



**Nordic Welfare
Centre**

Nordic material for assessment of functional deafblindness

Nordic Welfare Center in collaboration
with the Nordic Leadership Forum on
Deafblindness

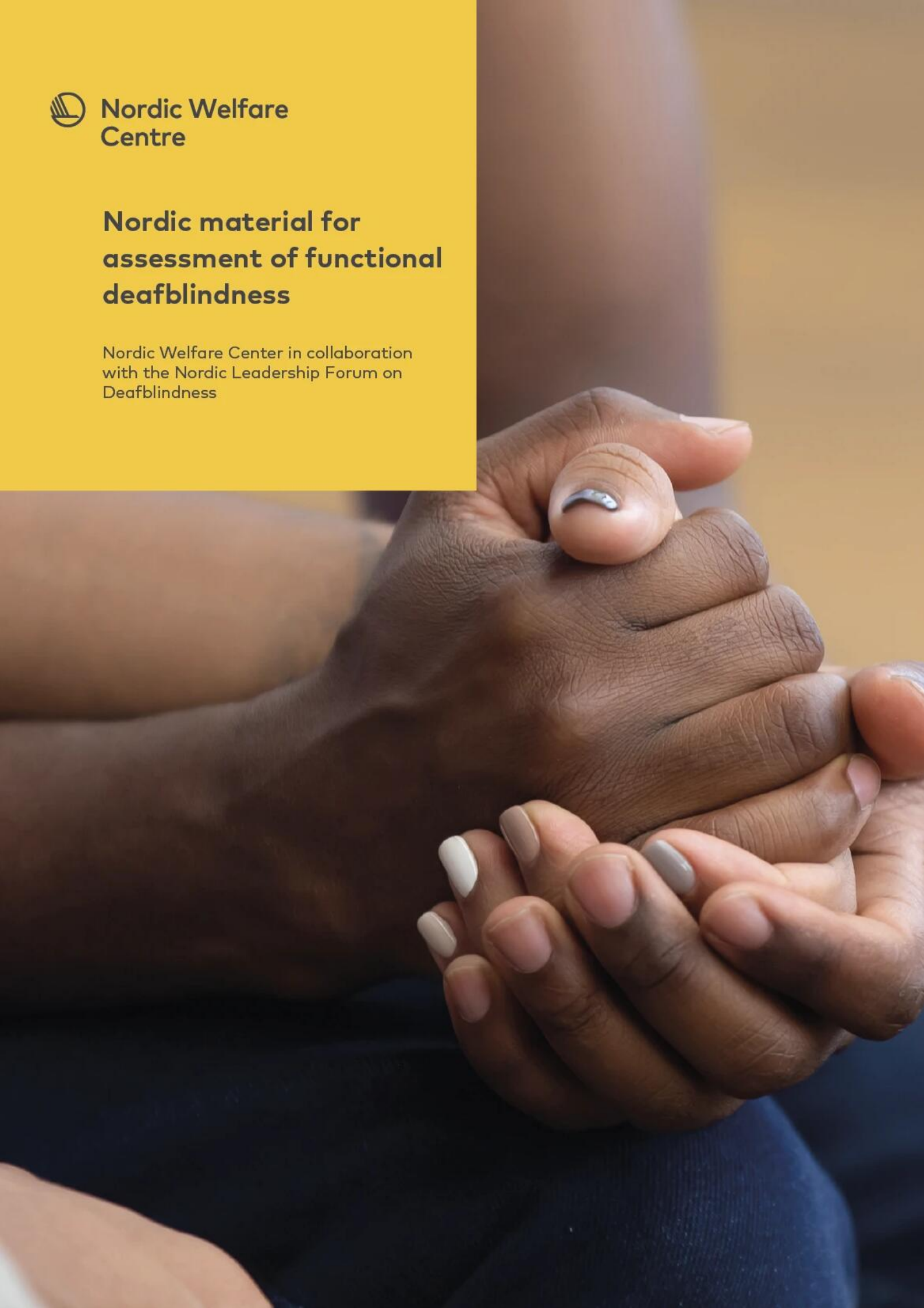


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Foreword

The Nordic material for assessment of functional deafblindness has been created through close collaboration between the Nordic Welfare Centre and the Nordic Leadership Forum for Deafblind Issues. The purpose of this material is to strengthen a shared understanding of the population and functional deafblindness, to support professionals who work with identifying combined vision and hearing impairments. It is intended as a practical tool to support assessors in their professional evaluations.

The material builds on the earlier work by Rødbroe and Andersen and has been updated according to the Nordic definition of deafblindness and the International Classification of Functioning, Disability and Health. It provides a framework for understanding deafblindness, guidance on relevant medical and personal information, observation points and interview questions, and a structure for making an overall assessment of sensory function in everyday situations. The material is available in all Nordic languages and in English, ensuring that professionals across the region have equal access to the same tools and knowledge.

We want to express our sincere thanks to the authors and specialists provided by the Nordic Leadership forum. We also thank the working group and the many professionals who contributed with expertise and verification throughout the process consisting of Annika Maria Johannessen, Anne Sofie Fjær Løvbrøtte, Lone Rømer Jensen, Bettina Kastrup Pedersen, Cathrine Olesen, Louise Hassing, Karina

Højbjerg Seiler, Odd-Erik Madsen, Kirsten Frandsen, Gøran Andreas Gregor Caspian Forsgren and Rasmus Hougaard Pedersen. Their efforts have been essential for ensuring the quality and relevance of this publication.

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1 Introduction

1.1 Nordic material for the functional assessment of deafblindness

The Nordic material for the functional assessment of deafblindness has been developed through collaboration between professional environments in the Nordic countries. The material is based on the Nordic definition of deafblindness and is a revised and updated continuation of earlier assessment material. The aim has been to facilitate a more shared and recognisable practice for functional assessment in the Nordic countries.

The material is based on a functional understanding of deafblindness and may be used in cases of both congenital and acquired deafblindness. It is based on the ICF (International Classification of Functioning) and provides support for assessing how vision, hearing and the bodily-tactile sense are used in everyday life. The assessment is built on several elements, including a common professional framework, relevant medical and personal information, indicators from observation and interview guides. Together, these provide a basis for a holistic assessment of sensory functioning.

