DETAILED PROGRAM WORLD CONFERENCE



As of: 30 October, 2026

(ALL TIME IS CEST). This programme is subject to change.

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Day 1: Monday, July 19, 2027

11:00 AM – 5:00 PM	Registration World-Conference OPEN	Main entrance
5:30 PM – 7:30 PM	**Official Opening** The Official Opening of the World Conference, including an aperitif reception, will be held under the theme «Welcome to Switzerland, welcome to Davos». It will feature a group playing a quintessentially Swiss mountain instrument, the alphorn, and distinguished Swiss guests: Marco Caduff, State Councillor from the host state, Philipp Wilhelm, the Mayor of Davos, and Urs Germann, Head of the Federal Office for Equal Opportunities of People with Disabilities.	Plenary Hall

Day 2: Tuesday, July 20, 2027

Theme of the Day: Advocacy

8:00 AM – 9:00 AM	Registration for the Day OPEN	Main Entrance Floor
9:00 AM – 10 AM	**Plenary Session 1**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Sanja Tarczay
Advocacy for the Rights of Deafblind Persons – Building Change Through Global Action
Dr. Sanja Tarczay, President of the Croatian Association of Deafblind Persons DODIR, President of the World Federation of the Deafblind (WFDB), and First Vice-President of the International Disability Alliance (IDA), will present key advocacy tools that advance the rights and inclusion of deafblind persons worldwide. The keynote will explore practical resources, international reports, and strategic advocacy approaches, with a special focus on the successful global campaign led by WFDB under her leadership to secure the United Nations recognition of the International Day of Deafblindness. This historic achievement serves not only as a milestone for the deafblind community, but also as a powerful advocacy tool for increasing global visibility, awareness, and recognition of deafblind persons and their rights.

Panel reactions

Reaction from a member of the audience
Programme Committee

Rounding up
Programme Committee

10:00 AM – 10:30 AM	**Morning Refreshment BREAK**	Plenary Hall Floor

Session 1A Workshop, Theme: Advocacy Room 1

Laurie A McBride, McKenna K Liesman (ID 234)

DeafBlind Self-Defense Tactics 101 Workshop

Individuals with dual sensory loss experience increased vulnerability and boundary violations related to personal safety, communication barriers, and social isolation. Traditional safety education relies on visual and auditory training, making it inaccessible. Our workshop fills the need for innovative, tactile hands-on approaches that empower DeafBlind individuals with practical tools for self□advocacy, situational awareness, and physical safety across daily environments.

Aim: DeafBlind Self-Defense Tactics 101 is a 90-minute interactive workshop. Participants will build real-world skills through accessible, tactile, and collaborative strategies. This workshop has the following objectives**:** Environmental safety education, de□escalation techniques, identifying 'touch points' for safety, and alert strategies with accessible alternatives such as vibrations and tactile signaling. Self□advocacy skills for boundary setting and requesting help. Three to four beginner self□defense moves: hands□up ready stance, safe fist formation, wrist releases, and protective uses with a white cane as a tool.

Method:Laurie and McKenna teach with focused, hands-on communication for the movement training practiced in a supportive environment with emphasis on repetition, safe physical development, and body awareness and confidence. There is utilization of role□play and facilitated dialogue grounded in DeafBlind experiences and can be taught in English, ASL, and tactile communication supported with SSP facilitation.

Results: The results of the 101 Workshop are that participants will report on building a solid foundation of basic self-protective movement, use of a white cane as a tool for self-defense, self-advocacy skills in requesting help, and environmental safety techniques.

Conclusion: The 101 Workshop is adaptable to diverse cultural contexts and linguistically complex environments, contributing to the greater accessible safety training for DeafBlind communities through physical movement and lived experience.

Session 1B Workshop, Theme: Acessibility Outside, next to the conference center

Sara Smidt (ID 89)

Tactile Access to Art - a practical approach in Davos

The Kirchner Museum Davos displays works by the famous Expressionist Ernst Ludwig Kirchner at the very place where they were created. Right next to the Congress Centre hangs a relief by Kirchner, which is open to the public and can be touched. In 2028, an exhibition focusing on the senses will take place in the Kirchner Museum Davos. Among other things, a tactile relief is being created for this purpose, which is to be tested.

Aims, Methods and Implications: Kirchner's relief at the Congress Centre serves as an introduction to the town of Davos. Originally carved from wood as a door, it depicts a cattle drive to the alpine pastures. Now, in its bronze version, it can be explored by touch. At the top are mountains and the sun. Below, the cattle drive unfolds, featuring people and animals. Gradually, the typical Davos motif takes shape and details emerge, such as a horse, goats, a cart with milk churns and, of course, the farmers. The aim is to grasp the artwork and discuss it. We share our thoughts with one another. What does everyone notice? What else is needed for the motif to take shape in our mind's eye?

Main section: In a sensory exhibition in 2028, works from the collection are to be realised as tactile reliefs, In the workshop, a relief made from various materials (stone, fabric, glue reliefs, wood, ...) will be presented and tested. It depicts a Davos landscape as Kirchner perceived it when looking out from his house: mountains, trees, a river, paths, as well as his carved figures standing in the foreground by the fence. Which material is suitable for which association? Where is the motif successfully tactile, and where does it need reworking? Can a mood be conveyed?

The tactile relief is being developed with a blind person who, through another project (a scent book), is already familiar with Kirchner's works and the collection. The findings from the workshop will be incorporated into the planned exhibition.

Session 1C Workshop, Theme: Health and Wellbeing Room 2

Charlotte van de Molengraft (ID270)

Ageing with deafblindness: family dynamics, changing roles, and the ongoing process of empowerment

Living with Usher syndrome involves repeated phases of sensory loss throughout the life course. Ageing with deafblindness can involve further sensory decline, reduced energy, and increased dependence on others, leading to changes in identity, self-confidence, and family roles. In this phase, empowerment takes on a different meaning from earlier in life. While rebuilding self-confidence and finding ways to cope may occur across the lifespan, in later life these processes are more strongly shaped by a focus on the present and by changes in energy and capacity.
Aim: This workshop aims to deepen understanding of how empowerment changes as people with deafblindness age, and how this affects both the individual and their family. It also seeks to collaboratively identify what professionals need to better support these changing needs through a family-focused approach.
Methods: This interactive workshop is based on a dual presentation by a mother with Usher syndrome and her daughter. Using a life-course narrative perspective, we reflect on three key moments: diagnosis in early adulthood, a period of significant sensory loss at midlife, and again at age 77. We illustrate how empowerment shifts across these stages, for example, from a future-oriented focus in midlife to a focus on the present in later life, accompanied by reduced energy and greater reliance on others. We also reflect on the impact on the family, including changing roles and increased caregiving. Participants will be engaged through guided discussion and small-group reflection.
Results: This lived experience highlights the distinct challenges of aging with deafblindness, including existential questions, loss of self-confidence, and the need to renegotiate family roles. Empowerment is a dynamic process shaped by life stage and context. Support from peers, family members, and professionals who understand deafblindness is crucial, yet current support systems do not always adequately address these life-stage-specific and family-level dynamics.
Conclusion: This workshop invites participants to co-create ideas to improve support for people ageing with deafblindness and their families. Outcomes will include concrete directions for practice and future research, with a focus on strengthening family-focused approaches and embedding lived experience as a core component of support.

Session 1D Workshop. Theme: Communication Room 3

Elio Riggillo (ID 212)

Independence, Empowerment, and Autonomy Through Protactile Communication

Aim: This presentation shares my journey with language and how ProTactile supports full communication access. It aims to spread awareness about PT and support better understanding of communication methods used by Deafblind individuals.
Methods: This presentation is based on my lived experience and my work in the Deafblind community. I was born into a sighted and hearing family. At one year old, my parents learned I was Deaf, and my journey with language began. Later, I was diagnosed with Usher Syndrome Type 1 and identified as Deafblind. I learned SEE, ASL, TASL, PT, and Braille. I travelled to the U.S. for 4.5 years for formal PT training. I have also worked and advocated at the Canadian Helen Keller Centre and George Brown Polytechnic.
Results: My communication changed as my access changed. I moved from ASL, a language in air space, to PT, based in contact space. PT uses touch and gives more direct access to information. It supports clearer communication for Deafblind people. At the same time, Deafblind individuals are often required to learn many systems to find what works best. Barriers still include limited training, low awareness, and misunderstanding.
Conclusion: Spreading awareness and continued education about communication is important to empower Deafblind people to live with autonomy. ProTactile supports access, independence, and connection. We must continue to innovate, collaborate, and empower by increasing knowledge and access to tactile communication.

Session 1E Oral presentations. Theme: Advocacy Room 4

Israth Jahan Rupa, Sazzd Kabir (ID 32)

From Pilot to Policy: Translating a Community-Based Model into National Policy, Advocating Home-Based Education (HBE) for Children with Deafblindness, Severe & Multiple Disabilities in Bangladesh

Despite strong national and international commitments to “education for all,” an estimated 58% of children with disabilities in Bangladesh remain out of school, particularly those with deafblindness and severe and multiple disabilities. HBE has emerged as an effective preparatory and bridging approach, enabling these children to develop foundational skills and transition to mainstream education.
Aim: To demonstrate how a structured advocacy approach, grounded in field implementation, co-design, and multi-stakeholder engagement, enabled recognition of HBE as a viable pathway to inclusive education within national plan and policy processes.

Methods: Building on implementation experience of the Centre for Disability in Development (CDD), HBE delivery strategy guidelines were co-developed with technical partners (Sense International and Sense International India). The approach integrated: (1) field-level implementation with continuous learning documentation; (2) coordination with schools and sub-district education and social service officials; (3) evidence generation on enrolment, functional outcomes, and caregiver capacity; and (4) refinement through consultations. Validation workshops engaged children with disabilities, caregivers, HBE facilitators, OPDs, development partners, and key government bodies (DPE, NCTB, NCSE, DSS). Parallel sensitization of central-level policymakers strengthened ownership and alignment.
Results: HBE showed significant outcomes: 95% of participating children improved functional skills, and 85.85% of caregivers demonstrated increased knowledge, capacity and skills to support their children. Over half of enrolled children (135 of 232, August 2022–January 2026) transitioned to formal schooling. Teacher attitudes toward HBE improved, recognizing it as a complementary pathway to enrolment. The advocacy process built cross-sectoral consensus and positioned HBE as a cost-effective, scalable model. This led to verbal endorsement from the Directorate of Primary Education (DPE), and inclusion of the HBE guideline in the draft Primary Education Development Programme-V (PEDP 5) for replication.
Conclusion: Evidence-based, co-designed advocacy can translate grassroots innovation into policy uptake. HBE offers a practical and inclusive pathway for children furthest behind, particularly those with deafblindness and high support needs. Institutionalizing HBE within national systems can expand access, strengthen inclusive education, and operationalize the "leave no one behind" agenda.

Hellen Shakele, Humphrey Kandimba (ID 121)

Lived Experiences of Parents of Children with Deafblindness: The Zambian Societies Perspective

Cultural beliefs have a major role in the experience of disability in many African societies, and can sometimes lead to stigmatisation that deeply affects families. In low resource contexts such as Zambia parents of children with deafblindness encounter complicated social, emotional and systemic challenges to care, communication and schooling. But their views remain mostly absent from research and policy.
Aim and Methods: This study relates to SDG 10 and the topic of Innovation, Empowerment and Collaboration (IEC). It explores parental experiences in Zambia in terms of cultural factors, barriers to caring, support systems and coping strategies. A qualitative interpretive phenomenological technique was used to interview four parents purposefully sampled from different Zambian villages who were parenting children with deafblindness. A semi-structured interview guide was used. Key themes were revealed through thematic analysis.
Results: The findings show a significant level of isolation of parents due to cultural stigma and common misconceptions regarding deafblindness. High rates of carer burnout were typical. Key barriers included lack of specific communication skills, ongoing financial insecurity and lack of community or institutional support. Nevertheless, families showed amazing resilience in using informal local networks and their strong willingness to learn about adaptive techniques of communication. The findings provide an evidentiary framework for stakeholders to prioritise targeted funding for community-led support models and assistive communication technology, and to ensure investments into inclusive education are sustainable and culturally sensitive.
Conclusion: The study concludes that parental capability needs to be strengthened by customised, culturally attuned support systems to improve wellbeing for children with deafblindness. These findings will inform lobbying, lead inclusive education policy, and encourage cooperative, community-oriented models of care, moving forward national and international equitable commitments.

Meredith Prain, Mirko Baur, Karen Madho, Sachin Rizal, Sonja van de Molengraft (141))

The Interactional Rights Alliance and people with deafblindness

The International Communication Rights Alliance (ICRA) was established in 2019 following a call from the International Society for Augmentative and Alternative Communication (ISAAC) to develop a United Nations Convention on the Rights of Persons with Disability (UNCRPD) working group. The ICRA comprises individuals with communication difficulty, family members of people with communication difficulty, service providers, researchers and advocates. Deafblind International has several representatives from various regions of the world who sit on the ICRA committee.
Aim: The aim of the ICRA is to uphold the communication rights of people with communication disability, including those with deafblindness, using the UNCRPD.
The aims of this presentation are to raise awareness of the work of the ICRA and to support conference participants to use UNCRPD processes within their own country to advance and uphold the communication rights of people with deafblindness.

Methods: The ICRA has undertaken a variety of activities to achieve its aims including:
1) A review of concluding statements responding to reports submitted by countries who are signatories to the UNCRPD, 2) Presentations to the UNCRPD committee, 3) Member engagement sessions, and 4) Conference presentations
Results: A draft report of the review of UNCRPD concluding statements highlights a variety of areas which are currently inadequately addressed by the UNCRPD committee, which have been reported to the committee in presentations made to them. Member engagement sessions have included several deafblind specific presentations including on intervenor certification, and a deafblind communication device. Also of particular relevance to all stakeholders in the field of deafblindness was ICRA's member engagement session on how to contribute to the UNCRPD reporting process in your country.
Conclusion: Through use of the UNCRPD processes it is hoped that the communication rights of people with deafblindness internationally can be better advanced and upheld, and that by attending this presentation participants will be better informed and equipped with how to work with the CRPD processes in their own country.

Session 1F Oral presentations. Theme: Advocacy & Communication Room 5

Adam Graves (166)

Connections, Collaborations and Communities: The Keys to Opening the Doors to College for Congenitally DeafBlind Students

This presentation will focus on the results of a qualitative research study in which interviews with 5 congenitally DeafBlind College students were conducted to explore and explain the social and institutional barriers to college enrollment for congenitally DeafBlind students in the U.S. This research is based on the previous work of Shariff (2015) to establish the Critical DeafBlind Theory (CDBT) approach to analysis of the lived experiences of DeafBlind people and its theme of identifying instances of the centrality and intersectionality of people who are DeafBlind and vidaudism. Interviews were conducted with the students and one of their family members to help identify themes that describe the barriers to access and enrollment in U.S. college programs and how the students and their families address and break through those barriers. This study identified the following 6 themes describing the experiences of congenitally DeafBlind college students in the U.S.: 1. Support of Individual Educators, 2. Maintaining Relationships and Social Networks, 3. Development of Self-Determination, 4. Family Support, 5. Access and Accommodations Across Environments, and 6. Navigating Unsupportive Systems. This presentation will focus on describing the themes of Maintaining Relationships and Social Networks, Development of Self-Determination and Family Support. Specifically, the presenter will share quotations from the students and their family members that describe their encounters with vidaudism in the U.S. public school system and the social relationships, collaborations and networks within the Disability and DeafBlind communities that provided support in countering the impact of vidaudism in their preparation for college. Implications such as the need for further research on the quality of preparation programs for teachers working with DeafBlind students as well as advocacy for improvement, expansion and implementation of DeafBlind and Disability mentor programs that support congenitally DeafBlind youth will also be discussed.

Steve M Rose, Jamie Bennett (290)

The road to Inclusion: A parent–professional case study of advocacy, identification, and communication in congenital deafblindness.

Children with deafblindness frequently experience fragmented systems of identification, communication support, and educational provision. In Australia, inconsistent recognition of deafblindness, limited specialist expertise, and system complexity can result in delayed access to appropriate interventions and low expectations for developmental outcomes.
UNCRPD is not fully incorporated into Australian Law, medical model over human rights model, deafblind people are often left behind in government funding and access to what is required.
Aim: This co□presented case study explores how a parent–professional partnership enabled a young child with congenital deafblindness to access appropriate identification, communication, and inclusive education. It aims to identify key barriers and practical strategies that can inform more coordinated, rights□informed practice.
Methods: A qualitative case report, drawing on lived experience, reflective professional practice, and documentation of a two□year advocacy journey. The case traces system navigation across health, disability, and education sectors, including processes of securing deafblind identification, implementing tactile communication approaches, and coordinating multidisciplinary supports through a deafblind-specific lens.
Results: Key barriers included: (1) restricted access to deafblind identification due to systemic gatekeeping, (2) fragmented service provision lacking a holistic deafblind framework; (3) limited availability of appropriately trained professionals; and (4) the significant burden placed on parents to lead system navigation and advocacy.

Critical enablers included early introduction of tactile, co□constructed communication; alignment of supports through a specialist deafblind lens; and strategic advocacy approaches, such as mapping human rights to organisational policy frameworks and engaging decision□makers effectively. These changes resulted in increased communication engagement, establishing the first deafblind class in a mainstream school, participation in learning contexts, and enhanced quality of life.
Conclusion: This case demonstrates that access alone is insufficient without coordinated, deafblind□informed practice. Findings highlight the need for improved identification pathways, specialist workforce development, and systems that genuinely partner with families as experts. Practical advocacy strategies are offered to support practitioners, and families, to move from fragmented provision toward integrated, and communication□centred approaches.

Delia A Gongora (ID 306)

Post Degree in Deafblindness as a Bridge to Share Knowledge

Aim: This work presents the actions implemented by the University Teacher Training Program in Special Education at the National University of José C. Paz (UNPAZ) during the 2022–2027 period to support teacher training for the education of deafblind.
Results: UNPAZ decided to focus heavily on the education of deafblind and presented a postgraduate teacher training project in collaboration with the Higher Teacher Training Institute 112. This took the form of a Superior Diploma. In December 2022, the Provincial Higher Education approved the postgraduate program "Superior Diploma in Teaching Students with Deafblindness" with a workload of 632 hours over two consecutive cohorts starting in 2023. It awards a 3-point career bonus. First Cohort (2023–2025): began in August 2023, drawing inquiries nationwide and from neighboring countries. The program operates on a semester basis via synchronous remote classes on Friday evenings and Saturday mornings, supplemented by two in-person meetings per semester. Notably, for the first time in Argentine higher education, one of the professors leading the Argentine Sign Language (LSA) commissions is a deafblind individual. By the end of 2025, 26 students graduated, completing theses focused on local issues regarding education, rehabilitation, sports access, and recreation for deafblind individuals. In April 2026, the second cohort commenced with 36 students from various pedagogical backgrounds and regions, notably including three deafblind students.
Conclusion: The inclusion of a deafblind professor in the first cohort and deafblind students in the second cohort has driven the university team into a continuous learning process to guarantee accessible content in both in-person and virtual formats—a milestone unprecedented in Argentina. It demands constant collaboration between professors, deafblind leaders, and Argentine Sign Language interpreters to co-create classes. This represents a unique opportunity for knowledge generation with the direct participation of the deafblind community, fostering a local perspective that enriches the field from a Latin American standpoint. What began as an initiative for ongoing teacher training has transformed into a bridge toward collaborative research and the co-creation of knowledge alongside and with deafblind individuals.

Session 1G Oral presentations. Theme: Communication Room 6

Andrea Wanka, Amadea Hofstötter (ID 33)

From Unseen to Recognized: Early Identification of Deafblindness as a Problem of Professional Perception – Insights from the SinnVoll Lernen Project ("learning through and with the senses")

Children and adolescents with deafblindness remain widely under-identified within educational systems, particularly in the presence of additional disabilities. This gap is commonly attributed to limited diagnostic tools or fragmented services. This contribution argues that the problem is more fundamental: early identification is constrained by the conditions of professional perception itself.
Aim: The research and development project *SinnVoll Lernen* ("learning through and with the senses", 2026–2029), based at the University of Education Heidelberg, addresses this challenge in the context of special schools across Germany (e.g., intellectual and physical development). It combines large-scale functional screening with the systematic qualification of educational professionals. The project pursues two interrelated aims: (1) to generate empirically grounded estimates of the prevalence of deafblindness and combined sensory impairments within these settings, and (2) to evaluate and further develop the screening instrument IKI-TAU (Identification of Children, Adolescents, and Adults with Deafblindness) with regard to its sensitivity, specificity, and practical applicability.
Methods: Methodologically, the study follows a multi-phase, practice-based design. Professionals from cooperating institutions are trained in deafblindness-specific perception and especially in the application of IKI-TAU. Screenings are then conducted within their institutions.
Results: Results that indicate possible deafblindness lead to referral for specialized diagnostics and, if confirmed, to appropriate support and intervention. Beyond prevalence data, the project generates qualitative insights into how professionals perceive, interpret, and act upon subtle sensory indicators. Particular attention is given to phenomena such as delayed responses, atypical patterns of attention and orientation, and bodily-tactile forms of expression - features that are frequently misinterpreted within existing diagnostic

frameworks. Conceptually, early identification is reframed as a situated process of perception and interpretation. Drawing on dialogical and embodied approaches, the project treats professional perception not merely as a prerequisite, but as an object of inquiry.
Conclusion: By linking screening, professional learning, and system-level data generation, the project contributes to a more coherent approach to early identification. It highlights that accessibility is not an additional support, but a constitutive condition for perceiving and recognizing deafblindness in the first place.

Uwe Zelle (ID 232)

HapticSigns – Development and Dissemination of Haptic Signs for Deafblind People in Germany

Haptic signs provide deafblind people with access to information about people, situations, and their surroundings. Although they have been used in practice for many years, there has been no systematic collection and documentation of haptic signs in German-speaking countries.
Aim: The HapticSigns project aims to collect, standardize, and make haptic signs accessible to a wider audience. In addition, the project seeks to develop training opportunities that promote the sustainable use of haptic signs.
Methods: The project was launched in 2018 at the Center for Sign Language and Gesture (SignGes) at RWTH Aachen University and is funded by the Ministry of Labour, Health and Social Affairs of North Rhine-Westphalia (MAGS) and the Foundation taubblind leben. Data were collected in collaboration with deafblind people from across Germany through interviews, online surveys, and face-to-face meetings. The collected signs were analyzed, compared, and discussed with deafblind experts. The aim was to reduce different variants to a single standardized form wherever possible. The results are documented in a digital lexicon available at https://hapticbodysigns.de.
Results: The lexicon currently contains more than 400 haptic signs. Standardization facilitates both learning and practical use in a variety of settings. Since 2025, seven deafblind multipliers from different regions of Germany have been trained to share their knowledge through seminars for interpreters, intervenors, family members, and professionals working with deafblind people. In parallel, a training curriculum for future instructors is being developed.
Conclusion: The HapticSigns project makes an important contribution to the advancement of communication for deafblind people in Germany. The combination of a lexicon, multiplier training, and an educational curriculum provides a foundation for the sustainable dissemination of haptic signs. Future developments will focus particularly on the needs of deafblind older adults and deafblind children.

Bernadette van den Tillaart (315)

The early social impact of bodily-tactile obstacles and empowerment on the identity, attachment and development of deafblind infants and their family members.

Every infant initially relies heavily on their bodily-tactile sense in contact with their environment. Infants who are born with combined vision and hearing loss, caused by ocular/ear anomalies and/or CVI/CAPD, even more so. The use of the bodily-tactile modality often feels natural for most family members and tactile developmental milestones arise. Yet, across cases, the author's observations indicated that reciprocal interactions and the infant's explorations gradually started to stumble, with both the infant and their family members experiencing increasing stress.
Aim: The author aimed to explore if and why the relationship between the deafblind infant and their family members tended to change. From this understanding, the author aspired to investigate which interventions could be effective in empowering family members to restore bodily-tactile reciprocal relationships as well as communicative and cognitive developmental milestones.
Methods: The author gathered and analyzed data from multiple cases. These data included dynamic assessment results, video-analysis records, intervention evaluations and coaching conversations with the caregivers. She triangulated these data with theoretical, developmental and intervention models.
Results: Often, the deafblind infant and their family members experienced a blockade in their bonding and in the child's development, escalating around 18 months of age. When typical infants increasingly use vision and hearing, near and distant, the deafblind infant's continued need for bodily-tactile access and communication often seemed incompatible with the personal and cultural expectations of the hearing-sighted, blind or deaf family members. This created attachment obstacles leading to stress and insecurity in both the child and their interaction partners. Gradually and consequently, this negatively impacted the infant's development, regardless of the cognitive potential. This innovative finding led to reflections on identity as well as effective interventions.
Conclusion: Deafblind infants and their family members may experience a blockade in their relationship and development due to a mismatch in bodily-tactile access, experience, identity and expectations. Interventions and coaching

strategies to bridge this obstacle, deafblind-specific, cultural and empowering, will be discussed. The findings may be applicable to congenitally deafblind older children and adults who may have experienced a similar blockade (earlier) in their life.

Session 1H Oral presentations. Theme: Health & Well-being Room 7

Moira E Durnsmore, Julie Schneider, Annmaree Watharow, Diana Tang, Brendan McCormack (ID 220)

Addressing social and relational dimensions of care for older adults with dual sensory impairment (DSI): A Conscious Caring approach

Dual Sensory Impairment is a growing yet under-recognised and under-reported issue in ageing populations globally. It significantly impacts communication, social participation and wellbeing, with limited services and supports available to strengthen social health in this group.

Aim: This study aims to address the social and relational care needs of older adults living with dual sensory impairment (DSI) and their family carers (FCs) through the implementation of a support intervention guided by the Conscious Caring framework.

Methods: A Participatory Action Research design was employed in a two-phase study. Phase 1 involved co-design working groups with diverse stakeholders to develop consensus on a support intervention informed by the Conscious Caring framework. Data were collected through flexible workshop formats, transcribed verbatim and analysed using inductive and deductive thematic analysis. Phase 2 (intervention) drew on these findings to identify critical considerations required for successful implementation of a support intervention for older adults with DSI and their family carer.

Results: Phase 1 identified three key themes (i) *Heterogeneity of DSI*, (ii) *Building carer identity* (iii) *Creating community* which extended the four domains of the Conscious Caring framework. This presentation will report on the findings from Phase 2 implementation which was a series of workshops guided by the Conscious Caring framework.

Conclusion: Findings from Phase 1 and Phase 2 demonstrate the importance of addressing social and relational dimensions of care for older adults with DSI. A Conscious Caring approach provides a framework for a support intervention (Phase 2) that enhances social capital, supports carers, and fosters meaningful community connections.

Annie Johnson (ID 88)

Communication at the Intersection of Deafblindness and Migration: Bridging Gaps in Specialist Health Services

What happens to communication when language, vision, and hearing are simultaneously reduced—while a person is rebuilding life in a new country? This presentation explores communication as a critical determinant of access, participation, and quality of care in specialist health services for individuals with combined sensory loss and migration backgrounds. Drawing on anonymised and composite clinical experience from deafblindness and habilitation services, the session examines how communication challenges unfold across complex care pathways involving municipal services and specialised medical fields such as ophthalmology, genetic assessment, and hearing rehabilitation. From the perspective of a clinical advisor in specialist services for deafblindness, with a professional background in social care and systemic family therapy, the presentation conceptualises communication as more than linguistic exchange. Communication is understood as a relational, contextual, and collaborative process shaped by trust, pacing, coordination, and shared understanding across professional, cultural, and organisational boundaries. A central argument is that limited knowledge of deafblindness within general healthcare settings can significantly restrict access to information, informed consent, and meaningful involvement in decision-making.

Aligned with the conference theme *Innovate, Empower and Collaborate (IEC)*, the presentation positions communication as both a barrier and a lever for empowerment. Through focused, practice-based examples, it illustrates how communication must be continuously adapted and co-constructed through interpreter-mediated interactions, stepwise engagement, and targeted cross-sector collaboration. Particular attention is given to the advisor's role in bridging gaps between patients and systems, and between specialised deafblindness competence and other health services.

The aims of the session are to: (1) increase awareness of the complexity of communication in deafblindness within multidisciplinary and multicultural contexts; (2) demonstrate the importance of specialised competence in improving access, understanding, and participation; and (3) share transferable, practice-informed strategies to strengthen collaboration and service delivery in complex care pathways.

The proposed 15-minute oral presentation format supports a focused, case-informed analysis with clear implications for clinical practice. The contribution addresses a documented need for improved communication competence and coordination in services for individuals with combined sensory loss, particularly in migration contexts.This presentation is based on anonymised and ethically adapted clinical experience, in accordance with confidentiality standards.

Sonja van de Molengraft, Eline Heppe, Saskia Damen, Alexander Minnaert (ID 261)

Supporting families of children with Usher syndrome: A family-focused psychoeducation and a professional training program.

Advances in genetic testing have enabled earlier diagnosis of Usher Syndrome, particularly in Western countries, with most children being diagnosed in infancy or early childhood. Receiving such a diagnosis may confront parents with uncertainty, concerns about the future, and emotional challenges. These experiences can affect parents' sense of autonomy, competence, and relatedness. Despite these challenges, support programs specifically tailored to the support needs of families of children with Usher syndrome remain scarce.

Aim: This study aimed to develop and evaluate two programs: (1) a family-focused psychoeducation program for families of children (0–18 years) with Usher syndrome, and (2) a training program for care professionals who provide this psychoeducation program.

Methods: Both programs were developed through a co-creative process involving four experts-by-experience (parents and individuals with Usher syndrome), four care professionals, and four researchers. Additionally, eight families and eleven care professionals participated in the study and provided feedback to refine the content and structure of both programs.

The psychoeducation program comprises eight structured sessions, supported by a practical manual. The training program for care professionals includes three e-learning modules and a four-hour in-class session. Both programs were evaluated using a multiple-case experimental design, combining repeated measurements with qualitative feedback to explore their relevance, feasibility, and perceived effectiveness. The evaluation focused on how families and care professionals experienced the programs and how these supported daily life and professional practice.

Results: The presentation will provide an overview of both programs, including their content and structure. In addition, findings will be shared on how families and care professionals experienced the programs. Findings on the relevance, feasibility, and (perceived) effectiveness of the programs will provide a better understanding of how each program functions in practice.

Conclusion: This study contributes to the limited body of knowledge on support for families of children with Usher syndrome. By integrating theory, co-creation, and feedback from families and care professionals, the study demonstrates how family-focused programs can be developed to better address the needs of both families and care professionals.

Session 1I Research shorts. Global Education Campaign — Plenary Hall

Introduction to the Global Education Campaign by Mirko Baur, President Deafblind International, and his attending colleagues in the campaign leadership team

First Global Education Campaign Research Shorts (full details will follow later)

12:00 PM – 1:30 PM	**LUNCH BREAK**	Plenary Hall Floor
	Exhibits & Poster Viewing of the Day	Main Entrance Floor

POSTERS OF THE DAY (25)

POSTER 1.1 - *(ID 37) Jenny Widmark, Elina Mäki- Torkko, Milijana Malmberg, Sarah Granberg, Sweden*

Digital participation among persons with deafblindness- A qualitative study

POSTER 1.2 - *(ID 68) Thanh Tøgard*, *Kari Jorkstad, Norway*

Relaunching of Haptics: Pocket Edition – A Global App for Social Haptic Communication

POSTER 1.3 - *(ID 69) Astrid Borck, Germany; Jenny Widmark, Sweden; Anke Henning-Schumann, Germany; Trees Schrauwen-van Nunen, The Netherlands; Patrizia Ceccarani, Italy*

Thinking outside the box in the box: Not testable is no option! Building European bridges and use synergetic effects to find and explore new and different ways in hearing assessment for people with deafblindness.

POSTER 1.4 - *(ID 70) Paula Lanz, Germany*

Bodily-tactile mediation of cognitive and social-cognitive strategies using the TWMS

POSTER 1.5 - *(ID 76) Tanja Renz, Anja Reichhoff, Germany*
Multiplier Training Deafblindness, Stiftung Nikolauspflege (Stuttgart, Germany): A Project to develop professional competencies in supporting individuals with deafblindness, particularly in early childhood and school settings

POSTER 1.6 - *(ID 80) Simone Leuenberger, Andrea Bonzon, Leda Béguin, Mäde Müller, Switzerland*
Access to Sport and Communication in Sport

POSTER 1.7 - *(ID 83) Kim-Fu Lim, United States of America*
Edge-AI Enabling 2-Way Communication on a Low-Cost Raspberry Pi 5 for DeafBlind Education

POSTER 1.8 - *(ID 87) Yves Bordenave, Emmanuelle Fillonneau, Mewen Goasduff, Jerome Guillet. France*
An introduction to the dactylology of french sign language in 3D, called « Dactylo3D »

POSTER 1.9 - *(ID 116) Grzegorz Kozlowski, Anna Nawrot, Agnieszka Kozlowska, Poland*
Handmade Autonomy: The Resilience and Revival of the Polish Tactile Alphabet

POSTER 1.10 - *(ID 129) Jette Hunsperger, Switzerland*
Developing ideas for collaboration between higher education institutions and the professional world

POSTER 1.11 - *(ID 131) Christine Oskamp-Maas, The Netherlands*
The JAM (Just A Moment): an instrument for tactilely experiencing the start, duration and ending of a waiting moment.

POSTER 1.12 - *(ID 135) Lisa Thompson, Caitlin Donaldson, Lacey Vizvary, Amy Lawson, Canada*
Bodies and Relationships: Co-Creating Access Within the Deafblind Community

POSTER 1.13 - *(ID 170) Antonus Roelofs, Marlijn Langedijk, Annette Bootsma, Jitske Uijterwijk, The Netherland*
When hearing can no longer significantly compensate vision loss: Classifying deafblindness through reduced sensory compensation

POSTER 1.14 - *(ID 175) Tora Tollefsen, Leikny Gulsett-Ødegård, Norway*
Rethinking communication and interaction in therapeutic encounters: Accessible services for individuals with deafblindness by moving from vision-based to individualized sensory-oriented practices

POSTER 1.15 - *(ID 177) Kerstin Trester-Betka, Andrea Dettmer, Germany*
Establishing an internal expert group to intensively address challenging psychological and emotional situations in adults with congenital deafblindness.

POSTER 1.16 - *(ID 182) Daniel Prause, Norway; Melissa Glomb, Germany*
Motivation matters: Strengthening staff engagement and long-term commitment in deafblind services through inclusive and transnational learning

POSTER 1.17 - *(ID 187) Petra Rezar, Slovenia*
TRACE OF TOUCH: Development of a Manual and Professional Guidelines for Children with Deafblindness in Education

POSTER 1.18 - *(ID 193) Peter Simcock, Tracey Bone, United Kingdom, Canada*
The use of 'Cash for Care' schemes by Deaf and Deafblind Sign Language Users: a Comparative Scoping Review of Services in the UK and Canada

POSTER 1.19 - *(ID 204) Lisa van der Mark, The Netherlands*
Experiencing and Navigating Academia: Perspectives of Deafblind Researchers

POSTER 1.20 - ***(IS 225)*** *Ajitha Rajakantham, United Kingdom*
Smart Step : A Low Cost Smart Cane

POSTER 1.21 - ***(ID 238)*** *Marga Leefkens, Esther Keller, Patricia van der Bijl, Anne Schoone,The Netherlands*
"Building the Pyramid": Understanding Learning and Development in CHARGE Syndrome

POSTER 1.22 - *(ID 240) Lisa Monen, Esther Keller, Marike Dijkhuizen, The Netherlands*
My Tactile Way: Expanding tactile communication through the feet.

POSTER 1.23 - *(ID 251) Klaske de Greeuw, Wanda Frederiks, Mijkje Worm, Maaike Cornelisse, Ingrid van Heel, Linda van Oevelen, Lisanne Coppens, Erika van Beerens-Dijk, The Netherlands*
From Shared Expertise to Joint Training: Developing a National Hand under Hand Training Program in the Netherlands

POSTER 1.24 - *(ID 259) Tshimanga Ariel Ndomba, Canada; Shirley Dumassais, Canada; Dinesh Venugopal, United States of America; Arathy Kartha, United States of America; Walter Wittich, Canada*
Multisensory integration in older adults with deafblindness: A pilot study using virtual reality

POSTER 1.25 - *(ID 262) Sara Kiener, Muriel Blommaert, Joachim Schmid, Mirko Baur, Francoise Gay-Truffer, Switzerland*
Raising Awareness of Deafblindness in Switzerland: A Collaborative National Initiative

1:30 PM – 3:00 PM **Concurrent Sessions 2** Both Floors

Session 2A Research Shorts. Global Education Campaign Plenary Hall
More Global Education Campaign Research Shorts (full details will follow later)

Session 2B Workshop. Theme: Advocacy Room 1
Lilias M. Liston (ID 281)
A Mother's Exploration of the Interplay between Lived Experience and Lived Knowledge, While Valuing Both, and How They Can Come Together to Result in The Best Possible Support for People with Congenital deafblindness in Every Aspect of their Lives
This research emerges from a mother's lived experience having repeatedly faced tensions between her lived experience and the "knowledge" brought by professionals, often to the detriment of her son's care.
Aim: To explore the concepts of lived knowledge and lived experience, the interplay between them, and the value of both in the lives of people living with congenital deafblindness.
Approaches: The presenter will define what is meant by lived knowledge and lived experience. She will examine where and how we gain knowledge, and who is perceived to hold knowledge. She will examine what is meant by lived experience and how lived experience is gained as well as differences and similarities in the lived experience and lived knowledge of people with congenital deafblindness, their families, and the professionals who support them.

The interplay between lived experience and lived knowledge will be explored in terms of both the tensions between them and the way they can complement each other. The status of lived experience versus lived knowledge will be examined while looking at the value of both and asking how lived knowledge and lived experience can be brought together successfully in order that children and adults living with congenital deafblindness can receive the best support in every aspect of their lives.
The presenter will draw on her lived experience as mother of a young man living with congenital deafblindness as well as on her personal, procedural and conceptual knowledge. The presentation will include references to literature and research as well as her personal experiences in supporting her son both in childhood and adulthood.
Results: That Lived Knowledge and Lived Experience both have value and that they must play equally significant roles if people with deafblindness are to be supported in the best ways possible in every aspect of their lives.
Implications: Empowerment of families to advocate more effectively for their relatives in the face of tensions between the stated knowledge of professionals and their own lived experience. Change to professional attitudes and practice in relation to the lived experience of families leading to positive collaboration between families and professionals.

