

SIGHT, HEARING

& DUAL SENSORY LOSS

& Related Health Conditions

GUIDANCE FOR CARERS & CARE PROVIDERS

TOGETHER WE CAN REDUCE
COMMUNICATION ISOLATION

EYECAN. TOGETHER
WE CAN.

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Board



Sight, hearing, or dual sensory loss
can affect people of all ages, some from
birth and others acquiring loss within
their lifetime for various reasons including
injury, disease, or the aging process.



CONTENTS

The information in this booklet has been compiled to raise awareness of sensory loss in Islanders who are cared for; and to provide care staff and carers with advice and skills to help them to give the best possible support to those affected by sensory loss.

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INTRODUCTION

It is important that no assumptions are made about sight and / or hearing loss as the experience of sight and / or hearing loss is unique to the individual.

What is commonly understood as sight loss and hearing loss are often the extremes of the conditions. Just as disability may be perceived as a ‘person in a wheelchair’, blind may be thought of as a ‘person with a guide dog and/or white stick’, and deaf may be thought of as a ‘person who signs’.

Sight and/or hearing loss are often understood as being corrected or restored by glasses or hearing aids, including cochlear implants, but this is a misconception. The person with the condition may be living with a level of disability which is not immediately apparent.

The experience of sight or hearing loss has far ranging consequences to everyday life. There can be an impact on self-confidence, independence, activities of daily living at work, home, and when in the community. For example, moving from one environment to another can cause challenges – being able to see, hear and navigate in the bustle of a family household, a pedestrian highway, an office, shop, waiting room, or at a social or public event can be challenging in itself. Where changes happen unexpectedly, for instance changes in light quality, level of noise, routine or the need to attend at a different venue, greater concentration is required which can affect a person’s ability to receive information clearly and participate in the activity.

Sight or hearing loss often occurs as people get older, however many health conditions can have implications for sight or hearing. Some health conditions are commonly recognised as posing a risk to sight



and / or hearing. Some treatments can also detrimentally affect, or cause, sensory loss. Because of this it is always worth considering the possibility that an individual may have developed sight or hearing loss, or sight or hearing disturbance, because of a seemingly unrelated condition.

Sight loss, hearing loss and dual sensory loss, which is the combination of sight loss and hearing loss, are in themselves long-term health conditions. Commonly, one or both are present alongside other acquired long-term health conditions such as dementia, stroke or diabetes, particularly as people get older.

Additionally, sight and / or hearing loss may cause or exacerbate, mental ill health. This may be in part because of the impact of challenges involved in social interaction which can result in isolation, but also because of amplified frustrations impacting on existing poor mental health.

Crucially, if a person already has a sight and/or hearing loss and develops an unrelated illness, health condition or social care need, assessment, support and access can be affected by communication needs being unmet.

COMMUNICATION DIFFICULTIES

People with sight loss may struggle to read text, facial expressions and body language. They may not know they are included in conversation unless addressed by name and may be reluctant to start conversations if they can't see or recognise people nearby. They may also struggle to use equipment, such as phones or information technology, which provide access to communication and information, unless these are adapted for their needs.

People who are deaf or hearing impaired will struggle to understand the spoken word, particularly in noisy environments or if the person addressing them:

- speaks too fast or has an unfamiliar accent
- their lips are not clearly visible due to poor light, the way they are positioned or because their mouth is obstructed by a hand or facial hair.





Tinnitus may impact on a person's ability to concentrate whilst British Sign Language (BSL) users may need to communicate in BSL via an interpreter. Lipreaders and/or hearing aid users may need information written down for them.

Individuals with dual sensory loss are greatly disadvantaged because they cannot compensate for hearing or sight loss with a sense that remains fully functional. In addition, the loss of each sense compounds difficulties associated with the other sensory loss, for example hearing loss is compounded by an inability to see speech sounds or facial expression.

Auditory or visual hallucinations are commonly experienced by people with sensory loss, particularly when they are in a stressful situation. These are caused by the brain trying to fill in the gaps and make sense of the limited information it receives via a person's eyes and ears. Such hallucinations can be frightening or interfere with concentration making it even harder for people to communicate.

OBSTACLES TO HEALTH CARE

Communication difficulties can prevent people from taking steps to look after their health if information about preventative health care and emotional wellbeing is presented in a format which is inaccessible to them. For example, information about, and access to, screening programmes; or the links and management of any long-term health conditions, may be missed.

