

Building bridges.
Strategies for supporting peer interactions in a residential facility for people with congenital deafblindness

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Abstract

The aim of this study was to gain insight into the extent to which peer interactions among individuals with congenital deafblindness were observed by care professionals in a residential facility and to discover the strategies these professionals applied to support and promote peer interactions. Peer interactions are essential to the development and well-being of people with congenital deafblindness. A mixed methods approach was used, including a survey to assess the number of observed interactions and a focus group discussion to explore the applied strategies that promote the importance of peer interactions and the role and attitude of professionals. Findings of the survey show that professionals did observe peer interactions but to a limited extent and mainly during everyday situations. The focus group discussion revealed several applied strategies and suggested new approaches, emphasizing the negative impact of a lack of professional support or attitude. Based on these findings, recommendations for practice were formulated, including raising awareness among professionals through training, developing a best practice manual of strategies to support peer interactions, training of these strategies by using video analysis, and stimulating multiparty conversations. Further research should focus on assessing the impact of implemented strategies, investigating environmental factors affecting peer interactions, and exploring the influence of professional attitudes and roles.

Keywords: peer interaction, congenital deafblindness, professional attitude and role, applied and new strategies, mixed research method

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Building bridges. Strategies for supporting peer interactions in a residential facility for people with congenital deafblindness

Introduction and theoretical exploration

The term deafblindness is an internationally established term to describe people with a combination of visual and hearing impairments (Ask Larsen & Damen, 2014). Deafblindness is considered a unique disability because the reduced hearing cannot compensate for the poor vision and the poor vision cannot compensate for the reduced hearing (Nordic Welfare Centre, 2018; Dammeyer, 2014). People with deafblindness cannot be considered a homogeneous group because of their different impairments (Ask Larsen & Damen, 2014).

In the case of congenital deafblindness the sensory impairments occur at birth or shortly afterwards, but at least before the beginning of language acquisition (Dammeyer, 2014). People with congenital deafblindness in general experience challenges in communication, mobility, and access to information (Rødbroe & Janssen, 2006; Ask Larsen & Damen, 2014). Since communication and interaction are closely intertwined (Janssen, 2003), interaction is also affected. According to Janssen (2003) interaction is a process in which two individuals influence each other's actions, independently of any level of disability or intellect.

This study focused on peer interactions and peer relationships of people with congenital deafblindness or related multiple sensory impairments (adult clients of a residential facility). In this study, peer interaction is defined as contact with people who are similar to one's own kind in aspects like "age, gender, occupation, belonging to a social group" (APA Dictionary of Psychology, n.d.). In addition, Breidenstein (2004) describes peers as people with whom contact is seen as socially relevant. Peers are not just friends, but persons to whom one orients oneself in everyday interaction and to whom one must refer on a daily basis. Peer relationship is defined as a form of social support and includes the interpersonal relationships that are established and developed during a social interaction (La Greca & Harrison, 2005).

According to Nijs et al. (2016), peer interactions and friendships can facilitate diverse developmental and well-being results, such as subjective well-being, mental and physical health, and stress management. The importance of peer interactions for people with deafblindness is emphasized by Hart (2015) stating that "happiness is to be found in relationships and the connections we have with people in our lives" (Hart, 2015, p. 22).

However, people with congenital deafblindness face challenges in social and physical interaction, which can lead to deprivation (Dammeyer, 2014).

Although peer interaction and friendship building are central to the well-being and personal development of all people (Martens et al., 2017), and it is known that social isolation is considered a severe outcome in people with congenital deafblindness due to limited opportunities for social interaction and social participation (Rødbroe and Janssen, 2006), in the field of deafblindness, little research has been done on these topics. The focus of studies and research in recent decades has been mainly on interaction and the promotion of harmonious relationships between people with deafblindness and their educators (Janssen et al., 2006) or on the skills that non-disabled communication partners need to have in order to support the communication development of people with congenital deafblindness (Wolthuis et al., 2014).

Research on peer interaction and building friendships for people with congenital deafblindness is important because these people usually spend their whole life in a residential group and share their home with the same co-residents for many years without meaningful interactions with each other (Liston, 2020; van der Heijden, 2009). This may be due to the fact that people with congenital deafblindness experience limitations in accessing the world because of their sensory impairment and face challenges in developing social and peer interactions and are at high risk of developmental delays (Ask Larsen & Damen, 2014; Jaiswal et al., 2018).

Knowledge of the developmental dynamics of social interaction in typically developing children can contribute to understand facilitating or impending factors of the development of peer interaction in people with deafblindness. According to Hay et al. (2018), peer interaction typically develops at a young age or even in the first weeks of children's life i.e. when infants notice each other and respond to each other's crying, which can be considered an imitation. At the same time, social interactions with parents, siblings and others occur naturally (Hay et al., 2018). According to Hay et al. (2018), children imitate the other person, which is considered a fundamental skill in children's development and plays a significant role in fostering peer interactions. Salkind (2005) goes further and states that peer relationships are among the most influential in social development. As early as towards the end of the first year of life, peers already begin to communicate with each other, and conflict resolution and friendships also take off in the first years of life (Hay et al., 2018). Piaget (1932) stated that engagement with peers, including having arguments

with them, promotes the ability to understand different points of view and he emphasized the role of imitation in enhancing social understanding.

According to Gallagher (2017), imitation of peers is a primitive type of interaction, which emerges in children during the phase of primary intersubjectivity. Intersubjectivity is a term used by Trevarthen to describe the child's innate ability to perceive and understand other people as subjective beings in interpersonal communication. This ability evolves, for typically developing children, during the initial years of life and is divided into three layers (Trevarthen & Aitken, 2001; Bråten & Trevarthen, 2007). Due to the disability-related lack of visual and auditory input, the development of primary intersubjectivity and the associated development of peer interaction and peer relationships are likely to be impeded in individuals with congenital deafblindness (Gallagher, 2017). According to Gallagher (2017), the experiences of individuals with deafblindness differ to such an extent from those of others that it affects their primary intersubjectivity and abilities to imitate other abilities. Researchers have found that delays in the development of intersubjectivity of individuals with congenital deafblindness are associated with problems in interaction with social partners (Damen et al., 2014).

Studies regarding social and peer interactions among people with deafblindness are few (Kamenopoulou, 2012). Liston's (2020) recent study on peer interactions among individuals with deafblindness, conducted as part of her master's project at the University of Groningen, highlights the significant role of the tactile modality in fostering a sense of belonging. She investigated if it was possible to enhance contact opportunities for a young man with congenital deafblindness in a residential facility through multiparty interaction with peers in the tactile modality. She allowed the participant and other residents to be in contact during meals by adjusting the seating arrangement and reducing the physical distance between them. The results show that the intervention did support the ability of the participant with congenital deafblindness to interact with peers and made him understand that having a meal is a shared activity. Liston (2020) recommends investigating the reciprocity between partners who are both deafblind in future research.

Two other studies, as part of the master's programme at the University of Groningen, have looked at peer interactions between individuals with congenital deafblindness (van der Heijden, 2009; Camenisch, 2012). Van der Heijden's (2009) investigation focused on the extent to which two individuals with congenital deafblindness were able to develop communicative interactions with each other. She observed that the two participants, although having been living together in a group for twelve years, had no

significant contact. Through joint activities and with the help of the professionals, the two participants were able to interact to a greater extent, and she observed a remarkable difference in the number of contributions during the activities. She also emphasizes that professionals need to stimulate peer interactions, otherwise people with congenital deafblindness cannot gain interaction experiences (van der Heijden, 2009). According to Camenisch (2012), interaction between peers is possible without the support of professionals. In her study, she analyzed a video, several minutes in length, of two children, both with congenital deafblindness, showing an interaction without any professional support. She noted that successful interaction requires a significant amount of time and recommends creating conditions (time) for successful interaction. In addition, Camenisch (2012) argues that a greater emphasis is needed on the support of peer interaction by their caregivers.

