



Standards for Services for Adults who are Deafblind or have a Dual Sensory Impairment

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Sense, for people with deafblindness and associated disabilities

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This document is also available in large print, moon, braille and as a computer text file.

From the Minister of State

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We know deafblind people are some of the most vulnerable members of our community. Not all people with dual sensory impairment find it easy to access social services and it's important that the services that deafblind people receive are appropriate to their needs. Authorities recognising a need to improve their services for people with dual sensory impairments will want materials to which they can turn and this source document will offer suggestions of how they move forward irrespective of their current level of services to people with dual sensory impairment.

I am pleased that the Department of Health has been able to work closely with Sense and other key voluntary organisations to review the current provision of services for deafblind people. We, expect shortly, to issue statutory guidance, asking local authorities to examine the way they identify, assess and provide services for deafblind people. These standards will make a welcome contribution.

These standards highlight the need for local agencies in contact with deafblind people to be aware of their particular mobility, information and communication needs. We wish to see the NHS and local authorities working in partnership to ensure that deafblind peoples needs are met. Many decisions about NHS and local authorities working in partnership to ensure that deafblind people's needs are meet. Many decisions about the NHS are made locally as managers ensure that their services meet the needs of their communities. The NHS Plan makes clear that patients must influence the way that the NHS works and this document from Sense makes suggestions that could be used when deciding how NHS services might better meet the needs of people with dual sensory impairment.

We will be looking to local authorities to improve the number of deafblind people in contact with them and to make sure that services on offer meet the specific needs of deafblind people. This document will be a valuable resource and will, I hope, help local agencies in their planning to improve services.

John Hutton

From David Behan

The development and delivery of services to people who are deaf and hard of hearing, blind and partially sighted, and those people who have a dual sensory loss, have traditionally been marginalised and removed from the mainstream of social care provision. In recent years there has been a growing awareness, both of the numbers of people who are deafblind and of the need to ensure that those people are able to access services which are appropriate. The recent emphasis on promoting people's independence and of ensuring the inclusion rather than the exclusion of people from our society, has provided a renewed thrust to the work of those people with a dual sensory impairment. Sense, along with other colleagues in the voluntary sector have campaigned passionately and articulately to raise the issues. The Association of Directors of Social Services have worked with Sense to make a small contribution to this growing awareness. This document has been developed to provide a tool for those working in the field to help them develop and deliver the appropriate services to those people with dual sensory impairment. This document should not be read as a statement of national minimum standards, but should be considered as material which will help people to deliver and develop practical and appropriate services which is based on the premise that people with a dual sensory loss will be able to access appropriate services and those staff working within social care organisations are clear as to what the appropriate standards of service are.

This guide is a contribution to articulating what those standards are. Its objective is clear and simple – to improve the quality of service available to those people with dual sensory loss.

David Behan

Chair – ADSS Sensory Impairment

Sensory Sub Committee

Director of Social Services - Greenwich

Introduction

Many organisations and individuals have been part of the development of services for people with dual sensory impairment in the past ten years. These developments have improved access, equality, and opportunity for deafblind people. These improvements need to be welcomed and acknowledged.

Organisations struggle to develop, adapt and manage diverse services that meet a multiplicity of needs. The challenge of creating appropriate, efficient and effective services that empower deafblind people is a challenge that should be embraced. These standards are a contribution to that ongoing process. Achieving this is something that will take time and effort.

Getting Started

Services that are aware that they have a long way to go and wish to identify priorities may wish to refer to "Improving Services" (page 61) for quick questions and guidance. Expected outcomes for service users are listed in appendix 1. More detailed exploration of each area is dealt with in the separate standards

The standards are an attempt to set out in clear and measurable terms the standards that should apply to services for people who are deafblind or who have a dual sensory impairment. They build on a large amount of previous work in this field, of which "*Think Dual Sensory*" (Department of Health, 1995) and "*Sign Posts*" (Social Services Inspectorate, 1989) are examples.

For each standard there is a range of "possible evidence" that may demonstrate that the standard is met. The evidence used will depend on the nature of the service and may change as service provision improves.

These standards do not exist in isolation but grow out of the increasing national focus on frameworks and standards for a variety of different services. They can be used by purchasers, providers, carers, families, and users. They are an addition to existing standards bringing a focus on the unique needs of people with dual sensory impairment. They are not intended to stand alone.

Background

These standards take account of the Disability Discrimination Act (1995) and particularly of the requirement on providers to ensure that disabled people are able to access all services. It is not necessarily the case that a service accessible to people with a visual impairment and to people with a hearing impairment will be accessible to people with dual sensory impairment.

The key requirements of the Disability Discrimination Act (1995) are that service providers are required to take reasonable steps to change practices, policies or procedures which make it impossible or unreasonably difficult for disabled people to use a service; to provide auxiliary aids or services which would enable disabled people to use a service; and to overcome physical barriers by providing a service by a reasonable alternative method.

These standards should be useful in assisting organisations to meet their Disability Discrimination Act requirements in relation to people with a dual sensory impairment.

This document will also enable organisations involved in the delivery of community care to ensure their policy, practice and procedures with respect to deafblind people are in line with the Human Rights Act 1998 which comes into force in October 2000. The Act will impact upon assessments of need under community care and the provision of support and care services (domiciliary and residential care) for deafblind people. The standards reflect the principles of the European Convention on Human Rights, incorporated into UK law by the Human Rights Act 1998 in particular articles 3, 8 and 14 (the prohibition on inhuman and degrading treatment, the right to respect for private and family life and the right to non-discrimination in enjoying Convention rights respectively).

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 are vast. The impact of a dual loss is significantly different from a single 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.

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."

The decision about how to describe hearing and vision loss is, of course, down to the individual. However, the use of a single broad term can be useful. This document uses the terms "deafblind" and "dual sensory impairment" interchangeably.

The difference between "congenital" and "acquired" deafblindness is important. Congenital deafblindness is dual sensory impairment present from birth. Acquired deafblindness is 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 (e.g. head injury) or as a result of the processes of ageing. The impact of acquired dual sensory impairment varies according to the individual. A significant factor in the impact is the age of acquisition, early acquisition (especially before language learning has occurred) can have a more profound effect. It is the case that a person can have a single sensory impairment and then acquire a second impairment.

The responsibility for ensuring equality and access belongs to everyone, there is a duty to anticipate requirements and make reasonable adjustments. It is not simply the duty of the person with dual sensory impairment to inform people about their 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.

Deafblind people with additional needs

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 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/diseases that can also cause dual sensory impairment.

Mental Health

People with dual sensory impairment are no less likely to suffer from a whole range of serious psychiatric conditions than anyone else. Psychotic, manic and depressive illnesses exist in the deafblind community as they exist in the hearing/sighted community. There are, however, specific problems associated with the loss of sight and hearing. The difficult process associated with the loss of a major sense is multiplied, as is the need for support in learning new coping strategies.

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 who has always been Deaf to gradual sight loss may be profoundly different from the response of a previously hearing and sighted person to a similar loss.

Members of 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 cannot be overestimated.

Principles

These principles guide all the standards. When looking at adapting standards to local settings, or at evaluating a service against these standards the principles can produce useful ideas and guidance.

Person Centred

The individual is at the heart of service planning and provision. Services are aimed at meeting the choices, desires and needs of the individual. The focus in working with a person is on what they can do, or could do with appropriate support, not what they cannot do. This is complemented by looking at how they can do it (e.g. what support is required).

Lifestyle Focused

Services are about helping a person to have a lifestyle that makes sense to them. People are able to do the things that they want to do, and are supported in this. Lifestyles change and services need to adapt as well.

Access Oriented

The responsibility for ensuring access lies with the provider, and not with the deafblind person. Equal access for everyone is built into processes from the start. Buildings, services, and Information are accessible to deafblind people.

Specialist

Deafblind people have access to services and buildings that take into account the unique nature of dual sensory impairment. They also have access to staff who understand and can respond appropriately to people with dual sensory impairment.

A Planning Services

The complex, multiple needs of people with dual sensory impairment mean that it is essential that services are organised and designed with knowledge of the local population and with an awareness of current gaps in provision. These standards are about how organisations go about looking at what is needed for people with dual sensory impairment and about how they assess and evaluate what is currently provided.

- A.1 Measuring Population Need**
- A.2 Assessing existing services**
- A.3 Identifying the need for services**
- A.4 Evaluating the results**

1 Organisations know how many people with dual sensory impairment there are in their catchment area, and they have sufficient information to identify sub groups.

Outcome People with dual sensory impairment know that organisations are aware of them.

