a volunteer scheme providing support and company to deafblind people who may or may not also be in receipt of a Communicator Guide service, and both officers are also involved in the development of new initiatives such as a social club, where Communicator Guides and volunteers support deafblind people in a social setting. A Drop-in Surgery has been established to provide deafblind people, their families and carers with the opportunity to consult specialist staff on any aspect of the services provided.

## **5. WHAT COMPLIANCE WITH THE DEAFBLIND GUIDANCE CAN MEAN TO DEAFBLIND PEOPLE**

### ***"I like to keep myself active"***

Jim Hanson has always worked with his hands. He was a top pastry chef for over forty years, and taught himself to play the piano as a young man. Now aged 93, almost blind in both eyes and hard of hearing, he uses his hands to find his way around his small bungalow, and to do his own cooking.

"I still cook my own meals," he says. "Sometimes I'll grill a chop, or perhaps get something out of the freezer. I'm determined to keep my independence."

But getting out is a problem, and as he says, "I spend practically all the time on my own now." So every Wednesday his Communicator Guide visits. Often they will go for a walk in the park, have a chat and his guide will offer him any practical help he needs. And then sometimes, if she's lucky, he will play the piano for her.

***"Jessica is very daunted by new situations, and so encouragement and skilled help is very important. It is also supportive and motivating for me."***

Jessica Lane is a lively four year old who has poor mobility due to cerebral palsy, and some limited vision - although it is unclear how much. Since she started receiving intervenor support she has made significant progress - for example, she is now much more aware of people and what is going on around her, and has started to learn to communicate through body signing. Two taps on her chest means 'more' for example.

The intervenor scheme offers Jessica a carefully planned programme where she is supported to experience new activities - such as learning to use computer switches and experimenting with musical instruments. "It can be difficult to get Jessica to look at new toys and to try new things," says her mum Gill, "She is very daunted by new situations, and so encouragement and skilled help is very important. It is also supportive and motivating for me."

Jessica now attends a special school during the week, so her intervenor visits her for two hours on Saturday mornings. Her intervenor programme has changed to reflect this and allow much more access to community-based and creative activities - including visiting the park to spend time with other children in the playground area, going swimming and visiting a local riding for the disabled centre.

"Jessica has become more comfortable with change and new experiences", says Gill. "It's also good for her to spend time apart from me, to mix with other kids and have her own social life."

People's names have been changed to ensure confidentiality.

## 6. INFORMATION AND SUPPORT

- The full text of the guidance, *Social Care for Deafblind Children and Adults* (LAC (2001) 8) can be read on the Department of Health's website at [www.doh.gov.uk/scg/deafblind](http://www.doh.gov.uk/scg/deafblind).
- Sense's regional offices can provide more information to local authorities wishing to consider employing a deafblind development officer. Contact details for Sense (including regional offices) and other organisations are listed in the Appendix.
- Sense's report - *Standards for Services for Adults who are Deafblind or have a Dual Sensory Impairment* - offers information about creating appropriate, efficient and effective services for deafblind people. Copies can be ordered from Sense, or downloaded from the website at [www.sense.org.uk](http://www.sense.org.uk)
- Sense provides factsheets on different aspects of deafblindness and facilitates support groups for deafblind people and their families.
- A guidance to the Government's Fair Access To Care Services can be accessed on the internet. The following is taken from the *Questions and Answers* section of the website, found at [www.doh.gov.uk/scg/facs](http://www.doh.gov.uk/scg/facs)

**Question:** How does the FACS guidance square with Local Authority Circular LAC(2001)8 "Social Care for Deafblind Children and Adults"?

**Answer:** LAC(2001)8 was issued under section 7 of the Local Authority Social Services Act 1970. Its provision is that assessments of the needs of individual deafblind adults should be carried out by specifically trained persons or teams, equipped to assess the needs of deafblind persons is not affected by FACS. Similarly, the provisions of LAC(2001)8 for the delivery of services for deafblind adults are not affected by FACS. Generally speaking, the provisions of LAC(2001)8 sit comfortably with the matters set out in the FACS policy guidance, and together should continue to promote better access, assessment and services for deafblind adults.

# IDENTIFYING, MAKING CONTACT WITH, AND KEEPING A RECORD OF, DEAFBLIND PEOPLE

"2.1 Authorities are asked to take the following action: *Identify, make contact with and keep a record of deafblind people in their catchment area (including those who have multiple disabilities including dual sensory impairment)*"

From: Local Authority Circular LAC(2001)8

The Guidance requires local authorities actively to identify and make contact with deafblind people - simply waiting for referrals will not be sufficient. To identify deafblind people you first need to be clear about who the term applies to.

## 1. DEAFBLINDNESS: A UNIQUE DISABILITY

Deafblindness is a distinct impairment that is more than simply vision loss and hearing loss. It is a unique impairment with specific impacts on the lives of individuals. The difficulties created in communication, in mobility, and in access to information from the environment can be considerable. The impact of a dual sensory loss is significantly different from a single sensory loss as the individual's ability to compensate is reduced. The coping strategies and skills required change in their nature, as do the support services required. This can be accentuated when accompanied by additional disabilities such as physical and/or learning disabilities.

Some individuals who fit the definition of 'deafblind' prefer to describe themselves as having a 'dual sensory impairment', or as being 'hearing impaired and partially sighted' or as having 'vision and hearing difficulties'. Children may be described as multi-sensory impaired. The decision about how to describe vision and hearing loss is ultimately down to the individual. However, the use of a single broad term can be useful.

The difference between 'congenital' and 'acquired' deafblindness is important. Congenital deafblindness means dual sensory impairment from birth. Acquired

deafblindness means dual sensory impairment that occurs later in life. This may be as a result of a genetic condition (e.g. Usher), an injury, illness, trauma or accident or as a result of the processes of ageing. The impact of dual sensory impairment varies according to the individual. A significant factor in the impact of acquired deafblindness is the age of acquisition.

The responsibility for ensuring equality and access to resources and services belongs to everyone concerned. On the part of service providers there is a duty to anticipate requirements and make reasonable adjustments. Deafblind people can sometimes be unaware of the existence of social services and/or find it difficult to pursue services in this area. Under the new Guidance social service departments are required actively to identify deafblind people living in their area, and invite consultation on needs.

Deafblindness affects different people in different ways and an understanding of the way that the loss of both hearing and sight affects an individual is necessary when planning and providing services to this uniquely vulnerable group of people.

## **2. DEAFBLIND PEOPLE WITH ADDITIONAL NEEDS**

**Multi-Sensory Impairment:** Many people with a congenital dual sensory loss will have additional needs: learning disability, physical disability and medical needs. People with such complex needs are often described as having a multi-sensory impairment. For these people the combination of their sensory impairments and additional disabilities is so great that their ability to use any residual vision and hearing is severely compromised. They will need to receive individualised specialist input which recognises the complexities of their disabilities throughout their life. People will require specialist input in terms of their communication, adapted and appropriate environments, learning and developing skills, and mobility.

**Physical Disabilities:** People with dual sensory impairment who also have physical disabilities face challenges in accessing the support services used by those with no sensory impairment and even in accessing those services used by people with a single sensory impairment.

**Learning Disabilities:** People with a dual sensory impairment may also have learning disabilities and/or a delay to their development, either as a result of growing up with little, if any, vision or hearing or as a result of conditions/syndromes that can also cause dual sensory impairment.

**Mental Health:** Deafblind people are no less likely to suffer from a whole range of serious psychiatric conditions than anyone else. The same range of illnesses will exist in the deafblind community as exist in the hearing/sighted community. There can be, however, specific problems associated with the loss of sight and hearing. Coming to terms with the loss of a major sense requires emotional strength and determination.

**Older Adults:** The largest group of people with acquired dual sensory impairment is older adults. It is important to consider the nature of any previous sensory problem. The response (functionally and psychologically) of someone with no existing sensory loss to the onset of dual sensory loss may be profoundly different from that of someone with an established sensory impairment facing the additional loss of their hearing or sight.

**Members of black and ethnic minority communities:** People with dual sensory impairment who are also members of minority communities face complex issues. The need for the provision of information, support and services that are culturally sensitive should not be underestimated.

### 3. WHERE TO BEGIN

The first step is to conduct a needs and numbers survey to establish how many dual sensory impaired people there are in the local authority catchment area. One way to start is by estimating how many dual sensory impaired people *should* be in the area.

#### **Estimating numbers:**

The generally recognised estimate is that there are 40 deafblind people per 100,000 of the population, giving a total of approximately 24,000 in the UK. However, this

figure fails to reflect the extent of deafblindness in the older age group. This fast expanding age-group alone now contains well in excess of this total.

- A research project to identify the needs of adults with dual sensory impairment and their carers was carried out within the London in the London Borough of Barnet in 2000. Within a timeframe of four months, the project identified 323 individuals with dual sensory impairment in the borough. This exceeds, by almost three times, the anticipated numbers based on the formula favoured by Government agencies of 40:100,000. Of the 323, 80% were over 70.
- The National Service Framework for Older People (2001) estimated that 22% of people over 60 have both a visual and hearing impairment. For many, their dual sensory loss will be slight and will not cause them 'difficulties with communication, access to information and mobility' (DoH Guidance). But for a substantial minority it will. The 2001 census stated the number of people over 60 exceeded 12 million.
- *Think Dual Sensory (DoH, 1995)* states that 'local authorities can assume that half of the over 75s in their area who have a visual impairment will also be hard of hearing'.

