Flashcards Deafblindness



- **These flashcards contain information about working with people with deafblindness in low resource areas.**
- **These Flashcards are made for the use of fieldworkers.**
- **These flashcards are based on the information about deafblindness from the RehApp.**

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The goals of these flashcards are:

- To meet the needs of people with deafblindness and their families.
- To improve knowledge and skills of fieldworkers in providing basic (functional) rehabilitation services for people with deafblindness and their families.
- To enhance participation in daily, family and community life.
- To improve the quality of life of people with deafblindness and their families.
- To support you (as fieldworker) in the process of guiding a family.

What can you do with these flashcards:

- To help guide your visits to families that have a family member with deafblindness.
- Make an inventory of the needs of the person with deafblindness and his/her family.
- Learn about the implications of a disability for the person and their family.
- Use them to set goals for a person with deafblindness.
- Use them to help you discuss interventions with the family.
- Use them to help you keep client records.
- Use them to help you monitor progress.

Index:

Note:

These flashcards contain information about deafblindness. The content is organised according to the ICF domains. These cards don't replace the knowledge and skills of doctors and/or therapists. We advice you to seek their advice first.

The word "intervenor" in these flashcards refers to a caregiver and/or interpreter guide of someone who is deafblind who supports the person much of the time.

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Deafblindness

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Card 1

Introduction

What is deafblindness?

Deafblindness is a unique disability resulting from a combination of visual and hearing impairments. The impairments can be of different levels of severity i.e.:

- Totally deaf and totally blind
- Totally blind with residual hearing
- Totally deaf with residual vision
- Residual hearing and residual vision

Types of deafblindness:

There are two types of deafblindness: *congenital deafblindness* and *acquired deafblindness.*

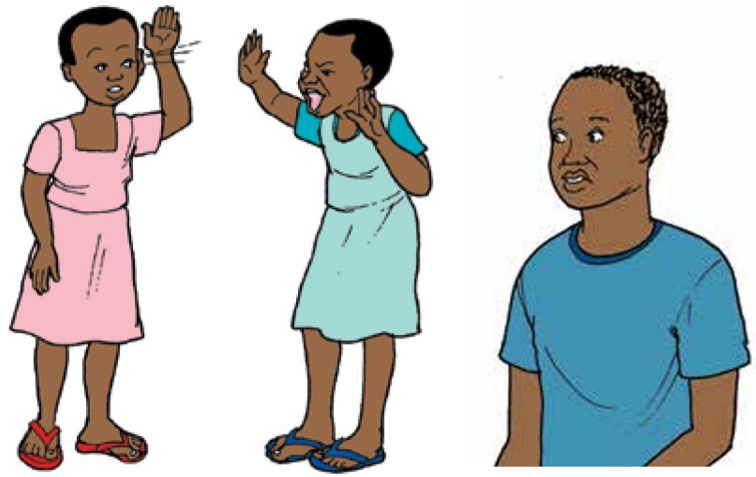
Congenital deafblindness occurs in a child before birth or in early childhood before the child has developed language.

Acquired deafblindness occurs sometime after language is developed. It is often progressive, meaning the severity of hearing and visual loss increases with time.

Other words for deafblindness:

There are different words used to describe deafblindness. The condition is also referred to as “dual sensory loss” or “multisensory impairment”.

Some people with deafblindness may have additional conditions such as cerebral palsy, autism, intellectual impairment etc. Individuals in this category are referred to as people with multiple disabilities.



Body functions and structures:
Information and actions to take

[Insert photos/illustrations representative of deafblindness for body functions and structure]

Card 2

Body functions and structures

Causes of deafblindness:

There are many factors that cause deafblindness or multisensory impairment. A child may be born with deafblindness or may acquire it later in life.