Further, a study on ‘multiparty conversation’ (MPC) among people with deafblindness is worth mentioning, as this type of group interaction and communication is important for social development, the development of self, and the development of communication skills (Worm et al., 2020). The study laid the foundation for further research on MPC by studying the perceived benefits of ‘multiparty conversation’ (MPC) for people with congenital deafblindness. MPC is defined as a conversation between at least three people involved, with at least one of whom has congenital deafblindness. The results of the study show that, according to caregivers and family members, through MPC, people with congenital deafblindness develop a sense of belonging to a group, interactions with peers are enhanced, and their world broadens (Worm et al., 2020).

Studies involving individuals with profound intellectual and multiple disabilities (PIMD) share similar characteristics and challenges with studies focusing on individuals with congenital deafblindness (CDB). Consequently, these populations face similar barriers to establishing and maintaining peer interactions, making a comprehensive examination of peer interaction studies in people with PIMD worth mentioning to gain a deeper understanding of the challenges faced by people with profound and multisensory impairments. Nijs and Maes (2014) presented a summary of existing studies on peer interactions between people with profound intellectual and multiple disabilities (PIMD). They compared and analyzed eight studies. Based on their results, they concluded that the chances of peer interactions among people with PIMD decrease when they are in a setting with many professionals, as people with PIMD then interact mainly with professionals rather than peers. The role of professionals is further emphasized by Kamstra et al. (2019)

as these professionals can facilitate physical contact between children with PIMD. Kamstra et al. (2019) revealed that only a restricted number of peer interactions take place, partly because the participants in the study are often not positioned in such a way that they have the opportunity for peer interaction at all. According to Kamstra (2017), little is done by professionals to support peer interaction, although informal social networks are considered important by professionals. Further, similar results of peer interactions during group activities were observed by Nijs et al., in 2016. The participating in their study could hardly interact with each other as they focused mainly on the professional. Moreover, the participating children were not moved around during the activity and the direct professionals did not show intentions to additionally facilitate peer interactions (Nijs et al., 2016).

In conclusion, the examination of peer interactions in typically developing children, and the aforementioned studies focusing on individuals with congenital deafblindness (CDB) and profound intellectual and multiple disabilities (PIMD), it is evident that peer interactions hold a critical role in the lives of every individual. The possibility of peer interactions exists, and it is essential that professionals recognize their importance and potential. However, the exact type of support needed to facilitate peer interactions for individuals with CDB is poorly understood and there are few interventions to foster peer interactions. There is therefore a great need for research into effective strategies of supporting peer interactions to improve the wellbeing of people with severe disabilities.

In line with the conclusion above, the following two research questions were formulated: 1) How much peer interaction is observed between people with deafblindness who live in a residential facility? 2) Which strategies do professionals apply to support/foster peer interactions in a residential facility? To answer the second research question more precisely, three sub-questions were formulated: 2.1) How do professionals evaluate the importance of peer interaction? 2.2) How do professionals consider their role in supporting peer interactions? 2.3) How do professionals see their attitude in supporting peer interactions?

Research methodology

Research design

In this study, a mixed research method was used to investigate care professionals' experiences in supporting peer interaction, and opinions about the importance of peer interactions, between individuals with congenital deafblindness or related multiple sensory impairments, with the aim of answering the research questions. Two different methods of data collection were used to gain a comprehensive understanding of this research topic (Flick, 2018; Guthrie, 2010). A survey was conducted to assess the observed frequency of peer interactions of individuals with CDB by care professionals. Subsequently, a focus group discussion was held with care professionals, to gain insights into the applied and potential new strategies for supporting peer interactions between individuals with CDB. In both methods, participants were asked about the importance of peer interactions in general and how important it is to support these interactions.

Ethical aspects

Through the submission and positive decision of the proposal, the ethics approval was granted by the University of Groningen. Respondents who took part in the survey confirmed their consent to the use of data by accepting the consent form contained in the email directly in the survey. Respondents could not take part in the survey without the consent form. In addition, the author attached written information to the email containing the link to the survey. Like the respondents in the survey, the focus group participants also received written information about the objectives and procedures, and all gave their written informed consent to the author before the start of the discussions. Furthermore, no specific data from individual clients was collected and used throughout the study.

Participants and setting

Quantitative part: Survey

A group of 119 professionals from a residential facility for adults with congenital deafblindness and multiple related sensory disabilities in Switzerland were asked through email to participate in the survey by the author. In total, 47 professionals participated in the survey, involving 40 caregivers, four therapists, and three professionals who did not give information about their employment. One of the respondents started the survey and did not accept the declaration of consent, therefore the total number of participants was 46. The survey took place online and participants remained anonymous.

Of the 46 participants, 30% had one to three years of working experience within the organization, 20% had been working in the organization for less than one year and one person has worked in the organization for 17 years or more.

The level of training of the participating professionals varied. The therapists had all completed therapeutic training, and one of them holds a master's degree. Most of the professionals (n=34) had completed an apprenticeship in care or had studied social pedagogy. The other professionals (n=12) had either completed an apprenticeship or hold a degree in another field, such as specialist nursing, teaching, in philosophy or social sciences.

Qualitative part: Focus group

An email invitation was sent by the researcher to 30 professionals who had a minimum of two years of experience in the care sector for adults within the residential facility mentioned above. Of the total number of invitees, eight professionals agreed to participate in the focus group. Among the participants, seven were caregivers and one was a physiotherapist. One caregiver had to cancel on the day of the focus group, resulting in a total of seven participants, comprising six caregivers and one therapist (see Table 1). While the years of experience of the participants varied greatly, they all met the minimum requirement of two years of working experience in the organization. The group of participants consisted of three men and four women, representing four different residential groups and the therapy sector. The focus group took place face-to-face, on site.

Table 1

Overview of the focus group participants

	Gender		Average working experience in years
	Male	Female	
Caregivers	3	3	9
Therapist	0	1	4
Total	7		8.3

Materials, instruments and procedures

Quantitative part: Survey

To answer the research question of how much peer interaction is already observed between people with deafblindness living in a residential facility, a survey was conducted. The survey comprised six parts examining the first main research question: 1) Introduction to the survey, 2) Personal details of the respondents, 3) General questions about peer interactions, 4) Questions about observed peer interactions, 5) Questions about known support strategies in peer interactions of respondents, 6) Acknowledgment and comment field (see Table 2). All questions were formulated as closed-ended, requiring respondents to choose from predetermined answer options, with no open-ended questions included.