## CHECKLIST 2: The Reviewing and Collation of figures

With an estimate for reference you should then begin reviewing and collating existing figures from the following sources:

- Cross referencing from the registers statistics submitted annually to the Department of Health (DoH) on people who are blind or partially sighted, deaf or hard of hearing or dual sensory impaired (BD8s etc).
- Needs mapping exercises from the housing-related support programme, 'Supporting People'.
- Estimates from local voluntary organisations and/or local groups (visually impaired clubs, deaf clubs, hard of hearing clubs).
- Existing statistics from Health Authorities, Primary Care Groups, Trusts, Child Development Centres and Special Needs Health visitors.

- Local Education Authorities including Special Educational Needs Officers, units for visually impaired pupils, schools and units for deafblind pupils, and schools for pupils with profound and multiple learning difficulties.
- Statistics from the Department of Employment.
- Statistics/estimates regarding numbers of older people in the area.
- Statistics from local hospitals (audiology and ophthalmology departments).
- Statistics from rehabilitation officers for visually impaired people.
- Statistics from the deaf services team, visually impaired team and the learning and physical disability teams, and children's services, etc.

#### 4. CONDUCTING THE SURVEY

##### Identifying individuals

In addition to estimating numbers, information regarding specific individuals should be gathered in order to begin to compile a record. A questionnaire could be designed and used to compile as much information as possible, sending it to:

- **Social Services:** Deaf teams, visual impairment teams, rehabilitation officers, older people's teams, learning disability services, disability services, sensory teams, home care, child care, residential services, 'meals on wheels' services, day centres.
- **Health Services:** Primary care groups, trusts, audiology departments, ophthalmology departments, district nursing, GPs, learning disability services.
- **Education Services:** All schools, special schools, and to the head of the SEN division of the Local Education Authority.
- **Housing Services:** Of all types.
- **Voluntary Sector:** All councils for voluntary services; local and national voluntary organisations connected in any way with sensory impairment; all clubs and support groups for deaf, hard of hearing, visual impairment, older and/or

disabled people; organisations serving ethnic minority communities and organisations; and services for people with learning disabilities.

- **Private Residential Homes:** All homes.
- **Posters/flyers** and other publicity material should be designed and made available to community services, waiting rooms, etc, and should be available in alternative formats, including other major languages. In Wales, these materials will need to be bilingual.

### **Information from deafblind people**

A second questionnaire can be targeted at deafblind people or, where appropriate, their carers. This can aim to identify unmet needs, and to gain information about the types of services that may be of assistance. In many cases, sufficient information will be gained from this questionnaire, but in other cases a visit will be required in order to gain the required information. If a questionnaire is not returned, then further enquiries or a visit should be made as a matter of course. Communication and other support may be needed for the person who is deafblind to be able to complete the form or answer questions during a visit. (See the section Making Information Available). Such an approach, however, must take care to ensure the resulting questionnaire does not play on a deafblind person's lack of expectations, or conversely, create unrealistic expectations.

### **Compiling a record**

Local monitoring officers/administrative staff should then compile a record of all known deafblind people. This should then be maintained and cross-referenced with other registers regularly.

Many local authorities prefer to work with a specialist organisation to carry out a survey. Contact details for these organisations can be found in the Appendix.

## **CASE STUDY 2: THE LONDON BOROUGH OF HAMMERSMITH AND FULHAM**

The London Borough of Hammersmith and Fulham has contracted a specialist organisation to carry out a piece of research into the needs and numbers of

deafblind people living within the Borough. Hammersmith and Fulham Primary Care Trust has supported this initiative.

The organisation will be working with the local authority to:

- quantify the number of people, of all ages, with a combined sight and hearing loss.
- ask these deafblind people about the quality of services that they use.
- gather information to plan for future services.
- offer deafblind people the opportunity to receive further information about the new register of people who are deafblind.

The research project is being run over the first 6 months of 2003 and is being carried out initially through questionnaires, with the assistance of social services, the education department, local charities and voluntary organisations. The project has been publicised through libraries, health centres, press releases and other coverage.

The questionnaires will be followed up with interviews with deafblind people to ask them in more detail, about the services that they use.

## **5. INFORMATION AND SUPPORT**

- Sense and Deafblind UK both have experience of working with local authorities on needs and numbers surveys of deafblind people. Contact details are in the Appendix.
- Copies of the Department of Health's report *Think Dual Sensory* can be downloaded from their website at [www.doh.gov.uk/tdsfinal.htm](http://www.doh.gov.uk/tdsfinal.htm)
- The Barnet research project was carried out by Sense South East, and the results published in a report, '*We know You're out There!*' in February 2000.

# MAKING INFORMATION AVAILABLE

"2.1 Authorities are asked to take the following action: *Provide information about services in formats and methods that are accessible to deafblind people*

From: Local Authority Circular LAC(2001) 8

Local authorities have a duty to make information on services accessible to everybody. Published material needs to be accessible in terms of language and presentation, and needs to meet the requirements of the Disability Discrimination Act (DDA).

## **Communicating with a deafblind person**

Communication with a deafblind person will need to be via a communication method the person can understand and use. The method used will depend on the ways the person sends and receives communicative messages. Deafblind people may use one method of communication expressively and another receptively, for example a person who was born with a visual impairment and acquired a hearing impairment in later life may use the manual alphabet to receive communication but speak to express themselves.

The factors determining the methods of communication used by deafblind people are influenced by: how much hearing and vision the person has, the age of onset of deafness, blindness or deafblindness, whether the person has acquired formal communication skills before becoming deafblind and any additional physical or learning difficulties the person may have.

## **1. WHAT LOCAL AUTHORITIES NEED TO DO:**

- Make all written information simple and easy to read. In Wales, all information should be bilingual.
- Tell people what can be provided in different ways, including other formats such as audio or video tape, braille, etc.

- Be aware of cultural differences that could disadvantage people from some ethnic minorities in using services, and make adjustments that remove the barriers.
- Ensure that consultation processes are accessible to deafblind people.
- Understand what “reasonable adjustment” means under the DDA.
- Understand why some disabled people have particular requirements and know how best to meet them.
- Ensure that the use of information technology takes into account the needs of disabled people.
- Treat disabled people with courtesy and respect by using appropriate language and following disability etiquette.

## **2. DIRECT COMMUNICATION METHODS**

These methods are used in person-to-person meetings with some also used in larger meetings. Where interpreters are used they should have appropriate interpreting qualifications.

### **Sign Languages**

British Sign Language (BSL) is the language of the Deaf community and is used by many people who are deaf. There are also sign systems in use, including Sign Supported English (SSE), Paget Gorman and Makaton. In addition to these common systems people can develop idiosyncratic or personal signs known only to themselves and their immediate family and carers ('home sign'). For formal sign systems an appropriately qualified interpreter, with deafblind skills, is usually needed. For idiosyncratic signs, reliance must be placed on people close to the service user.

There are many sign languages and when dealing with people who were not educated in this country, or who have spent a significant time abroad, or in contact with native signers using a different sign language, it is important to be aware that they may use a different sign language such as Irish Sign Language (ISL). Alternatively, people may incorporate significant elements from that language into

their communication. There are also significant regional differences in BSL within the United Kingdom that may need to be taken into account.

Deafblind people who choose to use sign language may use one of the following methods of receiving the sign.

- **Visual Frame Signing (VFS):** The sign is kept within the visual frame of a deafblind person who has a reduced field of vision. The appropriate position to sign needs to be checked with the individual.
- **Close Signing (CS):** This is used by some people who can only follow signs close up. The appropriate distance and speed of signing needs to be checked with the individual.
- **Co-active signing (also called Hands On Signing):** The deafblind person places their hands over or under those of the signer and follows the sign.

**Tadoma:** Tadoma involves the deafblind person resting a hand on the throat of the person who is speaking and using the vibration and movement to help them follow the speech.

**Block:** This involves using the forefinger to trace out capital letters on a deafblind person's palm.

**Deafblind Manual Alphabet:** An alphabet that is made by one person onto the deafblind person's hand. It is similar to the BSL finger-spelling alphabet and is easy to learn as an expressive tool, but much less easy to learn to receive.

**Computer Aided Transcription (CAT):** Also known as Keyboard Interpreter, CAT provides access to spoken language using a computer system. An operator types a verbatim record of what is said on a Querty or Palantype keyboard. The text is displayed on a screen (with magnification appropriate to the individual) or a braille display.

**Lip speaking:** Lip speakers work with deaf and hard of hearing people and deafblind people, who communicate through lip-reading and speech. A hearing person might also use a lip speaker to communicate with deaf or hard of hearing people.

**Objects of Reference:** Objects of reference is a term that describes the use of objects as a means of communication. Objects, just like words, signs and symbols, can be made to represent those things about which we all communicate, such as activities, events and people.

**Clear Speech**

**Note writing**

**Individual's own personal signs**

**A combination of any of the above**

### **3. DISTANCE COMMUNICATION METHODS**

These are methods that are used to communicate over a distance.

**Voice phone:** The standard phone.

**Textphone (or minicom):** Textphones use a Qwerty keyboard to send or receive text over a phone line. Both sender and recipient need a textphone.

**Text Direct:** Run jointly by BT and the Royal National Institute for Deaf People (RNID), this relay service allows voice calls to be changed into text calls or vice versa.

There are no braille textphones currently available. However, computers with braille screen readers can be configured to work as braille text phones.

