

Introductory awareness of sensory loss

To ensure that the knowledge and skills are addressed in this unit, it is essential that you become aware of the differing needs of people with sensory loss and how you can help to improve on your work practices to support and empower them. Many care providers or health professionals are not aware that hearing and vision losses are more prevalent as a person ages, and that the threat to independence and quality of life can be devastating with the combined loss of both hearing and vision even more so.

You will become aware that there are significant numbers of people in the UK who have a sensory loss. This can mean sight loss, hearing loss or dual sensory loss. This unit will allow you to have an awareness of the impact of sensory loss on the person. With a single sensory loss, the person normally relies on the other senses to compensate. However, people missing both senses have a unique disability which requires specialist communication skills alongside ongoing support.

In this unit you will learn about:

- 1. the factors that impact on an individual with sensory loss and steps that can be taken to overcome these**
- 2. the importance of effective communication for individuals with sensory loss**
- 3. the main causes and conditions of sensory loss**
- 4. how to recognise when an individual may be experiencing sight and/or hearing loss**
- 5. how to report concerns about sensory loss.**

1. Understand the factors that impact on an individual with sensory loss and steps that can be taken to overcome these

1.1 How a range of factors can have a negative and positive impact on individuals with sensory loss

Activity 1



Using your senses

On your way to work, consider the following.

- Listen to people talking – can you hear what they are saying?
- Can you hear any birds?
- What colours are flowers in any nearby gardens?
- Can you negotiate around obstacles in your way?
- Did you speak to anyone on the way to work?

Imagine not being able to do these fully. Would this have a negative or positive effect on you?

Approximately 95 per cent of the information about the world around us comes from our hearing and sight. We read books, magazines and correspondence, we talk to each other face to face or on the telephone and we listen to our music on the television or the radio. The environmental information lets us know what is going on – body language and facial expressions, conversations, computer keys tapping, lawn mowers being used in gardens and so on. To understand the world around us we rely a great deal on our senses. When people have any sensory loss, then their mobility and communication are greatly affected. This can lead to increased loneliness and even isolation in some cases.

Throughout this unit you will encounter many terms for sensory loss. RNID suggest that when talking about a person with a hearing loss it is good practice to use the terms of 'Deaf', 'hard of hearing' or 'having a hearing loss'. British Sign Language (BSL) users use a capital 'D' in Deaf to highlight that they belong to the Deaf community. The Royal National Institute for the Blind (RNIB) use the terms 'blind' or 'partially sighted' and Sense advise that hearing and vision loss is termed 'deafblindness'. Sensory loss in all areas can be congenital or acquired.

Impact on communication

Many blind and partially sighted people lose the ability to see gestures and facial expressions which are an important aspect of spoken communication. It is hard to know when someone is speaking to them personally or to someone else, or that they may have walked away. This can have a very negative impact on a person. We will explore more in Section 1.2 when we identify steps to overcome factors which may have a negative impact.

Communication in a written format can be difficult for a person with sight loss. Paper used may be too shiny, the text may be too small, there may be whole sentences made up of capital letters or centring and underlining may have been used. Communication by email and text can be equally hard to access, and this can lead many blind or partially sighted people to discontinue using their computer and/or mobile telephone.

Hearing loss interferes with face-to-face communication and can often cause older people to feel that they are isolated and excluded from everyday conversations. With background noise becoming a problem, many people with a hearing loss often miss what is being communicated. This can also affect communicating on the telephone or listening to the news on the radio. Older people who are losing their hearing often rely on their eyesight to compensate for their hearing loss. In conversation, they will endeavour to watch the other person's face and lips, and use clues about the context to try to respond appropriately.

However, people who are losing both their hearing and their vision will find it difficult to look for clues in the conversation. This will be particularly severe with a person who has central vision loss, as this then may completely remove the ability to read lips or to see faces. To avoid deafblind people becoming devoid of knowledge about the outside world or having a limited contact with a variety of other people, sources of support should be forthcoming.

Impact on information

One of the needs of people with a sensory impairment is to be able to obtain information. Whether this is written, spoken or signed information, it needs to be in an **accessible** format.

A person who has sight loss wants to be able to carry on writing as long as possible for tasks such as making lists, keeping appointments and reading private correspondence. If a person is losing their sight, then it can have a detrimental effect on maintaining their dignity and confidentiality. Access to written information specifically for people with a vision loss is not readily available and information is not forthcoming.

Furthermore, people with a hearing loss may need access to information that is not in a written format – for example, by telephone, face-to-face and signed information. People use the telephone to pass on information or to keep in touch or enjoy having a one-to-one conversation in person. This can be very difficult for a person with a hearing loss if the means of accessing information is not in a suitable format for them.

The impact on information is greatly enhanced when a person has a dual sensory loss. It is important to all of us to be able to have access to information independently and not to have to rely on someone else. This removes or reduces independence and privacy. Everybody has the right to be able to access information and should be afforded the opportunity to do so privately and independently.

Key term

Accessible – able to be obtained, used or experienced without difficulty





Activity 2

How you gather information

Spend a day looking at how you gather information.

1. Have you used a landline or mobile phone, or used a mobile's texting facility to send a message?
2. Have you read a newspaper or magazine?
3. Has your supervisor at work given you instructions to carry out a task?
4. Have you spoken to your friends about your plans for the weekend? Reflect on the negative impact of completing the above tasks with a sensory loss. Write a short account of your feelings.

Impact on familiar layouts and routines

Sight plays a major role in the process of becoming accustomed to a new situation or set of surroundings (orientation) and people often lose a sense of what is around them and where they are, and sometimes become unsure of where familiar things are. A person who has sight loss can be left feeling isolated and apart from others. An extensive loss of vision can result in:

- an inability to negotiate the environment
- a loss of sense of freedom
- a loss of security
- a loss of control in their environment.

These effects can make people feel very dependent on others.

Hearing loss causes its own problems with difficulty hearing information, following conversation or asking for directions. This can be very isolating for a person if their usual routine is to listen to a programme on the radio, talk to people on the telephone or go for coffee with friends in a noisy restaurant. Hearing loss impacts greatly on gathering information and making informed choices.

