

# [﻿understand sensory loss essay sample](https://assignbuster.com/understand-sensory-loss-essay-sample/)

A person does not necessarily have full loss of a sense to be sensory impaired. Dual sensory impairment is when a combination of both hearing and sight is impaired. The combination of two sensory impairments intensify the impact of each other which usually means the person will not benefit fully from the services of deaf people or from the services of blind people and therefore they require the services with a different approach. Deafblindness is a complex disability and requires specialist communication methods to enable communication to be possible. Deafblindness has effects in all areas of a person’s development, in language development, conceptual and motor development and the behaviour and personality of a person.

There are two types of sensory loss, congenital and acquired. Congenital means that you are born with that sensory loss/impairment. Whereas acquired means that the sensory loss has developed over time or as a result of something else. Someone may be born with congenital sensory loss if for example the mother contracted an infection during pregnancy such as rubella or if there was birth trauma resulting in cerebral palsy. Somebody who acquires sensory loss condition develops this because of things such as glaucoma or as a result of a head injury or an infection such as meningitis.

95% of what we learn about the world around us comes from our sight and our hearing. We talk to each other, we read and we listen. Much of what we hear and see we take for granted but it is important as it lets us know what is going on around us such as tyres on a road, people chatting, rain on the windows, peoples facial expressions and body language. We can go outside and move freely and our senses help us to interpret when danger is near without us really having to think much. Most people drive cars and can live independent lives but with the loss of our senses our independence and ability to move freely is greatly affected. This can lead to isolation, loneliness and depression. Frustration for the person and the carer is not uncommon.

Helen Keller (1948) said that blindness cut her off from things and deafness from people. Obviously the effect of sight or/and hearing loss depends on the degree of loss and the age and speed of onset. Early onset of a sensory loss can have a major effect on the development of a child and have adverse consequences on mental health. Sudden loss of a sense because of illness or accident can be devastating if practical and psychological help and support is not given. Progressive sight and hearing losses are common with ageing. They may not be noticed for some time but they can end up having a serious accumulative effect on someone’s communication, confidence and independence.

To be affected by a vision or hearing impairment or both is a very isolating and lonely condition. An overwhelming feeling of being excluded from conversations and disconnected from the world one lives in must make every day a difficult challenge and a very lonely one. To have a way to communicate with others would open up avenues of independence, of relationships, of being able to connect with the world around you and to be able to communicate your needs and desires to others would immediately have a positive effect on one’s mental health and make you feel that you can take part as a useful member of society in so many more areas in your life and not feel isolated, excluded and frustrated and lonely.

When communicating with someone with sight or hearing loss the environment is very important. It is vital to take into account certain environmental factors to ensure that the person can understand you well. It is important to minimise background noise and avoid noisy places, also good lighting, this allows your face to be seen more clearly find out from the person with the impairment where it would be better for you to stand taking into account shadows across your face etc. It is crucial to adapt the conditions to suit the person and always speak slowly and clearly.

The social model of disability supports the idea of person-centred services. For people with sensory loss, this means that services are planned in a way that gives people control over the services they need to support them. A lot of people are now offered a personal budget that enables them to work out a support plan based on what they are able to do for themselves, the informal support they have and identifying where paid support is needed to fill the gaps. The changes in attitudes brought about by new initiatives such as those mentioned above have resulted in the huge shifts in how services are delivered. Services are no longer based on a ‘ gift’ model where professionals decide what services will best suit someone; person-centred service planning and delivery now put people at the heart of everything and give them choice and control over their lives. Personal budgets give people the chance to decide:

what support they need   
how they want the support delivered   
whom they want to deliver the support   
when they want support.

This is in total contrast to earlier models where services were delivered in the way most convenient for the organisation providing them and people were expected to fit in.

There are many demographic factors that influence the incidence of sensory loss in the population. As people age it is a common thought that losing some sight or hearing, or both, is a normal part of ageing rather than being potentially disabling. With rising numbers of people over the age of 60 and growing life expectancy, the percentage of older people who experience both sight and hearing loss is also escalating. In particular, there has been a major increase in the number of people living to ‘ old’ old age (85+), when it is now thought that deafblindness is most likely to be challenging.

Some of the signs of sight loss are;   
Moving about cautiously.   
Holding books or reading material close to the 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.

Some signs of hearing loss are;

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.

When people experience a loss of both vision and hearing, you might notice a combination of any of the signs from the lists.

If I notice changes in the ability of someone I support, I’d need to talk to them about what I have noticed. For example, if I think that someone’s sight is deteriorating, I need to check with them that they have noticed too. For example: ‘ Bob – you appear to be having trouble reading the newspaper recently – is that right?’ If I have concerns, it is important that I talk to the person I support and explain what can be done to check out what is happening. Go through the options for investigating the cause of the loss and ensure that I have the person’s agreement to contacting the relevant health professional. The initial contact is likely to be the GP, who can arrange for further specialist tests. If the person I support has family or informal carers as part of their support network, I should also talk to them if the person agrees. I may need to provide additional support depending on the outcome of any tests and decisions about the specialist equipment or treatment that may be offered.

Some primary care trusts have sensory support teams who may be able to provide support or to offer advice on good practice. Specialist organisation such as RNIB and RNID have a wealth of information and specialist advice; they should also be able to provide information about local facilities in your area. The local Council for Voluntary Service or Citizens Advice Bureau will have a list of any specialist support organisations or regular activity groups in the area.