Communication difficulties also make it much less likely that people with sensory loss will obtain appropriate and timely treatment for health conditions.

Individuals with sight loss might not notice the appearance of physical changes and may struggle to memorise and process information about the condition or its treatment, especially if information is provided to them in an inaccessible format.





Individuals with hearing loss may struggle to have a mutually informative discussion with care staff / medical professionals because of the difficulties both parties experience in making themselves understood. Delayed diagnosis or misdiagnosis may result from such difficulties.

Individuals with hearing loss, sight loss or dual sensory loss will struggle to record information because of difficulties seeing script or because information obtained by listening or lip reading is missed during the act of writing.

People with poor mental health are disadvantaged if their diagnosis and treatment rely on verbal communication. Whether a person has sight loss, hearing loss or dual sensory loss the relationship between practitioner and 'client' is formed by nonverbal cues, eye contact and body language. When eye contact is not possible and sight/hearing awareness is not present, individuals with poor mental health may find it difficult to build a relationship with their practitioner.

SPECIALIST SUPPORT

SIGHT LOSS

There are many different kinds of sight impairment. For instance, tunnel vision which can be caused by glaucoma, can be like looking at things down a tube. This is very different from central vision loss caused most often by macular degeneration, which can prevent people from seeing detail and what is straight in front of them. The useful vision which most sight impaired people retain can also be temporarily worsened by conditions such as low levels of light, moving between different light conditions, feeling unwell or stressed.

People with sight loss face many challenges, including getting about in busy and hazardous environments. However, many things can be done to support sight impaired individuals to move around safely, manage tasks independently, communicate and socialise, and to enjoy recreational opportunity.





EYECAN can provide visual awareness training to staff and support to carers so that they can better understand an individual's sight loss and know how best to communicate with them – this service includes some awareness of dual sensory loss needs. The Charity also advises on sighted guiding techniques and simple adaptations to premises to make them more accessible, for instance good lighting that is consistent throughout the building, and clear pathways to avoid trip hazards.

EYECAN can also advise and provide purchase options on daily living aids and assistive technology, along with assistance to set up an audio library service. Islanders who are certified as sight impaired or severely sight impaired can also be referred to EYECAN's Social and Activity Clubs by the Charity's Community Team.

Positive changes to the lives of sight impaired Islanders can be as simple as providing crockery which contrasts with table surfaces and addressing people by name so that they know they are included in conversation.

For further information about EYECAN Tel: 864689 / Email info@eyecan.je

(N.B. Attendees at EYECAN's social clubs should be able to toilet independently)

MAVIS HAS SIGHT LOSS

Mavis doesn't engage with others, because she can't read body language and doesn't know she is being spoken to. Address Mavis by her name and announce who you and other people present are so that Mavis feels able to converse comfortably. Investigate whether anything can be done to improve Mavis' sight. Contact EYECAN for specialist support or training.



SPECIALIST SUPPORT

HEARING LOSS

The causes of hearing loss vary but the most common type is age-related (from age 55), which results in a gradual reduction in the ability to hear; especially high-frequency sounds such as women's or children's voices.

It is not unusual for a decade to pass from the time someone first notices hearing difficulties until they get their hearing tested, however hearing aids are most effective when fitted as soon as possible after hearing loss occurs. This reduces the impact of the brain needing to re-learn sounds that have not been heard for many years.

People who were exposed to loud noise for protracted periods through military service, work or recreation may have noise-induced hearing loss. Individual's with this kind of hearing loss may experience tinnitus, which is the sensation of hearing ringing, hissing, buzzing, whistling or humming which is not accounted for by external sound. Tinnitus may impact on sleep, concentration, stress levels and mental health. Health professionals can help to reduce the impact of tinnitus on everyday life. For example, when there is a hearing loss a hearing aid helps someone to hear and also reduce the tinnitus because the brain is getting true stimulation again.



British Sign Language is usually the first or preferred language of profoundly deaf people in the UK. BSL has its own grammar and sentence structure, no written format, and is not a signed equivalent of English. Apps can support people with hearing loss to communicate, including access to speech to text. Some apps connect to qualified interpreter services to provide a remote live interpretation of BSL to spoken English and vice versa to enable conversation between BSL and non-BSL users.

Different types of hearing aids help people who are not profoundly deaf to experience improved hearing, however these do not restore hearing to the level of natural sound experienced before hearing loss. Advice about cleaning and maintaining hearing aids to ensure that they are effective is available online and from the Audiology Department (details overleaf).