**Video Phone:** Video phones (or computer based video conferencing) can be useful for some sign language users.

#### **SMS text/mobile phones**

**Fax:** Faxes can be sent to many people with partial sight, provided the sender writes them in sufficiently large and/or bold print.

**Email:** Emails are likely to become more and more popular. This is because computers can be adapted to an almost limitless number of different formats, to suit virtually every deafblind person's needs.

**Letter:** Letters can be sent in a variety of formats; these include large print, braille, moon, signed video and audiotape.

**Video Phone:** Video phones (or computer based video conferencing) can be useful for some sign language users.

#### **4. REVIEWABLE COMMUNICATION METHODS**

Reviewable communication is particularly important and often inaccessible to deafblind people. It is information in a form that can be referred to and reviewed when necessary. Complex information often needs to be reviewable. Examples of this kind of information are minutes of meetings, policy documents, tribunal decisions, and contracts. The following formats will enable many deafblind people to access information. However, for some, only person-to-person communication (facilitated, as required) will be effective.

**Large Print:** A simple font (e.g. Arial) in at least 14 point bold on paper with a matt finish can be read by many people with partial sight. Some people require larger font sizes. Individuals should always be asked what font they need, and the most helpful background colour of paper. For example, pale yellow is popular with some people with Usher syndrome.

**Braille:** Braille uses different combinations of six raised dots to indicate the letters of the alphabet, spelling patterns and words. The reader reads by running their index finger over the dots.

**Moon:** A simple tactile alphabet, similar to the Roman alphabet that needs less sensitivity in the finger than braille.

**Computer Text File:** People who use braille screen readers or text to speech software may prefer to receive information in the form of text files. These can be as

emails or sent on computer disk. The most accessible format is plain text.

Acceptable formats should be checked with the individual.

**Audiotape:** Audiotape can provide accessible reviewable information to people who have some hearing but no sight. Tapes should be recorded on good quality equipment in a quiet environment.

**Videotape:** There are 70,000 people in the UK whose first or preferred language is BSL. For many of these people English is a second language. Accessing information in written text is not a straightforward option for many deafblind people. BSL is a language of space and movement, using the hands, body, and face, and can only be successfully recorded on film or video. Videos in sign language can provide accessible reviewable information to people who use sign. Where the intended recipient is known then the person signing the video should adapt their sign to that individual, if appropriate.

## 5. PLANNING FOR MEETINGS

Communicating with groups of deafblind people, such as for the purposes of a consultation exercise, and communicating with individuals, such as in the course of an assessment, involve some differences in approach. In the Assessment section of this pack you will find guidelines on planning meetings involving individuals with acquired dual sensory impairment. When planning conferences involving people with acquired sensory impairment the following guidelines should be followed:

- The specific communication, information and mobility needs of the deafblind participants must be identified, and appropriate arrangements made.
- A suitable venue will need to be identified. The venue must be able to accommodate all participants' needs, e.g. loop systems, access, lighting, guiding.
- All those who are invited to attend will need to be informed of the meeting and its purpose, in an appropriate communication format, e.g. braille, etc. If this is not possible, a representative from the authority, with appropriate communication

skills or support, will need to visit them at home to communicate the information to them.

- Plenty of time needs to be allowed for setting up and testing equipment before the meeting is due to start. This could include testing an induction loop, setting up a palantype screen for one user to follow and arranging lighting and seating for other users.
- Such consultation meetings need to move at a slow pace. Set aside the whole morning or afternoon to ensure people have plenty of time and are not rushed. Meetings should finish in time to allow people to travel in daylight, whenever possible.
- The person who chairs the meeting will need to be patient and have a good understanding of deafblindness and the needs of deafblind people and their interpreters in a group meeting. Regular breaks will need to be agreed and built in (e.g. 5 minutes every 25 minutes of meeting).
- An agenda should be set which clearly identifies the main subjects to be discussed. The agenda must be distributed to all who will be attending well before the meeting takes place.
- During the meeting it will be necessary to encourage all deafblind people to participate. This can be achieved by going round the room, giving each person an opportunity to respond to each question or point.

### CASE STUDY 3: NORFOLK COUNTY COUNCIL

Norfolk County Council have some of the most comprehensive services for deafblind people in the country. The need for accessible information has not been overlooked and in 2002 the Council, in collaboration with Norfolk Health Authority and representatives of the area's voluntary sector, a comprehensive guidance document entitled, *Accessibility Matters: Norfolk Guidelines on making information accessible*.

The document begins with the advice that all leaflets and other printed forms of communication designed for the public should contain the following statement in font size 14 and in a sans serif font:

‘If you would like this (leaflet/report/document) in large print, audio, Braille, alternative format or in a different language please contact (name) on (number) (minicom), and we will do our best to help.’

**The guidance goes on to provide detailed information on:**

- Local translation and interpretation and communication services with advice on commissioning these services
- Advice on cultural diversity with advice on language use and disability etiquette.
- Sensory disability, (including sections on conversation, plain language, print guidelines for leaflets and promotional materials, display boards and posters, making standard letters accessible, fax and photocopying).
- Comprehensive guidance on other forms of communication.

**Leaflets, forms and reports in a variety of large print formats**

Norfolk County's Deafblind social worker found this to be the information format favoured by most deafblind people, many of whom have some residual sight. As information is quickly out of date, rather than hold large stocks of literature in large print, it is proved more effective to respond quickly to particular requests for information. The social worker does carry an example of a leaflet in a variety of print sizes to ascertain a client's preference and thereafter all subsequent information, including assessment literature, is produced in the appropriate print size. Many deafblind people express a preference for brief summary information (e.g. of services to be provided) in large print and the full information in standard format for relatives or carers to read.

A range of transcription services, BSL video tapes and audio cassettes are all commissioned from organisations within the county.

## 6. INFORMATION AND SUPPORT

A range of local and national organisations can support local authorities that need to provide information in accessible formats. Full contact details for the following organisations are available in the Appendix.

### **The Royal National Institute for the Blind** [www.rnib.org.uk](http://www.rnib.org.uk)

- The RNIB has considerable expertise in the field of accessible print formats.
- Its 'Clear Print Guidelines' can be followed immediately and at virtually no cost.
- Its Transcription Service is available through a network of centres across the country.

### **The Royal National Institute for the Deaf** [www.rnid.org.uk](http://www.rnid.org.uk)

RNID's Communications Service Units are based throughout the UK and can provide a range of services. These include:

- Sign language interpreters (BSL)
- Deafblind interpreters
- Sign supported English (SSE)
- Video Interpreting
- Lip-speakers
- Note-takers
- Speech to text operators (Speed Text and Palantype)

### **The British Deaf Association** [www.bda.org.uk](http://www.bda.org.uk)

The BDA has specialist skills in multimedia projects, making advice and information on a wide range of subjects available in British Sign Language, for instance on video, CD ROM and DVD.

### **Sense** [www.sense.org.uk](http://www.sense.org.uk)

Sense's Transcription Service can provide print to braille, print to large print;, print/braille to audio cassette, print/braille to computer disk or CD-ROM and also binding and labelling. Layout and format of a particular leaflet, letter or information pack can be tailored to the individual.

**The Council for the Advancement of Communication with Deaf People**

[www.cacdp.org.uk](http://www.cacdp.org.uk)

- CACDP provides information on interpreters in their Directory, and factsheets on communication methods in general, via their website,
- CACDP does not offer training itself but does offer high quality nationally recognised assessments and accreditation in British Sign Language (BSL) and other forms of communication used by deaf people, and delivered by Deafblind UK, Sense and the RNIB. For details see the Training Section.

**The Disability Rights Commission**

Section 21 of the Disability Discrimination Act 1995 requires that people providing a service must ensure that it is accessible by providing information about the service in "alternative" formats (like large print, braille, tape, disk, telephone etc). Though statutory services are largely exempt from the Act, information providers are not, so in this respect you will want to abide by these standards. There are also implications in the Human Rights Act 1998, which protects the right of the individual to "privacy, family life, home and correspondence" meaning that confidential information should not have to be shared with another person (on whom you have to rely to read it to you for example).

For information on the Disability Discrimination Act and the duties required of local authorities, contact the Disability Rights Commission. [www.drc-gb.org.uk](http://www.drc-gb.org.uk)

# ASSESSMENT

"2.1 Authorities are asked to take the following action: *Ensure that when an assessment is required or requested, it is carried out by a specifically trained person/team, equipped to assess need for one-to-one human contact, assistive technology and rehabilitation*

From: Local Authority Circular LAC(2001) 8

An assessment is the crucial first stage in addressing the particular needs of the individual deafblind person. It provides a foundation on which a plan can be made and services provided. The guidance requires that assessments are carried out by a member of staff appropriately qualified in working with deafblind children and/or adults and with sufficient experience of this type of work.

To meet the requirements for providing specialist assessments local authorities have three options:

**Employ your own:** In some local authorities this work is included as a part of a specialist deafblind worker's role.

**Grow your own:** In other places the work has been taken on by staff who have undertaken training and obtained specialist skills in deafblindness, in addition to their existing skills in either sight or hearing loss.

**Use outside specialists:** Some authorities have contracted services from organisations that work with deafblind people, notably Sense, Deafblind UK, RNIB and RNID.

## 1. THE ASSESSMENT OF CHILDREN

A deafblind child's assessment will need to be carried out by an appropriately qualified and experienced specialist. Local authorities may need to bring in a specialist agency to provide this service.

