Department of Health

CARE AND SUPPORT FOR DEAFBLIND CHILDREN AND ADULTS POLICY GUIDANCE

December 2014

Title: CARE AND SUPPORT FOR DEAFBLIND CHILDREN AND ADULTS POLICY GUIDANCE
Author: Mental Health – Divisional Intelligence Unit / 20007
Document Purpose: Policy
Publication date: December 2014
Target audience: Local Authorities
Contact details: MH-Disability@dh.gsi.gov.uk Mental Health Disability Intelligence Unit Room 313A Richmond House

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Prepared by Mental Health – Disability Intelligence Unit

Contents

Executive summary

This guidance updates the guidance contained in *Social Care for Deafblind Children and Adults* guidance published in June 2009 under cover of Local Authority Circular LAC(DH)(2009)6 and supercedes that guidance.

The new guidance, the *Care and Support for Deafblind Children and Adults Policy Guidance* is issued jointly under section 7 of the Local Authority Social Services Act 1970 in relation to children, and section 78 of the Care Act 2014 in relation to adults. The Care Act sets out reforms to care and support in England. Section 7 of the 1970 Act requires local authorities to exercise social services functions under the guidance of the Secretary of State. Section 78 of the Care Act requires local authorities to act under the guidance of the Secretary of State in the exercise of their functions under Part 1 of the Care Act or under regulations under that Part.

Local authorities must therefore follow this guidance unless they can demonstrate legally sound reasons for not doing so.

The *Social Care for Deafblind Children and Adults* (2009) guidance will continue to apply until April 2015 when it is intended that the framework of the Care Act 2014 will come into operation (including the duty to act under guidance in the exercise of functions under the Act, including this guidance).

Many Deafblind people may not be known to their local authority. Of those who are in contact with social services, not all will be identified as having dual sensory impairment or be in receipt of appropriate services. This applies to both adults and children.

Local authorities are required to take the following action as set out in more detail in the guidance:

- identify, make contact with and keep a record of all Deafblind people in their catchment area (including those people who have multiple disabilities which include dual sensory impairment);
- ensure that when an assessment of needs for care and support is carried out, this is done by a person or team that has specific training and expertise relating to Deafblind persons - in particular to assess the need for communication, one-to-one human contact, social interaction and emotional wellbeing, support with mobility assistive technology and habilitation/rehabilitation;
- 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;
- ensure that Deafblind people are able to access specifically-trained one-to-one support workers if they are assessed as requiring one;
- provide information and advice in ways which are accessible to Deafblind people; and
- ensure that a Director-level member of the local authority senior team has overall responsibility for Deafblind services.

CARE AND SUPPORT FOR DEAFBLIND CHILDREN AND ADULTS POLICY GUIDANCE

Status of this Guidance

1. This guidance is issued under section 78 of the Care Act 2014 in relation to adults and section 7 of the Local Authority Social Services Act 1970 in relation to children. Local authorities are required to act under the guidance in exercising their functions under Part 1 of the Care Act or under regulations under that Part, which means that they must follow it, unless they can demonstrate legally sound reasons for not doing so.

Deafblindness - Definitions and Descriptions

2. The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (*Think Dual Sensory*, Department of Health, 1995). Deafblindness can be found in all age groups, including children and young people, but the incidence is greatest in older adults.

3. The term 'dual sensory loss' can be used interchangeably with Deafblindness denoting the fact that combined losses of sight and hearing are significant for the individual even where they are not profoundly deaf and totally blind. It is the way in which one sensory impairment impacts upon, or compounds the second impairment, which causes the difficulties, even if, taken separately, each single sensory impairment appears relatively mild. Similarly the term 'multi-sensory impairment' can be used interchangeably with Deafblindness but is usually used in relation to children.

