



***Professionals  
for  
Visually Impaired Persons Training  
XL and Knowledge Sharing***

***Report Workpackage 3***

17 September 2009

## Involved organisations

This report is published by the KnowProViP project consortium. This consortium is responsible for the content.

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## Introduction

The KnowProVip project will enhance and strengthen the training, knowledge and expertise of the professional -teachers and trainers - working with visually impaired people. Furthermore, by transferring and spreading knowledge on specific groups of visually impaired: refugees/ immigrants, visually impaired +60 and acquired deaf-blindness, the project will help main-stream activities and enhance the mobility of professionals who will be in a better situation to work abroad with the insight into other systems and methods.

The primary target group in KnowProVip are the individuals involved in teaching and training the visually impaired: professional teachers, trainers, therapists, and special teachers for learners with special needs. Today these people have their training from a university or a college, but the vocational education and training is not systematically, but more peer-to-peer training or learning by doing, and research made by a Danish Center for Equal Opportunities for the Disabled showed that less than 20% of the teachers and the teachers are usually generalists in their field. There is a very pressing need for more specific knowledge in the field of visually impaired people with additional problems/needs as the ones the project is targeting.

A secondary target group is the visually impaired persons themselves, and their relatives. Any improvement in the field will benefit them in the end, and the project will generate knowledge about the more specific groups that beforehand has been limited to certain fields or countries

This document is the first report of the Knowprovip-project. It describes the situation of the three target groups in each country. This will be a starting point of the development of:

- Three adapted modules for training of teachers working with the visually impaired: refugees/immigrants, elderly, and deafblind.
- Didactic Guidelines
- Seminar and dissemination activities



# Elderly



## **Introduction**

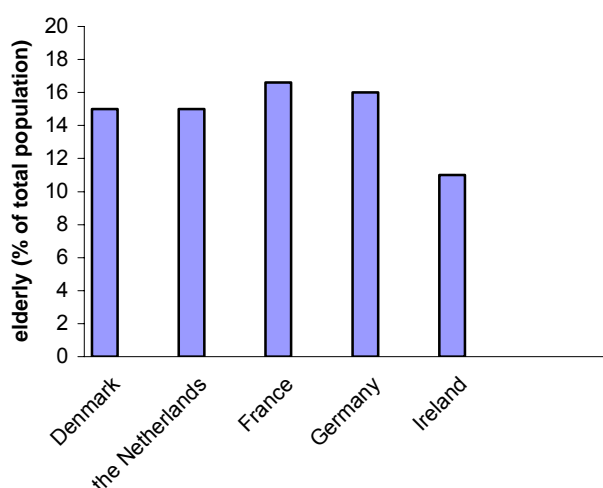
Most visually impaired persons are aged 50 years and older; the proportional rise in the aging population means that by the year 2020, the number of visually impaired people will have increased by 46.8%. Therefore, the elderly will make a bigger appeal to rehabilitation services and their trainers, teachers and therapists.

In this chapter, the project group reviewed the state of elderly affairs in the participating countries.

## **Definition of elderly**

In Denmark, the Netherlands, persons are considered as elderly at the age of 65, the age at which the state pension begins.

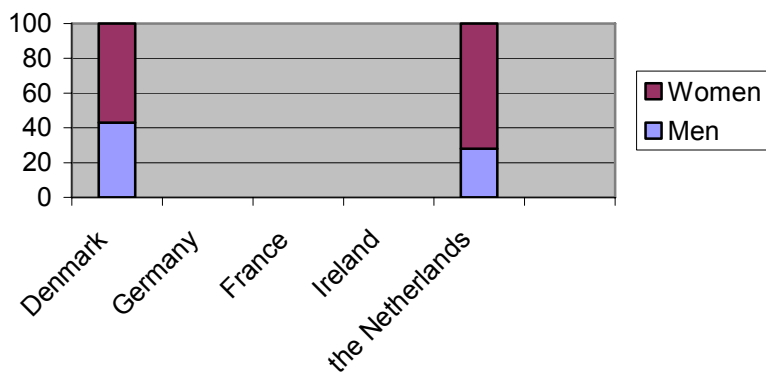
Figure 1 shows the percentage of elderly in the different countries.



**Figure 1: Percentage elderly (65+) as proportion of the total population**

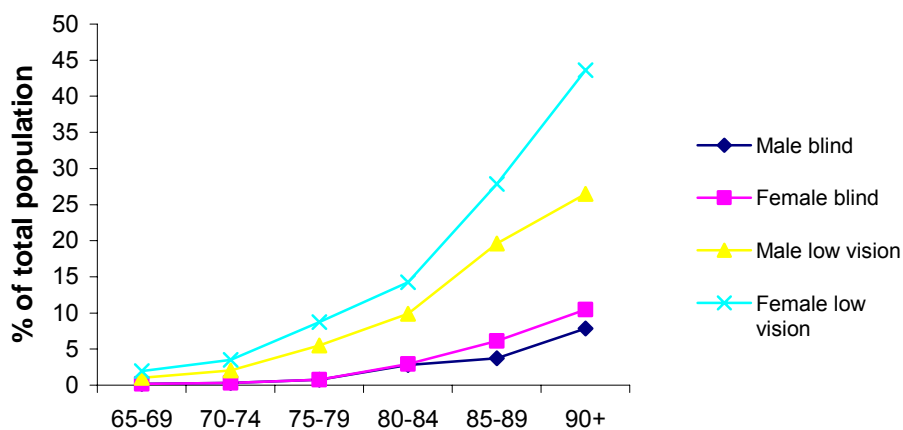
In all countries, the main causes of visual impairment are age-related macular degeneration, cataract, glaucoma, diabetic retinopathy and refractive error. Other main causes of visual impairment are cerebral thrombosis (Denmark),...

The distribution of visual impairments among different age groups and gender in elderly is pretty similar in different countries. Figure 2 shows the gender distribution in the participating countries.



In France, before 75 years of age, visual impairment affects more men than women (22 per 1000 vs 17 per 1000 ). For 75 years of age, the situation is inverted (177 per 1000 women vs 118 per 1000 men).

For the Netherlands, the distribution among different age groups is shown in Figure 3 which is similar to the distribution in France.



## Rehabilitation and training programmes for elderly

Here is a summary of different programmes in the participating countries.

### Denmark

At IBOS we have a course for elderly people (Senior Course) running over 12 weeks 3 days each week. The main purpose is to support the elderly person in obtaining a better recognition of the visual impairment and to teach compensating skills.