The prospects for deafblind children are dramatically improved with early intervention. Because deafblindness affects all areas of development including the formation of parent-child relationships, advice and support to the family is vitally important. Families and children benefit greatly from a multi-agency approach involving a range of professionals, including specialists from health and education, who can share their knowledge to provide support. *Effective* multi-agency working can help to minimise the stress these procedures can sometimes cause the parents and child. It is important to involve the child and listen to what they have to say.

### **The purpose of assessment**

Whether the child has been deafblind from birth or has acquired a dual loss, the purpose of the assessment is to provide a description of a child's level of **sensory, motor, cognitive and communication** function.

The assessment should be set in the context of the clinical information including aetiology, visual acuity and hearing thresholds, and the assessor should integrate this information to provide a rounded picture/commentary of the child's needs and provide useful recommendations about strategies to meet them.

### **The format of the assessment**

Local authorities may wish to incorporate a deafblind assessment *within* the format of their Core Assessment Record, with its framework triangle of 1) the child's developmental needs, 2) family and environmental factors, and 3) parenting capacity. Although the Core Assessment Record is the responsibility of social services staff, it has been designed to be interdisciplinary in approach so this should be possible. Where appropriate, a specialist agency could take responsibility for the first category, collaborating on the second, and leaving the third to the statutory authority.

**CHECKLIST 3: Child assessment details**

A deafblind assessment should take account of specialist observation, discussion with the family and others who know the child well, hands-on activities and appropriate assessment tools. The following should be covered:

- Communication needs
- How the child uses their vision and hearing
- Mobility needs
- Learning needs and learning style
- Educational needs including:
  - 1) Provision which provides access to the statutory curriculum and specialist aspects of learning e.g. sensory awareness and skills, communication, mobility, independence skills
  - 2) Learning environment which is adapted to meet child's sensory, communication and mobility needs
  - 3) Access to staff who have training and experience in the education of deafblind children
  - 4) Provision of adapted materials and specialist equipment (both staff and the child should receive training on the use of equipment)
  - 5) Information provided on opportunities to meet children with similar sensory impairments and communication needs in social, sporting or leisure context
- Family needs
- Social needs
- Peer group
- Medical needs

## **The report**

The assessment information will form a report. It should distil what has been learned during the assessment process and make observations and recommendations about the type of support each child might need to gain full access to the social environment. This may include:

- Human support via an intervenor or communication support worker
- Physical adaptations to the home
- Support to do school homework
- How to enable a child to access an after school club, or to attend scouts/guides or other leisure and sports activities

## **2. THE ASSESSMENT OF ADULTS**

The assessment of deafblind adults should provide as full a picture as possible of the person's needs. It should be conducted in accordance with other relevant government initiatives as they apply to the individual, e.g. the 'National Service Framework for Older People' and 'Valuing People - A new Strategy for Learning Disability' .

### **The assessment of adults with acquired deafblindness should include:**

- The degree of hearing and sight loss, and the functional impact of this on everyday life.
- Other health conditions or medical needs
- Communications needs - both expressive and receptive
- Mobility and independence skills
- The potential for learning new skills and the appropriate time to introduce them
- Support in the home
- Equipment and adaptation requirements
- Social work support
- Welfare benefits and other finances
- Emotional and spiritual needs

When assessing **congenitally deafblind adults** the following issues should also be covered:

- Use of other senses
- Independence and self-help skills
- Ways to introduce new skills
- Day provision needs
- Environmental needs
- Social needs
- Leisure activities
- Staffing implications
- Residential needs

Carers' needs should be separately assessed from those of the deafblind person.

The assessor will need to establish the deafblind person's preferred mode of communication. Communication may be via a person (such as a carer, relative, friend, interpreter or advocate), or a method (such as large print, braille, etc), or a combined approach. Taking care to clarify this, and incorporating the view of the deafblind person, will bring several benefits: it will avoid workers and others acting on wrong assumptions; it will signal a wish to establish a relationship with the deafblind person; and it will enhance the status of both the deafblind person and their preferred communication method.

The assessment process should allow for the extra time needed to assess the deafblind person properly. Some practitioners find that the initial assessment will usually take up to three hours, and is best conducted as two or more home visits. Deafblind people will generally feel safer if a known and trusted person is with them, and they should be encouraged to suggest an appointment time that makes this possible. If interpreters are to be booked, then this too will need to be co-ordinated in advance.

### **Adults with congenital deafblindness**

When assessing adults with congenital deafblindness it is crucial to use a multi-disciplinary approach consulting as many people as possible involved with the

person. The most important people to discuss needs with are carers/parents, day support staff and of course the deafblind person concerned.

Assessment approaches should include observation, discussion with those who know the person well, the use of assessment tools and hands on activities. An adult with congenital deafblindness may need intervenor support to access the activities available at the local day centre, college of further education or workplace, as well as their chosen social activities.

### **Following the assessment**

The assessment informs the care plan. Everyone will need to be clear about who holds responsibility for developing, monitoring and reviewing individual plans. The plan should be recorded in a format that enables the deafblind person to keep their own copy, with time to go over it in the privacy of their home or with friends.

Reviews need to be held regularly and, if they reveal changed circumstances, the care package should be adjusted as necessary.

### **CASE STUDY 4: WALSALL METROPOLITAN BOROUGH COUNCIL**

Walsall Metropolitan Borough Council has developed a two-stage assessment process for deafblind adults.

**Stage One:** A Communicator Guide assessment is carried out over a 4 to 8 week period by the Deafblind Service Co-ordinator. The purpose of this is to clarify the one-to-one support requirements.

An in-depth report is written under the following headings:

- Vision
- Hearing
- Communication
- Mobility
- Interaction with others
- Best practice
- Behaviour/emotional
- Religion/culture

And identified needs concerning:

- Relieving isolation
- Accessing community/leisure activities
- Communication
- Practical assistance
- Companionship

The report also includes:

- A daily record of activities undertaken.
- Recommendations and costs of external service providers (e.g. Sense and Deafblind UK) compared with internal provision from Social Services.

This report is then forwarded to the individual, the social worker and the chosen provider by the fourth week of the assessment. The one-to-one support is continued for another 4 weeks to ensure continuity before the new support arrangements are made.

**Stage 2:** A meeting or meetings where the evidence previously gathered is used to decide the level and type of support needed thereafter. At the meeting the following points are covered:

- Is an assessment needed for any carer?
- Have any risks been identified?
- Sight - details. Does visual impairment restrict or cause difficulty in completing daily activities such as personal care, preparing food, getting around, reading and writing? Does the person agree to a visual impairment assessment?
- Hearing - details. Does the hearing impairment restrict any daily activities including the use of telephone, doorbell, alarms, TV, radio?  
Does the person agree to hearing impairment assessment?

Effects of combined loss - does the combined loss result in difficulties with:

- Social interaction/isolation?
- Mobility? Communication?
- Accessing leisure activities?
- Accessing information?

- Human contact? Reading?
- Keeping appointments?
- Agree to Registration as Deafblind?
- Communication needs/preferred formats
- Receptive communication
- Expressive communication
- Current Support Services
- Other assessments required from?

**Stage 3:** This is completed jointly with the person's care manager/social worker when the need for one-to-one support has been established. This includes:

- Medical conditions
- Client's view of needs/problems
- Carer's view of needs/problems
- Assessor's view of situation and recommendations/appropriateness of existing services.
- Line manager's comments/actions

A copy of the assessment goes to the to the client along with a comments, compliments and complaints booklet.

### **3. THE ASSESSMENT OF OLDER PEOPLE**

To date, many older deafblind people (those over 65) have not received a specialist a deafblind assessment. The vast majority will access services and support via teams for older people and will be assessed under those criteria, which very rarely consider the impact of vision and hearing loss upon the individual. In England, a deafblind assessment should be cross referenced and integrated with the National Service Framework for Older People. A National Service Framework for Wales is due to be agreed in 2003.

**CHECKLIST 4: A model assessment of an older person should ideally cover the following areas in detail:**

- Functional Assessment of Vision and Hearing loss:** Recent clinical assessments of vision and hearing may be available. However, it should be remembered that these only provide a scientifically measured insight into what a person can see and hear. A functional assessment of vision and hearing considers how a person is able to use their residual vision and hearing in day to day situations and environments. The assessment will provide information about what a person is able to see and hear in their own home, day centre, school, etc. This will inform decisions over adaptations to be made to the environment, equipment and communication, enabling the deafblind person to maintain as much independence as possible.
- Mobility:** This should include difficulties that relate to other health issues, as well as those related to vision and hearing loss, e.g. the use of a walking frame, arthritis, and slower pace.
- Communication:** Most older people will have age related vision and hearing loss and may prefer speech-based communication. However, any assessment should consider the impact of any future deterioration in vision and/or hearing and the changes that this would mean for maintaining communication. As most alternative methods of communication require some levels of literacy, this should also be considered.
- Daily Living:** Many assessment protocols for older people place heavy emphasis on personal care. Whilst this can be an area of difficulty for some older deafblind people, often the difficulties they encounter due to vision and hearing loss are not recognised. For example, many older deafblind people are able to deal with most things within their own home, as they have the knowledge and control of the environment. However, once outside their front door, where the environment is constantly changing, they will experience great difficulties. So, someone who is able to cook their own meal within their own home may not be able to shop for the ingredients for that meal. It is vital that the assessment

protocol is devised to incorporate such factors, and that this is integrated with the National Service Framework Assessment processes.