4. Many people do not define themselves either as Deafblind or having dual sensory loss. They may use such phrases as "I don't see too well or hear too well". However, they do describe their vision and hearing loss in terms which indicate that they have significant difficulties in their day-to-day functioning and may need support to live independently. These people could be described as having a combined sight and hearing loss if the deterioration or progressive loss of their sight and/or hearing causes a significant functional impact on one or more of the following:

    - Communication;
    - Access to information; or
    - Mobility

5. Four basic groups of people experiencing Deafblindness have been identified:

    I. those who are hearing and sight impaired from birth or early childhood;

    II. those blind from birth or early childhood who subsequently acquire a hearing loss that has a significant functional impact;

    III. those who are deaf from birth or early childhood who subsequently acquire a significant visual loss;

    IV. Those who acquire a hearing and sight impairment later in life that has a significant functional impact.

Recognising Deafblindness

6. There are issues surrounding locating and contacting Deafblind people not known to local authorities. People with dual sensory impairment who receive social services may not be recognised as being Deafblind. This can be because an initial assessment was carried out when only one sense was impaired or because both senses have deteriorated since the care package (including residential placement) has started. Other impairments (such as a learning disability) may 'mask' the Deafblindness.

7. A particular approach for helping non-specialists recognise and understand the impact of Deafblindness is to provide a set of descriptors, one for people born Deafblind and the other for those who acquire the disability. This can be an important aid to identifying the appropriate type of intervention needed which may be different for the two groups. Descriptors for both groups can be found at Annex 1.

Legislative Background

8. Local authorities' functions relating to provision of care and support for adults are set out in Part 1 of the Care Act 2014.

9. Local authority functions relating to the provision of social care for children and families are set out mainly in section 17 of and Part 1 of Schedule 2 to, the Children Act 1989. Under these provisions, local authorities must provide an appropriate range and level of services for children who need them to achieve or maintain a reasonable standard of health and development, or who are disabled.

10. In addition, the Chronically Sick and Disabled Persons Act 1970 (the 1970 Act) also applies to disabled children.

11. Part 3 of the Children and Families Act 2014 introduces a new statutory framework for local authorities and clinical commissioning groups, to work together to secure services for children and young people – up to the age of 25 – who have Special Educational Needs (SEN) or a disability, including a new statutory code of practice which provides guidance on duties, policies and procedures relating to meeting their needs. Deafblind children should be supported by these joint arrangements, in line with the code of practice, which must be read in conjunction with this guidance.

12. The Special Educational Needs and Disability Code of Practice: 0 to 25 years can be found at: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Identifying People who are Deafblind

13. Local authorities are required to identify, make contact with, and keep a record of Deafblind people in their catchment area. In doing so they should be aware that many of those who are known to local authorities as having learning disabilities, multiple disabilities or problems associated with age, may also have dual sensory impairment.

14. The purpose of keeping the record is to ensure that local authorities can make contact with Deafblind people and have access to information to inform the local Joint Strategic Needs

Assessment, the Joint Health and Wellbeing Strategy[1] and the local authority's market shaping duties under the Care Act. Any form of record which will allow this is acceptable. Inclusion on the authority's main database of records of people (children and adults) with care and support needs is acceptable provided it can be searched in such a way as to identify the Deafblind people on the database.

15. Deafblind children should be included on the register of Disabled Children which local authorities are required to maintain under the Children Act 1989 (Schedule 2, paragraph 2).

16. For children, the early identification of difficulties and effective intervention to meet their needs is crucial to ensuring their health and well-being, and in helping them succeed in education. Local authorities should ensure that the identification of Deafblind children and early intervention to meet their needs is part of their strategy for securing childcare and education opportunities for children from the early years through to adulthood

17. The 0-25 Special Educational Needs and Disability Code of Practice set out clear guidance for settings on the process for appropriate identification, assessment, monitoring and securing further support for children with SEN and disability which will include children with multi-sensory impairment.

18. Local authorities must carry out their functions with a view to identifying all the children and young people in their area who have or may have SEN or have a disability, including children and young people who are Deafblind (Section 22 of the Children and Families Act 2014).

19. Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts similarly must inform the appropriate local authority if they identify a child under compulsory school age as having a disability or having, or probably having, SEN or a disability (Section 23 of the Children and Families Act 2014). The health body must first inform the child's parent of their opinion and of their duty to notify the local authority, and give the child's parent an opportunity to discuss their opinion with an officer of the health body.

