



you and me - keeping in touch

**PRACTICAL IDEAS FOR
PEOPLE LIVING AND
WORKING WITH OLDER
PEOPLE WHO HAVE
SIGHT AND HEARING
DIFFICULTIES**

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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 sight loss.

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

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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)



This booklet accompanies the training offered by Senses Foundation entitled **"you and me – keeping in touch"** PRACTICAL IDEAS FOR PEOPLE LIVING AND WORKING WITH OLDER PEOPLE WHO HAVE SIGHT AND HEARING DIFFICULTIES.

The training offers information, advice and guidance about dual sensory loss, its causes, the impact on older people and how we can support people in their homes and the community.



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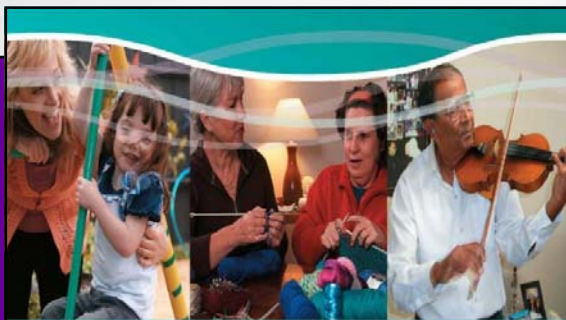
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1 DEFINITIONS

Definition of Deafblindness

"Deafblindness is described as a unique and isolating sensory disability resulting from a combination of both a hearing and vision loss or impairment which significantly affects communication, socialisation, mobility and daily living."

Australian Deafblind Council (ADBC) 2004



Unseen and Unheard

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

By Senses Foundation Inc
August 2007



This study was funded from Senses Foundation's reserves and through a grant from the Ian Potter Foundation.

IN AUSTRALIA, THE LATEST ABS SURVEY INTO DISABILITY FOUND THAT SENSORY IMPAIRMENT IS THE FASTEST GROWING DISABILITY. A STUDY COMPLETED IN 2007 AND COMMISSIONED BY SENSES FOUNDATION "UNSEEN AND UNHEARD" FOUND THAT IN WESTERN AUSTRALIA, THERE ARE OVER SIX THOUSAND PEOPLE OVER THE AGE OF 60 WITH BOTH VISION AND HEARING LOSS. MANY OF THESE LIVE IN THE COMMUNITY AND HAVE SIGNIFICANT RESTRICTIONS TO THEIR ACTIVITIES OF DAILY LIVING, COMMUNICATION, SOCIALISATION AND MOBILITY.

CAUSES AND IMPACT OF
HEARING AND SIGHT LOSS OR DEAFBLINDNESS

2

**MAJOR CAUSES OF
DEAFBLINDNESS**

CONGENITAL-from birth

- Rubella
- Prematurity
- CHARGE syndrome
- Other syndromes
- Cytomegalovirus (CMV)

ACQUIRED-occurring over time

- Illness
- Injury
- Ageing

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TYPES OF HEARING LOSS

◆ CONDUCTIVE

Dysfunction of outer or middle ear.

The most common cause of **CONDUCTIVE** hearing loss in ageing is caused by the ear canal becoming blocked with ear wax or ceriman impaction.

◆ SENSONEURAL

Inner ear or nerve damage. There are two main forms;

Noise Induced Hearing Loss which is the result of prolonged exposure to loud noise which damages the sensory cells in the inner ear (the cochlear), and **Presbycusis**, the most common cause of age related hearing loss which occurs in older people.

WAX REMOVAL
Particularly in older people who may have very delicate skin, it is extremely important to show caution when removing wax.
Syringing of ears when ear wax is very hard can cause ear drum perforation.
Drops to soften wax are useful but always refer to a GP.



◆ MIXED

Combination of more than one factor.

◆ CENTRAL

Interference with brain pathways.

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The Effects of Hearing Loss

Mild:

A mild hearing loss will be problematic for people when facial cues are not available. Many people will find they cannot hear conversations in background noise or where there is poor lighting. People with this type of hearing loss may not notice it in quiet situations, but in the presence of any background noise they will begin to have difficulty.