Table 2

Structure of the peer interaction survey

Part of the survey	Content and questions
Introduction to the survey	Declaration of consent
	Summary about the aim of the survey
	Definitions (peer, interaction, peer interaction, peer relationship, the meaning of peer interactions and peer relationship within the organization)
Personal details of the respondents	Age
	Years of experience within the organization
	Finished training/highest degree
General questions about peer interactions	Basically, do you observe peer interactions in the organization?
	How important do you think peer interactions are for the clients in the organization?
Questions about observed peer interactions	How many of the peer interactions observed were initiated/inspired by professionals (you or others)?
	In which activities of the clients did you observe peer interactions?
	What forms of interaction have you observed?
Questions about known support strategies in	Do you consciously support peer interactions? If so, how do you do it?

peer interactions of respondents	Do you see the promotion and support of peer interactions as part of your daily practice? Do you think that there are clients in the organization who can maintain peer relationships/friendships independently? With how many clients in the adult sector (out of 49) do you observe a conscious (visible to us) cultivation of friendship?
Acknowledgment and comment field	Possibility to write a comment

Qualitative part: Focus group

As the topic of peer interactions in the field of deafblindness is still relatively unexplored, open discussions can expand the knowledge base and provide important insights into a specific topic. Therefore, a focus group discussion was conducted after the survey in order to address the research question of which strategies professionals apply to support/foster peer interactions in a residential facility. A focus group discussion is a qualitative research practice that focuses on specific problems or themes (Hennink, 2014), and involves a group of individuals who discuss and comment on issues (Powell & Single, 1996). The focus group discussion in this study lasted 105 minutes and was moderated by the author. Data was collected by means of a focus group discussion, conducted in Swiss German, and audio recorded.

The discussion was divided into three parts: 1) Introduction and methodology, 2) Main session with open questions, and 3) Conclusion. The main session consisted of four thematic blocks (see Table 3): 1) Warm-up question, 2) Importance of peer interactions for clients, 3) Role/attitude from professionals in supporting peer interactions, 4) Professionals' strategies in supporting peer interactions. The main questions, based on the thematic blocks and results of the survey, highlighted in bold in Table 3, were the focus of the discussion, and sub-questions were only asked if necessary. The participants had the freedom to answer the open questions in their own way. Table 3 includes the sub-questions that were asked by the moderator.

Table 3*Guiding questions of the focus group*

Thematic blocks	Questions
Warm-up question:	How important are peer interactions for you personally?
Importance of peer interactions for participants	Privately and at work?
Importance of peer interactions for clients	How important do you think peer interactions are for our clients in the organization?
Role/attitude from professionals in supporting peer interactions	What role do you see yourself playing in supporting peer interactions? What ideas do you have that can be implemented in everyday life to promote more peer interactions?
Professionals' strategies in supporting peer interactions	What are the strategies you have used to promote peer interactions consciously so far? It has been shown that it is easiest to support peer interaction during everyday life. For example, while eating, waiting on the sofa, etc. Do you see possibilities for more consciously supporting peer interactions in these situations. If yes, how? If you could do whatever you like in your work as a caregiver/therapist, what could be a completely different way to support peer interactions? Please be creative.

Data analysis***Quantitative data: Survey***

The survey was conducted with the online tool SurveyMonkey (surveymonkey.com). All questionnaires that were filled out correctly were transferred to Excel to calculate the relative percentages for participants' statements regarding the importance of peer interactions and applied strategies and to count the number of observed peer interactions per working day per professional. The relative percentages and counts generated by the responses to the three key questions were represented in a figure and

visually inspected. The survey findings served as the foundation for structuring the focus group, influencing the selection of topics and the formulation of questions.

Qualitative data: Focus group

The audio recording of the focus group, which was held in Swiss German, was transcribed by the author verbatim, including filler words such as “ehm” and “mhm”. During the transcription process, the author also translated the text into German. Although there were some changes in sentence order due to the translation, the aim was to preserve the full content. The transcript was then analysed using content analysis and using a combined deductive and inductive process (Hsieh & Shannon, 2005). Relevant text fragments were coded with the software program ATLAS.ti (ATLAS.ti MacVersion 23.1.0). The codebook that was used (see Table 4) consisted of four predetermined main categories based on the second main research question and the additional three sub-questions: 1) Strategies: Which strategies do professionals apply to support/foster peer interactions in a residential facility? 2) Importance of peer interaction: How do professionals evaluate the importance of peer interaction? 3) Professionals’ role: How do professionals consider their role in supporting peer interactions? 4) Professionals’ attitude: How do professionals see their attitude in supporting peer interactions?

During the coding process two new main categories, namely 1) Definition and 2) Clients’ strategies were created as well as four subcategories, namely 1) Applied strategies (professionals), 2) New strategies (professionals), 3) Challenges and barriers, and 4) Observed clients’ strategies. The new main categories were added during the coding process as it became clear that, firstly, the focus group participants had tried to reach common understanding of ‘peer’ and ‘peer interaction’ in order to make sense of their exchange. Secondly, focus group participants were able to name client strategies, which was not evident before coding. The four subcategories were added during the coding process to provide a clearer distinction between already applied and new strategies used by professionals to support peer interactions, and what role clients’ known strategies play and to what extent they experience barriers and challenges according to interact with their peers. After the final coding of the transcript, the essential content of participants’ statements was extracted and summarized, and the themes were underlined with meaningful quotations. The study was coded by the author and the consistency of the study lies in the fact that the coding of the transcript was checked by the first assessor.

Table 4*Overview of the codebook*

Predetermined categories	New categories	New subcategories	Definition of the category
Importance of peer interactions			Professional opinion on the importance of peer interactions among clients
Professionals' role			Assessing/naming one's own role in supporting peer interactions
Professionals' attitude			Attitudes of professionals towards peer interactions and support in this process
Professionals' strategies		Applied strategies	Strategies already implemented by the professionals to support peer interactions
		New strategies	Wishes and ideas of new strategies to better support peer interactions
	Definition of peer/ peer interaction		Professional view on when a peer interaction takes place and who belongs to the peers in the circle of people who are the focus of this research
	Clients' Strategies	Challenges and barriers	Possible explanations for why peer interactions can be challenging for clients
		Observed strategies	Skills and strategies that clients are already implementing without support

Results

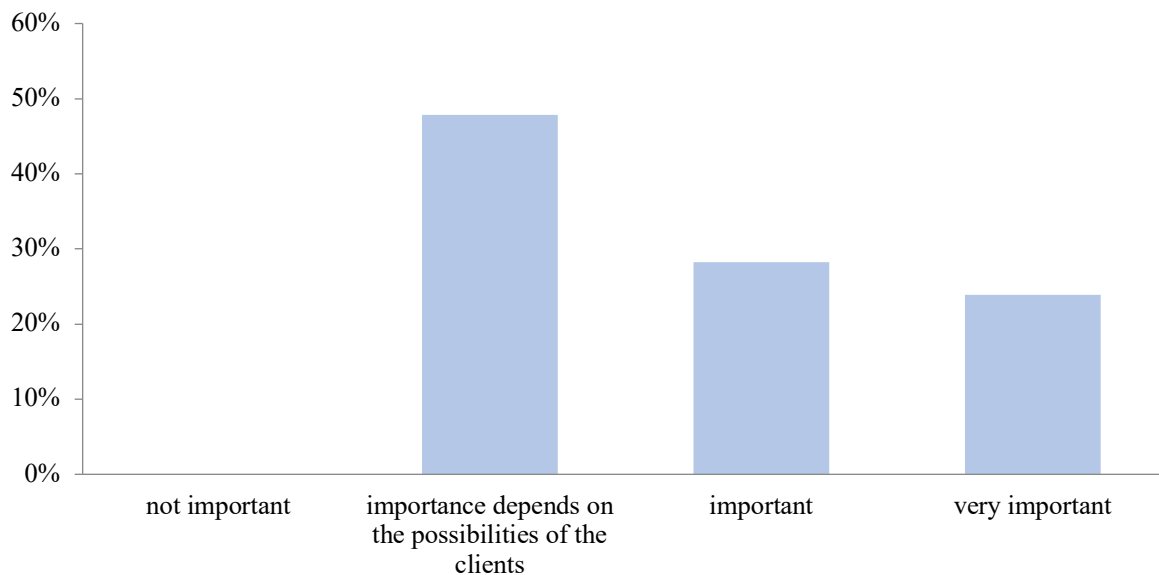
Survey results

Importance of peer interactions

When asked to rate the importance of peer interactions for their clients, most respondents (22 out of 46; 48%), selected the answering option ‘the importance of peer interactions depends on the possibilities of the clients’. 13 out of 46 respondents (28%) rated peer interactions ‘important’ for their clients and 11 out of 46 participants (24%) rated peer interactions as ‘very important’ for their clients. None of the respondents rated peer interactions as ‘not important’ for their clients (see Figure 1).