Session 2C workshop, Theme: Accessibility Room 2

***Elizabeth A Foster** (ID 285)*

Adapted Physical Activity for Those with Deafblindness: Strategies and Barriers

Deafblindness is a combined vision and hearing impairment that creates unique and compounded challenges for participation in physical activity. Despite the well-documented benefits of adapted physical activity (APA) for individuals with disabilities, those with deafblindness remain among the least studied and most underserved populations in sport and exercise science. Current APA literature largely focuses on single sensory impairments — creating a critical knowledge gap for dual-sensory loss populations. Communication barriers, attitudinal biases among practitioners, and infrastructural and instructional limitations on accessibility further compound exclusion from physical activity settings.
Aim: The presentation aims to identify and evaluate existing APA strategies employed with individuals with deafblindness across community, clinical, and competitive physical activity settings. Examine structural, communicative, attitudinal, and environmental barriers that impede meaningful participation in physical activity for this population. Synthesize evidence-informed recommendations to guide practitioners, policymakers, and educators in developing accessible APA programming.
Approach: Strategies and barriers will be shared through providing examples of lived experiences of individuals with deafblindness. Furthermore, previous research will be used to provide discussion of various strategies and barriers with the anticipation of audience interaction to further expand the primary objectives of APA for individuals with deafblindness and additional strategies and barriers that exist to further brainstorm on mitigations to increase access to APA for individuals with deafblindness.
Findings and Implications: Strategies presented will include environmental modifications, one on one support to facilitate sensory input, co-active movement, and technology integrations. Also barriers such as attitudinal low expectations will be challenged through presuming competence while also exploring the communicative, environmental and systemic barriers encountered by individuals with deafblindness that impact their participation, access, and benefits of adapted physical activities. This presentation will allow dynamic discussions to occur with attendees with the outcome to gather additional strategies and barriers to further inform the Adapted Physical Activity Network of its priorities and objectives for the next upcoming year to engage members from across the world.

Session 2D Workshop. Theme: Communication Room 3

Petra Hagen-Geerts, Stephanie vd Burght, Ine v.Santvoort, Mariëtte Bröker (ID 279)

Playing with the Senses. A lendable Tactile Playful Toolkit for Parents to Stimulate the Tactile Development of their Deafblind Child.

We are a team from Kentalis in the Netherlands. We specialize in the early intervention 'de Triangel' for deafblind children. We meet parents at home and the early intervention center. Parents ask us for advice on how they can enhance communication and play with their deafblind child. Playing in a tactile manner is an important part of daily life for deafblind children. Playing contributes to personal development and to relaxation and entertainment. It offers opportunities to learn and develop, for example at cognitive level and in social interaction. Playing is not obvious for children with a visual and hearing impairment.

This has evolved into the creation of a documented, visualized and lendable tactile toolkit for parents. The toolkit aims to equip families of children with Deafblindness to fulfil their child's needs in contact and play and many more. The toolkit we developed focuses on stimulating interaction and tactile communication by using daily objects and toys. Each kit contains examples of tactile and sensory objects, a series of documents with pictures, and a set of elements enabling families to make their own toolkit.
In this workshop, participants will learn about the lendable tactile toolkit we developed and experience it first-hand. They will be invited to experiment and explore with the toolkit.

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Session 2E Oral Presentations. Theme: Advocacy Room 4

Sunil Abbas (ID 338)

Deafblind Leadership and Community Empowerment in India – The Journey of SEDB

My name is Lion Sunil Abbas, and I am a deafblind leader and the General Secretary of the Society for the Empowerment of the Deafblind (SEDB), India. Through this presentation, I would like to share my lived experience and the journey of empowering deafblind persons in India through community leadership, advocacy, and inclusive participation.
SEDB is a deafblind-led organization working to support persons with deafblindness in areas such as education, employment, women's empowerment, leadership development, sports, cultural activities, and accessibility. Many deafblind individuals in India continue to face barriers in communication, independent living, education, and equal opportunities. Despite these challenges, our community is becoming stronger through mutual support and collective action.
This presentation will highlight how deafblind persons can become leaders and active members of society when given equal opportunities, accessible communication, and community support. I will also share experiences from SEDB's advocacy efforts for separate recognition of deafblindness and greater inclusion within government policies and disability rights frameworks in India.
The presentation aims to encourage international collaboration and exchange of ideas among deafblind persons, families, professionals, and organizations worldwide. Together, we can build a more inclusive and accessible future for all persons with deafblindness.

Walter Wittich (ID 49)

Advancing Disability Health Equity: The Role of Deafblind International in Global Monitoring, Indicators, and Awareness

The global movement toward disability health equity has gained momentum with the launch of the World Health Organization's Disability Health Equity Initiative in 2025. With over 1.3 billion persons with disabilities worldwide, persistent inequities remain a critical concern. Addressing these inequities requires meaningful indicators, and inclusive monitoring frameworks. However, persons with deafblindness are often underrepresented or invisible in global datasets, posing significant challenges for equitable policy and service development. Deafblind International (DbI), as a member of this global initiative, contributes to addressing these gaps through its engagement in Working Group 4, which focuses on indicators, evidence generation, and monitoring systems.
Aim: This presentation aims to outline the role of Deafblind International within the WHO Disability Health Equity Initiative, with a specific focus on contributions to the development of global indicators, evidence systems, and awareness strategies to ensure the inclusion of persons with deafblindness in health equity efforts.
Methods: The presentation will describe the structure and mandate of Working Group 4, including its focus on establishing robust indicators, defining global targets, and supporting systems for continuous monitoring of progress. It will highlight DbI's contributions to these efforts, including the identification of gaps in existing data systems related to deafblindness, and the integration of lived experience and interdisciplinary expertise. Additionally, the role of the Awareness sub-committee will be discussed.
Findings: Preliminary contributions from DbI highlight significant challenges in capturing deafblindness within existing health and administrative datasets, including issues related to definitional ambiguity, underreporting, and inconsistent data collection practices. Efforts within Working Group 4 emphasize the need for inclusive indicators, disaggregated data, and participatory approaches to evidence generation. Awareness-building has emerged as a critical cross-cutting strategy to support accurate data collection and policy recognition.
Conclusion: Ensuring that persons with deafblindness are included in global health equity initiatives requires intentional efforts in indicator development, data systems, and awareness. DbI's role within the WHO initiative demonstrates how specialized organizations can contribute to more inclusive and equitable global monitoring frameworks. Strengthening visibility through data and awareness is essential to advancing health equity for persons with deafblindness worldwide.

Meredith Prain, Leda Kamenopoulou, Natasha Layton, Diane Bell, Erica Kanzato (ID 291)

Assistive technology for people with deafblindness in Southern Africa and Kenya

Assistive technology can optimize functioning and reduce the experience of disability. Assistive technology (AT) means aids and equipment as well as human support to set up and learn how to use AT effectively. AT is a highly effective intervention to address the capability gap for people living with deafblindness yet global access is limited.
Aim: This presentation reports on a series of projects which aimed to a) explore AT for deafblindness broadly in Africa, b) illuminate differences in AT provision experiences in two different global regional contexts (Australia and Africa), and c) describe experiences of Kenyan adults with deafblindness specifically, and d) synthesise data from a series of studies funded in part by Deafblind International using the My Assistive Technology Outcomes Framework (MyATOF).
Method: The My Assistive Technology Outcomes Framework (MyATOF) is a set of tools developed with and for people with disability in Australia. A Delphi study examined the relevance of the tools for use with people with deafblindness in a context less well resourced than Australia, namely the South African Development Community. A further study extended the work of this earlier research by exploring use of the MyATOF with people with deafblindness in Kenya.
Results/Findings: The dimensions of support, rights, costs, outcomes and service provision were found to resonate with deafblind stakeholders internationally. A broad range of assistive products are used by people with deafblindness, alongside a significant reliance on human support. Systematic exploration using MyATOF domains revealed difficulties in accessing and navigating AT systems and a need for service, policy, and right-enactment improvements. The MyATOF shows promise in supporting and guiding participants to better articulate their AT needs in order to advocate for themselves.
Conclusion/Implications: The study underscores the importance of tailored policies, interventions and enhanced AT ecosystems to support individuals with deafblindness in less-resourced settings. The MyATOF shows promise as a set of tools to support individuals with deafblindness to identify and articulate their AT and human support needs

Session 2F Oral Presentations. Theme: Communication Room 5

Jeremie Segouat (ID 109)

Collaborative Research on Information and Communication Tools for People with Deafblindness

There are currently very few studies focusing on the communication tools used by people who are Deafblind and those around them. In France, only one sociological study (Marlin, 2021) demonstrates the extent to which deafblindness is synonymous with diversity in communication patterns, with situations that continue to evolve and require adaptations from both the individual and those around them. Access to information and communication depends in particular on the availability of communication tools and proficiency in using them, training opportunities, support from caregivers, and the commitment of family members and friends to facilitating communication.
Research questions: What are the technological tools for communication and access to information used by people with deafblindness? How do they use—or not use—these tools? What types of training have they received? How can we provide the information needed to make better use of these tools?
Methods: To answer these questions, we are currently conducting (October 2025 to October 2027) the InfoComPSA applied research project in France, in partnership between the CLLE laboratory and the La Passerelle Surdicécité association, funded by FIRAH. The core of this project is based on a co-construction approach with Deafblind individuals who use various communication methods and are involved at every stage of the research: co-design of data collection tools (questionnaires and interviews), co-conducting of interviews, co-analysis of data, co-drafting and co-dissemination of results. We are currently finalizing the co-design of the questionnaire: proposed questions are prepared in advance and then discussed collectively during working group meetings to validate both the content and the wording.
Beyond the results, one of the main challenges is to establish collaborative methods that enable the effective participation of Deafblind individuals throughout the research process. This involves making the research processes and objectives accessible and understandable, but also continuously adapting communication methods, materials, and the organization of collective work to enable genuine exchanges and respect the perspectives of people who are Deafblind.
Conclusion: We would like to present the results of this unique and innovative project, as well as the entire collaborative process, which will be in the final stages of completion at the time of the conference.

Dominique Spriet (ID 222)

Follow up of "My Life Course Notebook, my shared memory" MLCN

We would like to share with DBI conference's participants a follow up My life Course Notebook my Shared Memory presented in 2023 in a poster session in Ottawa: how it has been growing and develop during the last years in the context of the national recommendations on Augmentative, Alternative Communication AAC in France A variety of experiences, uses and response to different needs: The way the notebook is structured allows the owner to engage him or herself in letting his/her interlocutor to know

who he/she is, how he/she enters in relation and communicate, what he/she like and dislike, his/her strength and weakness. It is very useful in situations such as changes in life (school, home, hospital, holidays, moments spent with friends) particularly when the person must make important choices. The notebook is a support for longer conversation. It isn't the proper AAC tool for immediate demands or information; The monthly Visio Meetings with users lead us to develop new pages to solve some questions and point brought up for example personal sign booklet and personal dictionary, agendas, short books to narrate How do we communicate about MLCN: Presentation, workshops, seminars, conferences webinars and ambassadors Page on a website with presentation of the notebook, possibility to collect the prototypes and steps-by-steps notices. Working with people using other types of support has enabled the possibility to develop MLCN on other support than the initial Clicker Users: Many people with major oral communication disorders can be owners of a notebook, some realise it with some help. In the situation of CDB people, their contribution will depend on their visual's capacities, so it is often realised by family or professionals. Early March 2026, we had 203 demands of prototypes.

Magnhild Roed Michalsen (ID 188)

Social-Haptic Communication for Joint Attention and Empowerment: Collaborative Practices in Interpreter-Mediated Deafblind Interaction

Human interaction relies on a range of multimodal resources that participants use to accomplish their goals (Mondada, 2014; Mondada, 2016). For people with combined vision and hearing loss, access to communication includes using tactile and embodied resources. In Norway, social-haptic communication is widely used in the deafblind society. These tactile, embodied signals, known as haptices, provide access to for example feedback signals, turn-taking cues and emotional reactions (Lahtinen, 2008, Raanes & Berge, 2017). Because haptices are highly situated, their interpretation depends on shared context and close cooperation between participants, which is essential for empowerment and meaningful participation (Berge & Raanes, 2012; Raanes & Berge, 2017; Raanes & Berge, 2021). This study contributes to current research by examining how haptices are used in situ in combination with other communicative resources to achieve joint attention.

Aim: To investigate how deafblind participants, instructors and interpreters collaboratively negotiate and achieve joint attention by using haptices in combination with other communicative resources.

Methods: The study draws on 30 hours of naturalistic video data collected in Norway in 2025. The recordings capture naturally occurring interactions in interpreter-mediated training courses. The interactions include spoken Norwegian, Norwegian Sign Language, and Norwegian Tactile Sign Language, haptices, gesture, and embodied action. The analysis follows a multimodal interactional approach (Broth & Keevallik, 2020; Due, 2017, Mondada, 2016) grounded in ethnomethodology and conversation analysis. Ethical approval was obtained, and the study is conducted in collaboration with deafblind participants, interpreters, and training providers.

Results: Preliminary findings show that haptices are used in finely coordinated patterns, where timing and collaboration among all participants are essential for ensuring everyone's access to the interaction. The presentation will demonstrate how haptices support joint attention, which means participants focus on the same activity at the same time, and how this contributes to empowerment and participation in the interaction.

Conclusion: This study shows how haptices, in combination with other communicative resources, can be used in situ to achieve joint attention and support participant empowerment in interpreter-mediated interaction. The findings highlight deafblind communicative expertise and offer practical insights for training, interpreter education, and inclusive design.

Session 2G Oral presentations. Theme: Health and Well-being Room 6

Esther Veenman, Ellen Elsman, Ton Roelofs, Annette Bootsma, Ruth van Nispen (ID 61)

PROMs assessing daily life challenges in people with dual sensory loss: a systematic review

People with dual sensory loss (DSL) cannot rely on sensory compensation in the way individuals with a single sensory impairment can, which leads to various daily life challenges. In clinical practice and research, it is important to assess these challenges appropriately, for example by using Patient-Reported Outcome Measures (PROMs). The aim of this systematic review was to identify PROMs that can be used to assess the impact of DSL on daily life. Furthermore, the psychometric quality of the identified PROMs was evaluated.

Methods: A search was conducted across four scientific databases to identify PROMs assessing the impact of vision and/or hearing loss on access to information, mobility, audiovisual communication, or fatigue. Studies in which PROM development was described or psychometric properties were investigated were included. The COSMIN guideline for systematic reviews was used to evaluate measurement properties such as content validity, structural validity and internal consistency of the included PROMs.

Results: The literature search resulted in 12,102 references, of which 29 were included. Eight relevant PROMs or subscales of PROMs (two for each domain of interest) were identified. None of these PROMs/subscales were specifically developed for people

with DSL. All components of content validity were sufficient for the Independent Mobility Questionnaire (IMQ) and three Dutch Activity Inventory (D-AI) subscales assessing access to information. Structural validity was sufficient for the 'Watching TV' and 'Feeling fit' subscales of the D-AI and the Mobility-Related Quality-of-Life measure (MRQoL). Internal consistency was rated as sufficient only for the 'Watching TV' and 'Feeling fit' subscales of the D-AI. However, certainty of evidence was predominantly low to very low.
Conclusion: This study provides an overview of PROMs relevant for assessing the impact of DSL on access to information, mobility, audiovisual communication, or fatigue. However, no PROMs specifically designed for DSL were identified. Also, there were no PROMs/subscales with sufficient ratings on all measurement properties. Future research should focus on increasing the quality of existing PROMs and/or the development of PROMs that are specific for people with DSL.

Sachin Rizal, Richa Buthani (ID 239)

Impact of Sports on Holistic Health and Wellbeing of Persons with Deafblindness (PwDb) and Multiple Disabilities (MD)

Sports and recreation are recognised as fundamental rights under Article 30.5 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[i]. However, PwDb/ MD often have limited access to structured sports opportunities due to communication barriers, lack of trained professionals, and limited adaptive sports initiatives. Participation in sports can improve physical fitness, communication, social interaction, emotional wellbeing, confidence, inclusion, and future opportunities. Existing research indicates that PwDb experience poorer physical and mental health outcomes and face significant barriers in accessing healthcare, rehabilitation, and mental health services, highlighting the need for interventions that promote health, inclusion, and quality of life (WFDB, 2018)[ii].
Aim: This study aims to understand the role and impact of sports in improving health, social inclusion, participation, confidence, future opportunities, and overall mental wellbeing among PwDb/MD, while examining the effectiveness of a structured adaptive sports intervention model.
Methods/Approaches: The study adopted a descriptive exploratory design using systematic sampling. Participants included 20 learners with deafblindness and multiple disabilities aged 6–18 years enrolled in a pilot sports programme during 2024–2025. Prior to implementation, special educators received six months of training on fitness, nutrition assessment, and adaptive sports. Individualised sports activities, including football, basketball, badminton, bocce, skating, yoga, table tennis, shot put, softball throwing, and ball dribbling, were introduced based on participants' interests and abilities. The programme was supported by a nutritionist, sports physiotherapist, and sports instructor. Parents, particularly mothers, participated in yoga and fitness sessions to promote family involvement.
Results/Findings: The findings showed increased participation in both in-house and competitive sports, with students demonstrating greater confidence, physical activity, and social engagement. Improvements were observed in balance, coordination, attention, communication, classroom participation, and peer interaction. Positive changes were also noted in Holistic Health and wellbeing, including enhanced self-esteem, resilience, motivation, emotional regulation, and a greater sense of achievement and belonging. Families and educators reported improved confidence, teamwork, reduced social isolation, greater independence, and stronger family engagement.

Laura Harper (ID 172)

Balance in children with deafblindness

In recent years, increased attention within the physiotherapy community has been focused on the effect of peripheral vestibular hypofunction (PVH) on the gaze stability, balance and motor skill development of children with sensorineural hearing loss (SNHL). PVH can impact on the development of other senses in tasks requiring sensory integration (e.g., balance) (Braswell and Rine, 2006). Blindness can also contribute to low balance (Aust and Goebel, 1977). However, these may not be the only causes of low balance in children with deafblindness (CwDB). A balance assessment pathway for CwDB has not yet been established.
Aim: To establish the factors contributing to balance among CwDB and propose assessment pathways, with consideration of the ICF.
Methods/Approaches: To explore the topic of deafblindness, a scoping review of grey literature concerning syndromic IRDs with concomitant SNHL was conducted. ICF codes for identifying balance problems, goal-setting and tracking progress were examined.
Results/Findings: Neurological signs are present in a significant proportion of syndromic IRDs with concomitant SNHL. Leading causes of childhood deafblindness (e.g., Usher Syndrome) highlight the ongoing need for vestibular rehabilitation strategies, within an early intervention approach. The impact of PVH on gaze stability continues to be an important consideration. In addition, physiotherapists working with CwDB should also consider the possibility of co-occurring central/cerebellar signs (e.g., ataxia). Categories/codes applicable to balance can be found in all components of the ICF (b, s, d, e).

Conclusion/Implications: Physiotherapy assessment and intervention for balance challenges in CwDB require differential diagnosis to accurately direct therapy and predict support needs. Regarding balance, the combination of deafness and blindness does not simply have an additive effect, other factors may additionally be involved. The ICF can be used to highlight how balance contributes to the profile of a child with deafblindness.

Session 2H Oral presentations. Theme: Accessibility Room 7

Eline Heppe, Marleen Smits, Emma Klaassen, Emma Vaillant (ID 253)

Facilitators and Barriers to Labour Market Participation in Acquired Deafblindness: a Scoping Review

Employment is a critical aspect of participation and well-being. However, research and practice show that people with acquired deafblindness (ADB) encounter challenges in seeking, keeping, and terminating employment. This comprehensive research project investigates labour market participation of people with ADB through three studies: a scoping review, focus group interviews, and a questionnaire study. This presentation will focus on the results of the scoping review.

Aim: This study aimed to map and synthesise international literature on factors that facilitate or hinder labour market participation among people with ADB. The review explored facilitators and barriers related to seeking, keeping, and terminating employment.

Methods: A systematic search was conducted in Web of Science, MEDLINE, and PsycINFO. Studies were included when they involved working-age people with ADB and reported facilitators and/or barriers related to labour market participation. Data were extracted and analysed using the International Classification of Functioning, Disability and Health (ICF) framework to categorise identified factors.

Results: Of the 2,548 articles identified, 13 studies met the inclusion criteria. Across these studies, 90 facilitators and 66 barriers to labour market participation were identified. Most facilitators and barriers were categorized within the ICF domain of Environmental Factors. Facilitators included tailored employment support, supportive relationships with colleagues and employers, and workplace accommodations. Barriers were mainly related to services, systems, and policies, including vocational rehabilitation services not tailored to the needs of people with ADB, insufficient coordination between service providers, and policies that did not adequately support and may hinder return to work. The findings indicate that contextual factors strongly shape employment opportunities for people with ADB.

Conclusion: Labour market participation of people with ADB is shaped by a complex interplay of facilitators and barriers. More facilitators than barriers were identified, suggesting that employment could be strengthened through targeted support across multiple domains. The findings also highlight the importance of contextual conditions beyond individual impairment. Strengthening specialised vocational rehabilitation, fostering supportive social and workplace networks, and promoting vocational training that integrates employability and work experience may improve employment outcomes. Future research should further explore these facilitators and barriers across stakeholder perspectives and (inter)national contexts.

Marleen Smits, Annelies Witsiers, Emma Klaassen-Koelewijn, Marianne Rorije, Myrthe Dilling, Eline Heppe (ID 249)

Facilitators and Barriers to Labour Market Participation in Acquired Deafblindness: a Questionnaire Study

Employment is a critical aspect of participation and well-being. However, research and practice show that people with acquired deafblindness (ADB) encounter challenges in seeking, keeping, and terminating employment. This comprehensive research project investigates labour market participation of people with ADB through three studies: a scoping review, focus group interviews, and a questionnaire study. This presentation will focus on the results of the questionnaire study.

Aim: The aim of the questionnaire study was to examine whether the facilitators and barriers identified in the scoping review and focus group interviews, and classified with the International Classification of Functioning, Disability and Health (ICF), were also reported in the questionnaire study.

Methods: A cross-sectional survey was conducted among adults with ADB, employers, and employment support professionals in the Netherlands. Participants were eligible if they had work experience (paid or voluntary) within the past ten years. The questionnaire was developed through a multi-step process integrating findings from the two other studies and input from experts-by-experience and professionals. Throughout the project, experts-by-experience were actively involved as members of the project group in a collaborative and co-creative research process. In addition, the project was conducted in collaboration with national and international partners (organisations in Denmark and Sweden). Data were collected between December 2025 and July 2026 via an accessible online survey platform, including Dutch Sign Language video translations.

Results: Data collection is ongoing at the time of writing this abstract. Findings from at least 50 participants will be presented, mostly from people with ADB, as well as from professionals and employers. I addition, a theoretical model of facilitators and barriers to labor market participation among people with ADB, based on the combined finding of all three studies, will be introduced.

Conclusions:: This project identifies key facilitators and barriers to labor market participation among people with ADB. In a follow-up project, these findings will serve as the basis for product development in co-creation with experts-by-experience, ensuring that future tools and interventions are grounded in lived experience.

Niels-Henrik Hansen (ID 153)

The Sensory Cost of Work: Hidden Labour and Sustainable Employment with Acquired Deafblindness

Employment is often discussed as a matter of access, accommodations and individual work capacity. For people living with acquired deafblindness, however, participation in working life also depends on a large amount of hidden labour: planning, compensating, coordinating support, managing sensory fatigue, explaining needs, navigating transport, preparing for meetings, and repairing situations when workplace routines change. This hidden labour is rarely recognised as part of the job, yet it may determine whether employment is sustainable or not.

Aim: This presentation explores the "sensory cost of work" for people with acquired deafblindness. It asks how hidden labour is produced, who carries it, and how workplaces and support systems can reduce the individualisation of workload and responsibility.

Methods: The presentation draws on the Danish qualitative part of an international research collaboration initiated with Royal Kentalis in the Netherlands. The Danish material consists of semi-structured interviews and focus groups with 22 informants: 10 people with acquired deafblindness, six professionals, and five employers with experience of employing workers with acquired deafblindness. The analysis was conducted thematically and interpretively, focusing on patterns across worker, professional and employer perspectives.

Results: The analysis shows that sustainable employment is not explained by individual resilience alone. Workers often strive to maintain a position as "ordinary" employees through compensation and overcompensation. Over time, this can become unsustainable when support is delayed, transport is difficult, work is unpredictable, and workplace relations make it risky to voice needs. Hidden labour increases when workers must repeatedly explain, negotiate, anticipate and adapt. Conversely, employment becomes more sustainable when accommodations are normalised, when flexibility is organisationally anchored, and when colleagues, managers and support professionals share responsibility for making work possible.

Conclusion/Implications: An important question is how work can be organised so that the sensory cost is visible, shared and reduced. Recognising hidden labour shifts responsibility from the individual worker to the wider ecology of workplace, support system and social relations.

3:00 PM – 3:30 PM **Afternoon Refreshment BREAK** Plenary Hall Floor

3:30 PM – 4:30 PM **Plenary Session 2** Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Juliet Wabukawo
My Voice, My Hands: Self-Advocacy for People with Deafblindness
Juliet Wabukawo is a deafblind self-advocate and teacher from Uganda, dedicated to advancing the rights and inclusion of people with deafblindness. Her keynote challenges traditional advocacy by shifting the focus from speaking for deafblind people to empowering them to speak for themselves. It highlights three core barriers—limited access to information, communication challenges, and reduced confidence—that restrict self-advocacy. The keynote introduces the TOUCH+VOICE Hub, an affordable, tactile toolkit co-created by deafblind individuals that combines simple cards with mobile technology. Using the proverb “teach a person to fish,” the speaker will demonstrate how just four weeks of training can enable deafblind people to understand their rights, share their stories, and demand change. She calls on organizations such as WFDB and DBI to pilot these hubs in Africa, support deafblind trainers, and measure success by amplifying deafblind voices. Ultimately, the keynote urges innovation, collaboration, and empowerment so the world can listen through touch, resilience, and courage.

Panel reactions

Reaction from a member of the audience
Programme Committee

Rounding up the day
Programme Committee or Planning Committee

4:30 PM – 5:30 PM **Ad Hoc Groups** Both Floors
With all participants present on site, this is a wonderful opportunity for existing groups – or new ones forming on the spot – to meet up. All breakout rooms are available except for the plenary hall. It is possible to announce such meetings in advance during the opening remarks by the Chairs of the Planning Committee in the plenary sessions. Please contact the volunteers’ desk well in advance if you wish to do so.

Exhibits & Poster Viewing of the Day Main Entrance Floor

POSTERS OF THE DAY (25)

POSTER 1.1 - *(ID 37) Jenny Widmark, Elina Mäki- Torkko, Milijana Malmberg, Sarah Granberg, Sweden*
Digital participation among persons with deafblindness- A qualitative study

POSTER 1.2 - *(ID 68) Thanh Tøgard*, *Kari Jorkstad, Norway*
Relaunching of Haptics: Pocket Edition – A Global App for Social Haptic Communication

POSTER 1.3 - *(ID 69) Astrid Borck, Germany; Jenny Widmark, Sweden; Anke Henning-Schumann, Germany; Trees Schrauwen-van Nunen, The Netherlands; Patrizia Ceccarani, Italy*
Thinking outside the box in the box: Not testable is no option! Building European bridges and use synergetic effects to find and explore new and different ways in hearing assessment for people with deafblindness.

POSTER 1.4 - *(ID 70) Paula Lanz, Germany*
Bodily-tactile mediation of cognitive and social-cognitive strategies using the TWMS

POSTER 1.5 - *(ID 76) Tanja Renz, Anja Reichhoff, Germany*
Multiplier Training Deafblindness, Stiftung Nikolauspflege (Stuttgart, Germany): A Project to develop professional competencies in supporting individuals with deafblindness, particularly in early childhood and school settings

POSTER 1.6 - *(ID 80) Simone Leuenberger, Andrea Bonzon, Leda Béguin, Mäde Müller, Switzerland*
Access to Sport and Communication in Sport

POSTER 1.7 - *(ID 83) Kim-Fu Lim, United States of America*
Edge-AI Enabling 2-Way Communication on a Low-Cost Raspberry Pi 5 for DeafBlind Education

POSTER 1.8 - *(ID 87) Yves Bordenave, Emmanuelle Fillonneau, Mewen Goasduff, Jerome Guillet. France*
An introduction to the dactylology of french sign language in 3D, called « Dactylo3D »

POSTER 1.9 - *(ID 116) Grzegorz Kozlowski, Anna Nawrot, Agnieszka Kozlowska, Poland*
Handmade Autonomy: The Resilience and Revival of the Polish Tactile Alphabet

POSTER 1.10 - *(ID 129) Jette Hunsperger, Switzerland*
Developing ideas for collaboration between higher education institutions and the professional world

POSTER 1.11 - *(ID 131) Christine Oskamp-Maas, The Netherlands*
The JAM (Just A Moment): an instrument for tactilely experiencing the start, duration and ending of a waiting moment.

POSTER 1.12 - *(ID 135) Lisa Thompson, Caitlin Donaldson, Lacey Vizvary, Amy Lawson, Canada*
Bodies and Relationships: Co-Creating Access Within the Deafblind Community

POSTER 1.13 - *(ID 170) Antonus Roelofs, Marlijn Langedijk, Annette Bootsma, Jitske Uijterwijk, The Netherland*
When hearing can no longer significantly compensate vision loss: Classifying deafblindness through reduced sensory compensation

POSTER 1.14 - *(ID 175) Tora Tollefsen, Leikny Gulsett-Ødegård, Norway*

Rethinking communication and interaction in therapeutic encounters: Accessible services for individuals with deafblindness by moving from vision-based to individualized sensory-oriented practices

POSTER 1.15 - *(ID 177) Kerstin Trester-Betka, Andrea Dettmer, Germany*
Establishing an internal expert group to intensively address challenging psychological and emotional situations in adults with congenital deafblindness.

POSTER 1.16 - *(ID 182) Daniel Prause, Norway; Melissa Glomb, Germany*
Motivation matters: Strengthening staff engagement and long-term commitment in deafblind services through inclusive and transnational learning

POSTER 1.17 - *(ID 187) Petra Rezar, Slovenia*
TRACE OF TOUCH: Development of a Manual and Professional Guidelines for Children with Deafblindness in Education

POSTER 1.18 - *(ID 193) Peter Simcock, Tracey Bone, United Kingdom*
The use of 'Cash for Care' schemes by Deaf and Deafblind Sign Language Users: a Comparative Scoping Review of Services in the UK and Canada

POSTER 1.19 - *(ID 204) Lisa van der Mark, The Netherlands*
Experiencing and Navigating Academia: Perspectives of Deafblind Researchers

POSTER 1.20 - ***(IS 225)*** *Ajitha Rajakantham, United Kingdom*
Smart Step : A Low Cost Smart Cane

POSTER 1.21 - ***(ID 238)*** *Marga Leefkens, Esther Keller, Patricia van der Bijl, Anne Schoone,The Netherlands*
"Building the Pyramid": Understanding Learning and Development in CHARGE Syndrome

POSTER 1.22 - *(ID 240) Lisa Monen, Esther Keller, Marike Dijkhuizen, The Netherlands*
My Tactile Way: Expanding tactile communication through the feet.

POSTER 1.23 - *(ID 251) Klaske de Greeuw, Wanda Frederiks, Mijkje Worm, Maaike Cornelisse, Ingrid van Heel, Linda van Oevelen, Lisanne Coppens, Erika van Beerens-Dijk, The Netherlands*
From Shared Expertise to Joint Training: Developing a National Hand under Hand Training Program in the Netherlands

POSTER 1.24 - *(ID 259) Tshimanga Ariel Ndomba, Canada; Shirley Dumassais, Canada; Dinesh Venugopal, United States of America; Arathy Kartha, United States of America; Walter Wittich, Canada*
Multisensory integration in older adults with deafblindness: A pilot study using virtual reality

POSTER 1.25 - *(ID 262) Sara Kiener, Muriel Blommaert, Joachim Schmid, Mirko Baur, Francoise Gay-Truffer, Switzerland*
Raising Awareness of Deafblindness in Switzerland: A Collaborative National Initiative

7:00 PM – 7:30 PM **Meet-up Event** Main Entrance Floor

Attending the World Conference in person is also a great chance to meet someone new. The Tuesday Meet-up Event offers an organised way to do this, if you're up for it. When registering for the conference, you might have chosen one of the conference themes as a conversation starter, or selected the 'all themes' option if you did not have a preference. Themed meeting rooms will be available in the conference centre. Just sit down next to someone you don't know yet – between 7.00 pm and 7.30 pm for half an hour. This might be a challenge in terms of communication, but we're sure you'll find a way to make it work. Of course, the conference cannot provide IS interpretation for one-to-one conversations.

Day 3: Wednesday, July 21, 2027

Theme of the Day: Communication

8:00 AM – 9:00 AM	Registration for the Day OPEN	Main Entrance Floor
9:00 AM – 10 AM	**Plenary Session 3**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Saskia Damen
Touch as a Gateway: Rethinking Communication, Language, and Connection
Saskia Damen is a Professor in Inclusive and Special Needs Education at the University of Groningen and a Senior Researcher at the Kentalis Academy in the Netherlands. Her keynote lecture highlights the central role of touch and the tactile modality in communication and language, particularly for individuals with deafblindness. The presentation explores why this modality is frequently neglected, including persistent misconceptions and a lack of knowledge and skills among parents and professionals. Emphasis is placed on reconceptualizing touch as a rich,dynamic channel for meaning-making, development, and learning. Through practical examples, the keynote demonstrates effective strategies for embedding the bodily-tactile modality in assessment and intervention practices. It also addresses how to support and train sighted-hearing communication partners to use touch in responsive, attuned, and developmentally appropriate ways. Importantly, the keynote highlights the value of involving people with deafblindness in the training and coaching of sighted-hearing communication partners. In addition, it stresses the importance of fostering tactile peer interaction between individuals with deafblindness, as this supports a sense of belonging and creates opportunities for the emergence of authentic, shared language. Ultimately, the lecture advocates for placing the tactile modality at the core of communication and language practices in the field of deafblindness.

Panel reactions

Reaction from a member of the audience
Programme Committee

Rounding up
Programme Committee

10:00 AM – 10:30 AM	**Morning Refreshment BREAK**	Plenary Hall Floor

Session 3A Workshop. Theme: Communication Room 1

Julie Majzel, Angela Wolf, Shanna Hamilton, Allison Billes (ID 27)

Elevating Conference Accessibility and Communication and Emergent Literacy Instruction: Empowering Learners through Co-Creation

Background: The right to comprehensive language and literacy instruction is universal. For many learners who are deafblind, language and literacy develop concurrently. Understanding the methods that support this simultaneous development is essential to empowering students with the skills and knowledge required for increased independence.
Aim: In this interactive workshop, families, interveners, and educators will identify the essential components of emergent literacy. Participants will learn to provide learners of all ages with innovative, multimodal, and personalized educational experiences that bridge the gap between communication and formal literacy.
Methods: Drawing on the innovative literacy continuum framework developed at the Texas School for the Blind and Visually Impaired (TSBVI), presenters will model evidence-based instructional practices. Participants will engage in hands-on practice of dialogic reading, fostering two-way communication during shared stories while centering the learner's lived experiences, and interactive writing, where the student and educator collaboratively compose messages. These strategies emphasize the co-creation of meaning from multimodal texts (including tactile, visual, and symbolic formats), ensuring the learner is an active contributor rather than a passive recipient.
Results: Participants will explore a paradigm shift from traditional "readiness" models—which often delay literacy instruction due to perceived language deficits—to a concurrent instruction model. Attendees will leave with a practical toolkit for implementing multimodal literacy strategies in home and school settings.
Conclusion: Moving beyond a stepwise model to a collaborative co-creation model empowers students who are deafblind as active, valued members of the literate community. Educators and families can use these practices to promote development regardless of a learner's age or perceived ability.

Session 3B Workshop. Theme: Communication Room 2

Caroline Lindström, Anne Sofie Løvbrøtte, Helle Buelund Selling, Jessica Jägryd (ID:77)

Developing Practical Guidelines for Supporting Tactile Language in Congenital Deafblindness: A Nordic Collaborative Initiative

Tactile language is an authentic and meaningful form of communication for individuals with congenital deafblindness. When bodily tactile expressions are recognised as carrying linguistic value, they can be understood, responded to, and supported as language in everyday interaction. Nordic research and practice have contributed important theoretical concepts describing how tactile, kinaesthetic, and proprioceptive experiences support meaning-making and language development. However, professionals across settings have expressed a need for practical guidance on how these concepts can be translated into everyday professional practice.
Aim: This workshop presents an ongoing Nordic initiative to develop practical guidelines for supporting tactile language in congenital deafblindness and invites participants to reflect on how such guidelines can strengthen practice across contexts.
Methods: The Nordic Network on Tactile Language is undertaking a collaborative process to develop practical guidelines grounded in theory and informed by professional experience. Initial co-creation activities will be carried out at a Nordic conference in autumn 2026, where professionals will identify key needs, strategies, and priorities for practical guidance. Based on these contributions, the network will develop guidelines aimed at supporting the application of tactile language theory in interaction, video analysis, supervision, counselling, and staff training. At the DbI conference, the draft guidelines and the development process will be presented as a basis for dialogue and international reflection.
Results: The workshop will share preliminary guidelines and insights from the Nordic co-creation process. Participants will have the opportunity to discuss the relevance, applicability, and adaptability of the guidelines in diverse professional and cultural contexts. These reflections will support further refinement of the guidelines and contribute to strengthening international knowledge exchange on tactile language practice.
Conclusion: By developing practical guidelines through Nordic collaboration and inviting international dialogue, this initiative seeks to strengthen competence, promote accessible communication support, and bridge the gap between

theory and practice in congenital deafblindness. The workshop contributes to innovation, empowerment, and collaboration by supporting professionals in translating tactile language theory into everyday practice.