Possible Evidence

- 1.1 The organisation is able to produce figures of the number of people with dual sensory impairment in it's catchment area, identify the source of those figures, and justify differences from national population figures (a minimum estimate is 40 per 100,000).
- 1.2 There is a register of people with dual sensory impairment.
- 1.3 The dual sensory impairment register is up to date.
- 1.4 Registers that do exist identify ethnicity, gender, age, other disabilities (e.g. learning disabilities, physical disabilities).
- 1.5 Numbers of people on dual sensory impairment registers roughly reflect national population figures for people with dual sensory impairment (a minimum estimate is 40 per 100,000) allowing for local circumstances.
- 1.6 Where single sensory registers are in place (e.g. BD8 register) procedures exist for ensuring that people on two registers (i.e. a visual impairment register and a hearing impairment register) are identified as dual sensory impaired.
- 1.7 Where single sensory registers are in place there are procedures for identifying people with dual sensory impairment on that register.
- 1.8 Surveys that have taken place identify dual sensory impairment, ethnicity, gender, age, other disabilities (e.g. learning disabilities, physical disabilities).
- 1.9 There are arrangements in place to ensure that information from registers is appropriately shared and passed on to other organisations.
- 1.10 Client records include information on sensory impairment, ethnicity, gender, age, other disabilities (e.g. learning disabilities, physical disabilities).

2 Organisations are able to identify population need.

Outcome *Deafblind people know that their needs and requests for services are recorded.*

Possible Evidence

- 2.1 Information is collected from services funded by the organisation about the number of people with dual sensory impairment in contact with that service in the past year.
- 2.2 The organisation is able to produce figures of the number of people with dual sensory impairment by category (ethnicity, gender, age, other disabilities (e.g. learning disabilities, physical disabilities)) in its catchment area,
- 2.3 Information is collated and published in a way that means that it is easy to identify the use people with dual sensory impairment have made of the services provided or funded.
- 2.4 There are systems in place to record requests that cannot be met.
- 2.5 Information is collated and published in a way that means that it is easy to identify the requests people with dual sensory impairment have made.

3 Organisations have assessed whether their current services meet the needs of people with dual sensory impairment.

Outcome Deafblind people know that services and buildings are accessible to them.

Possible Evidence

- 3.1 The organisation has a clear set of principles and standards to guide service managers in making buildings accessible.
- 3.2 There is a plan in place to audit physical accessibility across buildings used by the organisation.
- 3.3 There is a plan in place to audit communication accessibility.
- 3.4 There is a system for identifying complaints from people with dual sensory impairment that relate to accessibility and highlighting these.
- 3.5 The organisation's internal quality evaluation system includes reference to the needs of people with dual sensory impairment.
- 3.6 The organisation's internal standards (or equivalent document) include reference to people with dual sensory impairment.
- 3.7 Procedures for internal quality audits include reference to the needs of people with dual sensory impairment.
- 3.8 Where "best value" reviews and evaluations are being planned or are taking place the needs of people with dual sensory impairment are included in the process.
- 3.9 Current reporting of uptake \ service usage includes a section on people with dual sensory impairment.
- 3.10 There are procedures in place to evaluate service usage data and compare service uptake by different groups.
- 3.11 There are methods in place to identify services with accessibility problems.
- 3.12 Services with a poor uptake by people with dual sensory impairment have their accessibility evaluated.

4 Organisations identify demands for services from people with dual sensory impairment that have not been met.

Outcome People with dual sensory impairment receive the right amount, of the right type, of care.

Possible Evidence

- 4.1 There are records kept of service requests from people with dual sensory impairment.
- 4.2 Assessment procedures include questions about required services and assist in identifying unmet need.
- 4.3 Processes in place assist people with dual sensory impairment to make their demands known.
- 4.4 Consultation plans include opportunities for people with dual sensory impairment to contribute.
- 4.5 Planning and consultation documents are published in accessible formats.
- 4.6 Service users with dual sensory impairment report feeling that they have been consulted about planned changes.
- 4.7 Planning for new services includes reference to the needs of people with dual sensory impairment.
- 4.8 Tender documents include questions about how the proposed service will meet the needs of people with dual sensory impairment.
- 4.9 Operational frameworks for new services include reference to the needs of people with dual sensory impairment.
- 4.10 Organisations collate and examine the information that they have gathered about deafblind service users and compare this to expected population figures.
- 4.11 People with dual sensory impairment are easily identifiable from this information.
- 4.12 This information is compared to national figures (where available).

5 A formal process exists for evaluating the quality of current services.

Outcome Deafblind people know that the services they use are assessed against monitored, evaluated and reviewed standards

Possible Evidence

- 5.1 The organisation has a quality and evaluation strategy.
- 5.2 The organisation has signed up to an existing quality assessment strategy (e.g. ISO 9000).
- 5.3 The organisation has defined standards.
- 5.4 The organisation has methods in place to assess services against those standards.
- 5.5 The organisation has methods in place to review and act on those assessments.
- 5.6 Continuous improvement is seen as central to the process.
- 5.7 Services are monitored for their effectiveness against clearly defined standards.
- 5.8 These standards refer to the needs of people with dual sensory impairment.
- 5.9 Service managers understand the standards and have knowledge of evaluation procedures and strategies.
- 5.10 Staff are aware of the standards.
- 5.11 There are procedures in place to evaluate the service against these standards.
- 5.12 There are procedures in place to act on the results of evaluation.
- 5.13 There is evidence that change has occurred as a result of evaluation against standards.
- 5.14 There are procedures in place to evaluate and review the standards.

6 Actions resulting from evaluation recommendations are incorporated into the strategic planning process.

Outcome Deafblind people know that the services they use are assessed against monitored, evaluated and reviewed standards

Possible Evidence

- 6.1 There is a process in place that sets targets for meeting the needs of people with dual sensory impairment.
- 6.2 Progress towards meeting these targets is monitored.
- 6.3 There are regular evaluation reports produced setting out progress towards meeting the targets.
- 6.4 Strategic plans include reference to people with dual sensory impairment.
- 6.5 Community care plans and health improvement plans include reference to people with dual sensory impairment.
- 6.6 Information about service use by people with dual sensory impairment is available as part of the strategic planning process.
- 6.7 Service plans include information about the level of service provided to people with dual sensory impairment.
- 6.8 Service plans include details about how the accessibility of services will be increased.

7 Registration and Inspection teams attend to the needs of people with dual sensory impairment.

Outcome Deafblind people know that registration and inspection staff are aware of their needs, including communication needs.

Possible Evidence

- 7.1 Registration and inspection reports include reference to the needs of people with dual sensory impairment.
- 7.2 Registration and inspection staff have basic deafblind awareness training.
- 7.3 Registration and inspection assessment tools and questionnaires include reference to the needs of people with dual sensory impairment.
- 7.4 Questionnaires are available in multiple formats, including braille, audiotape, signed video and person-to-person (interpreted).
- 7.5 Interpreters are available for meetings with service users.
- 7.6 Registration and inspection units have a textphone, and knowledge of how to use it.

B Involving Users, Families, Carers and Advocates.

The involvement of people in services that they are part of is vital. Deafblind people have specific needs in relation to consultation because of the unique nature of dual sensory impairment.

These standards are about how consultation processes can be organised so that people with dual sensory impairment are empowered to participate as full members of the community. They are also about how families and carers can be supported.

B.1 Consulting with Deafblind people

B.2 Consulting with families, carers, and advocates.

B.3 Supporting carers and families.

- 8 Services provided specifically for people with dual sensory impairment involve people with dual sensory impairment in planning, evaluating and changing services.**

Outcome The deafblind person is involved in designing, changing and planning his or her own lifestyle.

Possible Evidence

- | | |
|-----|---|
| 8.1 | Wherever possible there are people with dual sensory impairment on management committees and as senior managers. |
| 8.2 | There are procedures in place to ensure that consultation takes place. |
| 8.3 | There are records of meetings with people with dual sensory impairment to discuss service plans. |
| 8.4 | There is a service user forum (or equivalent) to allow service users to feed into the management of the service that they are in. |
| 8.5 | There is a clear link between strategic planning and feedback from people with dual sensory impairment. |
| 8.6 | There is evidence of consultation of people with dual sensory impairment in the evaluation of services - for example, questionnaires, interviews, focus groups etc. |

9 Consultation processes for all services are accessible to people with dual sensory impairment.

Outcome *The deafblind person can be involved in consultation about services.*

Possible Evidence

- 9.1 Questionnaires, information, leaflets, letters, and consultation documents are available in a variety of formats.
- 9.2 Focus groups and interviews are accessible to people with dual sensory impairment - interpreters/person-to-person support is available.
- 9.3 Where telephone numbers are given out as part of a consultation process then textphone numbers are also given out.
- 9.4 There is provision for interpretation, transcription, braille, and deafblind awareness/sign language training for members, volunteers, and paid staff.
- 9.5 Where there is a register of the information access needs (e.g. large print/braille/email) of people with dual sensory impairment then consultation documents (e.g. council budget information etc.) are automatically sent in the appropriate format.
- 9.6 Where external organisations are employed to undertake consultation or information gathering these organisations are made aware of the need to include people with dual sensory impairment in their remit.
- 9.7 User groups, patient councils, user representative posts and similar schemes are accessible to people with dual sensory impairment.
- 9.8 There is evidence that people with dual sensory impairment have been informed of the existence of these schemes.
- 9.9 When there is a proposal to change a service used by a person with dual sensory impairment that person is consulted about the change.

10 Services provided specifically for people with dual sensory impairment consult families, carers, and advocates in planning, evaluating and changing services.

Outcome People with dual sensory impairment and their supporters are involved in designing, changing and planning their own lifestyles.

