

# SCDSS3

## Develop your own professional practice and promote awareness of Deafblind issues



### Overview

#### Elements of Competence

- 1 Take responsibility for planning your own knowledge and professional development and contribute to the development of others
- 2 Work in partnership with individuals and other key people to promote Deafblind awareness
- 3 Identify, plan and take action to raise Deafblind awareness
- 4 Evaluate, with individuals and other key people the effectiveness and impact of any action taken.

#### About this standard

This standard is about your own professional development and awareness raising underpinned by the principles of the Social Model of disability. The standard is relevant for all levels. Sections of the standard can be used for induction purposes, professional development and for training.

For this standard you will be expected to work in partnership with others to identify, plan, take action and evaluate awareness-raising activities related to particular Deafblind issues and the impact they have on the lives of Deafblind children, young people and adults and their families.

Although the primary responsibility for your professional development rests with you, the standard also requires management support to facilitate the continuing professional development of the workforce.

#### Evidencing your performance, knowledge and understanding

The **performance criteria** sections and the **knowledge and understanding** section indicate areas that you should be able to evidence in relation to your performance or knowledge and understanding.

#### Key principle

Communication underpins the entire standard and all the standards in this suite. It is vital that those working in the field of Deafblind services and the cultural communication needs of children, young people and adults have the necessary and appropriate skills to communicate effectively with people who may use a range of communication tools/ techniques or methods. This standard relates to those working with people who are Deafblind and all communication must be appropriate to their needs. It is also important that workers recognise the need for specialist communication skills and the risk of miscommunication.

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#### Performance criteria

#### Take responsibility for planning your own knowledge and professional development and contribute to the development of others

*You must be able to:*

- P1 are supported to identify your learning and development needs and seek to meet these so they can inform your work with Deafblind people
- P2 identify procedures and processes which would enable Deafblind people to participate fully as citizens and to access appropriate services and support
- P3 take responsibility for your own personal and professional development, seeking and accessing development opportunities to meet your needs
- P4 seek supervision and support to assess the implications of using new knowledge, methods and practice in your work
- P5 identify, with those within and outside your organisation, including individuals who use services and their carers, potential sources of information and support that can be used to help raise awareness of Deafblind issues
- P6 collate and analyse the information obtained and present the information and results to relevant people
- P7 seek critical and constructive comment about your knowledge and practice from those with whom you work as colleagues or users of the services you provide. include carers and professional networks in order to identify your personal and professional development needs
- P8 seek support from colleagues to identify development opportunities that meet your personal and professional development needs and enable you to access relevant training, development and qualifications
- P9 keep up-to-date records of your own personal and professional development, within confidentiality agreements and according to legal regulatory and organisational requirements
- P10 contribute to the development of others through awareness raising, information sharing and signposting

#### Work in partnership with individuals and other key people to promote Deafblind awareness

*You must be able to:*

- P11 discuss, identify and agree your role and responsibilities within the team, with colleagues, service users/ carers and other partners
- P12 provide constructive feedback to enable others with whom you work to identify how their practice could better meet service and practice needs
- P13 challenge poor practice constructively:
  - P13.1 in ways that safeguard individuals, key people and others within and outside your organisation
  - P13.2 in ways that promote the best use of knowledge and evidence based practice

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- P14 support others with whom you work to:
  - P14.1 identify their personal and professional development needs
  - P14.2 make use of mentoring, assessment and tutoring support
- P15 provide personal support and act as a role model for others with whom you work, to enable them to develop their knowledge and practice
- P16 identify information about new knowledge and evidence based practice that would be useful to others with whom you work and disseminate it appropriately
- P17 identify development opportunities that meet the personal and professional development needs of others with whom you work and enable them to access relevant training, development and qualifications
- P18 record and report staff development and training within confidentiality agreements and according to regulatory and organisational requirements