1.2 Background

The Nordic countries have a long tradition of collaboration concerning knowledge, services and assessment related to deafblindness. Since the 1980s, there has been both a common Nordic definition of deafblindness and common assessment material. The definition has been revised several times, most recently in 2024, and

emphasises function rather than medical factors alone.

The earlier assessment material has only to a limited extent been updated in line with changes in the definition and new knowledge in the field. At the same time, practice regarding functional assessment of deafblindness has developed differently across the Nordic countries. This has created a need for updated material that may contribute to a greater degree of shared understanding and more similar practice across the region.

1.2.1 The Nordic definition

[The Nordic definition](#) describes deafblindness as a combined vision and hearing impairment of such severity that it is hard for the impaired senses to compensate for each other. Thus, deafblindness is a distinct disability. The consequences may vary, but often affect communication, access to information, and orientation and mobility.

The definition emphasises that the degree of severity and the consequences are influenced by several factors, including when the sensory loss occurred, whether it is stable or progressive, and whether there are additional disabilities. When vision and hearing cannot compensate for one another, other senses, particularly the tactile sense, become especially important.

1.2.2 The importance of the environment in the functional assessment

The functional understanding of deafblindness is based on the ICF and emphasises the interaction between the individual and the environment. Functioning is understood as something influenced both by individual prerequisites and by the way in which the environment is adapted. This means that deafblindness is assessed not only on the basis of the degree of sensory loss, but also on the basis of how the environment may either intensify or reduce functional challenges.

In the functional assessment, it is therefore important to examine how the person uses the senses in concrete situations and how people and surroundings can support this. The assessment cannot be carried out in isolation from the social and practical context in which the person lives.

1.3 Purpose

The purpose of the material is to support the functional assessment of deafblindness. Deafblindness is understood here as a functional condition, not a diagnosis. Through the assessment, relevant medical, educational and other professional information is gathered to form the basis for an overall evaluation.

The assessment should help to clarify whether functional deafblindness is present. The outcome may subsequently be used as a basis for planning interventions and adaptations. The process presupposes interdisciplinary collaboration, professional judgement and awareness of ethical considerations in relation to the individual.



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2 Introduction to the Nordic material for the functional assessment of deafblindness

2.1 Organisation of the material

Use of the Nordic material for the functional assessment of deafblindness presupposes a high level of professional competence, developed through both experience and formal education. Fundamental knowledge of deafblindness and functional assessment is required before the material is used.

The material is structured in several parts: an introduction describing the key prerequisites for use, a brief introduction to the sensory systems, and two possible approaches to assessment – one based on observation and one based on interview. Both approaches follow the same structure and may be combined where necessary.

The assessment includes a functional evaluation of vision, hearing and the bodily-tactile sense. This is done on the basis of medical and personal information, relevant tests, and a review of indicators from observation and/or the interview guide. The evaluations are structured according to three domains: communication and interaction, acquisition of information, and orientation and independent mobility. These domains must be viewed in relation to the person's social life. The assessment concludes with an overall qualitative evaluation of sensory functioning and a conclusion as to whether the functional designation of deafblindness applies.

2.2 Framework of understanding for the Nordic material for the functional assessment of deafblindness

2.2.1 Functional understanding

The Nordic definition of deafblindness is based on a functional understanding in which deafblindness is identified on the basis of how the combined sensory loss affects activity and participation. A functional assessment requires interdisciplinary collaboration between different professions that together can describe the person's functioning, need for support and developmental opportunities (Videnscenter for Døvblindføde, 2007).

The assessment also presupposes an understanding of medical information, formal tests and other relevant information, as well as personal and environmental factors such as age, development and life situation.

2.2.2 Dynamic assessment perspective

The material is based on a dynamic assessment perspective, especially in relation to the observation indicators. The purpose of dynamic assessment is to gain insight into the person's learning and developmental potential, including by looking at changes from initial observation to the situation after intervention (Johannessen, Nicholas, & Nummedal, 2020).

In practice, this means establishing a baseline, trialling various adaptations, and assessing how the person's functional use of the senses changes. If there is uncertainty concerning the identification of deafblindness, it is necessary to carry out interventions in order to confirm or refute hypotheses regarding functional deafblindness.

2.2.3 Potential and challenges

Deafblindness often involves major challenges in relation to the environment and may limit activity and participation. The assessment must therefore direct attention both to the consequences of the visual and hearing impairment and to the person's resources and developmental potential.

The material focuses in particular on how the bodily-tactile sense may compensate for visual and hearing loss within the domains of communication, acquisition of information, and orientation and independent mobility. The assessment should both make limitations visible and provide knowledge about opportunities for compensatory strategies.

2.2.4 A domain perspective

The functional evaluation in the material is structured according to the domains in the Nordic definition: communication, acquisition of information, and orientation and independent mobility. These domains are of great importance for the person's social life, and it is therefore difficult to distinguish social life as a separate domain.

The domains provide a holistic framework for making visible how the combined sensory loss affects functioning. They form the basis for assessing whether the functional designation of deafblindness should be applied and ensure that the assessment does not become three separate evaluations of vision, hearing and the tactile sense.

2.3 Considerations before using the material

2.3.1 Application

Use of the material presupposes knowledge of development, vision, hearing and the bodily-tactile senses, as well as experience of functional assessment. During the assessment, the extent to which indicators from observation or interview questions are relevant for the individual is considered.

Observations and interviews must be planned carefully, with emphasis on partner competence, physical adaptations, safety and an understanding of how day-to-day condition and context may affect functioning (Bøttcher & Dammeyer, 2020).

2.3.2 Ethics and competence in the assessment context

Ethical considerations are an integral part of the assessment process. The assessor must relate to key ethical principles such as respect for autonomy, non-maleficence, beneficence and principles of justice (Beauchamp & Childress, 2019).

The assessment must be conducted with respect for the person's integrity, and the assessor must proceed on the basis that the person themselves is the expert on their own life.

2.3.3 Interdisciplinary collaboration

Because of the complexity of deafblindness, functional assessment depends on close interdisciplinary collaboration (Videnscenter for Døvblindfødt, 2004; 2007). Observations and interviews should be qualified through collaboration between the person themselves, relatives and relevant professionals.

Interdisciplinary collaboration contributes to better understanding and provides

the basis for specialised services that can strengthen conditions for learning and development (Nordens Velferdssenter, 2016).

2.3.4 Use of interpreter and guide

When direct communication is not possible, provision must be made for interpreting and guiding services. Interpreters and communication partners must take into account the person's sensory challenges and contribute to structured access to information (Dohm, 2020; Videnscenter for Døvblindfødt, 2007).