Figure 1

Importance of peer interactions for the clients according to respondents



Observed peer interactions

When asked how many peer interactions they observed during their last working day, 34 out of 46 respondents (74%) stated that they observed peer interactions, and 26% of the respondents (12 out of 46) stated that they did not observe any peer interactions.

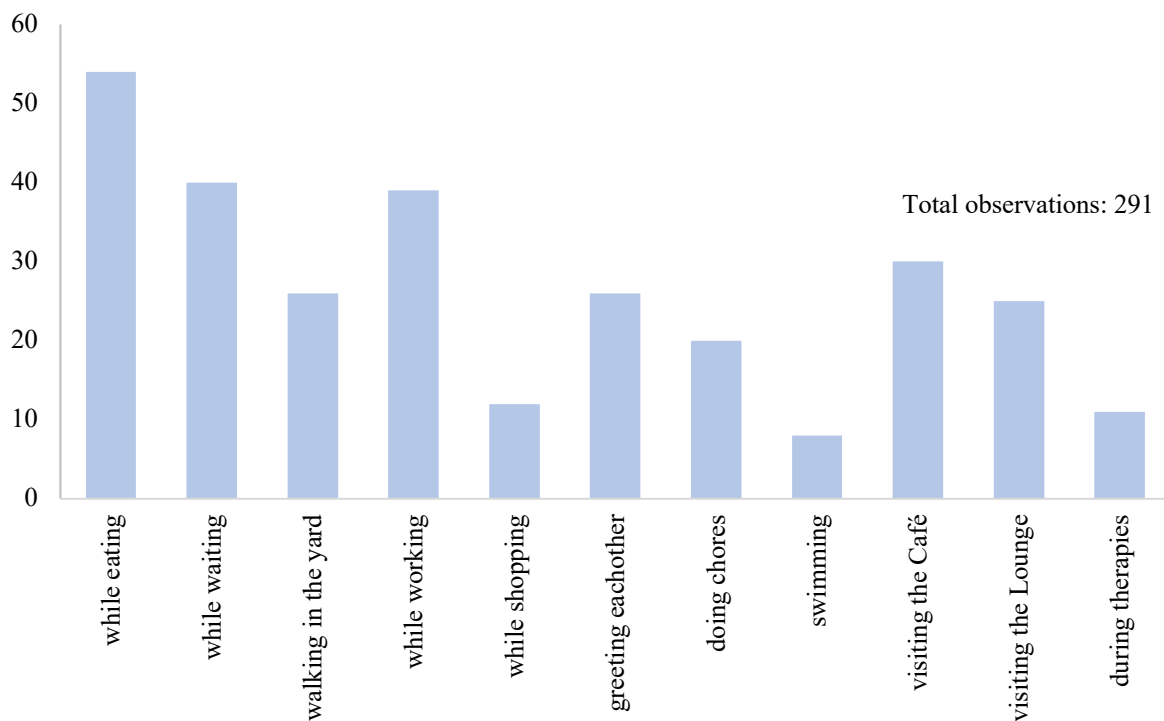
The 34 respondents who reported having observed peer interactions during their last workday, together counted a total of 291 peer interactions (see Figure 2). The most frequent interactions with peers were counted ‘during meals at the dining table’ with 54 counts. 40 peer interactions were counted ‘while waiting at the residential group’ and 39 peer interactions were counted ‘during clients’ work/occupation’. For three activities peer

interactions were counted moderately often: ‘while visiting the café’ (30 counts), ‘while clients greeting each other’ (26 counts), and ‘while visiting the lounge (public place with sofa, tables and coffee machine; 25 counts)’. The respondents counted 20 peer interactions for both, ‘while doing chores’ and ‘walking in the yard’. The least peer interactions were counted ‘while shopping’ (12 counts) and ‘swimming’ (8 counts).

During therapy, 11 peer interactions were observed by the four therapists who participated in the survey.

Figure 2

Number of counted observations of peer interactions



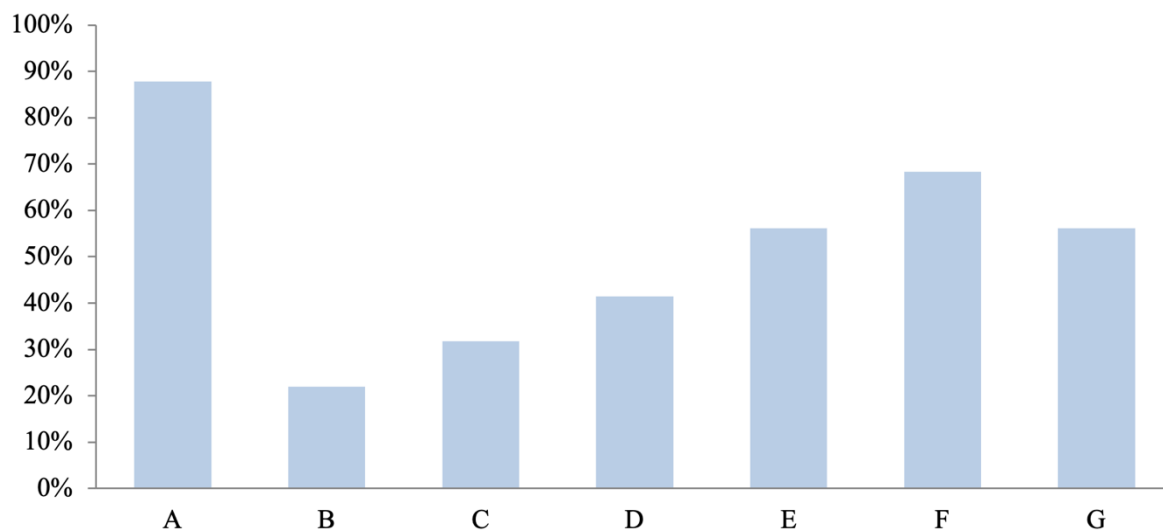
Of the respondents, 70% (33 out of 46) selected the statement that the organization also has clients who can independently maintain peer relationships/friendships. Seven people selected the answering option that the clients of the organization do not have this ability and six respondents answered that they do not know. On average, the participants indicated that seven clients (out of 49) had the skills to maintain peer relationships/friendships without support.