Causes before birth (prenatal causes):

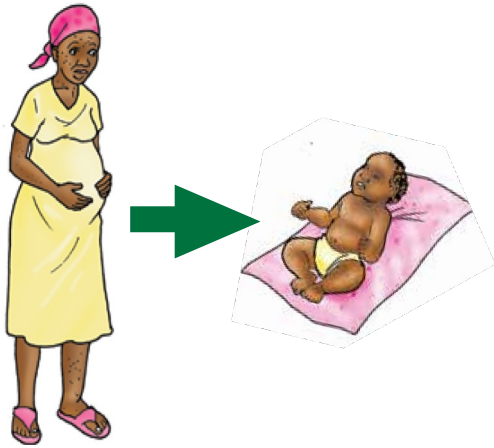
- Infections during pregnancy such as rubella virus, syphilis, herpes, AIDS, meningitis and encephalitis
- Genetic conditions such as CHARGE syndrome, down syndrome, trisomy 13 syndrome and Goldenhar syndrome
- Some causes are unknown

Causes at birth:

- Birth trauma or head injury
- Premature birth
- Lack of oxygen (anoxia)

Causes after birth (post natal causes):

- Usher's syndrome
- Disease and accidents
- Ageing





Actions to take:

- Ask the caregiver about how the family is doing with the person with deafblindness. Get to know what they are doing to support the person and the challenges they are facing.
- Observe what can be done and what not i.e.. the functional needs and difficulties of the child/adult who is deafblind.
- Ask what the person likes, dislikes.
- Refer to an eyecare specialist and audiologist for multidisciplinary assessment and help the family to secure an appointment. Collaborate with the assessment team for regular advice and

Card 3

Body functions and structures

How does deafblindness or multisensory impairment affect a person's life?

The combination of visual and hearing loss deprives a person of the two major means of accessing information: engaging in learning and understanding the world.

- ❑ **persons with congenital** deafblindness have **extreme difficulty** communicating with other people, moving around independently, establishing and maintaining social relationships.
- ❑ **persons with acquired** deafblindness also have serious difficulty communicating with other people, getting access to information, moving around safely, and establishing and maintaining social relationships. While communication remains serious people with acquired deafblindness can build upon past experiences, knowledge and skills.
- ❑ Overall, people with deafblindness:
    - Have unclear perceptions of their environment and the world
    - Some experience delays in motor development in childhood
    - Are deprived of the information necessary to understand future events or the results of their actions
    - Experience difficulty in applying information learnt to other settings
    - Have feeding difficulties
    - Unusual behavior patterns
    - Have unique learning styles
    - Have difficulty detecting what has happened, what is happening, and what is about to happen
    - Often experience isolation, frustrations, confusion, and fear and hence develop self-stimulatory behaviors such as rocking body

Actions to take:

- Identify the support needs and learning styles of the person with deafblindness and those of his or her caregiver/intervenor and family
- Make intervention plans with the family based on the priority needs
- Seek specialised support for the family from an eyecare specialist, audiologist, and other relevant professionals and help in making appointment(s)

Card 4

Body functions and structures

Communication and behavioral attributes of people with deafblindness:

Deafblindness presents unique challenges in an individual and to caregivers/families, fieldworkers, and teachers whose duty is to ensure that a person with deafblindness has access to the world beyond the limited reach of his or her fingertips and residual senses. You should, therefore, observe and record the characteristics or attributes a person with deafblindness displays and use the information in designing interventions.

People with deafblindness:

- Do not develop communication naturally. If not offered training, they communicate in a basic form using natural gestures
- Have limited access to information about their environment, find the world inconsistent, and don't know what is happening
- May have unpleasant self-stimulatory behaviours due to the deprivation of stimulating interactions
- Are usually placed in centers or remain in their homes until a specific program is found for them
- Experience psychological difficulty in adapting to new situations
- Need to use routines and to learn tactile or other communication mode

Prevention of deafblindness:

Some causes of deafblindness such as genetic conditions cannot be prevented. However, genetic testing and counselling may be useful before a couple decides to have a child. Some causes of deafblindness that can be prevented are TORCH syndrome, birth trauma and accidents. Rubella, meningitis and some strains of encephalitis can be prevented through vaccinations and antenatal care.