Assistive technology, which includes hearing aids, can help support communication. Audiologists can assist in getting the best from your hearing aid by programming them to individual hearing needs. They can also advise on how to use a hearing device in conjunction with hearing loops which can be installed in rooms or used as a portable device. These enable the user to hear only what is received into the loop's microphone.

Some other examples of assistive aids are:

- Conversation amplifiers which can help individuals with moderate to severe hearing loss hear speech, television and radio more clearly whilst reducing background noise.
- Phone amplifiers, which can be plugged into corded phones allowing volume and tone to be adjusted to suit an individual's hearing needs.

Other assistive technologies are available as alerting devices which

can work independently of hearing aids such as smoke and carbon monoxide alarms, baby monitors, alarm clocks and doorbells.

Enabling a person who has hearing loss to communicate supports their wellbeing.

Simple tips include:

- Make sure you make face-to-face contact
- Ensure you have the person's full attention.
- Speak clearly,
- Don't cover your mouth
- Don't shout as this makes lip reading difficult.
- If someone doesn't understand, say it in a different way.
- Ensure the environment is as quiet as possible.
- Ask what the individual's preferred means of communication is.
- Ask if the person needs to use the loop system.
- When you communicate in writing make sure the vocabulary and sentences are simple to ensure the content is accessible, especially for people who use BSL.

For further advice and information contact: Audiology Dept: Tel: 442551 / email: audiology@health.gov.je for Audiology Department, Audiology Drop in Clinic, monthly Communication course, Link Worker training course for basic hearing aid maintenance and troubleshooting.

For assistive technologies, excluding hearing aids, contact Occupational Therapy Department. Tel: 443068



JOHN IS HARD OF HEARING

John would love to have a chat but there is too much noise nearby for him to hear what is said to him. Unfamiliar accents confuse John as he can't follow lip patterns. Make John's environment quiet so that he can hear what is said to him. Sit close to him so that he can watch your lips forming words, speak clearly but don't shout.



SPECIALIST SUPPORT

DUAL SENSORY LOSS

The combined loss of vision and hearing will commonly have a greater impact on an individual than losing one sense alone, as the person affected cannot compensate for that loss with a sense that remains fully functional. People who have adjusted to hearing impairment may lose the ability to lip-read as their sight fails, whilst people with sight impairment, who will increasingly have depended on their hearing, will notice a significant drop in the things they can manage. Inability to clearly hear and see the environment through which they are moving puts people with dual sensory loss at greater risk of accident.

Visits outside the home, or from family and friends, may reduce as communicating with the individual concerned becomes more difficult. Loss of social interaction and information about the outside world can lead to mood and motivation problems for the person affected, putting them at greater risk of depression.



A red and white cane indicates dual sensory loss



EYECAN supports the vision needs of Islanders with dual sensory loss. Social and Activity Clubs feature a Loop System to support members' hearing needs whilst expertise, support and access to assistive equipment relating to sight loss is available to all islanders with impaired vision.

For further information about EYECAN Tel: 864689 / email info@eyecan.je

For audiology support please contact: Audiology Dept: Tel: 442551 / email: audiology@health.gov.je for Audiology Department, Audiology Drop in Clinic, monthly Communication course, Link Worker training course for basic hearing aid maintenance and troubleshooting.

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ALICE HAS DUAL SENSORY LOSS

Alice always seems to be asleep in her chair. She doesn't engage with anyone. Because Alice struggles to communicate or to occupy herself in any way she keeps her eyes closed. Touch Alice gently on her hand to see if she is awake. Sit close to her and speak clearly. Investigate whether anything can be done to improve Alice's hearing and sight. Seek specialist support.



HEALTH CONDITIONS WITH IMPLICATIONS FOR SENSORY LOSS

ALCOHOLISM

Vitamin deficiency caused by alcoholism can result in permanent sight loss. Alcohol also increases the chances of acquiring sight loss conditions. Inability to process sounds can be caused by brain damage resulting from excessive alcohol consumption. High levels of alcohol in the bloodstream can also create a toxic environment which can damage the delicate hair cells in the cochlea causing hearing loss.

ALZHEIMER'S AND OTHER FORMS OF DEMENTIA

Sight loss associated with dementia can lead to mistaken perceptions with respect to perception of movement, peripheral vision, depth perception, colour perception, and contrast sensitivity. The social isolation caused by communication difficulties can lead to lack of mental stimulus, which can escalate the onset and course of dementia. Because a common sight loss condition causes visual hallucinations, whilst auditory hallucinations can be caused by hearing loss, it is possible to mistake these symptoms for the confusion associated with dementia.