Communicating with People who are Deafblind

20. The impact of dual sensory impairment on an individual will vary according to the learning opportunities they have had. People who are born Deafblind may have little or no formal language and only limited understanding of the world because they have never been able to watch/listen to other people and the things going on around them. In contrast people who

[1] The Joint Strategic Needs Assessment (JSNA) is an analysis of the current and future health and care needs of the local population, including those of population subgroups. The local Health and Wellbeing Board is responsible for the development of the JSNA, together with a Joint Health and Wellbeing Strategy (JHWS) to address the needs identified. Both the JSNA and JHWS must be published. JSNAs and JHWSs form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health and children's services. This process can therefore provide a setting to support local areas to identify, assess and support the needs of local Deafblind individuals.

The Department has published guidance for local areas on the development of JSNAs and JHWS: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

acquire their Deafblindness may have the advantage of remembered sight and /or hearing and are more likely to have had access to language learning. Methods of receptive and expressive communication will therefore vary, and may include (but are not limited to):

- Clear speech and lip reading
- Lipreading
- Tadoma
- Deafblind Manual Alphabet
- Block Alphabet
- Braille
- Moon
- British Sign Language or BSL:
  - Visual Frame Signing, Close-up Signing, Tactile signing,
  - Hand under hand signing
- Sign supported English
- Haptic communication
- Makaton
- Symbol systems
- Objects of reference
- Pictorial communication systems eg. Widgit
- Note taking
- Electronic communication (with Braille output or large font on screen)
- Technology to aid communication
- Individual's own personal signs
- Large Print (font size 16 or above)
- Low vision aids (magnifiers, task lighting)
- A combination of any of the above or any method preferred by the individual
- Other technology systems

21. The Glossary to this guidance contains further information about the different methods of communication mentioned above.

22. In all cases, those who provide information to, or are involved in assessment of or service provision for, Deafblind people, should take the initiative to establish the appropriate and preferred method of communication of the individual. This will ensure that Deafblind people, as well as those who care for them, are as fully engaged as possible in assessment, planning and provision and are able to have choice and control over their lives. The preferred method of written and verbal communication should be prominently recorded on case notes but should also be capable of being edited as a person's condition(s) and requirements may change over time. All staff engaged in care and support services should be aware of how to access relevant support to assist with communication needs.

Assessment and Eligibility – Adults

23. Local authorities must undertake an assessment for any adult who appears to have needs for care and support, regardless of whether or not the local authority thinks the adult has eligible needs or of their financial situation. An assessment begins when the local authority starts to collect information about the adult. Any person carrying out an assessment – at any stage during the assessment – must be appropriately trained. This includes those at the first point of contact, who may need to ask appropriate questions in order to identify whether someone is Deafblind and refer the person to a specialist assessor accordingly.

24. Local authorities must arrange an independent advocate to facilitate the involvement of an adult in their assessment, in the preparation of their care and support plan and in the review of their care and support needs, as well as in safeguarding enquiries and Safeguarding Adult Reviews (SARs) if two conditions are met. If an independent advocate were not provided then the person would have substantial difficulty in being fully involved in these processes. Further information is provided in the Care and Support Statutory Guidance. The role of the independent advocate is to support and represent the person to facilitate their involvement in the key processes and interactions with the local authority and other organisations as required for the assessment, care planning, review of the plan or the safeguarding enquiry or SAR.

25. When carrying out the assessment, local authorities must identify the adult's needs, the impact these have on the adult's wellbeing (see Chapter 1 in the Care and Support Statutory Guidance) and the outcomes the adult wishes to achieve in their day-to-day life. The assessment must be appropriate and proportionate to the needs and circumstances of the adult. In addition, local authorities must also assess whether and, if so, to what extent, the provision of care and support could contribute to the achievement of the outcomes the adult wishes to achieve. They must also consider whether and, if so, to what extent, matters besides care and support can contribute to the adult's desired outcomes (for example support from the adult's wider support network or within the community), and whether any preventative services, information and advice services or other services available locally could help meet their needs.

26. The assessment should be person centred. The authority must involve the adult, any carer that the adult has, and any other person they ask the authority to involve, or where the adult lacks capacity to ask the authority to involve someone, any person who appears to the authority to be interested in the adult's welfare. Where the assessment relates to an adult who is Deafblind, it must be carried out by an assessor with specific training and expertise relating to those who are Deafblind. In cases where the assessment is to be a supported self-assessment (i.e. an assessment carried out jointly by the local authority and the adult), the assessor will have an important role in ensuring that the assessment taken as a whole reflects the overall needs of the adult. Training should be of Qualifications and Credit Framework or the Open College Network level 3, or above where needs are higher or more complex.

