

IDENTIFYING DUAL SENSORY LOSSES AMONG ELDERLY

Early identification and intervention of elderly Deafblind people are vital because they can reduce the risk of

- Falling
- Isolation
- Losing independence
- Losing mobility and communication skills

The cost of supporting Deafblind people who fall, become isolated, lose their independence, become less mobile and/or unable to communicate can be a powerful motivator for budget managers to allocate funding to identify people at risk because of sensory loss.

Strategies used in Bradford to identify Deafblind people during the last ten years include:

- Surveys of residential care homes
- Cross matching Deaf and Visual Impairment (VI) databases
- One-day Deafblind awareness training for all council employees working directly with older people
- See Hear conference (2003) linking sight and hearing loss to preventing falls.

Each method had some positive outcomes as well as drawbacks, to summarise

- The surveys used detailed, lengthy questionnaires that were very time consuming for staff. Budget constraints prevented their evaluation. This strategy

is flawed because it was expensive and failed to produce any results.

- Cross matching the Deaf and VI databases is uncomplicated. The results are useful and identify some people. However, many deaf people are not registered. It would be more useful if people with hearing loss were encouraged to register.
- One-day Deafblind awareness training has limited use because of high staff turnover and the low incidence of Deafblindness.
- The 'See Hear' conference was useful in raising Deafblind awareness. The target audience were those who have direct contact with Deafblind people and those with strategic influence. Outcomes included more referrals for Deafblind people and Deafblind training for managers in health and social. A speaker at the See Hear conference was Kolbein Lyng who introduced Bradford to the
- SDSL Screen

We became interested in this tool because;

It has previously been highly successful

It is uncomplicated and inexpensive and is completed by direct care givers and the service user themselves.

It may help the person and the carer to recognise and understand that their difficulties may be related to their sensory loss.

It identifies specific needs of the individual and also provides evidence that could be used to predict the future need for equipment and services.

For the participating individual the results may prompt referral to specialist assessment (medical and social).

Carrying out the screening interviews may reinforce the interviewer's level of Deafblind awareness. Their increased competence will lead to earlier identification of Deafblind people in the future. If the screen is used routinely many interviewers who have direct contact with older people could become proficient in recognizing indicators of Deafblindness in older people.

The screen was piloted in Bradford initially by introducing it in training, to managers of residential units for elderly people. The training was delivered by Liz Duncan from Sense and Alec Porter, Bradford social services. Half of the one day training was spent discussing the screen in detail and exploring the practical issues of completing it.

Issues discussed included:

- The relevance to their service
- The relevance to their service users
- Competency of staff completing the interview
- Co-operation of service users
- Concern that it would be time consuming
- Appropriate time and place

The aim for the rest of the day was to develop a broad understanding of Deafblindness.

RESULTS

The outcome of using the tool was very encouraging and we would use it again in the future.

All the people screened were women aged between fifty-nine and one-hundred. Just over 70% of the people in the group were over eighty-six, of these, thirty-five percent had dual sensory loss.

None had previously been identified as Deafblind. Most of them had difficulties with

- Moving around independently
- Daily living skills

All had problems with

- Recognizing people
- Reading and watching TV
- Finding lost items
- Knowing the time
- Moving around independently
- Hearing the doorbell
- Understanding speech (in person and using the phone)
- Listening to audio equipment

Of this sample group twenty three percent scored over thirteen for vision loss and fourteen for hearing loss. According to the screen, this puts them at high risk in relation to dual sensory loss and they should be referred to specialist services.

An added benefit of carrying out the screen was that several members of the sample group were identified as at risk of single sensory loss and referred appropriately.

Those identified as Deafblind have been assessed and provided with technical aids and support. Staff who work with them have been given training to support mobility and communication. The staff believe that their Deafblind awareness skills have increased.

About a third of the people subsequently assessed as at risk of Deafblindness had never complained about their sensory loss, none had accessed social services. When they were asked to assess their own sight and hearing they all said they did not have good hearing and some said they knew that their vision was not good.

HOW COULD WE IMPROVE THE WAY THAT WE USE THE SCREEN?

- The language used in the introduction, method, scoring and instruction sections needs to be simplified to ensure that it can be easily understood by all interviewers. This is particularly relevant in Bradford where English is a second language for many workers.
- The staff who completed the screens did not attend the training day. They need direct training to understand the purpose of the screen, and how to complete it accurately. In future this could form part of mandatory Deafblind awareness training. This led to some inconsistency in the way the screens were carried out.

- The number of screens returned was disappointing. In retrospect, reminders to the managers may have elicited a better response. However, if it is to be used extensively this could make the screen expensive to implement in terms of staff time.
- The instructions do not make it clear whether the screening should be carried out with or without the use of technical aids. In order to score highly in both sections it may be necessary to carry it out without aids. Use of technical aids could disguise a person's functional sight and hearing loss.

Improvements and new strategies in future SDSL projects will include:

- Amending the wording and clearly stating that technical equipment should/should not be used (with permission from authors)
- Directly training the interviewers, carrying out the first few screens with them, making it relevant to their work
- Contacting the interviewers at an agreed review date
- Extending its use and targeting professionals working with people who fall, as well as home care staff and Carer support groups
- Seeking collaboration from other services to include SDSL routinely as part of community care assessments

Many older Deafblind people could access specialist services if the screening tool was used more widely and implemented as part of admission and review procedures currently used in residential

units. Staff may be encouraged to use the screen because their work is less problematic when they can communicate more easily and do not spend time sorting out problems resulting from misunderstandings in communication.

In my opinion, families and carers of older people living in the community, and not currently receiving services could also be trained as potential screeners and use the SDSL tool.

Compared with other methods, SDSL has the additional benefit of providing statistical information which can inform service development, especially if linked with demographic forecasts of older people in the population. The evidence collated can then be used to access appropriate levels of funding for future services.