#### **Identify, plan and take action to raise Deafblind awareness**

##### *You must be able to:*

- P19 identify the tensions that come from a rights based approach (including a context of limited resources and political and professional agendas)
- P20 plan and agree the appropriate action to be taken to raise awareness of dual sensory impairment
- P21 where necessary, obtain consent to share information with relevant others:
  - P21.1 from the child, young person or adult, and
  - P21.2 where relevant from the nominated person for consent giving
- P22 regularly monitor, evaluate and critically reflect on:
  - P22.1 your own knowledge, methods and practice
  - P22.2 the knowledge, methods and practice of others
  - P22.3 your contribution to inter agency, collaborative and team working
- P23 establish how well and in what ways your own knowledge and practice could better meet service and practice outcomes through reflection and supervision (informal and formal) and agree subsequent action
- P24 seek feedback from service users/ carers on ways in which practice outcomes can be improved

#### **Evaluate, with individuals and other key people, the effectiveness and impact of any action taken**

##### *You must be able to:*

- P25 encourage people to give constructive feedback about the awareness raising and your part in it
- P26 gather and collate data and information on the processes, outcomes and impact of the awareness raising on the target audience
- P27 evaluate your contribution using critical analysis to assess the awareness raising against agreed objectives, targets and outcomes
- P28 evaluate your use of mentoring, assessment and tutoring support

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- provided to others
- P29 offer constructive feedback to the individual(s) on the awareness- raising activities and programme overall
  - P30 identify and recommend ways in which the awareness-raising activities and programme could be improved
  - P31 evaluate the support provided by you during the awareness raising and identify areas for improvement
  - P32 record and report on the impact of the awareness raising overall, specific activities within the programme and your own contribution to it, within confidentiality agreements and according to regulatory and organisational requirements

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### Knowledge and understanding

*You need to know and understand:*

### Core Values - Use and develop methods and systems to communicate, record and report

- K1 legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when communicating, recording and reporting with individuals, key people and others.
- K2 knowledge and practice that underpin the holistic person-centred approach which enables you to work in ways that:
  - K2.1 place the individual's preferences and best interests at the centre of everything you do
  - K2.2 provide active support for the individuals
  - K2.3 recognise the uniqueness of individuals and their circumstances
  - K2.4 empower individuals to take responsibility (as far as they are able and within any restrictions placed upon them), and make and communicate their own decisions about their lives, actions and risks
- K3 methods and ways of communicating that:
  - K3.1 support equality and diversity
  - K3.2 support the rights of people to communicate in their preferred way, media and language
  - K3.3 are ethical and adhere to any codes of practice relevant to your work
  - K3.4 respect other people's ideas, values and principles
  - K3.5 ensure people's dignity and rights when identifying and overcoming barriers to communication.
- K4 how to manage ethical dilemmas and conflicts for individuals, those who use services and staff/ colleagues, about communication, recording and reporting
- K5 how to challenge information, documents, systems, structures, procedures and practices that are discriminatory, especially in relation to individuals' communication and information needs.

### Core Values - Contribute to the development and maintenance of healthy and safe practices in the working environment

*You need to know and understand:*

- K6 legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when contributing to the development and maintenance of healthy and safe practices in the working environment
- K7 methods and ways of working that:
  - K7.1 support equality and diversity when contributing to the development and maintenance of healthy and safe practices in

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- the working environment
- K7.2 are effective when dealing with, and challenging information, documents, systems, structures, procedures and practices that are discriminatory
- K7.3 are ethical and adhere to any codes of practice relevant to your work
- K7.4 respect other people's ideas, values and principles when contributing to the development and maintenance of healthy and safe practices in the working environment.

#### **Core Values - Take responsibility for the continuing professional development of self and others**

*You need to know and understand:*

- K8 up-to-date knowledge and practice of legal and organisational requirements for equality, diversity, discrimination, rights, confidentiality and sharing of information and how to update and develop your own, and the practice of other staff on these
- K9 how to access training and development to enable you to manage ethical dilemmas and conflicts for individuals, those who use services and staff.

#### **Legislation and Organisational Policy and Procedures**

*You need to know and understand:*

- K10 country specific codes of practice and conduct for social care, and standards and guidance relevant to your own and others
- K11 current local, UK country specific and European **legislation** and organisational and regulatory policies, requirements, procedures and practices for:
  - K11.1 data protection, including recording, reporting, storage, security and sharing of information
  - K11.2 awareness raising on specific Deafblind issues
  - K11.3 working with others to provide integrated services, pooling budgets etc.
  - K11.4 the impact of working in different settings
  - K11.5 the statutory requirements for "Safeguarding".