People need to have confidence in moving safely around their own homes and immediate local area, and also to go further afield. This may be with or without a recognised mobility aid, such as a white cane, red and white cane (to signify dual sensory loss) or guide dog. The cost and lack of transport will be added obstacles for many people.

For some people, assistance in the form of sighted guiding is essential.



Activity 3

Guiding techniques

You should refer to sighted guiding techniques and practise with a colleague how to guide a person correctly. You can download a how-to guide from www.rnib.org.uk

1. How did you feel putting your confidence in another person to guide you?
2. How safe did you feel being guided?
3. How confident were you in guiding someone?
4. Examine the consequences of incorrect guiding on a person with sensory loss.

You will be able to demonstrate how to guide a person who has sensory impairment to your assessor using sighted guiding.

Key term



Accommodation – the process by which the eye changes optical power to focus on an object as its distance changes

Impact on mobility

Normal changes in sight due to the aging process include:

- problems adapting to light changes
- reduced peripheral vision
- problems with glare
- a need for increased lighting
- general reduced acuity (seeing detail)
- reduced **accommodation**
- problems with depth perception
- reduced colour sensitivity and contrast sensitivity.

You will realise that good design in homes and buildings can help with finding your way around more easily if you have sensory loss. It is recommended that good colour and contrasting is used throughout the premises. Good colour and contrast means being able to use it to the maximum effect in enhancing spatial awareness and allowing easier identification of key building features without sacrificing the look of the building. This ensures that people who have some useful vision can see door frames and edges of cupboards, and where the walls start and end. This all helps with navigating around buildings including the home, doctor's surgery, bank or supermarket.

Alongside this it is important to have good consistent lighting throughout the building. You should try to avoid glare, pools of darkness or light and control daylight by using curtains or blinds.

Some local authorities have Communicator Guides or Guide-help schemes, which enable a deafblind person to benefit from a better quality of life with greater independence. Communicator Guides have been described as the conduit allowing the deafblind person to interact with the outside world. Tasks include helping with reading letters and paying bills, escorting on excursions outside of the home

Activity 4



Exploring other factors that affect people with sensory loss

Take some time to explore other factors which may have a negative or positive effect on a person with sensory loss.

Look at communication, information, routines, layouts and mobility, and investigate ways of lessening the negative impact. You may wish to research aids and equipment for sensory loss. Look more fully at colour and contrasting, and lighting in the home.

to doctors, banks or leisure activities. They enable the person to make use of their remaining sight and hearing, and play an important role in reducing stress and increasing confidence.

Doing it well



Colour and contrast

- Use light-coloured cups for black coffee and dark cups for milky tea.
- Use a coloured plate or bowl that will contrast against your dining table or tray.
- Use different-coloured chopping boards to contrast with food.
- A dark door frame stands out from white walls and doors.
- Highlight around light switches to make them stand out from the wall.
- Ceilings walls, doors and floors are critical surfaces that should be sufficiently differentiated from each other.

Functional skills



English: Speaking and listening

Speaking and listening skills can be practised by completing the task here. When communicating verbally, it is important to present information clearly using appropriate language and to be able to adapt your contribution to suit the situation you are in. It is also important to be aware of your body language. Ensure you take an active part in the discussion and that you show effective listening skills.

1.2 Steps that can be taken to overcome factors that have a negative impact on individuals with sensory loss

In the previous section we have looked at the negative impact of sensory loss on communication, information, layout and routines and mobility. Taking each of these in turn, you will be able to research the steps needed to overcome some of the negative impact on people.

You must ensure that people you support have regular access to sight tests and that they continue to wear their glasses if prescribed. You may be told that a person has a cataract that needs to be operated on and it would help if you were able to know more about cataract operations. You can find this from any of the sight loss organisations at the end of the unit. Seeing clearly can help greatly with communication.

Doing it well



Communicating with a person with sight loss

- Always say who you are.
- Always say what you are going to do and be specific.
- Always talk directly to the person and use their name.
- Always stand in a place where you can be seen. If necessary, touch for attention.
- Always take the time to answer questions.
- Always tell the person that you are leaving them – do not just walk away.

Key term

British Sign Language (BSL) – a way of communicating with people who cannot hear, using hand signals instead of words

Functional skills**English: Speaking and listening**

Speaking and listening skills can be practised by completing this task. When communicating verbally, it is important to present information clearly using appropriate language and to be able to adapt your contribution to suit the situation you are in. It is also important to be aware of your body language. Ensure you take an active part in the discussion and that you show effective listening skills.

Many people who have sight loss can sometimes benefit from having their written communication in a larger font or on a different-coloured paper for good colour contrasting and contrasting. Communication by email or text can be accessed by having speech programs installed on the computer or mobile telephone.

British Sign Language is the language of choice for a significant number of Deaf people in the UK. British Sign Language is a visual/spatial language, which has its own grammatical rules using hand shapes, hand movements and facial expressions to convey meaning. The grammatical rules of BSL are completely different to the rules of English.

Communicating with people with a hearing loss can be difficult if you do not know how much hearing, if any, a person has left. You must find out if they can hear in one ear better than another or if their hearing loss is affecting both ears. Alternatively, you may have a person who has had a substantial hearing loss for many years and uses BSL.

You must ensure that people you support have access to a hearing test at regular intervals, as hearing may deteriorate in later life. You should ensure that people you support have assistance with fitting their hearing aids if prescribed, and with cleaning and replacing batteries if needed.

Doing it well**Communicating with a person with hearing loss**

- Face the person you are speaking to.
- A quiet well-lit room is best.
- Do not shout, as this distorts the voice and lip patterns.
- Ensure light is on the speaker's face.
- Stay in their field of vision.
- If something is not understood, rephrase rather than repeat.
- Speak a little louder than usual.
- Speak a little more slowly than usual but not so slowly as to destroy the speech rhythm.
- Avoid distracting clothes, dangly earrings and, if male, beards which cover the lips.

The Deafblind Manual Alphabet

This is similar to BSL fingerspelling, but all of the manual alphabet is concentrated on the person's hand in which you point to different finger positions on the deafblind person's hand, or draw letter shapes.