2.3.5 Assessment perspectives

Before an assessment begins, the assessor must have a clear understanding of purpose, method and analytical perspective. These choices, together with one's underlying view of the person, affect the interpretation of observations and the conclusions that are drawn (Bøttcher & Dammeyer, 2020).

The assessor may adopt different roles, such as participant, observer, or a combination of the two. Whatever the role, account must be taken of how the assessor's presence affects the person being assessed.

2.4 Practical use of the Nordic material for the functional assessment of deafblindness

2.4.1 Optimisation

During observations, the interaction partner should support and motivate the person to use the senses available and adapt demands and activities to the person's prerequisites and interests (Videnscenter for Døvblindfødt, 2007).

Aids that are used in everyday life must always be in use during observation and interview, as this is crucial for valid evaluations of functioning.

2.4.2 Scoring the observation indicators

Scoring the observation indicators is intended to support systematic and shared assessment practice. Scores are given within the domains of communication, acquisition of information, and orientation and independent mobility, and are based on four response alternatives described by Nicholas, Johannessen and van Nunen (2019). The alternatives are found in section 5.4.

Scores must always be interpreted qualitatively and in the light of context, ethical considerations and interdisciplinary evaluations. The score is a tool within the overall functional assessment.

2.4.3 Final report

The assessment concludes with a qualitative report describing sensory functioning. The report should conclude whether functional deafblindness is present and, where relevant, provide recommendations for further follow-up and adaptations.

2.4.4 Interpretation of the observation indicators

Scores may be presented visually in a graph, but the graph is not self-explanatory. It must always be interpreted in conjunction with observations, context and qualitative descriptions in order to provide meaningful information about the person's functional use of the senses.

2.4.5 Interview guide

For persons who can express themselves through conventional language, interview may be used as a method or as a supplement to observation. The interview guide is advisory and intended as support for the conversation, not as a fixed structure, and may be used both together with and independently of the indicators for observation.



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3 Introduction to observation of the senses

This chapter provides an overall introduction to observation of vision, hearing and the bodily-tactile sense as a basis for the functional assessment of deafblindness. The aim is to direct attention to how the senses are used in everyday life, particularly in work with the indicators for observation.

Observation of sensory use may be demanding, as persons with suspected deafblindness often have complex disabilities. Observations in natural situations, possibly supplemented by interview, provide important information about how residual senses are used and compensate for one another.

3.1 Vision

Vision provides rapid and extensive information about the environment and is of great importance for communication, acquisition of information, orientation and independent mobility (Befring & Tangen, 2012). For persons with deafblindness, it is especially important to understand how any residual vision is used functionally in interaction with other senses.

Even small amounts of residual vision may be of great value for independence, communication and orientation, for example in perceiving light, contrasts or contours. At the same time, reduced vision may be energy-intensive to use and requires environmental adaptations. In functional deafblindness, hearing cannot fully compensate for visual impairment, which may lead to fragmented sensory impressions.

In assessment, it is therefore important to identify how vision is actually used in practice, also when both vision and hearing are reduced, and how the environment can best support the functional use of any residual vision.

3.2 Hearing

Hearing contributes to communication, orientation and understanding of the environment and may provide meaning and recognisability even when reduced. For persons with deafblindness, auditory functioning varies considerably, from total deafness to useful residual hearing (Mjønes, 2019).

When vision is also impaired, it becomes more difficult to interpret and locate sounds. Listening may then be demanding. Functional use of hearing is not static but may change over time and in different situations.

In the assessment of deafblindness, it is therefore important to focus on how hearing and listening skills are used in practice and what support is necessary to promote the functional use of residual hearing.

3.3 Bodily-tactile sense

When vision and hearing are so reduced that they cannot compensate for one another, the bodily-tactile sense assumes a central role in communication and interaction, acquisition of information, and orientation (Nordens Velferdssenter, 2016; Andersen & Rødbroe, 2000).

The bodily-tactile sensory apparatus includes the processing of touch, pressure, vibration, temperature, pain and proprioception through the somatosensory system (Nicholas, 2021; Gallace & Spence, 2009). Through active touch and movement, bodily-tactile and haptic perception may provide structured and meaningful information about the environment (Nicholas, Johannessen, & van Nunen, 2019; Prytherch & McLundie, 2002).

For many persons with congenital deafblindness, the bodily-tactile sense is the most stable modality for learning, security and communication (Wittich, Nicholas, & Damen, 2021; Ravenscroft & Damen, 2019). Effective use of this sense presupposes physical proximity, adapted surroundings and competent communication partners. In assessment, it is therefore crucial to describe how the bodily-tactile sense is used functionally to compensate for visual and hearing loss.