#### **Theory and Good Practice - In relation to self**

*You need to know and understand:*

- K12 styles and methods of learning that are appropriate to yourself and colleagues
- K13 approaches to learning that will allow you to transfer your knowledge and skills to new and unfamiliar contexts (this may include a form of learning styles assessment)
- K14 approaches to self-reflection and the reflective practice of others
- K15 the impact of stress and conflict on organisational, individual and team

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performance

- K16 principles underpinning personal and professional development and reflective practice
- K17 how to challenge poor practice effectively.

#### **Theory and Good Practice - In relation to information**

*You need to know and understand:*

- K18 how and where to access theory and good practice information to inform your practice on awareness raising
- K19 how to access, review and evaluate information about awareness raising generally and specific to Deafblind issues
- K20 the use of Government reports, inquiries and research relevant to raising awareness on Deafblind issues
- K21 the use of evidence, fact and knowledge based opinions in records and reports and know why it is important to differentiate between these and make the source of evidence clear to readers.

#### **Theory and Good Practice - In relation to communication**

*You need to know and understand:*

- K22 factors that affect the health, well-being, behaviour, skills, abilities and development of individuals and key people and how to assess the need for the awareness raising of specific Deafblind issues
- K23 theories methods and formats of:
  - K23.1 awareness raising for different purposes and different audiences
  - K23.2 communication – all relevant and the most effective methods for adults having regard to the potential for miscommunication
  - K23.3 communication – all relevant and the most effective methods for children and young people having regard to the potential for miscommunication
- K24 methods of:
  - K24.1 consulting with different groups including children, young people and adults, their organisations or groups and actively listening to their feedback
  - K24.2 communicating with interest groups in your work with people who are deafblind people
  - K24.3 collecting, analysing and interpreting feedback to enable decisions to be made about your intervention or the awareness raising strategies
  - K24.4 evaluating evidence presented by interest groups including individuals who use services and their carers to influence awareness raising
  - K24.5 dissemination and how raising awareness of the subject will affect the methods used
- K25 understanding of the impact of multiple impairments, i.e. an impairment

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or impairments in addition to the hearing impairment. be aware of the potential for miscommunication in these circumstances and therefore carefully plan how you will communicate with the individual and use or arrange the most effective communication methods.

- K26 be aware that individuals may prefer to express themselves using a different mode of communication compared with how they prefer to receive information and adapt how you communicate accordingly
- K27 be resourceful when overcoming barriers to communication and barriers restricting the independence of the people you support.

#### **Theory and Good Practice - In relation to partnerships and collaboration with others**

*You need to know and understand:*

- K28 how to work in partnership with individuals who use services and their carers, key people, organisations and those within and outside your organisation to raise awareness of Deafblind issues
- K29 how to work in partnership with individuals who use services and their carers, key people and colleagues to develop and enhance your knowledge and practice
- K30 factors that affect the health, well-being, behaviour, skills, abilities and development of individuals and key people and how to assess the need for awareness raising about specific Deafblind issues
- K31 why the views of those who are the target of the awareness raising are important
- K32 different options for awareness raising, their costs and benefits to the target audiences and how to select the best available options
- K33 why the effective planning for awareness raising is necessary
- K34 how to work with, and resolve conflicts that may arise in your work
- K35 methods of supporting staff to work with and support Deafblind individuals, key people and others
- K36 the differences between assessing, mentoring, appraisal, coaching and tutoring/ teaching support
- K37 awareness of power issues in various work settings and the impact these have on service outcomes, e.g. domiciliary settings, sheltered housing settings, etc.



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### Additional Information

#### Values

The values underpinning this standard have been derived from the key purpose statement\*. You must work within the principles and values of the relevant service standards, guidance and codes of practice/ conduct for health and social care in the four countries to achieve this standard.

(\*The key purpose of the sensory services workforce is to empower people who use these services to maximise their independence, opportunities, strengths and skills.)