People who are deafblind can communicate using BSL if they have any remaining sight, and this is called Visual Frame Signing. Close signing is a good alternative whereby signing is within close range to accommodate a person's vision.

Communicating with people who have a dual sensory loss is greatly enhanced by using clear speech and clear print. People who have substantial sight loss sometimes still follow the signs being used by another person by putting their hands over those of the person who is signing.

People with sensory loss need to access information on a daily basis. This can be answering the telephone, reading a newspaper or talking to someone.

Somebody with sight loss will need to have information presented in their preferred format. This can be in Braille, large print, on disk, sent by email or in their own language and one of the above formats. A significant amount of people with sight loss will rely on clear print to access information (you can read more fully on clear print guidelines at www.rnib.org.uk).

Doing it well



Producing clear print

- Document text size should be 12–14 pt, preferably 14 pt.
- The font you choose should be clear, avoiding anything stylised.
- All body text should be left-aligned.
- Use bold sparingly; only highlight a few words rather than a paragraph.
- Keep the text layout clear, simple and consistent.
- Do not use blocks of capitalised letters, and try not to use any italics or underlining.
- Text should not be overlaid on images.
- The substrate or coatings should not be glossy or reflective.
- Ensure the paper is thick enough to prevent show-through.
- The contrast between the text and background should be as high as possible.
- All text should be the same orientation on the page.
- Space between columns of text should be large enough to be distinct.
- Any information conveyed in colour or through images should also be described.

People with hearing loss can ask their GP to be referred for a hearing consultation. There is a wide range of hearing aids and equipment available to people with hearing difficulties.

A number of people who are deaf or hard of hearing sometimes prefer to communicate using lipspeakers. These follow the conversation and repeat what is said but without using their voice; this in turn makes it easier for some people to lipread.

People who are deaf or hard of hearing may access a speech-to-text reporter. This uses a special keyboard to produce a verbatim (word for word) report, which is displayed on a computer screen or a large

screen, via a data projector, for the deaf person to read. This is an entirely different system to having a notetaker who will provide summary notes, not a verbatim account of what is being relayed.

A telephone relay service is used by many people with a hearing loss who wish to communicate by telephone. The message is relayed to an operator, who sends the message by text to the person with hearing loss. If there are no hearing people involved in the call, then it is a straight text-to-text conversation which does not need the help of an operator to translate speech to text.

The use of hearing aids greatly enhances communication for some people who are hard of hearing. There are many types of hearing aids, induction loops and conversers on sale at present and some hearing aids are still available from the NHS.

This symbol indicates a loop system is present. Switching a hearing aid to the T setting engages the telecoil. This shuts out background noise because the microphone has been switched off, and ordinary acoustic sound around you is no longer picked up by your hearing aids. Only sound coming from a nearby magnetic induction loop is being picked up.

You can look at www.rnid.org.uk for more advice on communication.

Somebody with sight loss may need to become more organised to make things easier for everyday routines. Some ideas of organising belongings are as follows.



Where have you seen this symbol?

Activity 5



Belongings and adaptations

1. List other ways of organising belongings to help a person with sight loss and use the equipment catalogues from sensory organisations.
2. List the types of aids and adaptations that would benefit a person with hearing loss.

Now you have completed the two lists, check to see if any of your findings would be beneficial to a person with deafblindness, taking into consideration at all times that the person may or may not have some residual sight and hearing left.

- Medicines, cosmetics, cleaning agents can be kept in separate cabinets and boxes. Using a contrasting coloured tape can help with identification.
- To help identify bank notes, you could fold fives once, tens twice and twenties three times, or you could ask the bank to separate notes and fold them differently or put plastic paper clips on different-sized notes.
- Organise food by cabinets and shelves, and use tactile clues to help distinguish things – for example, put one rubber band around tinned beans and two around soup. There are many kitchen aids to be found in catalogues supplied by sight loss organisations.
- Organise clothing so that it is easier to locate and match by keeping complete outfits together, keeping different-coloured socks, shoes and scarves in separate boxes or drawers, and clipping pairs of socks together before washing them to keep them matched.
- A large clock can help with telling the time and this in turn helps with adhering to your familiar routines, such as appointments and mealtimes. There are also calendar clocks which announce the time and the date with an optional hourly announcement, that, once activated, announces the time on the hour every hour.

Remember that if you are working with a person who is in a new or unfamiliar place, you will need to walk them through a route. This

will also be needed for people who have a hearing loss or deafblindness.

Do not move furniture or objects around in someone's home without discussing it first. This can be very frustrating to someone with a sensory loss if they cannot access their own belongings.

You will have realised the importance of hearing aids and other equipment for people who have a hearing loss and understand the importance of communication on familiar routines and mobility.

Remember, there are no hard and fast rules on how to guide people with sight problems but below are the guidelines the Royal National Institute for the Blind (RNIB) offers because they are safe and sensible. You may find the person you are guiding does not follow these guidelines, but chooses to do something different that works for them.

Doing it well



Guiding a person with sight loss

- Give instructions where necessary, but do not overdo it and be careful not to push or pull the person you are guiding.
- Match your pace to that of the person you are guiding.
- Give them time to hold your arm securely before you start walking.
- Remember to give adequate room round obstacles.
- Watch out for hazards at head height, especially if the person you are guiding is taller than you. It is very easy to walk someone into an overhanging tree or shop canopy. Watch out for lamp posts and bollards too. You may find people you are guiding prefer to walk on the pavement edge to avoid such obstacles.
- Explain loud noises that may alarm, such as roadworks or alarms.
- Explain changes in ground surface – for example, if you are walking from a pavement on to grass or gravel – or if paving slabs and road surfaces are particularly uneven.
- Keep your guiding arm still and relaxed. Do not start waving it about or pointing at things.
- Remember that older people or those with other disabilities may need extra consideration.

The practical advice and information given here will help you feel confident about guiding people with sight problems. Your offer to guide will usually be welcomed; however, many people with sight problems prefer to keep their independence. Also remember that for some people, physical contact may be a problem due to their culture or gender, or because they are protective of their personal space.