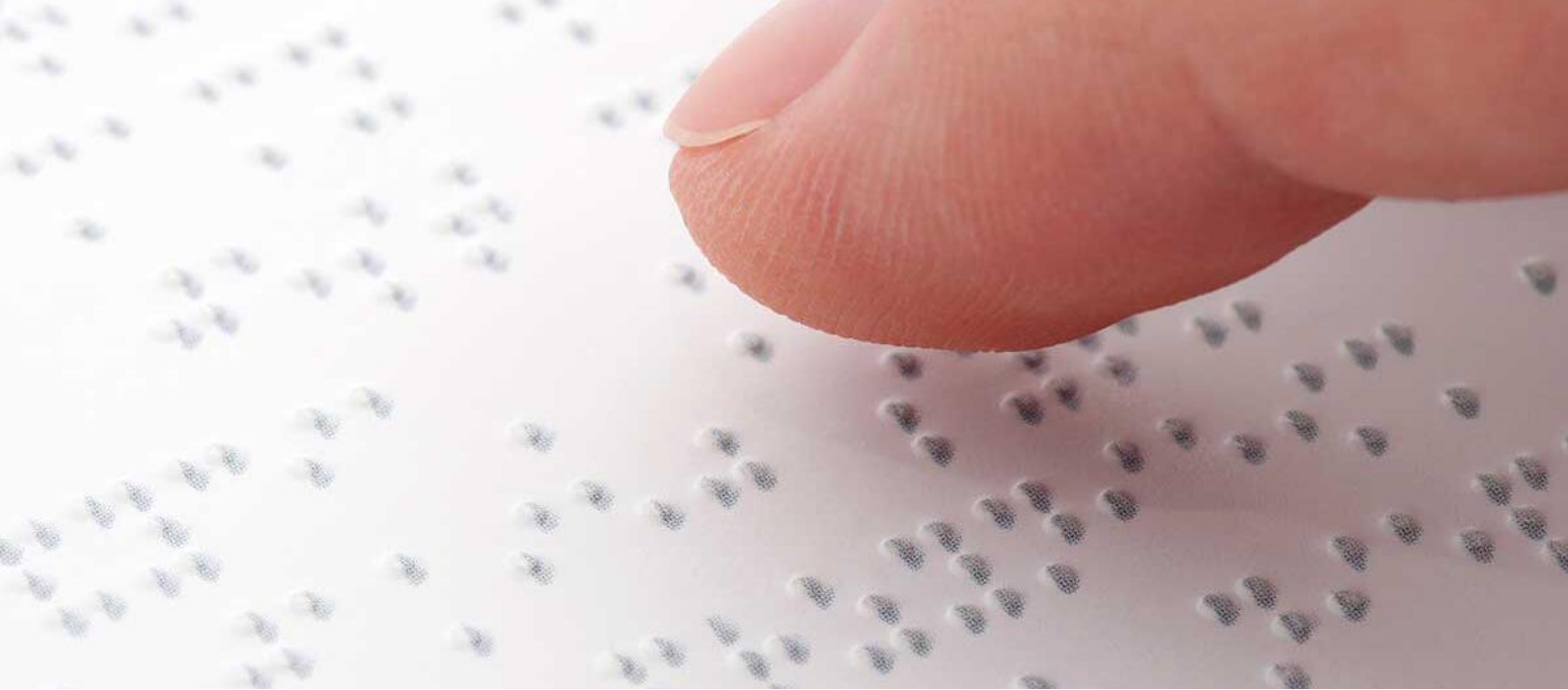


Photo: Mostphotos

4 Use of observation as a method

Observation is used when the person being assessed cannot themselves communicate how the senses are used. The method provides insight into functional sensory use through systematic observations in everyday situations. The material includes forms containing indicators for observation, together with supporting texts that elaborate what the individual indicators entail.

The material is developed for the identification of functional deafblindness and does not include mapping of additional consequences of sensory loss. Such evaluations presuppose the use of supplementary assessment tools, for example psychological evaluations or activities-of-daily-living (ADL) mapping.



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5 Medical and personal information

Medical and personal information forms an important basis for the functional assessment. The information may be used both as preparation and as a structured checklist in the assessment process.

All handling of personal data must take place in accordance with current data protection legislation (GDPR). Information must be stored securely, and it is recommended that a case number be used rather than a name where possible.

5.1 Consent

Collection of medical and personal information presupposes informed consent from the person themselves or from a legal guardian. The same applies to the use and storage of audio and video recordings. The assessor is responsible for familiarising themselves with the applicable regulations in their own country before the assessment is carried out.

5.2 Case information

Case number:	
State the person's living situation and status (student/worker/other):	
The case has been referred by:	
Contact history (when was the case referred?):	
Name of associated doctor:	
Who has been involved in the assessment? (the person themselves / parents / guardians / relatives):	
Has consent been obtained? • Collection of medical information • Making video and audio recordings in connection with the assessment process • Storage of video and audio recordings	Tick applicable consents: ☐ ☐ ☐
The following records/documents are available:	- Hearing – report, medical journal - Vision – report, medical journal - MRI examinations - Statements from a neuropsychologist - Any assessments, observations or other relevant observations from vision teachers, audiology teachers, deafblind consultants, physiotherapists, psychologists, etc., together with observations from familiar persons - Any medication and how it may affect the client's functional ability - A brief status of the client's life history and current situation (e.g. status plan)

5.3 Medical information

5.3.1 Diagnostics

Medical diagnoses and their functional consequences are described here (for example, in strabismus (squint), the visual field is narrowed and the ability to see stereoscopically is affected, which often leads to motor uncertainty and clumsiness).

For each diagnosis, it may be useful to make a note of the following:

- Is the diagnosis based on clinical findings or genetic tests?
- When was the diagnosis made?
- Who made the diagnosis?

Note: Medical records should contain the most recent information. If updated or new examinations are needed, these should be carried out. The discharge summary should be from the examining doctor (containing a brief description of the conclusions from the examination, any treatment, and who is responsible for the further course of treatment. This may also be a neurologist, physiotherapist, occupational therapist or other specialist).

Main diagnosis (for example CHARGE, prematurity, etc.):	
Other diagnoses:	
Vision:	
Has a medical visual diagnosis been established? (Yes / No / If yes, which?)	
When was the last eye examination carried out by an ophthalmologist?	
Visual acuity:	
Optics:	
Visual field:	

Has a vision assessment been carried out by a vision consultant / teacher of the visually impaired? (Yes / No / If yes, which?)	
Does the person use glasses, contact lenses or other visual aids (for example lighting, etc.)? (If yes, which? / If yes, to what extent are glasses used?)	☐ Customized program in pc tablet, phone ☐ Optical aids ☐ Magnifying reading TV ☐ Reading machine ☐ Interpreter ☐ Other aids:
Vision register – is the person registered? (applies in countries with a vision register)	
Hearing:	
Has a medical hearing diagnosis been established? (Yes / No / If yes, which?)	
When and where was the last hearing test carried out?	
What type of hearing test? (Audiological tests such as otoacoustic emissions (OAE), pure-tone audiometry, play audiometry, observational audiometry, ASSR (auditory steady-state response), ABR (auditory brainstem response), tympanometry, etc.)	
Has the person had frequent middle-ear infections during childhood?	

Does the person use hearing aids or hearing-technical aids? (for example, speech amplifier, etc.) (If yes, which? / If yes, how much are the hearing aids used?)	☐ Hearing aid ☐ CI - one/two ☐ Amplifier ☐ Streamer ☐ Interpreter ☐ Other:
Bodily-tactile sense; has the following been observed or identified:	
Bodily-tactile sensitivity: Bodily-tactile sensitivity relates to the reaction that arises when someone is very sensitive to touch or to touching something.	
Bodily-tactile selectivity: Bodily-tactile selectivity is used to describe variations in reactions when the person uses the tactile sense, for example that the person prefers or avoids different kinds of objects or substances/materials.	
Birth history (premature birth, problems during pregnancy, etc.):	
Sensory integration difficulties: The senses' ability to receive information simultaneously and interact with one another. For example, using only one sense when directing attention towards something.	
Is there any suspicion of: - Cortical Visual Impairment (CVI) - Auditory Processing Disorder (APD)	

Does the person have motor challenges and/or balance problems? (yes / no / do not know; if yes, in what way?)	
Is it known that the diagnosis causes sensory impairment in one of the two distance senses, with a possible progression in the other sense? (Yes / No / Do not know)	
Is there a need for further examinations / assessments? (Yes / No / Do not know; if yes, which?)	

5.4 Indicators for observation – guiding structure

When assessing whether the indicators for observation are present, partly present, not present or not relevant, the following guidelines are used:

- **Present:** When you can observe the behaviour associated with the indicator for observation. Here the behaviour is judged to be consistent and continuous and not determined by the individual context in which the user is situated.
- **Partly present:** When you can to some extent observe the behaviour in relation to the indicator for observation. This means that the behaviour is situation-dependent and may be observed sometimes and to a certain extent. In this case, the environment must be arranged in such a way that the behaviour becomes visible.
- **Not present:** When you cannot observe any of the behaviours associated with the indicator for observation.
- **Not relevant (N/A: Not Applicable):** When the indicator for observation does not apply because of individual factors such as physical limitations or other more situation-dependent factors (for example, if a person is deaf, observation indicators concerning listening skills will be scored as not relevant (N/A)).

5.4.1 Communication and interaction

Communication and interaction	Present	Partly present	Not present	N/A	Comments
HEARING					
Does the person respond to sounds in the environment?					
Can the person imitate sound?					
Does the person respond to their name?					
Does the person take part in turn-taking based on sound?					
Does the person regulate their voice according to the situation?					

Does the person participate in verbal conversations?					
VISION					
Can the person direct visual attention towards another person?					
Can the person establish eye contact?					
Does the person read facial expressions?					
Can the person use vision in communication?					
Can the person use vision to communicate with others at a distance?					
Can the person use vision to shift attention between partner and an object of shared attention?					
Can the person read communication in normal lighting?					
BODILY-TACTILE					
Does the person actively use the bodily-tactile sense to initiate contact with a partner?					
Does the person actively use the bodily-tactile sense to follow others' initiatives?					
Does the person actively use the bodily-tactile sense to express themselves?					
Does the person actively use the bodily-tactile sense in turn-taking (listener and speaker positions)?					
Does the person actively use the bodily-tactile sense to explore an object together with a partner while attention is also directed towards the partner?					

Does the person actively use the bodily-tactile sense to engage in interaction and communication with several people? (multi-party conversations: overhearing, taking the initiative, listening)					
NOTES / ASSESSMENT OF THE FUNCTIONAL INTERACTION BETWEEN THE SENSES					

Observation form Communication and interaction

Pre observation - Green

Post observation - Red

Communication and interaction	Hearing						Vision							Bodily-tactile					
Observation point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Partially present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nor present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
N/A	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

5.4.2 Acquisition of information

Information acquisition	Present	Partly present	Not present	N/A	Comments
HEARING					
Does the person respond to sounds in the environment?					
Does the person actively relate to distant sounds?					
Can the person recognise familiar persons by means of hearing?					
Does the person recognise sounds regarded as familiar?					
Does the person direct auditory attention towards a person who is speaking?					
VISION					
When sitting still, does the person respond to visual stimuli in the visual field?					
Does the person visually orient towards different objects when these are placed in front of them?					
Does the person recognise objects and/or people when they are not moving?					
Can the person use gaze to follow objects/people without moving the head?					
Does the person recognise faces using vision?					
Does the person act on the basis of visual information that is provided?					
Does the person read information from pictures (2D)?					

Does the person recognise visual details within a whole?					
Can the person construct a whole from visual details?					
Does the person respond equally well to weak and strong colours?					
Are vision and hands used at the same time when the person is to grasp an object?					
BODILY-TACTILE					
Does the person actively use the bodily-tactile sense to direct attention towards objects and/or people in the environment?					
Does the person actively use the bodily-tactile sense to explore an object systematically?					
Does the person actively use the bodily-tactile sense to identify similarities and differences between objects?					
Does the person actively use the bodily-tactile sense to obtain information about how two or more objects are positioned in relation to one another?					
Does the person use the bodily-tactile sense actively to explore other people?					
Does the person actively use the bodily-tactile sense to perceive other people's bodily expressions, emotions and reactions?					
Does the person direct bodily-tactile attention towards other people's touch on their own body?					

NOTES / ASSESSMENT OF THE FUNCTIONAL
INTERACTION BETWEEN THE SENSES

Observation form: Information acquisition

Pre observation - Green

Post observation - Red

Information acquisition	Hearing					Vision											Bodily-tactile						
Observation point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Partially present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
N/A	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

5.4.3 Orientation and independent mobility

Orientation and independent mobility	Present	Partly present	Not present	N/A	Notes
HEARING					
Does the person recognise the environment through hearing?					
Can the person use hearing to move in different directions?					
Does the person orient in relation to sound sources in the nearby environment?					
Does the person orient by sound at a distance?					
Does the person explore the environment by means of voice and hearing?					
Does the person orient by means of echolocation?					
VISION					
Can the person use vision to orient in the environment?					
Does the person orient from one point to another solely by means of vision?					
Does the person navigate around obstacles by means of vision?					
Does the person use vision to become aware of changes in level?					
Can the person move under different lighting conditions?					
Can the person orient without discomfort from different light sources?					

Can the person orient in darkness by means of vision?					
BODILY-TACTILE					
Does the person actively use the bodily-tactile sense to locate landmarks in the environment?					
Does the person actively use the bodily-tactile sense to navigate in the environment?					
Does the person actively use the bodily-tactile sense to recognise different rooms and/or environments?					
NOTES / ASSESSMENT OF THE FUNCTIONAL INTERACTION BETWEEN THE SENSES					

Observation form: Orientation and free movement

Pre observation - Green

Post observation - Red

Orientation and free movement	Hearing						Vision							Bodily-tactile		
Observation point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Partially present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not present	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
N/A	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐



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6 Assessment of sensory functioning

This section brings together observations and any interview information in an overall, qualitative assessment of sensory functioning. The assessment is linked to the domains in the Nordic definition and should describe how the combined sensory loss affects activity, participation and interaction.

6.1 Qualitative description

On the basis of the indicators for observation, the consequences of the sensory loss are described, and account is taken of how the senses may compensate for one another.

If the person disengages vision and/or hearing when the bodily-tactile sense is activated, for example during exploration of objects or in other situations, this is described. The description is based on how this is expressed in the person's actions and behaviour.

Describe also whether it appears that the person uses any of the senses in one environment, but not in another, for example at home versus at school.

Describe how the combined sensory loss affects the person's energy level. Does the sensory loss have consequences for the person's opportunities and capacity to participate actively in social life?

In relation to the functional assessment of the bodily-tactile sense, it may be useful to consider the following questions:

- To what degree, or in what way, does the person use their bodily-tactile

sense?

- To what degree is the person judged to be able, in a systematic manner, to receive, perceive and organise bodily-tactile sensory stimuli?

Are there any specific preconditions that may affect the assessment of the bodily-tactile sense?

6.2 Assessor's evaluation

On the basis of the overall assessment, a judgement is made as to whether the person is considered to have the designation deafblindness and whether there is a need for further assessment, follow-up or interventions.



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7 Use of interview as a method

Interview is used when the person being assessed can themselves communicate how vision, hearing and the bodily-tactile sense are used in everyday life. The interview provides a basis for assessing functional sensory use within communication, acquisition of information, and orientation and independent mobility.

Before the interview is carried out, relevant medical and personal information must have been obtained. If medical information alone is sufficient to establish deafblindness, functional assessment is often unnecessary. Interview is used when this does not provide unambiguous answers.

The interview guide is a professional support tool and can be used freely. The assessor selects relevant questions, adapts the order and formulates the questions in a way that is easy for the person being assessed to understand. The interview should be conducted in calm surroundings, with sufficient time, breaks and space for reflection.



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8 Medical and personal information

Medical and personal information forms an important basis for the functional assessment. The information may be used both as preparation and as a structured checklist in the assessment process.

All handling of personal data must take place in accordance with current data protection legislation (GDPR). Information must be stored securely, and it is recommended that a case number be used rather than a name where possible.

8.1 Consent

Collection of medical and personal information presupposes informed consent from the person themselves or from a legal guardian. The same applies to the use and storage of audio and video recordings. The assessor is responsible for familiarising themselves with the applicable regulations in their own country before the assessment is carried out.

8.2 Case information

Case number:	
State the person's living situation and daily occupation:	
The case has been referred by:	
Contact history (when was the case referred?):	
Name of associated doctor:	
Who has been involved in the assessment? (the person themselves / parents / guardians / relatives):	
Has consent been obtained? - Collection of medical information - Making video and audio recordings in connection with the assessment process - Storage of video and audio recordings	Tick the applicable consents: ☐ ☐ ☐
The following records/documents are available:	- Hearing – report, medical journal - Vision – report, medical journal - MRI examinations - Statements from a neuropsychologist - Any assessments, observations or other relevant observations from vision teachers, audiology teachers, deafblind consultants, physiotherapists, psychologists, etc., together with observations from familiar persons - Any medication and how it may affect the client's functional ability - A brief status of the client's life history and current situation (e.g. status plan)

8.3 Medical information

8.3.1 Diagnostics

Medical diagnoses and their functional consequences are described here (for example, in strabismus (squint), the visual field is narrowed and the ability to see stereoscopically is affected, which often leads to motor uncertainty and clumsiness).

For each diagnosis, it may be useful to make a note of the following:

- Is the diagnosis based on clinical findings or genetic tests?
- When was the diagnosis made?
- Who made the diagnosis?

Note: Medical records should contain the most recent information. If updated or new examinations are needed, these should be carried out. The discharge summary should be from the examining doctor (containing a brief description of the conclusions from the examination, any treatment, and who is responsible for the further course of treatment. This may also be a neurologist, physiotherapist, occupational therapist or other specialist).

Main diagnosis (for example CHARGE, prematurity, etc.):	
Other diagnoses:	
Vision:	
Has a medical visual diagnosis been established? (Yes / No / If yes, which?)	
When was the last eye examination carried out by an ophthalmologist?	
Visual acuity:	
Optics:	
Visual field:	
Has a vision assessment been carried out by a vision consultant / teacher of the visually impaired? (Yes / No / If yes, which?)	

Does the person use glasses, contact lenses or other visual aids (for example lighting, etc.)? (If yes, which? / If yes, to what extent are glasses used?)	☐ Customized program in pc, tablet, phone ☐ Optical aids ☐ Magnifying reading TV ☐ Reading machine ☐ Interpreter ☐ Other aids:
Vision register – is the person registered? (applies in countries with a vision register)	
Hearing:	
Has a medical hearing diagnosis been established? (Yes / No / If yes, which?)	
When and where was the last hearing test carried out?	
What type of hearing test? (Audiological tests such as otoacoustic emissions (OAE), pure-tone audiometry, play audiometry, observational audiometry, ASSR (auditory steady-state response), ABR (auditory brainstem response), tympanometry, etc.)	
Has the person had frequent middle-ear infections during childhood?	
Does the person use hearing aids or hearing-technical aids? (for example, speech amplifier, etc.) (If yes, which? / If yes, how much are the hearing aids used?)	☐ Hearing aid – one / two ☐ CI – one / two ☐ Conversation amplifier ☐ Streamer ☐ Interpreter ☐ Other:
Bodily-tactile sense; has the following been observed or identified:	

Bodily-tactile sensitivity: Bodily-tactile sensitivity relates to the reaction that arises when someone is very sensitive to touch or to touching something.	
Bodily-tactile selectivity: Bodily-tactile selectivity is used to describe variations in reactions when the person uses the tactile sense, for example that the person prefers or avoids different kinds of objects or substances/materials.	
Birth history (premature birth, problems during pregnancy, etc.):	
Sensory integration difficulties: The senses' ability to receive information simultaneously and interact with one another. For example, using only one sense when directing attention towards something.	
Is there any suspicion of: - Cortical Visual Impairment (CVI) - Auditory Processing Disorder (APD)	
Does the person have motor challenges and/or balance problems? (yes / no / do not know; if yes, in what way?)	
Is it known that the diagnosis causes sensory impairment in one of the two distance senses, with a possible progression in the other sense? (Yes / No / Do not know)	
Is there a need for further examinations / assessments? (Yes / No / Do not know; if yes, which?)	