Session 3C Workshop. Theme: Communication Room 3

Lisa van der Mark, Soline Vennetier, John Lee Clark, Issy McGrath (ID 301)

Protactile in Practice: A Participatory Workshop

This workshop introduces participants to Protactile (PT) through direct, embodied engagement with PT format, style, and structure. Rather than presenting Protactile solely as a topic of discussion, the workshop invites attendees to experience Protactile practices firsthand through direct tactile interaction with workshop facilitators and with one another.

The workshop will be co-hosted by protactile community members and experts, including John Lee Clark, Soline Vennetier, Lisa van der Mark, and Issy McGrath. Guests will engage in guided activities that foreground tactile communication, co-regulation, spatial awareness, and collaborative meaning-making. Through these activities, attendees will gain practical exposure to Protactile as both a communicative practice and a broader framework for social interaction and knowledge production. The workshop emphasizes participation, responsiveness, and experiential learning, allowing guests to develop an embodied understanding of Protactile principles.

The structure of the workshop is intentionally flexible and adaptable to guests' backgrounds, interests, and familiarity with Protactile. Depending on audience needs and available time, the session may range from introductory demonstrations and foundational exercises to more theoretical and critical discussions concerning Protactile philosophy, DeafBlind epistemologies, language emergence, and tactile modalities of interaction.

By centering tactile engagement and relational practice, this workshop creates opportunities for participants to reflect on communication beyond visual and auditory norms. Attendees will leave with both practical experience and conceptual tools for understanding Protactile as a dynamic and evolving practice rooted in DeafBlind people's shared experiences and knowledge.

Session 3D Oral Presentations. Theme: Advocacy Room 4

Weningsih Cummins, Ahsan Romadlon Junaidi, Ranti Novianti (ID 227)

Building Collaborative Transition Planning for Students with Deaf-blindness from School to Adult Life through Person-Centered Planning

Students with deafblindness who had graduated from a special school in Indonesia were found to remain highly dependent on family support despite participating in school-based vocational activities. Preliminary findings indicated that transition preparation was still largely understood as general skill training and had not yet been developed through individualized and collaborative planning involving families and students. Although national policies support the rights of students with disabilities, structured transition planning remains limited at the school level.

Aim: This study aimed to identify the transition needs of students with deafblindness through a participatory approach and to build collaborative transition planning through Person-Centered Planning (PCP) within a Participatory Action Research (PAR) framework.

Methods:The study involved three students with deafblindness, their families, teachers, and school management, in a private special school in Serang, Banten, Indonesia. Conducted over seven months, the PAR process included collaborative preparation, PCP-based transition planning, and implementation of priority transition activities. Data were collected through surveys, interviews, focus group discussions, participatory observations, and reflective discussions.

Results: Findings showed that PCP helped identify multidimensional transition needs beyond vocational preparation, including communication, independence, behavioral regulation, family participation, and meaningful daily engagement. The PAR process contributed to stronger communication, shared reflection, and growing commitment between teachers and families in planning students' futures. The study also highlighted that successful transition planning depended on interconnected factors, including school readiness, family involvement, consistency of support, and collaborative decision-making. Importantly, students with deafblindness, who were often positioned as passive recipients, became active participants in identifying preferences and shaping transition priorities. Families also reported increased confidence and a clearer sense of direction regarding their children's future. However, structural and organizational challenges, including limited resources and the absence of sustainable transition systems, remained significant barriers.

Conclusion: The study highlights the potential of PCP within a PAR framework to support more collaborative and individualized transition planning for students with deafblindness in contexts where formal transition systems remain limited.

Claire Manford, Saima Rajasingam, Eldre Beukes, Peter Allen (ID 199)

Barriers and Facilitators to Educational Success for Deafblind Learners: A Focus Group Study

For children and young people, deafblindness is frequently a hidden, misunderstood, misdiagnosed, fluctuating, or progressive condition, with significant implications for educational attainment and social participation. In the UK, deafblindness remains under□researched: prevalence rates are unknown, the population is highly heterogeneous, and each learner presents with unique access and support needs. As a low□incidence disability, deafblindness is associated with limited awareness among teachers and peers, an absence of national educational guidance, and a shortage of specialist professionals, unevenly distributed across the country.

Aim: The aim of this study was to explore barriers and facilitators to academic and social success for deafblind learners in the UK, from the perspectives of children and young people with lived experience of deafblindness, their parents, and the professionals who support them.

Methods: To address this gap, qualitative focus group research was conducted. Participants included professionals, parents, and children and young people with lived experience of deafblindness. Topic guides explored participant priorities, academic and social challenges and successes, and awareness of deafblindness within educational settings. Professionals and parents took part in online focus groups via Microsoft Teams, while children and young people contributed to a Padlet discussion board to enhance accessibility and participation. All data were anonymised, pseudonyms were assigned, and transcripts were analysed using reflective thematic analysis in NVivo.

Results: Three overarching themes were identified:

1) The Spectrum of Deafblindness, encompassing terminology, educational ideology, individuality, awareness, and experiences of being "othered";

2) Support and Access to Education, including curriculum and environmental adaptations, communication preferences, and multi□professional collaboration;

3) Support for Personal and Social Development, highlighting advocacy, hobbies, and experiences of social inclusion versus isolation.

Findings emphasised the limitations of relying on diagnostic labels alone and highlighted the importance of understanding individual strengths, preferences, and access needs, often requiring creative and highly personalised approaches.

Conclusion: The findings informed the co□creation of an awareness□raising intervention for educators. Further research is recommended, including the development of an internationally agreed definition of deafblindness and greater use of technology to support this diverse and under□recognised population.

Darlene Norman (ID 139)

Simplifying Parent Advocacy of a DeafBlind Child with Complex Needs Through A Personal Passport

Parenting a child with dual sensory loss and complex needs has many challenges. Despite the difficulties, the journey can be healing through the simple act of writing down their child's information and telling their story. Parents will have an opportunity to learn about the effects of stress, promote their own wellness, and build advocacy skills through the development of a personal passport. In this presentation, participants will receive resources to put their communication and advocacy into action. They will be engaged by the sharing of personal communication demands of the deafblind and complex needs journey of a family. Participants will be shown compelling visual images with some humorous and serious stories to describe the family's adventures.

Session 3E Oral presentations, Theme: Communication Room 5

Emmanuelle Fillonneau, Gregory De Wilde, Helene Rossignon, Severine Clement, Jean Louis, Stephanie Lacroix (ID 97)

"Journey in deafblindness", a European project with deafblind people, medical and social professionals, artists and a documentary filmmaker.

"Journey in deafblindness" is a project initiated by CRESAM, National Resource Center – Deafblindness, and APSA in partnership with La Bastide ASBL of Namur and IRSAM Reunion and supported by the European Union within the framework of an ERASMUS+ program. This project brought together people with dual sensory impairment (Sign Language, tactile Sign Language, spoken language of different French-speaking areas), professionals from the medical and social sector, artists, and a documentary filmmaker for an experimental and sensitive journey across the European French-speaking space, between April and June 2026. This innovative and unprecedented adventure between France, Reunion (French Island in The Indian Ocean) and Belgium offered a program of practice exchanges, sharing experiential knowledge, sensory artistic and cultural workshops, and inclusive meetings with the most diverse audiences. A documentary film was made on this occasion, allowing broad awareness of what dual sensory impairment is, reaching a wide audience. It focused on depicting this inclusive world toward which we are moving, through possible collaborations between deafblind people, professionals, and diverse audiences, using innovative, creative, and unique methods.

Aim: This project highlights the importance of understanding our senses, sharing our discoveries, and the necessity of encounters. It allows for greater mutual knowledge, mutual understanding for successful inclusion, and thus ensures a better quality of life and more autonomy for deafblind people.
Methods: The artistic laboratories allowed moving beyond the caregivers-assisted relationship by placing deafblind people and professionals at the center of the process, encouraging them to co-create and cooperate to write new paths to success together. These innovative artistic and cultural experiences have promoted a better mutual understanding, enriched sensory communication, and a poetic and philosophical approach to disability.
Results: This project is the subject of a documentary on deafblindness to allow the widest possible dissemination of the group's productions, reflections, methods, tools, and shared unique life paths. The participants' travel diaries are also a valuable resource that we will highlight.
Conclusion: This innovative project and documentary, "Journey in Deafblindness", presents a new example of what deafblindness can be and, above all, of "how to live together with our singularities."

Annelies Braad (ID: 201)

Signs on Video. A video-based Tool for Tactile Sign Language Analysis and ntervention.

Persons with deafblindness face various challenges in tactile sign language acquisition. These challenges arise from the limited perceptibility of linguistic parameters and from the level of sign language skills of their communication partners. Tools specifically developed for language assessment were not available. Signs on Video enables professionals to specifically analyse tactile sign language of individuals with deafblindness and their communication partner, rather than communication in general. It provides a linguistic perspective on language development of individuals with deafblindness, and it offers communication partners with strategies to enhance communication partners' language skills and to support language development in individuals with deafblindness.
Aim: The aim of the current study is to pilot Signs on Video and refine the instrument, so that it can be used in daily practice by professionals in the field of deafblindness to enhance tactile sign language skills in communication partners, thereby supporting language development of the individuals with deafblindness.
Methods: Signs on Video has been piloted at Bartiméus, a care organization in the Netherlands, where almost 50 individuals with deafblindness in combination with intellectual disabilities live in residential group homes. Three participants with deafblindness and their caregivers were recorded on video, and their use of sign language was analysed by professionals through Signs on Video. The usability of the instrument was evaluated based on recorded group discussions and a thematic analysis of these group discussions.
Results: In the oral presentation, I will present the results of the pilot testing and the improvements made to ensure the instrument is suitable for use in daily practice. The practical application of Signs on Video will also be demonstrated, providing the audience with a clear understanding of how the instrument works in practice.
Conclusion: The results of the pilot study will be discussed, as well as the potential of this new instrument and its application in researching language development in individuals with deafblindness from a linguistic perspective.

Therera Kirwan, Melanie Robartson (ID 258)

Strengthening Deafblind Support Through AI-Enabled Training

Delivering effective, person-centred support for individuals with deafblindness within individualised funding models remains challenging. Support workers often have limited access to specialised training in deafblind communication, sensory experience, and engagement strategies. Even where expertise exists, systemic barriers—including funding constraints, workforce capacity, geographic dispersion, and time pressures—limit consistent access to high-quality training. These challenges can reduce communication access, participation, and quality of life for people with deafblindness.
Aim: This presentation explores the use of AI-enabled training, incorporating avatar-based simulations, to strengthen workforce capability in deafblind communication and support practices, while complementing experiential, relationship-based learning.
Approach: A behaviour support practitioner and a speech pathologist, both with experience working in deafblindness, co-developed and piloted tailored training modules integrating AI-generated avatar simulations. These modules model key communication, interaction, and engagement strategies.
Training was delivered through a blended model combining synchronous and asynchronous formats to increase accessibility across dispersed teams. Follow-up in-person sessions focused on the hands-on application of strategies introduced in the simulation-based modules.
Effectiveness was evaluated using pre- and post-training measures aligned with the Kirkpatrick framework, assessing satisfaction, learning, transfer to practice, and perceived impact on client outcomes and service quality.

Results: Data collection is ongoing. Anticipated outcomes include increased reach of training across teams, improved foundational knowledge, and enhanced support worker skills in communicating and responding to individuals with deafblindness. It is also expected that prior exposure to core concepts will increase efficiency and impact of face-to-face training.
Conclusion: Communication, interaction, and engagement in deafblind practice are complex and require specialised workforce capability. Ongoing training is essential to ensure support workers can provide effective, person-centred support. Final conclusions will be presented following the completion of data collection and analysis.

Session 3F Oral presentations, Theme: Health and Well-being Room 6

Shirley Dumassais, Walter Wittich (ID 134)

International Professional Perspectives on Functioning and Support Needs in Children and Youth Living with Deafblindness

Deafblindness in childhood and adolescence is associated with unique communication, health, education, social, and participation challenges that often require coordinated and interdisciplinary support. Professionals across healthcare, education, rehabilitation, research, and policy settings play an essential role in understanding the needs of children and youth living with deafblindness and in shaping their access to services, overall wellbeing, and development. Their expertise and experiences can provide valuable insights into the functioning, environmental factors, participation needs, and service gaps across diverse contexts. Integrating international and interdisciplinary perspectives is an important step in informing the development of relevant International Classification of Functioning, Disability and Health (ICF) Core Sets for children and youth living with deafblindness.
Aim: This ongoing study explores international professional perspectives on the functioning and support needs of children and youth living with deafblindness.
Methods: Using an international cross-sectional online survey, this study gathers expert perspectives from professionals working with or providing services to children and youth living with deafblindness. Participants include professionals from healthcare, education, rehabilitation, research, and policy sectors. Recruitment is being conducted internationally with efforts to ensure representation across the six World Health Organization regions and diversity across professional disciplines and roles. Currently, the sample includes 82 participants (59 women, 22 men), representing all regions of the World Health Organization: African Region (n=7), Region of the Americas (n=17), South-East Asian Region (n=28), European Region (n=18), Eastern Mediterranean Region (n=2), and Western Pacific Region (n=10). Survey respondents represented diverse professional backgrounds, with the largest group consisting of education-related professionals (n=44).
Results: Data collection and analysis are ongoing. Study results are expected to identify relevant ICF categories related to functioning, participation, and environmental factors affecting children and youth living with deafblindness. Findings are also anticipated to highlight priorities for service provision, interdisciplinary collaboration, and support across settings.
Conclusion: This study will provide an international and interdisciplinary perspective on current practices, challenges, and priorities related to deafblindness in younger individuals. Findings will contribute to the development of globally relevant ICF Core Sets for children and youth living with deafblindness that can inform future services, interventions, and policies.

Eline Heppe, Marleen Smits, Marianne Rorije, Saskia Damen (ID 257)

Implementing a Functional Definition of Deafblindness to Improve Access to Care and Support

Access to deafblind-specific care and support in the Netherlands has traditionally been based on medical thresholds of hearing and vision loss. These criteria do not always reflect the functional limitations experienced by people with deafblindness. Therefore, a functional definition of deafblindness was developed through a comprehensive co-creation process. By focusing on the impact of deafblindness on everyday functioning, this definition may better capture individuals' functional difficulties and related support needs. This project focuses on implementing the functional definition to improve access to care and support.
Aim: This project aims to implement a functional definition of deafblindness within practice and policy in the Netherlands. To support implementation, two instruments were developed to facilitate this process.
Methods: A multi-stakeholder implementation team was established, consisting of experts with lived experience (n = 5), care professionals (n = 10), medical professionals (n = 5), and researchers (n = 5). Stakeholder consultations and iterative co-creation processes were used throughout the project. Three objectives guided the work: increasing awareness of the functional definition (inter)nationally, implementing the definition within specialist deafblind care organisations, and supporting implementation among national stakeholders and within policy contexts. Although each objective was led by one of the four stakeholder groups, all activities were developed collaboratively across stakeholder groups.
Results: The project resulted in two instruments: (1) a guideline for determining eligibility for deafblind-specific care and support, and (2) the Functioning Questionnaire in Hearing and Vision Impairment. The questionnaire collects information on daily functioning directly from individuals, while the guideline integrates this information with medical information to determine care and support

needs. Both instruments support recognition and understanding of deafblindness among professionals. In addition, a national awareness campaign was launched in which experts with lived experience actively promoted the functional definition within their personal and professional networks.
Conclusion: This presentation will describe the co-creation process underlying the implementation of the functional definition of deafblindness and demonstrate the instruments developed to support its application in practice. The project highlights the value of multi-stakeholder collaboration in translating a functional definition into policy and practice to improve access to deafblind-specific care and support.

Lhakpa Nura Sherpa (ID 277)

Strengthening the Capacity of Organizations of Persons with disabilities for Sexual and Reproductive Health and Rights (SCOPE for SRHR)

Deafblind persons and persons with disabilities continue to face multiple barriers in accessing sexual and reproductive health rights (SRHR), including stigma, discrimination, communication challenges, inaccessible facilities, and limited disability-inclusive services. These barriers often prevent them from receiving accurate information, quality healthcare, and equal opportunities to exercise their rights.
Aim: This baseline study was conducted at local levels to understand the existing experiences, needs, and challenges related to SRHR among deafblind persons and persons with disabilities.
Method: Using participatory and qualitative methods, the study engaged deafblind persons, persons with disabilities, caregivers, service providers, municipal representatives, and Organizations of Persons with Disabilities (OPDs). Data was collected through consultations, interviews, focus group discussions, and stakeholder interactions to assess the availability, accessibility, and responsiveness of SRHR services.
Results: The findings highlight major challenges such as lack of accessible communication materials, limited awareness among service providers, negative social attitudes, inadequate privacy and dignity in health settings, and weak participation of persons with disabilities in local planning processes. The study also identified opportunities, including increasing municipal interest, active OPDs, and potential partnerships for inclusive service improvement.
Conclusion: The study emphasizes the need for capacity building of OPDs, strengthening municipal systems, improving accessible communication, and promoting disability-inclusive SRHR policies and programs. This presentation offers evidence-based recommendations for local governments, development partners, and stakeholders to ensure inclusive, accessible, and rights-based SRHR services in Nepal.

Session 3G Oral presentations. Theme: Accessibility Room 7

Amana Armour (ID 161)

Adapting Intervention Practices for Aging Deafblind Adults with Developmental Disabilities: Building Capacity for Responsive Intervenor Support

Intervention in Deafblind services is often framed by a simplified distinction between congenital and acquired Deafblindness. In practice, many individuals receiving acquired deafblind intervention services also have developmental disabilities and complex support needs. While many have navigated adulthood with relative independence, aging brings increased communication challenges, greater health complexity, sensory changes, fatigue, and reduced capacity to compensate for environmental barriers. Existing intervention approaches may therefore become insufficient.
Despite this, intervenors often receive limited training on how aging and developmental disabilities intersect among acquired Deafblind populations, and on how intervention practices must evolve to remain accessible, person-centred, and supportive of autonomy.
Aim: This presentation explores gaps in services for aging Deafblind adults with developmental disabilities and how intervention practices and training can better support evolving communication, sensory, behavioural, and health-related needs.
Methods: This practice-based work emerged from collaboration between the Canadian Helen Keller Centre and the Surrey Place Plus 45 Clinic during consultations regarding an aging Deafblind adult with developmental disabilities. This process identified broader systemic gaps in acquired deafblind services for individuals with developmental /disabilities. A person-centred approach examined how strategies from aging and developmental disability services could be adapted to meet Deafblind access needs, including communication access, co-regulation, interaction pacing, environmental accessibility, sensory tolerance, and choice-making.
The collaboration also underscored the need for training and reflective practice to help intervenors move beyond rigid distinctions between congenital and acquired Deafblindness and adopt more adaptive approaches.

Results: The work identified gaps in recognizing age-related changes in acquired Deafblind services. Adapted approaches improved engagement, reduced distress, and supported more consistent expression of preferences and autonomy. Findings underscored the importance of collaboration and targeted training to strengthen intervenor responsiveness and confidence.
Conclusion: Supporting aging Deafblind adults with developmental disabilities requires flexible, relationship-based intervention models that respond to evolving needs. This work underscores the need to adapt intervention practices for aging Deafblind individuals, including those with developmental disabilities who are experiencing age-related changes. It emphasizes training frameworks that address the intersecting impacts of Deafblindness, developmental disability, and aging, and highlights opportunities for innovation, workforce development, and collaboration.

Hayato Tabata (ID 45)

A Study of Sign Systems Based on Tactile Affordances —Through the Creation of "Tactile Sign Buttons" and "Handshake Handrails"

In 2026, I completed a Master of Arts degree at Kyoto University of the Arts in Japan. As a person born deafblind, I rely primarily on tactile perception to understand my environment and communicate. My daily actions involve integrating multilayered tactile information, including tactile sign language, sensations through the soles of my feet, and subtle cues from wind and air currents. These embodied experiences demonstrate that touch provides essential affordances for action and serves as a highly effective source of environmental information. However, conventional public signage systems depend heavily on visual and auditory modalities and do not adequately address the needs of users with diverse bodily conditions.
Aim: This study therefore aims to clarify the potential and social significance of tactile perception as a means of information transmission.
Methods and findings: The first study identifies the limitations inherent in visually dependent signage design. Issues such as low braille literacy, the inaccessibility of audio guidance for some users, and button interfaces prone to operational errors highlight the need for tactile-based information systems. The second part introduces tactile affordances as a key concept, demonstrating that tactile cues can function as intuitive triggers for action. Using the example of frequent misoperations of flush and emergency call buttons in multifunctional restrooms, I conducted prototyping and practical research with deafblind individuals. The findings show that differences in shape strongly influence intuitive understanding and that tactile cues enhance safety and reassurance. Several tactile button forms were proposed as alternatives to visually oriented designs.
The study also examines how tactile perception influences environmental cognition, communication, memory, and emotional understanding, drawing on personal experiences, tactile research in the UK, the Netherlands, and Norway. Encounters with tactile greeting cultures inspired the creation of the artwork *Handshake Handrail*, which evokes the sensation of shaking someone's hand and illustrates the emotional potential of touch.
Conclusion: The study concludes that tactile perception plays a vital role in supporting human action, emotion, and safety. Tactile signage offers a promising universal design approach, and future work will involve public-space trials, material research, and the development of tactile-based communication systems that engage both functional and emotional dimensions of human experience.

Elodie Thiercelin (ID 186)

From Clinical Assessment to Functional Awareness : Ground Visual Field Evaluation for Adolescents with Usher Syndrome.

Adolescents with Usher syndrome may experience progressive peripheral visual field loss while having limited awareness of its functional consequences in daily mobility situations. Within a multidisciplinary deafblindness support team at the Institute for Deaf Youth, several initiatives are implemented to help deaf and visually impaired adolescents better understand the impact of their visual impairment and support their autonomy.
Aim: This presentation aims to demonstrate how ground visual field assessment can support functional awareness and improve adolescents' understanding of the impact of peripheral visual field loss on mobility and orientation in real-life environments.
Methods: The ground visual field assessment was originally developed by Grégoire Guillot, Orientation and Mobility Instructor, as a practical tool to visualize functional visual field limitations in mobility situations and to help determine the most effective visual scanning strategies for safe and efficient travel.
Within our multidisciplinary deafblindness support team, this assessment was identified as particularly relevant for adolescents with Usher syndrome, especially for deaf young people who benefit from concrete and visual supports to better understand abstract functional concepts related to visual impairment and mobility. As a pedagogical support tool, it helps strengthen understanding of the functional consequences of peripheral visual field loss in everyday mobility situations.
Different assessment modalities are used to compare visual perception in daytime and nighttime conditions, as well as with objects of varying sizes and contrast levels. The approach is integrated into a broader interdisciplinary support framework involving orientation

and mobility training, orthoptic support, psychological support, psychomotor therapy, occupational therapy, and communication workshops.
Results: The ground visual field assessment helped adolescents better understand the functional consequences of their visual impairment, particularly in street mobility situations. It also improved engagement in orientation and mobility sessions and orthoptic follow-up by making previously unrecognized difficulties more concrete and understandable.
Conclusion: Ground visual field assessment appears to be a valuable practical tool for supporting self-awareness and functional understanding in adolescents with Usher syndrome. This approach may help professionals facilitate acceptance, participation, and engagement in rehabilitation and mobility support interventions.

Session 3H Research shorts. Theme: Communication — Plenary Hall

RS 2.1. (ID: 36) Andrea Wanka, Beate Schork

Towards Evidence-Informed Subject Didactics in Literacy for Learners with Deafblindness

Despite a growing body of practice-based knowledge in deafblind education, there is currently no evidence-informed framework for subject didactics, particularly in the domain of literacy. Existing approaches are largely grounded in professional experience and shared pedagogical principles, but remain only partially systematized and lack empirical grounding across contexts. This gap becomes particularly visible in the context of teaching written language, where both access to meaning and the structure of learning processes are fundamentally shaped by bodily-tactile interaction.
Aim: The proposed research project addresses this gap by focusing on subject-specific didactics in literacy education for learners with deafblindness or combined visual and hearing impairments. The aim is to identify, systematize, and empirically examine teaching strategies and materials that support participation and learning in written language development. Particular attention is given to different learner profiles, sensory constellations, and phases of literacy acquisition, acknowledging that learning trajectories are often highly individualized and non-linear.
Methods: Methodologically, the project follows a multi-phase, practice-based research approach. It begins with the collection of video data from classroom settings, capturing naturally occurring teaching and learning situations in their contextual complexity. These data are complemented by case-based analyses that consider learner characteristics, sensory conditions, and situational factors. Based on this empirical foundation, teaching strategies are developed collaboratively with practitioners and iteratively refined through cycles of implementation and reflection. Their potential impact is explored through qualitative analyses of interactional processes and, where feasible, through examination of changes in learners' participation and engagement.
The approach combines qualitative classroom research, cross-case comparison, and collaborative knowledge generation with practitioners. It is grounded in both subject didactics and deafblind-specific pedagogical frameworks, with the aim of bringing these perspectives into closer dialogue./
Results: Expected outcomes include the identification of subject-specific teaching strategies responsive to bodily-tactile access to language, as well as differentiated quality criteria for literacy instruction. In the long term, the project aims to contribute to the development of an evidence-informed subject didactics in deafblind education, strengthening professional knowledge, informing teacher education, and supporting more accessible learning opportunities.

RS. 2.2 (ID: 110) Hester Richardson

Raising the voices of children who are deafblind through equitable participation in a Research Project

Children and young people living with deafblindness face barriers to participating in research through the range and complexity of communication strategies they might use. This can lead to a limited range of deafblind children's voices being present in research about their lives – despite the widely heterogeneous nature of deafblindness.
Aim: Following the principle of 'nothing about us without us' this research short aims to showcase the strategies employed to ensure equitable inclusion of deafblind participants in a Delphi method consultation which forms part of a PhD project seeking to create a protocol supporting early identification of children who are deafblind.
Methods: This research short presents an iterative, co-created design for a Delphi consultation which ensures involvement for deafblind participants is informed, engaged and meaningful, and that the data they contribute is equitable in content and impact. Strategies discussed will include shared advance agreement of signs of discomfort which may not be explicitly stated, and the use of taster sessions to support assent. It will present the process of co-creating accessible packages of questions and statements so that participants' contributions can be effectively captured.
Results: Results will present some of the co-created packages of questions and statements as well as the views of Deafblind Children and Young People's on what is important in the process of naming, identifying, and categorising their needs – and of what success in this area looks like from their perspective.

Conclusion: A discussion of the design process will offer practical ideas to ensure wider engagement in future research projects, and the presentation of children's views will offer important insights into how and why we identify, and the terminology we use when discussing children who are deafblind.

RS 2.3 (ID: 246) ***Martina Celizic***

Reading Beyond Vision: Orthographic Processing, Braille, Fingerspelling and Deafblind Communication

Reading is often understood primarily as a visual activity. However, for many deafblind people, access to written language may occur through touch, movement, residual vision, or a combination of sensory channels. Braille and fingerspelling provide important examples of how alphabetic and orthographic information can be represented beyond conventional print. These modalities invite a broader understanding of literacy as a flexible process that includes tactile, visual-manual, and multimodal pathways.

Aim: This presentation explores what neuroscience can contribute to our understanding of orthographic processing across modalities, with particular attention to the relevance of Braille and fingerspelling for deafblind communication and literacy.

Methods: The presentation draws on current theoretical and neuroscientific literature on reading, Braille, fingerspelling, and cross-modal plasticity. Rather than treating reading as a single-modality process, it considers how written-language structures may be accessed through different sensory and motor systems. Braille is discussed as a tactile orthographic system, while fingerspelling is considered as a visual-manual and potentially tactile-manual representation of alphabetic structure.

Results: Research suggests that orthographic processing may involve both modality-specific and overlapping language-related mechanisms. Braille highlights the role of tactile processing in literacy, while fingerspelling demonstrates how alphabetic information can be represented through the hands and perceived visually or tactually. Together, these systems challenge the assumption that reading is exclusively visual and point toward a more flexible understanding of how the brain supports access to written language.

Conclusion: For deafblind people, literacy and communication access often depend on flexible, individualised, and multimodal approaches. A neuroscience-informed view of orthographic processing can help reframe Braille, fingerspelling, tactile signing, and related systems not as compensatory alternatives, but as legitimate pathways to language and literacy. This perspective has implications for education, communication support, and the design of accessible technologies.

RS 2.4 (ID: 252) ***Kim E. Tosolini, Saskia Damen, Marleen Janssen, Alexander E.M.G. Minnaert***

Thinking in Dialogue: the use of cognitive support strategies to support attention, exploration, and goal-directed behavior in individuals with CDB

It is assumed that individuals with congenital deafblindness (CDB) have equal cognitive potential as those without CDB, when accounting sufficiently for their sensory deficits. Yet, persons with CDB show delays in the development of attention, exploration and goal-directed behavior, impacting several aspects of development. Caregivers play an important role, since they can mediate learning opportunities by using support strategies. In Thinking in Dialogue, the assumption was made that the use of ten cognitive support strategies based on the Child Guided Strategies and the Tactile Working Memory Scale could mediate learning opportunities for persons with CDB.

Aim: The aim of the study was to analyze the occurrence of attention, exploration and goal-directed behaviors in persons with CDB after the use of ten cognitive support strategies by caregivers. Cognitive support strategies were: providing examples, doing together, provoking reactions, providing waiting time, repeating one's own action, repeating as a confirmation, providing language input, stimulating language, giving compliments, and providing metacognitive strategies.

Methods: Interactions between caregivers and persons with CDB were recorded and coded. The occurrence of each strategy was calculated. Furthermore the occurrence of attention, exploration and goal-oriented behavior of the persons with CDB was calculated. Transitional probabilities and Yule's Q measures were calculated to gain insights in the probability of attention, exploration and goal-directed behaviors occurring after the cognitive support strategies.

Results: The frequency of occurrence varied. Language input was the most used strategy, for example, and metacognitive strategy almost did not occur. Furthermore, attention occurred frequently, while the occurrence of exploration was limited. Results on transitional probabilities and Yule's Q value will be available in the upcoming months.

Conclusion: Conclusions are still being drawn. This study provides insights in the occurrence of strategies and in the occurrence of attention, exploration and goal-directed behaviors. The transitional probabilities will provide insights in which strategies could support

attention, exploration and goal-directed behavior in persons with CDB. This could have implications for future research and practice. For example, if exploration occurred regularly after provoking, future intervention could use this result to develop training to improve exploratory behaviors.

RS 2.5 (ID: 288) ***Anagha Raj***

Tactile Cognitive Mapping Without Vision: A Psychological Framework for Communication, Meaning-Making, and Participation in Congenital Deafblindness

Research in blindness and congenital deafblindness has demonstrated that tactile and haptic information supports spatial cognition through tools such as tactile maps, 3D representations, and embodied navigation strategies. This work has advanced the understanding of orientation, accessibility, and wayfinding without vision. However, tactile experience is still largely framed as a compensatory substitute for vision, with limited integration into psychological accounts of communication and participation.

Aim: This paper develops a conceptual psychological framework that reconsiders tactile cognitive mapping in congenital deafblindness as a system that extends beyond spatial navigation. It proposes that tactile experience contributes to communication, relational understanding, and participation by shaping how individuals interpret both environments and social interaction.

Methods: This is a theoretical and conceptual paper based on an interpretive synthesis of selected literature from cognitive psychology, embodied cognition, spatial cognition, and deafblind communication research. Existing empirical findings and theoretical perspectives are re-examined to construct an integrated account of tactile-based cognitive and social organization. No new empirical data were collected.

Results: The analysis suggests that tactile cognitive mapping operates across interconnected domains. Spatial mapping supports environmental orientation, relational mapping supports understanding of others within communicative contexts, and interactional mapping supports the development of shared expectations in communication. When taken together, these processes show that tactile experience serves as a generative system that shapes participation and cognition as well as an accessibility medium. As a result, tactile cognition emerges as a fundamental framework for social interaction and meaning-making rather than just a compensating technique.

Conclusion: Reframing tactile cognitive mapping as a psychological system provides a more integrated understanding of communication, accessibility, and participation in congenital deafblindness. By emphasizing how tactile sensation facilitates communicative inclusiveness and relational involvement, this viewpoint is consistent with the conference themes of Innovate, Empower, and Collaborate. The framework has implications for communication practice, co-designed intervention approaches, and future research on embodied models of participation.

RS. 2.6 (ID: 71) ***Paula Lanz***

Model-Based Analysis of cognition in bodily-tactile Interaction: Emerging concepts for Deafblind Education

Designing cognitively stimulating processes in bodily-tactile contexts with learners who are deafblind presents fundamental challenges due to the specific conditions of interaction. In these settings, cognitive processes and communicative development are tightly interwoven and must be understood in their mutual constitution. While cognitive models of working memory and pedagogical approaches to interaction and communicative design exist, a systematic integration for analyzing and designing tactilely mediated learning and communication processes remains underdeveloped.

Aim: This research short aims to make cognitively stimulating processes in the tactile modality, as well as communicative developmental processes, more analytically accessible by integrating the Working Memory in Interaction Model of Language Acquisition (Nicholas, 2013) with the Teaching Through Interactions (TTI) framework (Pianta & Hamre, 2013).

Methods: The presentation is based on an ongoing doctoral project and draws on video-based interaction analyses and reflective contributions from professionals working with learners who are deafblind. The integrated model serves as an analytical framework for reconstructing interaction sequences in their contextual embeddedness.

Results: Emerging concepts are presented based on the conceptual linkage of both models, focusing on the interrelation of communicative and cognitive processes in the sequential organization of tactile interaction.

The presentation offers a differentiated perspective on the analysis and design of cognitively stimulating interaction and contributes to the further development of TWMS as a practice-oriented and theoretically grounded framework for bodily-tactile educational contexts.

RS 2.7 (ID: 183) ***Linda Henriksen***

Depicting Constructions in a Child with Congenital Deafblindness

Depicting constructions in signed languages have traditionally been described as iconically motivated and spatially organized structures, and have within sign language linguistics contributed to discussions concerning the relationship between gestural and linguistic forms of expression. Existing descriptions, however, are largely based on visual access to signing space, movement, and spatial organization. Consequently, there is limited research on how depicting constructions develop and are organized in bodily-tactile modalities, where meaning-making is grounded in bodily-tactile perception and interaction with communication partners.
Aim: The study investigates how bodily-tactile expressions produced by a child with congenital deafblindness can be understood and analyzed as depicting constructions that organize events, relations, and experiential qualities in interaction. Furthermore, the study seeks to identify semiotic and structural features that may provide grounds for understanding such constructions as systematically and linguistically organized.
Method: The study is a qualitative exploratory case study based on video observations of natural interaction between a child with congenital deafblindness (categorized as totally deaf and blind) and a sighted and hearing communication partner. A linguistic and semiotic analytical perspective is applied using parameters such as substitutors (reference), descriptors (specification), manipulators (predication), and degrees of mapping (fully mapped, partially mapped, and virtually mapped constructions).
Results: The analysis demonstrates how the child organizes meaning through depictions of events, relations, and experiential qualities rather than through conventional lexical signs introduced by the communication partner. The material further illustrates how such constructions develop in bodily-tactile and emotionally shared interaction, in which the communication partner contributes to making events and dynamic processes accessible through scaffolded interaction and bodily-tactile meaning-making.
Conclusion: The findings suggest that bodily-tactile expressions in congenital deafblindness can be analyzed as systematically organized and meaning-bearing depicting constructions. The study further argues that such constructions not only express referents and actions, but also function as linguistically organized resources for events, relations, and experiential qualities in interaction.

RS 2.8 (ID: 274) Galina Aleksandrovna Perminova, Tatiana Aleksandrovna Basilova

Socio-communication Profiles of Children with Complex Disabilities

Developmental profiles of children with complex disabilities have changed considerably over recent decades, largely due to advances in neonatal medicine and improved survival rates among children with severe health conditions. Contemporary sensory impairments increasingly occur in combination with other developmental conditions, including motor, intellectual, and multiple disabilities, as well as autism spectrum disorder. These changes require a more detailed understanding of the developmental characteristics and support specific needs of children with multisensory impairments.
Aim: This study aims to collect data on the developmental profiles of children with multisensory impairments in Russia, identifying common profile patterns, describe their social and communication needs, and propose strategies for communication and educational support.
Methods:
The study includes 25 children aged 2–14 years with multisensory impairments, defined as visual and/or hearing loss combined with other developmental disabilities. Data were collected using: 1) Assessment of Social and Communication Development in Children with Multiple Disabilities (M. Vetrova, 2024), 2) Identification of Functional Vision and Hearing Characteristics (Khokhlova & Moreau, 2024). The assessment focused on communication abilities, social engagement, sensory functioning, and support needs in everyday environments.
Results: Preliminary analysis reveals substantial heterogeneity among participants. One participant, an adolescent with CVI and severe motor impairments, does not use any symbolic communication. Due to highly limited means of expression, his comprehension of language was difficult to assess. Intervention priorities include identifying and documenting communicative behaviors and sensory interests, systematically incorporating them into daily interactions, and establishing a meaningful communication system. Another participant, a 7-year-old child with partial hearing and visual impairments and cognitive disabilities, is attending a school for deaf students for the first year. Key intervention goals include adapting communication methods and educational materials to the child's perceptual and cognitive needs through organizing a close collaboration with her family members and school staff.
Conclusion: The preliminary findings suggest that children with multisensory impairments represent a distinct population whose developmental profiles cannot be fully understood within broader categories of complex disabilities. Professionals should consider their specific perceptual, social, and communication needs when planning assessment and intervention.