- Leisure Activities:** For many older deafblind people, boredom and depression are significant factors. Many are no longer able to see or hear the television or listen to the radio, or read. This lack of purposeful activity is often not considered a serious factor by statutory agencies, but the resulting isolation and depression can have a definite impact upon the individual. Consideration should be given to accessing activities, or introducing new opportunities as part of supportive and preventative care.
- The goals of the individual:** We all have things that we want to achieve. Older deafblind people are no different in this regard, and be their goals domestic, social or vocational, these goals should be central to the action planning that follows their assessment.
- Finances:** Many older deafblind people are unaware of benefits (or changes in benefits), as they cannot access the relevant information. The assessment should consider what additional support might be necessary beyond the assessment if financial issues need to be addressed.

These topics are not an exhaustive list, but should be considered as the core of any assessment that is undertaken.

#### 4. INFORMATION AND SUPPORT

As mentioned earlier, local authorities have three options:

**Employ your own specialist:** In some local authorities this work is included as a part of a specialist deafblind worker's role. Both Sense and Deafblind UK have collaborated with local authorities on projects involving the development of this kind of role.

**Grow your own:** In other areas the work has been taken on by staff who have undertaken training and obtained specialist skills in deafblindness, in addition to

their existing skills in either sight or hearing loss. This accredited training is provided by Sense, Deafblind UK and RNIB.

**Use outside specialists:** Some authorities have contracted services from organisations that work with deafblind people. Sense, Deafblind UK and RNIB can provide for specialist deafblind assessments of adults. Sense can also provide child assessments. All contact details in the Appendix.

### **Sense**

Sense can provide access to specialist assessments conducted by skilled and qualified professionals with many years experience of working with deafblind babies and children through to older adults.

For assessments, Sense offers:

- Comprehensive assessments of individuals in a variety of settings covering all areas of development: communication; multi-sensory needs; vision and hearing; living skills; mobility and behaviour.
- Children will usually be assessed at home or in school, whilst adults may be seen in their home or day placement. In areas assessments can be carried out at Sense facilities.
- Functional and developmental assessment reports for community care assessments, or as part of the Statement of Special Educational Needs.

# SERVICES, INCLUDING ONE-TO-ONE SUPPORT

"2.1 Authorities are asked to take the following action: *Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be 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....*"

From: Local Authority Circular LAC(2001) 8

## 1. DEVELOPING SERVICES

An audit of current services by social services, other local authority agencies and voluntary organisations will give an overview of services already provided for people with sensory impairments including those with additional disabilities. A brief questionnaire is likely to provide enough information in a manageable form. You should include requests for estimates of how many dual sensory impaired people use these services.

### **In planning services, account should be taken of the following:**

- Identification of the level of need, including specific identification and recognition of deafblind people.
- Examination of the range of needs presented by deafblind people.
- An earmarked budget for specialist services required to meet needs.
- Provision for a purchaser with assigned responsibility for the needs of deafblind people.
- Provision for communication, mobility and rehabilitation training.
- Ongoing awareness and training programmes across a range of decision makers and practitioners.
- Monitoring, review and evaluation of services involving deafblind people, advocates/family.

## 2. ONE-TO-ONE SUPPORT

"2.1 Authorities are asked to take the following action: *Ensure they are able to access specifically trained one-to-one support workers for those people they assess as requiring one.*"

From: Local Authority Circular LAC(2001) 8

Local authorities may adopt one of the following approaches

- **Create new posts within the existing structure:** Full/part time Communicator Guide and/or intervenor posts can be created in the existing local authority specialist provision.
- **Contracting the service to another organisation:** It may be possible to contract a specialist organisation to provide the service on your behalf. Much depends on the number of hours required and the area of operations. Alternatively, it may be possible to work in partnership with a specialist voluntary organisation.
- **Adapt or develop existing services:** Some posts such as home carers may already be visiting the deafblind person in another role, in which case additional training in mobility, communication, etc will be needed and may go some way to meeting needs. However, it must be understood this kind of service has its limitations and is no real substitute for Communicator Guide and/or intervenor services.

One-to-one human support will represent a vital service for many deafblind people. There are three main types: Communicator Guides, intervenors and interpreters.

### Communicator Guides

Communicator Guides help people with acquired deafblindness or dual sensory loss - people who have developed sight and hearing difficulties in later life. The problems caused by dual sensory loss can lead to people becoming increasingly withdrawn, depressed and isolated. Yet with the right help, deafblind people can live fulfilling lives both at home and in the community. Communicator Guides aim to help people live as fully as possible.

For someone who acquires deafblindness in later life, a small amount of assistance specifically targeted at their greatest needs may be all that is required. This might involve the provision of a Communicator Guide for up to 6 or 8 hours a week. For someone with greater needs, the provision required could be in excess of 20 hours. Sometimes the hours needed may increase over time. This increase should not come as a shock to the commissioning social services officer, or be regarded as some kind of failure. It is evidence that the deafblind person is being supported to live a more active life.

### **How can Communicator Guides help?**

Communicator Guides act as the eyes and ears of a deafblind person and help them to carry out daily tasks. This might include:

- Visiting the deafblind person at home, to help them deal with correspondence and bills
- Acting as an escort when someone goes to work, shopping, visits friends, or takes part in leisure activities. The Government's Access To Work initiative can provide employers and disabled employees with advice, information and financial support (see Information and Support at the end of this section).
- Accompanying the person on an appointment to facilitate communication.

Communicator Guides are seen as a valuable addition to - rather than a substitute for - other services such as home helps and visits by social workers. They will be trained in deafblind awareness, different deafblind communication methods such as clear speech and the deafblind manual alphabet, the guiding of deafblind people, and First Aid to a required standard. Communicator Guides will normally be expected to have the appropriate qualification (Level 3 – *Communicating and Guiding with a Deafblind Person*. See the Training section) from the CACDP - and may be required to have additional skills to a high level, such as BSL and hands-on signing.

## **Intervenors**

Intervenors usually work with children and adults who are congenitally deafblind. Acting as a mediator between the deafblind person and the world, their role is to enable the individual to benefit from learning and social experiences, to enable effective communication and the receipt of clear information.

An intervenor helps promote personal growth, communication and development, following a carefully planned programme tailored to the needs of the individual. Intervenors work with children in schools, as well as providing support for both children and adults in the home and community environments. Intervenors will usually use a total communication approach involving the use of speech, sign, natural gesture, object cues and objects of reference to encourage the person to develop a communication system and respond to whatever method of communication the person uses. (Objects of reference are objects used as a means of communication.)

Intervenors should have specialist training; however this training is in short supply. According to our research, only Sense currently runs such a course. The National Organisation of Intervenors (NOI) keeps a register of trained intervenors and can provide further information on the role. The NOI is a membership organisation of people who are working as intervenors in the UK with an adult or child. The organisation is run by a steering group who meet regularly and arrange an annual training event to enable intervenors to meet together and share ideas of good practice.

### **CASE STUDY 5: LINCOLNSHIRE COUNTY COUNCIL**

Lincolnshire Social Services Intervenor Scheme employs intervenors to visit service users and their families during evenings or weekends. The scheme has expanded in recent years. The scheme's manager explains,

"Having a scheme, rather than individual packages, means we can plan how to use our resources and employ a number of intervenors. The greatest benefit I see is in helping children to develop their potential, but it also has real benefits for families. Whether it's time to catch up on ironing, do something with your other children, or

just put your feet up with a gin and tonic, it's something practical and positive. If families don't get any support, it may lead to family breakdown."

Intervenors also work closely with families to help them to find ways to communicate with their children. A Lincolnshire parent whose 15 year old deafblind son received support from the scheme, said,

"Looking after Stephen was a 24 hour job, and having intervenors come into the house two evenings a week was like a gold mine. It gave me time to speak to my other children and to do things like spelling tests with them. We used to say that the night the intervenor came was the only time we got a proper meal. The other children have each other, or can watch television, but it was hard to cope with the guilt feeling of Stephen just lying there. He would have no stimulation unless you were touching him or putting something in his hand."

Now Stephen is learning to read and write, he has joined the Scouts, his confidence has developed and he has made some friends. According to his mother, the intervenors have helped in numerous ways, including feeding and choosing toys, through to helping Stephen learn to understand his environment.

"They've taken him out for walks, and it might be only 500 yards down the road, but there's so much stimulation. You can pick up a leaf and crunch it near his face , so he can smell it. We still do that with him. I can't understand why everyone with disabilities like this can't have an intervenor. It introduces them to the outside world, and otherwise they are just so isolated."

### **Interpreters**

An interpreter trained and qualified to work with deafblind people is a professional who acts as a communication link between the deafblind person and other people. The interpreter will relay to the deafblind person, in his or her preferred mode of communication and speed of reception, exactly what the other person has said and vice versa.

An interpreter is independent and at no time should become involved in the conversation, other than, where necessary, to ask people to repeat or slow down in

order that they and the deafblind person can follow what is being said. It is important to ensure that they have the appropriate communication skills to suit the individual deafblind person.

**An interpreter should be used:**

- To facilitate any conversation between a deafblind person and another person if either party is unable to communicate directly with the other, or if it is felt by either party to be more effective or convenient to use an interpreter.
- For a conversation, meeting, appointment or interview involving the deafblind person and more than one other person.
- During conferences, consultation meetings and social events or activities at which a deafblind person will be participating.
- At meetings, carers and family members should not be required to act as interpreters

### **3. ACCESS TO A FULL RANGE OF SERVICES**

In addition to one-to-one services, it is important to recognise the range of services that may be required and which may require tailoring to the individual needs of deafblind people. This does, of course, have implications for the training of staff across service provision (see the Training section). The services covered by a full assessment - and therefore potentially required - are as follows:

#### **CHECKLIST 5: Access to other services**

**Access to news and information**

- There should be known sources of comprehensive information in various accessible forms such as large print, braille, tape/CD, simple written language supported by symbols, etc. Information should also be appropriate to the needs of ethnic minorities.
- Awareness of available resources.
- Provision of necessary equipment, training and interpretation.
- Some deafblind people may require one-to-one support for all communication needs.