Applied strategies to support peer interactions

Figure 3 lists seven strategies that could be selected by the respondents as being already applied by them to support peer interactions in daily situations. Most of the survey respondents, 88% in total, selected the support strategy ‘showing the clients that there are other clients in the same room (dining table, living room, café, etc.)’. The second most frequently selected strategy by which the professionals support interactions among the clients, chosen by almost 70% of the respondents, was ‘placing the clients in such a way that they are within reach of each other (during waiting times in the living room, in the cloakroom, listening to music on the sofa, etc.)’. 56% of the respondents also selected the strategy ‘supporting participants when participating in internal events and let them get in touch with others’ and 56% of the respondents selected the strategy ‘enabling meetings with other clients in public places’. ‘Supporting cross-group activities’ was a support strategy selected by 42% of the respondents, whereas 30 % of the respondents selected the strategy of ‘supporting playing together’. The least selected strategy, chosen by 22% of the respondents, was ‘supporting clients to greet each other at the workplace’.

Figure 3

Applied strategies to support peer interactions



Note. A) I show the clients that there are other people in the room. B) I support the clients consciously to greet each other at working place. C) I offer the clients to play together. D) I promote cross-group activities. E) I take part in internal events with the clients and let them

get in touch with others. F) I place the clients so that they are within reach of each other. G) I regularly give clients the opportunity to be in public places to meet other clients.

Comments on the survey

At the end of the survey, all participants could voluntarily leave a comment. Ten participants used this function. Eight out of ten comments included congratulations for the author and/or expressions of joy for participating, or the statement that peer interactions are an important issue. Some wished the author good luck. Two respondents gave additional information relevant to the research topic and are therefore quoted here.

Comment 4: This questionnaire made me realize once again how important it is to facilitate peer interactions and that I would like to contribute much more to this.

Comment 5: Most peer interactions observed are basal, many clients do not have a fit in the preferred form of communication and are thus dependent on ‘translation’ by staff. As a result, the interactions are fraught with hurdles and may not be ‘worth the effort’.

Focus group results

The results are presented on the basis of six categories (four predetermined and two new categories, see Table 4) that were identified in the analysis as the most relevant topics discussed for answering the research questions: 1) Definition ‘peer’ and ‘peer interaction’, 2) Importance of peer interaction for the clients, 3) Client’s barriers and strategies, 4) Professional’s role according to support peer interactions, 5) Professional’s attitude according to support peer interactions, 6) Applied and new strategies which professionals use to support peer interactions.

For each of the topics the statements of the participants are described and illustrated with quotations. The quotations are mostly abbreviated, indicated with three dots (...) before and/or after the quote. The statements transcribed into German (and translated from Swiss German into German) have been translated into English. For readability purposes, hesitations and filler words such as ‘ehm’, ‘hm’, ‘mhm’, etc., have been removed from the text. To maintain anonymity, each quote is identified by the participant code (P1-P7), with the author identified as A. No other individuals were named, and no client names were mentioned during the focus group.

Definition 'peer' and 'peer interaction'

At the beginning of the focus group, the term 'peer' and 'peer interactions' were discussed by the participants. One participant stated that peers in the organization are roommates who have approximately the same level of development and can therefore interact with each other. The author reiterated the definition of peer as a person who shares a characteristic or function such as age, gender, occupation, or membership of a social group with one or more persons. The participants agreed that peer refers to all the adult clients among themselves. One participant stated that peers share the same interests, have a common goal, and create something together.

P7: ... or by the fact that they are at the same level of development, or both have a hearing impairment. ...

P7: ... I think what you said, the same interests in peers, in work, having a goal together, you create something together.

The definition of peer interactions was a little more difficult to define for the participants. The participants discussed when interaction occurs between two or more persons with congenital deafblindness or related multiple sensory disabilities. One participant stated that an interaction can only be considered as such if there is a mutual reaction, which means that the counterpart reacts in some way, for example through movements, gestures, or touching. Some participants were of the opinion that the interaction between the clients starts with touching and one of the participants had the opinion that even with multi-sensory loss interaction takes place before touching, so it is enough to be in the same room together. According to this participant, peer interaction does not necessarily require physical closeness or touch, as clients also use their other senses than seeing, hearing, and touching, and mentioned the strong sense of smell. Without a common theme, touching itself is not a peer interaction, said one participant. However, all participants finally agreed that any form of touching between clients qualifies as peer interaction, including accidental touching such as jostling. As one participant remarked, clients in residential groups often move around and touch one another, and in doing so, something meaningful happens between them, whether consciously or not.

P6: Well, I think it starts with touch, or just being together in the same room, or having dinner together at the table and you're sitting next to someone.

P5: So interacting would be between two people. So, there would have to be a reaction, at least a response, also from the other person. Otherwise, it is only a reaction from one person.

P1: ... We don't know where this will lead, but I see the beginning in already being in a room. ... So, just by smell or already senses the other person approaching. Something is already happening.

Importance of peer interaction for the clients

Peer interactions were described as important for clients by all participants. They stated that it makes no difference whether a person has a disability or not. The participants expressed the opinion that social interactions are fundamental for every individual's well-being, with one participant stating that it is important to recognize that everyone is unique and has distinct needs, which the professionals should respect and address.

P4: ... And that is exactly what they need and the need is there. I believe in every human being. Regardless of disability or not.

P4: ... I think peer interactions are also very important for clients. I have thought, also a little bit about, the individual needs.

P2: ... So it's important. In any case, it is also important to see the offer individually.

However, one participant also spoke of experienced helplessness, because the clients often want to exchange with the professionals and not with other clients, probably because they have learned that their needs are better met by the professionals than by other clients. One of the participants also defined peer interactions as important because the clients also develop within these interactions. Another participant rated the importance of peer interactions as a 10 if he were to use a scale between 0-10.

P4: ... But then I also think, yes, they interact a lot with us, because needs are also met. I ask myself, isn't it also learned helplessness, in general, that they don't interact much with other clients, because they know that they don't get anything. ...

P6: Important, I think it is important, very important for our clients. It allows them to develop, or, well. It is important.

A: But if you had to say now how important. The importance of these interactions? P1: From 0-10 then a 10.

Challenges and barriers for clients to interact with peers

During the focus group discussion, participants identified professionals as the primary barrier to peer interactions among clients. Participants reported that peer interaction between clients is often limited for a variety of reasons. One participant suggested that clients may not notice each other's presence in the room because they are mainly focused on their work and rarely greet each other. In addition, participants noted that clients' personal antipathies and sympathies for each other could hinder interactions. In addition, it was stated that professionals may prevent or interrupt interactions among peers, especially between clients who do not have positive relationships from their point of view, thus depriving clients of the opportunity to interact with each other.

P1: Yes, because often, really often, we are the obstacles, often we are the dividing walls between, by doing something, that it doesn't come to the encounter. ...

P6: ... We react too quickly. But also because we have the order that they should learn not to disturb the others in their work, they should stay in their place.

P1: ... Do you say good morning? I am there or there- not at all. They work in the same room and don't know about each other... That's terrible for me, I can't stand it. I am very impatient. ...

P6: Well, they also have sympathies and antipathies. We have already experienced that. Yes.

Focus group participants pointed out significant differences in clients' (communication) development, which were a barrier to interaction with peers. One participant noted that clients often learned the person sign (a personal bracelet representing the person's name and an individual sign) of the professionals but not that of their peers, which led to difficulties in identifying and communicating with them. Participants also expressed concerns about time constraints for both clients and professionals. Clients needed a lot of time to identify and develop interactions with peers, while professionals often lacked time to encourage and observe interactions. Participants emphasized that client interaction required a significant amount of time, which was not always readily available.

P5: ... Where one is relatively independent and the other not at all, then it is more difficult. ...