RS 2.9. (ID 254) Emi Kamei, Andrea Wanka

Understanding Emotions of People with Congenital Deafblindness and Underlying Reasons for Their Expressions and Behaviours

Background and Aim: People with congenital deafblindness (CDB), who have dual sensory impairments in hearing and vision, are frequently observed to exhibit serious delays in communication and language development. Those individuals, therefore, face a significant challenge in expressing their emotions and thoughts. Individuals with CDB develop communication and social-emotion through the quality of interaction with communication partners. Although affective involvement positively impacts the emotions of individuals with CDB, there remains a lack of studies in understanding of the emotions underlying their expressions and behaviours, as well as personal histories and life experiences that shape these emotional experiences. This study aims to develop a comprehensive understanding of the emotions underlying the expressions and behaviours of individuals with CDB and to explore the contextual factors that may contribute to their expressions and behaviours. Furthermore, the study aims to inform how to provide better emotional support for people with CDB.
Methodology: This is a multiple single-case study in which data will be collected using a qualitative approach. The video of interactions between people with CDB and their communication partners will be analyzed by focusing on communicative behaviour, emotional states, and the intensity of the emotions of the people with CDB, and sensory modalities of those people and their communication partners. In order to get insights into several different areas of the individuals' lives, such as living, working, family life, school life, and medical history that may affect the reasons behind how they react to events and express themselves in the interaction with others, interviews will be carried out with support staff as well as families either face-to-face or by video phone call.
Expected Outcomes: The expected outcomes include a comprehensive understanding of the emotions of people with CDB and the underlying reasons for their expressions and behaviours.
Implications: This research will provide valuable insights for educators, families, support staff, and policymakers on how to provide better emotional support for individuals with CDB and how to collaborate interdisciplinarily in order to enhance services and education including emotional support for those people, thereby contributing to their well-being.

12:00 PM – 1:30 PM	**LUNCH BREAK**	Plenary Hall Floor
	Exhibits & Poster Viewing of the Day	Main Entrance Floor

POSTERS OF THE DAY (25 posters)

POSTER 2.1 - *(ID 266) Hiroyuki Sugai, Satoko Mishina, Asukazu Nakamura, Satoshi Fukushima, Japan*
A study on the educational support for deafblind children through multidisciplinary collaboration

POSTER 2.2 - *(ID 268) Miho Nakamura, Canada; Risa Nara, Japan*
Building International Research Support Without Existing Systems: A Three-Week Practice of Collaboration Between a Deafblind Researcher and a Personal Assistant

POSTER 2.3 - *(ID 272) Maria Grundner, Austria*
Orientation and Mobility as a Foundation for Participation: Lessons from an International Expert Exchange Project in Deafblindness

POSTER 2.4 - *(ID 283) Vikram Choudhary, Inez Aschenbrenner, Germany*
A multisensory weekday object system

POSTER 2.5 - *(ID 284) Justyna Korzeniewska, Poland*
Mood disorders, emotional instability and social cognition deficits as a part of behavioral phenotype genetic syndromes causing deafblindness and risk factors for educational failure. Overview of group and case studies

POSTER 2.6 - *(ID 287) Asako Kawahara, Japan*
Transmitting Perspectives for Grasping the Child's Reality: Focusing on the Process of Reading Hands in Deafblind Education

POSTER 2.7 - *(ID 296) Mariette Broker, The Netherlands*
Floorplay for Young Children with Congenital Deafblindness

POSTER 2.8 - *(ID 314) Megan B Wimberly, Sean R Hauschildt, United States*
DeafBlind Community Cultural Wealth: Centering Identity Development Through Community Capitals

POSTER 2.9 - *(ID 47) Dennis Leck, Germany*
Kinaesthetics meets Deafblind Pedagogy: Moving Through Movement!

POSTER 2.10 - *(ID 255) Marianne Rorije, Emma Klaassen-Koelewijn, Karen Denkers-van der Linde, Annet Eikelboom*
Co-creating empowerment: designing a card-deck for and with people with acquired deafblindness

POSTER 2.11 - *(ID 115) Grzegorz Kozlowski, Anna Nawrot, Agnieszka Kozlowska, Poland*
The Polish Glove: Tactile Communication as a Tool for Life□Long Independence

POSTER 2.12 - *(ID 123) Andrena McMenemy, Issy McGrath, Isabella Goldie, Kyle Bettley, United Kingdom*
Those Who Dare Win: Amplifying Advocacy through organic project design

POSTER 2.13 - *(ID 147) Carolyn Monaco, Canada; Beth Kennedy, United States; Theresa Tancock, Canada*
Intervenor/er Services: Research, Practice, Partnerships and Global Collaboration

POSTER 2.14 - *(ID 151) Caireen Sutherland, Olly Elm-Robinson, United Kingdom*
Exploring how to ensure deafblind children/young people are heard and develop the necessary skills to advocate for themselves

POSTER 2.15 - *(ID 158) Marta Zaharia, Allan Wareham, Renee Toninger, Canada*
Updating the Intervenor Code of Ethics and Guidelines for Ethical Conduct: Real□Life Examples to Strengthen Accessible Practice

POSTER 2.16 - *(ID 163) Ingrid Korenstra, The Netherlands*
Outdoor Activities “In Your Own Backyard”: A brochure about small activities with big experiences

POSTER 2.17 - *(ID 168) Sietske Molenaar, The Netherlands*
Act, Connect and Sign: A way to learn Sign language

POSTER 2.18 - *(ID 263) Lindsay Border, Canada*
Learning Without Limits: Evolving Intervenor Development to Strengthen Communication Excellence

POSTER 2.19 - *(ID 332) Kira Rosenbloom, Lessette Morales, Melanie Gaulthier, Canada*
Interprofessional Education for Deafblind Care: Building Competency Through Experiential Learning

POSTER 2.20 - *(ID 10) Simon Allison, United Kingdom*
From passive receivers to taking the wheel- How Deafblind youth from Cornwall, UK have weaved a Sense of ownership into every part of service design and delivery.

POSTER 2.21 - *(ID 15) Julie Majzel, Angela Wolf, United States*
The Right to Literacy: Empowering Deafblind Learners Through Advocacy for Comprehensive Instruction

POSTER 2.22 - *(ID 18) Dede Supriyanto, Tuti Hendrawati, Indonesia*
The Impact of Guru Sahabat Keluarga (Teachers are Family Friends) Project in Developing Teacher-Parents Partnership on the Education of Students with Deafblind and Multiple Disabilities

POSTER 2.23 - *(ID 26) Ruma Chatterjee, Suman Baidya, India*
BLOW OF THE FATE!

POSTER 2.24 - *(ID 28) Hannah McPierzie, Kirsty Lim, Jason Rowland, Karen Wickham-Grey, Erika Webb, Linda de Rozario*
Empowering Emerging Leaders with Sensory Loss: Deafblind West Australians' Young Leaders Program

POSTER 2.25 - *(ID 165) Renee Toninger, Pradeep Peter, Fatema Kanji, Cat Kistner, Canada*
Expanding Access: The Role of Deaf Intervenors at Canadian Helen Keller Centre (CHKC)

1:30 PM – 3:00 PM **Concurrent Sessions 4** Both Floors

Session 4A Workshop. Theme: Communication Room 1

Gro-Anita Nummedal, Jonathan Reid, Annika Maria Johannessen (ID: 127)
Tactility and taboos: Perceived barriers within the bodily-tactile approach
For many persons with deafblindness, the bodily-tactile modality is fundamental for communication, access to information, orientation, and safe mobility. Despite this well-established understanding, bodily-tactile interaction can still be experienced as difficult or uncomfortable by communication partners and professionals. Questions of social boundaries, touch, proximity, and perceptions of personal space may become significant barriers to meaningful bodily-tactile engagement. These challenges can influence both professional practice and opportunities for participation, learning, and development for persons with deafblindness.
Aim: This workshop aims to explore the social, emotional, and professional barriers that can arise in bodily-tactile interaction. It seeks to create a reflective space in which participants can critically consider their own experiences, assumptions, and professional practices when working in close bodily-tactile modalities. Through shared discussion and reflection, the workshop aims to support the development of more confident, responsive, and relational approaches to communication with persons with deafblindness.
Approach: The workshop will combine short presentations, discussion, and reflective activities. Participants will explore /hypotheses, lived experiences, and professional dilemmas related to bodily-tactile communication and interaction. Relevant research literature will be introduced alongside perspectives on communication, information access, mobility, and partner competence in deafblindness. Particular attention will be given to the role of the communication partner and emerging perspectives on bodily-tactile interaction and relational practice.
Findings: Relevant research and practice-based perspectives will be presented and discussed collaboratively during the workshop. Reflections and insights generated through participant discussion will also be gathered and shared as part of the learning process.
Conclusion: Bodily-tactile interaction raises important and sometimes sensitive questions around closeness, touch, and personal boundaries. These issues may unintentionally become barriers to participation and development for persons with deafblindness. Creating opportunities for professionals to openly reflect on these experiences is essential for strengthening practice, deepening understanding, and supporting more meaningful bodily-tactile partnerships.

Session 4B Workshop. Theme: Communication Room 2

Eric van Heuvelen (ID: 159)

How time feels: the development of the Disktimer.

Background: People with deafblindness often experience difficulties with time perception and understanding the passage of time. Disruptions in day-night rhythms and prolonged waiting periods for support in daily activities can lead to uncertainty, stress, frustration, and challenging behaviour. For many individuals with deafblindness, having a clear overview of upcoming activities is essential to create safety, predictability, and stability. Existing visual or auditory time-support tools, such as pictograms or classic time-timers, are often too abstract or inaccessible for individuals with severe visual impairment or deafblindness.
Aim: This project aimed to develop an accessible and fully tactile time-support tool that helps people with deafblindness understand the passage of time, waiting periods, and the start of upcoming activities.
Methods/Approaches: The Bartiméus FabLab developed the Disktimer through an iterative co-creation and prototype-testing process. People with deafblindness, as well as professionals supporting them, were actively involved throughout the design and evaluation stages. Multiple prototypes were tested and refined to ensure the device met users' tactile, cognitive, and practical needs.
Results/Findings: The resulting Disktimer is a fully tactile time-timer specifically designed for students and clients with deafblindness. The device enables users to experience and understand the passage and reduction of time through tactile interaction. Prototype testing demonstrated that the Disktimer can support understanding of waiting periods and transitions between activities, thereby contributing to increased predictability and reduced uncertainty.
Conclusion/Implications: The Disktimer offers a promising tactile solution for supporting time perception in people with deafblindness. By making abstract concepts such as waiting and time passage tangible, the device may enhance autonomy, emotional regulation, and daily structure. The presentation will discuss the development process, the involvement of people with deafblindness in the design trajectory, and the final product that is now becoming available for broader use.

Session 4C Workshop. Theme: Communication Room 3

Hayley Broadway, Rhonda Voight-Campbell, Deanna L Gagne (ID: 216)

What Video Cannot Capture:DeafBlind-Led Protactile Research Methodologies

This workshop challenges the assumption that video is a neutral or sufficient tool for studying DeafBlind communication. We ask: What knowledge is lost when research relies primarily on visual observation and documentation? Research involving DeafBlind communities has historically prioritized hearing-sighted frameworks centered on visual and auditory observation and interpretation. Even participatory approaches often position DeafBlind individuals as subjects or consultants rather than methodological leaders.
Aim: This workshop explores how DeafBlind-led protactile (PT) research teams reshape research through tactile-centered communication, collaboration, and knowledge production.
Methods: Drawing from "PT Kids," a U.S. National Eye Institute/ National Institutes of Health-funded longitudinal study on protactile language acquisition in DeafBlind children, presenters will describe a collaborative model in which DeafBlind PT experts lead family visits, language interactions, and analysis while sighted deaf and hearing team members participate as collaborators. Families are encouraged to interact directly with PT experts to support tactile access and reciprocity. This workshop highlights a central methodological challenge: video alone cannot adequately capture tactile communication. Critical features such as pressure variation, vibration, and subtle backchanneling are often lost through video recording. To address this, our teams engage in immediate protactile-based field note sessions following interactions. DeafBlind researchers draw upon lived tactile experiences to document dynamics inaccessible through visual analysis; these interpretations are prioritized throughout coding and analysis.
Results: Our work demonstrates that protactile-centered research reveals features often inaccessible through video-based analysis alone. DeafBlind-led interpretive processes identify tactile dimensions of interaction including reciprocal feedback, co-presence and other subtle tactile cues frequently overlooked in visually-centered methodologies. Redistributing interpretive authority to DeafBlind PT experts strengthens collaboration, improves interpretation, and produces more culturally grounded analyses of protactile communication.
Conclusion: Aligned with the conference themes of Innovate, Empower, and Collaborate, this workshop positions DeafBlind expertise as essential to meaningful research practice. Participants will explore how protactile perspectives reshape data collection, documentation, collaborative coding, and research team dynamics through interactive discussion

and demonstrations of tactile co-presence and tactile backchanneling. Rather than adapting DeafBlind people to conventional research systems, this model reimagines research through tactile ways of knowing and equity.

Session 4D Oral presentations. Theme: Advocacy Room 4

Angela Amato Polito, Jerry Petroff (ID 82)

A Journey Toward Achieving "Rightful Presence" for a Child with Deafblindness

Children who are deafblind represent one of the lowest-incidence and most educationally complex disability populations, and the research consistently shows that they are far less likely to experience full inclusion in general education settings than many other disability groups. At the same time, the literature demonstrates that when appropriate supports are provided including interveners, communication access, assistive technology, and trained personnel who are deafblind can successfully participate in inclusive educational environments.

The efforts and practices involved in the inclusion of a child with deafblindness in their school and community is often complicated and requires the implementation of specialized supports and services. This presentation will illustrate and document a parent's advocacy journey toward achieving "rightful presence" for their child. With the support of a professional deafblind specialist - the administrators, teachers and peers within a public school in Italy are provided specialized technical assistance and training that form the basis for successful inclusion. However, this process is on-going, and the realization of true rightful presence has yet to be achieved. This case study will provide the participants with the systematic efforts, identified challenges and parameters of success that this family and deafblind specialist implemented on behalf of this child as well as the fundamental attributes of a welcoming and inclusive school setting. Presenting in a formal case study format – this presentation includes the methods, qualitative analysis and results to -date. "A case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident."

Sricamalan Pathmanathan (ID 236)

Thriving Through Self-Direction: Advancing Global Self-Directed Support Models for Deafblind Individuals

Deafblind individuals frequently encounter barriers to communication, mobility, access to information, and community participation. Traditional agency-based service models lack service delivery structures to provide consistency, flexibility, and personalized matching required service delivery in general to meet complex needs, especially in Ontario, Canada. Service interruptions, shifts with unmatched Deafblind intervenors, and competing choices for suitable staff result in perpetuating barriers and constant struggles for all parties.

Aim: Advocating for global expansion of Self-Directed Support for deafblind individuals by highlighting their benefits, shared lived experiences, and examining international examples at a rudimentary level that demonstrate how this model can enable deafblind people to thrive within their communities, particularly where there is an absence of established Deafblind services in rural/remote areas or shortage of existing qualified intervenors.

Methods: This analysis combines lived experience with evidence from a couple of international literature examples. It draws on comparative research on individualized funding and consumer-directed care, as well as decades of personal involvement in disability advocacy, governance, and the establishment of community-based NGOs. Particular attention is given to the unique communication and support needs of deafblind individuals and the importance of having choices to select based on personal needs and capabilities.

Results: Evidence and practice suggest that self-directed approaches promote greater autonomy, trust, and community participation. Individuals who select and direct their own intervenors often experience improved communication compatibility, continuity of support, and increased reliability. This has promising potentials in rural and low-resource settings where formal services are limited. My own years of community involvement and as someone at the receiving-end confirms that directing one's own support can reduce the impact of discrimination, improve quality of life, and foster genuine inclusion for persons with deafblindness.

Conclusion: Self-directed approaches are not appropriate for everyone and require either individual capacity or trusted established support to manage services effectively. However, when implemented through flexible, tiered models, they offer a powerful, rights-based pathway toward autonomy, dignity, and full community participation for deafblind individuals worldwide. It is a proven efficient, self-sustainable, empowering, reliable model for those who has the resources and options available.

Sara Crespo (ID 152)

"Deafblind on the Road": A Self-Managed Awareness Project Created by a Deafblind Person

The project "Deafblind on the Road" was created in 2022 with the aim of raising awareness about deafblindness and making visible the abilities and potential of deafblind people. The initiative emerged from the personal experience of Sara Crespo, a deafblind activist and international aid worker deafblind, in response to the lack of social understanding about deafblindness and the communication and

participation barriers faced by many people within the community.
Aim: The main purpose of the project is to demonstrate that a deafblind person can lead, organize, and develop impactful social initiatives while promoting autonomy, participation, and self-determination.
Approaches: "Deafblind on the Road" is a fully self-managed and self-funded project created by a deafblind person. This presentation explains the entire creation process: from the initial project planning in 2022, the search for resources and purchase of a motorhome adapted to the travel needs, to the selection of support drivers, the design of awareness campaign vehicle graphics, and the logistical organization of routes and activities.
The project began travelling across Spain in 2023, delivering awareness workshops, talks, and meetings in 35 educational centers, 3 universities, 6 schools, and 55 associations. The initiative seeks to generate empathy, increase visibility of deafblindness, and inspire other deafblind people to develop a more autonomous and visible life.
Conclusion: The presentation will highlight the importance of deafblind people leading their own projects and becoming protagonists of their own decisions, challenging paternalistic stereotypes and demonstrating that self-determination and independent living are possible when creativity, appropriate support, and confidence in one's own abilities are present.

Session 4E Oral Presentations. Theme: Communication Room 5

Jean-Jeacques Angoua Tano, Richie Tatiana Moussavou-Koumba (ID 210)

Beyond silence and darkness: Communication, accessibility, and social recognition of Deafblind people in Côte d'Ivoire

Deafblindness remains one of the least visible and least understood disabilities in Côte d'Ivoire and across West Africa. In many communities, deafblind individuals face severe social isolation due to the absence of specialized educational services, limited communication support, and persistent misconceptions surrounding deafblindness. Despite these realities, little research has explored how deafblind people communicate and participate socially in African low-resource contexts.
Aim: This exploratory study investigates emerging communication practices among a small deafblind community recently identified in Côte d'Ivoire. The project aims to document locally developed communication strategies and examine how deafblind individuals negotiate social interaction and participation despite limited institutional support.
Methods: The study uses a qualitative and ethnographic approach combining participant observation, informal interactions, family narratives, and community-based documentation of communicative practices. To date, ten deafblind individuals have been identified, mainly in Abidjan. The research pays particular attention to tactile and embodied forms of communication developed in everyday life.
Findings: Preliminary findings reveal that several deafblind individuals use the Langue des Signes de Côte d'Ivoire (LSCI) as a communicative foundation while adapting it through tactile and contextualized interaction. Communication strategies include tactile signing, the manual alphabet, writing in the palm of the hand or on parts of the body, touch-based guidance, bodily orientation, routines, and contextual anticipation. Far from representing "limited" communication, these practices demonstrate remarkable forms of human adaptation, communicative creativity, and social negotiation rooted in local realities. The findings also highlight the near absence of formal deafblind education, tactile interpreting services, assistive technologies, and disability policies addressing deafblindness in Côte d'Ivoire.
Conclusion: The study argues that communication access is fundamental to social participation, dignity, and visibility. By documenting an underrepresented African context, the project contributes to international discussions on deafblind communication, accessibility, and inclusion in low-resource environments. It also calls for stronger collaboration between researchers, educators, disability advocates, families, and deafblind communities to develop more inclusive and context-sensitive approaches to communication and social recognition.

Rashmikant Mishra, Sachin Rizal (ID 333)

Effectiveness of Home-Based Education for Persons with Deafblindness and Complex Disabilities in India

In India, individuals with deafblindness (Db) and complex Disabilities (CD) face severe educational exclusion due to a lack of specialized schooling, heavy financial burdens, and geographical barriers, particularly in rural regions. To bridge this gap, home-based education has become a critical alternative approach, delivering tailored, routine-based learning within the comfort and safety of the learner's own domestic environment.
Aim: This study intends to evaluate the impact of home-based educational programs on improving communication, activities of daily living (ADLs), social interaction, and overall functional independence among children aged 3 to 14 years with Db and CD in India. It also aims to understand the influence of caregiver training and local resource availability on the success of these programs. Methods/Approaches: A convergent parallel mixed-methods research design is being used to study children aged 3 to 14 years with Db and CD currently enrolled in home-based programs across various Indian states. Quantitative data are being gathered from baseline and longitudinal Individualized Education Plan (IEP) records

using standardized functional assessment checklists. Simultaneously, qualitative insights are being collected via semi-structured interviews and focus group discussions (FGDs) with parents, special educators, and field coordinators. Quantitative outcomes will be processed using descriptive statistics, while qualitative interviews will be evaluated using thematic analysis.
Results: The final findings are expected in the coming months. The preliminary observation indicates that structured home-based intervention leads to measurable progress in basic communication signals and self-care skills. The observations are expected to demonstrate that a parent-coaching model—where family members are trained to lead daily activities—is highly sustainable for this age group. However, preliminary observations also point toward major challenges, such as severe caregiver burnout and a lack of learning materials in regional languages.
Implications: This study will provide strong evidence showing that home-based education is a viable pathway for reaching learners with deafblindness and complex disabilities. The insights will help non-governmental organizations (NGOs) and government bodies scale up community-based rehabilitation models, directly supporting the inclusive education mandates of the Rights of Persons with Disabilities (RPwD) Act, 2016 and New Education Policy 2020.

Sanu Khimbaja (ID 197)

Assessing the Effectiveness of Peer Education for Children with Deafblindness in Schools in Nepal.

Children with Deafblindness in Nepal continue to face many barriers in education, particularly related to communication, social participation, and access to appropriate support within schools. These challenges often increase the risk of exclusion, limited participation in classroom activities, and school dropout. In many educational settings, children with deafblindness struggle to build friendships, express their needs, and actively engage in learning due to limited awareness and communication support from those around them. To respond to these challenges, peer education has been introduced in mainstream schools, resource classes, and schools for deaf children with sign language backgrounds as part of an inclusive support approach in Nepal.
Aim: This study examines the effectiveness of peer education support programs for children with deafblindness, exploring how peer support contributes to communication development, school participation, educational continuation, and learning outcomes.
Methods: The study used a qualitative and participatory approach, drawing on experiences and reflections from children with deafblindness, peer educators, teachers, and parents across different school settings. Information was collected through classroom observations, informal interactions, interviews, and group discussions.
Results: The findings suggest that peer education has played an important role in helping children with Deafblindness feel more connected and included within the school environment. Communication development emerged as one of the strongest outcomes of the program. With support from peers, children were better able to express their needs, ask for help, participate in classroom activities, and engage in social interactions. This appeared to contribute positively to their confidence, classroom participation, and continuation in education. In schools for deaf children, peer relationships supported communication through sign language and shared interaction, while in mainstream schools and resource classes, the program also helped increase awareness and understanding of deafblindness among classmates. This created more supportive peer relationships and encouraged more positive attitudes towards disability and inclusion within the classroom.
Conclusion: The study highlights peer education as a practical and contextually relevant inclusive education strategy in Nepal. It also emphasizes the importance of continued support, guidance, and collaboration between schools, teachers, peers, and families to strengthen meaningful inclusion for children with Deafblindness.

Session 4F Oral Presentations. Theme: Health and Well-being Room 6

Vishvendu Narudrakumar Shastri (ID 298)

Building an Inclusive Mental Health Workforce for Persons with Deafblindness in India: Lessons from 250 Trained Professionals Across 24 States in India

Persons with deafblindness (Db) frequently experience unmet mental health needs due to communication barriers, limited awareness among mental health professionals (MHPs), and inadequate referral pathways. In low- and middle-income countries, access to specialised mental health services for persons with deafblindness remains limited. Strengthening the capacity of psychologists, counsellors, psychiatrists, and other professionals is essential for promoting equitable and inclusive mental healthcare.
Aim: To evaluate the impact of capacity-building initiatives for mental health professionals on knowledge, confidence, referral practices, service accessibility, and psychosocial support outcomes for persons with deafblindness and their families.

Methods/Approach: A mixed-methods approach was implemented over two years across 24 states of India. More than 250 mental health professionals, including psychologists, counsellors, psychiatrists, and social workers, participated in structured training programmes focused on deafblindness, accessible communication, mental health assessment, psychosocial interventions, and referral mechanisms. Pre- and post-training assessments evaluated changes in knowledge and preparedness. State-level collaborations and referral networks were established to strengthen linkages between disability and mental health systems. Qualitative data included stakeholder perspectives and five in-depth case studies documenting experiences of persons with deafblindness and their families in accessing mental health support.
Results/Findings: Pre-post evaluation demonstrated improved knowledge, confidence, and readiness among professionals to provide inclusive services for persons with deafblindness. The mean knowledge score increased from 12.71 (SD = 2.52; n = 301) pre-training to 13.60 (SD = 1.93; n = 265) post-training, reflecting a significant improvement in understanding of deafblindness-related mental health concepts ($p < 0.001$). The initiative also strengthened referral pathways and increased access to counsellors, psychologists, and psychiatrists. Case studies highlighted improvements in psychosocial wellbeing, family dynamics, and service accessibility.
Conclusion/Implications: Building an inclusive mental health workforce is critical for advancing mental health equity for persons with deafblindness. The Indian experience demonstrates that large-scale capacity building, collaborative networks, and referral systems can strengthen access to care in resource-constrained settings. This model offers a scalable framework for integrating mental health within disability services and promoting inclusion, resilience, and wellbeing across the life course.

Victor Locoro (ID 214)

Caregiver Stress, Coping Mechanisms and Support Networks among Families Raising Children with Deafblindness in Uganda: A Qualitative Study

Families raising children with deafblindness in Sub Saharan Africa face profound and multifaceted challenges that arise from the dual sensory impairment associated with the condition. These challenges extend far beyond typical caregiving roles, encompassing difficulties in communication, behavior management, mobility, health and access to appropriate education and rehabilitation services. In Uganda, caregivers frequently shoulder these responsibilities with limited professional support, inadequate resources and minimal social protection. Although some deafblind-specific formal services were started by some stakeholders over the last few decades, such services have a limited geographical scope and often fade with project funding. As a result, many families raising children with deafblindness in the country experience heightened stress, emotional strain, financial burden and social isolation. Despite global recognition of the particular vulnerabilities of caregivers of children with complex disabilities, qualitative research focusing specifically on families of children with deafblindness in Uganda remains scarce.
Aim: This study therefore addresses this gap by exploring caregivers' lived experiences, the stressors they encounter, the coping mechanisms they employ, and the formal and informal support systems available to them.
Methods: Guided by the Stress and Coping Theory and Social Support Theory, the study adopts a phenomenological qualitative approach involving in□depth interviews and focus group discussions with caregivers, teachers, and community□based rehabilitation (CBR) workers.
Results: Thematic analysis revealed five overarching themes: (1) the complex and dynamic nature of caregiving stress; (2) emotional and psychological burdens; (3) adaptive and maladaptive coping strategies; (4) informal but fragmented support networks; and (5) systemic and structural barriers to effective support. The findings highlight the urgent need for structured caregiver support programs, sustainable family□centered interventions, and strengthened CBR systems tailored to the needs of children with deafblindness and their families.
Conclusion: By illuminating the voices and realities of caregivers, this study contributes evidence necessary for policy, practice and future research in disability and family welfare in Uganda.

Jo Milne (ID 295)

Fatigue in Focus - why it matters more for those living with Dual Sensory Loss.

Sleep isn't just a luxury for us, it's the foundation upon which core daily functions are built. Navigating undiscovered environments and the intense mental energy needed for sensory processing is compounded by exhaustion - recovery is essential.
Access and Barrier Fatigue:Effort driven fatigue can multiply the difficulty of every challenge- if we start our day with poor sleep, our ability to process sensorily suffers, resulting in heightened feelings of vulnerability and disorientation increasing the risk of falls, social withdrawal and lack of confidence - depression. Navigating the physical world and communicating

our message online, professionally and personally requires constant focus. We cannot rely on ambient hearing or sight to process the environment, we rely on intense concentration and secondary cues to maintain orientation.
The Fatigue Manifestation:
Trying to compensate for missing sensory data takes a toll. Listening to a conversation in a crowded room while simultaneously trying to focus on lipreading and body language places a huge strain on the brain. It often leads to withdrawal from social gatherings to avoid the severe exhaustion, resulting in mental shutdown and social regression caused by constantly 'filling in the gaps' of missing information.
The Communication Gap in the Clinic:
Poor sleep can be dismissed as a secondary concern, the focus favoured on motor scores or clinical markers, metrics that are measured. We need to highlight the holistic, whole person approach, the language of access-anxiety and barrier fatigue when the patient requires space, time and opportunity to sensorily process and ably navigate healthcare systems-public and private life. The frustration of repeatedly requesting accessible information, followed by the intense cognitive effort required to hear through background noise and visually interpret spaces, drains our function. By the end of a medical appointment, any interaction- we are exhausted and may avoid future appointments impacting health outcomes, social interaction and wellbeing.
The Patient's Call to Action:
Patients need more information about circadian health, light exposure and skills to reduce sensory overload. This is a plea for better sleep management training, increased Deafblindness awareness to be integrated into standard care, rather than being an afterthought. Currently, many sleep studies use standard scales so we need new metrics that measure Functional Resilience. As a tried approach; taking a holistic measure to ensure healthy sleep patterns can significantly impact mental health and well-being.

Session 4G Oral Presentations. Theme: Accessibility Room 7

Claude Vincent, Walter Wittich, Amelie Desnoyers, Francine Baril, Caroline Charest, Bruno Lemelin, Marie-Claire Lemire, Marie-Élaine Durand, Marc St-Onge, Maryse Théberge, Emily Tremblay (ID 64)

How does a technology watch on devices for users with sensory impairments help in making an informed product choice?

Access to reliable information about assistive technologies remains a challenge for people with visual impairment (VI) and deafblindness/dual sensory impairment (DSI), as well as for the professionals supporting them. V-TeDDS (Veille Technologique sur les Dispositifs pour les clientèles avec Déficiences Sensorielles) is a technology watch initiative designed to support evidence-informed decision-making regarding assistive technologies for individuals with sensory impairments. The initiative emerged following the 2018 Quebec Symposium on Physical Rehabilitation.
Aim: This presentation has two objectives: (1) to introduce V-TeDDS as a structured technology watch supporting informed selection of assistive technologies for individuals with VI and DSI, and (2) to examine opportunities and ethical considerations related to artificial intelligence (AI)-enabled technologies using the Ray-Ban Meta Wayfarer Smart Glasses as an example.
Approach: V-TeDDS uses an ongoing technology monitoring process coordinated by documentation specialists. Devices are selected using predefined relevance criteria and evaluated by experienced rehabilitation clinicians according to four criteria derived from Batavia and Hammer (1990): effectiveness, usability, learnability, and reliability. Additional considerations include flexibility, connectivity, robustness, durability, portability, security, and personal acceptability. Each fact sheet summarizes strengths, limitations, required adaptations, and practical clinical information.
Results: To date, V-TeDDS has produced more than 50 technology fact sheets, with 6–10 new evaluations added annually. Technologies are classified into four domains: Activities of Daily Living (e.g., Ray-Ban Meta Wayfarer Smart Glasses, Be My AI), Communication (e.g., Xband tactile wristband), Mobility (e.g., WeWalk smart cane), and Health, Nutrition, and Safety (e.g., connected fitness and kitchen devices like the Etekcity Smart fitness scale and the Dual Blaze®6.8-Quart Smart Air Fryer). Between 2021 and April 2026, the V-TeDDS extranet platform hosted approximately 7,750 page views from 3,850 visitors.
Conclusion: V-TeDDS provides people with VI and DSI, families, and rehabilitation professionals with accessible, clinically informed summaries of emerging assistive technologies. The initiative supports evidence-informed technology adoption while promoting critical reflection on the growing integration of AI-enabled tools in sensory rehabilitation. The technology watch website is open to everyone: https://extranet.inlb.qc.ca/recherche-et-innovation/v-tedds/

Natalina Martiniello, Marie-Claire Lemire, Walter Wittich, Martin Begevin, Sylvie Cantin (ID 311)

How line length and display dimension shape braille reading speed: Providing evidence to inform braille device selection

Braille literacy is critical for millions of blind and deafblind people worldwide. Traditional braille displays provide access to a single line of text (in lengths ranging from 14 to 80 cells). Multi-line braille displays have been introduced in recent years that provide access to a full page of text.

Aim: This study examines how braille device line length and dimension (single versus multi-line display) correlate with braille reading speed.

Methods: Participants who were at least 18 years of age, who self-identified as blind, deafblind or low vision, and with at least 5 years of braille experience completed demographic questionnaires and reading tasks presented in a randomized order. For linear reading, passages from the International Reading Speed Test were read on single-line displays (14/20/40/80 cells) and a 40-cell multi-line display. Characters per second (CPS) were calculated. Participants were also asked to locate data from tables on 40-cell single-line and multi-line displays, where response time (in seconds) was measured.

Results: Preliminary findings from 11 participants (ages 52-72; 3 men, 8 women) showed that most participants read slowest on the 14-cell display (M=2.94cps, SD=1.14) and fastest on the 40-cell display (M=3.76cps, SD=1.55). With respect to table reading, a 2x2 repeated measures ANOVA (Display Size x Question Type) showed significant main effects on response time for each of Display Size ($F(1, 10) = 8.54$, $p = .015$), Question Type ($F(1, 10) = 10.04$, $p = .010$, and Display Size x Question Type ($F(1, 10) = 30.10$, $p < .001$). For comparative questions, the multi-line display ($M = 17.06$ sec, $SD = 10.86$) was significantly faster than the 40-line display ($M = 28.92$ sec, $SD = 18.27$), $t(10) = 4.76$, $p = .003$, $d = 0.73$. Bimanual readers achieved the highest speeds on multi-line displays for linear passages. Those who divided reading tasks between both hands performed best when answering comparative questions during table reading.

Conclusion: Preliminary evidence suggests braille display characteristics influence braille reading rate, although both reading strategies and the nature of the task should be considered during device selection. Implications for policy, practice and research will be discussed.

Oliver Jayden Suchanek, Lydia Kremslehner, Katta Spiel (ID 322)

Accessibility as Prerequisite, Not Feature: Designing a Haptic Art Exhibition Through Deaf and Deafblind Collaboration

Art exhibitions are predominantly designed around visual and auditory norms, systematically excluding Deafblind individuals and creating barriers for Deaf visitors. Accessibility is often treated as an afterthought; an add-on rather a foundational design principle. This leaves unquestioned whose perception is privileged and who is invited as audience.

Aim: This contribution examines how accessibility can be designed as a foundational principle in exhibition contextss, drawing on the community-based art project „Haptic Art“, co-developed by Deaf and Deafblind artists, curators and organisers in Vienna, Austria.

Methods: The project employed a community-based, participatory approach grounded in long-term collaboration, reflexive positioning and ethical considerations around epistemic justice. Drawing on HCI, Deaf Studies and Disability Justice concepts, the design process centered Deafblind knowledge from the outset. Accessibility measures included tactile artworks, 3D-printed replicas, multi sensory information (Austrian Sign Language, Plain German, Braille), tactile guidance systems and time as an explicit design resource.

Results: Findings demonstrate accessibility emerges through deliberate design decisions regarding space, information, time and responsibility. And is deeply intertwined with power relations and institutional constraints. The Deaf-Deafblind collaboration revealed that accessibility functions as an ongoing practice rather than an achievable endpoint - which requires continuous negotiation, reflexivity and shared responsibility. The exhibition reduced epistemic burdens on Deafblind participants and enabled self-determined engagement with art.

Conclusion: This work argues for treating accessibility as an integral part of professional design processes rather than a compensatory addition. By foregrounding Deaf-Deafblind collaboration, it offers insights relevant to International Deafblind Conference, HCI and creative practice. This project is demonstrating that sustainable accessibility requires embedding community knowledge, redistributing decision-making power and acknowledging the structural conditions under which inclusion is created.

Session 4H Research shorts. Theme: Communication & Accessibility Plenary Hall

RS 2.10 (ID 9) Amy Parker, Megan Conway, Tara Brown-Ogilvie, Alice Klein, Leah Neumann-Sampson

The Use of Touch for O&M: Insights from Focus Groups with DeafBlind Adults and Instructors

Many people who are deafblind (DB) rely on touch to communicate and for environmental literacy. While DB people value touch, there is little research that describes the ways touch supports orientation and mobility (O&M) skills.

Aim: The purpose of this qualitative study was to investigate how DB people and O&M specialists use touch for developing O&M skills. Using purposive sampling, the research team conducted 9 virtual focus groups, interviewing 12 linguistically diverse DB adults and 20 O&M specialists.

Results: Results describe the ways touch enhances both communication and spatial awareness. Other themes emerged around the use of touch for improved access and for building mental maps. Both participant groups described technological tools with tactile features that support O&M. DB people and O&M Specialists expressed divergent needs and priorities for improving services to DB individuals.

Conclusion: The investigation describes practical implications for enhancing O&M to better address the needs of travelers who are DB.

RS 2.11 (ID 265) Janessa Thompson, Donna J Dean, Stormi Roy

Stronger Together: Partnering with Parents to Help Deafblind Students Thrive

Students who are deafblind often require highly individualized support, consistent communication, and collaborative problem-solving among all members of the Individualized Education Program (IEP) team. Fragmented communication can create barriers to access, consistency, and student progress. Establishing ongoing collaboration between school personnel, related service providers, interveners, and families is critical to ensuring educational success and meaningful participation across environments.

Aim: This presentation highlights the successful outcomes of intentional collaboration and consistent communication among the entire IEP team , with a strong emphasis on meaningful parent involvement throughout the school year, to support access, independence, and achievement for a student who is deafblind**.**

Methods: The presentation outlines practical strategies used to maintain ongoing communication and collaborative decision-making among team members. Approaches included scheduled team check-ins, shared data collection, parent-provider communication systems, collaborative problem-solving, cross-disciplinary planning, and consistent review of

student needs and accommodations. Case examples and real-world applications demonstrate how communication structures were implemented across educational and home settings.
Results: Consistent collaboration and proactive communication resulted in improved educational access, increased consistency of support across environments, stronger family-school partnerships, and measurable student growth in participation, independence, and engagement. Team members reported greater confidence in implementing strategies, while parents experienced increased inclusion and shared ownership in the educational process.
Conclusion: Ongoing collaboration among all IEP team members, particularly through regular parent involvement and communication, can significantly improve outcomes for students who are deafblind. This presentation provides practical tools and strategies that educators and service providers can implement to strengthen team effectiveness, foster trust, and create more accessible and student-centered educational experiences.