**Help and assistance to go about personal, occupational and recreational affairs.**

- A service of trained guides/interpreters to work in formal / informal settings.
- Social workers with additional training for working with deafblind people.
- Specialist help and home help when needed.
- Specialist equipment for use in the home for communication and daily living. e.g. loop systems and flashing door alarms.
- Easy access to statutory and community services. Liaison with other agencies e.g. health and the adoption of a 'holistic' approach to the needs of the deafblind person is a prerequisite of this and many other points listed here.
- Consultation and involvement in plans and decisions affecting the wellbeing of the deafblind person. This should include deafblind people and their carers being part of a consultation process which should be as wide ranging as possible, covering meetings, one-to-one visits, etc. Meetings need to take account of the widely differing communication and access needs of dual sensory impaired people, and a series of smaller meetings may be preferable to a large meeting.
- Assistance with purchase of relevant services.

 **Opportunities and preparation for work/education.**

- Training and rehabilitation. Workers will need training and experience of working with deafblind people, and may need access to communication support/training.
- Necessary support in the workplace, i.e. equipment, advisory services for employer and employee. The Government's Access To Work initiative can provide employers and disabled employees with advice, information and financial support.
- Meaningful occupation for those unable to secure employment.

 **Regular contact with others**

- Via contact with individuals or clubs/groups, including day centre services, if appropriate. Often existing resources can be utilized here.

**Mobility**

- Mobility officers who have additional training in working with deafblind people and people with multiple disabilities.
- Access to transport services, and the recognition that mainstream transport options may not be appropriate.

 **Counselling**

- To make the best possible adjustments to existing or developing disabilities. For some deafblind people access to a deafblind club or a peer mentor scheme may represent a valuable form of support.

 **Adaptation of environment to maximise independence**

- Task lighting, etc to maximise the use of residual vision, good general lighting without glare, and use of contrast to highlight doors.
- Inclusion of helpful features as a common element in design, such as white edging strips to stairs, secure handrails, etc.
- Reducing visual and auditory clutter from rooms.
- Providing an acoustically friendly environment to maximise use of residual hearing.
- Occupational therapists who have additional training in working with deafblind people to advise on adaptations.

 **Accessibility to leisure and recreational facilities**

- Support for self help groups.
- Respite services (for children and adults).

 **Access to welfare benefits**

- Checks to ensure full entitlements are being claimed by deafblind people and their carers.

## 4. INFORMATION AND SUPPORT

### Communicator Guides

- Sense, Deafblind UK and the RNIB all offer Communicator Guide training and services on contract for local authorities seeking to meet their obligations under the Deafblind Guidance.

### Intervenors

- Sense runs a 5 day training course for intervenors working with children and adults and Sense can provide contracted intervenor services.
- The National Organisation of Intervenors can be contacted c/o Sense Head Office.

### Interpreters

- All the organisations listed here should be able to advise on where to find interpreters with experience of working with deafblind people.
- CACDP's online directory contains information about all Human Aids to Communication (HACs). Access is by annual subscription ([www.cacdp.org.uk](http://www.cacdp.org.uk)).
- The Royal Association for Deaf People's online UK Community Support Directory lists agencies for interpreters and registered freelance interpreters. [www.royaldeaf.org.uk](http://www.royaldeaf.org.uk)
- The British Deaf Association can provide contact details for registered interpreters.

### Other Services

- **Sense** runs a network of local branches for deafblind people and their families, and peer mentor and counselling groups. Sense also organises respite breaks, weekends and holidays for families with deafblind children and for deafblind adults, allowing them to try new experiences in a highly supportive environment - personal programmes, where appropriate, are planned to ensure the right level of staff support is provided. Details can be obtained from Sense Head Office or at [www.sense.org.uk](http://www.sense.org.uk)

- **Deafblind UK** runs a Helpline and offers specialist rehabilitation services to help those who become deafblind in later life to acquire new skills for daily living and mobility. Details can be obtained from Deafblind UK's Head Office or at [www.deafblind.org.uk](http://www.deafblind.org.uk)
- **Access to Work (AtW)**: AtW is a programme run by the government to provide advice and information to disabled people and employers. Through Jobcentre Plus, AtW will pay some or all of the costs of extra support an individual may need at work because they are Deaf or deafblind. There is a factsheet available on the BDA website. Alternatively, visit [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)
- Contact details for all organisations can be found in the Appendix.

# TRAINING FOR DEAFBLIND SERVICES

"2.1 Authorities are asked to take the following action: *Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be 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*"...and..."*Ensure they are able to access trained one-to-one support workers for those people they assess as requiring one.*" From: Local Authority Circular LAC(2001) 8

It is crucial that people working with, or planning services for, deafblind people, have appropriate training according to their responsibilities and their levels of deafblind awareness and knowledge. Whilst for some members of staff, including senior managers, deafblind awareness training may be sufficient, for those working directly with deafblind people specialist skills will be needed.

The two specialist organisations in the field, Sense and Deafblind UK, offer flexible training services, reflecting their own particular areas of expertise, and tailored to the needs of particular local authorities. Sense, for example, can offer particular expertise in the area of deafblind children's services such as training for assessments and intervenor services.

## **1. TRAINING OVERSEEN BY THE COUNCIL FOR THE ADVANCEMENT OF COMMUNICATION WITH DEAF PEOPLE (CACDP)**

The CACDP has worked with Sense and Deafblind UK to develop a range of training courses for staff working with deafblind people. The CACDP, which is a registered charity working to raise standards of communication between deaf and hearing people, oversees these deafblind training courses, licensing moderators to deliver training across the country. CACDP courses are nationally recognised and all involve some form of examination, which if successfully completed can offer Accreditation for Prior Learning for other studies being undertaken. Though they do not qualify candidates for an NVQ (because NVQs require additional evidence), some of these courses do take candidates through much of the required NVQ

material. This work is ongoing, with courses currently in development. There are five levels of training now accredited by the CACDP.

### **There are five training qualification levels overseen by the CACDP**

- **Level 1** is suitable for all social services staff, including senior managers and those involved in service planning.
- **Level 2** is suitable for those involved in direct contact with deafblind people, either in residential or domiciliary settings.
- **Level 3** is suitable for those who are working as Communicator Guides, specialist social workers, or those who have close contact with deafblind people. It would also be of value to those working in other disciplines or teams, e.g. teams for older people, occupational therapists, etc.
- **Level 4** aims to provide participants with a detailed understanding of the role of interpreting for deafblind people and the techniques required.
- **Level 5** (officially due to begin accepting students in 2003/04) will be aimed at those wishing to develop and extend their knowledge and practice as a deafblind specialist.

#### **Level 1 – Deafblind Awareness**

This provides a basic introduction and includes:

- The unique, separate and complex nature of deafblindness and meanings of terms such as congenital and acquired deafblindness.
- Numbers of deafblind people.
- Implications of combined hearing and sight loss.
- An introduction to communication methods.

Various models of delivery can be used, according to local need, over half/one day courses, including a combined distant learning option. Details are on the CACDP website.

#### **Level 2 – Deafblind Awareness and Support Worker Course**

The theoretical part of this course is the same as the level 1 course. However, in this course there is a focus on practical training and there is also a practical exam in

addition to the written exam. The course aims to give a broad overview of deafblindness and some basic practical skills in supporting a deafblind person.

This course is 2-3 days in length and delivery can be agreed according to local requirements.

### **Level 3 – Communicating and Guiding with a Deafblind Person**

This course is an in-depth exploration of deafblindness and students are expected to demonstrate good theoretical knowledge and sound, safe practical support and guiding skills.

This course is 5 days in length, but various models of delivery can be used, according to local need.

### **Level 4 – Certificate in Deafblind Interpreting**

The course provides participants with a detailed understanding of the role of interpreting for deafblind people and the techniques required. Assessment consists of a written exam and a practical skills assessment, both of which must be passed.

### **Level 5 – Diploma**

The Certificate and Diploma in deafblind studies is currently being piloted in both Scotland and England. The pilots began in September 2002 and the Certificate year will end in August 2003. The Association of Directors of Social Services (ADSS) and the Department of Health (DoH) have both supported the development of this professional qualification, which is being accredited by Birmingham University.

There are 6 core modules and 3 optional modules to complete in the year-long course. Students can get the Certificate after a year or continue and complete the Diploma. The strength of this course is that it covers both congenital and acquired deafblindness. The students receive some taught course work and complete the rest of the learning through reading and work-based tasks.

The course is due to be validated in the spring of 2003 with the validated course welcoming a new intake of students in September 2003. Contact Sense for more information.

## 2. EDUCATION COURSES IN DEAFBLINDNESS

**University of Birmingham** [www.bham.ac.uk](http://www.bham.ac.uk)

- Multi-sensory Impairment (Distant Education Course) Post Graduate Diploma (BPhil/MEd).

**University of Manchester** [www.man.ac.uk](http://www.man.ac.uk)

- Working with adults with severe and profound learning disabilities and sensory impairments.
- Certificate in Communication and Guiding Skills with Deafblind People.