Moderate:

People with a moderate hearing loss will miss out on many of the sounds needed for speech and language comprehension. People with this degree of hearing loss will have difficulty hearing in most listening environments, although not all will be aware of it.

Severe:

Those with a severe hearing loss will find they have difficulty hearing any conversation. Someone with this degree of hearing loss does not hear any sounds at normal conversational levels. This person will definitely be aware of having a hearing loss, as will all those who interact with this person.

Profound:

Without some type of amplification, this person will not be able to participate in normal conversation unless the people speaking significantly raise their voices. In addition, a person with this degree of hearing loss will not be able to hear many household sounds such as the phone ringing or the doorbell. People with a profound hearing loss will probably have difficulty hearing conversation even with hearing aids. Many people will need to use visual means — signs, written language and/or gestures.

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TYPES OF VISION LOSS

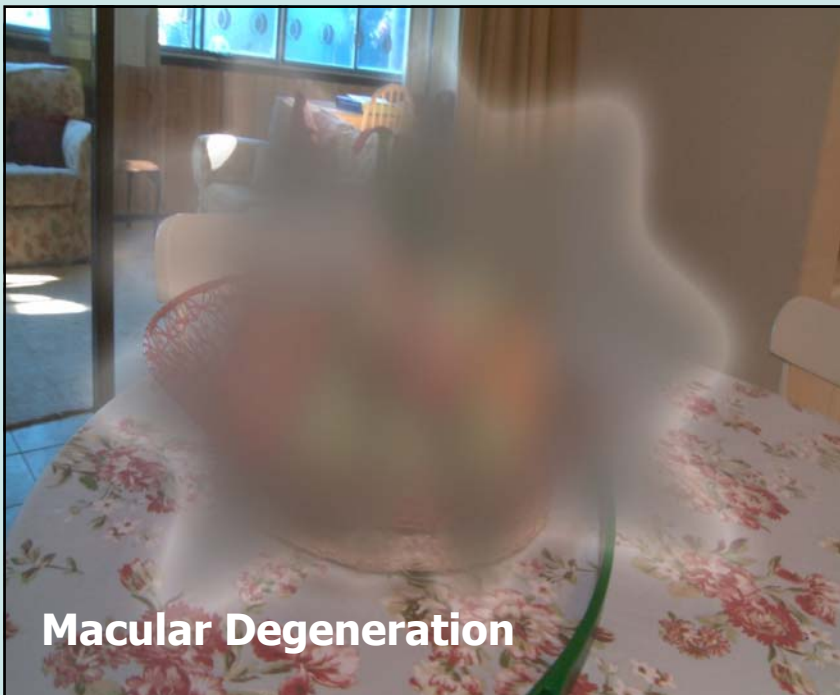
◆ Central vision loss



Normal Vision

Central vision loss-Macular Degeneration

Macular Degeneration (MD) is the leading cause of blindness in Australia, affecting central vision. MD is primarily age related and most frequently affects people over 50 (1 in 7 people over 50 are affected, and this increases with age).



Macular Degeneration

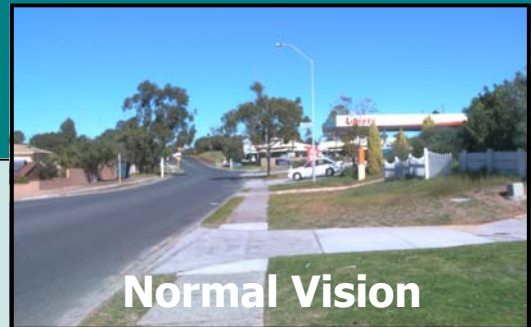
Although there is no cure for MD, treatment options can slow down its progression. Early detection increases the amount of vision that is likely to be retained. MD affects, amongst other things, the

ability to see detail, to read, recognise faces and see facial expressions or read lips.