RS 2.12 (ID 50) Norman Robert Boie, Shirley Dumassais, Peter Simcock, Leda Kamenopoulou, Walter Wittich

Not an Ordinary Interview: Remote Qualitative Research Methods with Deafblind Participants

Individuals with deafblindness are frequently excluded from qualitative research due to the complexity of establishing accessible communication, particularly in remote contexts. The rapid expansion of remote data collection following the COVID-19 pandemic has amplified these challenges while also highlighting the need for inclusive methodological approaches. Traditional interview methods often assume dyadic, speech-based interaction, which does not reflect the diverse communication modalities used by people with combined vision and hearing loss. As a result, there is limited methodological guidance on how to conduct rigorous and accessible remote qualitative interviews with this population.
Aim: This study aims to develop and illustrate a methodological framework for conducting remote qualitative interviews with deafblind participants, focusing on communication, accessibility, ethical considerations, and data integrity across varying levels of communicative complexity.
Methods: We present a series of international case studies of remote qualitative interviews with deafblind participants, each representing increasing levels of communicative complexity. Cases range from unmediated direct communication using spoken language and speech-reading (supported by assistive technologies such as hearing aids, cochlear implants, and real-time captioning via platforms such as Zoom) to highly mediated interactions involving tactile interpreters, multiple languages, and multi-party communication. For each case, we systematically document participant characteristics, communication profiles, consent procedures, interview logistics, communication processes, and data interpretation strategies.
Results: Findings demonstrate that remote qualitative interviews with deafblind participants are feasible but require substantial methodological adaptation. Key factors influencing success include individualized communication supports, flexible interview protocols, and careful coordination of communication partners. As communicative complexity increases, interviews shift from dyadic to multi-party interactions, with implications for data authenticity, interpretation, and researcher reflexivity. A key insight highlights that "direct communication" often involves multiple assistive supports and that data are frequently co-constructed across participants, interpreters, and contexts inputs.
Conclusion: This study provides practical and conceptual guidance for inclusive remote qualitative research with deafblind populations, providing an opportunity to include deafblind participants from different regions of the world. By articulating levels of communicative complexity and associated methodological strategies, it contributes to advancing equitable and inclusive research practices and improving the representation of deafblind individuals in qualitative inquiry.

RS 2.13 (ID 155) Tara Brown-Oglivie, Megan Conway, Amy Parker

Enhancing Direct Instruction for DeafBlind Youth and Adults Through Social-Haptic Communication and Other Touch Strategies

The Helen Keller National Center (HKNC) is the only national residential rehabilitation program for DeafBlind youth and adults in the United States. Individuals who are DeafBlind come from all over the U.S. for specialized training. Due to this specialization, HKNC is often an epicenter for communication and teaching strategies for DeafBlind youths and adults. Following a collaboration with Hapti-Co representatives from Norway, social haptic communication, or haptics, has become more integrated into HKNC practice over the past decade. However, the use of haptics at HKNC has not been widely documented or disseminated much beyond the scope of the agency.
Aim: This multi-phase research project was developed to address this gap by examining and documenting the benefits of haptics in direct instruction with DeafBlind learners across different rehabilitation areas, beginning with braille and then assistive technology instruction.

Methods: With braille instruction, there was a case study with six DeafBlind adults over a six-month period, which included student interviews, instructor observations, and video-recorded braille lessons using Haptics.
Results: The results showed a consensus that using haptics during direct instruction increased lesson efficiency, reduced frustration, and helped build rapport. For assistive technology, interviews and focus groups were conducted with 11 HKNC staff and freelance professionals about their perceived benefits of haptics. These findings support the idea that haptics can increase lesson efficiency by providing real-time feedback and allowing learners to keep their hands on a device while receiving directives. HKNC also partnered with Portland State University (PSU) to collect data outside of HKNC on the use of tactile strategies, including haptics, for orientation and mobility (O&M) instruction. For this study, the research team interviewed 12 linguistically diverse DeafBlind adults and 20 O&M Specialists via nine virtual focus groups.
Conclusion: These results described how touch can enhance communication, environmental access, and spatial awareness. The findings from all three studies will be discussed, along with implications for rehabilitation practice, and demonstrations of instruction-specific haptics for braille, assistive technology, and orientation and mobility.

RS 2.14 (ID 206) Sarah Marshall, Emma Bugarija

The Journey: The implementation and evolution of a Keyworker/Team Around the Child Model for Individuals with Deafblindness

The prevalence of congenital deafblindness worldwide is estimated at 1 in 27,000 (Sundqvist et al., 2023). Children who are deafblind often present with complex and highly individual needs, requiring coordinated care across health, education, disability, and community systems. Families frequently navigate complex healthcare systems while managing high caregiver demands (Whicker et al., 2019; Michlig & Kaugars, 2026). NextSense, an Australian organisation supporting individuals with sensory disabilities, places families at the centre of a collaborative keyworker/team around the child (TAC) model.
Aim: This presentation examines NextSense's keyworker/TAC model and its evolution in response to changing communication and accessibility needs across developmental stages.
Method: The NextSense strategy includes early identification and intervention, comprehensive assessment, collaborative goal setting, coordinated keyworker-led intervention, family capacity building, transition-to-school planning, and continuity of holistic care. The presentation demonstrates implementation of best-practice principles including family-centred early intervention (FCEI) for deaf and hard of hearing, as well as blind/low vision, and deafblind practice frameworks. The role of families, peers, educators, and interdisciplinary professionals working collaboratively to create accessible, communication-rich environments is emphasised to support developmental outcomes as children's needs evolve over time (Janssen et al., 2003; Nelson et al., 2016).
Results: Research and clinical evidence highlight that early access to language, sensory accessibility, and routines-based family-centred intervention are key best-practice principles for supporting developmental and relational outcomes for children who are deafblind (Chen & Downing, 2006; Janssen et al., 2003). Holistic intervention approaches embedding accessible communication within meaningful interactions, everyday routines, and relationships are associated with improved social participation, engagement, and communication outcomes (Dammeyer, 2014; Rowland & Schweigert, 2000). Findings also highlight the importance of interdisciplinary collaboration in providing accessible and individually tailored communication support across settings. Parent involvement in decision-making improves service alignment and strengthens family capacity (Adams & Levy, 2017).
Conclusion: The keyworker/TAC model supports changing communication and accessibility needs across developmental stages through ongoing interdisciplinary collaboration. Implications for practice include prioritising interdisciplinary input for optimising access to communication and information, and partnering with families and support systems to promote development as needs evolve.

RS 2.15 (ID 318) Parcel Lafrance, Christine Sauve Guindon

Beyond Assessment: From Identification to Intervention for Children with Brain-based Auditory and Visual Impairment (BAVI)

Brain based Auditory and Visual Impairment (BAVI) represents a complex dual-sensory condition where auditory and visual processing deficits stem from underlying neurological dysfunction. While the recently developed and upcoming P-BAVI checklist provides a critical tool for identifying children at risk, work remains in educational practice: translating these assessment results into actionable programming.

Aim: This presentation aims to bridge the gap between identification and daily support. While the P-BAVI checklist excels at identification, this work focuses on developing a comprehensive framework of intervention strategies mapped directly to the different checklist items. We will outline what a tailored educational program looks like for a student with a BAVI profile, offering concrete examples of interventions that address specific neurological needs identified during the evaluation.

Methods: The study utilizes a case-study methodology, examining students who have undergone P-BAVI assessments. By analyzing the implementation of specific strategies and environmental adaptations, we demonstrate how the checklist serves as a foundational tool to support student-specific learning and orientation needs.

Results: Preliminary observations from years of educational experience with BAVI profiles indicate that targeted, profile-specific interventions significantly enhance student engagement. By applying strategies tailored to neurological processing speeds and sensory integration challenges, we have observed marked improvements in students' ability to learn, navigate their environment, and overall emotional well-being.

Conclusion: The transition from assessment to intervention is vital for the success of students with BAVI. This presentation demonstrates that the P-BAVI checklist is more than a diagnostic tool; it is a roadmap for personalized education. By formalizing the link between neurological assessment and classroom strategies, we empower educators and specialists to move beyond simple identification toward meaningful inclusion. Ultimately, these targeted interventions are essential to reducing the social isolation of BAVI students and ensuring their right to an accessible and supportive learning environment.

RS 2.16 (ID 162) Heather Colson-Osborne, Veena Ramrakhiani

Coaching a team to support a young person with CHARGE syndrome to move into adulthood and access a meaningful life.

CHARGE syndrome is a complex genetic condition characterised by multi-sensory impairment, medical needs, and significant communication challenges. This presentation shares a three-year home-based intervention led by deafblind specialists to mentor and train care staff supporting a young person with CHARGE syndrome.

Aim: The focus was not on direct teaching of the young person, but on developing the knowledge, confidence, and reflective practice of those around him so they could recognise, interpret, and respond to his subtle communication and sensory preferences in everyday life.

Methods: At the outset, staff experienced uncertainty in understanding the young person's behaviours, communication attempts, and engagement with activities at home and in the community. A structured programme of modelling, coaching, observation, and joint reflection was implemented within daily routines. Deafblind specialists worked alongside care staff in real contexts, i.e. mealtimes and community access, to demonstrate how to implement deafblind specific strategies. These included how to pace interactions, use consistent cues, develop shared meaning, and create predictable, sensory-accessible experiences. Emphasis was placed on recognising subtle signals, body movements, facial expression, and tactile responses as meaningful communication. Collaboration with a wider multi-disciplinary team ensured that sensory, health, and behavioural perspectives informed practice. Professionals contributed to staff understanding of vision and hearing impairment, sensory processing, positioning, mobility, and emotional regulation, enabling a holistic and consistent approach to support. Parents also contributed their knowledge and discussed their thoughts with the staff team and we also captured the young person's voice as much as possible.

Results: Over time, notable changes were observed. Staff recognised the importance of interaction-focused support. They reported increased confidence in interpreting communication, reduced anxiety in responding to behaviours, and greater creativity in adapting activities. The young person demonstrated increased anticipation, engagement, initiation, and emotional regulation across familiar routines and familiar staff, as well as community experiences.

Conclusion: This case study highlights the critical role of specialist deafblind education professionals in capacity-building within home care environments. It demonstrates how sustained mentoring, embedded in real life contexts, can transform staff practice and significantly enhance quality of life, participation, and communication for individuals with complex deafblindness.

RS 2.17 (ID 140) Yunie Nurhayati Rahmat, Annmaree Watharow

About Me: Access profiling in practice within an Indonesian research project

The provision of accessibility is fundamental to epistemic justice and the inclusion of all members of the research collective (including team members and participants). As deafblindness is characterised by fractured access to information, multiple points of access are often required. However, how can these be provided if they are not clearly identified? This raises important implications for achieving informed consent.
Aim: We present a case from Indonesia where research explored the utility of personal amplifiers as a low-cost hearing assistive technology for people with deafblindness. The project is grounded in the context of low resource (and often marginalised) communities and incorporates local knowledge and lived experience in shaping accessibility practices. Authors represent both lived experience of deafblindness and Indonesian perspective.
Methods: We call "access profiling" - the method by which information is gathered to provide accessibility support - as the 'About Me' process. We use this term for two reasons: first, it uses plain language that is clear and accessible; and second, there is no direct equivalent translation in Indonesian languages. An 'About Me' process must be tailored to the communities we work with and should not be prescriptive. It is a living, flexible, and interactive process that aims to map accessibility requirements of everyone. This requires both testimonial and cultural sensibility alongside lived experience and community consultation. Our derived questions asked about impairment histories, languages, communication modes and devices as well as the role/type of helpers/interpreters for each individual. These questions were refined as the research progressed, making the process iterative and responsive.
Results: We will demonstrate how this process supports more effective budgeting for accessibility, as well as the planning and implementation of research, including the ability to respond to unforeseen circumstances when the pivot is needed individually or collectively.

3:00 PM – 3:30 PM	**Afternoon Refreshment BREAK**	Plenary Hall Floor
3:30 PM – 4:30 PM	**Plenary Session 4**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Akiko Fukuda

True Connection Beyond Technical Skills in Deafblind Interpretation

Akiko Fukuda is the first nationally-certified social worker in Japan who is deafblind. She is an executive member of the Japan Deafblind Association, a member of the disability policy committee of the Cabinet of Japan, as well as the Japan Disability Forum. In her keynote lecture, Akiko Fukuda will argue that it is no exaggeration to say that there are as many ways to communicate as there are people who are deafblind. She will introduce the Interpreter-Guide dispatch system—a system secured primarily by the Japan Deafblind Association to promote the welfare of people who are deafblind, although "deafblindness" is not yet recognized as a distinct disability in Japan. As a person who is deafblind herself, the presenter will discuss the roles expected of deafblind interpreters—which go beyond mere technical skills—while sharing personal episodes. She will explain that simply having the technical skill to "convey" a message does not necessarily mean that the message will be "received". Furthermore, she will share helpful tips for deafblind interpreters and those involved in deafblind education.

Panel reactions

Reaction from a member of the audience
Programme Committee

Rounding up the day
Programme Committee or Planning Committee (as you like it)

4:30 PM – 5:30 PM **Ad Hoc Groups** Both Floors

With all participants present on site, this is a wonderful opportunity for existing groups – or new ones forming on the spot – to meet up. All breakout rooms are available except for the plenary hall. It is possible to announce such meetings in advance during the opening remarks by the Chairs of the Planning Committee in the plenary sessions. Please contact the volunteers' desk well in advance if you wish to do so.

Exhibits & Poster Viewing of the Day Main Entrance Floor

POSTERS OF THE DAY (25)

POSTER 2.1 - *(ID 266) Hiroyuki Sugai, Satoko Mishina, Asukazu Nakamura, Satoshi Fukushima, Japan*
A study on the educational support for deafblind children through multidisciplinary collaboration

POSTER 2.2 - *(ID 268) Miho Nakamura, Canada; Risa Nara, Japan*
Building International Research Support Without Existing Systems: A Three-Week Practice of Collaboration Between a Deafblind Researcher and a Personal Assistant

POSTER 2.3 - *(ID 272) Maria Grundner, Austria*
Orientation and Mobility as a Foundation for Participation: Lessons from an International Expert Exchange Project in Deafblindness

POSTER 2.4 - *(ID 283) Vikram Choudhary, Inez Aschenbrenner, Germany*
A multisensory weekday object system

POSTER 2.5 - *(ID 284) Justyna Korzeniewska, Poland*
Mood disorders, emotional instability and social cognition deficits as a part of behavioral phenotype genetic syndromes causing deafblindness and risk factors for educational failure. Overview of group and case studies

POSTER 2.6 - *(ID 287) Asako Kawahara, Japan*
Transmitting Perspectives for Grasping the Child's Reality: Focusing on the Process of Reading Hands in Deafblind Education

POSTER 2.7 - *(ID 296) Mariette Broker, The Netherlands*
Floorplay for Young Children with Congenital Deafblindness

POSTER 2.8 - *(ID 314) Megan B Wimberly, Sean R Hauschildt, United States*
DeafBlind Community Cultural Wealth: Centering Identity Development Through Community Capitals

POSTER 2.9 - *(ID 47) Dennis Leck, Germany*

Kinaesthetics meets Deafblind Pedagogy: Moving Through Movement!

POSTER 2.10 - *(ID 255) Marianne Rorije, Emma Klaassen-Koelewijn, Karen Denkers-van der Linde, Annet Eikelboom*
Co-creating empowerment: designing a card-deck for and with people with acquired deafblindness

POSTER 2.11 - *(ID 115) Grzegorz Kozlowski, Anna Nawrot, Agnieszka Kozlowska, Poland*
The Polish Glove: Tactile Communication as a Tool for Life□Long Independence

POSTER 2.12 - *(ID 123) Andrena McMenemy, Issy McGrath, Isabella Goldie, Kyle Bettley, United Kingdom*
Those Who Dare Win: Amplifying Advocacy through organic project design

POSTER 2.13 - *(ID 147) Carolyn Monaco, Canada; Beth Kennedy, United States; Theresa Tancock, Canada*
Intervenor/er Services: Research, Practice, Partnerships and Global Collaboration

POSTER 2.14 - *(ID 151) Caireen Sutherland, Olly Elm-Robinson, United Kingdom*
Exploring how to ensure deafblind children/young people are heard and develop the necessary skills to advocate for themselves

POSTER 2.15 - *(ID 158) Marta Zaharia, Allan Wareham, Renee Toninger, Canada*
Updating the Intervenor Code of Ethics and Guidelines for Ethical Conduct: Real□Life Examples to Strengthen Accessible Practice

POSTER 2.16 - *(ID 163) Ingrid Korenstra, The Netherlands*
Outdoor Activities "In Your Own Backyard": A brochure about small activities with big experiences

POSTER 2.17 - *(ID 168) Sietske Molenaar, The Netherlands*
Act, Connect and Sign: A way to learn Sign language

POSTER 2.18 - *(ID 263) Lindsay Border, Canada*
Learning Without Limits: Evolving Intervenor Development to Strengthen Communication Excellence

POSTER 2.19 - *(ID 332) Kira Rosenbloom, Lessette Morales, Melanie Gaulthier, Canada*
Interprofessional Education for Deafblind Care: Building Competency Through Experiential Learning

POSTER 2.20 - *(ID 10) Simon Allison, United Kingdom*
From passive receivers to taking the wheel- How Deafblind youth from Cornwall, UK have weaved a Sense of ownership into every part of service design and delivery.

POSTER 2.21 - *(ID 15) Julie Majzel, Angela Wolf, United States*
The Right to Literacy: Empowering Deafblind Learners Through Advocacy for Comprehensive Instruction

POSTER 2.22 - *(ID 18) Dede Supriyanto, Tuti Hendrawati, Indonesia*
The Impact of Guru Sahabat Keluarga (Teachers are Family Friends) Project in Developing Teacher-Parents Partnership on the Education of Students with Deafblind and Multiple Disabilities

POSTER 2.23 - *(ID 26) Ruma Chatterjee, Suman Baidya, India*

BLOW OF THE FATE!

POSTER 2.24 - *(ID 28) Hannah McPierzie, Kirsty Lim, Jason Rowland, Karen Wickham-Grey, Erika Webb, Linda de Rozario*
Empowering Emerging Leaders with Sensory Loss: Deafblind West Australians' Young Leaders Program

POSTER 2.25 - *(ID 165) Renee Toninger, Pradeep Peter, Fatema Kanji, Cat Kistner, Canada*
Expanding Access: The Role of Deaf Intervenors at Canadian Helen Keller Centre (CHKC)

8:00 PM – approx. 9:30 PM **Theatre Night** Plenary Hall

Meet the inclusive theatre company of the Lega del Filo d'oro in Italy, one of the three major conference sponsors. The show (entitled "The Apartment Building of Dreams") is set inside a block of flats and brings to life, one after another, all the dreams of the residents; dreams which, drawing on each person's skills and interests, reflect the true desires of the actors. Throughout the sequence of scenes, the character of Morpheus also appears, reminding us of the importance of never ceasing to dream, as this allows us to change reality, echoing the well-known quote: 'If you dream alone, it is only a dream, but if you dream together, reality begins'.
The performance begins at 8 pm in the main hall of the conference centre, lasts about an hour and a half, and is performed by eight people with deafblindness and multiple disabilities, eight staff members, and ten to thirteen volunteers from the Lega del Filo d'Oro.

Day 4: Thursday, July 22, 2027

Theme of the Day: Health and Well-Being

8:00 AM – 9:00 AM	Registration for the Day OPEN	Main Entrance Floor
9:00 AM – 10 AM	**Plenary Session 5**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Pere Cantenys Gomez
Connect, Participate and Thrive: Pathways to Wellbeing in Deafblindness
Pere Cantenys Gómez is from Barcelona, Spain, Deafblind and a Human Resources Master's graduate, International Trade professional, advocate and youth leader. In his keynote lecture he will explain that mental health and well-being are deeply influenced by our ability to connect with others, participate in meaningful activities, and feel that we belong. For deafblind people, barriers to communication, access, and social inclusion can affect these opportunities, but they do not define their potential. Drawing on research, professional practice, and real-life experiences, this keynote will explore how relationships, community participation, self-determination, and accessible support contribute to wellbeing. Through stories of resilience, achievement, and everyday life, it will highlight practical pathways for creating more inclusive environments where deafblind people can connect, participate, and thrive throughout their lives.

Panel discussion

Reaction from a member of the audience
Programme Committee

Rounding up
Programme Committee

10:00 AM – 10:30 AM	**Morning Refreshment BREAK**	Plenary Hall Floor
10:30 AM – 12:00 PM	**Concurrent Sessions 5**	Both Floors

Session 5A Workshop: Health and Well-being — Room 1

Kacie C. Weldy, Laurie McBride (ID 226)
DeafBlind Emergency Preparedness Workshop
DeafBlind individuals are disproportionately affected during emergencies and disasters due to inaccessible information, limited communication supports, and systemic exclusion from emergency planning. Despite global evidence that disability inclusive disaster preparedness reduces risk and saves lives, DeafBlind people are too often assumed to be passive

recipients of rescue rather than active agents in their own safety. This presentation challenges the persistent myth that "someone will come and get you" and reframes emergency preparedness as a matter of access, autonomy, and social justice.

Aim: This interactive workshop aims to empower DeafBlind individuals and their families, innovate traditional emergency preparedness approaches, and strengthen collaboration among DeafBlind people, professionals, and emergency responders. Participants will explore how DeafBlind led, peer based education builds self efficacy, self advocacy, and self preservation across the life course.

Method: This workshop uses DeafBlind lived experience and knowledge sharing. Participants will: 1) engage in DeafBlind led discussion on common emergency myths and systemic barriers, 2) explore accessible preparedness strategies, including emergency kits, communication backups, evacuation planning, and environmental adaptations, 3) practice advocacy tools for communicating needs, rights, and accommodations during emergencies, and 4) collaboratively map how DeafBlind individuals, families, service providers, and first responders can work together before, during, and after emergencies. These activities and real world scenarios will amplify diverse perspectives and encourage participants to rethink current practice.

Result: Participants will understand how DeafBlind focus strategies strengthen emergency preparedness and community resilience, gain practical tools to support self advocacy, communication, and safety, and identify collaborative strategies that can be adapted across cultural and resource contexts.

Conclusion: Innovative, collaborative, DeafBlind led preparedness education transforms emergency response from reactive rescue to proactive empowerment. This workshop advances accessibility, health and wellbeing, communication, and advocacy, contributing to safer, more inclusive communities worldwide

Session 5B Workshop. Theme: Health and Well-being Room 2

Mike Grijseels, Saskia Damen, Yvonne Vanneste, Femke Molema, Marga Leefkens-van den Broek, Myrthe Dilling, Jolien van der Spek-Grovestein (ID 237)

Facilitators and barriers for the early identification of deafblindness in young children

For young children with deafblindness, timely identification is crucial to ensure they receive specialized early intervention and appropriate support across all areas of learning and development. Failure to provide access to early interventions might lead to serious communication and developmental delays, and difficulties in building reciprocal relationships. However, across the world, timely identification of deafblindness in young children is often lacking. It remains unclear what the possible causes are for this shortcoming.

Aim: This project aims to gain insights into facilitators and barriers towards the early identification of- and referral to specialized care for young children with deafblindness in the Netherlands.

Methods: Guided by an Intervention Mapping (IM) approach to behavioural change, we combined various research methods: interviews, focus groups, qualitative surveys and literature studies. In an IM workgroup, relevant stakeholders, including experts by experience and health care professionals from relevant disciplines, collaborated and discussed the findings generated through these methods. Following the first steps of the IM process, we worked with this group towards formulating targeted behaviour changes for professionals and parents, identifying modifiable determinants of these behaviours, and identifying feasible interventions to promote behavioural change.

Findings: We present (preliminary) results of our project, highlighting some of the important facilitators and barriers early identification of deafblindness. We emphasize the role of health care professionals, parents of children with deafblindness and the system they operate in. We reflect on how our methods helped to co-produce knowledge, how we combined various research methods and collaborated with parents towards making a change for these children. In this workshop, we invite participants to take on the role of IM workgroup and invite them to reflect on our findings and search for possible avenues for change.

Conclusion: We conclude our session with a synthesis of the knowledge gathered that day, providing a short insight into what our findings and discussions imply for practice and how they can eventually help improve the early identification of deafblindness in young children.

Session 5C Workshop. Theme: Health and Well-being Room 3

Diana Tang, Annmaree Watharow, Moira Dunsmore (ID: 319)

Building communication and care, preparing authentic co-design with older people with dual sensory impairment-deafblindness.

Older people with dual sensory impairment-deafblindness are frequently “hidden” in health, aged care, and community systems. Supports are often fragmented across communication access, wellbeing, and caring practice, and information is commonly provided in formats that do not match individual access requirements. These gaps contribute to avoidable risk, distress, and reduced participation for people with dual sensory impairment-deafblindness and their communication partners/carers. In this workshop, participants will practise safe communication strategies that reduce misunderstandings and risk in common interactions, develop draft templates that improve accessibility of information and care interactions, and produce a practical plan for genuinely inclusive co-design and accessible participation.
The workshop has the following structure:
•Access and communication agreements (10 min): participants establish a simple, transferable “access-by-default” meeting checklist and communication repair agreements.
•Scenario hotspot mapping (15 min): groups select a high-impact scenario (for example, GP visit, hospital discharge, home care visit, medication change, emergency response, or social participation) and identify points of communication breakdown, risk, and wellbeing impact.
•Prototype sprint (30 min): groups create draft tools such as a communication preferences template, a “safer appointment” checklist, an accessible information delivery plan (“format + method + responsibility”), or a carer/support-worker micro-protocol for safe arrival, consent, and checking understanding.
•Gallery walk and structured feedback (20 min): groups review and strengthen prototypes using “keep/change/missing” prompts.
•Co-design readiness plan (15 min): each group maps how their organisation or context will involve older people with DSI as paid advisors/co-designers and how accessible Delphi methods will be implemented.

Session 5D. Oral presentations. Theme: Advocacy Room 4

Austine Oketch (ID 221)

Empowering Deafblind Children in Kenya through Community-Based Communication and Advocacy

Deafblind children in Kenya face major barriers to communication, education, and inclusion. Low public awareness, few trained professionals, and persistent stigma often leave them isolated at home. As a deaf teacher, I have seen how early communication support and advocacy can change this trajectory. Families want to connect but lack tools, guidance, and community support.
Aim: This presentation shares work by Kids of Maseno Deaf and Deafblind Children and Deafblind Pathfinder Kenya. We build community-driven programs that develop communication for deafblind children and advocate for their rights and their families’ in Western Kenya and beyond.
Methods: We link direct teaching with family and community action through five strategies: 1) One-on-one sensory and communication support using co-created methods and local languages; 2) Training and mentorship for parents, caregivers, and teachers to build confidence as communication partners; 3) Community awareness campaigns to challenge stigma and promote inclusion; 4) Collaboration with local leaders, schools, and county officials to advance accessible education; 5) Development of low-cost, local teaching materials. All work is grounded in lived experience and co-designed with families.
Results: 100+ deafblind children and families reached in Western Kenya. Families report stronger communication, greater participation in daily routines, and increased confidence advocating at home and school. Community awareness improved early identification. Trained caregivers now mentor new families, building a peer network. Engagement with education officials has started discussions on inclusive classroom practices.
Conclusion: Family-centered, community-based approaches led by people with lived experience create sustainable change for deafblind children even with limited resources. Linking direct teaching, caregiver training, and advocacy empowers families, reduces stigma, and builds pathways to inclusion. This model offers practical, replicable insights for organizations serving deafblind children in low-income countries.

Sarah Bwalya (ID 143)

Understanding Deafblindness in Zambia: A Qualitative Study of Challenges, Inclusion, and Support Systems

Deafblindness is a multifaceted, dual sensory disability characterised by simultaneous hearing and visual loss that profoundly impacts communication, mobility, education, social interaction, and independent living. Despite growing global acknowledgement of disability inclusion, deafblindness remains one of the most under-researched and misunderstood disabilities in Zambia, resulting in minimal public awareness, inadequate support services, restricted access to vital resources, and ongoing social exclusion. Cultural beliefs in

numerous African societies frequently lead to stigmatisation that severely affects familial experiences. Parents of children with deafblindness in low-resource environments such as Zambia face intricate social, emotional, and systemic challenges related to care, communication, and education. Studies often overlook parental viewpoints, despite their significant impact on child wellbeing.
Aim: This research, aligned with Sustainable Development Goal 10 (mitigating inequality) and the "Innovate, Empower, and Collaborate" (IEC) theme, investigated experiences of parents raising children with deafblindness in Zambia by analysing the impact of cultural beliefs on perceptions, obstacles in caregiving and inclusion, and efficacy of existing support systems alongside innovative coping strategies.
Methods: The research employed a qualitative, interpretive phenomenological framework. Purposive sampling selected four parents from different Zambian villages, each raising a child with deaf-blindness. Data were gathered using extensive semi-structured interviews employing accessible communication modalities, including Braille, tactile sign language, and interpreter assistance. Thematic analysis discerned reoccurring themes among participants' tales. The study investigated obstacles associated with cultural stigma: widespread misunderstandings, carer exhaustion, poor specialised communication skills, persistent financial insecurity, and insufficient community or institutional support. It also examined social attitudes, sufficiency of current support systems, and family resilience via local informal networks and willingness to acquire adaptive techniques.
Findings: The findings point out the critical need for community-led empowerment initiatives. Improving child welfare necessitates strengthening parental capacity through tailored, culturally relevant support systems. The findings will enhance disability studies, guide inclusive education policy, bolster community-based care models, and foster social inclusion for individuals with deafblindness in Zambia, ultimately aligning with national and international equity commitments.

Kari Harbath (ID 13)

How Social Media Builds Community, Connection, and Representation for DeafBlind Families Worldwide

Background: When my daughter Sloan was born in 2019, she was immediately intubated and life-flighted to a level four NICU. After two months, she came home with a tracheostomy, a G-tube, and eventually a clinical diagnosis of CHARGE syndrome and profound DeafBlindness. As I navigated raising a DeafBlind child, I turned to social media to document our journey and find connection. What began as a personal account grew into a platform reaching over 50,000 followers. Many of them parents of DeafBlind children in rural and under-resourced communities who had never encountered another family like theirs.
Aim: This presentation demonstrates how social media can build global community, foster connection, and increase representation within the DeafBlind community. Particularly for families who lack local access to DeafBlind-specific resources and support.
Methods/Approaches: Drawing on six years of lived experience, this presentation uses narrative storytelling to trace our journey from the NICU through diagnosis, grief, and connection. It examines how sharing authentic content about DeafBlindness — including tactile communication, sensory-seeking play, accessibility in public spaces, and medical complexity — has created a digital space where parents find practical guidance, emotional support, and belonging. It also addresses the responsibility and complexity of ethical representation when sharing a DeafBlind child's story online.
Results/Findings: Through this platform, families across the globe - including those with no access to DeafBlind education programs or interveners - have connected, shared resources, and found community for the first time. Parents report that seeing Sloan's life depicted with joy, humor, and honesty has shifted their understanding of what is possible for their own DeafBlind children. The platform has also educated tens of thousands of followers about DeafBlindness, tactile communication, and disability identity.
Conclusion/Implications: Social media, when used with intention and ethical care, can be a transformative advocacy tool. Bridging geographic isolation, sparking global connection, and amplifying representation for one of the world's most underserved populations. This presentation invites the DeafBlind community to consider digital platforms as a meaningful complement to traditional support systems.

Amal Ezzat (ID 294)

Developing an AAC-Based Communication Program for Children with Deafblindness in Egypt

Background: Children with deafblindness face significant barriers to communication, participation, and language development due to the combined impact of vision and hearing loss. In many low-resource settings, access to specialized communication interventions remains limited. Augmentative and Alternative Communication (AAC) offers opportunities to support communication through individualized, multisensory approaches that build on each child's strengths, daily experiences, and preferred communication methods.

Aim: This study aimed to develop and evaluate an AAC-based communication program for children with deafblindness in Egypt. The project also sought to translate and validate the Communication Matrix for Arabic-speaking contexts, providing practitioners and families with a culturally relevant assessment tool.

Methods/Approach: The Communication Matrix was translated into Arabic and examined with children with deafblindness, children with multiple disabilities, and typically developing children. The AAC program was designed and implemented with children with deafblindness using individualized communication strategies based on sensory abilities, daily routines, meaningful activities, and family involvement. Detailed case studies documented communication development and participation outcomes.

Results/Findings: Participants demonstrated measurable improvements in communication following the intervention. Gains included increased intentional communication, expanded communicative behaviors, improved expression of needs and preferences, and stronger engagement with communication partners. The Arabic adaptation of the Communication Matrix demonstrated promising validity for use within the Egyptian context. Collaboration between professionals and families was a key factor supporting communication growth.

Conclusion/Implications: This project illustrates how AAC can empower children with deafblindness to become more active communicators and participants in everyday life. It also demonstrates the importance of innovative, culturally responsive tools and collaborative approaches in low-resource settings. The findings support broader access to AAC services, family-professional partnerships, and communication-focused interventions for children with deafblindness across Arabic-speaking communities.

Dawn Chandler, Ryan Ollis (ID 192)

The Emergence of Protactile in Vancouver, Canada

In Vancouver, Deaf community members who acquire vision loss typically transition from using American Sign Language (ASL) to Tactile ASL (TASL). Unfortunately, the many adaptations required to adapt a visual language into a tactile medium result in an incredible loss of information, as any grammatical or affective meaning expressed through 3D space and non-manual signals often cannot be received by a DeafBlind person. However, Protactile (PT), an emerging language based on touch, solves many of the issues inherent to TASL. Surprisingly, in spite of Protactile's nearly 20 year history, Vancouver's strong DeafBlind community, and the region's geographical proximity to Protactile's birthplace of Seattle, Protactile only began to spread in the area in 2026.

Aim: The aim of our presentation is to share the challenges of TASL, how Protactile entered the DeafBlind community, the current state, descriptions of Protactile use, and the impacts that we have observed.

Methods: The presenters' findings are based on their direct observations and interactions with DeafBlind people in Vancouver, over a period of years, in social situations and client / service provider situations.

Results: After a months-long period involving several Protactile speakers visiting the area, Protactile namesigns, greetings, and simple signs (BATHROOM, BE-RIGHT-BACK, NO) began to be used more regularly. Protactile practices around co-presence, ergonomics, sighted guide, and object finding entered the community around the same time. More complex uses of Protactile, like contact space and classifiers, remain more elusive, though they appear in simple forms, such as objects of humor. Interestingly, reciprocal communication remains uncommon and rarely do DeafBlind sign in Protactile.

Conclusion: One reason for Protactile's slow spread is that, as a tactile language, it can only properly be learned in person. Now that elements of Protactile are in use in Vancouver, a new dynamic of non-reciprocal communication is becoming apparent: sighted speakers are signing in a mix of ASL/TASL/PT, but DeafBlind speakers largely continue to sign in ASL. It remains to be seen how this tactile language will evolve in a setting where half the speakers are only expressing it and the other half are only receiving it.

Matthias Ehn, Moa Wahlqvist, Agneta Anderzen-Carlsson (ID 113)

Connected or Left Behind? Digital Experiences of People with Deafblindness During COVID-19

The Covid-19 pandemic accelerated the use of digital communication in everyday life, including health care, work, education and social interaction. For people living with deafblindness, this digital transition created both opportunities and challenges. However,

there is still limited knowledge about how people with deafblindness experienced the increased reliance on digital communication during the pandemic, including factors influencing accessibility, participation and inclusion.
Aim: The aim is to present a variation of digital experiences during the Covid 19 pandemic and discuss implications for the future.
Methods: The presentation is based on individual interviews with 20 people living with Usher syndrome, 12 women and 8 men, ranging in age from 37 to 75 years. The interviews focused on their experiences of living with deafblindness during the pandemic, particularly in relation to health, supportive interventions, and lessons learned. Participants were also invited to share suggestions for measures and actions that could be taken in the event of a future pandemic or crisis.
Preliminary results: Among many other experiences, participants spontaneously raised the topic of digitalization. While some had prior experience with digital communication, the pandemic increased digital activity for almost everyone. Participants used various virtual platforms for remote work, attending seminars, communicating with friends, searching for information about Covid-19 and vaccination, and booking healthcare appointments. Digital interpretation services also became an important means of communication in various settings. Experiences varied widely, ranging from perceiving digitalization as time- and energy saving to experiencing fragmented access to information and feelings of being left behind. Prior knowledge of computers and software, as well as accessibility, influenced these experiences.
Conclusions: Digitalization is undoubtedly here to stay. Therefore, healthcare staff, rehabilitation services, non-governmental organizations, and other societal actors need to actively collaborate to empower people with deafblindness in the use of digital innovations. Findings show that increased collaboration between society and representatives with lived experience is essential to ensure accessible information, user-friendly software, and inclusive digital development. The Covid-19 pandemic has also demonstrated the importance of preparedness in responding to future pandemics and other societal crises.

Session 5E Oral presentations. Theme: Health and Wellbeing Room 6

Maria de Los Angeles Soberanis Acquirre de Rueda (ID 42)

From Fragmentation to Continuity: A Community-Based Model for Deafblind Inclusion in Low-Resource Settings

Background: In low-income settings, persons with deafblindness face fragmented services, late identification, and limited inclusion. In Guatemala, 59% of the population lives in poverty and access to specialized services is highly centralized. For children and youth in rural and underserved communities, this leads to delayed diagnosis, interrupted care, and exclusion across the life course.
Aim: To present an integrated, community-based and family-centered model connecting prevention, early identification, specialized care, rehabilitation, and labour inclusion, emphasizing collaboration and co-design.
Methods: Developed by the Benemérito Comité Pro-Ciegos y Sordos de Guatemala, this model addresses the lack of continuity between detection, intervention, and inclusion. It links community outreach (screening and awareness) with hospital-based diagnosis, rehabilitation, and pathways to inclusive education and employment.
Its innovation lies in coordinated, cross-sector delivery in a low-resource context, where services typically operate in isolation, and in co-design with persons with disabilities and their families. Families, community workers, and educators are trained as active partners, supporting early detection, sustained use of assistive devices, and long-term follow-up. Flexible modalities, including home visits, improve access for rural populations.
Results: The model has enabled earlier identification and reduced gaps between diagnosis and intervention. Families report increased confidence in supporting rehabilitation, contributing to more consistent use of assistive devices. Children and youth show greater participation in education and community life, supported by coordinated services and strengthened local networks.
Conclusion: Integrated, community-based approaches can reduce structural barriers to access, continuity of care, and inclusion. This model highlights the value of co-design, family engagement, and cross-sector coordination in achieving sustainable outcomes. It offers an adaptable framework for low- and middle-income countries seeking to strengthen accessibility, communication, and wellbeing.