Possible Evidence

- 10.1 Wherever possible there are family members, carers, and advocates of people with dual sensory impairment on management committees.
- 10.2 There are regular meetings between staff and families, carers and advocates.
- 10.3 There are formal consultation and involvement procedures for families, carers, and advocates.
- 10.4 Families, carers, and advocates feel that they are consulted in planning, evaluating and changing services.

11 Families, carers, and advocates are consulted if there are plans to change a service their relative/advocacy partner receives.

Outcome The deafblind person and their supporters are involved in any changes to service provision.

Possible Evidence

- 11.1 Where there are planned service changes information is circulated in enough time for adequate consideration to be given to the plans.
- 11.2 Where there are planned service changes there is information available about the plans in a variety of formats.
- 11.3 This information has been sent to all concerned parties.
- 11.4 There have been meetings with all concerned parties.
- 11.5 Suggestions, concerns, and ideas that are generated as a result of consultation are incorporated into the planning process.
- 11.6 Families, carers and advocates feel that they have been consulted about plans to change the service that their relative/advocacy partner receives.

12 Carers and families of people with dual sensory impairment have opportunities for support that are separate from the service that the person with dual sensory impairment receives.

Outcome Families and carers are able to offer support to the person with dual sensory impairment.

Possible Evidence

- 12.1 There is an identified person available to support carers and relatives who does not work directly with the person with dual sensory impairment.
- 12.2 Carers and families are directed to an appropriate external agency for support.
- 12.3 A support service exists that is operationally separate from the service provision for people with dual sensory impairment.
- 12.4 Support staff have experience of working with people with dual sensory impairment.
- 12.5 Support staff have appropriate training in deafblindness (e.g. bespoke Sense/Deafblind UK/Council for the Advancement of Communication with Deaf People course, MSI diploma, etc.).
- 12.6 Carers and families feel that the staff responsible for supporting them are knowledgeable about dual sensory impairment.
- 12.7 Carers and families are able to identify specific support mechanisms that they see as separate from the service provision for the people with dual sensory impairment.

C Policies and Procedures

There are some policies and organisational procedures that have a particular impact on deafblind people. This is because of their specific needs. These standards are about the content of policies and procedures that are most relevant to people with dual sensory impairment.

- C.1 Equal Opportunities**
- C.2 Complaints**
- C.3 Eligibility Criteria**
- C.4 Commissioning and Contracting Services**

13 Organisations have equal opportunities policy and procedures that include people with dual sensory impairment.

Outcome Deafblind people feel welcomed and included by the organisation.

Possible Evidence

- 13.1 There is a policy statement that lays out the value that the organisation places on the inclusion of deafblind people.
- 13.2 The policy includes a clear statement about the right of deafblind people to access all of the services that the organisation provides.
- 13.3 The policy is available in a variety of formats - braille, audiotape, computer text file, large print, British Sign Language video, person-to-person.
- 13.4 Equal opportunities monitoring systems include collection of information about people with dual sensory impairment, as job applicants, as employees, and as service users.
- 13.5 Equal opportunities application monitoring forms include dual sensory impairment as a monitoring category.
- 13.6 Equal opportunities employment monitoring include dual sensory impairment as a monitoring category.
- 13.7 Equal opportunity service user monitoring include dual sensory impairment as a monitoring category.
- 13.8 Internal organisation analysis includes dual sensory impairment.
- 13.9 Reports, reviews, and published information include analysis of dual sensory impairment.

14 Complaint procedures are accessible to people with dual sensory impairment.

Outcome *People with dual sensory impairment can complain if they need to.*

Possible Evidence

- 14.1 Complaint policies are available in a variety of formats - braille, audiotape, computer text file, large print, British Sign Language video, person-to-person.
- 14.2 Complaints leaflets are available in a variety of formats - braille, large print, computer text file, British Sign Language video.
- 14.3 The need for communication support through the process of making a complaint is recognised and there are arrangements in place to support complainants.
- 14.4 There are procedures in place to identify and record the complainants preferred mode(s) of communication.
- 14.5 There are procedures in place to identify and record preferred mode of communication for others involved in the complaint.
- 14.6 Complaints are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 14.7 Organisations are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 14.8 Reports, investigations, and responses to complaints are provided in appropriate formats.
- 14.9 Complaints monitoring includes monitoring of numbers of complaints from people with dual sensory impairment, numbers of people involved in complaints with dual sensory impairment and numbers of complaints that relate to accessibility.

15 Eligibility criteria are set and applied in a way that takes into account the specific needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 15.1 Eligibility criteria are clear and unambiguous.
- 15.2 Eligibility criteria are available in a variety of formats - braille, audiotape, computer text file, large print, British Sign Language video, person-to-person.
- 15.3 Eligibility criteria refer to the specific needs of people with dual sensory impairment.
- 15.4 Guidelines for the application of eligibility criteria refer to the unique nature of dual sensory impairment.
- 15.5 There is a regular review of the eligibility criteria and their application. This review includes attention to the impact on people with dual sensory impairment.

16 The commissioning and contracting process incorporates requirements for provider organisations to meet the standards detailed in this document.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 16.1 Contracts for services incorporate reporting and information gathering mechanisms that allow monitoring of unmet need of people with dual sensory impairment.
- 16.2 Contracts for services incorporate reporting and information gathering mechanisms that allow monitoring of service use by people with dual sensory impairment.
- 16.3 Contracts for services incorporate requirements for provider organisations to meet the standards detailed in this document.
- 16.4 Contracts contain reference to expected standards of service that reflect the overall nature of the standards in this document.
- 16.5 The contract includes a mechanism for gathering information about services used by people with dual sensory impairment.
- 16.6 There is a named post/person responsible for providing the information.
- 16.7 There is a named post/person responsible for receiving and collating the information.
- 16.8 There are regular reports detailing service use by people with dual sensory impairment.

D Staffing

Personal contact is vitally important to people with dual sensory impairment.

These standards are about the knowledge and skills of the people that a deafblind person may meet when in contact with services.

D.1 Competency requirements: general staff.

D.2 Competency requirements: staff working specifically with people with dual sensory impairment.

17 All staff have basic deafblind awareness.

Outcome *A deafblind person has access to staff who understand the nature of dual sensory impairment.*

Possible Evidence

- 17.1 There is a staff training program that includes deafblind awareness.
- 17.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 17.3 Staff report attending deafblind awareness training.
- 17.4 There is a planned programme of training that will ensure that current staff will receive basic deafblind awareness in an appropriate length of time (depends on staff numbers and turnover).
- 17.5 There is a planned programme of induction training that ensures that all staff new to the organisation receive basic deafblind awareness in an appropriate length of time (depends on staff numbers and turnover).

18 **Emergency duty teams in social services also have knowledge about how to access specialist assessment and provision.**

Outcome *Deafblind people have access to staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.*

Possible Evidence

- 18.1 There is a staff training program that includes deafblind awareness.
- 18.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 18.3 Staff report attending deafblind awareness training.
- 18.4 There is information available about local sources of specialist assessment and provision.
- 18.5 Staff have made contact with local sources of support and are aware of procedures for referral and assessment.
- 18.6 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 18.7 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

19 **Audiology and ophthalmology staff also have an awareness of the need for assessment of both visual and auditory impairment.**

Outcome ***A deafblind person has access to audiology and ophthalmology staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.***

Possible Evidence

- 19.1 There is a staff training program that includes deafblind awareness.
- 19.2 Basic information is provided about hearing impairment to ophthalmology staff.
- 19.3 Basic information is provided about visual impairment to audiology staff.
- 19.4 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

20 Human resource staff also have an understanding of the issues faced by people with dual sensory impairment in employment.

Outcome A deafblind person has access to human resource staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

Possible Evidence

- 20.1 There is a staff training program that includes deafblind awareness.
- 20.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 20.3 Staff report attending deafblind awareness training.
- 20.4 There is additional training focusing on the employment of people with dual sensory impairment.
- 20.5 There is training provided on accessing Disability Employment Services (formerly PACT) support.
- 20.6 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 20.7 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

21 Staff working with people with dual sensory impairment for a significant length of time are supported to learn appropriate communication techniques.