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TYPES OF VISION LOSS

- ◆ Peripheral vision loss



Peripheral vision loss-Glaucoma

Over 300,000 Australians have Glaucoma, the name given to a group of eye diseases which slowly destroy the optic nerve at the back of the eye.

Although more common as people age, Glaucoma can occur at any time.

Once again there is no cure, but treatment can usually control and prevent or slow down further loss of sight.

Glaucoma or loss of periphery vision can affect the ability to drive and general mobility, with the individual often bumping into furniture that is not in its usual place.

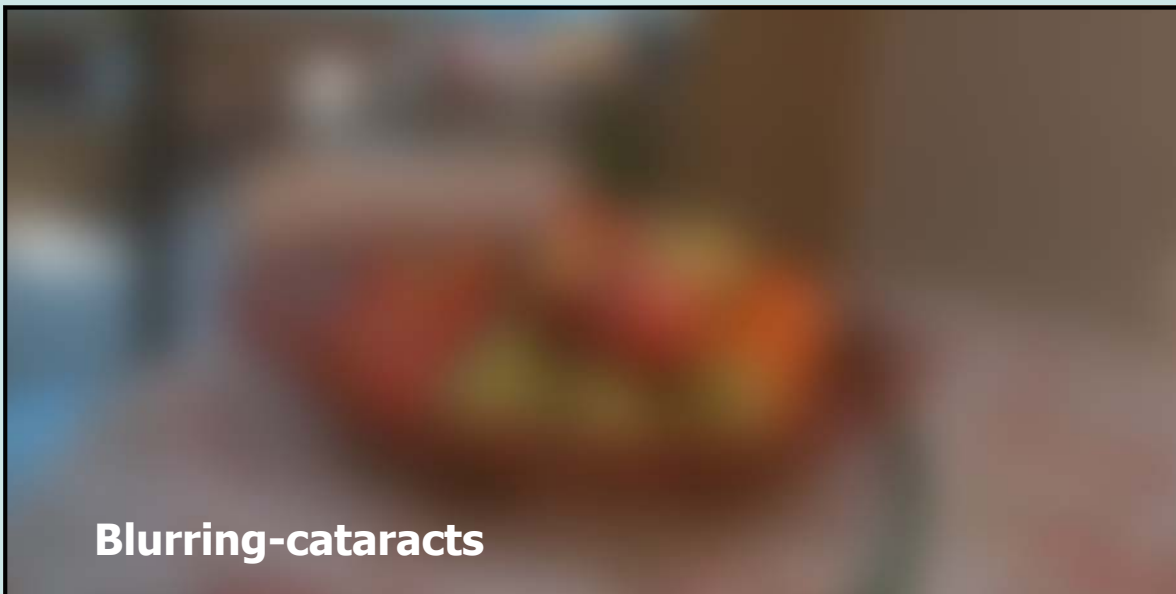
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TYPES OF VISION LOSS

◆ Blurring



Normal Vision



Blurring-cataracts

Blurring-cataracts

Blurring is often caused by cataracts. A cataract is a clouding of the lens and is one of the leading causes of vision impairment. While cataracts most commonly occur in those who are older, they can occur in younger people.

When symptoms appear, vision may be improved through use of new stronger glasses, magnification and appropriate lighting. In more advanced cases surgery can be very successful in restoring vision.

Cataracts can lead to increased sensitivity to glare and affects the ability to read and recognise faces. Blurring can also impact on the individuals ability to move about safely.

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TYPES OF VISION LOSS

◆ Patchy Vision



Patchy vision-diabetic retinopathy

Over time diabetes can affect the circulatory system of the retina. The earliest phase of the disease is known as background diabetic retinopathy. In this phase, the arteries in the retina become weakened and leak, forming small dot like haemorrhages-causing swelling and a reduction in vision.

In an attempt to maintain oxygen supply the circulatory system develops new fragile vessels.

However these are delicate and haemorrhage easily. Blood may leak into the retina and vitreous causing spots or floaters.