Mirana Komar, Chrystal Pigeon-Way (ID 57)

Beyond Access: Reimagining Accessibility as the Foundation of Wellbeing for People Who Are Deafblind

In Deafblind services, accessibility is often understood as a set of practical requirements, such as communication supports, environmental adaptations, and assistive technologies. While these elements are essential, this understanding can overlook a deeper reality. For people who are Deafblind, accessibility is closely connected to emotional safety, wellbeing, autonomy, and a sense of belonging. When communication breaks down or environments are unresponsive, the effects extend beyond participation, shaping confidence, mental wellbeing, and opportunities for meaningful connection.

Aim: This presentation aims to move beyond access and reimagine accessibility as a values□driven, relationship□based practice that supports the whole person. It invites participants to consider accessibility as a foundational element of wellbeing rather than a set of tasks or accommodations.
Methods: Grounded in frontline practice at DeafBlind Ontario Services, the presentation draws on real□world experiences from community, residential, and support settings. Presenters examine everyday decisions such as how communication is approached, how assistive technology is introduced and adapted, how sensory environments are structured, and how participation is invited, and explore how these decisions shape experiences of inclusion, independence, and emotional safety.
Results: Practical examples from daily service delivery illustrate how intentional accessibility practices can reduce communication fatigue, support emotional resilience, and foster autonomy and meaningful participation. The presenters demonstrate how accessibility practices can either reinforce isolation or strengthen wellbeing, depending on how they are implemented and experienced.
Conclusion: Accessibility is not something you "give" to a person who is Deafblind. It is something you build together through trust, listening, and making decisions as a team. True accessibility is a way of showing respect and protecting a person's dignity. We hope to inspire others to see that when we work on accessibility, we are really working on the most important thing of all: a person's right to a good life and a place where they truly belong.

Joachim Schmid, Ulrike Fourestier (ID 128)

Spiritual Care and Religious Participation for Persons with Deafblindness

Spirituality, faith, and religious participation are important sources of identity, belonging, hope, and emotional wellbeing for many persons with deafblindness. However, religious communities and pastoral care structures are often not accessible for people with combined vision and hearing loss. Communication barriers, lack of adapted environments, and insufficient awareness can lead to exclusion from spiritual and community life.
Aim: This presentation shares practical experiences from the work of the Swiss Deafblind Support Service (Taubblinden-Hilfe Schweiz, TBH) in creating accessible pastoral care and enabling meaningful religious participation for persons with deafblindness.
Methods: The presentation will introduce practical approaches developed within TBH and TBD, including adapted communication methods, tactile and relational forms of spiritual accompaniment, collaboration with churches and faith communities, and individualized support for participation in religious services, rituals, and community events. The contribution will also reflect on the importance of trust, presence, and embodied communication in pastoral care with persons who are deafblind.
Results: Experiences from practice demonstrate that accessible spiritual care can strengthen emotional wellbeing, social inclusion, dignity, and personal resilience. The presentation highlights both successful approaches and ongoing challenges in making religious participation accessible and inclusive.
Conclusion: Spiritual and religious participation should be understood as an important dimension of inclusion and wellbeing for persons with deafblindness. The experiences from Switzerland may encourage international dialogue and inspire faith communities, service providers, and professionals to develop more inclusive and accessible forms of spiritual support and participation.

Session 5F Oral Presentations, Theme: Accessibility Room 7

Abdul Motaleb, Azizur Rahman (ID 132)

Community-Based Inclusion and Advocacy for Deafblind Persons in Bangladesh: Experiences from SEDAD (2023–2025)

Deafblind persons in Bangladesh are among the most excluded groups, facing severe barriers in communication, education, and healthcare, particularly in rural areas. Since 2000, SEDAD has addressed these gaps through advocacy, family support, and tactile communication training.
Aim: This presentation shares practical experiences and community-based approaches from SEDAD's 2023–2025 initiatives. It highlights how locally driven, low-resource models can strengthen accessibility and social participation for deafblind individuals.
Methods: SEDAD utilized community meetings, family counselling, focus groups, and leadership workshops. Advocacy engaged the Ministry of Education and the Ministry of Social Welfare. Programs were implemented in Gazipur, Madaripur, and Shariatpur, engaging over 580 deafblind persons and families. Data was collected via field observations, surveys, and direct consultations with stakeholders.
Results: Initiatives significantly improved awareness of deafblind rights among families and local authorities. Tactile communication training enhanced household communication and individual confidence. SEDAD currently supports approximately 605 beneficiaries. Findings reveal that deafblind persons remain underrepresented in disability programs and lack specialized support. Since 2023, a core focus has been teaching tactile language to foster independence and reduce isolation. While young volunteers are essential for long-term impact, limited funding, poverty, and the lack of assistive devices remain critical barriers to expansion.

Conclusion: Community-led initiatives can create meaningful inclusion even in low-income settings. Success requires collaboration between persons with lived experience, families, and government institutions. There is an urgent need for sustainable funding and international partnerships to expand tactile training and community-based rehabilitation. SEDAD's future vision focuses on training blind community members and volunteers in deafblind communication to build a stronger support ecosystem. By increasing community-level capacity, we can reduce isolation and ensure that deafblind persons from underrepresented regions are included in global policy development

Ezekiel Kumwenda, David Mzura-Chima (ID 40)

Accessibility for the African Federation of the DeafBlind

Deafblind Africans face extreme exclusion due to lack of accessible information, communication, and data. The AFDB represents a continent-wide community whose specific needs remain unrecognized in most policies.
Aim: To highlight accessibility barriers for deafblind individuals in Africa and propose practical, culturally relevant solutions for sustainable inclusion.
Methods: This presentation uses case-study methodology based on AFDB's grassroots advocacy, review of national disability policies across five African countries, and insights from the Global Deafblindness Resource Hub (Uganda) and UN engagement.
Results: There is a near-total absence of disaggregated data on deafblindness in Africa. Critical gaps include no tactile interpreters in most regions, inaccessible health and education services, and digital exclusion. However, emerging innovations show promise: community-led digital platforms (e.g., Resource Hub) are cost-effective; AFDB's UN advocacy has secured initial international partnerships for capacity building.
Conclusion: Meaningful accessibility for Africa's deafblind population is achievable but requires urgent action. Implications: (1) Governments must collect deafblind-specific data and align laws with UN CRPD; (2) Donors and international bodies (including DbI) must fund tactile interpreter training and accessible ICT; (3) AFDB's community-led model should be scaled across the Global South. Inclusion of deafblind people is not optional—it is a human rights imperative.

Julia Föcker, Polly Atkns, Emma Hawes, Caitlin Williams, Hai Dang Vu, Phuong Doan, Jonathan Waddington (ID 19)

Exploring Multisensory Gamified Interactions with Children with Complex Needs: A Pilot Study in a School Setting

Previous studies indicate that tactile gamified experiences initiate enjoyment in children with visual impairments and blindness.
Aim: The present study represents an initial exploration of how tactile, and auditory-tactile gamified activities can support interaction in children with complex sensory and motor needs. The study is situated within special education contexts and takes a first step toward including learners with combined visual and hearing impairments, including deafblindness.
Methods: Six children with motor, visual, and hearing impairments participated in the study, including one child with deafblindness (Usher syndrome) who used cochlear implants. Participants interacted with devices with buttons arranged in a 2×3 matrix. The devices varied in size, form (tabletop, handheld), sensory feedback (tactile, auditory, auditory-tactile), and embedded narrative elements. Individual interactions were conducted, and structured observational measures were applied focusing on exploration of novelty, initiation and variation of actions, responsiveness, affect, and engagement. Observations included behavioural responses, facial expressions, vocalisations, and participant comments during device use.
Results: Children showed increased orientation toward the devices, button explorations, repeated activation, and affective responses such as smiling and vocalisations. Individual differences emerged in haptic exploration, preferred sensory modalities, and levels of independence. One non-speaking participant used a tablet to communicate the animal sounds they interacted with and indicated affirmative responses through gesture. Sensory preferences varied: some children, including the child with Usher syndrome, requested stronger tactile feedback and engaged with both tactile-only and auditory-tactile conditions, while another child preferred less intense stimulation. Haptic feedback was described as massage-like by one participant. For children with complex cognitive impairments, elements of surprise and curiosity-driven exploration appeared engaging. A handheld device with varied haptic textures was preferred by most participants.
Conclusion: These findings suggest that adjustable sensory features (e.g., vibration and sound, strength of vibrations) are key to supporting diverse learners. This study contributes to the development of inclusive technologies and the future co-design of sensory learning activities with the deafblind community.

Session 5H Research shorts. Theme: Health and Wellbeing Plenary Hall

RS 3.1. (ID 92)Rasmus Hougaard Pedersen

Making Space for Loss and Uncertainty: Psychosocial Support for Young People with Usher Syndrome

Background: Within support systems, attention often centres on functional needs, assistive devices, mobility, communication and practical adaptation. These dimensions are essential, but they do not always capture the emotional and existential consequences faced by young people with Usher syndrome and their relatives. As progressive changes in vision and hearing may shape both present life and expectations for the future, psychosocial dimensions of support become particularly important.
Aim: This presentation explores why psychological support was articulated as a central need in a Danish action research project with young people with Usher syndrome, relatives and professionals. Drawing on the concept of disenfranchised grief, the presentation examines how gradual, ambiguous and future-oriented losses can become difficult to recognise within current support practices.
Methods: The presentation is based on Future Workshops conducted with three groups: young people with Usher syndrome aged 18-25, relatives and professionals. The workshops invited participants to identify challenges, imagine better forms of support and suggest concrete changes. The workshop material was analysed thematically with a focus on loss, uncertainty, recognition and psychosocial support.
Results: Findings show that young people and relatives described experiences that go beyond functional impairment. These included uncertainty about the future, fear of losing participation, difficulties talking about loss, and a need for spaces where emotional reactions could be expressed without immediate problem-solving. Psychological support emerged as one possible answer, but also as an indication that existing support practices may lack language and formats for addressing losses that are gradual, relational and future-oriented.
Conclusion: The findings suggest that individual psychological support is valuable, but should be embedded within a broader psychosocial response. Support systems in deafblindness need to develop language, competencies and formats that make it possible to recognise grief and uncertainty as legitimate parts of rehabilitation. This includes professional reflection, psychosocial support pathways and facilitated spaces where young people and relatives can share, validate and make sense of experiences of loss and uncertainty.

RS 3.2 (ID 198) Katrien Timmerman

Project to prevent medical trauma in deafblind baby's and young children.

Within our organization, we have been actively implementing a trauma-sensitive approach for nearly ten years. For deaf, deafblind, and deaf infants and young children with complex support needs, we sought to identify ways to prevent trauma. We found that this group of children very often undergoes medical examinations, treatments, and procedures. We explored the risks associated with these procedures and observed in practice that both children and parents often bear the consequences of medical trauma. With our multidisciplinary team and staff from all departments, we delft into the topic of medical trauma and established contacts with the PROSA team at UZ Leuven. Based on the knowledge we've gained, we are currently developing various resource kits containing a wide range of materials to support parents and children. In our presentation, we will explain what materials we are collecting for this purpose and how we are approaching the context of babies and children in collaboration with the medical settings where they are treated.We can already present some great examples of where collaboration truly made a difference.
What makes our approach unique is that the focus is on prevention and communication. Because our target group is particularly vulnerable due to a lack of (contextual) information, making communication and safety accessible in any way and at any level is a very important foundation from which we collaborate.

RS 3.3 (ID 337) Dagmar Reinhardt, Annmaree Watharow

Pilot - Blind, Low-Vision and Deafblind Accessible Museum: Innovating Multisensory Participation through Collaborative Touch and Audio-Based Workshops'.

Background: Museums remain predominantly vision-centred environments, limiting equitable participation for blind, low-Vision (BLV), and deafblind audiences. Accessibility measures are frequently implemented as secondary adaptations rather than embedded within curatorial and pedagogical design. Drawing on theories of multisensory learning, embodied cognition, and sensory museology, this research project investigated how tactile, auditory, and movement-based engagement can support inclusive museum participation and knowledge formation. Multisensory learning frameworks suggest that cognition is strengthened through coordinated sensory input, while embodied cognition emphasises the role of bodily interaction, gesture, and material engagement in memory formation and conceptual understanding.
Aim: The project examined how museums can innovate accessible engagement through collaborative and embodied interpretive approaches. Three research were addressed:
1. How can tactile and multimodal workshops enhance participation and learning outcomes for BLV and deafblind visitors?
2. Which communication and orientation strategies best support diverse sensory and language/communication needs in museum environments?
3. How can interactive, participatory and co-design methodologies contribute to scalable and transferable inclusive museum practices?
Methods: Five iterative workshops (four regular, one conference) were conducted across typical museum collections (such as Roman, Egyptology, and Natural History). Sessions integrated guided tours, tactile orientation maps with Braille and plain language, touch access to original artefacts/sculptures, custom 3D printed models, audio description, tactile signing, Auslan interpretation, live transcription, and embodied learning exercises. Participants explored artefacts through comparative touch, movement, spatial orientation, and collaborative discussion. Iterative participant feedback informed adjustments to pacing, communication cycles, group configuration, and tactile display strategies. Guided by the principle "Nothing About Us Without Us," participants acted as collaborators in communication.
Results: The workshops demonstrated that verbal, tactile and embodied engagement strengthened comprehension, memory retention, confidence, and social participation. Direct tactile access to original artefacts generated strong emotional and interpretive connections, while movement-based exercises enhanced spatial and iconographic understanding. Findings indicate that accessibility depends on layered sensory, spatial, and communicative infrastructures rather than isolated adaptations.
Conclusion: The project establishes a replicable framework integrating multisensory learning, embodied cognition, multimodal communication, and co-design. By repositioning touch and communication diversity as central interpretive strategies, the research advances museums toward equitable, participatory, and multisensory cultural environments.

RS 3.4 (ID 334) Georgiana Oana Ene

Psychological Intervention for Mothers of Children and Young People with Deafblindness

Aim: The present study proposes promoting the efficiency of a specifically structured psychological intervention focused on mothers of children and teens diagnosed as deafblind. Its prime objective is increasing the resilience and well-being of those mothers. In taking care of deafblind children and teens, the levels of parental stress, overwhelming daily tasks,

social isolation and struggles in adapting emotionally are especially high in parents. This standalone fact highlights the importance of creating specific interventions for mothers.
Methods: This study uses a quasi-experimental design inter-subjects, pre and post-test which included 8 female participants, mothers of deafblind children and teens. They were included in a psychological intervention of 12 sessions once a week, focused on developing emotional resources, increasing their adaptability levels and promoting psychological well-being. A series of techniques were used, such as psyhoeducation on matters of stress, mindfulness, self-compassion, emotional regulation, experiential reflection. The variables of the study were measured using Ryff's psychological well-being scale, Resilience scale for adults, MHC-SF scale and WHO-5 well-being index, pre and post-intervention.
Results: The collected data analysed changes in mothers' resilience levels and well-being after participating in the study. Expected results confirmed the hypothesis that taking part in a structured psychological intervention aimed at increasing internal resources and emotional equilibrum of the mothers.
Conclusion: This study points out the importance of psychological interventions tailored for families of deafblind people, and represents a starting point for creating and expanding such services aimed at parental support.

RS 3.5 (ID 324) Irina Moiseeva

Psychosocial Experiences of Adults with Deafblindness: A Preliminary Study

Background: Deafblindness without a doubt requires a person with such a condition to face severe difficulties in communication and independent action in the world. Studies show that people with deafblindness may experience psychological distress. Though there are statements from people with lived experience "that deafblindness does not create any single problem, even the most microscopic one, that is not a universal human problem. Deafblindness only sharpens them..." (Suvorov, Ilyenkov)
Aim: This study aims to show what psychological difficulties people with deafblindness may experience.
Methods: Interviews were conducted with 46 participants from 19 to 80 years of age. The interview was unstructured and followed the topics participants wanted to focus on.
11 participants took the modified Hardiness scale test.
Results: Preliminary analysis shows that people with deafblindness report certain psychological experiences: loneliness (32,6%), feelings of guilt (32,6 %), shame (37%), anxiety (4,3%), panic attacks (4,3%), difficulties in communication with others (58,7%) or in relationships (45, 7%). Hardiness scale results showed that in a small group, 30% had an average level of hardiness and 70% had a low level of hardiness.
Conclusion: Persons with deafblindness report feelings that, of course, can be experienced by persons without deafblindness. However, over half of the participants reported difficulties in communication with other people, not necessarily including their relatives. Communication is one of the areas strongly affected in case of deafblindness: it requires certain skills and sometimes additional training. This situation can possibly shape self-perception and overall psychological well-being. In a smaller group of participants, a lower level of hardiness (psychological resilience to stress) was prevalent. These results can be used in training for professionals and support training for people with deafblindness.
The study should be continued with the results on a larger group of participants, including more data on the hardiness scale.

RS 3.6 (ID 79) Marie-France Deschênes, Joseph-Omer Dyer, Carole Anglade, Haifa Akremi, Annie Rochette,

Co-development of a shared decision-making training anchored in an interprofessional approach in physical rehabilitation: A research and development study

Background: Training opportunities to refine interdisciplinary shared decision making (SDM) remain limited. Clinical decision making frequently involves ambiguity, which poses challenges for training. In health professions, particularly in physical rehabilitation, interdisciplinary practice requires professionals to understand and clearly articulate the contributions of each discipline, including patients' experiential knowledge, to adequately describe SDM processes.

Aim: This study aimed to co-develop, with stakeholders, an instructional SDM training grounded in an interprofessional approach to physical rehabilitation. The objectives were to: (1) identify ambiguous SDM situations in interdisciplinary rehabilitation that could serve as clinical scenarios for training; and (2) identify decision options and relevant contextual elements to be considered within these scenarios.

Method: A collaborative and participatory research–development approach was used. Individual interviews were conducted with rehabilitation clinicians (n = 4) to co-develop the content of training scenarios. An online questionnaire was then completed by experienced clinicians (n = 8) and patients (n = 3) to assess the relevance of the proposed decision options. Data were analyzed using content analysis.

Results: Seven ambiguous SDM scenarios were developed, each incorporating multiple decision options and contextual elements. These scenarios involved, among others, communication with children with hearing and visual impairments, collaboration with the parents of children with such disabilities, and the identification of appropriate housing resources for an individual with deafblindness. Communication skills and interprofessional team characteristics emerged as key facilitators of SDM. Adaptive judgment—grounded in experiential knowledge and attentive to patients' preferences—was highlighted as essential for navigating ambiguity.

Conclusion: The findings offer original insights into meaningful situations and the components inherent in SDM in the specific context of physical rehabilitation practice. In all cases, decisions deemed relevant were those that were best suited to the context and aligned with the patient's life plan. These results will inform the development, testing, and evaluation of a training prototype aimed at strengthening SDM in interdisciplinary rehabilitation. The study underscores the need for clinicians to develop adaptive expertise, enabling them to creatively tailor interventions in response to contextual constraints and individual patient needs, and to make informed decisions under conditions of uncertainty.

RS 3.7 (ID 202) Erika Pranger-Boers, Trees van Nunen-Schrauwen, Margje van der Schuit, Emma Vaillant

Teaching dynamic assessment to professionals working with people with congenital deafblindness: Factors that contribute to effective training

Background: Assessing the learning potential and necessary support of people with congenital deafblindness (CDB) or complex communication needs (CCN) is challenging, as traditional tests are often neither reliable nor valid for these populations. Dynamic Assessment (DA) is widely recognized as a promising alternative. But how do you teach professionals how to apply DA in practice?

Aim: The aim of the study was to develop a DA procedure, accompanying manual and training, and to evaluate these materials to better fit the needs of professionals.

Methods: A DA procedure and accompanying manual and training for professionals were developed based on: (1) a semi-structured literature review; (2) a multicentred survey among care professionals working with individuals with CDB or CCN; and (3) a multicentred focus group study. The focus groups explored: (a) professionals' experiences with and needs regarding DA; (b) parents' perspectives on assessment of their child with CDB or CCN; and (c) (inter)national experts' experiences with DA in practice. Following the development, six professionals were trained to apply DA in practice as part of pilot evaluation of the procedure, manual, and training. Their experiences were collected through questionnaires and focus groups. Based on these findings, the materials will be refined.

Results: The literature review identified 57 relevant studies that informed the development of the DA procedure. Survey results showed a strong need among professionals for an interprofessional DA approach, support by clear, practical guidance to assess and foster the learning potential of people with CDB or CCN. Focus group findings emphasized the importance for a structured DA procedure and targeted training, while parents emphasized a focus on recognizing and supporting their child's potential. Analysis of the pilot is currently ongoing and is expected to completed in mid-2026.

Conclusions: This workshop will outline the developed DA procedure, manual, and training. Additionally, findings from the pilot evaluation and resulting adaptations will be discussed. A hands-on assessment will illustrate the application of the DA procedure through a case study following its stepwise approach.

RS 3.8 (ID 46) Bamini Gopinath

Prevalence of dual sensory impairment in Australia: a nationally representative population-based survey of Indigenous and non-Indigenous Australians

Background: The prevalence of co-occurring vision and hearing impairment (Dual Sensory Impairment, DSI) is expected to increase with the global ageing population. This national survey aimed to assess the prevalence and risk factors for objectively measured DSI in adults.

Methods: A cross-sectional survey using stratified, multi-stage random cluster sampling was conducted across 30 sites (August 2022 and March 2025). DSI cases included persons with bilateral vision impairment (presenting distance visual acuity <6/12 in the better eye) and either, any (>25 decibels hearing level, dB HL, in the unaided better ear) or moderate to worse bilateral hearing impairment (>40 dB HL, unaided better ear).

Results: 4,519 participants aged 50+ years underwent the eye examination and 3,573 (79.1%) also completed the ear examination. Age-standardized prevalence of DSI was 2.5% for any hearing impairment, and 1.3% for moderate or worse hearing impairment. DSI prevalence for the >25 dB HL and >40 dB HL categories, increased by ~13- and 9-fold (P<0.0001), respectively, from 50 to 80+ years. Indigenous participants had a greater prevalence of DSI than non-Indigenous participants across both hearing loss categories. The elevated DSI prevalence rates observed among Indigenous adults under 70 years, indicates earlier onset and disproportionate sensory impairment burden. Age and not having private health insurance were associated with greater likelihood of DSI (for any hearing impairment) in Indigenous and non-Indigenous participants. Not having private insurance accounted for 34.0% and 86.2% of the total DSI burden in non-Indigenous and Indigenous adults, respectively. In non-Indigenous adults, living in remote/very remote areas was a risk factor: OR 2.87 (95% CI 1.27-5.96).

Conclusion: This study provides the most contemporary, nationally representative estimates of prevalence of objectively measured DSI in Australian adults, and the first epidemiological data for Indigenous Australians. This survey found that DSI prevalence rises sharply with age in the Australian adult population. Socioeconomic and geographic inequities account for a substantial proportion of Australia's DSI burden. Addressing these economic and structural determinants through targeted policy and service innovations is essential to reduce inequities and promote sensory health across all populations in Australia.

12:00 PM – 1:30 PM	**LUNCH BREAK**	Plenary Hall Floor
	Exhibits & Poster Viewing of the Day	Main Entrance Floor

POSTERS OF THE DAY (25)

POSTER 3.1 - *(ID 38) Jenny Widmark, Elina Mäki-Torkko, Milijana Malmberg, Sarah Grunberg. Sweden*
What works, for whom, and why? An intervention study on digital participation among adults with deafblindness

POSTER 3.2 - *(ID 48) Ashley Shanahan, Abigail Maynard, United States*
One Classroom, Many Learners: A Collaborative Model for Deafblind Education

POSTER 3.3 - *(ID 53) Rokhsana Parveen, Sazzo Kabir, Bangladesh*
Institutionalizing Deafblind Education: Integrating Specialized Curriculum into Bangladesh's National Special Education Degrees

POSTER 3.4 - *(ID 55) Karen Madho, Canada*
Making a wave from coast to coast to coast: Creating a sustainable, national awareness campaign!

POSTER 3.5 - *(ID 56) Madison Smith, Leslie Giesbrecht, Canada*
Three Pillars of Successful Media Outreach: Advocacy, Empowerment, and Collaboration in Deafblind Community Engagement

POSTER 3.6 - *(ID 66) Tracey Riggillo, Canada*
Empowering Deafblind Adults: Building Independence Through Adaptive Daily Living Skills

POSTER 3.7 - *(ID 93) Linn Solli, Marte Vik Pettersen, Norway*
Exploring lived experiences of deafblindness in people with Usher syndrome

POSTER 3.8 - *(ID 102) Marta Zaharia, Canada*
Aging with Deafblindness: Enhancing Dignity and Social Connection Through Collaboration

POSTER 3.9 - *(ID 106) Anna Sofie Fjær Løvbrøtte, Bente Hovdenak, Charlotte Liamo, Norway*
Early intervention to ensure access to language in the tactile modality for children with congenital deafblindness

POSTER 3.10 - *(ID 111) Lasse Wehner, Denmark*
Who Writes the Literature of the Field of Deafblindness? Facilitating Practitioner Knowledge

POSTER 3.11 - *(ID 112) Jasmin Kälber, Julia Ilzhöfer, Germany*
Promoting the well-being of people with deafblindness through E-Learning-based staff training

POSTER 3.12 - *(ID 118) Helene Engh, Klas Nelfelt, Sweden*
Integrating Lived Experience into National Knowledge Development: Collaboration in the Swedish Deafblind Field

POSTER 3.13 - *(ID 119) Jasmin Grube, Germany*
Residential Training Group – Promoting self-determination, communication, and participation for people who are deafblind or have hearing and visual impairments

POSTER 3.14 - *(ID 125) Sarina Osborne, Alyssa Pinn, Canada*
From Paperwork to Peoplework: Reimagining Performance Appraisals as a Growth Journey for the Deafblind Workforce

POSTER 3.15 - *(ID 126) Melanie Gauthier, Cheryl Ramey, Nancy Longo, Canada*
Bridging Theory and Practice: Collaborative Experiential Learning in Intervenor Education

POSTER 3.16 - *(ID 130) Haley Broadway, Deanne Gagne, Nicolas Prudencio Rojas, United States*
Co-Developing Tactile Attention Measures for Future Research with DeafBlind Children

POSTER 3.17 - *(ID 137) Darlene Norman, United States*
Braving Advocacy - Building a Path to Access, Belonging, and Opportunity

POSTER 3.18 - *(ID 138) Kaylyn Abbott, United States*
Language and Literacy for DeafBlind:Supported by Interveners

POSTER 3.19 - *(ID 145) Rolf Mjønes, Anne-May Førland, Cathrine Timm Sundin, Norway*
An open international library of 3D-printed tactile sign language alphabets for deafblind learners

POSTER 3.20 - *(ID 146) Nadja Peterhans, Sarah Pichler , Switzerland*
Communication Across Difference: Overlaps Between Autism Spectrum Disorder and Deafblindness and Their Implications for Diagnosis and Interdisciplinary Practice

POSTER 3.21 - *(ID 154) Renee Toninger, Pradeep Peter, Canada*
Innovative Collaborative Approaches to Building Capacity for Accessible Services: Canadian Helen Keller Centre (CHKC)

POSTER 3.22 - *(ID 157) Kelly Patterson, Angela Brown, Canada*
From Practice to Professional Recognition: A Collaborative Approach to Intervenor Certification

POSTER 3.23 - *(ID 160) Katherine Holland, United States*
From Individual Learners to System Change: A Global Approach to Inclusion for Children Who are Deafblind

POSTER 3.24 - ***(ID 179)*** *Jhee Shin, Korea*
Supporting Independent Living Through Smart Home Training: An AIoT-Based Program for People with Deafblindness

POSTER 3.25 - *(ID 242) Deirdre J Leech, Anders Rundh*
Creating a new DbI Network: What we have learned

1:30 PM – 3:00 PM **Concurrent Sessions 6** Both Floors

Session 6A Workshop. Theme: Health and Wellbeing Room 1

Jude Nicholas John Ravenscroft Christine Sauvé Guindon Anne Schoone (ID 297)

Making the Invisible Visible: Introducing the P-BAVI Checklist. An Innovative Tool for Identifying and Supporting Brain-based Auditory and Visual Impairment

Brain-based Auditory and Visual Impairment (BAVI) is a complex condition characterized by both auditory and visual processing deficits stemming from an underlying neurological dysfunction. Children with BAVI often struggle to consistently process visual and auditory information. The clinical profile of BAVI manifests diversely; it can occur in children with normal or near-normal peripheral senses, as well as those with combined vision and hearing loss/deafblindness. To address this, the Pediatric BAVI (P-BAVI) checklist was developed to identify children at risk for this condition.

Aim: In this workshop, the authors—representing clinical practice and research—will present the innovative P-BAVI assessment tool, the scientific understanding and illustrating its utility through case studies of children with suspected BAVI. The session covers how to administer the checklist and demonstrates how it guides individualized interventions. We aim to engage with individuals with lived experience, clinicians, and researchers to discuss the practical application of the tool and explore strategic next steps for its worldwide implementation.

Methods/Approaches: The P-BAVI checklist is utilized as an assessment framework to identify a child's concurrent central auditory and visual processing difficulties. The specific auditory and visual processing profile generated from the checklist is subsequently applied to design, guide, and tailor targeted, individualized interventions.

Results/Findings: Initial implementations of the innovative P-BAVI checklist have yielded highly promising results. The tool has successfully detected concurrent visual and auditory processing deficits in multiple children. Consequently, these outcomes have facilitated the introduction of specific interventions, fostering the children's learning capacities and development while significantly enhancing their overall well-being and quality of life.

Conclusion/Implications

This workshop seeks to advocate for an often-overlooked population of children with combined auditory and visual processing difficulties. The P-BAVI checklist holds the potential to make a profound difference for this large, invisible group by bringing their challenges to light and empowering them to build on their abilities. Ultimately, widespread adoption of this tool could play a pivotal role in making specialized deafblind services more accessible and equitable for this vulnerable population.

Session 6B Workshop. Theme: Health and Wellbeing Room 2

***Mélanie Gauthier, Renée Toninger, Cheryl Laliberté, Nisha Parakat, Catherine Kistner, Fatema Kanji* (ID 303)**

Adapting, Growing, and Staying: Workforce Sustainability at Canadian Helen Keller Centre

Background: Workforce retention remains a persistent challenge across the deafblind sector and the broader human services field. High turnover disrupts continuity of support, affects team morale, increases recruitment and training demands, and can influence overall service quality. The Canadian Helen Keller Centre (CHKC), which provides specialized services to individuals who are deafblind, has demonstrated notable success in maintaining long-term staff commitment. Many employees have remained with the organization for more than 15 years, contributing to strong relationships with consumers, organizational stability, and a deep understanding of evolving needs and goals. Examining the factors behind this longevity offers valuable insights for organizations seeking to strengthen employee engagement, workforce sustainability, and service quality.
Aim: This presentation explores the workplace practices, organizational culture, and relationship-centered approaches that have supported staff retention at CHKC. It highlights strategies that foster employee satisfaction, engagement, and professional growth, while acknowledging initiatives that were less effective. It also considers how communication, adaptability, trust, and collaboration have shaped organizational development and contributed to long-term workforce stability.
Methods/Approaches: A reflective, discussion-based approach was used to examine retention practices within CHKC. Areas of focus included team communication, opportunities for professional learning, leadership approaches, workplace culture, and responsiveness to the changing needs of individuals who are deafblind. Perspectives from staff members with more than 15 years of experience were incorporated to understand the factors influencing their decision to stay. Their reflections emphasized meaningful relationships with consumers, shared purpose, team connection, organizational support, recognition, and feeling valued and respected.
Results/Findings: Findings indicate that open communication, supportive leadership, collaborative teamwork, and meaningful consumer relationships are central to staff satisfaction and retention. Long-term employees identified belonging, purpose, fulfillment, and alignment with organizational values as key motivators. Flexibility, responsiveness, and opportunities for growth were also essential in meeting the evolving needs of both staff and consumers.
Conclusion/Implications: This presentation demonstrates how relationship-centered practices and responsive workplace environments can strengthen workforce stability within deafblind services. These insights may support organizations seeking to enhance retention, foster positive workplace cultures, and promote continuity of service across the human services sector.

Session 6C Workshop. Theme: Health and Wellbeing Room 3

Mercy Wairimu Mercy **(ID: 309)**

Prioritizing the Health and Wellbeing of Persons with Deafblindness in Kenya: an Agenda for Innovation, Empowerment, and Collaboration.

Background: Deafblindness is a unique, distinct dual-sensory impairment that significantly compromises physical health, psychosocial functioning, and quality of life. In low-income contexts like Kenya, individuals with deafblindness face compounding systemic barriers, including a severe lack of specialized healthcare services, pervasive social stigma, and restricted access to communication or assistive technologies. These combined factors routinely culminate in profound social isolation, diminished healthcare access, and poorer health outcomes compared to those with single-sensory disabilities.
Aim: Aligning with the core pillars of the International Deafblind Conference 2027, Innovate, Empower, and Collaborate—this study aims to investigate the factors influencing the health and wellbeing of persons with deafblindness in Kenya and to formulate inclusive frameworks that advance tailored care, service provision, and social inclusion across the life course.
Methods: Employing a participatory, disability-inclusive methodology, this study actively engaged persons with lived experience of deafblindness, family caregivers, and specialized healthcare providers in Kenya. Grounded in a co-design framework, data collection involved semi-structured interviews, focus group discussions adapted for tactile communication, and a review of regional health and social welfare policies.
Results: The analysis revealed severe health inequities, primarily driven by a lack of accessible health information, high costs, and a deficit of trained interpreter-guides within medical spaces. However, community-led innovations, such as localized tactile communication matrices and adaptive peer-support networks, significantly enhanced psychosocial wellbeing. Furthermore, collaborative partnerships between non-governmental organizations and community health workers successfully established localized pathways that improved early identification and nutritional support for deafblind individuals.

Conclusion: Addressing the health and wellbeing of persons with deafblindness in Kenya requires a paradigm shift from passive care to active empowerment. True universal health coverage cannot be achieved without integrated healthcare protocols, targeted budgeting, and widespread deployment of assistive technologies and interpreter-guides. These insights provide a practical blueprint for developing nations to implement cross-sector collaborations that safeguard the fundamental right to health for the deafblind community.

Session 6D. Oral presentations. Theme: Advocacy Room 4

Lasse Wehner, Helle Buelund Selling, Rasmus Pedersen (ID 114)

The Legitimacy of Slowness: The Value of an Unhurried Pace

Background: For people with deafblindness, reduced access to vision and hearing often means that information is acquired in fragmented, delayed, and demanding ways. Understanding the world, building relationships, and participating in communication therefore require time, repetition, sensory accessibility, and trust.

However, professionals often work within systems shaped by acceleration, efficiency, documentation demands, and performance-oriented expectations – conditions that may conflict with the pace required to make participation accessible. In this tension, slow-paced pedagogical practice can be misunderstood as passive, inefficient, or insufficiently goal-directed. This pressure is not only societal or institutional; it may also be reproduced in everyday professional cultures, including among well-intentioned colleagues shaped by tacit expectations.

Aim: This presentation introduces the practice-based concept of *legitimate slowness* as a way of understanding and arguing for an unhurried pace in deafblind pedagogy. The aim is to offer participants a language for describing, legitimising, and strengthening relational and communicative practice that may otherwise be pressured by systemic demands.

Approaches: The concept of legitimate slowness is developed in the new Danish foundational textbook on deafblind pedagogy and resonates with Alison Clark's work on slow and unhurried pedagogies as well as Hartmut Rosa's notion of social acceleration. The approach is grounded in deafblind pedagogy, with an emphasis on repetition, pauses, and tactile approaches. Meaningful and accessible relationships take time to establish, especially when communication depends on trust, bodily presence, and attunement. Participants will be invited to reflect on how slowness, presence, and patience are embedded in their own contexts through reflection and dialogue.

Findings: Legitimate slowness reframes time as an active and vital pedagogical condition rather than a barrier to progress, a lack of ambition, or a passive stance. It supports arguments for providing proximity and care, for staying in uncertain communicative spaces, and for enduring relations that may be experienced as a relational "no man's land" before a shared meaning is negotiated.

Implications: By legitimising slowness, we challenge the assumption that participation must be immediate, visible, fast, or easily measurable. Instead, slowness can be understood as a condition for agency, accessibility, and shared meaning-making for people with deafblindness and their communication partners.

Simona Gerenčer ***(ID 190)***

Deafblind Language: a Foundation for Identity, Communication, and the Realisation of Human Rights

Deafblind Language is an independent language that enables persons with deafblindness to express their identity, communicate, acquire knowledge, participate equally in society, and realise their human rights. Its defining characteristic is individually adapted communication, shaped by each person's needs, abilities, and life circumstances. Consequently, Deafblind Language cannot be defined through a single mode of communication but rather as an evolving linguistic system that enables persons with deafblindness to participate in society on an equal basis. In 2021, Slovenia became the first country in the world to recognise Deafblind Language as an independent language in its Constitution. This constitutional recognition marked a significant milestone in strengthening the identity, dignity, and human rights of persons with deafblindness and laid the foundation for the adoption of the independent Act on the Use of the Deafblind Language, which systematically regulates the right of persons with deafblindness to use their language.

Aim: The aim of this paper is to present Deafblind Language as an independent language and to highlight its significance for identity, communication, and the realisation of the human rights of persons with deafblindness.

The paper is based on the understanding that deafblindness extends beyond its sensory dimension and also encompasses linguistic, cultural, communicative, and social dimensions of the lives of persons with deafblindness.