At CSK (Center for vision and communication <http://www.syn-kom.dk>) they offer several courses for adults and for elderly. All teachers at CSK are special trained teachers and occupational therapists. They make a yearly catalogue presenting all their courses. The courses aimed at elderly are many, which is why not every course will be presented here

in detail, instead the overall presentation by CSK themselves will be translated and the titles of their courses will be listed.

CSK offers compensating special needs education for adults either in small groups or individually. The education is organized as either one-time courses or continuous courses, thematical courses in smaller groups depending on the participants prior qualification and needs, and individually education in agreement with the participant's need for learning the compensating techniques as for instance mobility.

The special needs education for adults is aimed at teaching compensating techniques and strategies, which aims at helping or limit the effects of the impairment.

Special needs education starts from a thorough "examination" of the participant's qualifications, skills and needs.

The education is not a goal by itself, but a means to enhance the possibilities of the participant.

Special needs education is characterized by:

- Being specially organized with the emphasis on the participant's impairment and the participant may not receive other relevant offers with the same purpose under another legislation.
- To enhance the participant's self-reliance by making the participant reach new compensating skills.
- The use of technical aids
- To be organized according to an education plan with a description of goals and content agreed upon by the participant.
- To be a time limited course with clear goals to be evaluated on.  
([http://www.syn-kom.dk/kompenserende\\_specialundervisning\\_for\\_voksne\\_.6](http://www.syn-kom.dk/kompenserende_specialundervisning_for_voksne_.6))

Courses in special needs education for adults:

- Visual Impairment
- Mobility
- Reading by optics
- Eating techniques
- ICT for visually impaired persons
- ICT for blind and visually impaired persons
- Speech synthesis for mobile phones
- Braille
- Special education in IT-based aids for adults with reading difficulties

## France

### Name of the programme

One example of a rehabilitation programme: "Stimulating the visual abilities of elderly in old people's home: a mean to limit falls for elderly"

Some other programmes applied directly to elderly at home (service for elderly in Montclair)

### Institute

Montclair institute (service for elderly) and the CRBV (Low Vision Rehabilitation Centre in Angers)



### Short summary of the programme

By stimulating the eyes movements (fixation, pursuits, saccades), we can optimize the remaining vision. By training the localisation of a spot (letter, image, words) on a very big screen, we can improve the mobility abilities of elderly. By rehabilitating the precise discrimination, we can improve the ability to read and stimulate the brain capacities of elderly.

The rehabilitation at home is to help elderly to gain in independency in daily living skills and in orientation and mobility. Each programme is adapted according to the person's motivation, needs and visual abilities.

### What is the profession of the teachers?

Orthoptistes for the specific programme to stimulate visual abilities: these professionals practise visual rehabilitation (different from an optometrist who has also optical skills, I believe).

For programmes at home, the professionals are mobility and daily living skills instructor.

### Specifications of the target group (for example age and number of group members)

Individual lessons, half an hour a day or every two days depending on the person's age for the rehabilitation to stimulate visual abilities.

## **The Netherlands**

One example of a rehabilitation programme is "Social Network for Elderly". It is a rehabilitation course for elderly (55+) who are threatened by social isolation caused by their visual impairment. The group of four to six persons talk for example about making new friends, social contacts and social leisure activities. The course lasts ten meetings

## ***Education possibilities for rehabilitation workers***

### **Denmark**

Masters in rehabilitation is a master education at the University of Southern Denmark.

The education is aimed at leaders, coordinators and employees who have rehabilitation as the core in their job both in the health sector and the social sector. It can be nurses, doctors, psychologist, technical helping aids consultants, physiotherapists, social workers, or persons working with demented people, working with pedagogical work, teachers and many other areas. The essential thing is the wish for contributing to rehabilitation will be a core strategy in the health centres, in administration management, at hospitals and in local regions.

The education lasts 2 years and is organized as a part time study. It consists of 4 obligatory modules, two modules by choice and a master project. The obligatory modules are based in science and empirical science knowledge areas which is the core for an interdisciplinary and holistic rehabilitation. The two modules by choice and the final project aim at research in self chosen parts of rehabilitation. The specialization may be sector or functionally specific areas i.e. medical rehabilitation, integration to the labour market, rehabilitation in psychiatry, children's or elderly person's rehabilitation. The research may



also lead into organizational areas for example organizing interdisciplinary teams and communication between clients and professionals.

## France

Montclair Institute provides awareness session about visual impairment in old people's home (half a day). The institute is also now working on a training session which could last a few days. An identified professional in the old people's home could be the one to be trained and to become a referent for his colleagues.

The professional involved in this training will be mobility instructor and daily living skills instructor.

## Netherlands

Besides special courses for teachers in specific programmes (e.g. course social network for elderly), Visio offers courses for rehabilitation workers in four levels:

1. Experts (e.g. occupational therapist specialised in "acquired brain damage")
2. Rehabilitation workers (e.g. general occupational therapists, general low vision specialists)
3. Workers in rehabilitation centres who are not providing direct rehabilitation (e.g. restaurant personnel of the rehabilitation centre)
4. Workers in rehabilitation centres who are not having direct contact with visually impaired people (e.g. administration workers, engineering service, managers)

An example of a level 4 course is: Introduction visual impairments, which gives an overview of eye diseases, visual impairment and rehabilitation possibilities.

An example of a level 2 course is: "Lighting" for occupational therapists, optometrists and low vision specialists. It consists of six modules:

1. Visual Function
2. Client Centred Rehabilitation Counselling and Learning Strategies
3. Optics
4. Light, Size and Contrast
5. Vision Assessment
6. Vision Training

For this course, there is an international certification through the Leonardo European Vision Rehabilitation and Education Training Association (LEVRETA).



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# Cases Elderly



## **Case E1: Eva**

Name: Eva Sørensen

Gender: Female

Age: 89

### Disease(s) and cause of visual impairment:

Macula degeneration, visus 6/60

### Problem:

During her elderly years reading and writing has become increasingly difficult and it has influenced communicating with and the relationship with other people.

Many tasks including reading and writing has been reduced and avoided, more of which is now reduced to a minimum. Reading literature, news-papers and so on, which she did earlier, is not possible any more.

The reduced possibilities have emotional consequences. Especially communicating with family, writing and receiving letters from the family living abroad, with pictures of grandchildren has become a big concern and an emotional issue.

### Rehabilitation / training objective:

To (re-)gain reading and writing possibilities as well as skills to be able to communicate.

### Short personal background:

Eva Sørensen has been working as a secretary, but retired before computers were implemented in the modern office. As a secretary she has used a typewriter as a main tool – and used it to perfection!

### Intervention:

Eva Sørensen contacted her local community centre, and was referred to the Institute for the Blind and Partially Sighted.

