

## Staying connected COMMUNICATION AND MOBILITY IDEAS FOR PEOPLE LIVING AND WORKING WITH OLDER PEOPLE WHO HAVE VISION AND HEARING DIFFICULTIES

As we grow older many of us will experience hearing and sight difficulties. Over half of us will experience hearing loss as we move towards retirement and whilst less common, 1 in 12 of us will experience vision loss.

As the population grows older, more and more people are experiencing this dual sensory loss of key senses. This is referred to as deafblindness.

In Western Australia alone there are 8,800 people identified as being deafblind, of these nearly two thirds are 65 years or older. ("Unseen and Unheard" Senses Foundation. 2007)

#### **OTHER RESOURCES**

This is the second booklet providing information on dual sensory loss in older people. The first booklet is entitled:

"you and me – keeping in touch" PRACTICAL IDEAS FOR PEOPLE LIVING AND WORKING WITH OLDER PEOPLE WHO HAVE

#### **SIGHT AND**

#### **HEARING DIFFICULTIES.**

This booklet is available to be

downloaded on the Senses

Foundation website:

#### www.senses.asn.au



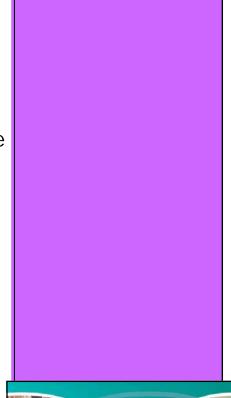
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## Dual Sensory Loss

#### What is Dual Sensory Loss?

- Impairment of both vision and hearing.
- Also called <u>deafblindness.</u>
- In Australia, the latest ABS survey into disability found that sensory impairment is the fastest growing disability.
- Dual sensory loss is one of the most isolating forms of disability.
- A study completed in 2007, "Unseen and Unheard", commissioned by Senses
   Foundation found that in Western Australia, there are over six thousand people over the age of 60 with both vision and hearing loss.
   Many of them live in the community and have significant restrictions to their activities of daily living, communication, socialisation and mobility.





Unseen and Unhear

The identification of people who are deafblind and people who are vision impaired with additional disabilities in Western Australia

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By Senses Foundation Inc August 2007

#### **Indicators of hearing and vision loss**

The following checklist will help you recognise some of the most frequent indicators of hearing and vision loss. This however is not a complete list, some people may not exhibit any of these signs and you may observe others that are not listed.

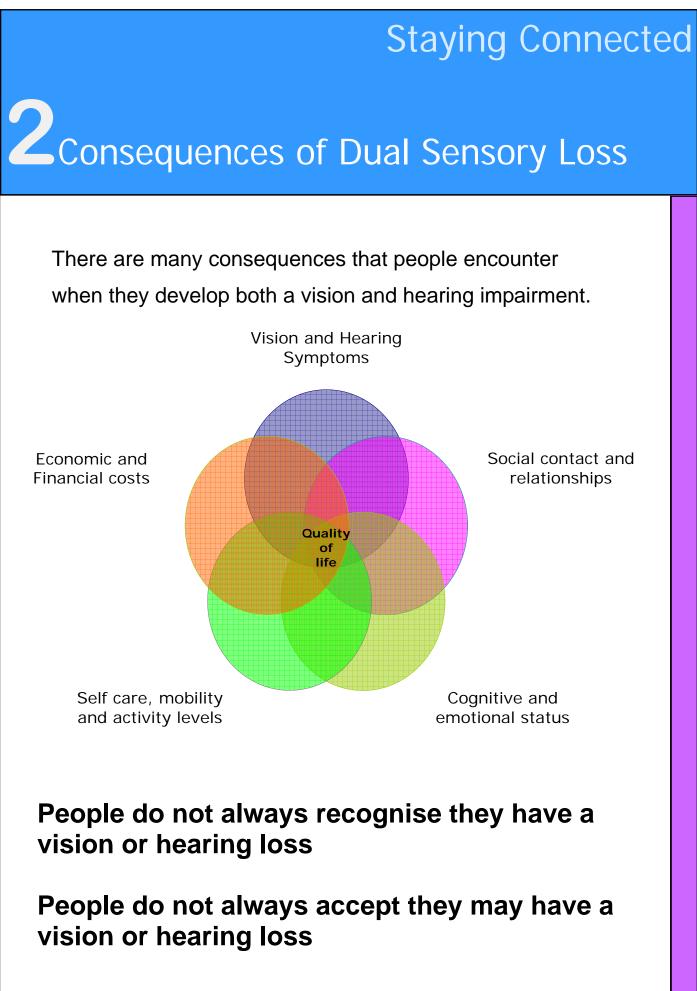
## A person with hearing difficulties may:

- Complain that others mumble or speak too quickly
- Ask others to repeat what they have said
- Ask others to speak louder
- Repeat words to verify what
   has been said
- Find it difficult to keep up conversations in noisy environments or in a group
- Have difficulty understanding unfamiliar people or accents
- Appear confused because they try to respond but haven't understood what was said
- Get tired in conversations because of the need to concentrate
- Withdraw from situations where conversation is expected
- Need TV or radio volume louder than is comfortable for others
- Find it hard to hear the telephone or doorbell
- Use a hearing aid or loop system

## A person with vision difficulties may:

- Find it difficult to identify objects or familiar faces
- Need more light for reading and other activities
- Find it hard to cope with glare and bright light
- Sit unusually close to the TV
- Have unusual reading habits, for example holding a book close to the face
- Give up reading, watching television or other activities
- Be unable to locate small objects
- Spill food or knock over cups
- Stop eating because they can't see their food
- Wear mismatched colours or have stained clothing
- Have difficulty moving around, walking slowly or with less confidence
- Bump into things
- Have difficulty caused by changes in light levels
- Have difficulty with
   unfamiliar routes or places

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#### **Impact on Quality of Life**

## **Cognitive Impact**

• Can cause confusion and memory problems

#### **Communication and Socialisation**

• Loss of ability to communicate and socialise (see page 6)

#### Mobility, Daily Living and Independence

- Going into the community is 4.7 times more difficult
- Getting out of bed or up from a chair is 3.8 times more difficult
- Cooking is 4.7 times more difficult
- Administering medicine is 4 times more difficult

#### Health

• Compared to a single sensory loss, the incidence of falls and accidents, hip fractures, osteoporosis, stroke, heart disease and arthritis is greater in those with a dual sensory loss.

#### Depression

- Studies have reported from 1.6 to 2.7 times the incidence of depression in people with a dual sensory loss.
- Ref: Brennan, Su & Horowitz (2006) Crews, Vincent & Campbell (2004) Capella-McDonnall (2005)

#### Impact on Communication and Socialisation

As vision and hearing deteriorate, there will come a point when someone's vision can no longer compensate for their hearing loss, which results in a dramatic reduction in their ability to communicate.

Point vision can no longer compensate Hearing deterioration Communication ability (Quality of life) Ref: Ole Mortenson Vision and/or hearing loss will affect each person differently. Even a slight deterioration in hearing can affect our ability to communicate,

with similar sounds being confused. We all naturally lip read, however, the ability to lip read is impaired by vision loss. Vision loss also impedes our ability to pick up those all important non-verbal cues which are very important when communicating.

As these two key senses are affected and unable to compensate for the other, this can lead to....



## SOCIAL ISOLATION

- <u>Communication</u> is the KEY to staying connected in our communities and with our families.
- A person's mental health can often be affected by sensory loss, and may lead to depression.
- Other losses of taste, smell and touch can also impact on a person's ability to be part of their community and interact with their environment.



#### What is COMMUNICATION?

#### **Definition:**

Communication is the transmission of a message from one person to another whereby the receiver understands the message as the sender intended.



#### **Barriers to Communication**

There are many different barriers to prevent successful communication from occurring. These include:

#### • **PHYSICAL** barriers

For example: Closed doors, furniture arrangement. A distance of 0.5 to 1.0m is the optimal distance for communication.

#### • **PERCEPTUAL** barriers

For example: Having an opinion of a particular person or thinking the communication relationship is not equal.

#### EMOTIONAL barriers

One of the biggest barriers to open and free communication is the emotional barrier. It is comprised mainly of fear, mistrust and suspicion. Good trusting relationships with people who support them is therefore paramount.

#### • **CULTURAL** barriers

An individual's culture is important to consider.

#### LANGUAGE barriers

For example: English as a second language, use of jargon, ambiguity.

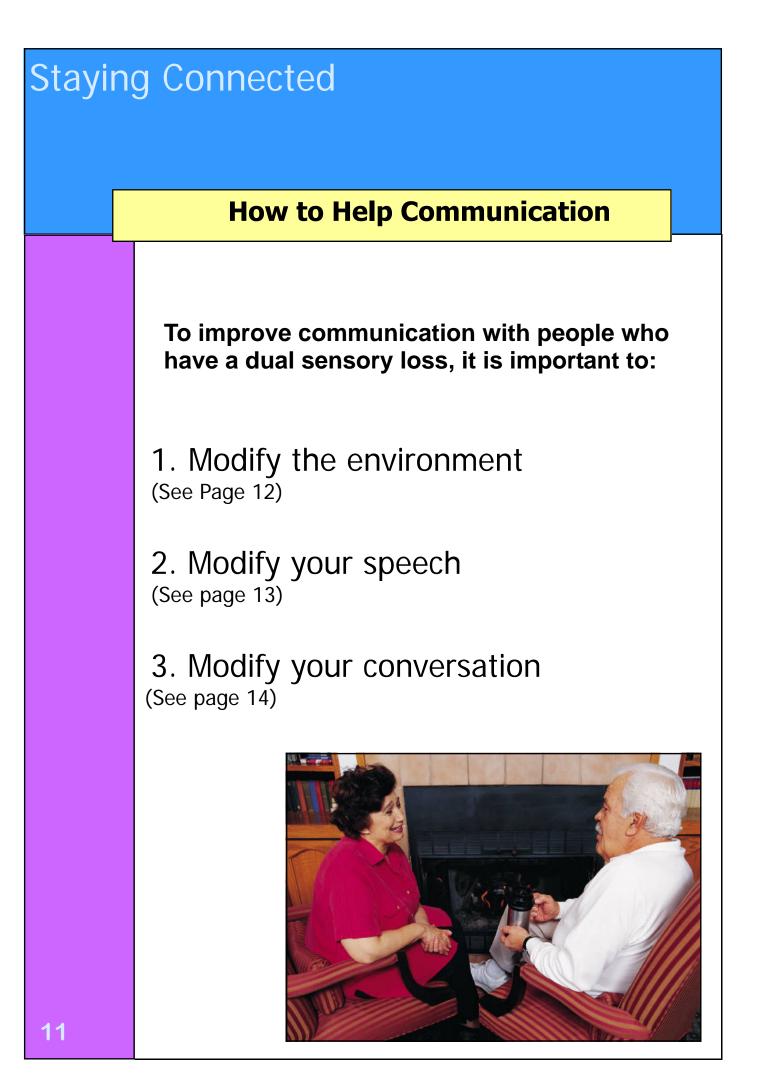
#### • **GENDER** barriers

There are distinct differences between male and female speech patterns.

We need to identify and acknowledge potential barriers to communication. Difficulties talking with people who have dual sensory loss can be overcome by recognising these barriers exist.



Communication is the key to good relationships, health and happiness.



#### **HOW TO HELP COMMUNICATION:**

## **Modify the environment**

It is important to consider the built environment and how we can make changes or adaptations which will improve independence for a person with hearing and sight loss.



LIGHTING	NOISE	CONTRAST
Ensure good lighting.	Be aware of background noise and look to reduce	Look to provide contrast between important objects
Low voltage halogen bulbs and strip lighting	this whenever possible.	and their background.
cast minimal shadows.	Turn off televisions or radios while having a	For example: At mealtimes use a table
It is important to have	conversation.	cloth that offers contrast
adequate lighting in stair wells.	Vacuum cleaner and	to the plates and bowls.
Reduce glare by using	washing machine noise will all impact upon the	Step edges should be highlighted to offer strong
diffusers on lights. and vertical or horizontal	person's ability to communicate with you	contrast.
blinds at windows.	and others.	Paint door frames a
SAFETY It is important to REMEMBER:		
Do not move furniture from its usual place;     Contrasting door handles		
• Avoid rugs, waste bins and coffee tables in the middle of rooms — these are all trip hazards; and light switches will be easier to locate.		
Avoid low hanging pictures on walls;		
Doors left half open can cause serious injuries.		
These are only a few examples of dangers that can affect a person with sensory loss. It is important that we are able to identify such dangers and others, making appropriate adaptations where necessary.		
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## HOW TO HELP COMMUNICATION: Modify your speech

#### SPEAK SLOWLY

Maintain a slow but natural pace.

#### SPEAK CLEARLY

Pronounce each sound in each word, but do not exaggerate the sounds.

#### **INCREASE VOLUME**

Slightly increase volume but do not shout.

#### **MAINTAIN VOLUME**

Maintain the volume until the end of the sentence - if you trail off, the person with the sensory loss simply will not hear the second half of the sentence.

#### **USE PAUSES**

Using pauses allows you to maintain volume. It also allows the person with the sensory loss time to process what has been said and therefore keep up with conversation.

#### INTONATION

This is important as it often gives clues about your sentence whether it is a statement, question, direction and so on. It also makes you more interesting to listen to!

#### SIMPLE VOCABULARY

By using simple vocabulary, or more common words, we are giving the person with sensory loss the best chance of understanding what we are saying.

## **HOW TO HELP COMMUNICATION: Modify your conversation**

#### 1. Gain the persons attention

Even if the person knows you, they may not recognise you immediately.

Introduce yourself using the person's name and yours. "Hello Mary, it is Richard."

If the person knows who has come to see them they are more likely to know what the visit is about.

#### 2. Establish what you are talking about

## "Mary we need to talk about your appointment".

This means Mary knows what type of things you are likely to talk about. Once you have established the topic make sure you stick to it. Be clear when you have finished and that you are going to talk about something different.

#### 3. When a message is not understood

Repeat and/or rephrase.

"Mary we are going shopping at Midland at twelve thirty" could be changed to -"Mary we're shopping at half past twelve"

Repeating may allow for missed information to be heard. Rephrasing may enable the person to hear different words better.

#### 4. Confirm important information

Often people are too polite and when asked "did you hear what I said ?" will simply nod and say yes.

Instead we should ask the person with sensory loss to repeat the information, or ask questions that require more than a simple yes or no – "Mary, what time is your physiotherapy appointment?"

## Aids and Devices

Aids and devices can greatly assist people with dual sensory loss. Some aids, such as hearing aids, must be prescribed by a health professional.

Consult your local doctor to obtain a referral to an <u>audiologist</u> if you require hearing aids.

Contact an <u>occupational therapist</u> to assist you with equipment for daily living.

Aids and devices need to be used regularly in order to learn how to use them effectively. Often people need to persevere and practice using the aids and devices; this is where support may be required from family, friends and others.

Without this support people may find it too difficult to use the aids or devices. They may lose confidence in themselves and give up.



## **Hearing Aids**

Hearing aids can help a range of people improve their communication, however as we know, not everyone who has a hearing aid uses them regularly or effectively. Hearing aids can be in the ear or behind the ear.

Basically, a hearing aid consists of a **microphone** to pick up sound, an **amplifier** to amplify and process sound and a **receiver** or speaker to transfer the sound to the ear.

Hearing aids have an ear mould which is made to fit the person using it. The hearing aid has settings that are programmed to suit the individual's needs. Hearing aids are small pieces of technology that may be difficult for some older people learning to use them.



Behind the ear



In the ear

<u>Cochlear implants</u>, which are embedded into the skull behind the ear, with an electrode into the cochlear of the inner ear are also becoming a viable option for older people with hearing loss. Consult your local doctor or audiologist for advice on the suitability of this aid.

## **Assistive Listening Devices**

Many Assistive Listening Devices (ALDs) are available for people with hearing loss.

They may be more effective than hearing aids for some people.

Each individual needs to be assessed to determine what ALD may suit them best.

Seek advice of a professional for guidance on the most suitable device.

Personal amplification device



Telephones with in-built amplification



Wireless TV amplifiers

Images courtesy of: Listening Solutions www.listeningsolutions.com.au Telstra - www.telstra.com.au Printacall - www.printacallcom.au



## **Magnifiers**

Magnifiers can assist people to access written text, photos and pictures.

It should be noted that the glass area of a magnifier will be smaller as the strength increases – therefore, if a person needs strong magnification, they will not be able to see the entire word, picture or photo at once. Training and support in effective use of magnifiers may be required.





Always seek the advice of a professional on the most suitable magnifier for individual circumstances.





Electronic magnifiers (CCTV's) may be an alternative for increasing print size, with some designed for portability. Computer software is also available to increase print size.

## Lighting

Additional lighting may be required when carrying out detailed tasks. Lamps with a flexible arm will help direct light closer to the task.

Using a reading stand may also support posture.





Some people may benefit from a lamp with inbuilt magnifier. Additional lighting and magnification may help when carrying out close tasks or when reading.



## **Activities of Daily Living**

There are many aids and devices that can assist someone with a vision and hearing impairment to remain more independent. See below for a few examples. Contact Senses Foundation for information about other aids and equipment and for details of suppliers.

> Liquid level indicator. Device beeps and vibrates to indicate when liquid is near the top of the cup.





Portable doorbell with extra loud chime and flashing light

Extra Loud Alarm clock with flashing strobe light and vibrating pillow pad



## 5 Orientation and Mobility

Orientation Mobility

- knowing where you are

- getting where you want to go safely

Orientation and mobility skills are important to help people who are blind or people with dual sensory loss to maintain their independence.

Older people who have acquired dual sensory loss can learn these skills with appropriate training.

When these skills are practiced and with the use of sensory cues to orientate themselves an individual can travel independently and use public transportation.

Orientation and Mobility training should be conducted by a formally qualified Orientation and Mobility (O & M) Instructor.

Contact Senses Foundation in Western Australia if you have a dual sensory loss; or The Association for the Blind employs O & M Instructors if you have a vision impairment.

In other regions, contact the local vision impairment service provider.

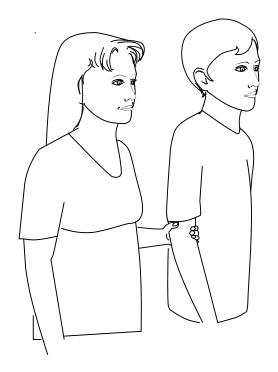
#### **Sighted Guide**

Orientation and mobility training should be conducted by a qualified Orientation and Mobility Instructor. However, anyone can assist someone with a vision impairment or dual sensory loss by using SIGHTED GUIDE techniques.

When offering sighted guide to a person with dual sensory loss, firstly, establish their preferred method of communication.

Inform the person of their surroundings and when approaching surface changes or obstacles.

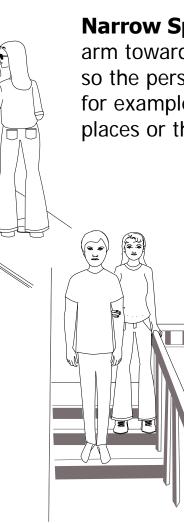
Allow time to adjust to any changes in the environment such as lighting conditions.



**Grasp** – Offer your arm for the person with vision impairment to grip just above the elbow.

**Walking** – the person with dual sensory loss should walk about half a step behind you.

#### **Sighted Guide**



**Narrow Spaces** – Place your guiding arm toward the centre of your back so the person moves in behind you, for example, walking in crowded places or through doorways.

> **Stairs** – Inform the person whether the stairs go up or down. Direct their hand to the hand rail using your guiding hand.

You should proceed one step ahead of the person.

**Chairs** – Use your guiding hand under the person's hand placing their hand on the back of the chair.

With information of the position of the chair and which way it is facing the person should be able to sit down with minimal assistance.

#### **Sighted Guide**

Provide short, concise information about where you are and where you are going.

Aim to save conversation for when you reach your destination. Always describe the surroundings and who is present to the person.

Inform of environmental changes such as hazards and changes in lighting conditions, allowing the person time to adjust.

## Never Ever....



Never leave the person standing somewhere without having a point of contact. Let the person know if you are leaving them for a moment and find a doorway, wall, or chair so the person has some physical contact in the environment giving them an indication of where they are.

Never push a person with vision impairment in front of you.

**Always** ask the person their preference and respect their wishes.

RESOURCES

#### QUESTIONS

Thinking about all the people with whom you live or work with, do you recognise any signs of hearing or vision loss that have been discussed in this book?

What do you see as being the most significant impact on a person as a result of their vision and hearing loss?

Now that you may have recognised that you live or work with people who may have hearing and vision loss and the impact of this upon them, do you need to change anything about the way you interact with them? Think about:

- The physical environment and the person's safety;
- How you make contact, your visibility and distance from the person;
- Spoken communication, what you are saying, the way you say it;
- Supporting their independence with aids and devices;
- Supporting the person's orientation and mobility.

## YOUR NOTES

## PLEASE REMEMBER;

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It is important to encourage independence and recognise achievement.

#### **USEFUL ORGANISATIONS**



#### **Senses Foundation**

11 Kitchener Avenue Burswood WA 6100 **Tel:**(08) 9473 5400 **TTY:**(08) 9473 5488 **Fax:** (08) 9473 5499 **Email:**admin@senses.asn.au **Website**:www.senses.asn.au

#### WA Deaf Society

Suite 46/5 Aberdeen Street East Perth WA 6004 Tel:(08)9441 2677 TTY: (08) 9441 2655 Fax: (08) 9441 2616 Email: wadeaf@wadeaf.org.au

#### Association for the Blind

61 Kitchener Avenue Victoria Park WA 6100 **Tel:** (08) 9311 8202 **Fax:** (08) 9361 8696 **Toll Free:** 1800 658 388 **Email:** mailbox@guidedogswa.com.au **Website:** www.guidedogswa.com.au

#### **Australian Hearing**

 4th Floor
 PO Box 46

 111 St Georges Terrace
 Kwinana V

 Perth WA 6000
 Tel: (08) 0

 Tel: (08) 9226 7100
 Fax: (08)

 TTY: (08) 9486 9039
 TTY: 1336

 Website: www.hearing.com.au
 Website:

#### Independent Living Centre of WA (Inc)

The Niche 11 Aberdare Road Nedlands WA 6009 **Tel:** 1300 885 886 **Fax:** (08) 9381 0611 **Email:** general@ilc.com.au (general enquiries)

#### **Listening Solutions**

PO Box 462 Kwinana WA 6966 **Tel:** (08) 6364 4805 **Fax:** (08) 6364 4807 **TTY:** 133677 via Relay Service **Website:** www.listeningsolutions.com.au

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# staying connected

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