### CASE STUDY 6: DENBIGHSHIRE COUNTY COUNCIL

Denbighshire's recognition of and response to the support needs of deafblind people pre-dates the issuing of national guidance. They commissioned a number of awareness raising training days in 1997 and 1998. As a result there has been an increasing number of referrals from the Social Services department to the local voluntary sector over the last four years. Many of these are older deafblind people and it was recognised that a number of them would benefit from Communicator Guide support.

Denbighshire's response to the Deafblind Guidance was to use a fund that Denbighshire has for developing working partnerships with voluntary organisations. This included funding for the voluntary sector to train local authority staff:

- Training for potential Communicator Guides – to CACDP level 2 initially
- Training for Social Services staff to enable them to make an initial assessment of dual sensory loss.

This training is being delivered in 2002/3. The outcome will be an improved assessment service and extended support for deafblind people from Denbighshire's social services department. The intention is to build on these initiatives to begin to meet the needs of *all* the strands of the National Guidance.

### 3. INFORMATION AND SUPPORT

**Sense** ([www.sense.org.uk](http://www.sense.org.uk))

Sense provides specialist training programmes for teaching and caring professionals working with deafblind or multi-sensory impaired children and adults. Sense can offer local authorities a range of tailor made specialist and general courses, obtained via Head Office or our regional offices. Sense can offer:

- CACDP Courses as listed previously.
- An induction training pack for those working with congenitally deafblind people.
- Training and advice to staff working with deafblind and multi-sensory impaired people, which can be provided on an ongoing basis.

**Sense regions can also offer training in:**

- Deafblind awareness courses (designed according to need)
- Mobility
- Hearing aids and environmental aids
- Assessing sensory impaired people
- Functional assessments of vision and hearing
- Developing communication strategies
- Advice on environmental adaptations
- Advice on accessing leisure, work and educational activities
- Provision of guidelines and approaches for teaching skills
- Provision of guidelines and approaches for responding to challenging behaviour
- Support with transition planning
- Person centred planning
- Challenging behaviour
- Personal and sexual development
- Deafblindness in older people
- Massage

The length of courses will vary according to content and requirements. Contact Sense for further information.

**Deafblind UK** ([www.deafblind.org.uk](http://www.deafblind.org.uk))

In addition to the CACDP courses listed above, Deafblind UK can offer local authorities a range of tailor-made specialist and general courses. Contact Deafblind UK for further information.

**CACDP**

For further details of accredited CACDP courses, including specialist deafblind courses, visit their website on [www.cacdp.org.uk](http://www.cacdp.org.uk)

- Contact details for Sense (including regional offices) and other organisations are listed in the Appendix
- With reference to services for deafblind adults: For guidance on matching your staff teams with the training options available you may find the following Sense publication useful: *Standards for Services for Adults who are Deafblind or have a dual sensory impairment*. Available from the Sense Campaigns Team, price £10.00. The full document can also be downloaded from the Sense website.

# FUNDING DEAFBLIND SERVICES

This manual cannot offer easy solutions to the perennial problems facing local authorities looking to find ways of funding necessary services on stretched budgets. By funding deafblind services a local authority will, however, also be making progress with other objectives (as, for example, the vast majority of deafblind people are older people), and authorities prepared to research additional/alternative means of funding may find they are able to secure the necessary sums.

Councils now have a duty to provide deafblind services. They receive funding to support the provision of services for people for whom they have responsibility through their Personal Social Services (PSS) Standard Spending Assessment (which now includes resources previously distributed through the Promoting Independence Grant). There are also specific funding initiatives which councils will wish to bear in mind when addressing the needs of deafblind people. For more details visit the DoH website at [www.doh.gov.uk](http://www.doh.gov.uk)

## 1. DEPARTMENT OF HEALTH TRAINING SUPPORT PROGRAMME

The Training Support Programme (TSP) is ring-fenced central government money provided to local authorities to support workforce training and development in the social care field. In 2002/03 the TSP was of particular interest because it included specific guidance that TSP funding should be used to develop skills to meet the deafblind statutory guidance.

The take up of this incentive for the training of staff in deafblindness has not been good to date. Local authorities have a responsibility to support and develop the social care workforce in their area. This workforce planning responsibility relates to the authority responsibility to the population it serves. It is therefore not limited to a responsibility for the authority's own staff. With the continuation of the TSP in 2003/04 the opportunity for training deafblind service providers remains. Joint and shared training programmes should be considered by local authorities wishing to increase the level of skill in the social care workforce serving deafblind people as a whole within their area.

### **Training Communicator Guides**

The TSP offers an ideal source of funding for Communicator Guides. Communicator Guides provided under contract to local authorities fall very clearly into the TSP remit. Shared training for initial deafblind awareness courses (for example for home helps) may also prove an effective way of accessing funding, meeting the needs of deafblind people and attracting staff.

## **2. QUALITY PROTECTS**

Funds from the Quality Protects Grant, administered by the DoH, can also be put towards training costs. Disabled children are now a priority area in the Quality Protects programme to transform children's social services. From 2001/02 through to 2003/04 £60 million from the Children's services special grant will have been earmarked for services for disabled children and their families - £15 million in both 2001/02 and 2002/03 and £30 million in 2004/05. Expenditure is being targeted on increased provision of family support services, including short term breaks, better integration of disabled children into mainstream leisure and out-of-school services, better information for families and the increased availability of key workers and other measures to improve co-ordination.

## **3. EQUIPMENT SERVICES**

The NHS Plan includes a commitment to modernise the community equipment service, integrating health and social services provision and reaching 50% more people by 2004. To support these targets there continues to be additional provision in the PSS Standard Spending Assessment, to go alongside a further £105 million by 2004 in the NHS. These additional services are intended to benefit people with sensory and dual sensory impairment as well as those with physical disabilities, and are for children and adults of all ages.

The Government has indicated it is intending to remove the power of councils to charge for equipment loan or supply. Removing the power to charge for equipment will take away one of the main barriers to successful integration in those places where councils currently make a charge.

#### 4. SUPPORTING PEOPLE

The Supporting People programme provides services for vulnerable people creating the opportunity to improve their quality of life by providing a stable environment which enables greater independence.

It aims to deliver high quality and strategically planned housing-related services which are cost effective and reliable, and complement existing care services. The planning and development of services will be needs led. Supporting People is a working partnership of local government, service users and support agencies. For more information visit [www.spkweb.org.uk](http://www.spkweb.org.uk)

#### 5. INDEPENDENT LIVING FUNDS

A deafblind person in collaboration with their local authority may apply for an Independent living Fund award. Constituted as publicly financed discretionary trusts, these can provide top-up funding for one-to-one support from a care agency or personal assistant. For more information visit [www.ilf.org.uk](http://www.ilf.org.uk)

#### 6. OTHER POSSIBLE SOURCES

The cross-government programmes for children and young people, **Sure Start**, and **Connexions**, both name disability as one of their priority areas and so may also be worth investigating.

#### 7. IN PARTNERSHIP WITH VOLUNTARY ORGANISATIONS

The Government, through the DoH and the Department for Education and Skills (DfES), is encouraging multi-agency working through various initiatives, including **Children's Trusts**, the **Early Support Pilot Programme**, and the **Early Years Development and Childcare Partnerships (EYDCPs)**. Working with partners in the voluntary sector brings many benefits including access to sources of funding not available to statutory authorities working alone:

**S64**

Section 64 of the Health Services and Public Health Act 1968 gives the Secretary of State for Health power to make grants to voluntary organisations in England whose activities support the DoH's policy objectives relating to health and personal social services. The grants are discretionary and are subject to terms and conditions agreed by Ministers and approved by H M Treasury.

**Opportunities for Volunteering**

One of the ways the DoH supports volunteering is through the Opportunities for Volunteering Scheme (OfV) grants. The scheme is run by 17 national voluntary organisations who act as agents. They distribute funds on to small local voluntary organisations that run projects in the health and social care fields. The total budget for OfV in 2002/3 will total £6.9m and the scheme is likely to involve over 20,000 volunteers in England this year.

**The New Opportunities Fund**

The New Opportunities Fund is a Lottery Distributor created to award grants to education, health and environment projects throughout the UK.

[www.nof.org.uk](http://www.nof.org.uk)

**The Community Fund**

The Community Fund distributes money raised by the National Lottery to support charities and voluntary and community groups throughout the UK.

[www.community-fund.org.uk](http://www.community-fund.org.uk)

**CASE STUDY 7: WORCESTERSHIRE COUNTY COUNCIL**

Over the last 3 years the Worcestershire Deafblind Development Project, a collaboration between the local authority and a voluntary organisation, has been identifying deafblind people in the area, reporting on unmet needs and identifying areas for service development.

The final year of the project has seen the development of both volunteer support services and a Communicator Guide scheme. The Deafblind Development Officer sought alternative methods of funding to secure these much-needed services.

Initially Sense applied to the Worcestershire Supporting People team to gain pump-priming funds to start up the Communicator Guide scheme. The grant allowed for start up costs including staff advertising and recruitment, office equipment and staff training costs. Sense then secured Transitional Housing Benefit funding to develop the scheme further. The extended services will be available from April 2003 and providers of housing support services will be accredited by the Supporting People team.

The Supporting People Communicator Guide Scheme in Worcestershire is now providing 141 hours of one-to-one services a week to Deafblind people in the county. Deafblind people who are not eligible for THB/SP funding can be funded through domiciliary care spot purchasing. This domiciliary funding amounts to 28 hours a week.