When you meet someone with a white cane or a guide dog, remember they are not always totally blind. In fact, many people have some useful vision but they might welcome your help at times – for example, in an unfamiliar place or at night time.

Someone carrying a white cane with red bands on it or who has a guide dog with a red and white harness indicates they are deafblind and may be experiencing difficulties in particularly noisy or busy environments. You may have to ascertain how much useful hearing or sight the person has and adapt your help accordingly. You may well have to use the deafblind alphabet to communicate or encourage the person to lipread.

Do try to give precise verbal instructions – it does not help to point and say, 'It's over there.' And remember to say when you go away or you might leave someone talking to an empty space!

You can find more information on guiding techniques at any of the organisations listed at the end of this unit.

1.3 How individuals can be disabled by attitudes and beliefs

Many people in the UK assume it is inevitable that, as we grow older, sensory impairment will be a factor in the ageing process and is a 'normal' feature of growing old. With growing numbers of people aged 60+ and with life expectancy rising, the increase in older people who experience sight and hearing loss will also escalate. In the older age group of 85+, the challenge will be accommodating older people who are deafblind.

Many people with sensory loss have problems adjusting to their loss and may go on to have depression or anxiety, lethargy or social unhappiness which can affect their mental and physical well-being. However, people who remain optimistic may have an improved quality of life while coping with their sensory loss and maintaining their social contacts.

Case study

Attitudes and beliefs

Teresa Bushell is 78 and lives by herself in her own home in a seaside town in the south-west. Teresa is widowed and has two children who live less than 20 miles away. She has a good circle of friends. She attends a craft club and lunch club twice a week, taking the local bus to the church hall.

Teresa has just been for her regular eye appointment at the hospital and is distraught at being told that her eyesight has deteriorated to such an extent that she is eligible to be registered blind. On hearing this news, Teresa makes her way home and tells her children that she is now going to be registered blind. The children visit and arrange for meals and talking books to be delivered. They buy more craft items so that Teresa can

work at home instead of catching the bus to the centre. They also arrange for the hairdresser to come in even though Teresa visits her local one regularly herself. Teresa begins to think that as she is now 'blind' she cannot do anything for herself and that her life as she knew it is essentially over.

1. Why do you think Teresa now thinks she cannot do anything?
2. Describe what the family is doing for Teresa in terms of disabling attitudes and beliefs.
3. How would you explain to the family about support, aids and equipment for Teresa to enable her to take part in all her activities independently?

1.4 Steps that could be taken to overcome disabling attitudes and beliefs

The 'social model' of disability starts from the point of view that all disabled adults and children have the right to belong to and be valued in their local community. Using this model, you start by looking at the strengths of the person with the impairment and at the social and physical barriers that obstruct them, whether at home or at leisure.

Society provided 'special' welfare benefits and segregated 'special' services, and this frequently shaped the way disabled people thought about themselves. The social model of disability makes the important difference between 'impairment' and 'disability'. The sensory losses discussed in this unit are examples of impairments; people are disabled by the environment, social and organisational barriers, and people's attitudes to disability.

You will have heard about personalisation by now as you work with people who have sensory loss. Personalisation can mean viewing care and support services in a completely new way by giving people more choice and control over their lives. We all have our own strengths, preferences and aspirations, and this does not change because we have sensory loss. Personalisation means ensuring that everyone has access to the right advice, advocacy and information, to help with getting the right support that they need.

Personalisation is quite a new word, and there are different ideas about what it could mean and how it will work in practice.

Activity 6



Personalised approaches

Some examples of personalised approaches are:

- person-centred planning
- person-centred care
- person-centred support
- independent living
- self-directed support.

Research each of the terms so that you can discuss these with your assessor. The personalisation agenda is changing every day, so you will need to be up to date with your information.

You will find organisations at the end of the unit to refer to for information.

2. Understand the importance of effective communication for individuals with sensory loss

2.1 What needs to be considered when communicating with individuals with sight loss, hearing loss or deafblindness

Sight loss

The RNIB suggests making things:

- bigger
- brighter
- bolder.

Bigger

Making things bigger usually makes them easier to see. Using easy-to-see products could help you in your daily life. Some examples of these are:

- clocks and watches with large numbers
- big button telephones
- large print books and calendars
- thick black felt-tip pens to write notes with.

Brighter

Making things brighter by using better lighting can help to make things easier to see. You should make sure that you have as much light as you feel comfortable with for each task that you do.

It is often easier to see things if you shine a light directly on to what you want to see. For example, when reading, it may be easier to see the text if you use a lamp that can be adjusted to shine directly on the page you are reading. This is called task lighting.

Everyone is different and you need to find the amount of light that you are comfortable with.

Bolder

It is harder to see things that are similar in colour to the background that they are on. Contrast is about how much something appears to stand out from its background because of its colour or tone.

Activity 7



Sight loss

Sit down on an armchair in a busy room and put the blindfold on. Sit still for 2 minutes. Then try to turn the radio on using the remote control, and find your favourite radio channel.

1. Did anyone come and speak to you and did you know who they were?
2. What other sounds could you hear in the room? Were there other sounds you could not recognise?

Write a short report on the negative aspects of this activity and how your experience could have been better using the right aids and equipment – for example, talking radio. You can then discuss this task with your assessor when you are asked about negative and positive impact of sensory loss and what needs to be considered when communicating with a person with sight loss.

Hearing loss

Activity 8



Hearing loss

Put on a pair of ear defenders (you can get these from your local DIY store).

1. How much can you hear through them? The sounds you can hear are very likely to be muffled.

Ask one of your colleagues to talk to you and give you a task to do.

2. Did you have to ask them to repeat the instruction?

Write a few short paragraphs on your feelings at not being able to hear properly and what you could have done to make your hearing clearer. Show this to your assessor so that they can see you are looking at the impact of hearing loss.

As you have taken part in the activities using blindfolds and ear defenders, you will realise the amount of background noise there can be in any situation. You will have had experience of this yourself when you go into a crowded room and wish to convey a message to someone, but find it very difficult to hear clearly. Levels of background noise in care settings may have to be looked at to enhance comprehension and minimise background noise.