The patchiness and blurring associated with diabetic retinopathy can affect the individuals capacity to carry out everyday activities including reading and safely moving about the home and community.

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Indicators of hearing and sight 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, for example 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

ENERGY

Imagine having a hearing and vision impairment, as well as other disabilities or ongoing medical issues..... and the amount of energy it must take to put information together and make sense of the world.

Try to imagine.....

.....if every time you needed to use the phone you could not easily see it or hear it when it rang.

How distressed you would be if you needed the phone in an emergency?

How difficult it would be to have a conversation with someone, if you had difficulties in seeing and hearing them?

Would you begin to feel bored or isolated if it became increasingly difficult to read your mail, listen to the radio or watch the television?

How difficult and frightening would it be to travel if you had difficulty seeing and hearing traffic?

LINDA

Linda has an acquired vision and hearing loss. Her vision has been affected by diabetes and her hearing has gradually diminished with age. Linda relies on many aids in order to continue living as independently as she wishes. For example, hearing aids, speaking clocks, raised dots on her microwave dial to indicate the time needed to warm her prepared meals, and a magnifying panel placed in front of her television to allow her to continue enjoying her favourite shows.

When in company and away from her own environment Linda can seem tired and withdrawn. Following conversation in a large group is very difficult. Once someone sits close to her and talks slowly and clearly, Linda is keen to become involved. Linda is fiercely independent and with a few basic aids and people being mindful of her needs she is able to manage her life very well.

THE IMPACT ON OLDER PEOPLE

COMMUNICATION

Sight and/or hearing loss will affect each person differently. However even a small amount of hearing loss can affect our ability to communicate, with similar sounds being confused. We all naturally lip read, but this is impaired by vision loss. Also vision loss impedes ability to pick up those all important non-verbal cues.

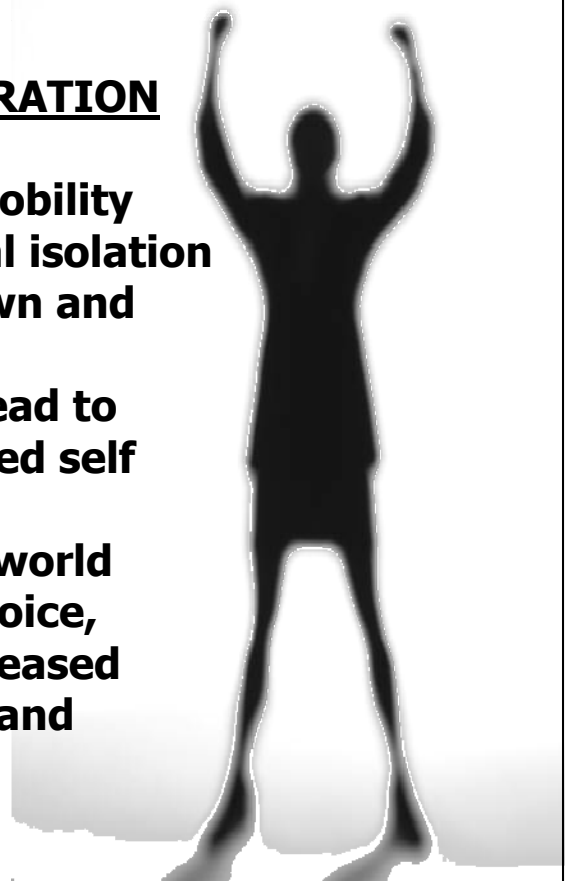
MOBILITY

Reduced vision will lead to people feeling less confident to move about independently or complete daily living tasks.

ISOLATION, BOREDOM, FRUSTRATION AND DEPRESSION.

Reduced communication and mobility will lead to social and emotional isolation with people becoming withdrawn and depressed. A reduction in independence can once again lead to isolation, depression and reduced self esteem.

A reduced ability to access the world around you leads to reduced choice, reduced independence and increased boredom, frustration, isolation and depression.