In addition to the Communicator Guide scheme, Worcestershire has been successful in gaining external funding to support the volunteer support scheme co-ordinator plus 30 volunteers, all via an Age Concern Opportunities for Volunteering grant.

In short, Worcestershire's success in developing deafblind services has been largely due to the identification of alternative funding avenues enabling the provision and/or extension of their Communicator Guide scheme, volunteer support scheme, Supporting People, domiciliary and children's respite initiatives.

# APPENDIX

## **Sense**

### **Head Office**

11-13 Clifton Terrace  
London  
N4 3SR  
Telephone: 020 7272 7774  
Textphone: 020 7272 9648  
Fax: 020 7272 6012  
enquiries@sense.org.uk  
www.sense.org.uk

### **Sense North**

The Rodney Clark Centre  
Leeds Road, Robin Hood  
Wakefield  
West Yorkshire  
WF3 3BG  
Telephone: 0113 205 9500  
Textphone: 0113 205 9502  
Fax: 0113 205 9501  
enquiries@sensenorth.org.uk

### **Sense South East**

Ground Floor  
Hanover House  
76 Coombe Road  
Norbiton  
Surrey KT2 7JE  
Telephone: 020 8541 1147  
Textphone: 020 8541 1938  
Fax: 020 8541 1132  
enquiries@senses.org.uk

### **Sense East**

72 Church Street  
Market Deeping  
Peterborough  
PE6 8AL  
Telephone: 01778 382230  
Text phone: 01778 382266  
Fax: 01778 380078  
rreal@senseeast.org.uk

**Sense Cymru**

5 Raleigh Walk  
Brigantine Place  
Atlantic Wharf  
Cardiff  
CF10 4LN  
Telephone: 029 2045 7641  
Textphone: 029 2046 4125  
Fax: 029 2049 9644  
enquiries@sensecymru.fsnet.co.uk

**South Wales Regional Advice Service**

5 Raleigh Walk  
Brigantine Place  
Atlantic Wharf  
Cardiff  
CF10 4LN  
Telephone: 029 2048 8841  
rhian@sensecymru.org.uk

**North Wales Regional Advice Office**

Sense Cymru  
Tyr Binwydden  
Clayton Road  
Mold  
Flintshire  
CH7 1ST  
Telephone: 01352 751554  
Textphone: 01352 751554  
Fax: 01352 751554

**Sense West****Midlands**

The Princess Royal Centre  
Birkdale Avenue  
Off Healey Road  
Selly Oak  
Birmingham  
B29 6UG  
Telephone: 0121 415 2720  
Textphone: 0121 415 2720  
Fax: 0121 472 8449  
enquiries@sensewest.org.uk

**South West**

Blatchford Farm  
Lower Ashton  
Exeter  
Devon  
EX6 7QN  
Telephone: 01647 253266  
Fax: 01647 253270  
pmay@senswest.org.uk

**Sense Transcription Service**

33-35 Earlsdon Avenue  
South Earlsdon  
Coventry  
CV5 6DR  
Telephone: 024 76 717522  
Textphone: 024 76 717522  
Fax: 024 76 717067  
transcription@senswest.org.uk

**Sense Scotland**

5th Floor, 45 Finnieston Street  
Clydeaway Centre  
Glasgow  
G3 8JU  
Telephone: 0141 564 2444  
Textphone: 0141 564 2442  
Fax: 0141 564 2443  
info@sensescotland.org.uk  
www.sensescotland.org.uk

**Sense Northern Ireland**

Sense Family Centre  
The Manor House  
51 Mallusk Road  
Mallusk  
Co Antrim  
BT36 4RU  
Telephone: 028 9083 3430  
Textphone: 028 9083 3430  
Fax: 028 9084 4232  
senseni@senswest.org.uk

## **Deafblind UK**

National Centre for Deafblindness  
John and Lucille van Geest Place  
Cygnet Road  
Hampton  
Peterborough  
PE7 8FD  
Telephone: 01733 358 100  
Textphone: 01733 358 858  
Fax: 01733 358 356  
enquiries@deafblinduk.demon.co.uk  
Helpline: 0800 132320 (open to professionals)  
www.deafblind.org.uk

## **Royal National Institute of the Blind (RNIB)**

105 Judd Street  
London  
WC1H 9NE  
Telephone: 020 7388 1266  
Fax: 020 7388 2034  
www.rnib.org.uk  
RNIB has a large network of regional and local offices, including their transcription services. The Head Office will be able to direct you to the relevant site. Full contact details are also available on the website.

### **RNIB Customer Services**

Contact Customer Services for publications, equipment, games and information about transcription and library services, magazines, braille, large print, tape, and publishing services for businesses and organisations.  
RNIB Customer Services  
PO Box 173  
Peterborough PE2 6WS  
Telephone: 0845 7023153  
Textphone: 0845 585691  
Fax: 01733 371555  
cservices@rnib.org.uk

## **RNID**

19-23 Featherstone Street  
London  
EC1Y 8SL  
Telephone: 0207 296 8000  
Textphone: 0207 296 8001  
Fax: 0121 472 8449  
helpline@rnid.org.uk  
www.rnid.org.uk

**RNID Communications Service Units: England****RNID North West**

National Computing Centre  
Armstrong House  
Oxford Road  
Manchester  
M1 7ED  
Telephone: 0161 242 2368  
Textphone: 0161 242 2371  
Fax: 0161 242 2317

**RNID North East CSU**

National Computing Centre  
Armstrong House  
Oxford Road  
Manchester M1 7ED  
Telephone: 0161 242 2263  
Textphone: 0161 242 2371 or 01642 312355  
Fax: 0161 242 2317

**RNID South Yorkshire CSU**

Kirk House  
Browning Road  
Herringthorpe  
Rotherham  
S65 2LG  
Telephone: 01709 372163  
Textphone: 01709 372182  
Fax: 01709 373643

**RNID West Midlands CSU**

The Methodist Centre  
24 School Street  
Wolverhampton  
West Midlands  
WV1 4LF  
Telephone: 01902 423717  
Textphone: 01902 423716  
Fax: 01902 714456  
Videophone: 01902 310116

**RNID Central CSU**

Brookside Clinic, Station Way  
Aylesbury  
Buckinghamshire  
HP20 2SQ  
Telephone: 01296 392294  
Textphone: 01296 392295  
Fax: 01296 381103

**RNID Merseyside CSU**

3rd Floor, 7 Queen Avenue  
Dale Street  
Liverpool  
L2 4TZ  
Telephone: 0151 236 4497  
Textphone: 0151 236 3830

**RNID London and South East CSU**

19-23 Featherstone Street  
London  
EC1Y 8SL

RNID's team of co-ordinators are responsible for specific areas. Please call one of the numbers listed below.

Telephone: 020 7296 8064  
Telephone: 020 7296 8148  
Telephone: 020 7296 8274  
Telephone: 020 7296 8066  
Fax: 020 7296 8083  
Textphone: 020 7296 8065

**RNID Northern Ireland**

Wilton House  
5 College Square North  
Belfast  
BT1 6AR  
Telephone/Textphone: 028 9033 1320  
Textphone: 028 9033 1320  
Fax: 028 9032 7616

**RNID Scotland**

John Wood House  
Glacier Buildings  
Harrington Road  
Brunswick Business Park  
Liverpool  
L3 4DF  
Telephone/Textphone: 0141 550 5760  
Fax: 0151 705 0608

**RNID South West**

13B Church Farm Business Park  
Corston  
Bath  
BA2 9AP  
Freephone/Textphone: 0800 622 401  
Telephone: 01225 873590  
Fax: 01225 874246

## **British Deaf Association (BDA)**

1-3 Worship Street  
London  
EC2A 2AB  
helpline@bda.org.uk  
Telephone: 020 588 3520  
Fax: 020 7588 3526  
Textphone: 020 7588 3529  
bda.org.uk

## **The Royal Association for Deaf People**

Head Office  
Walsingham Road  
Colchester  
Essex  
CO2 7BP  
Telephone: 01206 509509  
Textphone: 01206 577090  
Fax: 01206 769755  
www.royaldeaf.org.uk

## **Council for the Advancement of Communication with Deaf People (CACDP)**

Durham University Science Park  
Block 4, Stockton Road  
Durham  
DH1 3UZ  
Telephone: 0191 383 1155  
Textphone: 0191 383 7915  
Fax: 0191 383 7914  
durham@cacdp.demon.co.uk  
www.cacdp.demon.co.uk

## **National Organisation of Intervenors (NOI)**

c/o Sense  
11-13 Clifton Terrace  
Finsbury Park  
London  
N4 3SR  
Telephone: 0207 272 7774  
Textphone: 0207 272 9648  
Fax: 0207 272 6012

## **Department of Health (DoH)**

Richmond House  
79 Whitehall  
London  
SW1A 2NS  
Public enquiries office  
Telephone: 020 7210 4850  
Textphone: 020 7210 5025  
dhmail@doh.gsi.gov.uk  
www.doh.gov.uk

## **Department for Education and Skills (DfES)**

Sanctuary Buildings  
Great Smith Street  
London  
SW1P 3BT  
Telephone: 0870 0002288  
Fax: 01928 794 248  
info@dfes.gsi.gov.uk  
www.dfes.gov.uk

## **Disability Rights Commission**

DRC Helpline  
FREEPOST  
Stratford upon Avon  
CV 37 9BR  
Telephone: 08457 622633  
Textphone: 08457 622 644  
Fax: 08457 778 878  
www.drc-gb.org