It can seem impracticable to reduce noise levels to an acceptable level when, for example, vacuuming must be done, staff are talking, televisions and radios are switched on. However, you can facilitate communication between people by having conversations in private,

quieter rooms if possible and using task lighting so that light is directed onto the person who is talking.

Deafblindness

By now you will be familiar with sensory loss and the impact deafblindness can have on people in a range of situations. You must remember that deafblind people can be people who:

- are deafblind from birth or early years
- are deaf from birth (acquired sight loss)
- are blind from birth (acquired hearing loss)
- become deafblind in later years from any of these groups
- are deafblind with other complex needs
- are older deafblind people.

It is important to know that:

- a small sight loss can seriously affect deaf or hard of hearing people
- a small hearing loss can seriously affect a blind or partially sighted person
- the degree of sight or hearing loss is not as important as the extent of the effect on a person's life
- communication, access to information and mobility are seriously affected.

Activity 9



Deafblindness

Take a seat in a busy room next to a television. Put on ear defenders and a blindfold.

1. Can you hear the television properly?
2. Without sight, can you work out what the advertisements are advertising? You will find that some advertisements rely on sight or hearing to get their message across.

Write a letter to an advertising agency to advise them on what could be done to make advertisements accessible to all – for example, text on the screen for hearing loss and spoken word for sight loss. You should show this letter to your assessor to emphasise your knowledge of communication/information for people who are deafblind.

2.2 How effective communication may have a positive impact on the lives of people with a sensory loss

There are many ways of communicating, including:

- talk – face to face
- talk – telephone, mobile, radio
- gesture – formal as in sign language
- gesture – informal hand movements
- body language
- eye contact
- reading and writing
- emailing and text messaging.

Reflect



Consider the activities you have done so far in this unit on simulating sensory loss. Although this can never be a true reflection of how a person sees, hears, feels and copes with a sensory loss, you will have some indication on the impact of sensory loss on a person.

Reflect on how you would like someone to communicate with you if you had a sensory loss. Would you like someone to shout at you just because you are deaf? Would you like someone to talk to a family member instead of you because you are blind? Would you like to be ignored completely because no one knows how to use the deafblind alphabet?

Write down your thoughts on communication and the positive impact it can have on a person if it is done properly.

2.3 How information can be made accessible to individuals with sensory loss

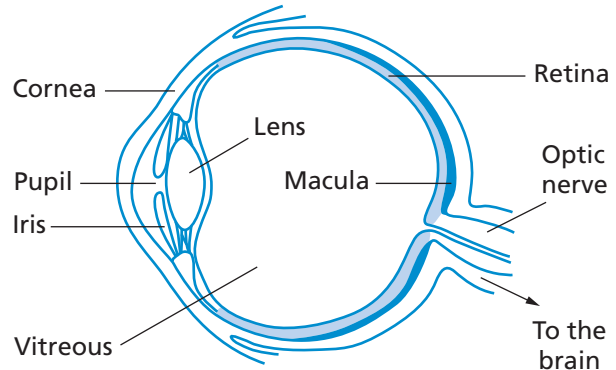
The Disability Discrimination Act 1995 clearly states that disabled people should not be disadvantaged in accessing information or services. The Act also requires service providers to anticipate where there may be barriers to accessing information or services and remove these barriers. The Act states service providers should make 'reasonable adjustments' to services by providing auxiliary aids and services to ensure disabled people are not disadvantaged.

The Equality Act 2010 provides a new cross-cutting legislative framework to protect the rights of people and advance equality of opportunity for all.

You should know how to provide information in different formats for people with a sensory loss and let your supervisor know that you do. This can include producing leaflets, letters and information in a person's preferred format and knowing how a loop system works for hearing aid users. It can also include having information on booking an interpreter/lipspeaker for people with a hearing loss. You should ensure that you know about Typetalk and BT TextDirect, and how to use these. You may wish to let your supervisors know that you have this knowledge.

3. Know the main causes and conditions of sensory loss

3.1 The main causes of sensory loss



A cross-section of the eye.

Part	Description
Cornea	Clear front window of the eye that transmits and focuses light into the eye
Iris	Coloured part of the eye that helps regulate the amount of light that enters
Pupil	Dark aperture in the iris that determines how much light is let into the eye
Lens	Transparent structure inside the eye that focuses light rays on to the retina
Retina	Nerve layer that lines the back of the eye, senses light and creates electrical impulses that travel through the optic nerve to the brain
Macula	Small central area in the retina that contains special light-sensitive cells and allows the eye to see fine details clearly
Optic nerve	Connects the eye to the brain and carries the electrical impulses formed by the retina to the visual cortex of the brain
Vitreous	Clear, jelly-like substance that fills the middle of the eye

Table 1: Parts of the eye.

Main eye conditions

Macular degeneration

The macula is a small area at the very centre of the retina. The macula is very important and is responsible for what we see straight in front of us, allowing us to see fine detail for activities such as reading and writing, as well as our ability to see colour. Sometimes the delicate cells of the macula become damaged and stop working, and there are many different conditions which can cause this. If it occurs later in life, it is called 'age-related macular degeneration' (AMD).

Broadly speaking, there are two types of macular degeneration or AMD, usually referred to as 'wet' and 'dry'. This is not a description of what the eye feels like but what the ophthalmologist (eye specialist) can see when looking at the macula.

Dry AMD is the most common form of the condition. It develops very slowly, causing gradual loss of central vision. Many people find that vision slowly deteriorates by gradual central blurring, and that the colours fade away like in an old photograph. There is no medical treatment for this type of AMD. However, aids such as magnifiers can be helpful with reading and other small detailed tasks.

Wet AMD results in new blood vessels growing behind the retina; this causes bleeding and scarring, which can lead to sight loss. Wet AMD can develop quickly and sometimes responds to treatment in the early stages. It accounts for about 10 per cent of all people with AMD.

Glaucoma

Glaucoma is the name for a group of eye conditions in which the optic nerve is damaged at the point where it leaves the eye. This nerve carries information from the light-sensitive layer in your eye, the retina, to the brain where it is perceived as a picture.