Actions to take:

- Observe and record how the person with deafblindness interacts with and responds to guidance and prompts by the caregiver or intervenor
- Discuss with the caregiver/intervenor how to help the person with deafblindness to learn communication, routine daily activities and positive behaviour

Card 5

Body functions and structures

Assessment:

Assessment is a systematic way of collecting information about a person to provide support. It helps in establishing the nature and severity of a person's deafblindness and his or her needs. You can use this information to design home-based interventions and to make referrals to specialists who can provide further advice and support to the person with deafblindness and his or her family.

There are two types of assessment: *formal* and *informa*l assessment.

1) Formal assessment is finding out the nature and severity of a person's deafblindness, abilities and needs using standardised and functional tools and procedures. It is carried out by professionals such as an eyecare specialist, psychologist, speech and language therapist, ear-nose and throat specialist, physiotherapist, audiologist, special education teacher etc. Each specialist assesses aspects of the person's function and needs relevant to his or her area of work.

2) Informal assessment is finding out a person's abilities and needs in a less formal or less structured way using observation, informal interviews, and discussion. This may be carried out by a fieldworker or teacher.

***Multidisciplinary* assessment**:

As the nature of deafblindness and the needs arising from it are complex, it is advisable to use a multidisciplinary approach to assessment. This involves getting the different professionals required for the two types of assessment to work together.

Card 6

Body functions and structures

Actions to take:

Interview

- Ask the caregiver about how the family is doing with the person with deafblindness. Get to know what they are doing to support the child and the challenges they are facing.
- Interview (with the assistance of the caregiver) the person who is deafblind and his or her caregiver about their situation. Ask about personal experiences and feelings and how the person with deafblindness is doing with daily activities.
- Ask what the child/adult likes and dislikes.

Observation

- Observe what can be done and what not i.e. find out what functional needs and difficulties the person with deadfblindness has.
- Observe how the person with deafblindness is functioning and being involved in the daily activities of the family.

Referral

- Refer to an eyecare specialist, audiologist, or other relevant professionals for a multidisciplinary formal assessment, and help the family secure an appointment.
- Collaborate with the assessment team for regular advice and follow-up and support the family to undertake the guidance provided.
- Ask specialists what support can be given by you as a fieldworker. Specialists may prescribe technical aids to improve functioning, such as hearing aids and spectacles, whenever relevant and available. As a fieldworker, you may help the person with deafblindness and their family in getting these aids and instruct them on how to take care of such aids.

Based on the above actions

- Identify the support needs and learning styles of the person with deafblindness and those of his or her caregiver/intervenor and family.
- Make intervention plans with the family based on the priority needs.





[Insert photos/illustrations representative of deafblindness for activities and participation]



Activities and participation:
Information and actions to take







Card 7

Activities and participation

Communication and concept development:

The greatest challenge caused by congenital or early onset deafblindness in a child is extreme difficulty in communication and concept development. The child needs deliberate and highly structured teaching to learn concepts and communication. The challenge for caregivers and fieldworkers is to communicate with the child in a structured and meaningful way, starting with teaching non-symbolic communication. A caregiver can, for example, touch an object together with the child and help the child learn what it is and its use. By doing so, the caregiver invites the child to develop an interest in the object, and together, they build a conversation around it.

Communication and concept development are best taught through daily activities such as brushing teeth, bathing, dressing, feeding, washing, using the toilet, playing, etc. It is important to keep the child aware of your presence during and after the activity through a variety of modes that the child understands, e.g., tactile contact, gestures, etc.

Each activity should be broken into small steps. Teach one step at a time with repetition. Allow time for responses from the child. This helps the child to learn turn-taking in an interaction. Siblings and peers can enhance the child's learning experiences through play and by doing some activities together. Once the child with deafblindness is comfortable interacting nonverbally, then the child is ready for symbolic commmunication. Introduce symbols such as pictures, tactile and real objects that represent something e.g. Toothbrush for brushing teeth.