Methods: The paper is based on a qualitative analysis of the constitutional and legislative framework governing Deafblind Language in Slovenia, relevant scientific and professional literature, and the author's long-term research, developmental, and advocacy work. The analysis includes the development of Deafblind Language, scientific and professional literature, linguistic and communication practices of persons with deafblindness, and the development of systemic solutions in the

fields of legislation, research, education, communication accessibility, and the profession of the Deafblind Language Interpreter.
Results: The findings indicate that recognising Deafblind Language significantly broadens the understanding of deafblindness. In addition to its sensory dimension, it highlights the linguistic, cultural, communicative, and social dimensions of the lives of persons with deafblindness while strengthening the recognition of their identity, dignity, and human rights. Experiences from Slovenia demonstrate that the development of Deafblind Language contributes substantially to strengthening the identity of persons with deafblindness, advancing research, education, communication accessibility, and the profession of the Deafblind Language Interpreter. At the same time, it creates conditions for the more effective realisation of human rights and the equal participation of persons with deafblindness in society. An important international contribution is the Ljubljana Memorandum 2026, which emphasises the importance of research on Deafblind Language, the development of the profession of the Deafblind Language Interpreter, professional standards, education, communication accessibility, and international cooperation in the further advancement of the field.
Conclusion: Deafblind Language is not merely a means of communication but a foundation of identity, dignity, self-determination, and the realisation of the human rights of persons with deafblindness. The Slovenian experience demonstrates that recognising Deafblind Language provides an important foundation for the development of legislation, research, education, communication accessibility, and the profession of the Deafblind Language Interpreter. It also contributes to building an inclusive society that respects linguistic diversity and creates opportunities for the equal participation of all people. The further development of the field requires close cooperation among persons with deafblindness, researchers, professionals, educational institutions, public authorities, and national and international organisations. Future policies, research, and systemic solutions should be guided by the experiences, language, and needs of persons with deafblindness. Recognising Deafblind Language is not merely the recognition of a language; it is also the recognition of the person, their identity, dignity, and right to participate equally in society.

Emma Mbugua (ID 273)

Advancing Leadership, Inclusion and Human Dignity for Persons with Deafblindness in Kenya

Background: Persons with deafblindness continue to face significant barriers to participation, leadership, accessibility, and independent living despite growing recognition of disability rights frameworks globally and nationally.
Aim: This presentation highlights practical approaches to advancing leadership, inclusion, and human dignity for persons with deafblindness in Kenya through lived experience, policy advocacy, community engagement, and assistive technology.
Methods/Approaches: Drawing on my experience as a woman with deafblindness, a former Nominated Member of the County Assembly of Nakuru, and Founder of Planet Inclusive for Human Dignity, I share lessons learned from disability rights advocacy, legislative reform, leadership development, community awareness initiatives, and the promotion of accessible technologies. Examples include the use of Ray-Ban Meta smart glasses and the Be My Eyes application to support independent access to information, mobility, and daily living.
Results: Advocacy efforts contributed to the enactment of the Nakuru County Persons with Disabilities Act and the establishment of a disability fund. Community-based initiatives have strengthened awareness, promoted self-reliance, increased access to assistive technologies, and encouraged greater participation of persons with deafblindness in social and economic life.
Conclusion: Persons with deafblindness must be recognized not only as beneficiaries of development but also as leaders, innovators, and agents of change. Sustainable inclusion requires partnerships, accessible technology, supportive policies, and meaningful representation. The presentation offers practical examples that can inform inclusive development efforts in diverse contexts.

Session 6E. Oral Presentations, Theme: Communication Room 5

Vikram Choudhary (ID 282)

Beyond Survival: From Aggression to Agency through a Multidisciplinary Tactile Communication Approach in Congenital Deafblind Education

Congenital deafblind students often exhibit challenging behaviors, including self-aggression, when their environment lacks accessible communication and predictable structure. A 14-year-old boarding student, transitioning from a non-specialized setting where she experienced limited inclusion and minimal opportunities for participation in daily activities, presented with significant behavioral challenges and an absence of a functional tactile language system.

Aim: This session describes the impact of a multidisciplinary intervention that integrated a tactile reference object system with tactile sign language to provide agency, predictability, and a foundation for meaningful participation and language development for a student with complex communication needs.
Methods: A multidisciplinary team (educators, logopedist, occupational therapist, physiotherapist, and caregivers) developed a collaborative intervention. We implemented a "vertical wall storage system" inspired by a visit to a residential unit of the Deafblind Ontario after the previous DBI World Conference in Canada, where reference objects are fixed on the wall for permanent accessibility. This system functioned as a 'participatory toolkit,' ensuring the student could initiate choices and engage with her environment independently. These objects were selected with the guidance of an older, experienced deafblind student to ensure peer relevance and tactile igconicity. This system was systematically paired with tactile sign language and extended to the family through replication at home, training, and video-based sign language resources.
Results: The student's behavioral profile shifted from self-aggression to goal-oriented communication. Assessments of tactile working memory revealed high cognitive levels previously underestimated. Clinically, the student transitioned from puréed food/PEG feeding to eating solid foods for the first time. Crucially, the ability to utilise newly learned tactile signs and reference objects facilitated her inclusion in classroom routines, transforming her from a passive observer to an active participant in her social and learning environment, thereby significantly increasing her autonomy.
Conclusion: Collaborative, sensory-based interventions are vital. This case highlights that social inclusion and quality of life are not passive states but are achieved when students are supported to transition from environmental dependency to active participation in their own communication ecosystem through unified interdisciplinary effort and peer-led environmental modifications.

Duster Lucius (ID 6)

Enhancing Communication Accessibility for DeafBlind Individuals in Malawi: A Co-Design Approach

DeafBlind individuals in Malawi face significant communication barriers, limiting their participation in society. Hora DeafBlind Initiative aims to address this through inclusive communication strategies.
Aim: To explore co-designed communication approaches enhancing accessibility for DeafBlind individuals in Malawi.
Methods/Approaches: We're collaborating with DeafBlind individuals, families, and service providers to co-design tactile signing and accessible communication tools.
Results/Findings: Preliminary findings show improved communication confidence and social participation among DeafBlind individuals using co-designed approaches.
Conclusion/Implications: Co-designed communication strategies can significantly enhance accessibility and inclusion for DeafBlind individuals in Malawi.

Meseret Yenet Agegnehu, Melaku Goleche Makene (ID 12)

Assessment of Communication challenges and opportunities of people with deafblindness in Ethiopia for Innovative, Empowering and Collaborative Advocacy: the case of Addis Ababa City Administration with special reference to the Ethiopian National Association of the Deafblind.

Background: Communication has continued to be a major barrier/challenge for people living with deafblindness in low-resource countries such as Ethiopia.
Aim:The purpose of the research was to explore the communication challenges and opportunities facing people living with deafblindness in Addis Ababa, Ethiopia, with a focus on members of the Ethiopian National Association of the Deafblind (ENADB) for innovative empowering and collaborative advocacy.
Method: An exploratory qualitative research design was employed to capture lived experiences. Primary data were collected from 133 participants, including ENADB members, board members, program staff, and implementers. In-depth interviews and focus group discussions were conducted. The literatures on the topic are fragmented and incomplete, which need more investigation. Data were analyzed using thematic qualitative analysis.
Results: Findings revealed significant communication barriers, including lack of accessible and adaptable communication systems, absence of standardized communication guidelines, shortage of trained interpreters, limited access to assistive technologies (such as Braille display computer and magnifying glass), and inadequate hearing support. These barriers restrict participation, access to services, and social inclusion. However, opportunities were identified, including the presence of ENADB, emerging disability-inclusive policies, and increasing advocacy efforts. These provide a foundation for collaborative and innovative interventions and advocacy to create an inclusive and accessible environment so as to empower people with deafblindness.

Conclusion: The study highlights the urgent need for deafblind-specific communication frameworks, capacity building for interpreters, and increased access to assistive technologies. Strengthening collaboration between government, organizations, and the deafblind community is essential to foster inclusive communication systems. The findings contribute to advancing innovative, empowering, and collaborative approaches aligned with the conference theme.

Session 6E Oral Presentations. Theme: Health and Wellbeing and Communication Room 6

Sarah Reed, Leslie Giesbrecht (ID 63)

From Culture to Consistency: An Innovative Approach to Employee Connection in Deafblind Services

"Employee engagement is a core factor in creating a positive work environment, enhancing performance, and stimulating organizational outcomes" (Gheno & Gozzoli, 2025). In deafblind services, these outcomes are lived by people who rely on consistent human connection to communicate, navigate, and belong. Staffing stability, psychological safety, and culture are not internal priorities - they directly shape dignity, trust, and quality of life.

Aim: This presentation shares a data-informed approach to embedding employee connection. Grounded in the belief that how we support and empower professionals shapes how people experience the world, we share why investing in connection matters and demonstrate how meaningful change can be driven by effort and intentionality rather than financial resources alone.

Approach: In 2023, an innovative Employee Connection Specialist (ECS) role was introduced to embed connection into daily work across a geographically distributed workforce in Ontario, Canada. Strategies focused on strengthening culture, psychological safety, and inclusive team practices as lived experiences. Employee appreciation was redesigned through employee voice, prioritizing small but meaningful signals of being seen and valued. Psychological safety was reinforced through organization-wide learning and everyday interactions. Teams collaborated to create charters defining shared values, expectations, and accountability. Digital platforms extended connection across distance, while team-building kits supported inclusive engagement across in-person, hybrid, and virtual teams. Onboarding has also been redesigned to be more retainable, with ECS and management check-ins woven throughout the first year - ensuring new employees feel supported, connected, and not alone as they build confidence in their role.

Findings: Organizational data demonstrates reduced turnover and improved employee engagement. Engagement measures, employee feedback, and team charter data are informing KPI refinement, strengthening understanding of how clarity and connection contribute to wellbeing in specialized deafblind services.

Conclusion: Investing in employee connection strengthens not only the workforce, but the quality and humanity of support. This model offers practical, transferable strategies aligned with DBI's commitment to innovate, empower, and collaborate.

Annelies Braad, Mijkje Worm (ID 86)

TAST. A framework to support individuals with deafblindness and an intellectual disability in residential care

At Bartiméus, a care organization in the Netherlands, almost 50 individuals with deafblindness in combination with intellectual disabilities live in residential group homes of four to seven people. Their professional caregivers provide 24/7 care. TAST was developed to document the specialized care and integrate it into a single curriculum that serves as an overarching framework. As a result, TAST articulates the steps of the care process and facilitates working in line with the core principles of deafblind□specific care.

Aim: In the oral presentation, we present both the development process and the content of the TAST framework. The practical application of TAST will also be demonstrated, giving the audience a clear picture of its practical use.

Methods: TAST has been developed in close collaboration with stakeholders, in particular the care professionals who work at the specialized living groups. Other stakeholders involved are managers, daytime activity specialists, communication specialists and legal representatives of the residents. The development process was guided by the six-step procedure of Intervention Mapping. In 2025-2026, TAST has been implemented at Bartimeus and evaluated.

Results: TAST is a Dutch word and means 'touch'. The letters are an acronym for the foundation of the framework, which describes four main areas of support:

T – Tactile perception
A – Meaningful activities
S – Support the independency
T – Language and (bodily) communication

TAST includes guidelines for working in a consistent and systematic manner. For this aim, two new working methods are developed: one focused on discussing support goals and another to support a reflective conversation about the client's viewpoint. TAST also explains which education is necessary both for new and experienced caregivers. Lastly, TAST compiles the existing knowledge on care for people with deafblindness and intellectual disabilities.
Conclusion: With TAST, we provide a single curriculum that guides professionals in their work. This ensures a shared direction and common language among healthcare professionals and makes care more consistent and transparent. During its implementation in 2026, TAST will be thoroughly evaluated in collaboration with the stakeholders. The results of this evaluation will be discussed in the presentation.

Beth Brady (ID 101)

Expanding School-wide Access to Tangible Symbol Sets in New York City

Building on a prior school-wide tangible symbol project in a private special education setting, we have just begun a new project with a public special education school in a diverse, low-income neighborhood in New York City (NYC). In collaboration with a local disability & design-focused non-profit organization, Adaptive Design Association, we are building a new school-wide tangible symbol set with teachers of students with deafblindness or significant developmental disabilities. The most common challenge we hear from NYC schools is that they lack the materials to make their own tangible symbols. With high turnover of teachers, every few years classroom teams need to be retrained on using tangible symbols if they did not attend personnel preparation programs with a deafblindness focus.
Tactile tangible symbols are two or three-dimensional objects or textures attached to a fixed background to represent such things as activities, people, and places. Developed within the field of deafblindness, tangible symbols are a form of augmentative and assistive communication (AAC) that allow a learner tactile access to symbolic language.
Aim: Guided by teachers and therapists, we will produce training materials that will allow us to implement additional school-wide tangible symbol projects.
Our guiding research questions are: (1) what training can be developed to support school teams to maintain consistency in implementing school-wide tangible symbol sets beyond one school year; and (2) how can implementing tactile strategies for deafblind learners support other students with significant developmental disabilities?
Methods: We are currently conducting a collaborative action research study to capture the school's work in real time. Data sources include staff survey, teacher observation notes, researcher field notes, meeting transcripts, and videos of students. We will present several student-level case studies and the training materials that we develop.
Results: Classroom teams are engaging in multi-disciplinary discussions to guide their implementation and individualize the use of tangible symbols. Our preliminary findings indicate successful integration of the tangible symbols into classroom routines. We will be able to make a set of recommendations for both school and research teams to support implementing tangible symbols and conducting school-based action research.

Session 6F Oral Presentations. Theme: Accessibility Room 7

Patrizia Ceccarani, Chiara Filippini (ID 24)

Technology-aided Interventions to enhance accessibility for people with deafblindness and multiple disabilities: the experience of the Lega del Filo d'Oro Foundation.

Accessibility for people with deafblindness is commonly defined in terms of communication support and environmental adaptations. For decades, the Lega del Filo d'Oro has developed individualized technology-aided interventions to enhance everyday functioning, autonomy, and participation for children, adults, and older people with deafblindness and additional disabilities.
Methods: These interventions have been systematically evaluated through applied studies, primarily using single-case experimental designs, and have involved individuals with congenital or acquired deafblindness presenting different levels of sensory, motor, and cognitive functioning. They have included microswitch-based interventions, smartphone-supported systems, radio-frequency identification (RFID) technologies, motion and proximity sensors, and customized auditory, tactile, or vibrotactile feedback adapted to individual characteristics.
Results: Several examples illustrate the practical implications of these interventions. Smartphone-based systems have enabled participants to independently locate destinations within rehabilitation and community settings through auditory or vibrotactile cues. Other programs have supported the autonomous performance of multistep daily living and occupational activities by providing sequential instructions and feedback. Microswitch-based interventions have enabled individuals with profound motor and communication impairments to access preferred stimuli, initiate social interaction, and express choices through intentional responses.

Sensor-based systems have also increased environmental exploration and engagement among individuals with very limited spontaneous activity.
Across studies, improvements have been documented in independent responding, task completion, communication initiation, mobility, environmental engagement, and adaptive participation compared with baseline conditions. Once their effectiveness had been demonstrated in research studies, these interventions were progressively adapted to participants' evolving needs and integrated into educational, rehabilitation and residential programs. This process enabled the maintenance and generalization of acquired skills across everyday settings, ensuring that technology-supported interventions became sustainable components of daily life rather than remaining confined to experimental contexts**.**
Conclusion: The evidence generated by the Lega del Filo d'Oro supports an accessibility model in which assistive technology serves not only to overcome specific barriers but also to create sustainable opportunities for participation in real-life settings. This approach promotes the long-term maintenance and generalization of functional skills, fostering greater autonomy, participation, and quality of life for people with deafblindness and multiple disabilities across the lifespan.

Emma Boswell (ID 330)

Rehabilitation: The Experiences of People with Usher Syndrome Across the UK

People with Usher syndrome often require rehabilitation support as their hearing, vision and, in some cases, balance change over time. Rehabilitation can play a vital role in helping people maintain their independence, confidence and connection with the world around them. Rehabilitation may include mobility training, communication support, low vision support and Braille training. However, the availability and quality of these services can vary considerably across the UK.
Aim: This workshop aims to explore the rehabilitation experiences of people with Usher across different regions of the UK. Using personal experience, conversations within the Usher community, and examples from Deafblind UK's Usher Service, this workshop will explore the realities of rehabilitation for people with Usher. It will examine support relating to travel, communication and access to information. The workshop will encourage discussion about examples of good practice, identify regional differences in service provision, and explore gaps in service provision.
Methods/Approaches: Using personal experience, conversations within the Usher syndrome community, and examples from Deafblind UK's Usher Service, this workshop will explore the realities of rehabilitation for people with Usher. It will consider issues relating to mobility, communication, and access to information. The workshop will also introduce two initiatives developed by Deafblind UK: the National Usher Helpline and the Living Well with Usher project. Participants will learn how these initiatives aim to help people access information, understand their rights, navigate services and build confidence through peer support and shared experience.
Conclusion: Rehabilitation is about much more than services; it is about enabling people to live the lives they want to live. This workshop will encourage participants to reflect on current practice, challenge assumptions and consider how rehabilitation can become more accessible, geographically consistent, and person-centred. It will also demonstrate the value of lived experience, peer support and empowerment in helping people navigate the challenges of deafblindness.

Annette Piggott, Amanda Albrecht (ID 99)

Innovating Empathy: Accessible Training That Empowers Staff to Support People Who Are DeafBlind, Deaf, Hard of Hearing, and Nonverbal

Background: People who are DeafBlind, Deaf, hard of hearing, or nonverbal frequently face barriers to communication, access, and wellbeing in supportive living settings due to limited staff understanding of sensory loss and lived experience. Traditional onboarding often prioritises compliance over capability, increasing the risk of misunderstanding, distress, and reduced autonomy.
Aim: This presentation aims to describe the development and early outcomes of an accessible, empathy□centred staff training program designed to strengthen communication, consistency, and person□centred support for individuals with sensory loss.
Methods: An innovative training program was developed and delivered via Brightspace for new employees in supportive living services. The program is grounded in person□centred practice and Deaf culture and integrates medical, functional, and experiential learning approaches. Content includes causes of deafblindness and hearing loss, vision and hearing terminology, residual vision and eye conditions, communication modalities, calendar systems, personal care, safeguarding, and safe mobility techniques. Immersive video simulations are used to demonstrate lived sensory experiences, enabling staff to reflect on support practices from the perspective of the person supported.

Results: Early qualitative feedback indicates increased staff confidence, improved consistency in communication approaches, and stronger alignment with individual preferences, safeguards, and communication needs. Staff reported enhanced empathy and improved collaboration with individuals and interdisciplinary teams.
Conclusion: Embedding accessibility, communication, and wellbeing within a cohesive and experiential learning framework can enhance quality of support for people with sensory disabilities. Empathy□based training has implications for improved autonomy, reduced distress, and strengthened advocacy within supportive living services.

Session 6E Research shorts. Theme: Health and Wellbeing, Accessibility and Advocacy Plenary Hall

RS 3.10 (ID 150) Jana Martin, Andrea Wanka, Walter Wittich

How Specialized Rehabilitation for Adults with Deafblindness is Practiced: Insights from an Ethnographic Multi-Site Study

The World Health Organization describes rehabilitation as a set of targeted interventions aimed at optimizing functioning and reducing disability – a process that is fundamentally person-centred and closely linked to the Sustainable Development Goal of promoting health and well-being for all. In this context, specialized rehabilitation for adults with deafblindness holds particular importance. However, the field remains understudied regarding everyday practice: existing research rarely captures the concrete interactions and professional routines that shape rehabilitation interventions across institutional and cultural contexts.
Aim: This study therefore investigates how specialized rehabilitation for adults with deafblindness is carried out in practice, with particular attention to collaborative processes, professional roles, and interactional patterns structuring these services.
Methods: The study employed an exploratory, ethnographic design. Fieldwork was conducted at three specialized rehabilitation institutions in Norway, Germany, and Canada, respectively. Data collection included observations of everyday rehabilitation practice, ethnographic interviews with both professionals and service users, and institutional documents such as curricula, case notes, and service concepts or publications. Analysis followed Grounded Theory Methodology, with the Situational Analysis approach. Actors, discourses, surroundings, and social worlds shaping rehabilitation practice were analyzed through mapping. This made it possible to reconstruct situated interactions and relational routines in detail.
Results: The findings reveal that rehabilitation is not performed as a fixed sequence of standardized procedures, but rather a collaborative, situated, and adaptive process built on continuous negotiation between professionals and service users. Overlapping patterns include practices to establish shared attention (e. g. via guided touch) around assistive devices, as well as deliberate modifications to create accessible environments. Goals are developed jointly by rehabilitation clients and professionals through ongoing reflection. Across all three sites, comparable interactional logics were observed despite differences in institutional context and national culture, pointing to a shared emphasis on mutual understanding and flexible, context-sensitive practice.
Conclusion: This study offers empirically grounded insights into the practical accomplishment of specialized rehabilitation for adults living with deafblindness. Making professional logic and situated routines more visible, the findings contribute to a richer understanding of the field and provide a basis for training, quality development, and further research.

RS 3.11 (ID 191) Anne-May Førland

Mobility program in hearing aids for people with combined vision and hearing impairment/deafblindness

Hearing aid users with combined vision and hearing impairment/deafblindness experience difficulties when using hearing to orient themselves in their surroundings. This leads to dangerous situations outdoors, indoors and in traffic.
Aim: Can a dedicated mobility program in hearing aids improve objectively measured sound localization in the horizontal plane and enhance the subjective experience of control, safety, and situational awareness in situations where hearing is used for orientation, compared to the normal program of the hearing aids?
Method: 23 bilateral hearing aid users with combined vision and hearing impairment/deafblindness were fitted with a mobility program in their own hearing aids, with omni microphone and automatic features like noise reduction turned off. Participants were blinded to the hearing aid program. The mobility program was compared with the normal program in an objective horizontal sound localization test. Thereafter, participants completed three self-selected real-life mobility situations and rated their experience of control, safety, and situational awareness using both hearing aid programs. Results were analysed using linear mixed models.
Results: The mobility program did not improve results in the sound localization test, compared to the normal program. Participants with combined vision and hearing impairment/deafblindness had poorer localization scores than the control group with normal vision and hearing (n=51). The mobility program resulted in a statistically significant improvement in subjective experience during real-life mobility situations.
Conclusion: The mobility program did not affect the outcome of the sound localization test but improved the subjective experience of control, safety, and situational awareness in real-life mobility situations. The cost of a mobility program is

low, and the benefit may be great for some in selected mobility situations. The findings underscore the need for hearing aids specifically programmed for orientation using sound.

RS 3.12 (ID 280) Jacqueline Smith

Are you happy now? Choice, control and wellbeing for people who are congenitally deafblind.

Across the world, the provision of social care is seen as a support for wellbeing. Wellbeing is described as a multifaceted construct that is used across disciplines to portray a state of wellness, health, and happiness (Bautista et al. 2023). In Scotland, social care services are required to abide by, and be inspected against, Health and Social Care Standards (Scottish Government 2017). Wellbeing is one of the key standards in this quality framework and includes the aspect "control by the individual over day-to-day life (including over care and support provided to the individual and the way in which it is provided)". Thus, individuals having choice and control over their life and their own social care is seen as being vital to support wellbeing. However, how does this happen for people who are deafblind?

Aim: This presentation will examine how social care services can better promote the wellbeing and human rights of deafblind individuals by supporting active participation in their services.

Methods: I will examine the situation of choice and control for people who are congenitally deafblind and how choice and control is being reported, promoted and measured.

Results: I will demonstrate how active participation in social care services is currently being supported, evidenced and recorded for people who are congenitally deafblind. I will highlight effective strategies, tools and approaches being used in services with individuals who are congenitally deafblind. I will demonstrate how this informs practice when supporting people who are deafblind to actively participate in their social care support.

Conclusion: Active participation is necessary for person centred support to be present, and feeds into people have choice and control over their own social care support. Ultimately, it is only by having choice and control over their own life that individuals can have their human rights realised. This presentation will provide examples of evidence informed practice which practitioners in the field of social care can apply to their own setting to ensure that they are hearing directly from deafblind individuals, promoting their wellbeing and supporting them to get the life they want.

RS 3.13 (ID 316) Rutu Darshan Trivedi

Understanding Mental Health, Coping Strategies, and Quality of Life Among Caregivers and Persons with Deafblindness and Multiple Disabilities: Exploring Family Experiences and Resilience

Families of persons with deafblindness and multiple disabilities experience unique journeys involving caregiving, adaptation, emotional adjustment, and resilience. The presence of deafblindness and multiple disabilities may create challenges related to communication, accessibility, dependency, social participation, and inclusion. However, families also develop diverse coping strategies, support networks, and adaptive practices that contribute to positive adjustment and improved quality of life. Mental health and emotional well-being significantly influence individual experiences, family relationships, caregiving patterns, participation, and overall family functioning. Persons with deafblindness and multiple disabilities may encounter barriers related to independence and communication, however, their lived experiences also highlight strengths, abilities, meaningful relationships, and personal growth. Understanding both challenges and resilience-based experiences is essential for developing holistic, family-centred, and inclusive support systems.

Aim: This study has the following objectives: 1) To understand mental health experiences, coping strategies, and their influence on quality of life, life satisfaction, and adjustment among caregivers and persons with deafblindness and multiple disabilities, 2) To assess symptoms of anxiety and depression among caregivers and persons with deafblindness and multiple disabilities, and 3) To explore the relationship between mental health, coping strategies, family support, and quality of life outcomes.

Methods: A mixed-method research design will be adopted, integrating quantitative and qualitative approaches. The study will be conducted across five geographical regions and will include approximately 80 participants comprising caregivers and persons with deafblindness and multiple disabilities. Participants will be selected through a random sampling approach. The quantitative component will include approximately 75 participants and will assess mental health status using the Patient Health Questionnaire-4 (PHQ-4) to identify symptoms of anxiety and depression. The qualitative component will include five in-depth case studies of persons with deafblindness and multiple disabilities, exploring personal experiences, family relationships, coping mechanisms, and factors influencing quality of life.

Results: The study is expected to provide deeper insights into the relationship between mental health, family support, coping strategies, and quality of life among caregivers and persons with deafblindness and multiple disabilities. Findings will highlight the

importance of strengthening family centred interventions, peer support, mental health services, and inclusive disability support systems that promote resilience, empowerment, and meaningful participation.

RS 3.14 (ID 29) Fanizo Kaliya, Moreen Phiri, Ezekiel Kumwenda

Assessing the Impact of NVDS Software in Enhancing Accessibility for Deafblind Individuals

In Malawi and other developing countries People with deafblindness I face challenges to access the information the computer due to the expensive of jaws screen reader, the only way to access information is the use of smart through TalkBack. In 1824 Jaws screen leader was introduced to allow deafblindness individuals to the computers. However, Jaws screen reader is expensive software to purchase and most people from low income countries fell to access the computer, due to this reason people with deafblindness are still limited to the use of computers. In 2006 Nonvisual Desktop Access (NVDA) free screen leader was developed to allow all the people with deafblindness to access computer skills for free.

Aim: The purpose of this study is to promote inclusive digitalization through computer training for deafblind individuals using NVDA screen readers.

Methods: The researcher used interviews and observation to get descriptive in-depth data from people with lived experience with deafblindness.

Results: Current results show that people with deafblindness are limited to some jobs that demand the computer. People with deafblindness lose their jobs due to a lack of computer skills or when they lose their sight. Therefore, the innovation of NVDA implementation will address the challenges that people without deafblindness face in accessing computer skills.

Conclusion: Innovation of NVDA screen readers in developing countries will transform the lives of deafblind individuals by enabling independent communication and accessibility. Therefore, people with deafblindness will be able to interact in the digital world while advancing their careers.

RS 3.15 (ID 124) Fabian Winter, Albert Viktoria, Vivianne Visschers

The Swiss Expanded Curriculum for Visual Impairment

Learners with all types of visual impairment (i. e., visual impairment, blindness, double sensory impairment and deafblindness) require specific skills to participate in education, the workforce, and society—skills that have not yet been addressed in any of Switzerland's three core curricula.

Aims: The aims of this participatory research and development project were two-fold: 1) to develop an Expanded Curriculum for Visual Impairment (ECVI) with uniform educational standards, and 2) to develop a needs assessment tool to determine the individual special education and therapeutic support needs of students with visual impairment or double sensory impairment.

Methods: The project followed a participatory approach involving experts from all language regions in Switzerland. The ECVI was developed in three phases between 2024 and 2025. First, a literature review was conducted. Seven curricula in the field of vision were selected and analysed in detail. None was found particularly for students with double sensory impairment.

In a second phase, 15 special needs teachers and rehabilitation experts for students with visual impairment and double sensory impairment from Switzerland's three linguistic regions participated in three expert workshops. They contributed to the design, brainstorming, and evaluation of the educational areas of the program. At the same time, the participants served as multipliers in their educational institutions. In a third phase, the draft ECVI and a draft of the needs assessment were submitted for consultation to over 40 Swiss professionals in the field of vision and double sensory loss. Feedback was provided via a structured questionnaire. The feedback from this final phase was incorporated into the final version of the curriculum, which was published in May 2026 in German, French, and Italian.

Conclusion: The ECVI is based on a three-tiered model that enables a systematic planning and implementation of the expanded educational needs of students with visual or double sensory impairment. At its core are the three official Swiss curricula. These are expanded by eleven specific educational areas for students with sensory impairments, e.g., Low Vision, Communication, as well as Self-determination, Identity, and Participation. The framework for the ECVI is the Universal Design for Learning.

RS 3.16 (ID 304) Nagma Thakor

A Mother's Emotional Journey Often Remains Unseen: Exploring Maternal Mental Health Experiences in Families of Children with Deafblindness

Maternal emotional wellbeing remains an underexplored area in deafblindness services, despite mothers often being central to caregiving and early intervention. The identification of deafblindness commonly occurs during the postpartum

and early caregiving period, a phase already marked by significant emotional, physical, and social transitions. This intersection can deeply affect maternal mental health, family relationships, and participation in intervention services.
Aim: To explore the emotional experiences, mental health challenges, and support needs of mothers of children with deafblindness and multiple disabilities, and understand how maternal wellbeing influences early intervention and family functioning.
Methods: This qualitative exploratory study involves in-depth case studies of 10 mothers of children with deafblindness and multiple disabilities across partner organisations in India. Data is being collected through semi-structured interviews focusing on emotional experiences, caregiving challenges, coping strategies, and support systems.
Results: Preliminary findings suggest that mothers experience grief, fear, uncertainty, emotional exhaustion, and concerns about their child's future, independence, and long-term care. Questions such as *"Why my child?"* and *"What will happen after me?"* are emotionally overwhelming. While many mothers show resilience and strong commitment, limited emotional support and social understanding often contribute to stress, guilt, and isolation.
Conclusion: The study highlights the need to move beyond child-focused interventions towards family-centred approaches that recognise mothers' emotional needs. Integrating maternal mental health screening, counselling, peer support, and psychosocial interventions within deafblindness services can improve caregiver wellbeing and strengthen outcomes for both children and families.

RS 3.17 (ID 144) Ashikul Islam, Ershad Ali, Farhana Yeasmin, Sumaiya Afrin

School Eye Screening Campaign: Identify the Risk Factors for Acquired Deafblindness among Students with Hearing Impairment

The purpose of the study was to assess the visual health status of students with hearing-impairment. As they already experience one form of sensory loss (hearing), a progressive deterioration of another vital sensory organ (vision) can leave them vulnerable to deafblindness. An effective early identification can warn about the future danger. Many parents remain unaware of the visual health needs of their hearing-impaired children. As a result, vision problems that could be treated or managed at an early stage often become severe later in their life.
Aim: The general aim of the campaign was to identify the prevalence of vision-related problems among students with hearing impairment. The study supported the hypothesis that several risk factors exist among these students which may lead to partial or complete blindness.
Methods: To organize an effective screening system, a medical camp was set at "Government School for Hearing Impaired", Mirpur-14, Dhaka. Eye examinations were carried out by an ophthalmologist. In addition to the medical assessments, the study utilized a survey through a structured questionnaire. The total sample size was 310 including 250 students, 10 teachers and 50 parents. The study followed a quantitative approach and the collected data were presented numerically using pie charts, tables and graphs. A purposive sampling method was applied and the findings were then generalized to the broader population.
Results: The findings revealed that, among the 310 participants, 78 (25.2%) had distance vision problems, including 51 (16.5%) newly identified cases, while 8 (2.6%) had near vision difficulties. Eye allergies were detected in 110 (35.5%) participants, 22 (7.1%) experienced night vision problems and 46 (14.8%) reported a family history of eye diseases. Among them 45 (14.5%) students were referred to further ophthalmologic assessment. The results indicate that a significant number of students were affected by visual conditions that increase the potential risk of acquired deafblindness.
Conclusion: This project demonstrates an innovative and sustainable model for the early identification of deafblindness and highlights the importance of collaboration among teachers, doctors, parents, researchers and related professionals. It also opens a chance of advocacy to apply similar initiatives in other special education institutions.

RS 3.18 (ID 244) Puspa Raj Rimal

Advocacy for the Recognition and Rights of Persons with Deafblindness in Nepal: A Decade of Grassroots Movement

In 2012, despite Nepal's formal inclusion of deafblindness in statutory disability definitions, institutional awareness was virtually non-existent. Pervasive social misconceptions assumed that individuals with concurrent hearing and visual impairments lacked capacity for independent living. To challenge these stereotypes, individuals with acquired deafblindness established the Deafblind Association Nepal (DAN), pioneering the country's first self-led visibility movement. Nepal's 2021 National Census now officially records 10,187 individuals with deafblindness.

Aim: This study examines the necessity and long-term impact of targeted grassroots advocacy in establishing distinct legal, social, and institutional recognition for persons with deafblindness, while evaluating government and community responses to these interventions.
Methods: A qualitative, case-driven research approach was utilized to analyze DAN's decade-long advocacy frameworks. Primary data and insights were gathered through structured focus group discussions and consultations with self-advocates, community leaders, and organizational representatives, evaluating multi-tiered advocacy strategies across federal, provincial, and local governments.
Results: Sustained, self-led advocacy has yielded substantial institutional milestones and policy shifts. DAN has expanded into three districts, partnering with a specialized parents' association for children with congenital deafblindness across three additional districts. Systematic lobbying integrated deafblindness-specific agendas into national, provincial, and municipal programs, though geographic gaps persist. Key achievements include government-funded resource classes for deafblind children in four districts, specialized educational scholarships, and short-term university courses. Crucially, the movement successfully lobbied to correct state disability ID cards, replacing the ambiguous classification of "Multiple Disability" with the distinct, accurate designation of "Deafblindness" in several districts.
Conclusion: Ultimately, the transition of deafblindness from an invisible condition to a recognized human rights agenda highlights that continuous, self-led advocacy is indispensable for systemic equity. While foundational milestones in specialized education, legal identity, and policy inclusion have been secured through cross-disability collaborations, sustained and scaled-up advocacy remains critical to eliminate ongoing municipal disparities and guarantee uniform constitutional rights across all local tiers in Nepal.

3:00 PM – 3:30 PM	**Afternoon Refreshment BREAK**	Plenary Hall Floor
3:30 PM – 4:30 PM	**Plenary Session 6**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

/

Peter Simcock

Moving from the Margins: The Potential of Social Work in Deafblind Practice and Research

Peter Simcock is Associate Professor of Social Work and Centre Lead for the Deafblind UK Centre for Education and Research at Birmingham City University. His keynote will focus on the role of the social worker in the field of deafblindness. Notwithstanding its commitment to challenging inequalities and promoting the rights and well-being of marginalised groups, the social work profession, particularly in the UK, has somewhat curiously marginalised the deafblind population. Deafblindness receives limited attention in social work education, research, and professional discourse. This is despite its well-documented psychosocial consequences, including impacts on communication, relationships, social participation, and well-being. These are mainstream concepts in social work theory and practice. Such scant attention is especially surprising given the statutory responsibilities placed on social service departments in England, which explicitly recognise the needs of deafblind people. Nevertheless, in this plenary, it is argued that the social work profession has much to offer the deafblind population, considering its approach to assessment, its effectiveness in combining practical and emotional support, and its ability to coordinate care and support. It will encourage social workers to develop expertise in deafblindness and to specialise in the field, whilst also calling upon the research community to ensure it involves social work

practitioners and academics in multidisciplinary study. Strengthening these connections will not only benefit deafblind people, but also enrich social work itself.

Panel reactions

Reaction from a member of the audience
Programme Committee

Rounding up the day
Programme Committee or Planning Committee (as you like it)

4:30 PM – 5:30 PM **Ad Hoc Groups** Both Floors

With all participants present on site, this is a wonderful opportunity for existing groups – or new ones forming on the spot – to meet up. All breakout rooms are available except for the plenary hall. It is possible to announce such meetings in advance during the opening remarks by the Chairs of the Planning Committee in the plenary sessions. Please contact the volunteers' desk well in advance if you wish to do so.

Exhibits & Poster Viewing of the Day Main Entrance Floor

POSTERS OF THE DAY(25)

POSTER 3.1 - *(ID 38) Jenny Widmark, Elina Mäki-Torkko, Milijana Malmberg, Sarah Grunberg. Sweden*
What works, for whom, and why? An intervention study on digital participation among adults with deafblindness

POSTER 3.2 - *(ID 48) Ashley Shanahan, Abigail Maynard, United States*
One Classroom, Many Learners: A Collaborative Model for Deafblind Education

POSTER 3.3 - *(ID 53) Rokhsana Parveen, Sazzo Kabir, Bangladesh*
Institutionalizing Deafblind Education: Integrating Specialized Curriculum into Bangladesh's National Special Education Degrees

POSTER 3.4 - *(ID 55) Karen Madho, Canada*
Making a wave from coast to coast to coast: Creating a sustainable, national awareness campaign!