27. Local authorities must consider whether the adult's needs meet the national eligibility criteria (where they are satisfied the adult has needs for care and support). Authorities must provide the person with a record of their assessment and the eligibility determination (and the reasons for the determination) which should be in a format accessible to the Deafblind person.

28. Further detail about the assessment process and eligibility determination is provided in the Care and Support Statutory Guidance.

Assessment and Eligibility - Children

29. A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. This includes Deafblind children. In these cases, assessments by a social worker are carried out under section 17 of the Children Act 1989. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

30. Local authorities should ensure that as soon as they identify that a child may be Deafblind/multi-sensory impaired, a specialist assessment is arranged, this and any subsequent assessments

should be carried out by a specifically trained person/team equipped to assess the needs of a Deafblind child - including communication, one-to-one human contact and social interaction, support with mobility, assistive technology and habilitation which could include rehabilitation. This would also inform any assessment of a child's special educational needs, under the Children and Families Act 2014.

31. The assessment should take account of the current needs and those that will occur in the foreseeable future. Early intervention is vital for Deafblind children to learn, develop, achieve the best outcomes and get the support they need.

32. *Working Together to Safeguard Children 2013* which can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf is clear that local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.

33. The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner, family support worker, teacher, health visitor and/or Special Educational Needs Coordinator (SENCO). Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

34. However, Deafblind children (many of whom will also have additional disabilities) will often have been under the care of local paediatric services since birth, although the full extent of their disability may not become apparent until later. They require follow-up by the child development team with access to specialist audiology and ophthalmology services. Local arrangements should ensure early referral for support to local authority children's social services and to voluntary organisations where relevant.

Meeting Care and Support Needs

35. The Government recognises the importance of people having access to high quality information and advice, appropriate early interventions and being able to exercise choice and control over the services and support they need. The Care and Support Statutory Guidance provides guidance to local authorities on their duties relating to preventing needs for care and support. It is vital that the care and support system intervenes early to support people and helps people to retain or regain skills and confidence and prevents needs increasing or delays further deterioration wherever possible. The local authority's responsibility for prevention applies to adults in its area and this could include providing or arranging specific preventative services, facilities or resources for Deafblind people. Local authorities should take a balanced approach.

36. Local authorities need to recognise the importance of meeting care and support needs in a way appropriate to Deafblind people and of enabling them to develop solutions that work for them. This may mean commissioning services that are specifically designed for Deafblind people. Those with dual sensory impairment may not be able to benefit from mainstream services. Similarly, if a person with a single sensory impairment becomes Deafblind they may no longer be able to benefit from services aimed primarily at blind people or deaf people who are able to rely on their other sense.

37. Where on a review of an adult's care and support plan (see chapter 13 of Care Act Statutory Guidance on reviews) a local authority is satisfied that circumstances have changed in a way that

affects the plan, the local authority must among other things, and to the extent it thinks appropriate, carry out a needs assessment and make an eligibility determination. This would enable the authority to determine how an adult's needs or circumstances have changed and how that impacts on the adult's wellbeing. Any care and support planning that arises from this should be person-centred so that if somebody does receive a service, it is right for them. See chapter 10 in the Care and Support Statutory Guidance on care and support planning. For Deafblind people, this may mean specialist services designed to meet the needs of those with dual sensory impairment.

38. Local authorities will want to ensure that they are able to access the services of specifically trained one-to-one support workers (e.g. communicator-guides, intervenors, Language Service Professionals), for adults whether from within their own staff, shared arrangements with other local authorities or by contracting with independent providers, for those people they assess as requiring one.

Children and Families Act 2014 - Joint Commissioning for 0-25

39. Under the new statutory framework in the Children and Families Act 2014, local authorities and Clinical Commissioning Groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26). This will be relevant for deaf blind children and young adults.

40. Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEN or disabilities including children with multi-sensory impairment, both with and without Education Health and Care (EHC) plans. Services should include speech and language therapy, Child and Adolescent Mental Health Services support, occupational therapy and habilitation/rehabilitation training.

41. They could include highly specialist services needed by only a small number of children, for instance children with severe learning disabilities or who require services which are commissioned centrally by NHS England (for example augmentative and alternative communication).