Your eye needs a certain amount of pressure to keep the eyeball in shape so that it can work properly. In some people, the glaucoma damage is caused by raised eye pressure. Others may have an eye pressure within normal limits, but damage occurs because there is a weakness in the optic nerve. In most cases, both factors of high pressure and weakness in the optic nerve are involved, but to a varying extent.

Pressure is controlled in the eye through a layer of cells behind the iris (the coloured part of the eye) which produces a watery fluid, called aqueous. The fluid passes through a hole in the centre of the iris (called the pupil) to leave the eye through tiny drainage channels. These are in the angle between the front of the eye (the cornea) and the iris, and return the fluid to the blood stream. Normally, the fluid produced is balanced by the fluid draining out, but if it cannot escape, or too much is produced, then your eye pressure will rise.

If the optic nerve comes under too much pressure, then it can be injured. How much damage there is will depend on how much pressure there is and how long it has lasted, and whether there is a poor blood supply or other weakness of the optic nerve. A really high pressure will damage the optic nerve immediately. A lower level of pressure can cause damage more slowly, and then a person would gradually lose their sight if it was not treated.

Please note: People over the age of 40 years with an immediate family member diagnosed with glaucoma – parents, children or siblings – are entitled to a free sight test every year under the NHS.

Diabetic eye disease

Diabetes can start in childhood, but more often begins in later life. It can cause complications which affect different parts of the body, the eye being one of them. There are two types of diabetes mellitus (as it is known in full).

- **Type 1 diabetes** commonly occurs before the age of 30 and is the result of the body producing little or no insulin. Type 1 diabetes is controlled by insulin injections.
- **Type 2 diabetes** commonly occurs after the age of 40. In this type of diabetes the body does produce some insulin, although the amount is either not sufficient or the body is not able to make proper use of it. Type 2 diabetes is generally controlled by diet or tablets, although some people in this group will use insulin injections.

If you have diabetes, this does not necessarily mean that your sight will be affected, but there is a higher risk. If your diabetes is well controlled, then you are less likely to have problems or they may be less serious. However, if there are complications that affect the eyes, then this may result in loss of sight.

Most sight loss due to diabetes can be prevented, but it is vital that it is diagnosed early. It can only be detected by a detailed examination of the eye. Therefore, regular annual eye examinations are extremely important, as you may not realise that there is anything wrong with your eyes until it is too late.

Diabetes can affect the eye in a number of ways. The most serious eye condition associated with diabetes involves the retina and, more specifically, the network of blood vessels lying within it. The name of this condition is diabetic retinopathy. This is usually graded according to how severe it is. The three main stages are outlined in Table 2 below.

Stage	Description
Background diabetic retinopathy	<ul style="list-style-type: none"> ● Very common in people who have had diabetes for a long time. ● Vision is normal with no threat to sight. ● Blood vessels in the retina are very mildly affected; they may bulge slightly (microaneurysm) and may leak blood (haemorrhage) or fluid (exudate). ● Macula area of the retina remains unaffected.
Maculopathy	<ul style="list-style-type: none"> ● Central vision gradually gets worse (this varies from person to person); it becomes difficult to recognise distant faces or to see detail such as small print. ● Peripheral vision is preserved. ● This is the main cause of loss of vision and may occur gradually but progressively. It is rare for someone with maculopathy to lose all their sight.
Proliferative diabetic retinopathy	<ul style="list-style-type: none"> ● This is rarer than background retinopathy. ● Blood vessels in the retina may become blocked. ● New blood vessels form in the eye, but are weak and in the wrong place – growing on the surface of the retina and into the vitreous gel. ● These blood vessels can bleed very easily and cause scar tissue to form in the eye. The scarring pulls and distorts the retina. When the retina is pulled out of position, this is called retinal detachment. ● The new blood vessels rarely affect vision, but the bleeding or retinal detachment may cause vision to get worse. Eyesight may become blurred and patchy as the bleeding obscures part of your vision. ● Visual loss in this stage is often sudden and severe. Without treatment, total loss of vision may happen.

Table 2: Stages of diabetic retinopathy.

Cataract

A cataract is a clouding of part of your eye called the lens. Your vision becomes blurred because the cataract is like a frosted glass, interfering with your sight. It is not a layer of skin that grows over your eye, despite what you may have heard.

If your doctor or optometrist/optician has told you that you have a cataract, do not be alarmed. Many people over 60 have some cataract and the vast majority can be treated successfully. Early cataracts may not affect your sight and do not need treatment. The lens is a clear tissue found behind the iris, the coloured part of the eye. The lens helps to focus light on the retina at the back of the eye to form an image. To help produce a sharp image, the lens must be clear.

Cataracts can give rise to blurry sight. This is very common. You may notice that your sight has become blurred or misty, or that your glasses seem dirty or appear scratched. You may also be dazzled by lights, such as car headlamps, and sunlight and experience your colour vision becoming washed out or faded.

Cataracts can form at any age. The most common type of cataracts is age-related cataract. These develop as people get older. In younger people, cataracts can result from conditions such as diabetes, certain medications and other long-standing eye problems. Cataracts can also be present at birth. These are called congenital cataracts.

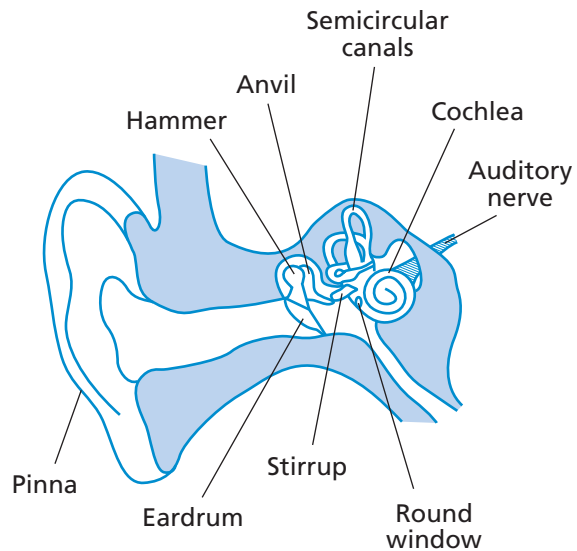
Although researchers are learning more about cataracts, no one knows for sure what causes them. There may be several causes. Some studies have linked smoking, excessive exposure to sunlight and poor diet with cataract development. Sometimes cataracts are caused by other health problems such as diabetes.