At the institute she where we presented for the different possibilities, cctv, light and magnifying glass and computer equipment.

Eva Sørensen chose as a start to use computer equipment as a writing reading tool.

After a training-perion of 10 lessons she were able to use a computer with magnification software (Zoomtext).

### Profession of the rehabilitation worker(s) involved in the intervention:

Occupational therapist

Computer consultant

### Follow-up and results after the intervention:

Eva Sørensen is now able to use a computer to write letters in Word, and to use e-mails, including pictures, to communicate with her family.



The use of compensating equipment has made Eva Sørensen reconsider her status and identity as a visual impaired person, and she has begun to start reconsider the use of a cctv, which she firstly chose not to use.



## **Case E2: Jean Marie**

Name: Jean Marie O.

Gender: Male

Age: 68 years old

### Disease(s) and cause of visual impairment:

Thrombosis of the retina central vein on each eye plus a glaucoma on the right eye.

Right eye: a small light perception, impossible to make a visual field

Left eye: can see the hand moving, large central scotoma with a peripheral vision of 30°

### Problem:

Mr O. wants to be more independent in mobility and daily living skills. He has a white cane but doesn't know how to use it. He doesn't expect to be able to use his eyes.

### Rehabilitation / training objective:

10 lessons in mobility

5 lessons in daily living skills

5 lessons in orthoptie. We will develop below this aspect of the rehabilitation

The 3 professionals work together in the CRBV (Low Vision Rehabilitation Centre in Angers) and, as a team, can adapt the rehabilitation program.

### Short personal background:

Mr O. is retired. His visual problems occur in 1995. He arrives in the CRBV in 2005.

When he arrives, he used his hands and his cane to protect himself.

In the daily life, his wife is dealing with almost everything. His visual impairment impedes him to cook, to go shopping, to write and read... He didn't manage to compensate by himself. He expects a lot from the rehabilitation.

In mobility, he can move around his farm, because he knows the area. He uses a wood stick to protect himself but it's not enough. He is completely dependant of his wife to go anywhere.

### Intervention:

In daily living skills : 5 sessions to become more independent in cooking, tidying, gardening...

In mobility : 10 sessions to learn how to use his visual abilities, to develop sensorial skills, to protect himself thanks to the white cane ...

In orthoptie : 5 sessions to improve the ocular mobility. The orthoptie rehabilitation is using new technology: specific softwares made in Monteclair for rehabilitation and evaluation and a very big screen (2 m X 2 m) to improve eyes movements, localisation and anticipation...

Mr O. improves his abilities in fixation, pursuits, saccades... on different spots (letters, images, drawings... on plain background and then with disruptive backgrounds).



Size, speed, conditions of exercises can change easily. The professional can adapt the exercises to avoid failures and to help Mr O. to believe in his new abilities.

Profession of the rehabilitation worker(s) involved in the intervention:

Orthoptistes

Daily living skills instructor

Mobility instructor

Follow-up and results after the intervention:

In daily living skills, Mr O can now be independent for the meals, to use the telephone and money.

In mobility, he uses his white cane and can walk more easily, he feels more secure.

In orthoptie, he his able to move his eyes more easily and to use his visual skills. He can read with a CCTV (closed circuit television).

Mr O. has improved his visual capacities and it has consequences in every aspects of his life: mobility (to detect obstacles), daily life (to read, to detect something more easily...)... It has helped him to regain self esteem and self confidence. Mr O. has asked his ophthalmologist to prescribe more sessions in orthoptie, convinced that it can help him a lot.

In general, this kind of rehabilitation for elderly helps them in obstacle detection, improves the eyes movements, the fixation abilities, treatment of image... It gives the opportunity to understand more easily the environment and to adapt more quickly to it. It stimulates also brain capacities, improves memory... People gain in self esteem.



## **Case E3: Geertruida**

Name: Geertruida Jansen  
Gender: female  
Age: 74

### Disease(s) and cause of visual impairment:

Age-related Macular Degeneration

Right eye: visual acuity: 0.01

Left eye: visual acuity: 0.06

Disturbed contrast sensitivity

### Problem:

Ms. Jansen is not able to go to the meetings of the rural women union in her village. Therefore, social isolation is threatening her.

### Rehabilitation / training objective:

- Keeping social contacts

### Short personal background:

Ms. Jansen lives on a farmhouse in a small village in the east of Holland. Her husband died 5 years ago. Her son, who also lives in the farmhouse, runs the farm. Ms Jansen tries to do some small jobs on the farm (like feeding the sheep and cows). Her 4 daughters, who are living in a small town nearby, do the shoppings. She is a member of the rural women union in her village.

### Intervention:

She follows the “social network rehabilitation course” at her regional rehabilitation centre. An occupational therapist and a social worker explain the eye-disease and the possibilities of ms. Jansen to the other members of the women union.

### Profession of the rehabilitation worker(s) involved in the intervention:

- Occupational therapist
- Psychologist
- Social worker

### Follow-up and results after the intervention:

Ms. Jansen is still a member of the women union. The union organise activities that have some consideration with her visual impairment. Twice a week, an old friend is visiting her at the farmhouse.



# Refugees

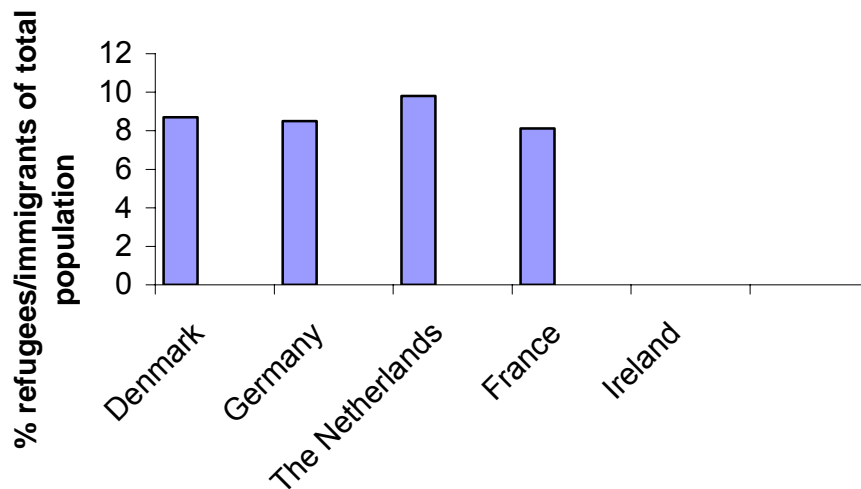


## Introduction

In this chapter, the project group reviewed the state of refugees/immigrants affairs in the participating countries.