Outcome A deafblind person has access to staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

Possible Evidence

- | | |
|------|--|
| 21.1 | There are procedures in place to identify people with dual sensory impairment who are expected to be in contact with an organisation for a significant amount of time. This could include where a person is admitted to hospital for a lengthy stay, where a person takes up a warden controlled flat, and where a person starts to receive meals on wheels. |
| 21.2 | There are procedures in place to identify the staff most likely to have lengthy individual contact with the person with dual sensory impairment. |
| 21.3 | There are procedures in place to ensure that communication support (e.g. interpreter) is available where necessary. |
| 21.4 | There is a record of the individual's communication skills, needs, preferred mode, and development. |
| 21.5 | There is an assessment of the communication skills of current staff in relation to the needs of the individual when they start to receive a service. |
| 21.6 | New staff have their communication skills assessed in relation to the individual(s) that they will work with. |
| 21.7 | Appropriate specialist support is obtained to design and deliver the training. |
| 21.8 | There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |
| 21.9 | There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |

22 **Complaints Officers, Registration and Inspection staff also have basic communication skills (including textphone use) and knowledge of sources of support and information.**

Outcome ***A deafblind person has access to Complaints Officers, Registration and Inspection staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.***

Possible Evidence

- | | |
|------|---|
| 22.1 | There is a staff training program that includes deafblind awareness. |
| 22.2 | Staff training records indicate that individual staff have attended deafblind awareness. |
| 22.3 | Staff report attending deafblind awareness training. |
| 22.4 | There is basic communication skills training. |
| 22.5 | Staff report attending basic communication skills training. |
| 22.6 | Council for the Advancement of Communication with Deaf People (Council for the Advancement of Communication with Deaf People) training (e.g. British Sign Language Stage 1) is available. |
| 22.7 | There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |
| 22.8 | There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |

23 Senior/Middle managers with deafblind responsibility have awareness of the different groups of people with dual sensory impairment, the numbers, needs, risks, potential, service possibilities and training opportunities.

Outcome Deafblind people know that the senior manager responsible for their services is deafblind aware.

Possible Evidence

- 23.1 There is a training program that includes deafblind awareness.
- 23.2 Training records indicate that individual staff have attended deafblind awareness.
- 23.3 Staff report attending deafblind awareness training.
- 23.4 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 23.5 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

24 Managers of specialist (deafblind) services have communication, assessment, and treatment skills relating to people with dual sensory impairment.

Outcome Deafblind people know that the manager responsible for their services is deafblind aware.

Possible Evidence

- | | |
|------|---|
| 24.1 | There is a training program that includes deafblind awareness. |
| 24.2 | Training records indicate that individual staff have attended deafblind awareness. |
| 24.3 | Staff report attending deafblind awareness training. |
| 24.4 | There are opportunities for appropriate further training. |
| 24.5 | There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |
| 24.6 | There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover). |

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

25 Direct care staff working with an individual deafblind person have basic deafblind awareness and knowledge of the individual communication method used by the person they are working with.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, and can communicate with the person they are working with and have additional knowledge appropriate to their role.

Possible Evidence

- 25.1 There is a staff training program that includes deafblind awareness.
- 25.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 25.3 Staff report attending deafblind awareness training.
- 25.4 There is a record of the individual's communication skills, needs, preferred mode, and development.
- 25.5 There is an assessment of the communication skills of current staff in relation to the needs of the individual when they start to receive a service.
- 25.6 New staff have their communication skills assessed in relation to the individual(s) that they will work with.
- 25.7 Appropriate specialist support is obtained to design and deliver the training.
- 25.8 The individual with dual sensory impairment has his or her communication needs regularly reassessed.
- 25.9 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 25.10 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

26 Rehabilitation workers have basic deafblind awareness, appropriate communication skills and rehabilitation skills.

Outcome Deafblind people have access to rehabilitation staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

Possible Evidence

- 26.1 There is a staff training program that includes deafblind awareness.
- 26.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 26.3 Staff report attending deafblind awareness training.
- 26.4 Staff have appropriate rehabilitation skills, special communication skills, knowledge and experience of dual sensory impairment.
- 26.5 There are opportunities for appropriate further training. This could include the DipHE Rehabilitation Studies and possibly modules from the DipHE - Deafblind Studies.
- 26.6 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 26.7 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

27 Technical Officers have basic deafblind awareness, special communication skills, and knowledge of appropriate aids, equipment, and technology.

Outcome Deafblind people have access to technical officers who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

Possible Evidence

- 27.1 There is a staff training program that includes deafblind awareness.
- 27.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 27.3 Staff report attending deafblind awareness training.
- 27.4 Staff have appropriate communication skills, knowledge of dual sensory impairment, knowledge of aids, equipment and technology.
- 27.5 There are opportunities for appropriate further training. This could include the Council for the Advancement of Communication with Deaf People qualification in Communicating and Guiding with Deafblind People.
- 27.6 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 27.7 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

28 Communicator Guides\Guide Helps\Intervenors have relevant communication skills (lip speaking, deafblind manual, block, British Sign Language\British Sign Language (visual field)\British Sign Language (co-active)), guiding skills, interpersonal skills and an understanding and knowledge of dual sensory impairment.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

Possible Evidence

- 28.1 There is a staff training program that includes deafblind awareness.
- 28.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 28.3 Staff have access to experienced specialist advice on deafblindness.
- 28.4 Staff have skills appropriate to meeting the particular needs of each individual they work with.
- 28.5 Communicator Guides have the Council for the Advancement of Communication with Deaf People qualifications "Communicating and Guiding with Deafblind People - Level 3"
- 28.6 Intervenors are on the register of intervenors maintained by the National Organisation of Intervenors.
- 28.7 There are opportunities for appropriate further training. This could include the bespoke courses from deafblind organisations (e.g. Sense or Deafblind UK) and appropriate Council for the Advancement of Communication with Deaf People qualifications.
- 28.8 Staff are aware of the communicator-guide code of practice.
- 28.9 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 28.10 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

29 Reception staff (of specialist services) have basic sign language skills and have basic deafblind awareness.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

Possible Evidence

- 29.1 There is a staff training program that includes deafblind awareness.
- 29.2 Staff training records indicate that individual staff have attended deafblind awareness.
- 29.3 Staff report attending deafblind awareness training.
- 29.4 Staff have appropriate Council for the Advancement of Communication with Deaf People qualifications. This could include British Sign Language Stage 1 and/or Communication and Guiding with Deafblind People.
- 29.5 There is a planned programme of training that will ensure that current staff will receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).
- 29.6 There is a planned programme of induction training that ensures that all staff new to the organisation receive appropriate training in an appropriate length of time (depends on staff numbers and turnover).

D Staffing

D.2 Competency Requirements: Staff Working Specifically with Adults with Dual Sensory Impairment

E Communication and Access to Information

One of the essential rights of any individual is to know what is happening. The restricted access to information caused by dual sensory impairment means that, in order for genuine involvement and participation, practice needs to be both aware and adapted.

These standards are about the way that information is made available to deafblind people so that maximum accessibility is achieved.

E.1 Communication Services

E.2 Information about services

E.3 Systems for giving and receiving information.

30 Communication services are available, appropriate and accessible to people who need them.

Outcome People with dual sensory impairment are able to communicate effectively.

Possible Evidence

- 30.1 Communication services include (but are not limited to) human aids to communication (e.g. interpreters, lip speakers, notetakers, palantypists) and technological aids to communication (e.g. loops)
- 30.2 There is a manager with responsibility for ensuring communication services are available, effective and accessible.
- 30.3 The delivery of communication services is monitored for timeliness and effectiveness.
- 30.4 The satisfaction of communication service users is monitored.
- 30.5 There are clear eligibility criteria for accessing communication support services.
- 30.6 It is clear how clients with dual sensory impairment can get access to communication services if they require them.
- 30.7 It is clear how staff can get access to communication services if they require them.
- 30.8 The responsibility for providing communication support services (interpreting, deafblind manual, loop systems, transcription, note taking, etc.) is clear.
- 30.9 Where communication support is required for an individual, the provision of that support does not cause the person to wait longer than someone who does not need that support.
- 30.10 There are systems for recording requests for communication support.
- 30.11 There are systems for recording if extra waiting time is caused by the provision of communication support.

31 Information about services is readily accessible and regularly updated.

Outcome *The deafblind person can get useful information about local services.*

Possible Evidence

- 31.1 There is a named manager responsible for ensuring that all information produced by the organisation is accessible.
- 31.2 There is a list/directory of all services provided by the organisation produced regularly.
- 31.3 There is a list/directory of services specifically for people with dual sensory impairment produced regularly.
- 31.4 Plain English is used in all documents.
- 31.5 This list is available in a variety of formats - braille, large print, computer text file, audio tape, British Sign Language video, and person-to-person.
- 31.6 The existence of services is publicised in appropriate places to ensure that as many people as possible have access to them. (E.g. deaf clubs).
- 31.7 Directories of available services are publicised in appropriate places to ensure that as many people as possible have access to them. (E.g. deaf clubs).
- 31.8 Organisations are able to respond to queries about services available in a variety of formats - braille, fax, voice phone, typetalk, textphone, letter, computer text file, audio tape, British Sign Language video letter, person-to-person and email.

32 Case records (or equivalent) clearly record the individuals preferred mode of communication.

Outcome The communication needs of individuals in contact with a service are met appropriately.