POSTER 3.5 - *(ID 56) Madison Smith, Leslie Giesbrecht, Canada*
Three Pillars of Successful Media Outreach: Advocacy, Empowerment, and Collaboration in Deafblind Community Engagement

POSTER 3.6 - *(ID 66) Tracey Riggillo, Canada*
Empowering Deafblind Adults: Building Independence Through Adaptive Daily Living Skills

POSTER 3.7 - *(ID 93) Linn Solli, Marte Vik Pettersen, Norway*
Exploring lived experiences of deafblindness in people with Usher syndrome

POSTER 3.8 - *(ID 102) Marta Zaharia, Canada*
Aging with Deafblindness: Enhancing Dignity and Social Connection Through Collaboration

POSTER 3.9 - *(ID 106) Anna Sofie Fjær Løvbrøtte, Bente Hovdenak, Charlotte Liamo, Norway*
Early intervention to ensure access to language in the tactile modality for children with congenital deafblindness

POSTER 3.10 - *(ID 111) Lasse Wehner, Denmark*
Who Writes the Literature of the Field of Deafblindness? Facilitating Practitioner Knowledge

POSTER 3.11 - *(ID 112) Jasmin Kälber, Julia Ilzhöfer, Germany*
Promoting the well-being of people with deafblindness through E-Learning-based staff training

POSTER 3.12 - *(ID 118) Helene Engh, Klas Nelfelt, Sweden*
Integrating Lived Experience into National Knowledge Development: Collaboration in the Swedish Deafblind Field

POSTER 3.13 - *(ID 119) Jasmin Grube, Germany*
Residential Training Group – Promoting self-determination, communication, and participation for people who are deafblind or have hearing and visual impairments

POSTER 3.14 - *(ID 125) Sarina Osborne, Alyssa Pinn, Canada*
From Paperwork to Peoplework: Reimagining Performance Appraisals as a Growth Journey for the Deafblind Workforce

POSTER 3.15 - *(ID 126) Melanie Gauthier, Cheryl Ramey, Nancy Longo, Canada*
Bridging Theory and Practice: Collaborative Experiential Learning in Intervenor Education

POSTER 3.16 - *(ID 130) Haley Broadway, Deanne Gagne, Nicolas Prudencio Rojas, United States*
Co-Developing Tactile Attention Measures for Future Research with DeafBlind Children

POSTER 3.17 - *(ID 137) Darlene Norman, United States*
Braving Advocacy - Building a Path to Access, Belonging, and Opportunity

POSTER 3.18 - *(ID 138) Kaylyn Abbott, United States*
Language and Literacy for DeafBlind:Supported by Interveners

POSTER 3.19 - *(ID 145) Rolf Mjønes, Anne-May Førland, Cathrine Timm Sundin, Norway*
An open international library of 3D-printed tactile sign language alphabets for deafblind learners

POSTER 3.20 - *(ID 146) Nadja Peterhans, Sarah Pichler , Switzerland*
Communication Across Difference: Overlaps Between Autism Spectrum Disorder and Deafblindness and Their Implications for Diagnosis and Interdisciplinary Practice

POSTER 3.21 - *(ID 154) Renee Toninger, Pradeep Peter, Canada*
Innovative Collaborative Approaches to Building Capacity for Accessible Services: Canadian Helen Keller Centre (CHKC)

POSTER 3.22 - *(ID 157) Kelly Patterson, Angela Brown, Canada*
From Practice to Professional Recognition: A Collaborative Approach to Intervenor Certification

POSTER 3.23 - *(ID 160) Katherine Holland, United States*
From Individual Learners to System Change: A Global Approach to Inclusion for Children Who are Deafblind

POSTER 3.24 - *(ID 179)* *Jhee Shin, Korea*
Supporting Independent Living Through Smart Home Training: An AIoT-Based Program for People with Deafblindness

POSTER 3.25 - *(ID 242) Deirdre J Leech, Anders Rundh*
Creating a new DbI Network: What we have learned

6:30 PM – approx. 7:30 PM **Swiss Film (& Wood) Night** Plenary Hall

Tanne, the main sponsor of the conference, will organise a week-long camp for adults with congenital deafblindness prior to the World Conference. The camp will focus on experiences with wood, both in nature and at a woodcarving and wood sculpture school, located in a typical Swiss village.
A short film of approximately 15 minutes is being produced about this camp and will be made as accessible as possible. The documentary will premiere during the social event, and the protagonists themselves will be present, offering attendees an opportunity to interact with them.
The event will begin with a short introduction and the film premiere at 6:30 pm in the plenary hall of the conference centre. At around 7:00 pm, the programme will continue with a reception, giving attendees the opportunity to socialise and exchange ideas while enjoying some of the protagonists' favourite snacks and drinks..

Day 5: Friday, July 23, 2027

Theme of the Day: Accessibility

8:00 AM – 9:00 AM	Registration for the Day OPEN	Main Entrance Floor
9:00 AM – 10 AM	**Plenary Session 7**	Plenary Hall

Opening Remarks
Chairs Planning Committee

Introduction Keynote Presenter
Programme Committee

Keynote Presentation

Chris Woodfill
Reframing Access from Disability Accommodation to Language Access for the DeafBlind
Chris Woodfill has served as Executive Director of the New York State Deaf, DeafBlind, and Hard of Hearing Office since January 2024, following his appointment by Governor Kathy Hochul. With over 25 years of professional experience, he previously held leadership roles at Helen Keller National Center and worked for 13 years as a teacher at the Wisconsin School for the Deaf. A long-time advocate in Deaf and DeafBlind communities, Chris serves on the boards of the World Federation of the DeafBlind and DeafBlind Citizens in Action. He played a key role in the passage of Wisconsin's Sign Language Interpreter Licensure Bill in 2010. As a DeafBlind person with Usher Syndrome, Chris brings both lived experience and a servant-leadership approach to advancing services and opportunities for Deaf, DeafBlind, and Hard of Hearing individuals. In New York, Christopher Woodfill has been spearheading a complete reframing of access for all Deaf, DeafBlind, and Hard of Hearing New Yorkers away from Disability Accommodation towards Language Access. During this keynote lecture, he will discuss how this reframing impacted the daily lives of Deaf, DeafBlind, and Hard of Hearing New Yorkers. New York State is the first state to implement this framing shift in the United States of America. The presenter will discuss the significance of this reframing for the DeafBlind communities worldwide

Panel discussion

Reaction from a member of the audience
Programme Committee

Rounding up
Programme Committee

10:00 AM – 10:30 AM	**Morning Refreshment BREAK**	Plenary Hall Floor

Session 7A Research shorts. Global Education Campaign Room 1

More Global Education Campaign Research Shorts (full details will follow later)

Session 7B Workshop. Theme: Accessibility Room 2

Rose Kamma Morrison ID 329)

Art Without Boundaries:Inclusive Abstract Art for the Deafblind Community

As an international artist living with Usher syndrome, I created Art Without Boundaries, an inclusive abstract art program designed specifically for people who are blind, low vision or deafblind. This presentation will explore how accessible art practices can empower self-expression, build confidence, reduce isolation, and create meaningful social connection through creativity.

Traditional art education often relies heavily on sight and verbal instruction, creating barriers for deafblind individuals. Art Without Boundaries reimagines the creative process through tactile exploration, adaptive communications and tools such as high contrast materials, braille, guided sensory experiences and freedom from rigid artistic expectations. Participants are encouraged to create intuitively using accessible mixed media techniques such as alcohol inks, tactile applications and intuitive designing.

This presentation aligns with the conference theme of Innovate + Empower + Collaborate by demonstrating how inclusive art environments can foster communication, accessibility, emotional wellbeing, and community participation through collaborative projects or workshops.

The program has been presented within deafblind community gatherings (Usher Society Social Gathering, CNIB, Deafblind Connect Expo, webinars and local art workshops). Through lived experience as a deafblind artist I will share practical strategies for adapting art instruction, creating sensory-inclusive spaces, and encouraging collaborative creativity between participants, interpreters, support workers and family members.

The presentation will include visual examples of participants artwork, adaptive techniques, and discussion around how creative expression can become a powerful tool for identity, advocacy and inclusion. In addition to host a Square Foot Art show** created by deafblind participants in conjunction with the deafblind conferences. Art Without Boundaries challenges assumptions about disability and artistic ability while creating opportunities for deafblind individuals to be seen, heard and celebrated through art.

session 7C Workshop. Theme: Accessibility Room 3

Kristina Koellner, Sara Kiener (ID 105)

Experiencing Wood through Touch & Smell. Learning from People with Congenital Deafblindness

Congenital deafblindness (CDB) has diverse and complex implications for a person's sensory experiences of and in the world. Often, self-awareness exercises are the best way to approximate such experiences.

Aim: Therefore, the aim of the workshop is to allow participants to immerse themselves through introspection into how people with CDB might perceive and explore their physical surroundings.

Methods: In preparation for the conference, Tanne organises for 6-8 adults with congenital deafblindness to participate in a project week focussed on the experience of wood in its many manifestations. The activities are developed in collaboration with a school for woodcarving and wood sculpturing and are filmed professionally. The adults with CDB will be able to experience the many shades of wood tailored to their individual preferences and through as many sensory channels as possible.

The workshop at the conference builds on these experiences. First, we show the project week film and explain why we chose wood as well as the ideas behind the various activities. Participants will then have the opportunity to replicate these experiences, for example by sitting in a pile of wood shavings while being blind-folded and with their ears plugged. What does the wood feel like? How does it smell? What can I do with it? We round off with a discussion of the experiences made.

Results and Implications: Self-awareness exercises are true eye-openers enabling participants to better empathize with the sensory experiences of people with deafblindness. This in turn will provide them with new insights into how best to communicate with people with CDB and how to engage in joint activities.

Session 7D Workshop. Theme: accessibility Room 4

Kounghee Koh, Chang hwan Son, se woong Yun (ID 20)

Change Through Co-Presence: Deafblind–Interpreter Collaboration in Korea

This study looks back on the 10-year journey of people with deafblindness in Korea and illustrates how it began and has evolved. Since 2016, the deafblind community in Korea has grown from a small group of five people into a robust network comprising 25 members with deafblindness and 80 volunteers. This growth is grounded in the CO-PRESENCE framework, which encompasses Collaborating, Orientation, Partnering, Respecting, Empathizing, Supporting, Esteeming, Networking, Communicating, and Evolving. This session is grounded in qualitative research, specifically Giorgi's narrative phenomenological method. This approach is used to analyze the essential meanings of the life experiences of Korean deafblind individuals and their collaborative journey with interpreters. By going through the stages of sensing the whole, distinguishing units of meaning, and translating them into psychological language, the workshop presents a rigorous structural explanation of how "beneficiaries" became "active leaders." Participants will be exposed to professional analyses of transitions to systems such as tactile sign language demonstrations and the Support Service Provider (SSP) system.

The core focus of this workshop is the influence of the deafblind community on Korean law. The workshop will share the process and experiences of the campaign to amend the Welfare of Persons with Disabilities Act, which officially defined deaf-blindness as a dual sensory disability. Additionally, presenters will demonstrate, through international activities such as participation in conferences held in the United States and Japan, that people with deaf-blindness can serve as professional peer counselors and instructors.

This workshop is intended for countries in the early stages of developing services for people with deafblindness. By sharing Korea's roadmap from a qualitative research perspective, we aim to demonstrate that sustainable change inevitably occurs when people with deafblindness and interpreters collaborate as equal partners. Collaboration is not merely an option; it is an essential driving force for dignity and social inclusion. Let us break free from isolation together and move toward a future of empowerment.

Session 7E Oral presentations (3). Theme: Accessibility Room 5

Changjin Lee (ID 176)

Supporting Independent Mobility for Deafblind Individuals Using the BrailleSense 'Subway Location Alert' App and Assistive Devices

Deafblind individuals face significant challenges in independent mobility due to difficulties with spatial orientation, obstacle detection, and environmental awareness. Using public transportation, such as the subway, can be particularly challenging because it is hard to know their current location or when to get off.

To address these challenges, the Siloam Deafblind Center developed a subway arrival notification app for BrailleSense devices. This app enables users to track the subway`s location, receive guidance for transfer routes, and get alerts through braille and vibration when it is time to disembark. This technology provides a foundation for safe and independent travel. In addition, the center offers independent mobility training using tools such as sound-responsive vibration watches and tactile maps with raised symbols. These programs help Deafblind individuals build the skills necessary for confident and autonomous movement.

Cedric Moreau, Alina Khoklova (ID 215)

Fostering Collaboration and Accessibility in Education for Children with Congenital Deafblindness in France (É-SENSIL)

Education for children with congenital deafblindness in France is a multifaceted challenge characterized by the population's extreme heterogeneity in terms of sensory loss and associated disorders. Currently, these children are dispersed across a wide range of educational settings, which often lack staff specifically trained in dual sensory impairment, leading to significant professional and social isolation for both families and professionals. To address this, the French educational landscape requires a strategic move toward the centralization of educational resources.

Aim: The É-SENSIL project (2025–2029) pursues several interconnected objectives: (1) mapping the locations of children with deafblindness across France; (2) identifying specific Special Educational Needs that reflect modern ethological and educational evolutions; (3) inventorying past and current pedagogical approaches nationally and internationally; (4) evaluating currently provided education; (5) establishing best-practice recommendations for parents and professionals; (6) developing adapted training modules; (7) building a sustainable community of practice.

Methods: Validated by an ethics committee, this four-year project uses a mixed-methods approach: questionnaires for administrators, professionals, and families; semi-structured interviews; and field observations of educational sessions. A comprehensive literature review benchmarks international practices.

Results: Preliminary findings indicate that educational establishments for children with sensory disabilities often do not include children with pronounced motor disabilities. Children can be placed in multiple-disability institutions where staff lack specific deafblindness training. While some strategies—like using objects of reference, spatial landmarks, and basic tactile signs—are

implemented, significant gaps remain. Professionals often report discomfort with pre-symbolic, bodily-tactile communication and child-guided approaches.
Conclusion/Implications: É-SENSIL is developing a collaborative platform on the Bepep site (INSEI) to share literature, scientific popularization, and field observations. By centralizing resources, training, and recommendations on congenital deafblindness, the project seeks to improve accessibility to quality education and foster an enduring community of practice for professionals and families across France.

Hannah McPierzie, Sophie Fletcher, Julia Kennington, Tish Morrison, Emily White, Lenka McPierzie, Karen Wickham-Grey, Linda de Rozario, Nicole Deprazer (ID 8)

Equitable access to Advance Care Planning for people living with deafblindness and sensory loss in Western Australia.

Communication barriers commonly exclude people with sensory loss from information needed for care decisions. People who are Deaf, deafblind, or hard of hearing (HoH), and those identifying with the Deaf community, have distinct communication needs that must shape ACP resources. We brought key stakeholders together to review ACP information and documentation and plan what is needed next.
Aim: Assess the accessibility of current Advance Care Planning (ACP) information for people with sensory loss in Western Australia; amplify preferences for receiving ACP information; and build interpreter capability to elicit values and choices during ACP conversations. To centre voices of lived experience, translating concerns, wishes, and preferences into concrete accessibility standards and communication supports for ACP.
Methods: Three focus groups were conducted with: (1) people with lived experience of Deafness/deafblindness; (2) people who are HoH; and (3) Auslan interpreters. Stakeholders co-identified accessibility gaps and priority solutions.
Findings - Communication & Accessibility Text resources: Strong preference for plain English and easy read styles; clear layout, consistent formats, and high colour contrast. Directions to "more information" must be accessible.
Video resources: with Auslan interpreter as full screen, with high-contrast backgrounds/clothing so hands are clearly visible. Captions should be two-line, appropriately paced, and high contrast.
Findings - Interpreter capability: Interpreters need practical ACP concept knowledge and terminology to support accurate and consistent communication.
Findings - Health professional readiness: Awareness of community needs and available resources improves preparation (e.g., adequate time, lighting, and multiple modalities).
Results: Insights informed tailored ACP resources for Deaf, deafblind, and HoH communities (plain language/easy read materials; Auslan video with accessible captioning). We developed practical guidance for health professionals and interpreters. Collaborations between Palliative Care Western Australia and Deafblind West Australians have been formalised, with annual joint events ongoing. Dissemination to health services has commenced, and education for the Auslan interpreting sector in WA is underway; actions that empower individuals to express values and enable systems to respond equitably.

Session 7F Oral Presentations. Theme: Advocacy Room 6

Lisa Lindsey (ID 230)

Supported Employment for Individuals Who Are Congenitally Deafblind

Supported employment is a vital pathway to meaningful, inclusive, and sustainable work opportunities for individuals who are congenitally deafblind. It supports individuals to reach their employment goals, gain new skills and boost their confidence. This presentation explores practical, person-centered approaches to supporting employment success within the deafblind community, with a focus on creating environments where individuals can thrive. Emphasis will be placed on understanding the unique communication needs, strengths, and challenges experienced by individuals who are congenitally deafblind. We created an Employment Specialist position to support employment goals. This is done through job readiness workshops, vocational assessments, person-centred employment plans, job development, partnerships with business and community partners and entrepreneurship support.
Drawing on real-world experiences and program-based practices, the session will highlight key components of effective supported employment, including individualized job matching, workplace accommodations, and the integration of intervenor support. Strategies for fostering independence, building confidence, and strengthening workplace relationships will be explored, along with techniques for teaching job tasks, communication methods, and problem-solving skills in a way that is accessible and empowering.
The presentation will also examine the important role of employers, intervenors, and support teams in creating inclusive workplaces. Practical examples will demonstrate how collaboration, clear communication strategies, and flexible supports

can lead to successful employment outcomes and long-term job retention. Additionally, the session will address common barriers to employment and offer solutions that promote equity and inclusion.
Participants will leave with actionable tools, strategies, and ideas that can be applied in their own programs or workplaces. By strengthening their understanding of supported employment practices, attendees will be better equipped to individuals who are congenitally deafblind in achieving meaningful employment, increasing confidence, independence, and communication skills.

Jose Manuel Garcia Riquenes (ID 269)

Self-rehabilitation in acquired deafblindness. Interaction, influence on the environment, and social inclusion. The case of J.

Due to the absence of spaces and rehabilitation programs for people with acquired deafblindness in adulthood, and the determination to continue despite such a severe circumstance—combined with a life marked by influences favoring knowledge and autonomy—J decided to undertake the process of his resurrection, which he calls "self-rehabilitation." This approach involves leveraging a wealth of practical experiences internalized as natural and everyday skills, and adapting them almost exclusively to tactile manipulation—"hands and brain"—to respond to the demands posed by this new condition. Disability generates unprecedented needs and, consequently, reactive abilities emerge and develop, fundamentally in the areas of socialization, communication, orientation, and mobility. Three pivotal moments in J's self-rehabilitation were: first, mastering the use of the long cane; second, learning the Braille system; and third, working with the computer. All of this was achieved through self-directed learning. Thus, J was propelled toward greater social participation by nurturing his literary interests, ultimately leading to the publication of his first book.
The main objectives of the presentation are:
1)To reveal the outcomes of self-rehabilitation regarding interaction, influence on the environment, and social inclusion that can be achieved despite late-onset acquired deafblindness and the lack of timely access to specialized rehabilitation.
2)To highlight the leading role that people with disabilities themselves, along with their families and close associates, must play in promoting a culture of respect, solidarity, and social inclusion for all human beings.
The topic is supported by J's life story and interviews with his closest family members. Experts in deafblindness also contribute perspectives; additional viewpoints and data gathered from the consulted bibliography are included, as well as unpublished research conducted by the author himself. Although undertaken out of necessity, self-rehabilitation transformed J into a free, independent, and self-sufficient person, emotionally stable and with respected judgment. On numerous occasions, he appears to possess the very senses he lacks.

Surafel Berhanu Guta (ID 321)

From Isolation to Influence: Empowering the Deafblind Community in Ethiopia through Collaborative Advocacy

In Ethiopia, deafblindness is frequently misunderstood, often viewed solely through a medical lens or as a condition of total incapacity. This misconception has led to severe isolation, limited access to education, and exclusion from social and economic life for persons with deafblindness. The Ethiopian National Association of the Deafblind (ENAD) was established to challenge these narratives, yet the organization faces significant challenges regarding resource scarcity and low public awareness.
Aim: This presentation aims to share the innovative strategies ENADB has employed to build a self-advocacy movement in a low-income setting. It will demonstrate how the association aligns with the conference theme of Innovate+Empower+Collaborate by shifting the paradigm from charity-based support to rights-based inclusion.
Methods/Approaches: Utilizing a co-design approach, ENADB mobilized persons with lived experience to lead community sensitization programs. We implemented low-cost, innovative communication methods to reach rural communities and established peer-support networks where experienced members mentor younger individuals. The association collaborated with government bodies to influence the implementation of the UNCRPD, specifically advocating for accessible communication support services. Data was collected through member testimonials and engagement metrics with local stakeholders.
Results/Findings: The initiative resulted in a measurable increase in membership and successful integration of deafblind individuals into local vocational training programs. Crucially, ENADB secured representation on national disability Federation, ensuring the specific needs of the deafblind community are included in broader disability policy discussions. The peer-support model proved effective in reducing isolation and building self-efficacy among members.
Conclusion/Implications: The Ethiopian experience demonstrates that meaningful inclusion is achievable even with limited resources when persons with deafblindness are placed at the center of design and delivery. This presentation

offers a replicable model for other low-income nations, highlighting that empowerment stems from amplifying diverse voices and fostering collaboration between the deafblind community and statutory bodies.

Session 7G Oral Presentations. Theme: Communication Room 7

Hakon Lie (ID 286)

Communicative Relations in a New Format – An Introduction to a New Open source E-learning Resource for Practice and Guidance

This presentation introduces a newly developed e-learning resource based on *Communicative Relations* by Nafstad and Rødbroe. The resource is openly accessible to all and aims to make its theoretical foundation more accessible and practically applicable for professionals and networks surrounding individuals with congenital deafblindness. It focuses on the development of communicative relations with individuals who primarily express themselves through bodily movement and gesture, offering a clearer and more practice-oriented entry point to key concepts.

Aim: The aim is to demonstrate how complex theoretical perspectives on communication and development can be translated into accessible learning material, and how the openly available e-learning resource can support self-study, professional development, and practical guidance.

Methods/Approaches: The e-learning resource was developed through a long-term process within Statped. A key challenge was transforming a theoretically dense text into clear and accessible language without relying on specialized or "in-group" terminology, which may limit interdisciplinary use. Guiding principles throughout the process were openness, transparency, and conceptual clarity. The manuscript was developed by specialists with extensive experience in the field, including one of the original authors of the book, in close collaboration with teams responsible for technical and visual production, including structure, illustrations, and animations.

Results/Finding: The resource presents complex aspects of human development—such as the emergence of agency, a personal communicative voice, and authentic dialogical interaction—in a clear and comprehensible way. It combines accessible language with strong professional grounding, supported by illustrations, animations, and concrete examples, and is designed for broad and flexible use across contexts.

Conclusion/Implications: The presentation will demonstrate how openly accessible e-learning can support competence-building and foster shared understanding within interdisciplinary networks. It will also highlight practical implementation and discuss the broader relevance of such resources for training, quality development, and professional guidance. Time will be allocated for questions and discussion.

Linda Eriksson, Klas Nefelt (ID 194)

To Learn the Manual Alphabet or Braille Letters by 3D models

Persons with deafblindness often need to change their way of communicating as well as their way of reading as a result of progressive vision and/or hearing loss. For example, changing from spoken language to sign language including the manual alphabet, from visual sign language to tactile sign language or from text to Braille. But, it is difficult to learn and practice the manual alphabet yourself, if you cannot see and use pictures as a memory aid. Many persons with deafblindness who are sign language users also find it difficult to get used to using tactile sign language instead of visual sign language as well as difficult to learn Braille.

Aim: To make it easier to learn and independently practice both the manual alphabet and Braille, in Sweden, we have developed a 3D manual alphabet that is marked with Braille. The development of this alpabet has been a collaboration between the Association of the Swedish Deafblind, FSDB, and the National Resource Center for Deafblindness, Nkcdb.

Methods: To produce this manual alphabet, we have scanned a wooden artwork of the Swedish manual alphabet. We have then made 3D prints of it.

Results: The 3D files are available on the Nkcdb website and they are free for anyone to download and print. At the same time, we welcome feedback and continue to develop
develop and refine the files.

Conclusion: This 3D manual alphabet can be used as a tactile memory aid when learning and practicing manual alphabets. Also, it can be used as a support when changing from visual to tactile sign language. In addition, it can be an inspiring way for sign language users to learn Braille. We believe that there are many more areas of use. And, when the 3D files are produced, it is a relatively inexpensive material, which we believe many people can benefit from and also enjoy.

Basem Mohamed (ID 21)

Beyond Checklists: Video Based Understanding of Co Created Communication in Deafblind Interaction

In many under-resourced settings, particularly where specialist training in congenital deafblindness is limited, communication is often interpreted through developmental checklists or isolated behavioural indicators. These approaches are frequently used because they are easier to teach, standardise, and apply in systems constrained by limited training, time, and professional support. However, when used as the main framework for interpretation, they can produce reductive understandings of the child's communication, overlooking abilities expressed through touch, movement, timing, anticipation, affective exchange, and shared activity. Research and practice in deafblindness suggest that meaning is often co created across partners and unfolds over time, rather than appearing only as discrete, individually produced behaviours.

Aim: This presentation aims to show how video based analysis can deepen understanding of co created communication in congenital deafblind interaction, particularly in under resourced contexts, and provide a more relational complement to checklist driven interpretation.

Methods: The presentation draws on practice based video analysis of naturally occurring interactions involving individuals with congenital deafblindness and familiar communication partners. Using a relational and interaction focused framework, the analysis attends to tactile engagement, bodily orientation, rhythm, pause, turn taking, repetition, anticipation, and the negotiated emergence of shared meaning. Selected examples will show how communication becomes visible when interaction is examined as a joint process rather than as a set of isolated individual behaviours.

Results: Video based analysis highlights communicative processes that are often under-recognized in conventional assessment, including subtle initiation, reciprocal adaptation, affective attunement, tactile negotiation, confirmation through repetition, and participation through shared action. These findings support the view that communication in congenital deafblind interaction is relational, embodied, and temporally unfolding, especially in settings where communication may otherwise be misjudged as absent or minimal.

Conclusion: A video informed, co created view of communication can strengthen professional judgment, support families and practitioners in recognising early and subtle communicative acts, and promote more respectful understandings of competence. Moving beyond checklists may help the field develop more context sensitive assessment and intervention practices that better reflect the lived realities of congenital deafblind interaction in under-resourced settings.

Session 7H Oral Presentations. Theme: Accessibility Plenary Hall

Kyla Carter (ID:117)

Bridging the Gap: Assistive and Smart Home Tech for increased Accessibility and Communication in DeafBlind/ Complex Care Communities.

With technology often viewed as a supplementary tool, we are only beginning to scratch the surface of its potential to revolutionize the lives of those who are Deafblind. By broadening the multi-model communication pathways on existing or up and coming technology. We do more than provide tools, we foster confidence, autonomy, accessibility, and a profound sense of global connection. This Presentation explores a case study of a person who is Deafblind and has complex care requirements, demonstrating how the "meshing" of traditional therapeutic skills with modern consumer technology creates life changing outcomes. Starting from a brief conversation and a video online lead to collaboration between Speech Language Pathologists (SLPs), moving to a pilot integration that was launched: Linking the individual's switch- accessible Smart Box to an Alexa Smart-home ecosystem. This update transformed a standard communication device into a portal for environmental control and information seeking. The results were immediate and transformative. By utilizing switch buttons to trigger smart-home prompts the supported person gained access to "everyday" information- such as the weather or time- and engaged in leisure activities like selecting music or sharing jokes. This newfound agency led to a noticeable surge in communicative eagerness; the individual didn't just use the tech, they began to thrive, displaying increased engagement with those around them.

The Presentation will further discuss the future of this integration, including the potential of wearable technology like Meta Glasses to provide real time environmental feedback. By bridging the gap between specialized AAC devices and mainstream smart-home tech, we can provide individuals with complex needs a higher degree of self determination. Attendees will learn how to identify opportunities for tech integration within their own practices, moving toward a future where synergy of human expertise and emerging technology creates a truly accessible world for the Deafblind Community.

Mary Nolan (ID 235)

INCLUDE: Inclusive Design Engineering to support the Lived Experience and Participatory Co-design of solutions for People who are Deafblind

In Ireland, Deafblindness is not consistently recognised as a distinct disability with specific communication, mobility, access, and support needs. Deafblindness is defined as combined vision and hearing impairment where the impaired senses cannot easily compensate for each other (Nordic Welfare Centre, 2024). In this project, Deafblind is used as the primary term, while recognising that people may identify differently, including as having dual sensory loss, multisensory impairment, or a related condition.

Aim: The INCLUDE Deafblind Project explored how Community-Based Participatory Inclusive Design (CBPID)(Wycoff et al., 2025) can support accessibility research by centering Deafblind people as knowledge-holders, contributors, and co-designers. It aimed to make Deafblind lived experience visible within research, healthcare, policy, technology, and inclusive design.

Methods: The project adopted CBPID, integrating Community-Based Participatory Research, Inclusive Design, and Design Thinking. Interviews, discussions, workshops, and innovation hackathons explored healthcare, assistive technologies, infrastructure, digital systems, communication, and participation. This approach informed practical guidance for including Deafblind participants in Patient and Public Involvement (PPI) research.

Results: Narrative case examples and participatory activities showed that Deafblind lived experience is personal, relational, and context-dependent. A key finding was that the Deafblind community is not homogeneous. Experiences ranged from highly independent living, including confident use of digital technologies, to participants who did not use digital technologies and required significant communication, mobility, and participation support. Communication and access needs could not be assumed or standardised. Inclusive participation required methods and support to be agreed with each participant in advance. Where required, specialist supports such as tactile ISL interpretation, ISL interpretation, Deafblind support workers, Personal Assistants, guide dogs, assistive technologies, Braille interfaces, haptic communication, and non-digital communication methods needed to be planned, funded, and booked as core research costs.

Conclusion: CBPID shifts the focus from general accessibility towards individualised research design that recognises independence, interdependence, communication diversity, digital exclusion, and Deafblind expertise. Future PPI, healthcare, policy, and inclusive design must treat communication access as core research infrastructure.

Duster Lucius (ID 228)

Accessibility and Usage of Assistive Technology by Deafblind Community in Malawi

Malawi Deafblind community is another essential group as it is filled with potential academicians, politicians, farmers and every fruitful citizen to the society. According to the Malawi's persons with disabilities 2024 Act assistive products mean appropriate aids, appliances, technologies or other support systems that facilitate the better functioning of persons with disabilities meaning this community can ably perform provided assistive technologies but in Malawi case, this is still a challenge. Therefore, this paper presents an account of the current challenges preventing Deafblind community in accessing assistive technologies, there impacts and further make suggestions of how best this can be dealt with by scrutinizing fundamental approaches relevant to them, With that, the paper jerk duty bearers to take up proactive and affirmative action's so that this long stereo typed community starts being agent of change in crucial matters of national development.

Several approaches have been used to understand challenges in digital and assistive technological usage and accessibility in Malawi. Most of human life sectors namely health, Education and justice are not digitalized. For instance, in education few technologies such as braille, orbit reader20 and perkins braille just to mention few are provided by underfunded institutions and that they are quite expensive on the market. Further, the Digital Readiness Assessment (DRS) 2025 report reviews limited funding, weak infrastructure and a skills gap hindering innovation growth. In January 2024, there were approximately 5.86 million internet users in Malawi, accounting for 27.7% of the total population, reflecting an increase from 5.04 million users (24.4%) in January 2023) despite this internet penetration remain a major challenge .Demonstrating this ,survey respondents identified high costs and insufficient digital literacy as the primary barriers to broader technology use. The number of active cellular mobile connections stood at 11.77 million, a 55.5% of total population.

With that, the deaf blind community still gets poor services in all sectors due to loopholes in the information communication as of late it is the driver of other sectors. Meanwhile, this is also a deprivation of their rights stipulated in the UNCRPD articles 4 and 20 and the African Disability protocol article 18.

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12:00 PM – 1:30 PM	**LUNCH BREAK**	Plenary Hall Floor
	Exhibits & Poster Viewing of the Day	Main Entrance Floor

POSTERS OF THE DAY (25)

POSTER 4.1 - *(ID 179) Jihee Shin, Korea*
Supporting Independent Living Through Smart Home Training: An AIoT-Based Program for People with Deafblindness

POSTER 4.2 - *(ID 180) Deepika Srinivasan, India*
Inclusive Menstrual Health Education for Adolescent Girls with Deafblindness: Barriers, Challenges and Practice-Based Strategies

POSTER 4.3 - *(ID 184) Elodie Thiercelin, France*
Lorm Communication: Supporting Autonomy, Mobility, and Social Interaction in Deafblindness.

POSTER 4.4 - *(ID 189) Simona Gerenčer, Slovenia*
Interpreter for Deafblind Persons

POSTER 4.5 - *(ID 195) Krista Vasi, Nancy O'Donnell, United States*
Using Technology to Build a Global Usher Syndrome Community

POSTER 4.6 - *(ID 217) Lenore L. Philion, Canada*
Access -Between Policy and Reality

POSTER 4.7 - *(ID 233) Vera Mota, Canada*
DeafBlind Ontario Services' Partnerships provide specialized training, mentorship, and coaching to supporting agencies across Ontario.

POSTER 4.8 - *(ID 241) Deirdre J Leech, Sorcha Nallen, Carol Brill, Ireland*
Health Literacy Project for Deafblind Adults

POSTER 4.9 - *(ID 243) Anders Martin Rundh, Denmark; Deirdre Leech, Ireland*
Education within Deafblindness

POSTER 4.10 - *(ID 247) Melanie Robartson, Theresa Kirwan, Australia*
The impact of in person group training on service provision and support for people with deafblindness | A qualitative review

POSTER 4.11 - *(ID 248) Wing Yan Cheung, Hong Kong*
Unlock the Sensory Sovereignty: Empowering the Deafblind Journey to Holistic Health

POSTER 4.12 - *(ID 260) Sari Vähänikkilä, Sweden*
The Karlstad Model of Language Learning - Giving a Deafblind Child a Voice Through a Strong Network

POSTER 4.13 - *(ID 264) Clarissa Gegorio, Dionne Pinel, Mark Ginocchio, Jackie Mauro, Nadine Anderson, Canada*
Blueprints for Belonging: Accessible Housing for the Deafblind Community

POSTER 4.14 - *(ID 271) Anahita Esfandiari, Iran*
Innovation in Deafblind Communication: Dual-Side Communication Cards for Deafblind Individuals in Public Spaces

POSTER 4.15 - *(ID 289) Kate Brill B.Phty, Duncan Guy, Australia*
From Fragility to Renewal: Rebuilding Specialist Deafblind Services Through Strategy, Partnership and Community Trust

POSTER 4.16 - *(ID 299) Emme Saey, Marlies Praet, Belgium*
'Present' A family-centred approach to creating a communicative environment for children with congenital deafblindness

POSTER 4.17 - *(ID 302) Mahek Sameep Swadia, India*
Towards Inclusive Justice and Well-being: Understanding the Experiences of Women with Deafblindness

POSTER 4.18 - *(ID 305) Hillary Keys, Heather Lightfoot, Edgenie Bellah, United States*
Interactions & Connections: Following a Child's Lead in Conversation

POSTER 4.19 - *(ID 325) Ryan Ollis, Sarah Duyck, Chelsea Nolan, Canada*
DeafBlind Experience with a Dual-trained Guide Dog and Leader Dogs for the Blind

POSTER 4.21 - *(ID 67) Tracey Riggillo, Canada*
Collaborating for Success: Building Interdisciplinary Partnerships with Adaptive Living Skills

POSTER 4.22 - *(ID 65) Lessette Morales,* Adrian Cosenttino, Eumarson Villenueva, Ijena Ndukwe, Canada

Advocating for the Deafblind Community: Accessible Housing and Transitional Supports in Times of Crisis

POSTER 4.23 - *(ID 23) Miranda Zwijgers, the Netherlands*
Exploring the Tactual Profile for Adults with Acquired Deafblindness: A Hands-on Workshop for Observation for Tactual Skills and Tactual Awareness

POSTER 4.24 - *(ID 307) Sarai L P Balkenende, Elisa W.E Kupers, Saskia Damen, The Netherlands*
Dynamic assessment for students with deafblindness and complex communication needs: a pilot study

POSTER 4.25 - *(218)* *Analia Chamorro, Chili; Valeria Franco, Argentina; Julieta Picasso-Cazon, Chili; Valentina Fernandez, Chili*
From Early Childhood to Law School: Educational Pathways of a Chilean Woman with Deafblindness

1:30 PM – group endings **Social Afternoon** Start: Conference Center

The Social Afternoon, starting at 1.30 pm, takes place instead of the usual conference programme. You are assigned to a group of 10 participants (along with any personal interpreters/support persons, of course). All groups will have these three tasks:

1. Create a low-cost activity that suits all group members within the group allowance of CHF 200.
2. Discuss and decide: What is most important to advance innovation, empowerment and collaboration in the field?
3. Answer that question on a social application during the gala night.

We will, of course, suggest various activities to the groups, such as a visit to the public swimming pool, the city park or Lake Davos. The social afternoon begins at the conference center. Groups can decide for themselves how long they would like their social afternoon to last. This might be a challenge in terms of communication, but we're sure you'll find a way to make it work. Of course, the conference cannot provide IS interpretation for 50 different groups. However, when you registered, you could tell us that you would like to join a group with other sign language users.

7:00 PM – 2:00 AM **Gala Night** Plenary Hall

The Gala Night comes with a three-course meal, an awards ceremony, the official conference closing event themed 'From Davos to the World' with a special guest, and a diverse line-up of live music, ranging from alphorn performances to a full band: this is an evening you definitely don't want to miss. The Gala Night starts at 7pm in the plenary hall of the conference center and ends whenever you like, but no later than 2am for everyone.

You can look forward to the following artists:
Gerd Bingemann (Swiss blind multi-instrumentalist with a hearing impairment; solo piano): The roots of Gerd's piano playing lie in classical music, boogie-woogie and the blues. Over time, swing, jazz, Latin and, above all, pop ballads

have been added, shaping his current repertoire. His instrumental music, largely self-composed and improvised, is suitable for concert performances (including interludes) and as background music, in keeping with Gerd's motto: on the one hand, attentive listening should be rewarded; on the other, conversations must not be disturbed. Link (website in German): https://www.bingemann.ch/gerd/

Lemonpeel: The Swiss four-piece band Lemonpeel captures the essence of wonderful music. They perform their own compositions as well as covers from the worlds of pop, rock, funk and blues. It is just like with lemon peels: Lemon peels contain a range of vitamins, minerals and fibre that can give your diet a nutritional boost. Link: https://www.lemonpeel.ch/

Blaswerk Alphorn Gruppe Davos Klosters: You'll already be familiar with this group and their quintessential Alpine musical instrument from the conference opening. Enjoy them once again. The group comes from Davos and the neighbouring town of Klosters. Link (website in German): Blaswerk.ch – Alphorn-Gruppe Davos – Das Alphorn