## Demographics

The population of Denmark as of 1.1.07 consisted of 5.447.084 persons, of which 91,2% were of Danish origin, while 6,6% and 2,1% were immigrants and descendants, respectively.



## Countries of origin

Country	Countries of origin
Denmark	Turkey
Germany	Turkey, Russian Federation, Serbia and Montenegro, Ukraine, Israel
The Netherlands	Iraq, Somalia, China, Turkey, Suriname, Morocco, Iran, Nigeria
France	Algeria, Morocco, Portugal, Italy, Spain, Turkey
Ireland	Nigeria, Romania, the Democratic Republic of the Congo, Libya, and Algeria

## Causes of visual impairment

Country	Countries of origin
Denmark	Refraction, trauma, retina, diabetic retinopathy
Germany	No information available
The Netherlands	Cataract, refraction problems, glaucoma, diabetic retinopathy, trauma
France	France does not have valuable information about causes of visual impairment, but it seems that one of the causes could be consanguinity or intermarrying between cousins.

Ireland	
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## ***Definitions***

### **Refugee, immigrant and citizen**

#### Denmark

The statistic definition of immigrants, descendants and Danish people is:

A person is Danish if at least one of the parents is both a Danish citizen and born in Denmark<sup>1</sup>. It has no influence whether the person himself is a Danish citizen or born in Denmark. If the person is not Danish the person is:

- immigrant if the person is born abroad
- descendant if the person is born in Denmark.

It is a condition to be included in the statistics as immigrant that the person has a residence permit in Denmark and registered at the national registration office. Asylum seekers who do not have a residence permit in Denmark and not registered at the national registration office are therefore not included in the statistics of foreigners.

Danish nationality can be acquired in one of the following ways:

- Automatically at birth
- Automatically if the parents marry after the child's birth
- Automatically if a person is adopted as a child under 12 years of age
- By declaration for nationals of another Nordic country
- By naturalisation, that is, by statute

#### Germany

Refugees are accepted according to the Article 33 of the Geneva Refugee convention (Non refoulment principle)

Foreigners have the constitutional right for Asylum in Germany if they are:

- political prosecuted by government or
- threatened by political prosecution

Immigrants are all foreigners with non-German origin, who are permitted to live in Germany

A legitimate citizen is not defined as such. There are 2 types of permission for residence:

- temporary
- unlimited

#### The Netherlands

#### France

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<sup>1</sup> If there is no information on the parents, the person is Danish if the person is a Danish citizen and born in Denmark. The person is an immigrant if the person is born abroad and the person is a descendant if the person is a foreign citizen born in Denmark



According to the Geneva Convention of 1951 the term refugee applies to anyone “who fears with reason being persecuted because of their religion, their nationality, their belonging to a given racial or ethnic group or because of their political opinions; who is outside the country of which they are nationals; and who because of this fear does not wish to claim the protection of their home country”.

An immigrant is a person leaving in France, born with another nationality in a foreign country.

French citizens are people with the French nationality and with their civil and politic rights (ex: the right to vote)

To be a French citizen is at first a question of nationality. This condition is very strong in France, contrary to some other countries.

But this traditional link between nationality and citizenship is fading out thanks to the European construction.

Since the 1992 Maastricht treaty (and the following revision of the French constitution), people from EU countries, leaving in another EU country are able to participate to local elections and be elected themselves. So, they get one of the main elements of citizenship: the right to vote.

But, for people from non EU countries, they can't vote in France (only professional and university polls).

### Ireland

"a refugee" means a person who, owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country; or who, not having a nationality and being outside the country of his or her former habitual residence, is unable or, owing to such fear, is unwilling to return to it, but does not include a person who:

( a ) is receiving from organs or agencies of the United Nations (other than the High Commissioner) protection or assistance,

( b ) is recognised by the competent authorities of the country in which he or she has taken residence as having the rights and obligations which are attached to the possession of the nationality of that country,

( c ) has committed a crime against peace, a war crime, or a crime against humanity, as defined in the international instruments drawn up to make provision in respect of such crimes,

( d ) has committed a serious non-political crime outside the State prior to his or her arrival in the State, or

( e ) has been guilty of acts contrary to the purposes and principles of the United Nations.

### ***Joining a rehabilitation programme***

The right to join a rehabilitation programme for Refugees/Immigrants is globally based on the same regulations in all countries. They have to be an approved refugee or they need to have residence permit in the country.



## Denmark

To join rehabilitation programmes such as Danskværkstedet a person would need to have residence permit in Denmark. Furthermore, the Danish social legislation is always in use, when a person is to join a programme at IBOS.

For a visually impaired refugee/immigrant to join a programme at IBOS the following two laws are used:

The Aliens Act

[http://www.nyidanmark.dk/resources.ashx/Resources/Lovstof/Love/UK/aliens\\_act\\_945\\_en.g.pdf](http://www.nyidanmark.dk/resources.ashx/Resources/Lovstof/Love/UK/aliens_act_945_en.g.pdf) (it's very long which is why there is only a reference)

the Act on Integration of Aliens in Denmark (the Integration Act) - [http://www.nyidanmark.dk/en-us/legislation/consolidation\\_act\\_no\\_643.htm](http://www.nyidanmark.dk/en-us/legislation/consolidation_act_no_643.htm) (also very long which is why there is only a reference)

## Germany

Migrants have the legal right to enjoy vocational rehabilitation or subsidies for education when:

- they are approved refugees or
- they are foreigners with a German spouse or parent
- Foreigners also of third countries, or EU citizens living in Germany with a spouse or family member, when parents are not economically capable to finance the education
- Turkish persons whose parents are employed in Germany (several additional pre-requisites)

## The Netherlands

Refugees/immigrants have the right to participate in a rehabilitation programme if:

- They are approved refugee

Asylum seekers have a special medical insurance with specific regulations.

## France

There is no valuable information about this. It depends on the individual situation.

## ***Rehabilitation/training programmes for refugees/immigrants***

### Denmark

At IBOS we have a programme called Danskværkstedet.

It is a teaching and rehabilitation course for young and adult refugees and immigrants with a visual impairment. They teach Danish language, society and culture as well as disability compensating skills.



The course is centered around the individual participants background and qualifications, wishes and needs. The participant will be given the opportunity to build up and strengthen his identity as a visual impaired person and to enhance his integration into Danish society.

The teachers are a team of special education teachers. All are educated teachers with super imposed courses in visual impairment and language teachers/immigrant education. They are either specialised teachers for example speech and hearing therapist or ADL/mobility instructors. The team also consists of specialist teachers, social workers, psychologists and psychiatrists.

It is possible to take national tests in Danish for adults. The test is held in cooperation with language schools. It is possible to have dispensations in connection with taking the test.