BRAIN TUMOUR

Hearing or sight loss can be caused by brain tumours, whilst surgery to remove a brain tumour might also cause sensory loss.

CANCER

Certain cancers can cause hearing or sight loss. However, eye problems / sight loss, or hearing loss may also be unfortunate side effects of vital cancer treatments.

CEREBRAL PALSY (CP)

Cerebral Palsy is usually diagnosed in childhood. Many children with CP will have some degree of sight loss or hearing loss, either because of problems with their eyes or because of brain damage which leads to difficulties processing visual or auditory information. A significant percentage of children with CP have hearing loss.

DEPRESSION / ANXIETY / SUICIDE

Loss of independence, and isolation caused by communication difficulties associated with sight and / or hearing loss and / or Tinnitus, can lead to depression and anxieties. Where depression or anxiety predate the advent of sight or hearing loss, sensory loss can significantly worsen the experience of mental ill health.

DIABETES

Severe sight loss or blindness can be caused by diabetes. Whilst there are specific diabetes related sight conditions, diabetes also increases the likelihood of cataracts or glaucoma. Hearing loss is also commonly experienced by people with diabetes.

EPILEPSY

Visual disturbance is often an unfortunate side effect of epilepsy medication, causing double vision, blurred vision, and nystagmus (involuntary eye movements). Epilepsy may also cause hearing loss where electrical disturbance affects the auditory pathway.

HEAD INJURY

Sight loss caused by head trauma is common and can result from brain or eye injury. Hearing loss or over-sensitivity to normal sounds are also a common side effect of brain injury. The force required to cause a concussion can cause a temporal bone fracture. When the fracture runs through the middle ear or cochlea there is a significant hearing loss.

HIGH BLOOD PRESSURE / CARDIOVASCULAR DISEASE

Hearing and /or sight loss are common effects of hypertension. Damage is caused by restricted blood supply: build-up of fats and plaques in arteries, lack of oxygen in the blood. High blood pressure can lead to Stroke and Heart attack. Obesity and Smoking are risk factors in cardiovascular disease.

KIDNEY DISEASE

Most kidney disease is related to Diabetes or High Blood Pressure. Sight loss (retinopathy, glaucoma, cataracts) and hearing loss are commonly experienced by people with kidney disease.

LEARNING DISABILITIES

Some studies suggest that people with learning disability are 10 times more likely to have serious sight loss than people without learning

disability. Those with severe or profound learning disability are most likely to have sight loss. Research also suggests that in the UK at least 40% of people with learning disability have hearing loss, with only a few getting help to manage this. Hearing loss can go undiagnosed, with behaviours caused by hearing loss often attributed to other causes.

MULTIPLE SCLEROSIS (MS)

MS can cause inflammation of the optic nerve (optic neuritis) with symptoms ranging from blurred vision to complete loss of sight, often with only one eye affected. It can also cause double vision and involuntary eye movements (Nystagmus). Whilst hearing loss is less common it can be associated with damage to the hearing nerve pathways in the brain and the brainstem.

MUSCULAR DYSTROPHY (MD)

Hearing loss is one of the symptoms of MD. Whilst the condition does not affect sight, muscle weakness would affect the ability of anyone with unrelated sight loss to use assistive aids like magnifiers.

PARKINSON'S DISEASE (PD)

Difficulty moving eyes or coordinating eye muscles can cause eye fatigue, double vision and blurred vision. Blurred vision can also be a side-effect of Parkinson's medication. Dry eyes, and eyelid muscle spasms are also symptoms of the condition. Vision is detrimentally affected by low light levels. Contrast sensitivity, colour vision, spatial awareness and perception of movement may also be adversely affected by PD. People with PD may also experience visual hallucinations. Tremor and muscular rigidity may affect the ability of anyone with the condition to use assistive aids, such as magnifiers. The absence of the important

neurotransmitter, dopamine, causes Parkinson's Disease. As dopamine is thought to be protective in maintaining healthy auditory function inadequate dopamine can result in hearing loss. The established communication of a deaf person using British Sign Language will be affected by longer pauses in sign sentences and the impact of PD on facial expression, sign movement and handshape definition.