See the next card for additional examples of alternative modes of communication.

Card 8

Activities and participation

Actions to take:

Some of the strategies to employ are:

- Use activities that are meaningful and enjoyable to the child to get motivated to learn.
- Build on a concept that is known to the child, e.g., a cup. Once the concept is understood, introduce additional communication related to that concept. This means that you need to generalise concepts that can be used for the same function, in this case, 'drinking'. That cup can be used for drinking water but also tea or coffee. Similarly, weighing flour is about weighing. Weighing is needed in many other situations, too.
- Use total communication that involves a variety of modes such as gestures, body language, speech, sign language, mimicry, pantomime, bliss symbols, etc.
- Teach social skills within activities you use for teaching communication and concept development.
- Generalise the concept to a variety of situations, e.g. , a cup can be used for drinking water, measuring quantities (e.g. , flour), pouring porridge, or storing small materials (e.g. , pocket money)
- Introduce materials one at a time in the context of the activity being carried out.
- Use routines to teach practical skills in a natural setting. Routines are tasks repeatedly performed in a particular order. This helps the child to anticipate the next actions and events.
- Use routines to enhance learning opportunities and mastery of learning.
- Use prompts to help the child start and complete tasks.
- Use task analysis, i.e., break each task into small steps and teach one step at a time and repeatedly if necessary.

Alternative modes of communication can include:



person



number



House, building



language

Bliss symbols

Can be helpful when there are severe difficulties communicating without speech

Mimicry

Involves mimicking – copying – an activity, action, etc.

Pantomime

Relies on body movements in the absence of language

Specific tactile strategies:

- Hand-over-hand guidance

(Insert relevant photo/illustration)

- Hand-under-hand guidance

(Insert relevant photo/illustration)

- Adapted signs, e.g., tactile signing on the hand. (Insert relevant illustration)
- Tactile representation (based on a child's experience, e.g. piece of string to represent a hammock)
- Touch cues (signals such as patting a child on the shoulder)
- Object cues (objects or parts of objects used in activities to give information, make requests, and provide feedback)
- Calendar boxes (to organise tasks and time)

(Insert rele



Working with families of children with deafblindness:

Establishing an effective working relationship with the family of someone who is deafblind is essential for the success of interventions aimed at meeting the needs of the person and those of his/her family. Therefore, you should:

- Understand that people with deafblindness and their families differ greatly. Hence, there is no single rehabilitation approach suitable for all.
- Consider the entire family when working with someone who is deafblind.
- Respect the views of the family and work with them as a team.
- Recognise the many challenges facing families of people with deafblindness. Support the families in seeking ways of addressing the challenges.
- Work with the family to prepare the person to transition from one activity to another.
- Encourage family members and other persons who often interact with the person with deafblindness to regularly have identifiers (things such as bangles that the person can use to identify them).

Card 9

Activities and participation

Card 10

Activities and participation

Orientation and mobility (O&M):

Seeing and hearing children learn about their environment as they move through and interact with other people and objects in it. The ability to see what is around them and to hear voices and other sounds in the environment offers them great motivation to move, explore, and discover. Children with deafblindness require training in orientation and mobility to acquire skills necessary for functioning in the environment. They do not obtain orientation and mobility skills incidentally due to their sensory limitations. Orientation and mobility are the ability of an individual to identify his or her position/location and direction in a given environment and move with confidence and control in that environment. Training in this area enables a child with deafblindness to obtain skills for movement in, and getting familiar with, the home and immediate community environment. This builds confidence and security in movement and encourages the child to explore and purposefully manipulate what is around him or her.