Transition plans are made with the local authorities.

### Germany

There are various language programs to improve the integration of immigrants. They are ruled and organized by regional local governments and social partners. There are also special initiatives on regional level to improve education in secondary schools for migrants. There are also various integration programs carried out by cultural federations and non-profit organisations NGO

### France

The European Refugee Fund has been created to support efforts of States, who set up projects concerning asylum seekers, refugees and displaced persons, supplying till 50 % of projects.

More than 80 % of the selected projects in France are related to the condition of reception, the providing of information and services.

The action may concern in particular infrastructure or services for accommodation, supply of material aid, health care, social assistance or help with administrative and judicial formalities, including legal assistance. Here, account may also be taken of the special needs of the most vulnerable persons.

### The Netherlands

At Visio, we have an intensive rehabilitation programme for non-native speakers. The programme consist of occupational therapy, computer work, sport/swimming, braille, meetings with a social worker and Dutch language lessons.

There is also a language course at Visio Amsterdam. Non-native speakers learn as much of the Dutch language necessary to be involved in the rehabilitation programme.

## ***Education possibilities for rehabilitation workers***

### Denmark



In order to take an education called immigrant education, one needs to be a trained teacher with language as main subject, a bachelor education where language is the main subject or another education where equivalent qualifications are obtained.

The education "Danish as a second language" is a 1-year education, which qualifies to working as teacher at language schools, adult and youth education and folk high schools. As a student one will obtain professional and pedagogical qualifications to attend, give grounds for and develop teaching Danish as a second language also including alphabetizing-teaching.

The education is offered as a cooperation between University of Copenhagen and Danish School of Education, Aarhus University.

### Germany

No special training/education possibilities are found.

### France

No information about it. The service for immigrants is very interesting by a specific training if something is created. Actually, they don't know what to do when they encounter a situation with visual impairment.

### The Netherlands

There is no special training for rehabilitation workers.

There are special courses for Dutch language teachers. They will be certified as teacher of Dutch as a second language. They course pays no attention to visual impairments.

Visio offers courses for rehabilitation workers in four levels:

1. Experts (e.g. occupational therapist specialised in "acquired brain damage")
2. Rehabilitation workers (e.g. general occupational therapists, general low vision specialists)
3. Workers in rehabilitation centres who are not providing direct rehabilitation (e.g. restaurant personnel of the rehabilitation centre)
4. Workers in rehabilitation centres who are not having direct contact with visually impaired people (e.g. administration workers, engineering service, managers)

An example of a level 4 course is: Introduction visual impairments, which gives an overview of eye diseases, visual impairment and rehabilitation possibilities.

An example of a level 2 course is: "Lighting" for occupational therapists, optometrists and low vision specialists. It consists of six modules:

- Visual Function
- Client Centred Rehabilitation Counselling and Learning Strategies
- Optics
- Light, Size and Contrast
- Vision Assessment
- Vision Training

For this course, there is an international certification through the Leonardo European Vision Rehabilitation and Education Training Association (LEVRETA).



Ireland



## ***Literature Refugees / Immigrants***

European Conference of the Education of Visually Impaired Immigrants and Refugees. September 1-5, 1997 , Instituttet for Blinde og Svagsynede , Hellerup, DK, 1997 ( 57 s. )

International Mobility Conference no. 9. Conference Proceedings. IMC9. Atlanta Georgia, USA 1-6 Juli 1998 , Rehabilitation Research & Development Center, Atlanta VA Medical Center , Atlanta, VA, USA, 1998 ( 392 s. )

Research on teaching of immigrants and refugees , van der Krabbew, Tatjana , 1997 ( 5 s. )

The 11th International Mobility Conference. Mobility - In touch with Africa, in step with the world , South Africa Guide Dogs Association; St Dunstan's , Stellenbosch, Sydafrika, 2003 ( 1 cd-rom )



# Cases Refugees



## **Case R1: M.**

**Name:** M. K.

**Gender:** Male

**cpr:** 050574 -

### **Short personal background:**

M. Is from Kurdistan Iraq. He has never been to school in Kurdistan and he has never been working. He is from the countryside.

His language is Kurdish.

He is married and has a son.

He left Kurdistan and arrived to Denmark in 2001. His son is at that time 6 month.

He has received a temporary permission to stay in Denmark, and he has to apply for a new permission every year.

He is living in Odense, where he also has a lot of family.

Latest news: He has applied to get his family to Denmark, but this has been rejected.

### **Disease:**

Diagnose: Glaucoma

Visus o.dxt: 1/12 med + 12 sf.

Visus o.sin: 0,1 med + 9,0 sf.

### **Problems:**

He is a traumatized refugee. When it comes to integration and language issues M does not speak Danish and he is an illiterate. He has difficulties getting by in every day life both considering mobility and ADL. He is mentally unstable and weak due to unresolved personal problems in connection with his residence permit and the lack of his family coming to Denmark.



## Case R2: A.

Name: A., T.  
Gender: F  M   
Age: 38  
Religion  
(Original) Nationality: Ukrainian

Disease(s) and cause of visual impairment:  
heredibäre makuladegeneration

Problem:  
needs help in orientation, language course

Rehabilitation / training objective:  
Rehabilitation preparation course A

Short personal background:  
1998 - 2004 teacher in Ukraine

Intervention:  
training course in german language, support by social worker

Profession of the rehabilitation worker(s) involved in the intervention:  
 Social worker       Psychologist       Orthoptist

Teacher           

Follow-up and results after the intervention:



### Case R3: G.

Name: G., M.  
Gender: F  M   
Age: 20  
Religion  
(Original) Nationality: Italian

Disease(s) and cause of visual impairment:  
Leber'sche Amonrosa

Problem:  
needs help in orientation, participant is independent, she is unable to act her daily works

Rehabilitation / training objective:  
Basic Rehabilitation

Short personal background:  
school for blind people

Intervention:  
training course for orientation and mobility, support by social worker

Profession of the rehabilitation worker(s) involved in the intervention:  
 Social worker       Psychologist       Orthoptist  
 Teacher           

Follow-up and results after the intervention:  
she is getting more self-dependent, progress of development



## Case R4: B.

Name: B., M.  
Gender: F  M   
Age: 44  
Religion  
(Original) Nationality: Congo

Disease(s) and cause of visual impairment:  
blind by accident

Problem:  
needs training in mobility and orientation, needs support with the office work

Rehabilitation / training objective:  
Basic Rehabilitation

Short personal background:  
profession: physiotherapist

Intervention:  
training in german language and in mobility

Profession of the rehabilitation worker(s) involved in the intervention:

Social worker       Psychologist       Orthoptist  
 Teacher           

Follow-up and results after the intervention:  
he is getting more self-dependent, he is able to organize himself



## Case R5: S.

Name: S., N.  
Gender: F  M   
Age: 36  
Religion  
(Original) Nationality: Turkish

Disease(s) and cause of visual impairment:  
maculadegeneration

Problem:  
needs support with the office work, training in orientation

Rehabilitation / training objective:  
Basic Rehabilitation

Short personal background:  
no vocational training, 2004 machine operator

Intervention:  
training in orientation and mobility, training in basic rehabilitaion

Profession of the rehabilitation worker(s) involved in the intervention:

Social worker       Psychologist       Orthoptist  
 Teacher           

Follow-up and results after the intervention:  
now he is able to deal his daily work himself



## Case R6: Achmed

Name: Achmed S.  
Gender: F  M   
Age: 36  
Religion: Moslim  
(Original) Nationality: Congo

Disease(s) and cause of visual impairment:  
Became blind (both eyes) after bomb attack.

Problem:  
needs support with diverse activities of daily living. Due to the post-traumatic stress syndrome, he sleeps only 2 hours/night and is sometimes aggressive.

Rehabilitation / training objective:  
Basic Rehabilitation for non-native speakers

Short personal background:  
Due to the bomb attack, he misses three fingers (forefinger, middle finger and little finger) on his right hand and he suffers from a post-traumatic stress syndrom. Since his flee to the Netherlands, he has lived in an asylum seekers' centre. He lives with three other refugees in a small chamber. They have to share kitchen, showers and toilets with 25 other asylum seekers.  
His parents, brothers and sisters are still in Congo and he does not know if they are still alive.

Intervention:  
training in orientation and mobility, occupational therapy, computer training, counseling, Dutch as second language.

Profession of the rehabilitation worker(s) involved in the intervention:

Social worker       Psychologist       Orthoptist  
 Teacher       Occupational therapist     

Follow-up and results after the intervention:  
now he is able to deal his daily work himself



# Deaf-blindness



## **Introduction**

People who are visually and hearing impaired often have specific questions with regard to support and supervision. In this chapter, the project group reviewed the state of deaf-blindness affairs in the participating countries.

## **Definition of deaf blindness**

### Denmark

Deafblindness is a distinct disability.

Deafblindness is a combined vision and hearing disability. It limits activities of a person and restricts full participation in society to a degree, which requires that society compensates by means of specific services, environmental alterations and/or technology.

*Comments:*

*These comments are a clarification to the definition of deafblindness:*

- 1. Vision and hearing are central in getting information. Therefore a decrease in the function of these two senses that carry information from distance increases the need to use senses that are confined to information within reach (tactile, kinaesthetic, haptic, smell and taste), as well as leaning on memory and deduction.*
- 2. The need for specific alterations regarding environment and services depends on the time of on-set in relation to communicative development and language acquisition; the degree of the hearing and vision disability, whether it is combined with other disabilities and whether it is stable or progressive.*
- 3. A person with deafblindness may be more disabled in one activity and less disabled in another activity. Therefore each activity and participation in it needs to be assessed separately.  
Variation in functioning within each activity and participation in it may also be caused by environmental conditions and by internal personal factors.*
- 4. Deafblindness causes varying needs for co-creating alterations in all activities and especially in all kinds of information; social interaction and communication; spatial orientation and moving around freely; activities of daily life and effort demanding near-activities including reading and writing.*

*Co-creating means that the person with deafblindness and the environment are equally involved. The responsibility for this to occur lies on society.*

- 5. An interdisciplinary approach including specific know-how related to deafblindness is needed in service delivery and environmental alterations.*

### France



Deaf blindness is a specific handicap, strongly isolating people, and resulting of a combination of visual and hearing losses or impairments. It deeply affects the communication and socialisation abilities, the mobility and daily life skills.

Consequences and impact on each individual are very different especially among those who acquire deaf blindness. Most of them have still some visual and /or hearing capacities. They can sometimes use visual or hearing devices to optimize their remaining sensorial abilities.

The impact of deaf blindness on adults and their families and friends, is very linked to the educational opportunities, to the appropriate training development, to the recreational and leisure activities and to the family support.

### The Netherlands

In a medical way, the definition is:

- hearing loss of 35DB or more,
- visual acuity  $\leq 0.30$  and/or visual field  $\leq 30^\circ$ .

The definition of the Nordic project (see definition Denmark) is also used in the Netherlands.

## **From what age do you speak of acquired deaf blindness?**

### Denmark

Acquired deafblindness denotes deafblindness that appears post-lingually and after the child has created a visual and/or auditive frame of understanding (i.e. after the age of around 18 months or so.)

### France

In France, linguality is not directly involved in the definition of acquired deafblindness. They speak of acquired deaf blindness when the person is not born deaf blind.

### The Netherlands

In the Netherlands there are two groups of acquired deafblindness:

1. early deafblindness: non congenital, but before the age of 65 (e.g. Usher syndrome)
2. age-related deafblindness

## ***Demographics***

Most countries do not have registers of deafblind people.

### Denmark

In Denmark there are no registers of deafblind people. We estimate that there are approx. 300 people with acquired deafblindness that is NOT due to age-related changes in hearing and vision.



We also estimate that there are some 10,000 who have a severe dual sensory impairment. The majority of them are deafblind according to the definition.

### France

No valuable data and studies about it

If a Canadian study is considered (presented by Stan Munroe at DBI worldwide conference in September 2007), it's possible to make an extrapolation with the French population: in that case, the population of deaf blind in France could be situated approximately between 5600 and 6600 persons (Nouvelles du CRESAM, N°18, January 2008)

### The Netherlands

The NIZW (Vaal J, 2004) made the following estimations for deafblindness in the Netherlands:

- 4000 congenitally deafblind persons
- Between 600 and 1200 early deafblind persons
- 35.000 age-related deafblind persons.

## ***Main causes of acquired deaf blindness***

The main causes of acquired deaf blindness in all countries are:

- Age-related vision and hearing changes (typically age-related macular degeneration and presbycusis) – by far the greatest cause of deafblindness in Denmark
- A combination of other visual problems (such as glaucoma) and presbycusis
- Usher 1 and Usher 2 syndrome (the single most common cause for deafblindness among the “not-elderly” deafblind)
- Other syndromes and diseases like Refsum disease, Crouzon syndrome, Friedreich ataxia, Mohr-Tranebjærg syndrome
- Accidents and non-syndromal combinations of retinitis pigmentosa or other visual problems and hearing problems of unknown origin

## **How is acquired deaf blindness distributed among different age groups and gender?**

### Denmark

As mentioned, we do not have any registers in Denmark, but as mentioned above in question 3 the vast majority of persons with acquired deafblindness in Denmark are elderly.