The only effective treatment for cataracts is an operation to remove the cloudy lens.

Main ear conditions

The ear consists of three main parts: the outer (the part you can see), middle and inner ear. The outer ear opens into the ear canal. The eardrum separates the ear canal from the middle ear. There are small bones in the middle ear which help to transfer sound to the inner ear. The inner ear contains the auditory (hearing) nerve, which leads to the brain.

Vibrations or sound waves are sent into the air when they are confronted by any kind of sound. These channel their way through the ear opening, down into the ear, the canal, and then hit your eardrum, causing it to vibrate. The vibrations are then passed to the small bones of the middle ear, which transmit them to the auditory nerve in the inner ear whereby vibrations develop into nerve impulses and go directly to the brain, which interprets the impulses as sound (voices, traffic, crying and so on).



A cross-section of the ear.

Conductive hearing loss

Many people have problems with their ears when they are children and as adults. This can usually result from an obstruction in the outer or middle ear – for example, an increase in ear wax or an ear infection producing fluid. Conductive hearing loss is caused by anything that stops sound moving from your outer ear to your inner ear. Other possible causes of conductive hearing loss are:

- middle ear infections
- otosclerosis, a condition where the ossicles (three tiny bones) of the middle ear harden and become less able to vibrate
- damage to the ossicles – for example, by serious infection or head injury
- a perforated eardrum, which can be caused by an untreated ear infection, head injury or a blow to the ear, or from poking something in your ear.

Somebody with a conductive hearing loss will complain of not being able to hear properly as the sounds are too quiet. The ensuing hearing loss can be permanent or temporary, and is often corrected with minor surgery or medication.

Sensorineural hearing loss

This type of hearing loss is sometimes referred to as sensory, cochlear, neural or inner ear hearing loss.

Damage to the hair cells within the cochlea or the hearing nerve can cause sensorineural hearing loss. As part of the ageing process, the cochlea can become damaged and the condition is known as presbycusis. However, there are several ways to cause sensorineural hearing loss, including frequent exposure to loud sounds. This can be listening to very loud music on headphones or sitting next to music

speakers at a concert. Temporary hearing loss can happen when a person is exposed to loud sounds like a motorbike backfiring, a jet plane or fire alarm bells.

Another cause is ototoxic hearing loss which can happen when someone takes or is given a drug that causes hearing loss as one of its side effects. These drugs can be some types of antibiotics, chemotherapy drugs or anti-inflammatory drugs. Occasionally, the drug-induced hearing loss is temporary and can be reversed or stopped. Other times it is permanent. People with hearing loss need to be especially aware of the potential for ototoxic effects, as an ototoxic drug can make an existing hearing loss worse.

Rubella, now a rare infectious disease due to vaccinations as a baby or at school is a virus that can cause sensorineural hearing loss. The virus can be caught in early pregnancy and pass through the placenta to the unborn baby. It has been known to cause damage to a baby's sight, hearing, brain and heart.

There can be many other causes of sensorineural hearing loss – for example, a head injury, benign tumours or a genetic predisposition. You may wish to extend your knowledge by doing further research on this topic.

Somebody with sensorineural hearing loss will have difficulty hearing quiet sounds with the sounds becoming relatively indistinct, leading to difficulty understanding speech.

3.2 The difference between congenital and acquired sensory loss

Sensory loss may be **congenital** or **acquired**.

Key terms



Congenital – present at birth

Acquired – anything that is not present at birth but develops some time later

Functional skills



English: Reading

When researching, you will be practising reading skills to pick out relevant information from the text to use for other purposes.

Activity 10



Congenital or acquired?

Look up the following sensory conditions and decide if they are congenital or acquired.

- Cytomegalovirus
- Swimmer's Ear
- Best's Disease
- Charles Bonnet Syndrome
- Glue Ear
- Retinitis Pigmentosa
- Meniere's Disease
- Stargardt's Disease

3.3 What percentage of the general population is likely to have sensory loss

You will by now have researched information regarding sensory loss from the major sensory loss organisations and will have a bank of data to look at.

You will see that all sensory loss, sight loss, hearing loss and deafblindness can be congenital or acquired, and you must state the percentage of the population likely to have sensory loss.

As people age, they may experience sight and hearing loss or even dual sensory loss, and you may find information from sensory loss organisations to corroborate this fact. As people are living longer, it could be that more older people than younger will have a sensory loss, but it is up to you to reference these facts from the literature.

Your assessor will want to know how you came to your findings, and you will be able to show data from sensory organisations showing the population and incidences of sensory loss.

4. Know how to recognise when an individual may be experiencing sight and/or hearing loss

4.1 The indicators and signs of sight loss, deafblindness and hearing loss

Sight loss

You may have someone you support who is exhibiting signs of sight loss. The list below shows how they might be behaving. See if you can add any more signs to it from the people you have observed.

- Moving about cautiously.
- Holding books or reading material close to their face or at arm's length.
- Overcautious driving habits.
- Finding lighting either too dim or too bright.
- Frequent eye glass prescription changes.
- Squinting or tilting the head to see.
- Difficulty in recognising people.
- Changes in leisure activities.
- Changes in personal appearance.
- Bumping into objects.
- Appearing disoriented or confused.

Hearing loss

You may have someone you support who is exhibiting signs of hearing loss. Look at the list below and see if you can add any more signs to the list from the people you have observed.

- Not responding when you speak to them from behind.
- Often asking people to repeat what they have said.
- Not hearing when someone knocks at the door or rings the bell.
- Complaining that people mumble or speak too quickly.
- Having difficulty hearing when several people are present.
- Needing the TV/radio/stereo to be louder than is usual for others.
- Having difficulty following speech with unfamiliar people or accents.
- Having problems using the telephone.