42. Local authorities, NHS England and their partner CCGs must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities including children with multi-sensory impairment. In doing so they should take into account provision being commissioned by other agencies, such as schools, further education colleges and other education settings. Partners should commission provision for children and young people who need to access services swiftly, for example because they need emergency mental health support or have sustained a serious head injury.

43. Joint commissioning must also include arrangements for:

    - securing Education, Health and Care assessments
    - securing the education, health and care provision specified in EHC plans, and
    - agreeing Personal Budgets

Local Offer

44. The Children's and Families Act requires local authorities to publish a 'Local Offer', setting out in one place information about provision they expect to be available across education, health and social care for children and young people, from birth to 25, who have SEN or are disabled.

45. The local offer will ensure transparency of information about the provision available and will also act to bring about the genuine involvement of Deafblind children's services, young people and their families in shaping that provision.

Personal Budgets

46. Local authorities are required to provide information and support for personal budgets for children. This should include a description of the services across education, health and social care that lend them to the use of personal budgets, how that funding will be made available, and clear and simple statements of eligibility criteria and the decision making processes that underpin them.

47. For Deafblind adults the statutory guidance on personal budgets, in the Care and Support Statutory Guidance covers setting a personal budget for care and support.

The Newborn Hearing Screening Programme (NHSP)

48. The roll-out of a NHSP was announced in December 2000 by the Department of Health following research and advice from the UK National Screening Committee. The NHSP has been fully introduced across all 113 sites in England. This was managed in a phased introduction and gives all parents the opportunity to have their baby's hearing tested shortly after birth. The test identifies hearing loss and impairment on average 2 years earlier than previous methods giving children the opportunity to keep pace educationally and socially. Over 1800 new born babies are screened each day at 113 sites in England. More details are available at http://www.hearing.screening.nhs.uk.

Funding Sources

49. Care and support services are primarily funded through non ring-fenced central government funding and local government funding. It is for individual local authorities to manage and direct their own resources in accordance with local priorities and the needs of the communities to which they are accountable.

Information and Advice

50. Deafblindness poses particular challenges to local authorities in ensuring that information and services are accessible in ways that comply with the requirements of the Equality Act 2010, Care Act 2014 and the regulations made under those Acts. In the same way that local authorities ensure that information they produce and issue about services, procedures etc. is accessible to those with one sensory impairment, so they should ensure that such information is also available in formats and methods that are accessible to Deafblind people.

51. Local authorities will need to consider not only various sizes of Large Print, as well as Braille, Moon, audio or video (subtitled or signed) versions but also computer disk/memory stick or use of e-mail (to be accessed by specialist technology), text-phones and Type-Talk.

52. For some Deafblind people no method of communication other than tactile communication delivered by another person is available (e.g. hands-on sign, Deafblind manual). In these rare circumstances, the provision of a suitably skilled communicator e.g. an interpreter and/or a Language Service Professional (LSP) to deliver information would be normally appropriate.

Monitoring Progress Locally

53. Clinical Commissioning Groups and local authorities should ensure they have benchmarking processes in place to ensure they are identifying and contacting Deafblind people in their area (for example by comparing the number of people with whom they have contact with the number identified by other local authorities as well as with national estimates of the incidence of Deafblindness) and that individuals' care and support needs are appropriately met.

54. Ultimately the measure of success will be that Deafblind people will be able to:

- where appropriate, live independently
- stay physically and mentally healthy and recover quickly from illness
- exercise maximum possible control over their own life and, where appropriate the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability and
- retain maximum dignity and respect
- stay safe from abuse and neglect.