P7: ... So that's where it starts. Being able to tell people who is in the room. What kind of people are there, I always introduce myself with my name. But we don't do that with the

clients. I mean, that shows how little support we give. ... Many clients know all the personal gestures of the staff, but not of the clients.

P5: ... Because the clients need an awful lot of time, where we can't even imagine how much time it can take until you just notice: ah, I could take a look at what the other clients are like.

Observed strategies from clients and their skills

Focus group participants stated that they observed that clients already had strategies and skills to interact with peers without relying on support from professionals. One participant explained that clients do not need special skills to interact with peers because social interaction is a basic human need. However, one participant noted that clients often need to learn through experience to gain the ability to interact with peers. Participants stated having observed clients coming into contact, pushing each other away and seeking each other out again. They explained that they considered a process such as coming into contact, pushing away and finding each other again to be necessary for peer interaction. This process could already be observed in the residential groups and in the work at the day center, they said.

A: Do you think that clients don't need special skills to get into peer interactions? Can any person do that, basically? P4: I think because it is a basic need, I would assume yes. ...

P4: ... I've observed a lot of things, first fending them off and then going to look again anyway. So, it has both, this process. ...

P6: ... or a client walks and touches a client and perceives him [or her] and so on. That actually happens every day [in the residential group].

P2: ... We also have a client who is always very interested in looking around at the day center. She goes and touches everyone. Depending on when she feels like it, she looks to see who is there.

Professional's role according to support peer interactions

The participants identified different roles for themselves in supporting peer interactions, including the roles of observer, initiator, facilitator, doer, networker, administrator, police officer, and companion. Participants mentioned the importance of starting peer interaction support at a young age to help clients learn to communicate with each other. Participants also pointed out that professionals should allow interaction

processes to take place without interruption and that lack of time or patience on the part of professionals can hinder these processes. One participant described seeing himself as a facilitator responsible for informing clients of the presence of others in the room, while another described having the role of observer in order to be able to identify the potential need for support.

P1: ... I often experience that during the process that has started, often such processes are interrupted. So you, either you have something for the other client at that time or you have like no patience, you don't allow. ...

P4: I also think like that, my attitude, I would like to go more into the role of the observer, to allow more. That's my attitude, new.

Participants indicated that their role in supporting peer interactions can also be to 'offer something' to clients. This explained that this often involved organizing joint activities for the clients, which was seen as a way to facilitate interactions between them.

P7: Yes, of course in gymnastics. These are spaces for movement that are created. Whether they really do gymnastics or not, they are usually free. ...

P3: ... It's difficult to say whether it's all the joy in the music, in the activity or in the other person. But I think it's a mix that creates an overall picture for the clients.

Focus group participants emphasized that professionals often act as interaction partners for clients several times a day, rather than taking a supportive role in peer interactions. This was attributed to the fact that clients receive a response from professionals and their needs are met, which may not be the case with peers. One participant stated that his role as a supporter is only possible if he can remain calm and not be under stress during daily activities.

P5: And yes, that's probably what contributes even more to the fact that the clients all want to interact with us. Because then there is also a response. There is a reaction. P6: Needs are met. P5: Needs are met. ...

P4: ... When I have a calm day, when I am stressed. Yes logically, then. The calmer I am, the more I can focus on the other person. ...

Professional's attitude according to support peer interactions

In the discussion on attitudes towards interactions with peers, one of the participants emphasized that clients must be given the opportunity to interact. According to this participant, professionals are often seen as experts, but they need to adopt an attitude that

considers clients are their own experts. Another participant stated that attitudes towards peer interactions are shaped by social norms and values that unconsciously influence our actions on the subject. One participant expressed a positive opinion and attitude towards peer interactions, citing that clients could interact with each other on an 'equal footing' due to a similar form of disability and developmental stage. This leads to less power imbalance compared to interactions with professionals, she said.

P1: ... We have the feeling that we are the experts, people have the idea that this is how it should be. Often, often and then you don't just leave the interaction, the course of the interaction, to the persons, to the clients accordingly. ...

P7: Well, what is certainly different from us is that they can meet each other on an 'equal footing', or because they are at the same level of development, or both have a hearing impairment, they can meet each other as equals. So unlike us, I think.

Concerning the attitude towards peer interactions, participants discussed the importance of shared activities, shared experiences, and a 'common denominator' among clients. Opinions differed in the discussion. One participant argued that the 'common denominator' was the fact that all clients are human beings, while another participant believed that clients must share a common interest. Participants also discussed the issue of clients' different strengths and weaknesses in terms of interaction and different forms of communication such as signing, tactile signing or the use of reference objects. One participant explained that he consistently observes that clients with more resources receive less support than those with high care needs. However, participants noted that interactions take place even when peers are at different stages of communication development, and that the stronger individual is capable of adapting.

P1: For me, the (lowest) common denominator is being human. So that's, that's, that's part of being a human being, interaction.

P5: That the client, who is actually fitter, is left standing a bit. Because he can do it himself. ...

Participants also expressed different views on supporting peer interactions. While one participant expressed discomfort with initiating interactions, believing that it can undermine clients' self-determination, another participant stressed the importance of offering interactions to clients so that they can learn about and appreciate their value.

Furthermore, one of the participants stated that he regards peer interactions as something exceptional and noteworthy, and that he believes that this should be considered

a standard practice. The participant described his initial reaction upon observing peer interactions as fascinating.

P4: The first peer interactions I observed, I told the staff and colleagues: Come and see! Because we are so fascinated by these interactions once they happen. When we think how important it is. Already the basic feeling ah beautiful, right?

Applied strategies from the participants to support peer interactions

During the focus group, the participants described several familiar and applied strategies for supporting peer interactions. These strategies included both approaches used in everyday life as well as formal methods such as organizing joint activities and interest groups. The participants pointed out several existing offers within the organization that support peer interactions.

P4: I think again with allowing, supporting, more in everyday life, sitting closer together. So really, the spatial things should also go before them. Not one waits here and the other waits here and the other waits there but wait together. Let's see what happens then. ...

P1: That means we create an interest, or events or create where you bring people together. Events on a Friday. Or the seniors. That means organizing events or something and then.

P5: So trying to start some groups of adults doing the same activity. That's here all the time. Yes.

P4: These are inter-group activities. And it's exciting, we come together for activities, but then it doesn't have to be one activity, but a joint get-together. ... One group starts, goes outside, and suddenly everyone comes. And there's a lot going on and we haven't done much. We prepare a snack and maybe the bike and offer that.

According to one participant, clients naturally come into contact with each other as they live in the same flat. The participants stated that to facilitate peer interactions, it is essential to ensure that clients are not isolated in their individual rooms and that the professionals should support the clients in a way that allows them to interact with each other during their daily routines. One of the participants also considered arranged settings for the clients as crucial and explained offering them because he believes that interaction takes place there. Another participant stated peer interactions must 'simply' be allowed.

P6: Well, I'm thinking right now, a lot of things happen with us [in the residential group]. We sometimes have clients in the living room, with the toys, or they are on the same sofa.

The same thing at the table. So that still happens a lot with us. So, they are not separated in the room, they are actually always in the common rooms. ...

P5: Well, that has already been arranged? ... P3: They both see and hear each other. And they only perceive each other automatically. But you notice the sympathy. Especially from one side. ...