#### Glossary

This section provides explanations and definitions of the key words and concepts used in this particular standard. Note, in National Occupational Standards it is quite common to find words or phrases used that you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. Therefore, we would encourage you to read this section carefully before you begin working with the standard and to refer back to this section as required.

#### Acquired

Acquired Deafblindness is when a person is born without a sensory impairment and at some time in their life develops both or is born with a single sensory impairment and at some time in their life develops the second. This may be due to an accident, illness, a genetic condition, e.g. a syndrome such as Usher, Alstrom, and Stickler, etc. or as a result of aging in later life. In children and young people if these problems occur later in life, this is called acquired Deafblindness.

#### Active support

Support that encourages the Deafblind person to maximise their independence and promotes lifestyle choices. In the case of children and young people this would also be relevant to the role of parent/ carer or the children themselves as a part of their own care planning process. The unique nature of Deafblindness is that it should be recognised that for the individual to remain independent they may require one-to-one support.

#### Communication

This standard makes it explicit that you:

- 1 Must have the skills to be able to effectively communicate with the Deafblind person, or in a case where specialist communicators are needed arrange for these to be put in place. These skills include active listening
- 2 Should use the individual's preferred means of communication both receptively and expressively in the most appropriate format, e.g. British

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- Sign Language (BSL), Irish Sign Language (ISL), or a sign system, e.g. Sign Supported English visual frame, close up and hands on, communication passports, Deafblind manual alphabet, Block alphabet, Braille, Moon, Tadoma, or any other preferred human and technological aids to communication or a combination of any of the above
- 3 Need to be constantly aware that communicating with a Deafblind person is complex and that the risk of misunderstanding is significant

It is important to be flexible when helping a person who is Deafblind to communicate and it may be helpful to use a range of communication methods together. This is often called the total communication approach. It is important to stress that Deafblind people have a great range of communication needs that may change over time. Also some Deafblind people may use two or more methods of communication, e.g. one to express themselves and others to receive information. For example:

- 1 A child who has some sight, is profoundly deaf and has physical disabilities, may learn to understand sign language, but may need to find another means of expressing him or herself
  - 2 Someone with Usher syndrome may have learned British Sign Language as a young person, but may need to adapt the way they receive signs as his or her vision begins to change
  - 3 An older person may have always used speech and hearing to communicate, but may need to learn to use hearing aids and low vision aids as his or her vision and hearing change over time
- (Source: SENSE 2008)

#### **Congenital**

When someone is born with combined sight and hearing difficulties this is called congenital Deafblindness. Examples of this include conditions such as Rubella or CHARGE. Congenital can also refer to people who have lost vision/ hearing before the acquisition of language, i.e. in their very early years.

#### **Constructive feedback**

Feedback that is a two-way process that is communicated in the most appropriate way to the person giving and receiving it to inform their personal development and growth. The standard requires you to seek constructive feedback to inform your own development. In the case of those working with children and young people, there will be opportunities for feedback directly to or from children and young people and their representatives.

#### **Deafblind**

Deafblind is the recognized term used by national government in both the UK and the world community. There is a clear Department of Health description

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in the local authority circular "Social care for Deafblind children and adults" (2001) 8, and in the DES Policy Statement (1989). Both describe Deafblindness as a unique and different disability, the impact of which requires an appropriate and specialist response.

"Persons are regarded as Deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility" (Source: DH LAC (2001) 8)

"The term Deafblind is used to describe a heterogeneous group of children who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical disabilities, which can cause severe communication, developmental and educational problems" (Source: DES Policy Statement 1989)

#### **Development opportunities**

These are encouraged as part of induction and continuous professional development (CPD) and include a variety of methods, e.g. training courses, educational programmes, qualifications, coaching, mentoring, action learning sets, reading, self-directed learning, secondment opportunities and personal and professional support.

#### **Disadvantage, discrimination and social exclusion**

This relates to race, gender, religion, sectarianism, language, age, class, disability (including sensory disability), poverty, culture, belief and sexual orientation. In practice you must take account of the relevant policies and procedures within your organisation or agency.