STROKE / TIA

Approximately 1/3rd of stroke survivors experience vision loss, which might manifest as the loss of half or a quarter of the visual field. Nerve damage to individual eye muscles may cause one eye to turn out of alignment with the other causing eye strain or double vision. People who have had a Transient Ischaemic Attack (TIA) may experience temporary sight loss. Hearing loss may be caused by stroke, depending upon which area of the brain was affected. It is important to have hearing checked soon after stroke has occurred.

Hearing aid users will very likely experience problems communicating because of visual field loss which affects their ability to see speech sounds, and because of auditory processing difficulties.



There are many types of sight loss. Sight loss caused by Diabetic Retinopathy might look like this.

SIGNPOSTING

The cared for person's GP can refer patients to practitioners at the appropriate stage of the medical pathway, and signpost to support agencies. Referral to Single Point of Referral (SPOR) will ensure that the cared for person receives appropriate care and support, and is referred to relevant support agencies (email: SPOR@health.gov.je, Tel: 444440).

AUDIOLOGY DEPT

Tel: 442551 / email: audiology@health.gov.je for Audiology Department, Audiology Drop in Clinic, Communication course, Link Worker training course for basic hearing aid maintenance and troubleshooting.

CALL AND CHECK

<https://www.callandcheck.com>. Tel: 280800 / email hello@callandcheck.com. Call and Check, which provides wellbeing checks and regular contact to vulnerable Islanders, is a service delivered in partnership with Jersey Post, Parish community volunteer groups and some charitable organisations.

CHILDREN AND FAMILIES HUB

<https://www.gov.je/Caring/ChildrenAndFamiliesHub/Pages/ChildrenAndFamiliesHubHomepage.aspx>. Email: childrenandfamilieshub@gov.je. Tel: 519000. Providing information, advice and support for families and young people.

DEMENTIA JERSEY (formerly Alzheimer's Jersey)

www.jerseyalzheimers.com. info@dementia.je. Providing advice, support, and information to the community.

DIABETES JERSEY

<https://www.diabetesjersey.com> Diabetes Jersey works tirelessly to support people with diabetes, and to raise public awareness of the need for testing.

EARSAY

<https://www.earsay.je/home/> info@earsay.je . Providing support, information and fun for Jersey's hearing-impaired children, young adults and their families.

EYECAN

<http://www.eyecan.je/>. info@eyecan.je. Empowering Islanders with sight loss.

HEADWAY

<https://headway.org.je/>. Headway Jersey provides support, information and services to people with a brain injury, their families and carers.

JERSEY BRAIN TUMOUR

<https://jerseybraintumour.com>. admin@jerseybraintumour.com. Helping Jersey residents deal with the challenges that a brain tumour diagnosis can bring (benign or cancerous) and ensuring patients, their families and carers have access to advice, information and a local support network so that they are able to make informed decisions.

JERSEY dDEAF SOCIETY

<https://www.jerseydeafociety.org/> info.jdds@gmail.com. Raising awareness of hearing loss and supporting dDeaf Islanders.

JET (JERSEY EMPLOYMENT TRUST)

www.jet.co.je . Tel: 788900. Training and Development Service and Employment Service. Supporting clients with a wide range of disabilities, mental health conditions and long-term health conditions. Through building strong relationships with local employers and other charities in the Island, JET is able to provide a bespoke job-matching service to both clients and local industry.

MENCAP

info@jerseymencap.org, Phone: 866622. Jersey Mencap supports adults with a learning disability. Striving for improved services, choice and opportunity. Offering support in a variety of ways.

MIND JERSEY

<https://www.mindjersey.org/> Providing support to people living with mental illness. Mind's vision is of a society that promotes and protects good mental health for all, and treats people with experience of mental illness fairly, positively and with respect.

MOVE MORE

<https://www.movemore.je> . A Jersey Sport initiative which aims to get more Islanders, more active, more often. Promoting the importance of physical activity and the role it plays in our mental and physical health.

PARKINSONS JERSEY

Parkinsonsjersey@gmail.com. Endeavouring to improve the quality of life for those who have Parkinsons, and their carers. Educating, and raising public awareness of Parkinsons. Supporting research into the disease.

SCOPE

Tel: 871518 (Cerebral Palsy – formerly Jersey Spastics Society)

Providing practical advice and emotional support whenever people need them most. Fighting for financial security for disabled people; independent living with a disability, and everyday Equality.

