

10. VISUAL AND HEARING IMPAIRMENT

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Related conditions considered in other chapters:-

Visual and Hearing Impairment in Children

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Loss of Vision and Diabetes Mellitus

Chapter 17

10.2 Visual Impairment

10.2.1 Visual impairment occurs in a range of conditions in which complete loss of vision is uncommon. Most people who are registered blind have some degree of residual vision. In order to be registered blind a person must be unable to do work for which vision is essential. However, in deciding on the level of care and mobility needs this is not particularly helpful. It is probably more useful for these purposes to regard someone as blind if their vision is so impaired that they are unable to get around in unfamiliar places without the assistance of another person.

10.3 Care Needs

10.3.1 Vision is used in the completion of almost all daily activities. Thus when a person becomes blind suddenly, there are likely to be extensive care and mobility needs. Loss of vision in this way will require a period of training, adaptation and the learning of new skills. During this period the person is likely to require help from another person several times a day with a range of activities. Even with sudden loss of vision, there would not necessarily be any night needs. If for example, a person needs to use the toilet, it should be possible either to get to the toilet unaided, or to use a bottle or bedside commode.

10.3.2 This period of training and adjustment usually lasts for about two years. However, the time taken by an individual person may vary. If a person over the age of 65 has not adapted, then it is likely that the daytime care needs will persist indefinitely. In younger persons a more prolonged period of adjustment and training may be necessary before independence is achieved. This additional training may last between two and five years depending on the individual.

10.3.3 There will be a number of factors which determine whether a person

achieves the expected level of independence. These include the precise nature of the eye condition, age, motivation and the presence of other disabilities. It should be noted that some people with sudden loss of vision may not receive the necessary training to enable them to adapt. Even with adaptation and training, many people may continue to require help with household tasks.

10.3.4 When the onset of visual impairment has been gradual rather than sudden, most people make progressive adjustments over a period of time. Consequently the care needs are unlikely to exceed those of a person who has had a sudden loss of vision and been able to make the necessary adaptations to this. However, it should also be recognised that the majority of such people lose their sight when they are older. In some of these this progressive adjustment actually means a progressive restriction of activities which they are no longer confident or capable of undertaking on their own. A consideration has to be made on whether it is reasonable to expect them to neglect such activities, or whether they should really have assistance from another person.

10.3.5 Sudden changes of circumstances, eg a change of home with unfamiliar surroundings, may have an effect on the independence of a visually impaired person; in effect the person may have to start the adaptation process all over again.

10.4 Mobility Considerations

10.4.1 The majority of severely visually impaired people are likely to need guidance and supervision to find their way around in unfamiliar surroundings, regardless of whether the onset of the impairment has been sudden or gradual.

10.5 Hearing Impairment

10.5.1 A person should be regarded as having no useful hearing when residual hearing even with artificial aids is, in practice, insufficient for spoken language, so that some other form of communication (lip-reading, sign-language, etc) has to be used.

10.5.2 Uncomplicated total deafness of sudden onset is rare. It occurs when there has been long-standing deafness in one ear to which a total hearing loss on the other side is added, but it may on occasion arise as a sudden event affecting both ears.

10.6 Care Needs

- 10.6.1** Persons with normal mental function and intellect who suffer the sudden onset of total deafness should nonetheless be able to avoid common dangers and should not expose others to danger. They will, however, need the assistance of others with communication during a period of learning lip-reading, sign language or alternative means of communicating with other people. The period of adjustment and training may take at least one year but may vary in the individual person, and in some will not be successfully achieved. However, in elderly persons the process of learning and adjustment usually takes several years. The duration of this extended period of rehabilitation will depend upon the overall effects of other age-related disabilities which may be present in the individual elderly person.
- 10.6.2** Factors such as the physical health, mental state and any other co-existing disablement may impair and prolong the period of learning and rehabilitation in an individual case.
- 10.6.3** People with deafness of gradual onset, not complicated by other disability should be capable of carrying out their bodily functions unaided and should also be able to avoid common dangers both in and out of doors.

10.7 Combination of Blindness and Deafness

10.7.1 Care Needs

People with the degree of visual impairment defined in paragraph 10.2.1 who also have no useful hearing as defined in paragraph 10.5.1. are likely to be unable to avoid common dangers both in and out of doors. People who are both deaf and blind are unable to use one sense to compensate for loss of the other. Help with communication is also a key requirement. Unless there are additional disabilities which would cause a person to be up during the night, attention or watching over are not usually required by reason of combined blindness and deafness.

10.7.2 Mobility Considerations

A person may satisfy the conditions for the higher rate mobility component if he is both deaf and blind, and as a result he is unable to walk to his intended destination out of doors without the assistance of another person. The degrees of disablement resulting from loss of vision and loss of hearing must amount to 100% and 80% respectively. Assessment of the mobility needs of persons with lesser degrees of disablement must take into account the compounding effects of dual sensory loss on the need for guidance and supervision in unfamiliar surroundings.

10.8 Further Evidence

- 10.8.1** The degree of disability resulting from blindness and deafness requires expert assessment. Advice from a Medical Services doctor on interpretation

of existing evidence, or the most appropriate source of further evidence, would be most helpful.