#### **Empowerment**

Empowerment is a process of enabling individuals (children, young people and adults) who are at a disadvantage at both personal and organisational levels to gain more autonomy and control over their lives.

#### **Hearing impairment**

Hearing impaired is no longer a term that is commonly used. Largely it has been replaced by the terms "Deaf" and "Hard of Hearing". A variety of terms are used quite specifically in this standard as follows:

- 1 **Deaf:** deaf with a small "d" simply refers to the medical condition of hearing loss. However, most people who use BSL/ ISL refer to themselves as Deaf. The use of upper case "D" indicates a language preference and is also a political and cultural term of belonging to the Deaf community. It is used in the same way that people who belong to a national, cultural or religious group would describe themselves, for

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example, as French or Muslim. It is for this reason that many Deaf people do not define themselves as disabled, rather they describe themselves as belonging to a cultural or linguistic minority

- 2 **Deafened:** A person who was born hearing and subsequently became severely or profoundly deaf
- 3 **Hard of hearing:** A general term used to describe people with a range of hearing loss and communication needs
- 4 **Deafblind:** This term applies to people with dual sensory loss. Some people who are Deafblind have no hearing or vision, others have a degree of hearing loss or vision impairment (see full definition above)

#### **Individuals**

In the standard "individual" refers to children, young people and adults who are Deafblind and who may require health and/or social care and children's, educational or training services. It also refers to advocates and interpreters or people who work with them to express their views, wishes or feelings and to speak on their behalf.

#### **Issues**

Issues means, what impacts on the Deafblind person or is relevant to their experience. The use of the word "issue" does not imply a difficulty, but simply an aspect of the person's life that is the focus of the current work.

#### **Key people**

Key people include: family, friends, carers, support worker, role model, befriender, advocates, social worker with Deafblind people, care manager with Deafblind people, technical equipment officer with Deaf people, sign language communicator guides and others with whom the individual has a supportive relationship.

#### **Knowledge and evidence based practice**

Current best practice based upon a number of sources including: research, the expertise and experience of children, young people, adults, families, groups, communities, practitioners and managers and evidence from regulation and inspection.

#### **Partnership working**

The process of working collaboratively with other professionals or organisations in the dual sensory impairment field, e.g. Optometrists, Eye Clinic Liaison Officers, Hospital Departments, those in education or training, Local Societies and Voluntary and Community Services (Third Sector Organisations) to raise the profile of Deafblindness issues and to offer appropriate support.

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#### **Rehabilitation/ habilitation**

Rehabilitation involves a wide range of support that aims to maximise independence, skills and confidence. Rehabilitation can involve helping people to regain abilities or functions lost due to illness or injuries.

Habilitation defines the coordinated use of medical, social, educational, and vocational measures to help people develop their functional ability. This contrasts with helping people to regain abilities lost due to illness or injuries rather than people who have been born with impairments.

#### **Relevant others**

This refers to other professionals who have a connection to the individual.

#### **Response to poor practice**

Your response to poor practice may involve: offering constructive feedback, offering information and advice to enable the individual(s) concerned to access appropriate guidance and support and/ or reporting incidents of bad or dangerous practice to the appropriate authority.

#### **Rights**

The rights that individuals have to:

- 1 Be respected
- 2 Be treated equally and not be discriminated against
- 3 Be treated as an individual
- 4 Be treated in a dignified way
- 5 Have privacy
- 6 Be protected from danger and harm
- 7 Be cared for in a way they choose
- 8 Have access to information about themselves
- 9 Communicate using their preferred methods of communication and language In the case of children and young people, they have the right to be actively involved in the decisions that affect them.

#### **Risks**

Risk is the inevitable consequence of people taking decisions about their lives. But it means different things to different people. There is no one definition. In social care, as in the rest of life, risk can be viewed negatively. Because of perceptions of risk, which may or may not be real, a person might be prevented from doing things which most people take for granted. So perceived risk must be tested and assessed against the likely benefits of taking an active part in the community, learning new skills and gaining confidence. What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a

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person to have a support plan which enables them to manage identified risks.

A decision about the perceived or actual risk needs to be taken in conjunction with the person using services themselves, as well as the professionals involved. Just as taking a risk is a personal choice, levels of risk are perceptions, and a judgement about an acceptable level of risk should be a joint decision.