(Insert relevant photo/illustration)

Actions to take:

1. **Reaching out for objects:** Guide the caregiver to support the child in learning about what objects are around him or her and reaching out for them by crawling, sitting upright and standing, taking steps, and walking towards them. Observe his or her safety in the process, i.e., avoid sharp/dangerous objects.
2. **O&M in the house:** Encourage the caregiver to orientate the child to different places, landmarks, and cues in the house, allowing him or her to explore and manipulate them. Reinforce the child's positive responses and record progress.

(Insert relevant photo/illustration)



Child with deafblindness participating

in arranging a room

Card 11

Activities and participation

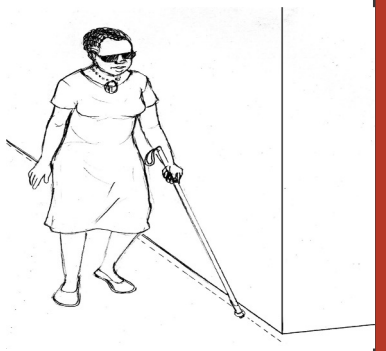
1. **Using assistive devices for O&M in the house:** Guide the caregiver on how to support the person with deafblindness in manipulating, exploring, and using assistive devices to locate different places and objects in the house and to observe safety precautions.

2. **O&M in the home compound:** Support the caregiver to (a) orientate the person with deafblindness to different places and landmarks within the compound; (b) prompt and guide them to reach out for and use the landmarks to move in the compound; (c) Observe safety precautions.

3. **O&M in the immediate neighbourhood:** Encourage the caregiver to orientate the person with deafblindness to important places in the immediate neighbourhood, e.g., gardens, churches, health centers, schools, shops, wells, etc., through walks or visits and other activities.

4. The use of a white cane – if vision is really limited – helps the person to detect obstacles, navigate using tactile cues, and to be recognised as a person with a visual impairment.

5. Teach the person to identify and use recognisable landmarks/cues at home and in the community that align with the person's abilities and preferences of orientation.



Note:

Training a person with deafblindness may be challenging as he or she may take time to learn a task or may resist or withdraw from some learning activities. It is important for you to be patient and tolerant with the person and to give them ample time to learn.

(Insert relevant photos/illustrations)

Card 12

Activities and participation

Activities of daily living (ADL):

Activities of Daily Living are skills that all people need to live with maximum independence. Children with deafblindness should require these skills to enable them to take care of themselves and achieve independent living. However, they may not acquire these skills incidentally due to their sensory limitations. Hence, there is need to offer them deliberate training. Do give the training within the daily family routines. It is important to bear in mind that a child with deafblindness acquires limited information about what is happening around him or her. Training the child may, therefore, be challenging as the child may resist or withdraw from some activities. It is important for the fieldworker and caregiver to be patient and tolerant and give the child ample time to learn.

Actions to take:

- Discuss with the caregiver/intervenor ways of training the child with deafblindness in toileting. Toileting here means easing oneself (urinate or defecate). A child who is deafblind may have difficulty in expressing the need to go to the toilet and may not learn proper toileting incidentally. Hence the need for specific training. Toileting involves scheduling time for toileting, recognising the child's communication signs for toileting, moving to the toilet area and using the toilet.

(insert relevant photos/illustrations)

Card 13

Activities and participation

Actions to take (cont'd):

- Encourage the caregiver/intervenor to train the child in bathing and washing, e.g., washing their own clothes. These are important routine activities that help the child maintain cleanliness. The caregiver/intervenor should structure activities of each day in a way that helps the child to learn that bathing and washing are routine activities.
- Also, encourage the caregiver/intervenor to train the child in brushing teeth. This involves identifying a routine time for brushing teeth, locating materials for brushing teeth, orientation to the brushing area, brushing teeth well, and washing after brushing.
- Guide the caregiver/intervenor to support the child in learning dressing by (a) guiding the child to identify clean clothes through smell, feeling texture, or using residual vision; (b) guiding the child to position clothes to be worn in a sequence; (c) guiding the child to hold the clothes ready to wear; (d) guiding the child to wear the clothes.
- Support the caregiver/intervenor in identifying ways of training the child in feeding: This is an everyday activity necessary for survival. For a child with deafblindness, feeding may be a challenge. Mealtimes provide an opportunity for communication related to food and feeding, i.e., expressing the need for food, identifying foodstuffs, utensils, and materials used for feeding, feeding oneself, clearing the feeding area, and washing hands after feeding.
- Discuss with the caregiver/intervenor ways of helping the person with deafblindness to always be involved in making decisions about him or herself.