Possible Evidence

- 32.1 There is a clear procedure for gathering information about an individuals preferred mode of communication.
- 32.2 There is a clear procedure for recording an individuals preferred mode of communication.
- 32.3 There is a clear procedure for responding to an individuals expressed preference for a mode of communication.
- 32.4 This procedure includes gathering information about the individuals preferred language (e.g. British Sign Language, Irish Sign Language, Sign Supported English, Spoken English, Spoken Punjabi, Spoken Welsh, Spoken Sylhetti).
- 32.5 This procedure includes gathering information about the individuals preferred means of written communication (e.g. large print, email, computer text file, braille, and only through another person). This should include the preferred language if different from above.
- 32.6 This procedure includes gathering information about the individuals preferred means of distance communication (e.g. voice phone, typetalk, textphone, email, and only through another person).
- 32.7 This procedure includes gathering information about other supports required by the individual (e.g. loop system, lip speaking support

33 People with dual sensory impairment have access to all information relevant to them.

Outcome Deafblind people are able to make informed decisions about their own lifestyle

Possible Evidence

- 33.1 Services are contactable in a variety of ways and are able to respond in a variety of formats.
- 33.2 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 33.3 Organisations are able to respond in a variety of formats - braille, fax, voice phone, typetalk, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 33.4 All meetings (e.g. assessments, case conferences, consultations, and interviews) that involve a person with dual sensory impairment are accessible to that person.
- 33.5 All documents related to the meeting that involve a person with dual sensory impairment are accessible to that person.
- 33.6 Agenda's, letters, minutes, and reports of the meeting are provided in a variety of formats - braille, fax, voice phone, typetalk, text phone, letter, computer text file, audio tape, British Sign Language video letter, person-to-person and email.
- 33.7 Where necessary extra time is given for people with dual sensory impairment to digest and respond to information.

F Buildings, Equipment and Transport

Accessible buildings, accessible transport and appropriate equipment are key to enabling deafblind people to live independent lives. These standards look at equipment provision and at transport.

The way that buildings are designed and adapted is important to deafblind people, the specific needs of a person with both of their distance senses absent or limited means that in order to maximise independence careful thought is needed. Often simple cheap and cost effective changes can greatly increase the ability of people with a dual sensory impairment to use a building. Specific recommendations about buildings are beyond the scope of these standards, advice should be sought from specialist agencies and providers (such as Sense or Deafblind UK). Some basic information is contained in the section on “Improving Services” (page 59).

F.1 Equipment.

F.2 Transport.

34 The supply of equipment to people with dual sensory impairment is appropriate and adequate.

Outcome Deafblind people receive the right equipment to meet their needs.

Possible Evidence

- 34.1 Organisations have a designated manager responsible for ensuring the accessibility of equipment to people with dual sensory impairment.
- 34.2 There is a record of the number of people with dual sensory who have requested equipment.
- 34.3 There is a record of the length of time a person has to wait for assessment following a request.
- 34.4 There is a record of the number of people with dual sensory impairment assessed.
- 34.5 There is a record of the numbers of people with dual sensory impairment supplied with equipment.
- 34.6 There is a record of the length of time a person has to wait between assessment and supply of equipment.
- 34.7 The waits and numbers for people with dual sensory impairment are compared to the waits and numbers for people with a single sensory impairment and those with no sensory impairment.
- 34.8 The supply of equipment to people with dual sensory impairment is evaluated regularly.
- 34.9 Technical specialist advice is available to people with dual sensory impairment.
- 34.10 Lists of equipment, descriptions, instructions and manuals are available in variety of formats - braille, fax, voice phone, text phone, letter, computer text file, audio tape, British Sign Language video letter, person-to-person and email.
- 34.11 Organisations are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

35 Where an organisation provides transport facilities for people who use services, these are accessible to people with dual sensory impairment.

Outcome *A person with dual sensory impairment uses transport services in an easy and appropriate way.*

Possible Evidence

- 35.1 Organisations providing transport have a manager with specific responsibility for people with dual sensory impairment.
- 35.2 Accessibility of vehicles to people with dual sensory impairment is regularly assessed.
- 35.3 Current vehicles are adapted as required.
- 35.4 Planning the purchase of new vehicles takes into account the needs of people with dual sensory impairment.
- 35.5 Use of the service by people with dual sensory impairment is monitored.
- 35.6 Satisfaction of dual sensory impairment users is monitored.
- 35.7 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 35.8 Organisations are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

G Service Provision

The services that deafblind people receive need to be adequate, accessible, and responsive to the specific needs of people with dual sensory impairment. These standards are about the organisation of some services for deafblind people. They are about the way that these services can be provided.

- G.1 Interagency Working and Transition Planning**
- G.2 Social Services**
- G.3 Independent Living Arrangements**
- G.4 Residential care**
- G.5 Health Care**

36 Joint planning arrangements include specific plans for meeting the needs of people with dual sensory impairment.

Outcome A deafblind person knows that all services will work together to meet their needs.

Possible Evidence

- 36.1 There is partnership working between health, housing, social services, and other agencies to identify and meet the needs of people with dual sensory impairment.
- 36.2 There is evidence of cross agency co-operation in integrating service delivery.
- 36.3 Local services co-ordinate responses to the needs of people with dual sensory impairment.
- 36.4 Organisations are linked into groups that allow specialist workers to share knowledge and experience.
- 36.5 There are planning forums that allow interested parties to meet and plan joint work that meets the needs of people with dual sensory impairment.

37 A transition plan is in place for people with dual sensory impairment for when they have completed their schooling.

Outcome Transition planning which identifies and meets the needs of young people with dual sensory impairment and allows for successful transitions to post-16 education, training, employment and adult life..

Possible Evidence

37.1 Transition plans, drawn up following the first annual review of a young person's statement after their fourteenth birthday and reviewed along with the statement annually thereafter [Year 9 review and annually thereafter], should take into account the specific needs of people with dual sensory impairment.

37.2 Advice and support from appropriate specialists in dual sensory impairment is available.

Explanatory paragraph:

This standard reflects the arrangements for transition planning set out in the SEN Code of Practice (NB not code of conduct). 'The first annual review after the young person's 14th birthday [the Year 9 annual review] and any subsequent annual reviews until the child leaves school, should include a Transition Plan which will draw together information from a range of individuals within and beyond the school in order to plan coherently for the young person's transition to adult life'. [Under the revised Code of Practice, the Connexions Service - the new support service for all 13-19 year olds which will be phased in from April 2001 - will oversee implementation of the Transition Plan. Connexions Service Personal Advisers will attend the Year 9 reviews, assist in drawing up and reviewing the Transition Plan and access specialist advice where necessary. For those with statements in the last year of compulsory schooling, and others with SEN, who intend to go on to further education or training, the Connexions Service, in consultation with the young people and others, will determine the provision which will be required to meet their needs and will work with providers to ensure it is available.] The Code of Practice also instructs LEAs to contact social services where a child is disabled and likely to require services. [The revised Code and accompanying Good Practice Guidance will reflect the advice in the DfEE's 'A Guide to Transition Planning for Secondary and Special Schools ... children with special needs.']

G Service Provision

G.1 Interagency Working and Transition Planning

38 Social work departments are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 38.1 Social work departments include a manager with specific responsibility for people with dual sensory impairment.
- 38.2 There are lines of communication between sensory impairment teams and other social work teams (e.g. child and family, adult learning disability) to ensure that people with dual sensory impairment in need of other specialist social work input are supported.
- 38.3 Sensory impairment social work teams include a social worker with specific responsibility for people with dual sensory impairment.
- 38.4 There is at least one worker identified as working specifically with people with dual sensory impairment.
- 38.5 There are systems in place to ensure that the specialist worker reviews referrals of people with dual sensory impairment.
- 38.6 Social work emergency duty teams are able to meet the needs of people with dual sensory impairment.
- 38.7 Social work emergency duty teams have information about appropriate local resources for people with dual sensory impairment.
- 38.8 Basic procedures exist for assessing and identifying communication support need in an emergency.
- 38.9 Social work emergency duty teams know how to access to appropriate communication facilities out of hours.
- 38.10 There are lists of local resources that are appropriate for people with people with dual sensory impairment (e.g. emergency accommodation, emergency child care/fostering, emergency adult placements etc.)
- 38.11 Social work emergency duty teams are able to access case records of people with dual sensory impairment in order to ensure appropriate communication strategies can be used.

39 People with dual sensory impairment are offered access to appropriate support to enable independent life.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 39.1 Organisations providing or arranging independent living support have a manager with specific responsibility for people with dual sensory impairment.
- 39.2 Assessments for support services that allow people to live more independently include an assessment of sensory impairment and required mode(s) of communication.
- 39.3 Assessments for support services include an assessment of the need for specialist one-to-one support from a communicator guide, guide help or intervenor.
- 39.4 There are clear guidelines to encourage field workers to support people with dual sensory impairment in their own homes.
- 39.5 Field workers are encouraged to support people with dual sensory impairment to access community facilities.
- 39.6 There is appropriate training and support available.
- 39.7 Providers of services that support people in their own homes are aware of the needs of people with dual sensory impairment.
- 39.8 Use of the service by people with dual sensory impairment is monitored.
- 39.9 Satisfaction of dual sensory impairment users is monitored.
- 39.10 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 39.11 Organisations are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

40 Appropriate residential care is available for people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 40.1 Organisations providing or arranging residential care have a manager with specific responsibility for people with dual sensory impairment.
- 40.2 The placement of a person with dual sensory impairment takes into account the individuals sensory impairment, social and communication needs.
- 40.3 Specialist residential care packages designed for people with dual sensory impairment are available.
- 40.4 Plans to ensure residual sight and hearing are fully used are in place for every service user with dual sensory impairment.
- 40.5 Plans to ensure that other senses are fully engaged in the environment are in place for every service user with dual sensory impairment.
- 40.6 Providers of residential services are aware of the needs of people with dual sensory impairment.
- 40.7 Providers of residential services are aware of the needs of the particular requirements of each person (if any) using their service who has a dual sensory impairment.
- 40.8 Use of the service by people with dual sensory impairment is monitored.
- 40.9 Satisfaction of dual sensory impairment users is monitored.
- 40.10 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 40.11 Organisations are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

41 Health authorities, primary care groups/trusts, and provider trusts are able to respond to the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 41.1 Health authorities, primary care groups/trusts, and provider trusts recognise their responsibility under the Disability Discrimination Act (1995) as providers of services to the public and ensure that they have arrangements in place to ensure that people with dual sensory impairment can access all of the services provided.
- 41.2 Consultation documents and general information are produced in a variety of formats.
- 41.3 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 41.4 Services are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

42 General practices, general dental practices, and other primary care services are able to respond to the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the primary care that they receive is appropriate for them.