ANNEX 1: DESCRIPTORS FOR CONGENITAL AND ACQUIRED DEAFBLINDNESS

Congenital Deafblindness

People who are born with hearing and sight impairment may display any of the following characteristics:

- No response to sound and/or light or little/poor response
- Tactile selective - avoiding touch (children - especially younger children)
- Problems with eye contact/social participation at an early age
- Slowness in developing and generalising skills (children)
- Adopting an unusual posture for undertaking tasks - using residual hearing or sight Eccentrically (children)
- Difficulty making sense of the world around them
- Developmental delay
- Personalised methods of communication
- Repetitive behaviour
- Behaviour likely to harm themselves or others
- Withdrawal/isolation
- Use of smell, taste, touch to gain information

Acquired Deafblindness

People who acquire a hearing and sight impairment later in life may display any combination of the following characteristics:

Hearing:

- Non-response when you speak from behind
- Need for the television/radio/stereo to be louder than is comfortable for others
- Difficulty following speech with unfamiliar people or accents
- Difficulty following changes of speaker during conversation
- Lack of awareness of noises outside immediate environment, e.g. building works, traffic noise
- Tendency to withdraw from social interaction
- Use of hearing aids, loop system etc.
- Complaints that everyone mumbles or speaks too quickly

Vision:

- Need for additional lighting
- Lack of awareness that you have changed position
- Inability to find things when placed in unfamiliar position
- Clumsiness
- Unusual use of touch to support mobility or task
- Difficulties caused by changes in light levels
- Difficulties with unfamiliar routes of places
- Difficulty recognising someone they know until they introduce themselves
- Difficulties with television and newspapers
- Unusual eye contact

GLOSSARY

Deafblind people and communication

Speech based communication

Clear speech - Speaking clearly is one of the most effective and common ways of communicating with Deafblind people who have some remaining vision and a hearing loss.

Lipreading - Lipreading involves the Deafblind person watching the lip shapes, gestures and facial movements of the person they are talking to so that they get a fuller understanding of what they are saying.

Tadoma - Tadoma involves a Deafblind person placing their thumb on a speaker's lips and spreading their remaining fingers along the speaker's face and neck. Communication is transmitted through jaw movement, vibration and facial expressions of the speaker.

Letter based communication

Deafblind manual alphabet

The Deafblind manual alphabet is a method of spelling out words onto a Deafblind person's hand. Each letter is denoted by a particular sign or place on the hand. It is straightforward to learn but is more complex to receive.

Block

Block is a manual form of communication where words are spelled out on to the palm of the deafblind person's hand.

Braille

Braille is a system of writing and printing for visually impaired people, in which arrangements of raised dots representing letters and numbers are identified by touch. Braille can now be used as a digital aid to conversation, with some smartphones offering braille displays, and computer braille keyboards allowing access to instant messaging software, Skype or chatrooms.

Moon

Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles. It is less commonly used than Braille, but easier to learn.

Signed communication

British Sign Language or BSL

BSL is a language in its own right, with its own word order and grammar. It uses hand signs and facial expressions as a visual form of communication. For people with visual impairment it can be adapted in two ways:

Visual frame signing – someone using BSL will sign within the restricted visual field of the person so that they can see it.

Hands-on signing - some people may use tactile or 'hands-on' signing by placing their hands over the hands of the signer, so that they can feel the signs being used.

Sign-supported English

Sign Supported English uses BSL signs but in the order that they would be used in spoken English.

Haptic communication

This is becoming more recognised. It consists of tactile signs describing the environment, emotional responses, descriptions of people and other additional information which would otherwise be provided by sight. The signs are given through touch, commonly to the back, but it can be anywhere on the body that doesn't interfere with other communication methods being used that the recipient is comfortable with.

Makaton

Makaton uses signs, symbols and speech to develop communication, language and literacy skills.

Symbol systems

Symbol systems are often used to assist Deafblind people to communicate. Photos, pictures and objects can be added to other structured forms of communication.

Objects of reference

Some congenitally Deafblind or multi-sensory-impaired people learn to use particular objects to symbolise a significant activity. For example, a towel may indicate swimming, or a fork may be used to show that it is time for a meal. This method allows people who are Deafblind to make choices and enables others to let them know what is planned.

Picture symbols

Picture symbols are sometimes used to support the development of language, either accompanying text or in their own right.

There are a number of symbol sets available including Widgit and Mayer Johnson.

Nonverbal communication

Many congenitally Deafblind and multi-sensory-impaired people with no formal verbal communication methods will use non-verbal improvised forms instead. Through observation it is

often possible to understand the meaning of these unique methods of communication and to learn how to react to and interact with the Deafblind person.

Total communication

The total communication approach is about using the right combination of communication methods for an individual to ensure the most successful forms of contact, information exchange and conversation. For example, an individual may receive information via speech and signs while expressing themselves via signs and symbols.