Personal factors:
Information and
actions to take







[Insert photos/illustrations representative of deafblindness for activities and participation]

Card 14

Personal factors

Personal feelings and needs:

Deafblindness has a great impact on the social and emotional wellbeing of a person due to:

- Limited information about the world around leads to fear and feeling insecure.
- Limited or no stimulation and participation leads to low self-esteem, lack of confidence, isolation, dependency, and difficulty establishing and using social relationships.
- Difficulty moving safely within one's environment leads to fear of moving and interacting, learned helplessness, etc.
- In some cases, being neglected and sexually abused.

People with deafblindness and their families need:

Practical and psychosocial support to enable them to develop resilience or learn ways of coping with the situation. This support may be provided by a multidisciplinary team, such as a counsellor, fieldworker, social worker, teacher, different health professionals, etc.

A close working relationship with fieldworkers and other professionals whose services are essential for rehabilitating and educating persons with deafblindness.

Many people with deafblindness require contact and support nearly all day from a caregiver/intervenor and other family members for interpreter guidance and for them to know that he or she is not alone at any time. This gives a feeling of being secure. Try to find ways to help the family and caregiver/intervenor not to worry about their own financial situation. Connect them to e.g., saving/credit groups; organisations of people with disability; help them to become involved in an income-generating project.

Actions to take:

- Collaborate with resource persons and other relevant professionals to provide practical and psychosocial support to the person with deafblindness and his or her family.
- Observe how the caregiver/intervenor and family are supporting the person with deafblindness and encourage creativity and consultations in the support process.
- For individuals with additional medical needs or impairments, encourage scheduling of visits to and support from relevant doctors or therapists.
- Advocate for financial support for the caregiver/intervenor. Alternatively, explore how the care burden can be equally distributed among several people.

Card 15

Personal factors

Card 16

Personal factors

Behaviour and social skills:

Behaviour and social interaction in seeing and hearing people are shaped by experiences of the world around them made possible by vision and hearing senses. Vision and hearing deprivation in individuals with deafblindness creates difficulty or inability to access information, communicate, and understand the world due to lack of observation and exposure. As a result, a person with deafblindness may develop behaviours that may not be understood by others in the family and the community. Some of these behaviours are:

- Socially incorrect ways of eating
- Unusual sleeping patterns
- Self-stimulatory behaviors, e.g. eye poking, body rocking, and making strange voice sounds
- Grinding of teeth (due to lack of auditory feedback)
- Socially incorrect ways of toileting lead to poor hygiene
- Learned helplessness due to isolation, frustration, non-stimulation, and being passive (not involved in activities)

Actions to take:

- Observe the unpleasant behaviours of the person with deafblindness, identify the purpose of each behaviour, and, together with the family, design and implement corrective interventions repeatedly and in a structured way.
- Support the family in teaching correct social skills to the person with deafblindness through activities for Activities of Daily Living, Orientation and mobility, communication, visits to the homes of neighbours, friends, and relatives, etc.

Card 17

Personal factors

Role of caregiver/intervenor:

The role of a caregiver or intervenor in the life of a person with deafblindness is extremely crucial. A caregiver may be a parent, close relative, or other person providing care to someone who is deafblind.

An intervenor may be a caregiver or someone else assigned to support or be an interpreter guide for the person with deafblindness. The caregiver/intervenor has to be skilled in using the communication modes that the person with deafblindness understands. He or she should have the passion of helping the person in improving his or her communication, interaction, and understanding of the world around. He or she must understand the unique ways of communication and learning styles of the person they are supporting. He or she should get some financial compensation. This helps to make the person accountable and ensures continuing support/guidance.



Actions to take:

Establish a trusting relationship with the person

Support the person in developing proper tactile or sign communication as the hands become their eyes.

Help the person learn, communicate, and interact using real objects, symbols, signs, gestures, and pictures that are understood by other people around them.

Prompt the person to express needs and initiate and sustain interactions.

As the needs of people with deafblindness are diverse, seek support for the person and family from various specialists and agencies.

Encourage the family to seek and promote social support mechanisms among relatives, neighbours, and friends.

Try to ensure that the intervenor is being paid for their services. Establish contact with organisations of people with disabilities and advocate for such support.

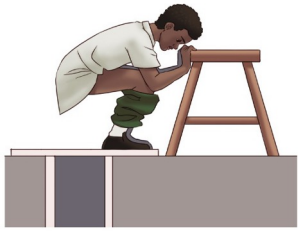




[Insert photos/illustrations representative of deafblindness for activities and participation]

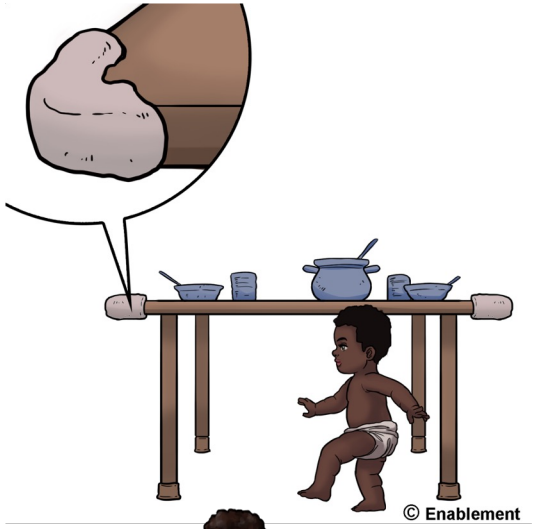








Environmental factors:
Information and
actions to take









Card 18

Environmental factors

Environmental modifications:

Many home and school facilities are usually inaccessible and unsafe for people with deafblindness. It is important to assess the home and school environments to establish what modifications are needed to ensure accessibility for the person with deafblindness. Some of the modifications could be:

- Making ramps with rails on the sides at entrances to buildings and where stairs ought to be
- Arranging furniture and other household or classroom property in a way that makes the person with deafblindness able to navigate that environment easily, safely, and with confidence
- Having objects in the house, classroom, and along walkways that can serve as landmarks and cues for the person with deafblindness to identify where he or she is or going
- Adapting some furniture, utensils, and materials used in the home and classroom
- Toilets with rails
- Safe room and toilet door handles
- Sliding windows or windows with blinds
- Play and learning materials with sound or bright colors

In creating an accessible environment in the home, classroom, and compound, start with the space around the person with deafblindness. Support the person in learning to navigate this space safely. Increase the area depending on the learning mobility pace.

(Insert relevant photo/illustration)

Community attitudes:

One of the greatest challenges facing people with deafblindness is unpleasant attitudes within the community. Family members may also have these attitudes. Unpleasant attitudes hinder appropriate support provision to someone who is deafblind. They arise from a lack of understanding of deafblindness and the unique needs a person with deafblindness has. They also arise from misconceptions and incorrect social beliefs such as “deafblindness is caused by a curse” and “the parent of a child who is deafblind is to blame for the child’s disability”. These misconceptions and beliefs cause great emotional distress to the family of a person with this condition, particularly for their mothers. As a result, some children with deafblindness are hidden, overprotected, neglected, or even rejected by their biological parents for fear of public shame. Some are taken to be cared for by grandmothers and/or specialised service centres. This situation may lead to some parents' unwillingness to cooperate with fieldworkers or other professionals on rehabilitating their child with deafblindness. However, many parents simply need information and are willing to take up the challenge.



Card 19

Environmental factors

Actions to take:

Work with the family and school to make environmental modifications and arrange the home and learning space to facilitate safe interaction, learning, and mobility of the person with deafblindness.

Collaborate with relevant stakeholders in the community who can support the family in environmental modifications and adaptation of some furniture, play, and learning materials

Conduct awareness-raising activities on deafblindness, its causes, and management for families and their immediate community members using participatory activities and drawing on experiences in their local community. Collaborate with other professionals, such as counselors and therapists, in this endeavour.

Support families and their immediate community members in implementing strategies for supporting their member(s) with deafblindness.

Refer families of people with deafblindness to relevant specialists and agencies for specialised advice and support.

Assistive devices:

Different assistive devices may be needed to facilitate the learning, communication, and mobility of persons with deafblindness. These include:

Eyeglasses, electronic and hand-held magnifiers for individuals with residual vision

Hearing aids for individuals with residual hearing

White canes for mobility within the house, classroom, and immediate

Intervenor or interpreter guide for communication and guide support

Adapted equipment and materials for games, e.g. goalball

Teach the person, family, and caregiver/intervener to use the assistive



(Insert relevant photo/illustration)

Card 20

Environmental factors

Schooling and transition:

Many children with deafblindness in low-resource areas do not attend school because of the complexity of their communication and learning needs. Many parents and teachers believe children with this condition cannot learn. Teachers also do not know how to provide support in school. Those with residual vision and/or residual hearing who go to ordinary schools or even special schools encounter serious challenges, including:

- Mobility difficulties due to the inaccessibility of school environments
- Lack of support due to unpleasant attitudes of teachers and fellow schoolchildren
- Difficulties in social interaction
- Rigidity in school systems and curriculum delivery leads to children with deafblindness being left behind

In some areas, home-based interventions have been tried out to enable children who are deafblind to learn communication and perform activities of daily living with family members in preparation for the transition to school. Some children who benefit from this support get to a special or regular school with a special education teacher. School teachers generally require specialised training to be able to support and carry out curriculum modifications for children with deafblindness. When the children reach a certain level of achievement in school, rehabilitation and transition planning become crucial to prepare each of them for a suitable livelihood and living situation.

Sexuality and safeguarding:

People with deafblindness are principally human, like any other people, but may not understand the sexual maturation stages they go through. They may also not be in a position to protect themselves from abuse. Girls may not learn menstrual hygiene incidentally. Both boys and girls who are deafblind require deliberate training as they grow up to help them learn about the body changes they experience. Girls require specific education on menstrual hygiene.

It is important for caregivers/families and teachers to take great care of girls with deafblindness because they are vulnerable to sexual abuse. They are also vulnerable to bad touches during tactile communication and interaction.

Children with visual and hearing impairment are particularly prone to sexual and psychological abuse, especially when they are in special/boarding schools or orphanages. They may not be able to identify the perpetrator. Be very alert for signs of abuse!

(Insert relevant photo/illustration)

Actions to take:

Discuss with family members and relevant stakeholders ways of enhancing home-based interventions to benefit both the child who is deafblind and the caregiver(s)

If the child has residual vision and hearing to be able to attend a regular school, arrange for assistive devices for the child and awareness training for his or her teachers on the child's rights and how to support him or her in school

When planning the rehabilitation and transition of a person with deafblindness from school to livelihood in the community, the person must be actively involved in all the planning stages.

Design with caregivers and teachers, especially of girls with deafblindness, safeguarding rules to be observed by those who interact with the girls

Card 21

Environmental factors

Card 22

Colophon

For the development of the deafblindness chapter of the RehApp, we particularly want to express our gratitude for the valuable contributions of Victor Locoro (Kyambogo University, Uganda), Trudy van de Merbel, Evert Veldman and Ilse Oosterhuis from Bartiméus.

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