Possible Evidence

- 42.1 General practices, general dental practices, and other primary care services recognise their responsibility under the Disability Discrimination Act (1995) as providers of services to the public and ensure that they have arrangements in place to ensure that people with dual sensory impairment can access all of the services provided.
- 42.2 General practices ensure that any identification of sensory impairment from over 75 yearly health screen is passed to appropriate agencies.
- 42.3 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 42.4 Services are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

43 Visual impairment services are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 43.1 Visual impairment services have a manager with responsibility for people with dual sensory impairment.
- 43.2 Visual impairment services have information available on the assessment of vision in hearing impaired people.
- 43.3 Visual impairment services have lists of resources available to support people with hearing impairment who are losing their sight (e.g. local voluntary agencies, local services contact points, etc.)
- 43.4 Visual impairment services have co-working arrangements with local hearing impairment services.
- 43.5 Visual impairment services have developed co-working arrangements with learning difficulty services.
- 43.6 Visual impairment services have developed appropriate functional assessment methods for people who may not respond to conventional testing methods
- 43.7 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 43.8 Visual impairment services are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

44 **Hearing impairment services (e.g. audiologists, cochlear implant programmes etc.) are able to meet the needs of people with dual sensory impairment.**

Outcome ***People with dual sensory impairment can be sure that the services that they receive are appropriate for them.***

Possible Evidence

- 44.1 Hearing impairment services have a manager with responsibility for people with dual sensory impairment.
- 44.2 Hearing impairment services have information available on the assessment of hearing in vision impaired people.
- 44.3 Hearing impairment services have lists of resources available to support people with visual impairment who are losing their hearing (e.g. local voluntary agencies, local services contact points, etc.)
- 44.4 Hearing impairment services have co-working arrangements with local visual impairment services.
- 44.5 Hearing impairment services have developed co-working arrangements with learning difficulty services.
- 44.6 Hearing impairment services have developed appropriate functional assessment methods for people who may not respond to conventional testing methods
- 44.7 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 44.8 Hearing impairment services are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

45 Services for Deaf people with mental health problems are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Possible Evidence

- 45.1 Services for Deaf people with mental health problems include a manager with specific responsibility for people with dual sensory impairment.
- 45.2 There are lines of communication between Deaf mental health services and appropriate local mental health teams (e.g. child and family) to ensure that people with dual sensory impairment in need of other input are supported.
- 45.3 There is at least one worker identified as working specifically with people with dual sensory impairment.
- 45.4 There are systems in place to ensure that the specialist worker reviews referrals of people with dual sensory impairment.
- 45.5 Contacts are accepted in a variety of formats - fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.
- 45.6 Services are able to respond in a variety of formats - braille, fax, voice phone, textphone, letter, computer text file, audiotape, British Sign Language video letter, person-to-person and email.

Improving Services

This section of the document moves on from the standards themselves to look at improving particular services. The task of adapting, changing and challenging services so that they meet the needs of people with dual sensory impairment is a complex one.

The standards themselves are a comprehensive guide to all the areas that need to be considered when reviewing, evaluating or setting up a service for people with dual sensory impairment.

This is a list of short easy questions that you can ask about your service in order to start the process of evaluation and improvement. They are not representative of the whole standards but represent some priority issues and ideas for improvements.

- **Independent Living Services**
- **Residential, Respite and Day Services**

Improving Services - Independent Living Services

These are some questions that you could ask yourself about a service.

Involvement

Are service users with dual sensory impairment involved in making decisions that effect their own lives? These can be simple (the use of basic objects and shapes to choose lunch) or complex (using interpreters to recruit new staff).

Is it clear how people can complain?

Is it easy for deafblind people to do this?

Is there a way of supporting people who want to complain?

Communication

It can be difficult for people with dual sensory impairment to communicate except through another person. What contact do you have with dual sensory impaired service users so that you can be sure that you have their opinion – not just the view of the staff member who works with them?

If there is a service user with dual sensory impairment, can staff communicate with that person?

When someone starts with your service how do staff find out how they can communicate with that person?

How do you share this information with staff and ensure that any communication system is used consistently?

If you have a service user with dual sensory impairment and there are problems communicating with them have you tried a total communication approach?

Have you tried using real objects to communicate information about activities and choices? Have you tried anything else? Do you know how he or she prefers to communicate?

What arrangements have you made for contacting people who use your service who cannot use any phone (either voice or text)?

How do your staff identify themselves at a persons door – Braille ID cards, raised lettering ID card, a pre arranged object, to another family member,

another way?

Staffing

Do staff know about dual sensory impairment?
Has there been any training?

Do your staff use a consistent way of identifying themselves to service users (such as personal symbols/objects)?

Consistency and predictability can be important for people with dual sensory impairment. How do you arrange cover for sickness and holidays in a way that ensures the user can communicate with the replacement/temporary staff member(s)?

Senses

Do you know how well your service users can see/hear?
How can you be sure that this is checked regularly?
Is this clearly recorded?

How do you ensure that a deafblind person's residual hearing/sight is fully used?

How do you ensure that all the other senses (touch, taste, smell, and proprioception) that a person has are fully engaged/used in the environment?

Do you use aromatherapy (with the advice of appropriate professionals)?
Do you use massage (with the advice of appropriate professionals)?

Do you use smell/touch-based reminiscence therapy (with older adults)?

Environments

How do you assess community facilities to be sure they are suitable for people with dual sensory impairment?

How do you support community facilities to be more accessible?

Advice and Support

Do you know where to get additional advice or support if you need it?

Improving Services
Independent Living Services

Could you get an interpreter (British Sign Language, deafblind manual, etc) if you needed one?

Are you in contact with other organisations that work with people with dual sensory impairment (e.g. social services, health services, Sense, Deafblind UK etc)?

How do you share the information, knowledge, skills and experience your service has gained from working with deafblind people?

Improving Services - Residential, Respite and Day Services

These are some questions that you could ask yourself about a service.

Involvement

Are service users with dual sensory impairment involved in making decisions that effect their own lives? These can be simple (the use of basic objects and shapes to choose lunch) or complex (the use of deafblind manual to discuss changes to staffing in the home).

Is it clear how people can complain?

Is it easy for deafblind people to do this?

Is there a way of supporting people who want to complain?

Communication

If there is a service user with dual sensory impairment, can staff communicate with that person?

When someone starts with your service how do staff find out how they can communicate with that person?

How do you share this information with staff and ensure that any communication system is used consistently?

If you have a service user with dual sensory impairment and there are problems with communication have you tried a total communication approach?

Have you tried using real objects to communicate information about activities and choices? Have you tried anything else? Do you know how he or she prefers to communicate?

How are you sure that people who are only with you for a short time (e.g. respite clients) or only intermittently (e.g. people attending a day service one day a week) have a clear introduction to the building and staff?

How do you know that all of the staff know how to communicate with all of your service users (even irregular or temporary users)?

Staffing

Do staff know about dual sensory impairment?

Has there been any training?

How do you ensure that a deafblind person's residual hearing/sight is fully used?

Do your staff use a consistent way of identifying themselves to service users (such as personal symbols/objects)?

Senses

Do you know how well your service users can see/hear?

How can you be sure that this is checked regularly?

Is this clearly recorded?

How do you ensure that all the other senses (touch, taste, smell, and proprioception) that a person has are fully engaged/used in the environment?

Do you use aromatherapy (with the advice of appropriate professionals)?

Do you use massage (with the advice of appropriate professionals)?

Do you use smell/touch-based reminiscence therapy (with older adults)?

Environments

Is the building accessible?

Is the building painted in clear contrasting colours?

Are the door-frames painted a contrasting colour to the walls?

Are stairs well lit with a contrasting stripe on the header to make them easier to see?

Is the building well lit, with variable intensity lighting available?

Are different textures on floor or walls used to identify different rooms?

Do you use brightly coloured/textured lines on walls/floors to guide people to various rooms (e.g. toilets)?

Is this systems used consistently and explained/demonstrated to people new to the service?

Improving Services

Residential, Respite and Day Services

Do you have raised symbols on doors to identify rooms?