Another strategy discussed was to facilitate reunions between clients who had met in childhood but went their separate ways in adolescence. This was described as a good way to rekindle previous contacts and enable clients to meet, exchange and share common experiences. In addition, participants stated that they felt that client meetings should be organised for those who used to live together but were separated for personal or institutional reasons and have since been placed in different residential groups. One comment was whether reunion of clients is possible if the parents no longer want this.

P2: I also initiated another trial. That was when I knew they were at school together as children and lived together for a long time. It was difficult to meet them together, and I am not quite sure how successful it was. We managed to do it two or three times. ... Just this strategy: maybe to stir up former memories, or.

Interactions through greetings and goodbyes among the clients were frequently mentioned by the participants as a well-known and familiar strategy. However, it was noted that this approach is used far too little. One of the participants then also mentioned using the strategy of intentionally letting clients walk into each other if there are no safety concerns, as a way to encourage unintentional or coincidental interaction.

P7: Yes, no, but that's the way it is. So that's where it starts. Being able to tell people who is in the room. What kind of people are there, I always introduce myself with my name. But we don't do that with the clients. So I think that shows how little support we give.

P2: ... what we do in our group home. ... Where we say: this is the man so and so, this is the woman so and so who is touching you now. Within the residential group I would say now and then. But not always.

New strategies to support peer interactions

In the final part of the focus group, participants creatively brainstormed about new strategies and approaches to support peer interactions.

At the client level, one strategy proposed was the formation of interest groups that bring together clients with similar abilities or interests. For example, a participant

suggested a group for deaf clients who can see each other (instead of mixing all developmental statuses/disabilities).

In addition, participants emphasized the importance of making shared experiences and activities narratable for clients by using their personal signs and reference objects. Participants also suggested focusing on the peers involved in shared experiences rather than just the activity itself when reflecting on past experiences.

P4: I am also wondering how often I have communicated with clients about interactions, for example when peers interact, then go to the clients afterwards and say: Ah, you talked to this person today and it was nice and that would be a positivation.

P1: ... A person who doesn't see, they like to take an object and take it into the room and place it somewhere and then when you come to that object, then aha, that was the birthday of this person and that person. So the connection.

P5: Maybe we would have to assign it more to the persons. Ah, that's the person who you like to drink beer with?

Another point of view on the importance of supporting interactions with peers was expressed by the participants who emphasized the need for better use of opportunities in everyday life. This could be achieved, according to the participants, by giving clients the opportunity to interact with each other, by allowing them to explore their environment and by providing them with adequate space. In addition, it was emphasized that opportunities for interactions with peers should be created in accessible communal areas rather than confined to individual rooms. All participants agreed that the most important factor in promoting peer interactions is to allow them and not to interrupt clients' interactions.

P1: ... One is on the sofa, the other is watching TV and something is already happening. That is already a situation that I created.

P4: I think again with allowing, supporting, more in everyday life, sitting closer together. So, really, give them the spatial things first. ...

One participant felt it was particularly important to raise awareness among professionals about the issue of supporting peer interactions. She emphasized that discussions are needed in the organization so that all professionals are aware of this topic and its importance.

P6: Another thing that comes to mind is to address the issue in the team in the first place. What it is exactly. I think that's something else that's very important, that everyone in the team knows what it's about. I think it is important that it is discussed.

P4: Yes, I feel the same way. To bring the teams closer [the topic of peer interactions].

The participants also developed ideas for the organizational structure that would support peer interactions. They suggested that the organization's mission statement should explicitly include the importance of peer interactions, as the participants felt this was an important issue. One participant explained that she had ten books on blindness and deafblindness at home, but none on the importance of peer interactions, and pointed out that not enough attention was being paid to this important topic. One participant proposed that the topic of peer interactions should be integrated into the mandatory in-house training for all professionals and that this training could provide guidance on how to conduct observations and give staff insights on how to enhance peer interactions.

P4: This can be included in our mission, in our mission statement. In 2025. ... It's really, it's part of our mission. It doesn't come out in our mission. Participation as a specific issue, perhaps, that is also so important for every human being.

P4: ... Mindfulness training for all staff, mandatory. For example, you can train, train observation. We could take that into the TGK [internal training], for example, how do I observe? What is important? I think observing is something you have to learn. I think it's very important in peer interactions. If you don't even see them interacting, then it becomes difficult. And professionals.

At the end of the focus group, individual participants expressed their wishes regarding the necessary framework conditions to promote peer interactions, or what conditions they would need in order to be able to develop new strategies. One of the participants mentioned the wish to have more time for observations. Another person would like to have a meeting place and more opportunities for observation. And one participant stated an open space marketplace as a good opportunity to facilitate peer interactions.

P4: And that is, I would like to have one day, or let's say a whole five days, in which we can only observe. ... and then to share these observations in the team. ...

P7: And one more wish. If you could wish that it could be similar to what he said, like maybe a meeting space, where it is not tied to the activity. That you say it is now really a meeting place and you are there and can observe. We let the clients, it can also be across groups, you let the clients and you can also observe how they meet at all. ...

P1: You know what I imagine? A village square, like open. Not covered. Simple and everyone comes there, like a marketplace, you know. With tables and offers and people come and there can simply be encounters.

Discussion and conclusion

This study aimed to obtain insight into the extent to which peer interactions were observed in a residential home for individuals with congenital deafblindness (research question 1) and strategies applied by professionals to support and facilitate peer interactions (research question 2).

To answer the first research question, a survey was conducted. The results of the survey revealed that 46 respondents observed a total of 291 peer interactions during their working day. This means that on average six peer interactions were counted per respondent per working day. The findings also revealed that spontaneous peer interactions mainly occur in everyday situations within the residential setting, for example, while eating, working, or waiting.

A focus group was formed to answer the second research question which aimed to identify and explore the strategies applied by professionals to support and facilitate peer interactions. Focus group participants agreed that peer interactions occur in everyday situations, with and without professional support. These include interactions during daily routines, sharing a common home, saying hello and goodbye, or intentionally letting clients walk into each other when there are no safety concerns. In terms of strategies already applied, the focus group participants also mentioned that joint activities, interest groups, meetings or events such as listening to music together create opportunities for peer interaction. Further, focus group participants stated that 'simply' allowing peer interaction is an applied strategy since the clients are capable to initiate peer interaction on their own. In addition, results show that there are daily opportunities for professionals to support clients to connect with each other, for example, by not isolating clients in their rooms. However, focus group participants noted that professionals sometimes do not support peer interaction intentionally, in fact, professionals sometimes prevent peer interaction. Finally, according to focus group participants, antipathies and differences in communication development of the clients also hinder peer interactions.

The responses to the first sub-question, concerning the importance of peer interaction, show a difference between the survey and the focus group participants. In the latter group, all participants emphasized that peer interactions are important for all people. In the survey, 48% of the participants indicated that the importance of peer interaction depends on the possibilities of the clients. The second sub-question, regarding the role of the professionals in supporting peer interactions, is multifaceted. The focus group participants see themselves in the role of the observer, initiator, facilitator, doer, networker,

administrator, police officer, or companion. The attitude in supporting peer interactions is reflected in the answer of the third sub-question. There was some disagreement among focus group participants to this sub-question. One participant stated that initiating peer interaction had little to do with self-determination of the clients, where as another participant underlined that initiating peer interaction is part of the job. In this regard, one focus group participant emphasized that peer interactions are about reducing the power imbalance because peers are at a similar level of development. However, clients often seek contact with the professionals since the professionals can meet the needs of the clients.