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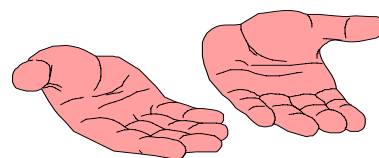
YOUR NOTES



PLEASE REMEMBER;

It is important to show respect, preserve dignity and encourage a sense of pride and self esteem

How to Make Contact with a Person who is Deafblind General Guidelines



Note: Each person is an individual with a unique combination of hearing and vision loss which will determine the best strategies for making contact. The following are general guidelines which may need to be adapted:

Let me know you are there *before* making physical contact

Approach me from the front

Approach slowly at my eye level.

This gives me the opportunity to use whatever functional vision I may have.

Say my name, then your name

Use a natural voice with good inflection; don't shout.

This gives me the opportunity to use whatever functional hearing I may have.

Using my name may alert me more than other words.

Place your hand firmly on the back of my hand

Leave your hand there until I can locate you or indicate that I am aware you are there.

A firm touch is generally more definite and secure than a light tentative touch.

Proceed

Use my preferred method of communication to say hello and let me know what is about to happen.

Always offer hands or objects under my hands.

Avoid manipulating my hands unless absolutely necessary.

Give me information about what will happen **before** it happens and **before** taking me to a different area or activity.

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HOW TO HELP COMMUNICATION

Instant improvements

DECREASE BACKGROUND NOISE

Background noise is detrimental to good conversation. Switch off the television or radio, or move to quieter area.



REDUCE ECHO

The effect of echo is that each syllable seems to run into the next. Carpeted floors and soft furnishings make a difference.

KNOW HOW VISIBLE YOU ARE

Make sure the person with the sensory loss is not facing the window, as this will mean they have to cope with glare. It may be better to draw curtains and turn on the lights. Ensure you have good 'task' lighting. Contrast is also important. Make sure you wear clothes that contrast with your features, so you do not blend into the background.



DECREASE DISTANCE

Optimal distance for a conversation is between 0.5 and 1 metre. Make sure you are facing the person, some people like to have physical contact with you to maintain their attention, for example holding a hand or touching an arm. Also remember to be at the same level – if they are standing you need to stand, if sitting you sit.

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HOW TO HELP COMMUNICATION;

Modify your speech

Its important to think about how we speak to people - modifying speech is very simple, almost so simple we forget to do it!

SPEAK SLOWLY

Not so slow that you sound like a robot.

SPEAK CLEARLY

Pronounce each sound in each word.

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.

SHORT SENTENCES

Using short sentences and saying things in the order they are to occur will assist understanding.



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HOW TO HELP COMMUNICATION;

Modify your conversation

Modifying our style of conversation is important.

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 physiotherapy 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

Rephrase don't repeat.

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

By doing so you will often be using different words from which the person with sensory loss can gain meaning.

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?"

WRITTEN COMMUNICATION



- **Size**

Letters should be in minimum 14 point, with large print options available.

- **Contrast/Colour**

Ensure a good contrast between the background and the writing - black on buff or old gold.

- **Spacing**

Use 1.5 spacing as standard.

- **Font**

Use readable sans-serif fonts such as Arial or Tahoma.

ORIENTATION

It is very important that a person who is deafblind, blind or vision impaired has an understanding of where they are within their environment.



Within the **home** different pieces of furniture, doors or flooring act as **location clues**.

Once furniture is established as a location clue, it is important that it is not moved.

When they are moving around their environment a person with sensory loss can use '**clues**' to help them recognise where they are.