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9 Assessment on the basis of interview

9.1 Vision

- When did you become aware that you have problems with your vision?
- Has your vision changed during the last two years?
- Do you use any visual strategies to support hearing and/or the tactile sense?
- How does vision loss affect your everyday life?

How does the person themselves (and, if relevant, familiar persons if they have been interviewed) experience how vision functions?	
Is there anything the person can see in some situations, but not in others? (e.g. in darkness, with glare, in visually cluttered environments)	
Preconditions that may affect the visual assessment? Day-to-day condition, energy level, etc.	

9.2 Hearing

- When did you become aware that you have problems with your hearing?
- Has your hearing changed during the last two years?

- Do you use any auditory strategies to support vision and/or the tactile sense?
- How does hearing loss affect your everyday life?

How does the person themselves (and, if relevant, familiar persons if they have been interviewed) experience how hearing functions?	
The person's awareness of their own voice (knowing when they speak too loudly or too softly, etc.)	
Preconditions that may affect the hearing assessment? Day-to-day condition, energy level, etc.	

9.3 Bodily-tactile sense

- In what way do you use the bodily-tactile sense in everyday life?
- Which tactile strategies do you use in everyday life?
- Are tactile strategies a support to vision or hearing? If yes, in which situations do you use them?
- Does the use of the tactile sense change in different situations? (season, day-to-day condition, time of day, lighting conditions, etc.)
- Has the use of the bodily-tactile sense changed during the last two years?

How does the person themselves (and, if relevant, familiar persons if they have been interviewed) experience the functional use of the bodily-tactile sense?	
To what extent is the person aware of the use of their own bodily-tactile sense (based on experience)?	
Does the person have technical aids for tactile support? If yes, how often are these in use?	☐ Braille display together with PC, tablet or telephone ☐ Interpreter ☐ Other
Are there any specific preconditions that may affect the assessment of the bodily-tactile sense in the person being assessed? Day-to-day condition, energy level, etc.	

9.4 Communication and interaction

9.4.1 General questions on communication and interaction

Which form of communication do you use?	☐ Sign language ☐ Spoken language ☐ Tactile forms of communication ☐ Do you use several forms of communication in combination with each other?
Do you use several forms of communication in combination with each other?	If yes, please describe:
In one-to-one conversations, which communication method(s) do you prefer?	
Can you follow a one-to-one conversation without difficulty?	
Which conditions are necessary for you to hold a conversation with one person? (familiar person, familiar dialect, familiar topic, sound and lighting conditions, positioning, adaptations, aids)	
In conversation with several people, which communication method(s) do you prefer?	
Which conditions are necessary for you to hold a conversation with several people? (number of participants, sound and lighting conditions, positioning, adaptations, aids)	
Can you follow a conversation in groups of 3–4 people without difficulty?	

Which forms of distance communication do you prefer?	☐ Email ☐ SMS ☐ Post ☐ Phone ☐ Social media ☐ Other media ☐ Other:
Under which conditions, for example aids/adaptations, can you use these forms of distance communication?	
Are there any matters a conversation partner needs to consider in communication?	☐ Turntaking ☐ Feedback ☐ Change of theme ☐ Attention to detail ☐ Other:
Do you experience challenges in communicating with other people because of your sensory loss?	

9.4.2 Vision

How does vision affect your ability to communicate?	
Can you use your vision for the following communicative activities:	
Read sign language?	If yes, at what distance does this work best?
Lip reading?	If yes, at what distance does this work best?
Read facial expressions?	If yes, at what distance does this work best?
Distinguish between faces to identify the speaker?	If you cannot see the speaker's face, are you still able to understand what is being said?
Communicating with several people simultaneously?	
Using video calls?	
Perceiving when changes occur in conversation or if the topic shifts?	
Do you use vision for turn-taking in conversations?	
Can you easily shift focus between several people, or between a person and an object in conversation?	
Can you communicate and read body language and facial expressions in a normally lit room?	
Are you able to maintain eye contact with other people?	

9.4.3 Hearing

How does hearing affect your ability to communicate?	
Can you use your hearing in the following communicative activities?	
Perceiving spoken language?	If yes, what works best: high-pitched or low-pitched voices?
At what distance do you hear best?	
Are you able to distinguish between and understand dialects?	
Do you perceive when it is your turn to speak in a conversation (turn-taking)?	
Do you notice nuances in voice, such as irony, humour, changes in mood, etc.?	
Can you participate in communication with several people at the same time?	
Can you communicate by telephone?	
Can you imitate sounds that you hear?	
When you hear something, do you confirm this?	
Do you perceive when someone addresses you by name?	
Are you able to sustain the same level of focus over time in conversations involving sound?	
Are you able, through hearing, to regulate your voice so that it is adapted to the situation?	

9.4.4 Bodily-tactile sense

How does the bodily-tactile sense affect your ability to communicate?	
Do you use your tactile sense in the following communicative activities:	
To read sign language?	If yes, as the primary modality?
Use of haptic communication?	
As support for vision and/or hearing?	
Perceiving topic changes in tactile conversations?	
Perceiving nuances such as humour, irony, etc.?	
Taking part in multi-party conversations? (moving between several conversation partners in the same conversation)	
Do you use your tactile sense to reach out and contact others?	
Can you perceive others' initiatives through the tactile sense?	
Do you actively include the tactile sense in conversations, both when listening and when speaking?	

9.5 Acquisition of information

9.5.1 General questions about acquisition of information

Which information channels do you prefer to use?	☐ Radio ☐ Newspapers ☐ TV ☐ Audio newspaper ☐ Internet-based ☐ Braille newspaper ☐ Other:
Which aids or other adaptations do you need in order to use these channels of information?	
Which aids/services do you use for safety and alerting?	Are they: ☐ Auditive? ☐ Visual? ☐ Tactile? ☐ Combinations?
How do you obtain information about society, the local community, descriptions of surroundings, etc.?	☐ Interpreter/guide ☐ Personal assistant ☐ Support contact ☐ Reading and secretarial help ☐ Other, describe:

9.5.2 Vision

How does vision affect your ability to gather information from the environment?	
Can you use vision to do the following activities?	☐ Watch television? ☐ Reading? ☐ Find information on the internet? ☐ Perceive information in your surroundings, such as finding your way/orientate in familiar and unfamiliar surroundings?
When you are sitting still, do you respond to visual impressions in your surroundings?	
Do you look at different objects/items when they are placed in front of you?	
Can you recognise people or objects when they are stationary (not moving)?	
Do you use vision to obtain an overview by following movement in your surroundings?	
Do you recognise faces solely by means of vision?	
Are you able to read information conveyed through pictures (2D)?	
Do you recognise visual details within a whole?	
On the basis of visual details, are you able to assemble them into a whole?	
What do you perceive best – weak or strong colours?	

9.5.3 Hearing

How does hearing affect your ability to gather information from the environment?	
Can you use your hearing for the following activities?	☐ Listen to the radio? ☐ Listen to music? ☐ Attend a lecture/course?
Do you hear the doorbell and the phone?	
Do you respond to sounds in the environment?	
Do you perceive sounds coming from a distance?	
Can you recognise people close to you solely by means of hearing?	
When you hear a sound, are you able to identify what the sound is and whether you have heard it before?	
When someone is speaking, are you able to attend to what is being said and to the person speaking?	

9.5.4 Bodily-tactile sense

How does the bodily-tactile sense affect your ability to gather information from the environment?	
Can you use the tactile sense for the following activities?	☐ Read written material? ☐ Get information via tactile schedules/calendars and more? ☐ Get an overview of your immediate surroundings?
Do you actively use the tactile sense to direct attention towards objects and people in your surroundings?	
Do you actively use the tactile sense to explore objects?	
Do you actively use the tactile sense to identify similarities and differences between objects?	
Do you actively use the tactile sense to understand spatial relations between objects and places?	
Do you actively use the tactile sense to explore other people?	
Do you actively use the tactile sense to perceive other people's bodily expressions and reactions?	
Do you actively use the tactile sense to become aware of other people's touch on your own body?	

9.6 Orientation and independent mobility

9.6.1 General questions concerning mobility

Which sense do you rely on primarily for orientation and movement?	☐ Visual ☐ Auditive ☐ Tactile ☐ Combination of several senses, describe:
What kinds of adaptation do you need?	☐ Lighting ☐ Landmarks / reference points (visual, tactile, auditory)
Do you use a white cane, guide dog or guide?	
Can you find your way indoors in unfamiliar places	☐ without a guide ☐ with a guide
Can you find your way outdoors in unfamiliar places	☐ without a guide ☐ with a guide
Do you use public transport and, if so, under what conditions?	
How do you travel to and from activities within and outside the home?	

9.6.2 Vision

How does vision affect your ability to orient in the environment?	
How do you use vision when walking in unfamiliar terrain?	
How do you use vision when walking in familiar terrain?	
Can you use vision to perceive obstacles in the environment?	
Can you use vision to obtain information about the surface ahead (even / uneven)?	
Can you use vision to obtain information about height differences in the environment?	
Can you use vision to orient in:	
Familiar environments (for example at home)?	
Unfamiliar environments?	
Can you find your way in a room by the use of vision?	
Does your vision function well enough for you to move about freely under changing lighting conditions?	
Can you orient without discomfort from light?	
Can you orient in darkness by using vision?	

9.6.3 Hearing

How does hearing affect your ability to orient in the environment?	
Do you use hearing to orient in traffic?	
Are there other auditory techniques that you use for orientation and movement?	
Do you explore and orient in areas through listening and the use of your own voice (echolocation)?	
Do you recognise the environment by using hearing?	
Do you orient towards sound sources?	
Do you use hearing in relation to directional orientation?	
Do you use hearing to orient towards sounds at a distance?	

9.6.4 Bodily-tactile sense

How does the bodily-tactile sense affect your ability to orient in the environment?	
Can you identify surfaces tactually while moving?	
How do you experience your balance functioning during movement or orientation?	
Do you require aids for movement, such as a white cane, guide dog or guide?	
Do you use tactile markers in familiar environments while moving?	
How do you create an overview of new environments?	
Do you actively use the tactile sense to find landmarks in the environment?	
Do you actively use the tactile sense to navigate in the environment?	
Do you actively use the tactile sense to recognise different rooms and surroundings?	

9.7 Health

How do you experience your own health in terms of how it is affected by the combined sensory loss? Do you have any of the following issues mentioned in the list, and can you relate them to the combined sensory loss?	• Headache • Muscle tension and pain • Anxiety and insecurity • Dizziness / balance problems / unsteadiness • Other health-related factors of significance • Energy expenditure and strength
How is your vision affected when you become tired? How are you able to recover so that your vision functions again?	
How is your hearing affected when you become tired? How are you able to recover so that your hearing functions again?	
How is your tactile sense affected when you become tired? How are you able to recover so that your tactile sense functions again?	
How do you find that the senses (vision, hearing and the bodily-tactile sense) function together when you become tired?	

9.8 The person's own experience

- Persons with combined sensory loss report that they hear, but do not perceive what is being said. They see but cannot entirely trust what they see. It therefore becomes difficult to understand what is happening in the environment, and one may have the experience of being cut off from the community. To what extent do you recognise yourself in that description?

- Persons with combined sensory loss and deafblindness often report that they lose the thread of conversations. They also report that people arrive suddenly and that they easily lose their overview when several people are present. To what extent do you recognise yourself in that description?

- Deafblindness is characterised by the fact that vision and hearing can only with difficulty compensate for one another. Many people experience that they hear or see more poorly when vision and hearing cannot compensate for the other sense. To what extent do you recognise yourself in that description?

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• Persons with combined sensory loss and deafblindness often report that it can be difficult to communicate, gather information and orient in situations with a great deal of background noise. To what extent do you recognise yourself in that description?



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10 Assessment of sensory functioning

Finally, the interview is summarised in a qualitative assessment of sensory functioning, structured according to the domains in the Nordic definition. The assessment should describe how the senses are used, how they may compensate for one another, and what significance this has for activity and participation.

10.1 Qualitative description

Describe the consequences of the combined sensory loss, variation between environments and situations, and the significance for energy use and social participation.

10.2 Assessor's evaluation

On the basis of the interview, a judgement is made as to whether the person is considered to have deafblindness and whether there is a need for further assessment, advice or interventions.



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Translator's note: Terminology has been normalised consistently throughout the document in British English. The phrase "bodily-tactile sense" has been used throughout as the standard rendering of "kroppslig-taktil sans", and "functional assessment" has been used consistently for "funksjonell utredning".

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