Are flashing/vibrating fire alarms available?

Is there a minicom/textphone available?

Advice and Support

Do you know where to get additional advice or support if you need it?

Could you get an interpreter (British Sign Language, deafblind manual, etc) if you needed one?

Are you in contact with other organisations that work with people with dual sensory impairment (e.g. social services, health services, Sense, Deafblind UK etc)?

How do you share the information, knowledge, skills and experience your service has gained from working with deafblind people?

Appendices

Appendix One - Standards And Outcomes

Appendix Two - Who Do Standards Apply To?

Appendix Two - Who Do Standards Apply To? (Text)

Appendix Three - The Coppersmith Matrix

Appendix Three - The Coppersmith Matrix (Text)

Appendix Four - Communication Methods

Appendix Five - Deaf Blind Manual Alphabet

Appendix Five - Deaf Blind Manual Alphabet (Text)

Appendix Six - Organisations That Can Help.

Appendix One - Standards and Outcomes

A Planning Services

A.1 Measuring Population Need

1 Organisations know how many people with dual sensory impairment there are in their catchment area, and they have sufficient information to identify sub groups.

Outcome People with dual sensory impairment know that organisations are aware of them.

2 Organisations are able to identify population need.

Outcome Deafblind people know that their needs and requests for services are recorded.

A.2 Assessing existing services

3 Organisations have assessed whether their current services meet the needs of people with dual sensory impairment.

Outcome Deafblind people know that services and buildings are accessible to them.

A.3 Identifying the need for services

4 Organisations identify demands for services from people with dual sensory impairment that have not been met.

Outcome People with dual sensory impairment receive the right amount, of the right type, of care.

A.4 Evaluating the results

5 A formal process exists for evaluating the quality of current services.

Outcome Deafblind people know that the services they use are assessed against monitored, evaluated and reviewed standards.

6 Actions resulting from evaluation recommendations are incorporated into the strategic planning process.

Outcome Deafblind people know that the services they use are assessed against monitored, evaluated and reviewed standards.

7 Registration and Inspection teams attend to the needs of people with dual sensory impairment.

Outcome Deafblind people know that registration and inspection staff are aware of their needs, including communication needs.

B Involving Users, Families, Carers and Advocates.

B.1 Consulting with Deafblind people

8 Services provided specifically for people with dual sensory impairment involve people with dual sensory impairment in planning, evaluating and changing services.

Outcome The deafblind person is involved in designing, changing and planning his or her own lifestyle.

9 Consultation processes for all services are accessible to people with dual sensory impairment.

Outcome The deafblind person can be involved in consultation about services.

B.2 Consulting with families, carers and advocates.

10 Services provided specifically for people with dual sensory impairment consult families, carers, and advocates in planning, evaluating and changing services.

Outcome People with dual sensory impairment and their supporters are involved in designing, changing and planning their own lifestyles.

11 Families, carers, and advocates are consulted if there are plans to change a service their relative/advocacy partner receives.

Outcome The deafblind person and their supporters are involved in any changes to service provision.

B.3 Supporting carers and families.

12 Carers and families of people with dual sensory impairment have opportunities for support that are separate from the service that the person with dual sensory impairment receives.

Outcome Families and carers are able to offer support to the person with dual sensory impairment.

C Policies and Procedures

C.1 Equal Opportunities

13 Organisations have equal opportunities policy and procedures that include people with dual sensory impairment.

Outcome Deafblind people feel welcomed and included by the organisation.

C.2 Complaints

14 Complaint procedures are accessible to people with dual sensory impairment.

Outcome People with dual sensory impairment can complain if they need to.

C.3 Eligibility Criteria

15 Eligibility criteria are set and applied in a way that takes into account the specific needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

C.4 Commissioning and Contracting Services

16 The commissioning and contracting process incorporates requirements for provider organisations to meet the standards detailed in this document.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

D Staffing

D.1 Competency requirements: general staff.

17 All staff have basic deafblind awareness.

Outcome A deafblind person has access to staff who understand the nature of dual sensory impairment.

18 Emergency duty teams in social services also have knowledge about how to access specialist assessment and provision.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

19 Audiology and ophthalmology staff also have an awareness of the need for assessment of both visual and auditory impairment.

Outcome A deafblind person has access to audiology and ophthalmology staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

20 Human resource staff also have an understanding of the issues faced by people with dual sensory impairment in employment.

Outcome A deafblind person has access to human resource staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

21 Staff working with people with dual sensory impairment for a significant length of time are supported to learn appropriate communication techniques.

Outcome A deafblind person has access to staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

22 Complaints Officers, Registration and Inspection staff also have basic communication skills (including textphone use) and knowledge of sources of support and information.

Outcome A deafblind person has access to Complaints Officers, Registration and Inspection staff who understand the nature of dual sensory impairment and have additional knowledge appropriate to their role.

D.2 Competency requirements: staff working specifically with people with dual sensory impairment.

23 Senior/Middle managers with deafblind responsibility have awareness of the different groups of people with dual sensory impairment, the numbers, needs, risks, potential, service possibilities and training opportunities.

Outcome Deafblind people know that the senior manager responsible for their services is deafblind aware.

24 Managers of specialist (deafblind) services have communication, assessment, and treatment skills relating to people with dual sensory impairment.

Outcome Deafblind people know that the manager responsible for their services is deafblind aware.

25 Direct care staff working with an individual deafblind person have basic deafblind awareness and knowledge of the individual communication method used by the person they are working with.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, and can communicate with the person they are working with and have additional knowledge appropriate to their role.

26 Rehabilitation workers have basic deafblind awareness, appropriate communication skills and rehabilitation skills.

Outcome Deafblind people have access to rehabilitation staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

27 Technical Officers have basic deafblind awareness, special communication skills, and knowledge of appropriate aids, equipment, and technology.

Outcome Deafblind people have access to technical officers who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

28 Communicator Guides\Guide Helps\Intervenors have relevant communication skills (lip speaking, deafblind manual, block, British Sign Language\British Sign Language (visual field)\British Sign Language (co-active)), guiding skills, interpersonal skills and an understanding and knowledge of dual sensory impairment.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

29 Reception staff (of specialist services) have basic sign language skills and have basic deafblind awareness.

Outcome Deafblind people have access to staff who understand the nature of dual sensory impairment, can communicate with them, and have additional knowledge appropriate to their role.

E Communication and Access to Information

E.1 Communication Services

30 Communication services are available, appropriate and accessible to people who need them.

Outcome People with dual sensory impairment are able to communicate effectively.

E.2 Information about services

31 Information about services is readily accessible and regularly updated.

Outcome The deafblind person can get useful information about local services.

E.3 Systems for giving and receiving information.

32 Case records (or equivalent) clearly record the individuals preferred mode of communication.

Outcome The communication needs of individuals in contact with a service are met appropriately.

33 People with dual sensory impairment have access to all information relevant to them.

Outcome Deafblind people are able to make informed decisions about their own lifestyle.

F Buildings, Equipment and Transport

F.1 Equipment.

34 The supply of equipment to people with dual sensory impairment is appropriate and adequate.

Outcome Deafblind people receive the right equipment to meet their needs.

F.2 Transport.

35 Where an organisation provides transport facilities for people who use services, these are accessible to people with dual sensory impairment.

Outcome A person with dual sensory impairment uses transport services in an easy and appropriate way.

G Service Provision

G.1 Interagency Working and Transition Planning

36 Joint planning arrangements include specific plans for meeting the needs of people with dual sensory impairment.

Outcome A deafblind person knows that all services will work together to meet their needs.

37 A transition plan is in place for all people with dual sensory impairment leaving education.

Outcome A dual sensory impaired young person knows that transition planning when leaving education will meet all their needs.

G.2 Social Services

38 Social work departments are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

G.3 Independent Living Arrangements.

39 People with dual sensory impairment are offered access to appropriate support to enable independent life.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

G.4 Residential care.

40 Appropriate residential care is available for people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

G.5 Health Care

41 Health authorities, primary care groups/trusts, and provider trusts are able to respond to the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

42 General practices, general dental practices, and other primary care services are able to respond to the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the primary care that they receive is appropriate for them.

43 Visual impairment services are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

44 Hearing impairment services (e.g. audiologists, cochlear implant programmes etc.) are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

45 Services for Deaf people with mental health problems are able to meet the needs of people with dual sensory impairment.

Outcome People with dual sensory impairment can be sure that the services that they receive are appropriate for them.

Appendix Two - Who do standards apply to?