ST JOHN'S AMBULANCE (SJA)

SJA provides a Carers' Support Programme (4 morning sessions run over 4 consecutive weeks). The programme is free for informal carers and covers subjects such as infection control, pressure area care, resources available on Island, dementia care, safe handling and first aid. A sandwich lunch follows the course which allows carers to chat in a relaxed, friendly environment. Courses are held 3–4 times a year at Midvale Road HQ. Carers who have attended the course are invited to join the support group which meets on the first Tuesday of each month at St Martins SJA headquarters. For further details call 735611 or visit www.stjohnambulancejersey.com.

STROKE ASSOCIATION

www.stroke.org.uk. Jersey Stroke Recovery Service provides high quality information, practical advice and emotional support following a stroke. Whether you are a stroke survivor, carer or family member, they will begin working with you after a stroke and will continue to provide the support needed, both at home and in the wider community.

WETWHEELS

operations@wetwheels.je. Enabling every disabled person the chance to experience the thrill and excitement of powerboating.

SPECIALIST SUPPORT

FRIDGE POTS

Containers known as ‘fridge pots’ can be obtained from GP surgeries and other outlets. These should be kept in your fridge with personal and medical information contained within. Information stored should cover allergies, medications, medical needs, specific communication needs, and next of kin / emergency contact details. A sticker inside your front door will alert any service responding to a call-out that a fridge pot is in your fridge. Information provided in this way enables emergency, medical, community and care services to identify the individual concerned and provide prompt and appropriate medical assistance.

‘SAFE AND WELL’

A new ‘community group’ made up of the emergency services, health carers, and charity organisations are putting together a new ‘Safe and Well’ initiative. The ‘Safe and Well’ service will undertake a person-centred risk assessment and will provide safety advice, health support and interventions that are tailored to the needs of the household, in order to effectively reduce the risk of injury, crime, ill health and fire in the home. In simple terms this will include check lists for the general public and partner agencies to carry out ‘Safe and Well’ assessments of their homes, and signpost routes to gain further information if required. For instance, a carer can follow a ‘Safe and Well’ check list in a client’s property (or their own home) and if a smoke detector is required, they will be able to refer this to the Fire and Rescue Service, or if a fire fighter is carrying out a Home Fire Safety Check and identifies a person suffering from social isolation, they will offer a referral to a relevant agency.

999 EMERGENCY CONTACT

Police, Fire, Ambulance, Coastguard.

If you are dDeaf, hard of hearing or speech impaired and unable to hear or speak using a telephone, you can SMS text from your mobile to 07797 790 999 to reach all 999 emergency services. This is a text only number and is for use only in an emergency.

For full information on how to use this service visit the Police website

For Police non-emergency or general enquiries see the Non-Emergency Section of the Police page. www.jersey.police.uk/contact-us/

Please note, you can attend Police Headquarters between 8am and 8pm, where the visitor reception is equipped with a Hearing Loop to assist communication for those using hearing aids.

COMMUNITY POLICE

You can find more information about the role of the Community Police, including the name and contact details for the Community Police Officer currently working in your area, by following the link below.

The main Police HQ switchboard number (01534 612612) can redirect your call to the appropriate Community Police Officer. Or you can visit Police HQ. You can request the direct number (landline, mobile or SMS text) for a Community Officer, and/or an email message will be sent to the Community Officer advising them of the best way to contact you (by telephone, SMS text, email or in person). Always contact 612612 / 999 / emergency text number to report new crimes or incidents – the control room works 24/7 (www.jersey.police.uk/your-community/community-policing-team/)

Email addresses overleaf will reach individual officers' inboxes.

Parish	Email
St Helier	sthelier@jersey.pnn.police.uk
St Ouen	stouen@jersey.pnn.police.uk
St Peter	stpeter@jersey.pnn.police.uk
St Mary	stmary@jersey.pnn.police.uk
St Saviour	stsaviour@jersey.pnn.police.uk
St Martin	stmartin@jersey.pnn.police.uk
Grouville	grouville@jersey.pnn.police.uk
St Brelade	stbrelade@jersey.pnn.police.uk
St Clement	stclement@jersey.pnn.police.uk
St John	stjohn@jersey.pnn.police.uk
St Lawrence	stlawrence@jersey.pnn.police.uk
Trinity	trinity@jersey.pnn.police.uk

Sight and / or hearing loss can occur gradually, so it might not be noticed for some time by the person experiencing sensory loss. Please look out for signs of sensory loss on their behalf and signpost for appropriate support.

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in association with:

