

Deafblind Policy





Adults' Health and Care Directorate Policy	06/24 V1
Deafblind Policy	
Date:	September 2023
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Summary:	It is essential that Adults' Health and Care provides good quality, consistent and supportive services to people who are deafblind (also known as dual sensory loss). This policy outlines what services should be provided to people in this client group.
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Purpose

It is essential that Adults' Health and Care provides good quality, consistent and supportive services to people who are deafblind/have dual sensory loss. This policy outlines what services should be provided to people in this client group and is applicable to all Adults' Health and Care Practitioners.

Scope

All staff who are responsible for assessing people who are deafblind/have dual sensory loss and/or commission appropriate services to meet their assessed needs.

All Adults' Health and Care team managers have the responsibility to ensure staff are aware of and follow this policy and associated internal guidance.

References

[Care Act 2014](#)

Regulations <https://www.legislation.gov.uk/uksi/2014/2827/contents/made>

[Equality Act 2010](#)

[Deafblind people: statutory guidance for local authorities](#)

See Chapter 6 in particular

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#first-contact-and-identifying-needs>

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1. Introduction, Background and Exceptions

1.1 Deafblind people have individual needs as varied as any other in the community.

1.2 All of the client groups included in this document are covered by the Equality Act 2010 and section 78 of the Care Act 2014 and therefore, consideration of their needs must be included in all areas, e.g. access to buildings, goods and services, information, and accommodation, etc.

1.3 Hampshire County Council has a duty under section 78 of the Care Act 2014 to assess and meet the eligible needs of deafblind people for whom they have a responsibility.

1.4 The [Department of Health and Social Care's statutory guidance](#) for local authorities' responsibilities to deafblind people under Section 78 of the Care Act 2014 give further information.

2. Principles and Definitions

Client	A member of the public for whom we are providing services – can sometimes be referred to as service user.
Deafblind / Dual Sensory Loss	A person is regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with progressive sight and hearing loss (Department of Health, 1995). The terms dual sensory loss or multi-sensory impairment may also be used. These terms can be used interchangeably. For the purposes of this policy, the term deafblind will be used.
CareDirector / CDIR	This is the Adults' Health and Care Social Care Case Management System.
British Sign Language / BSL	British Sign Language is a sign language used in the United Kingdom and is the first or preferred language among the Deaf community in the UK

3. Roles, Responsibilities and Expectations

3.1 All managers are responsible for ensuring that their staff are aware of and implementing this policy.

4. Implementation Plan

4.1 Information regarding this policy update will be shared through all services update mechanisms such as service meetings, Team Brief and the Practice Network. All practitioner staff in Adults' Health and Care will have access to the Sensory Awareness Course which includes the legislative background to eligibility for assessment & services for deafblind people and the Hampshire County Council referral and assessment system for all types sensory loss.

5. Stakeholder Consultation

5.1 The review of this policy was carried out in consultation with the Deaf Services and Sensory Staff working group, service users and the Practice Development Manager of the Social Care Institute for Excellence (SCIE). Stakeholder engagement will be ongoing.

6. Directorate Approach to Deafblind/Dual Sensory Loss

6.1 The Care Act and associated regulations set out a number of duties which are explained in statutory guidance. [Care and support for deafblind children and adults policy guidance](#)

These include the following:

- make contact with and keep a record of all deafblind people
- ensure assessments of need for care and support are carried out by people with specific training and expertise
- provide appropriate services for deafblind people
- provide specially trained one-to-one support workers when necessary
- provide accessible information for deafblind people
- ensure that a Director-level member of the local authority senior team has overall responsibility for deafblind services.

6.2 Deafblind people have a right to access all services. They are at increased risk of social isolation. Adults' Health and Care practitioners must be proactive in identifying, assessing and meeting their eligible needs.

6.3 Although the onset and degree of loss will vary from individual to individual, four main groups of deafblind and dual sensory loss can be identified. See Identification and Contact below.

7. Identification and Contact

7.1 It is important to note that all Adults' Health and Care practitioners who assess the needs of vulnerable people have a duty to identify deafblind people and to refer on to specialist provision. Furthermore, Adults' Health and Care will actively seek to work with its strategic partners and colleagues in Health, the voluntary and independent sectors including community groups, other Local Authorities and private providers to ensure that referral pathways are readily accessible and will actively seek to raise the awareness of the issues relating to deafblindness.

7.2 Where advocacy is required, Adults' Health and Care practitioners will utilise available resources and champion the development of further commissioned services to ensure that individuals who are deafblind and whom require advocate support, are able to access this.

7.3 To ensure more effective identification and contact with deafblind people it is useful to recognise the needs of different groups within this part of our community. Although the onset and degree of impairment will vary from individual to individual, four main groups of people experiencing deafblindness can be identified as follows:

- **Those who are hearing and sight impaired from birth or early childhood.**

It is recognised that people in this group will have profound communication deficits and that receiving communication in the conventional sense is very likely not to be possible. It is therefore important that family, carers and other professionals both within the local authority, including the education service, health professionals and the wider community have clear access to specialist services.

- **Those blind from birth or early childhood who subsequently acquire a hearing loss that has a significant functional impact.**

It is recognised that although this population is likely to be relatively small in number, it is most likely that these individuals have developed language skills. In this instance it is very important that both strategic and operational relationships with health partners are actively established and developed to ensure maximum chance of referral to specialist sensory services.

- **Those who are deaf from birth or early childhood who subsequently acquire a significant visual loss.**

This population may also include people who are; Deaf, deafened, or hard of hearing, people whose preferred method of communication is speech / lip-reading, British Sign Language or Sign Supported English and who are now losing their sight.

This group will include people with Ushers Syndrome, a genetic condition which gives rise to the predominant cause of adolescent deafblindness. This group of individuals are likely to have sign language skills as their primary communication strategy. However, it is important to recognise that this group can include people who do not use sign language, as in the case of those who have had a **cochlear implant**.

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

It is readily acknowledged that this population will constitute the majority of people presenting with a dual sensory loss. In this instance, it is important to ensure that other presenting issues related to ageing do not eclipse the significance of such sensory impairments.

7.9 Whilst the above categories are useful for conceptualising the presenting needs of the majority of people who are deafblind or who have a dual sensory loss, it is useful to recognise that not all people with such sensory needs fall readily into such categories.

7.10 Recognition of the deafblind culture and further acknowledgement needs to be given to the psychological and emotional impact deafblindness has, both in terms of development and wellbeing. This impact must be considered alongside other needs.

7.11 Close and effective working partnerships with Learning Disability Teams, Mental Health and others will make a significant contribution towards mitigating against this occurrence.

Note: Although people who have Ushers Syndrome can be part of the Deaf community, they often see themselves as a separate group. For the purposes of this document they are acknowledged within the above groups.

7.12 Staff within Adults' Health and Care must be aware of the range of communication needs of deafblind people and those with a dual sensory loss. More guidance for practitioners can be found on the internal social care practice manual page.

7.13 Deafblind people and those with a dual sensory loss should be afforded the opportunity to be registered appropriately and recorded on the Adults' Health and Care database. It is, however, important to appreciate that such registration is voluntary and not mandatory.

7.14 In the case of children who are the responsibility of Hampshire County Council, there are established eligibility criteria to access services from that department. Further information can be found on the [Hampshire County Council Website](#). In the case of children who are the responsibility of Hampshire County Council and are

approaching the transition from children to adult services, further information can be found on the [transition to adulthood page](#).

7.15 Reablement Service, Deaf Services Team and Independent Futures Team will ensure that cases which have specific sensory needs are highlighted and appropriately managed. Within the context of this policy, it is expected that those professionals working with children and operating within the scope of the Local Authority, will be active in making timely transitional referrals to Reablement and Deaf Services.

8. Referral Pathways to Specialist Provision for Assessment.

8.1 The Ophthalmologist (eye consultant within a health setting) may make a general referral to Adults' Health and Care Reablement Service, to complete registration for someone with a sight loss. This is recorded on a Certificate of Visual Impairment (CVI). This is the certificate of eligibility for inclusion on the sight loss register. A CVI can only be issued by a consultant Ophthalmologist and with the consent of the patient.

8.2 Referrals can also be made by other Adults' Health and Care teams such as Community Teams or other professionals (GPs based at health centres, or high street optometrists).

8.3 People with a dual sensory loss may also refer themselves or be referred by family, neighbours and friends. The starting point for these referrals can be made through the Contact Assessment and Resolution Team (CART):0300 555 1386. Where referrals are received without a Certificate of Visual Impairment, a screening will be undertaken in order to prioritise the referral and allocate to a sensory or deaf services worker. Any information gathered at this point will be recorded on CareDirector. In the event that a referee has not obtained a medical diagnosis, they will be advised to meet with their General Practitioner.

8.4 Using the information gathered to date the client's needs will be prioritised using current directorate criteria. Client casework will then be allocated to a practitioner, who will undertake a Specialist Assessment of Needs. If the client has specific needs relating to communication or a secondary condition, the case may be jointly co-worked with an appropriately trained practitioner. Where a practitioner does not have the relevant communication skills, an external specific communication language support professional will be provided.

8.5 The deafblind assessment will identify assessed needs arising from issues related to; daily living skills, access to information, communication and the need to mobilise within the environment. Details of these assessment outcomes will be shared with and signed by the client and recorded on CareDirector.

8.6 The deafblind support and or equipment identified and provided at this time will be recorded in the assessment framework. Where further reablement or social work

planning is required, this will be carried out by an appropriately trained member of staff. In addition, and in collaboration with community teams' expertise, any long term assessed needs will be met through a strength-based approach.

If no further reablement needs are required, the worker will arrange for the assessed eligible equipment and its associated demonstration of usage, to be supplied.

Services and or equipment may either be provided directly by Adults' Health and Care or indirectly via other providers. Individuals must contact the appropriate equipment provider if they encounter issues or have questions regarding usage.

8.7 Depending on communication needs, the worker will undertake a review by; a face-to-face visit, a virtual appointment, phone call, email or letter to the client and or their representative, to ensure that services and / or equipment have been delivered, fitted, training given, and have met the assessed needs. When the assessed needs have been met, an evaluation form in the appropriate format, will be sent to the service user. The service user or their representative will be informed to contact Sensory or Deaf Services in the future should their needs change.

9. Service Provision and 1:1 Human Support

9.1 All aspects of service provision must be undertaken by appropriately qualified people. This includes [SIGNATURE \(OCN/QCF\) level 3](#) or equivalent to undertake Deafblind assessment. All sensory and Deaf Services staff undertaking these assessments will be trained to this level.

9.2 Where mobility training is required, deafblind reablement will be undertaken by a staff member or an external provider who are trained to OCN/QCF level 5 Rehabilitation (Visual Loss), who also has the above training and has completed further hearing loss rehabilitation training. Where additional complexity is a factor, joint working with other professionals and/or organisations is essential.

9.3 All services for deafblind people and with a dual sensory loss consider their communication, access to information and mobility needs. All assessments are carried out using the preferred communication mode of the service user. If Case Workers/Specialist workers do not possess these skills, then appropriately qualified interpreters and/or communication support workers may need to be commissioned.

9.4 Staff are supported and encouraged to attend specialist training within the range provided by Adults' Health and Care. The reablement learning and development plan supports all sensory staff to be able to undertake deafblind assessment and support work training.

9.5 Deafblind people their families and carers are encouraged to participate in any future policy and services developments.

9.6 Deafblind people and those with a dual sensory loss who are from ethnic minority groups may also have additional communication language needs. In this instance, additional language support professionals may need to be commissioned. However,

it is acknowledged that even with a highly flexible approach to language and communication support, there may be instances where such a strategy might not meet the need alone.

9.7 Specifically trained One-to-One support workers can be accessed via the community teams' operational budgets or the Direct Payments process. The sensory/Deaf Services worker will either support this themselves or support the service user and operational team through this process.

10. Information Access

10.1 Accessible information will be provided as necessary for individuals and their families/carers. Staff will also have access to a range of language professionals as mentioned above.

11. Senior Management

11.1 Under the Care Act 2014, local authorities are required to identify an executive lead for Deaf Blind and Dual Loss Services. The accountable officer for Adults' Health and Care is Jess Hutchinson, Assistant Director for Younger Adults and Principal Social Worker.

12. Performance Monitoring

12.1 A deafblind policy group has been working alongside this policy review and will be converted into an operational deafblind group from within Sensory and Deaf Services. The group will aim to meet every six months as a minimum to agree performance data reporting and escalate to Care Governance Board by exception.

13. Impact Assessments

13.1 An Equality Impact Assessment has been completed for the updating of this policy.