The deafblind consultants who provide counselling for some of the deafblind people in Denmark have a register of the people that they are in contact with (a total of 694 in 2006).

Their files show the following age distribution:

18-39 years: 47 persons

40-64 years: 84 persons

65-79 years: 94 persons

+80 years: 469 persons



## France

The age distribution is approximately:

2/7 less than 20 years of age

4/7 between 20 and 60 years of age

1/7 over 61 years of age

Deafblindness is equally distributed among sexes.

## ***Rehabilitation and training programmes concerning acquired deaf blindness.***

### Denmark

In Denmark there are no programmes designed specifically for deafblind people. But there are programmes for blind/visually impaired and for deaf/hearing impaired that are adapted to meet deafblind people's needs, requirements and presuppositions.

Rehabilitation and training for deafblind people in areas like ADL and mobility is provided by the approx. 18 vision centres (such as IBOS) across the country are also responsible for training people with "only" visual impairment. Some of these centres have staff with a specific knowledge of and experience with working with deafblind people and adapting/developing special ADL and mobility techniques for them.

In principle, all vision centres should be able to provide training for visually impaired persons who also have a hearing impairment.

### France

#### **Name of the programme**

Missions of CRESAM which can be seen on the website [www.cresam.org](http://www.cresam.org)

#### **Institute**

CRESAM : National Resource Centre for deaf blind children and adults (situated in Poitiers in France and created in 1998)

[www.cresam.org](http://www.cresam.org)

CRESAM is involved with DBI (Deaf Blind International)

#### **Short summary of the programme**

- to build a data base about deaf blindness
- to inform regularly professionals which could be involved in insertion, integration, vocational and social guidance of deaf blind people
- To assess new methods of prevention, treatment...
- to contribute to the research about diagnosis of rare handicaps
- to help and to train professionals who are dealing with deaf blind population
- To help deaf blind people to stay at home when everybody agrees about it
- To inform families about all could be done for their relative with deaf blindness
- To inform, help and train any professionals who are working with deaf blind people who are living at home
- To support the journey from childhood to adulthood for deaf blind people



## **What is the profession of the teachers?**

Medical and health professionals  
Paramedical professionals (rehabilitation)  
Care staff, educator for the daily life  
Interpreters  
Psychologists

### The Netherlands

Visio offers a special programme for persons with a visual and hearing impairment. It is based on individual possibilities. Visio:

- advices about technical equipment in the home and work environment, such as for technical equipment daily activities and computer use.
- Teaches people how to (re)activate and use their own potential. Rehabilitation can be carried out at home, at the regional Visio centre or intensively at the rehabilitation centre in Apeldoorn.
- Provides information and advice and support people where necessary about education. Teachers and course leaders can also receive support.
- Support for employment may include survey and adjustments at the workplace, rehabilitation at the workplace, learning to work with specific programmes or aids and support in contacts with employer, social security agency, company doctor and reintegration company.

In the Netherlands, there are also specialized centres for hearing impairments which offer some rehabilitation programmes for deafblind persons.

## ***Education possibilities for rehabilitation workers***

### Denmark

But there is no formal training for teachers aiming at giving them special deafblind skills. However, interested O&M instructors (and other teachers) can take part in seminars on deafblindness along with other staff working with deafblind people. These seminars are mostly held at a Nordic level, arranged by the Nordic Staff Training Centre for Deafblind Services (NUD) at Dronninglund near Aalborg in the northern part of Denmark ([www.nud.dk](http://www.nud.dk)).

These seminars have participants from all the Nordic countries, typically 20 persons or so, and they typically are held over two-four days.

From time to time, one specific Danish O&M instructor – who is probably the best qualified and most experienced in Denmark when it comes to training deafblind people – is giving talks at NUD during seminars. Maybe NUD have also arranged one seminar at one point focusing on O&M and ADL for deafblind people – I am not quite sure.

Rehabilitation teachers and instructors at vision centres and hearing institutes may have taken a “normal” teacher’s education and added a post-graduate training to become a vision or hearing consultant..

Other rehabilitation teachers and instructors may be occupational therapists, who may also have taken a post-graduate course/training.



## France

CRESAM is working on training programmes for professionals dealing with deaf blind people and are already delivering this kind of training. CRESAM would like to be involved in the elaboration of the module.

## The Netherlands

Visio offers a special course for rehabilitation workers working with people with a hearing and visual impairment. Subjects in this course are: communication, helping aids, integrated multidisciplinary care, psychosocial aspects and communication



## **Literature Deafblindness**

["Teaching Deaf-Blind People to Communicate and Interact with the Public: Critical Issues for Travelers Who Are Deaf-Blind."](#)

Bourquin, Eugene, and Sauerburger, Dona

RE:view , Heldref Publications, Washington, DC, 37(3), 109-116 (2005).

["Orientation and Mobility for Visually Impaired Persons with Multiple Disabilities including Deaf-Blindness."](#)

Sauerburger, Dona, Siffermann, Eileen and Rosen, Sandra

Proceedings of International Mobility Conference XXII, Hong Kong, China 2006.

["Orientation and Mobility for Deaf-Blind People"](#)

Sauerburger, Dona

*American Rehabilitation* , Rehabilitation Services Administration, Washington, DC, Volume 23, No. 3, pp. 9-13 (1998)

Independence without Sight or Sound: Suggestions for Practitioners Working with Deaf-Blind Adults

Sauerburger, Dona

American Foundation for the Blind 1993

Deaf-blind People Traveling Independently (video)

Dona Sauerburger

1990

*Please note: Dona Sauerburger ([www.sauerburger.org](http://www.sauerburger.org)) is a leading experts on O&M for deafblind people and has written, taught and lectured extensively on the topic. She may have more to contribute with than what is noted above.*

Guidelines: Practical tips for working and socializing with deaf-blind people

Smith, Theresa B.

2002

Corner to Corner: How Can Deaf-Blind Travelers Solicit Aid Effectively?

Sauerburger, Dona; Jones, Susanna

RE:view 1997

Communication of Deaf-Blind People with the Public

Jones, Susanna; Sauerburger, Dona

In proceedings from Conference on Deaf-Blindness 1997

Orientation and Mobility with Deaf-Blind Persons

Pollock, Kelly

In Proceedings of The Third Canadian Conference On Deaf-Blindness 1990

Being in touch: Communication and Other Issues in the Lives of people who are Deafblind



Atwood, Alan A; Clarkson, John Dennis; Laba, Charlene R.  
Editor: Snider, Bruce D  
Gallaudet University Press, 1994

I am also attaching an article by Ann Svensson entitled "Some aspects of rehabilitation" from Deafblind Education 1996.

[Nouvelles du CRESAM, January 2008, N° 18](#)

Vaal J, and Schippers A. (2004). Doofblindheid in Nederland: onderzoek naar de deskundigheid over doofblindheid bij zorginstellingen. NIZW.

Van den Dungen A. (1999) Ondersteuning voor doofblinde mensen; verkenning van een zorginfrastructuur voor mensen met een visueel-auditieve beperking. NIZW.

Inspectie voor de Gezondheidszorg (2003). Gezien en gehoord; een onderzoek naar de kwaliteit van zorg voor mensen met een zintuiglijke beperking.

De Kok M (2007). Doofblind; 1+1≠2: onderzoek naar de belevingswereld van vroeg verworven doofblinden. Visio, Den Haag.



# Cases Deafblindness



## **Case D1: Søren**

Name: Søren Mortensen

Gender: Male

Age: 30

### **Disease(s) and cause of acquired deafblindness:**

Usher syndrome type II

### **Problem:**

Walking safely from train station to home without tripping over things on the side walk

### **Rehabilitation / training objective:**

Learning to walk with the white cane

### **Short personal background:**

He is married to Birthe and now has two children aged 1 and 3. They live in a house on the outskirts of a medium sized town. He is trained as a social adviser and has been employed by the social service department for 5 years. His vision field is now < 20, and he has 6/12 vision.

### **Intervention:**

Mobility training with special emphasis on using the white cane

### **Profession of the rehabilitation worker(s) involved in the intervention:**

Deafblind counsellor to whom Søren talked about his increasing problems walking safely to and from the station. The counsellor suggested white cane training and put him in contact with the local vision centre

The actual training was done by an O&M instructor at the local vision centre. This instructor has trained several people with a combination of retinitis pigmentosa and hearing impairment and knows both about how best to communicate with the person and also knows how to take into consideration the hearing impairment when teaching skills that include hearing.

### **Follow-up and results after the intervention:**

A couple of weeks after the training period ended Søren talked to his deafblind counsellor again and said that he now felt more secure walking to and from the station, but that he still needs to practice longer to feel completely at ease.



## **Case D2: FG**

**Name:** Mr FG

**Gender:** male

**Age:** 48 years of age

### **Disease(s) and cause of acquired deaf blindness:**

Usher 1 (acquired deaf blindness associated with a retinitis pigmentosa developing along the years). Today, Mr FG is blind. He communicates by tactile sign language.

### **Problem:**

Lack of independence especially in orientation and mobility

### **Rehabilitation / training objective:**

Apprenticeship of orientation and mobility techniques thanks to a specific rehabilitation.

Discovering of the familiar surroundings

Understanding of the surroundings as to be able to build a mental representation and to move in it independently and safely.

### **Short personal background:**

Mr FG was a carpenter and has worked around 15 years in the mainstream. Following the evolution of the disease, he stayed in psychiatric hospital for depression, and serious behaviour problems (at this time, Mr FG and his family didn't know about the disease).

When he left the hospital, he stayed in a specific structure for deaf blind people with associated troubles (Larnay, 86 in France).

During this period of time, professionals have succeeded to give him back self - confidence and he was then able to work as a carpenter in a special structure for disabled people. Today, he is working in an industrial subcontracting workshop.

### **Intervention:**

weekly session of 1 h 30 to 2 hours

From September to June

In his familiar surroundings

It is essential to work as close as possible to the routine of life so that the exercises gain sense for Mr FG. He can stick to the project more easily. The concrete applications in the surroundings allow Mr FG to understand and to put in practice the techniques more efficiently. Moreover, it's a way to make quickly and alone, small routes in the area.

### **Profession of the rehabilitation worker(s) involved in the intervention:**

Mobility and orientation instructor

The referral educator, but also all the educational team

Psychologist



### **Follow-up and results after the intervention:**

Mr FG has acquired good level of independence if we consider his sensorial deficiencies. He can move more easily and safely, but he has still difficulties to cross a road for example.

Today, Mr FG knows his surroundings:

he knows the name and the situation of the streets

he can situate himself in the environment

He can take and use clues and landmarks

He can localise shops around, and he is able to go there

Sometimes, Mr FG wants to work again on a few routes or to learn some new ones to visit friends.

The rehabilitation in orientation and mobility has helped him to know about his abilities but also his limits due to the handicap and the environment.

To work with the psychologist was very helpful to accept his limits, as it is often quite difficult.

The orientation and mobility instructor is also involved in the accessibility committee so that the deaf blindness can be taken into account. Usually, people are not aware of this disability and don't know anything about it and the consequences.

In the same way, the technical devices which could help deaf blind people are unknown (vibration sensor to cross at traffic lights for example)

Even with a good rehabilitation and strong willingness, to walk around alone will remain stressful for a deaf blind person. It's just normal because how could you feel at ease when you don't have any visual or hearing control on the environment ?



## **Case D3: Jan**

**Name:** Mr Jan de Vries

**Gender:** male

**Age:** 25 years of age

### **Disease(s) and cause of acquired deaf blindness:**

Usher 2. Visual acuity right eye: 0.12, visual acuity left eye: 0.90. Visual field right eye: 10°  
Visual field left eye 25°. Congenital hearing impairment: 70 DB hearing loss.

### **Problem:**

Jan is not able to live independently. Problems with housekeeping, orientation and mobility and communication, especially with the computer.

### **Rehabilitation / training objective:**

Apprenticeship of orientation and mobility techniques thanks to a specific rehabilitation.

Discovering of the familiar surroundings

Understanding of the surroundings as to be able to build a mental representation and to move in it independently and safely.

### **Short personal background:**

Jan followed special education for hearing impaired children. Now, he works in a sheltered workshop as a filing clerk. A few months ago, he suddenly experienced sight loss, through which he is not able to fulfil his job.

Jan lives with his parents. He wants to live on his own in a small apartment.

### **Intervention:**

He goes for an intensive rehabilitation programme to the rehabilitation centre. As a part of his programme he lives in a training apartment on the rehabilitation centre.

### **Profession of the rehabilitation worker(s) involved in the intervention:**

Mobility and orientation instructor

Psychologist

Occupational therapist

Low vision specialists

Computer trainer

### **Follow-up and results after the intervention:**

Jan still lives with his parents, but is looking for an apartment nearby. Meanwhile, he tries to help his mother with the housekeeping and he cooks the meal three times a week.

At the moment, he is searching for another job at the sheltered workplace with the help of a reintegration counsellor of the rehabilitation centre.