### **Services**

Refers to services provided by your own organisation or other agencies.

### **Significant others**

Is used here to mean any people whom the individual wishes to involve in their care programme. This may include partner, relative and/ or friend, but also includes other members of the community or other workers such as volunteers, other care practitioners, an advocate, an interpreter and a police or prison officer. For regulatory reasons, in the case of children, significant others are likely to be family members unless the child is subject to a care order.

### **Signpost**

Means to assist individuals to access the most appropriate information about other services and groups that will support their identified needs.

### **Social Model of disability**

The Social Model of disability says that disability is caused **by the way society is organised**, rather than by a person's impairment or difference.

The Social Model of disability looks at ways of **removing barriers which restrict life choices** for people with impairments\* or differences.

When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the Social Model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

(\* Impairment is defined as the limitation of a person's physical, mental or sensory function on a long-term basis.) Extract from children in the picture [www.childreninthepicture.org.uk/au\\_socialmodel](http://www.childreninthepicture.org.uk/au_socialmodel)

### **Sources of information**

Will include a wide variety of current information. For example from:

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- 1 Professional organisations, e.g. professional bodies, trade associations and trade unions
- 2 Professional contacts, e.g. colleagues, mentor, supervisor, tutors/ lecturers and researchers
- 3 Written sources, e.g. professional journals, research reports and policy documents
- 4 Networks such as black and minority ethnic groups to consider cultural issues, e.g. fasting, festivals and priorities

#### **Supervision**

Supervision involves a process of supportively reviewing a person's work decisions to develop their practice. It can be formal, informal, provided from within your organisation, provided from outside your organisation (Note, it is recognised that supervision in relation to work with children and young people is different to the supervision of work with adults).

#### **Support**

Refers to the support you provide. It includes: verbal explanation, written information, accompanying the individual or arranging for this to happen.

#### **Transitions**

Transitions are daily and intermittent changes in a person's life that may affect their well-being, the way they behave and develop and their ability to continue to learn and cope with other changes.

There are two major types of transitions: the first includes transitions within daily life, for example with adults moving from and to home/ the provision to a day centre, and for children going from and to home/ the provision to school. They also involve changing activities and routines within the day where there are differing expectations and requirements from the child, young person or adult.

The second is intermittent and involves a significant change for the person. These transitions can be divided into three categories. First, those that are common to most people; for example, when people move from one form of accommodation and living environment to another. Second, those that are shared by a significant number of peers, such as families separating. Third, those that are personal and may not be shared or understood by others.

For children and young people, the first will include transferring between years in the same school, or college or transferring from one school to another. It could also include transitional experiences such as physical changes, e.g. the onset of puberty. The second may be their parents divorcing. The third being in foster or residential care, having a parent or

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carer who abuses drugs or alcohol, or being a young carer.  
(Source: Leadership and management NOS Ref: LMC B3)

#### **Transition Planning**

The transitional years between school and adult life are stressful for most young people, but for those with complex disabilities such as Deafblindness, even more so. Choices for Deafblind young people may be limited, and many young people will continue to be dependent on their families. This is despite the fact that all young people with a statement of educational needs are entitled to a Transition Plan following their Year 9 annual review.

Transition should not be seen as something that happens as a young person approaches the age of 18. It should start at 13+, and this early start is particularly important for those with complex and multiple needs, where co-ordinating many services will require time. Services need to develop knowledge of the individual young person and their needs. Specialist input will be needed to ensure adult services are appropriate.

#### **Values and principles**

Are those specified by: professional bodies, government, your employer, service users and their carers and by relevant national bodies.

#### **External Links**

The knowledge and understanding for this standard will relate to country specific regulatory requirements and codes of practice applicable to the scope of your work and those of colleagues. It will also relate to your role and the level of responsibility you have within your organisation to undertake activities to achieve a high quality service.

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice for the performance described in this standard.

When using this specification it is important to read the knowledge requirements in relation to the expectations and requirements of your job role.

You need to show that you know, understand and can apply in practice according to your level of experience and seniority.



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