The fact that the number of peer interactions observed during the study seems to be rather low, but the importance attached to them being high, needs explanation. On the one hand, the current study indicates that peer interactions do occur, but on a rather small scale, 12 respondents indicated that they did not observe any peer interactions at all. This could lead to the suggestion that clients are not given opportunities or chances to interact with each other, or that professionals do not consider certain contacts to be an interaction. Further, this finding suggests that peer interactions are rarely intentionally encouraged. On the other hand, the importance of peer interaction is consistently reported to be high by focus group participants and this is in line with previous studies on peer interactions of people with PIMD and CDB (Kamstra et al., 2019; Nijs et al., 2016; van der Heijden, 2009; Camenisch, 2012). It is widely acknowledged that peer interaction is significant, regardless of one's disability status. Further, interaction and peer interaction are highly valued and are considered crucial for fostering well-being and facilitating healthy social development (Nijs et al., 2016; Hart, 2015; Martens et al., 2017; Worm et al., 2020).

The interaction between professionals and clients is often already challenging and the long time for mutual trust to develop, could result why caregivers are overburdened in supporting peer interaction. The difficulties are due to different developmental stages of clients in communication, the use of different forms of communication, and lack of time of the professionals. This assumption could be an explanation at to why peer interactions are generally not consciously encouraged, and professionals are considered as the main barrier for peer interactions. According to Ask Larsen and Damen (2014), appropriate interaction and communication requires an optimal environment, which includes a competent (interaction) partner. A suitable strategy to support peer interaction and the inclusion of professionals is multiparty conversation (MPC). The studies of multiparty conversation (MPC) show a highly positive impact on the behavior of people with congenital deafblindness (Worm et al., 2020; Liston, 2020). Clients are tactilely accessible to each

other, which improves their understanding that they have other people with whom they can interact (Liston, 2020). The simple contact is ensured by the reproducibility and the power imbalance can be compensated, once three people are involved.

Further, as shown by comments made by focus group participants, peer interactions in everyday life are prevented by professionals making false personal judgments, e.g. client's antipathies between each other. Such statements of the professionals indicate that they may not be aware that 'not supporting' or 'not allowing' peer interaction interferes with the development of social interaction. If clients were perceived as experts in their own life (Hay et al., 2018; Camenisch, 2012), peer interaction could increase, as clients are at a similar stage of development and can meet 'on an equal footing', yet even the 'simple' contact can trigger joy. Furthermore, through contact with peers, clients get the opportunity to imitate each other, thus acquiring better interactions skills.

In conclusion, the limited extent of peer interaction among people with congenital deafblindness in residential settings is influenced by several factors, including the role and attitudes about the importance of promoting peer interactions of professionals. It is important to recognize the importance of peer interaction to the well-being of these individuals, and professionals should not be perceived as barriers. Although strategies to promote peer interactions are already applied, not all professionals seem to be aware of the importance of using such strategies.

Strengths and limitations of the research

A strength of the study was that the credibility of the study was enhanced on the one hand by the choice of the mixed method and on the other hand by the triangulation (Flick, 2018). Using two different methods helps each to compensate for the weaknesses of the other (Guthrie, 2010). Since the findings of the survey and the focus group results are similar, the credibility of the study is assigned. Furthermore, there was a regular exchange with the two content supervisors throughout the study in order to ensure the transparency of the study.

The study conducted included only a limited number of participants, which means that the sample is not representative of the overall population of caregivers and therapists of people with congenital deafblindness. It is worth mentioning that the professionals selected for the focus group had an average of 8.3 years of professional experience in the organization, while survey participants showing fewer years of experience in the organization on average.

In the survey, the caregivers and therapists had an observation task and could decide for themselves which and how many clients they would observe, which could distort the results. This is because, for example, they deliberately observe clients for whom they expect a positive outcome. Recruiting focus group participants who had at least two years of professional experience in the organization, can again lead to distortion to some extent since there is the potential for shared biases, practices, or beliefs to emerge because expertise is trained in a particular way within the organization. Perspectives on alternative approaches may be lost. Thus, the lack of new staff in a focus group discussion can result in a lack of innovative ideas and less weight given to experiences from other organizations.

The focus group transcript was not independently coded by a second person, this may lead to coding bias. The results reveal a subjective perception of the author of the study since different people may interpret and attribute content differently. Matching and discussions between multiple coders can lead the research to more reliable and robust results, which also serves as quality control in the research process. In this study, the transcript and coding were reviewed by the first assessor, but not coded individually.

Recommendations

In daily practice, it is recommended that professionals in residential facilities are sensitized to the issue of peer interaction. Raising awareness among professionals, caregivers, and other stakeholders about the importance of peer interaction for people with congenital deafblindness is fundamental. The topic can be embedded in the internal training program and policy to educate professionals about the benefits of peer interaction and help them recognize the unique challenges faced by people with deafblindness. Furthermore, the promotion of a culture of inclusion, empathy, and understanding within the residential setting is to be encouraged, with peer interactions playing an important role.

A manual of ideas about strategies to support peer interactions, a so-called best practice manual, can be drawn up and distributed to all professionals. The best practice manual could include already applied strategies, see discussion of the second research question, and new strategies based on the findings of the study. Examples of newly developed strategies could be sharing experiences by focusing on the peers and not the activity, and making them narratable with objects of reference, scheduling time for observations of clients, conscious promotion of interest groups, or organizing joint activities. Basically, the support of peer interactions should be considered as standard practice but tailored to the needs of clients and considered individually. Another simple

strategy to promote peer interaction is to place clients within reach of each other (Kamstra et al., 2019) and to let them move during activities (Nijs et al., 2016).

Further, the approach of multiparty conversation (MPC) should be given greater importance in the organization as multiparty conversation can significantly increase the sense of community and belonging to a group in daily interactions. MPC needs to be specifically trained, because the interaction being challenging, as the professionals need to know the communication systems of the people with congenital deafblindness, where the bodily-tactile modality plays an important role and these need to be implemented by all participants (Larsen & Dammeyer, 2021).

Since focus group participants like to strengthen the role of the observer, the use of video analysis is further recommended for practice. Observation is an important component in the monitoring of individuals with congenital deafblindness and is described by Ask Larsen and Damen (2014) as a tool in assessments. However, focus group participants reported some obstacles to this observation in relation to peer interaction. On the one hand, there is often a lack of time to observe closely and determine what support the clients need, and on the other hand, there is a lack of expertise about what exactly to observe and how to interpret the observations. According to Ask Larsen & Damen (2014), video analysis is a prerequisite tool to evaluate observations made of people with deafblindness. Further, video analysis enhances the possibilities for observation and interpretation and, in this way, the exchange between professionals will be strengthened.

Another recommendation for practice is to encourage imitation among peers and turn it into a game. Imitation is an important strategy in the development of peer interactions (Hay et al., 2018; Piaget, 1932; Gallagher, 2017) that does not come naturally to individuals with congenital deafblindness due to their limited vision and hearing.

The final point to recommend for practice is the development of a 'peer interaction assessment tool' which can be based on a tool already used in the interaction between person with congenital deafblindness and non-disabled person. This should map the individual needs of people with congenital deafblindness and increase the well-being of clients and reduce social isolation through appropriate derived measures.

As for further research, the recommendation is to study the long-term impact of increased peer interaction based on the defined strategies applied and implemented on a daily basis on people with congenital deafblindness or related multiple sensory disabilities. Further research can be conducted to determine which environmental factors promote peer interactions and which hinder them. In addition, research can be conducted on the factors

influencing the development of peer interactions, such as the attitude and role of professionals.

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