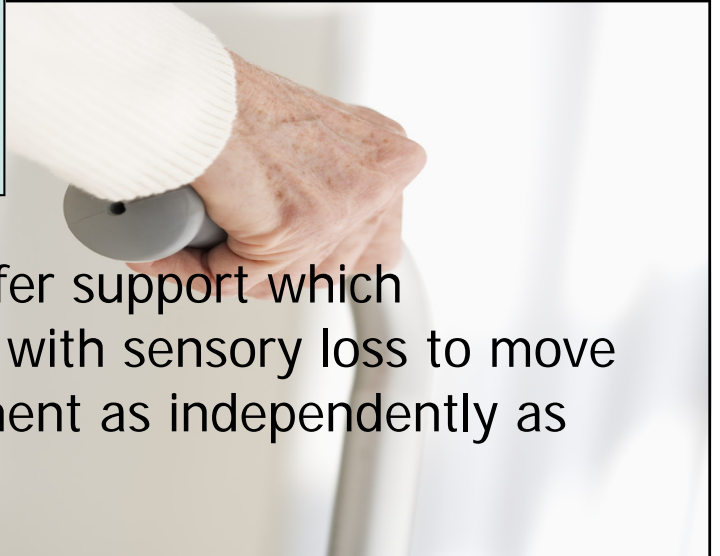
Equally in the **garden**; grass, paving and gates could all act as clues.



Do not forget that **sounds and smells** are also useful clues.

Location of the TV in the lounge acts as a guide to where that room is and a fragrant plant next to the front door offers a clue to the person letting them know to get their key.

MOBILITY



It is important to offer support which allows the individual with sensory loss to move about their environment as independently as possible (**mobility**).

The key to supporting a person to develop their mobility is the initial development of a **trusting relationship** between the person and their support worker.

TRAILING

Trailing is important when increasing the independent mobility of a person with sensory loss.

The person is asked to place one hand out in front, whilst the side or back of the other hand trails against a wall or stationary object.

The person is encouraged to explore textures, and other clues.

Trailing would start with short routes. More complicated routes would follow, with these being broken into stages. As the person learns a part of the route they move onto the next stage.

Eventually the whole route would be achieved.

SIGHTED GUIDE

Sighted guide is guiding a person who is vision impaired, blind or deafblind safely from one point to another.

- Initially you should offer your arm, and never grab.
- The person should stand next to and slightly behind the sighted guide, facing in the same direction.
- The person then grasps the guides arm or wrist with the fingers on the inside and the thumb on the outside.
- The sighted guide needs to ensure the safety of the person with the sensory loss at all times.
- There are various techniques to assist the person when:
 - moving through doorways/narrow passageways;
 - walking up and down stairs;
 - seating; and
 - getting in and out of vehicles.

Ensure that the person with the sensory loss always knows where they are, informing them about their environment and if other people are present.

If you have to leave the person let them know where you are going and when you will be returning.

The Physical 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

Ensure good lighting.
Low voltage halogen bulbs and strip lighting cast no shadows.
Lighting in stair wells needs to be very good.
Reduce glare by using diffusers on lights and cover windows with diffusing material.

NOISE

Be aware of background noise and look to reduce this whenever possible. Turn off televisions or radios. Vacuum cleaner and washing machine noise will all impact upon the persons ability to communicate with you and others.

CONTRAST

Look to provide contrast wherever possible.

For example:

At mealtimes use a table cloth that offers contrast to the plates and bowls.
Edge of steps should be highlighted to offer strong contrast.
Paint door frames a contrasting colour to doors. Contrasting door handles and light switches are useful aids.

SAFETY

It is important to REMEMBER:

- Do not move furniture from its usual place;
 - Avoid rugs, waste bins and coffee tables in the middle of rooms — these are all trip hazards;
 - Avoid low hanging pictures on walls when trailing;
 - Do not leave doors half open as it can cause serious injuries.
- These are only a few examples of the type 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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YOUR NOTES



PLEASE REMEMBER;

It is important to enable independence and recognise achievement.

5

RESOURCES

QUESTIONS



Thinking about all the people with whom you work, do you recognise any signs of hearing or vision loss that have been discussed in this book?
(refer to checklist on page 10)

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

Now that you may have recognised that you 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 work?

Think about:

- **How you make contact, your visibility and distance from the person;**
- **Spoken communication, what you are saying, the way you say it;**
- **Written communication - size and contrast;**
- **Supporting the persons orientation and mobility;**
- **The physical environment and the persons safety.**

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USEFUL ORGANISATIONS

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Website: www.ilc.com.au

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