

Report from Centre of Communication and Special Needs in Denmark

In 2024 the assessment material has proven to be a useful tool for bringing structure and systematics into our practice. One of its strengths is its flexibility – it can be used in different ways, depending on the situation. While it saves time, it also encourages creative thinking, both in how assessments are conducted and in how environments respond and reflect on the process.

However, one concern is that you can become so focused on the tool itself that you risk losing sight of the whole person. Social life and participation, for example, don't feature prominently in the material – although some of it shows up under communication. From an ethical perspective, it's important not to let the tool guide everything. Cultural differences and expectations also play a role – sometimes people expect clear-cut answers that the tool can't necessarily provide. Some users have also pointed out that the graphs can be confusing or easy to misread.

Looking ahead, it's clear that anyone using the material needs a solid introduction – both to the content and to how it can be used dynamically. A balance is needed between following the structure of the tool and keeping an eye on the bigger picture. There's also a need for more focus on how the results lead to intervention strategies and how the material fits into interdisciplinary teamwork. Finally, video clips have turned out to be a great way to support learning and discussion – especially when it comes to tricky areas like scoring something as “partially present.” Group analysis of videos can help generate useful hypotheses about a person's vision, hearing, or tactile sense. These discussions can also strengthen how we justify our assessments and the kinds of actions or support we recommend moving forward

Psychologist Aurélien Mancino was invited to Aalborg to speak about language deprivation. Language deprivation occurs when there is a chronic lack of full access to a natural language during the critical period for language acquisition—roughly the first five years of a child's life. For example, this can happen when deaf or deafblind infants and children are waiting for cochlear implant (CI) surgery, and after surgery the focus is primarily on adjusting and training hearing, without also providing access to a fully accessible and natural language, such as sign language.

Aurélien gave an insightful presentation on the concept, its potential consequences, and how it can be prevented or addressed. The effects of language deprivation can be significant—not only on language development, but also on cognitive, socio-emotional, and relational development. In terms of prevention and intervention, Aurélien highlighted the World Health Organization's (WHO) recommendation for a person-centered approach to ear and hearing care, as well as rehabilitation. According to WHO, sign language provides access to linguistic input that supports typical development in deaf infants. Early access to sign language—alongside hearing technology and auditory-verbal therapy (AVT)—helps ensure that the child does not experience language delays and protects against the effects of language deprivation. This applies to deaf children—and very likely to many deafblind children as well.

We also invited Jude Nicholas to Aalborg to talk about BAVI (Brain related audio- and vision impairment) There was strong agreement that we need to focus more on whether children with CVI also struggle to make sense of what they hear—not just language, as in APD, but the ability to turn sounds into something meaningful.

It was an inspiring and insightful day. The video analysis gave everyone a lot to think about. It confirmed that a tactile approach can really help—by creating a bridge and supporting the child in finding meaning and structure when vision and hearing alone aren't enough

In Centre of Communication and Special Needs some changes have also been present in our group of managers. We've had significant turnover in our management team and are now a completely new group with varied experience with the work with people with deafblindness. We therefore focus on how to support the managers in leading staff members working with deafblindness. We meet up in a national network for managers and discuss deafblind-special perspectives and we have possibilities to invite lectures about deafblindness. Some of our new managers has used the opportunity to facilitate a discussion with the staff members about newly revised Nordic Definition of Deafblindness. This to revisit the basic knowledge. This is a process, that we see is an ongoing necessity.

Occupancy in the children's area is currently low – we have only a few individuals with permanent placements, but there have been inquiries and potential new residents are on the way.

In the adult area, occupancy has remained stable.

When it comes to recruitment, the number of qualified applicants has varied, but we have been able to fill positions with the professional competencies we were looking for.

The day program has attracted more qualified applicants than the residential area. In several cases, those hired for the day program have transferred from our own residential staff.

Our school for children, youngsters and adults with deafblindness has a very small group of children. The limited economy in the municipalities has had an impact on this. We also see a lack of visitation on the youngsters and adults. Although we are proud still to provide education for adults with congenital deafblindness

We are currently putting the finishing touches on the core textbook in deafblind pedagogy, which is expected to be published at the national conference in Denmark this October. A new thematic booklet has also been written, offering a perspective on deafblindness from both physiotherapy and occupational therapy viewpoints - this will be published before the summer.

We have a big representation in the Nordic networks, and we can see the outcome of this in our daily work because we then have core competence to support the staff members. The gathering in November with all the Nordic networks was a huge success and we hope to see this repeated in the future.

Four representatives of Center for Communication and Special Needs took part in the first regional Deafblind International conference in Asia, held in Nepal, with over 320 participants from 22 countries – mainly from Nepal, India, and Bangladesh. The large turnout highlighted a growing interest in deafblindness across the region. Despite this interest, significant challenges remain. Although deafblindness has been officially recognized in Nepal since 2005, implementation is lacking, and cultural stigma around disability is still strong. Some families initially resisted home visits from teachers trained in deafblindness due to fear and shame. But over time, as children began to show clear signs of learning and development, families' attitudes changed – they began to see potential and sought healthcare support that hadn't previously been considered. The conference also made clear how differently deafblindness is understood across countries. Many

sessions had to start with the most basic definitions, often using the Nordic definition to build a shared understanding.

Tommy Tindahl is the new representative in Deafblind International and this was his first meeting in real life with the members on the board. From DBI, it is highlighted that there is a growing focus on how to maintain deafblind expertise in countries where the “fight” is no longer about establishing services, but rather about advocating that deafblindness requires specialized support – even within existing systems for vulnerable groups. This is a different kind of effort compared to developing countries, where the focus is still on creating basic services in the first place.