	A							B				
	1	2	3	4	5	6	7	8	9	10	11	12
Purchasers	•	•	•	•	•	•		•	•	•	•	•
Providers			•		•	•		•	•	•	•	•
Local Authorities	•	•	•	•	•	•	•	•	•	•	•	•
Health Authorities	•	•	•	•	•	•		•	•	•	•	•

	C				D							
	13	14	15	16	17	18	19	20	21	22	23	24
Purchasers	•	•	•	•	•	•	•	•	•	•	•	•
Providers	•	•	•		•	•	•	•	•	•	•	•
Local Authorities	•	•	•	•	•	•		•	•	•	•	•
Health Authorities	•	•	•	•	•		•	•	•	•	•	•

	D				E					F	
	25	26	27	28	29	30	31	32	33	34	35
Purchasers	•	•	•	•	•	•	•	•	•	•	•
Providers	•	•	•	•	•	•	•	•	•	•	•
Local Authorities	•	•	•	•	•	•	•	•	•	•	•
Health Authorities	•			•	•	•	•	•	•	•	•

	G									
	36	37	38	39	40	41	42	43	44	45
Purchasers	•	•	•	•	•	•	•	•	•	•
Providers	•	•	•	•	•	•	•	•	•	•
Local Authorities	•	•	•	•	•					
Health Authorities	•			•		•	•	•	•	•

Appendix Two - Who do standards apply to? (text)

These tables indicate which standards apply to different categories of organisation. The types of organisation listed are Purchasers, Providers, Local Authorities, and Health Authorities. This text description gives a list of the standards (by number) that apply to the organisation after its name.

Purchasers

1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45.

Providers

3, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45.

Local Authorities

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40.

Health Authorities

1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 30, 31, 32, 33, 34, 35, 36, 39, 41, 42, 43, 44, 45.

Appendix Three - The Coppersmith Matrix

This matrix represents a useful way for looking at the different ways a person can be dual sensory impaired or deafblind.

The Coppersmith Matrix	Hearing	Hard of Hearing	Deaf
Sighted	Hearing and Sighted	Hard of Hearing "Normal" Vision	Deaf "Normal" Vision
Partially Sighted	Partially Sighted "Normal" Hearing	Dual Sensory Impaired or Deafblind	
Blind	Blind "Normal" Hearing		

Appendix Three - The Coppersmith Matrix (Text)

The matrix consists of a three by three grid. Across the top are three categories Hearing, Hard of Hearing, Deaf. Down the side are three categories Sighted, Partially Sighted, Blind This produces nine possible different combinations of the six categories. These are (reading left to right starting in the top left box) - 1. Hearing and Sighted. 2. Hard of Hearing and "Normal" Vision. 3. Deaf and "Normal" Vision. 4. Partially Sighted and "Normal" Hearing. 5. Dual Sensory Impaired or Deafblind. 6. Dual Sensory Impaired or Deafblind. 7. Blind and "Normal" Hearing. 8. Dual Sensory Impaired or Deafblind. 9. Dual Sensory Impaired or Deafblind.

This produces four groups of people who can be described as Dual Sensory Impaired or Deafblind (5, 6, 8, and 9).

This matrix is taken from Smith T.B. (1994) *Guidelines: Practical Tips for Working and Socialising with Deaf-Blind People* Sign Media, Maryland, USA.

Appendix Four - Communication Methods

This appendix lists and briefly describes communication methods used by people with a dual sensory impairment. People use any combination of these methods depending on what works for them. It is always important to check with the intended recipient the communication method that they prefer.

Direct Communication Methods

These methods are used in person to person meetings. Where interpreters are used they should have appropriate deafblind skills, further information is available in "*Making Contact*" (Hicks G, 1996).

- **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 other sign systems in use, including Sign Supported English (SSE), Paget Gorman and Makaton. In addition to these common systems people can develop idiosyncratic 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.

It is important to note that 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 they may use a different sign language (such as Irish Sign Language (ISL)) or incorporate significant elements from that language into their communication.

People with dual sensory impairment who choose to use sign to communicate with may use one of the following methods of receiving the sign.

- **Visual Frame Signing (VFS)**
The signing is kept within the visual frame of a deafblind person who has a reduced field of vision. The appropriate place 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 easy to learn alphabet that is made by one person onto the deafblind persons hand. It is similar to the BSL finger spelling alphabet. Appendix Five contains full details of deafblind manual
- Computer Aided Transcription (CAT)
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.

Distance Communication Methods

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

- Voice phone
- Text phone
Text phones (or minicomms) are a way that text can be transmitted over a phone line. Both sender and recipient need a text phone. 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.

- Fax
- Email
- Letter
Letters can be sent in a variety of formats, these include large print, braille, moon, signed video, audiotape etc.

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 type of information are minutes of meetings, policy documents, tribunal decisions, and contracts.

- Large Print
A simple font in at least 14 point bold can be read by many people with partial sight. Some people require larger font sizes, individuals should always be asked what font size they need.
- Braille
Braille letters are formed by a combination of raised dots, using between one and five dots per letter. The reader runs their fingers across 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 disc. The most accessible format is plain text (ASCII). Acceptable formats should be checked with the individual.
- Audio tape
Audio tape 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.

- Video tape
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.

Appendix Five - Deaf Blind Manual Alphabet



Appendix Five - Deaf Blind Manual Alphabet (text)

The following written description of the deafblind manual alphabet is adapted from the description by James Gallagher at www.deafblind.com.

“Stick out your index finger (that's the long one next to your thumb) on your right hand. Fold your other fingers out of the way. Think of this finger as your pen. You are going to use it to write - not on paper, but on your deafblind friends left hand that they will hold out for you.

- A** Touch the tip of your friend's thumb.
- B** Bunch the tips of your fingers and place them on your friend's palm.
- C** Use your index finger to make a circular movement that starts on the inside of your friend's thumb and ends at the top of their index finger.
- D** Form a D shape using your thumb and index finger and placing it on your friend's index finger.
- E** Touch the tip of the index finger.
- F** Form an F shape using your first two fingers together, place across your friend's index finger.
- G** Clench your fist and place it on your friend's palm, little finger downside.
- H** Lay your open hand across your friend's palm and move it over the fingers and off the hand.
- I** Touch the tip of the middle finger.
- J** Touch the tip of your friend's middle finger and draw your finger down to the palm and up the thumb. (Think of this as the letter I with a tail).
- K** Bend your index finger and lay the top half of it against your friend's index finger.
- L** Just lay your index finger across your friend's palm.
- M** Lay your first three fingers across your friend's palm.
- N** Lay your first two fingers across your friend's palm.

Appendices

Appendix Five – Deafblind Manual Alphabet

- O** Touch the tip of the ring finger.
 - P** Hold the tip of your friend's index finger between your finger and thumb.
 - Q** Completely circle the base of your friend's thumb with your thumb and index finger.
 - R** Bend your index finger and lay it across your friend's palm.
 - S** Grasp your friend's little finger with your index finger.
 - T** Touch the edge of your friend's palm, at the side away from the thumb.
 - U** Touch the tip of the little finger.
 - V** Make a V shape with your first two fingers and lay it on your friend's palm.
 - W** Grasp the upper edge of your friend's fingers, bending your fingers around them.
 - X** Make a cross by laying your index finger over the top of your friend's index finger.
 - Y** Place your index finger in the joint between your friend's thumb and index finger.
 - Z** Either: place your finger tips against your friend's palm. Or place the outer edge of your hand across your friend's palm.
- Yes** Two taps on the palm of the hand.
- No** A rubbing out movement across the palm. (This also "rubs out" an error)

Appendix Six - Organisations that can help.

Council for the Advancement of Communication with Deaf People

Durham University Science Park
Block 4
Stockton Road
Durham
DH1 3UZ

Voice phone: 0191 383 1155
Text phone: 0191 383 7915
Fax: 0191 383 7914
Email: durham@cacdp.demon.co.uk
Website: www.cacdp.demon.co.uk

Deafblind UK

100 Bridge Street
Peterborough
PE1 1DY

Voice phone: 01733 358 100
Text phone: 01733 358 858
Fax: 01733 358 356
Email: enquires@deafblinduk.demon.co.uk
Website: www.deafblind.org.uk

National Organisation of Intervenors

11-13 Clifton Terrace
Finsbury Park
London
N4 3SR

Voice phone: 0207 272 7774
Text phone: 0207 272 9648
Fax: 0207 272 6012
Email: *not available*
Website: *not available*

Royal National Institute for the Blind

224 Great Portland Street
London
W1N 6AA

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Appendix Six – Organisations that can help

Voice phone: 0207 388 1266
Text phone: *not available*
Fax: 0207 388 2034
Email: *not available*
Website: www.rnib.org.uk

Royal National Institute for the Deaf

19-23 Featherstone Street
London
EC1Y 8SL

Voice phone: 0207 296 8000
Text phone: 0207 296 8001
Fax: 0207 296 8199
Email: helpline@rnid.org.uk
Website: www.rnid.org.uk

Sense

11-13 Clifton Terrace
Finsbury Park
London
N4 3SR

Voice phone: 0207 272 7774
Text phone: 0207 272 9648
Fax: 0207 272 6012
Email: enquires@sense.org.uk
Website: www.sense.org.uk

Sensory Impairment Standards Network

A group of provider organisations that share information and ideas relating to standards in the care of people with sensory impairment. Members include Hearing Concern, RNIB, RNID, SeeAbility, and Sense.

Contact Via

4 Church Road
Edgbaston
Birmingham
B15 3TD

Voice phone: 0121 455 6906

Appendices

Appendix Six – Organisations that can help

Text phone: 0121 455 6932
Fax: 0121 687 1656
Email: belld@sensewest.org.uk
Website: *not available*

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