Deafblindness

Look at the list for sight loss on the previous page. Now look at the list for hearing loss. If you notice one or more signs from each list, then you may find that the person you are observing has a sight loss combined with a hearing loss. It would be beneficial to ask for help from the sensory team in your local area (see Section 7 of the Local Authority Social Services Act 1970).

Reflect



- How do you find someone who knows how to use British Sign Language?
- Look on the Internet to find out which sensory organisations offer emotional support.
- Do you know if your area has Communicator Guides?

4.2 Where additional advice and support can be sourced in relation to sensory loss

Activity 11



You should make a list of the sensory support teams in your area and identify which team is in your catchment area. Ask people who are in the sensory loss field to signpost you to local sensory societies. You should also find out if your area has access to rehabilitation workers.

5. Know how to report concerns about sensory loss

5.1 To whom and how concerns about sight and/or hearing loss can be reported

It is imperative that you take time to understand the sensory loss of people you support. This will mean looking at how people act in certain situations. Look at the lists in the previous section. If you notice any of the signs of sensory loss, it is your duty to report it to your supervisor.

Your supervisor will arrange for all people you support to have regular access to sight and hearing tests. It may be part of your job role to accompany them on these visits. You can then transfer information from the optician's report on to the support plans and daily reports. This will enable you to provide care and activities that takes into consideration their sensory loss.

Getting ready for assessment

LO1

You will need to have looked at personalisation and understand the differing types of support. You will be able to talk knowledgeably about the negative and positive aspects of sensory loss on communication, information, mobility and familiar routines and layouts, and be able to suggest ways of lessening the negative impact. You will be able to show the answers to the case study and how people's beliefs and attitudes on sensory loss can have a detrimental effect on them. You will be able to show that you can help to dispel some of the beliefs and attitudes by your knowledge of independence and empowerment.

LO2

It will be beneficial to you to show your assessor your written activities throughout this unit, as this will show your in-depth knowledge on communicating with people with a sensory loss. You can let your assessor see your reflective piece on communicating and answer questions on the correct ways to communicate with someone with a sensory loss. You will have taken part in three practical activities and written down your findings. Your assessor will ask you for your thoughts on sensory loss and especially the impact on communication.

LO3

You will be expected to know about the main causes of sensory loss. You will have researched other sensory conditions and have an understanding of the difference

between congenital and acquired sensory loss. You will also have researched the incidence of sensory loss in the UK population being mindful of the different research methods used by each sensory organisation.

LO4

Your assessor will want to know that you have researched sources of support in your area. You will by now know of some of the larger organisations that mainly help and support people with sensory loss, but you will be expected to name local support groups and organisations. The assessor will also ask you questions of the main causes of sensory loss. You will need to give accurate information on sight loss, hearing loss and deafblindness, and be confident in your answers. You may also be asked about supporting a person with sensory loss and you will be able to refer back to some of the activities you have taken part in.

LO5

You will need to be fully aware of your role in the organisation. You will have duties that are yours alone and you will have a duty to report situations and information to someone higher in the organisation. If you do notice a person you support whose sensory status is changed, then you must report it to your supervisor. who will arrange for them to see the professionals. Your assessor will want to know what your duties are concerning people who have a sensory loss.

Legislation

Legislation can be found on www.legislation.gov.uk

- Disability Discrimination Act 1995 and 2005
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- Local Authority Social Services Act 1970
- Mental Capacity Act 2005
- Mental Health Act 2007
- Care Standards Act 2000

Regulations

- Care Quality Commission (Registration) Regulations 2009
- Care Home Regulations 2001

National Minimum Standards

- National Minimum Standards for Care Homes for Older People (65+)
- National Minimum Standards for Care Homes for Adults (18–65)

Further reading and research

- www.cpa.org.uk/cpa/putting_people_first.pdf (Putting People First)
- www.cqc.org.uk (Care Quality Commission)
- www.dh.gov.uk (Department of Health)
- www.in-control.org.uk (In control – self-directed support)
- www.scie.org.uk (Social Care Institute of Excellence)
- www.skillsforcare.org.uk (Skills for Care)

Sensory organisations

- www.actionforblindpeople.org.uk (Action for Blind People)
- www.bda.org.uk (British Deaf Association)
- www.deafblinduk.org.uk (Deafblind UK)
- www.gdba.org.uk (Guide Dogs for the Blind Association)
- www.rnib.org.uk (Royal National Institute of Blind People)
- www.rnid.org.uk (Royal National Institute for Deaf People)
- www.sense.org.uk (Sense)
- www.tnauk.org.uk (Talking Newspaper Association of the United Kingdom)

There are many more local societies for sight loss, hearing loss and deafblindness.

Index

Key words are indicated by **bold** page numbers.

A

accommodation **5**
 acquired sensory loss **22**
 assessment requirements 25

B

British Sign Language 7

C

cataracts 20
 communication 2–3, 13–16
 conductive hearing loss 21
 congenital sensory loss **22**

D

Deafblind Manual Alphabet 7
 deafblindness
 and communication 15
 impact of 3, 4, 5–6
 overcoming impact of 7–8
 signs of 24
 diabetic eye disease 18–19

E

ear conditions 20–2
 English skills 6, 7
 eye conditions 17–20

F

familiar layout and routines 4
 functional skills 6, 7
 further reading 25

G

glaucoma 18

H

hearing loss
 causes of 20–2
 and communication 14–15
 impact of 2–6
 overcoming impact of 7, 8–9
 signs of 24

I

information 3–4, 16

L

legislation 25

M

macular degeneration 17–18
 mobility 5–6

S

sensorineural hearing loss 21–2
 sensory loss
 acquired **22**
 assessment requirements 25
 attitudes and beliefs 11–12
 causes of 17–22
 communication 13–16
 congenital **22**
 functional skills 6, 7
 further reading 25
 impact of 2–6
 legislation 25
 overcoming impact of 6–11
 percentage of population with 23
 reporting concerns 24–5
 signs of 23–4
 sight loss
 causes of 17–20
 communication 13–14
 impact of 2–6
 overcoming impact of 6–7, 9–11
 signs of 23–4