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Hearing Impairment; a hidden risk: messages and strategies for effective professional practice

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- To enable participants to understand acquired hearing loss and the implications for service users' quality of life and professional practice
- To share strategies for effective communication
- To focus on principles of empowering practice
- To provide details of some key resources and sources of advice on hearing loss

The Social Model of Disability

- This model focuses on the way in which society 'disables' people with impairments and shifts the focus and 'problem' away from the disabled person onto society. In this model disability is created by society through structural factors which oppress and exclude people with impairments, so for example through lack of adequate services, and institutional discrimination. In this way the person with an impairment is dis-abled by society for example see (Oliver, 1990, Oliver and Sapey, 2006)

The Medical Model of Disability

- This model locates the ‘problem’ of disability with the individual who is ‘imperfect, faulty and in need of intervention to make them ‘normal’ and better able to fit into society.
- In this model disability is viewed as a ‘personal tragedy’
- The role of the practitioner is as an ‘expert’ who will use their knowledge and expertise to treat the disabled person

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Concerns for professionals

- The prevalence of hearing loss
- Hearing loss as a 'hidden' and unrecognised disability
- Unwillingness to disclose
- Stigma and disempowerment
- Significant impact on the individual
- Risks of misdiagnosis
- Barriers to services

- Estimated that 1 in 6 people in the U.K. have some degree of hearing loss i.e. 10 million people (Action on Hearing Loss, 2014)
- 700,000 are congenitally (born) Deaf
- Acquired hearing loss (presbycusis) is part of the 'ageing' process and evidence suggests it may be prevalent between ages of 40-49 (Arvin et al,2013)
- 71% of people over 70 have some degree of hearing loss(AOHL, 2014)

Effects of acquired hearing loss

- Loss of identity
- Inability to hear/understand speech in noisy situations leads to social withdrawal/social isolation
- Depression and anxiety
- Possible links with cognitive functioning and dementia
- Disempowerment
- Loss of quality of life

Gates, 2005, Karlsson and Scherman, 2003, Lancet, 2012, Li-Korotsky, 2012, Lin, 2012, Parris, 2012

- About 2 million people in Britain wear hearing aids, maybe another million would benefit from doing so.
- There is an identified reluctance to wear hearing aids when fitted.
- (McCormack and Fortnum, 2013)

Limitations of hearing aids

- Do not restore “normal hearing”
- Altered sound quality
- Require the user to acclimatise and adjust to using
- Background and environmental sounds are problematic
- Require some skill and fine motor movements to fit in the ear and adjust the volume
- Not always readily available, waiting lists
- Expensive to purchase privately

Limitations of lipreading

- Lipreading requires a high degree of concentration, good eyesight and stamina, plus mental agility.
- It is difficult and tiring to understand a conversation from reading lips alone, especially if lip movement is exaggerated, which distorts words or if the person shouts. It is easy to confuse words with the same mouth pattern, particularly during long sentences and when more than one person is involved with the conversation.
- For example it is difficult to differentiate between 'shoes' and 'choose'.

Lipreading and its limitations

- Barriers to lipreading
- poor light
- certain shapes – f and v are very similar and h is difficult to lipread
- hands in front of face whilst speaking
- exaggerated lip movements
- speakers at a distance
- not being familiar with the subject being spoken about

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Effective communication

- ‘Clear and effective communication plays a vital role in social work because it is a professional activity which is based on building relationships with people.....’

Parris, 2012:106

Create a conducive atmosphere for respectful and empowering communication, be aware that:

- Lip readers need to see the movement of the top lip
- The optimal distance for lip reading is 4-6 feet
- Lip readers need to see your lips and body to pick up on non-verbal cues and facial expressions
- Ensure that your face is well lit, i.e. don't sit with your back to a window, this throws the face into shadow
- Minimise background noise wherever possible
- Choose a softly furnished room
- Speak clearly but don't shout

- Rephrase rather than repeating what has been said as there may be a difficulty lip reading certain words or phrases
- If using an assessment form give a copy to the person being assessed so that they can read the questions
- If using an interpreter always look at and address the person who is lip reading and not the interpreter, even when the interpreter is speaking (unless you need to lip read)
- Summarize and check that the key points of the conversation have been understood

John's experience of empowerment

‘John’s narrative..... demonstrates that it is possible for people to move from a position of disempowerment to regain control and a sense of purpose through utilizing strategies for managing and adapting to the altered situation created by the onset of impairment.’

(Parris, 2012 in Greenfields et al:58)

Principles of empowering practice

- Be mindful of the possibility of hidden impairments
- Approach each situation prepared to learn from service users as experts about their lived experience
- Develop a knowledge base
- Create a safe environment for disclosure and discussion of issues
- Listen to and value the service user's experience
- Challenge assumptions and prejudice, your own and others

Principles of empowering practice

- Build on service users' strengths, develop creativity
- Signpost to appropriate services, resources, peer support
- Advocate for service users, challenge oppression
- Be knowledgeable about the legislation and policy in relation to disability
- Forge alliances and networks
- Adapted from Parris, 2012, in Greenfields et al

Action on hearing loss

Hearing Concern/Link

National Association of Deafened People

Hearing Dogs for Deaf People

Access to Work

Age UK

Local lip reading classes and social clubs

Equality and Human Rights Commission

Disability Law Service

What you will take away from today that will inform your practice?

What might you wish to investigate further to enhance your professional knowledge-base?

The take home message

- **Communication is a human rights issue, failure to make every effort to communicate clearly and effectively with another person breaches that person's human rights.**

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Hearing Dogs for Deaf People

Hearing dogs for deaf people

- Hearing dogs change lives. They alert their deaf owners to sounds others take for granted, providing greater independence, confidence and security. Most dogs come from the Charity's own breeding scheme, others are selected from rescue centres or donated by breeders and members of the public.

www.hearingdogs.org.uk/

A creative approach to well-being

- D/deaf CAN Dance:
- A research project looking at the possible benefits of dancing the Argentinian Tango for D/deaf and older people.
- Researchers Melanie Parris and Dr Ray Batchelor, Bucks New University
- <http://bucks.ac.uk/d-deaf>

- Butler, S. 2004 *Hearing and Sight Loss: A handbook for professional carers*, London, Age Concern
- Levene, B and Tait, V. 2005 *Managing your hearing loss, Impairment to Empowerment*, London: Hearing Concern
- Parris, M, in Greenfields, M, Dalrymple, R and Fanning, A, *Working with Adults at Risk of Harm*, Maidenhead: Open University Press/McGraw-Hill
- Visit [Action on hearing loss](#) for useful web resources and information leaflets.

References

- Arvin, B and Prepageran,N, 2013, High frequency presbycusis-is there an earlier onset? Indian Journal of Otolaryngology, Head and Neck Surgery, 65 (suppl 3) 480-4
- Gates, G and Mills, J, 2005, Presbycusis, Lancet 366(9491): 1111-20
- Karlsson, E and Hansson S, 2003, Hearing confirms existence and identity-experiences from persons with presbyacusis, International Journal of Audiology, 42(2):106-15
- Li-Korotsky, H, 2012, Age related hearing loss: quality of care for quality of life, The Gerontologist 52(2) 265-271
- Lin, F, 2012, Hearing loss in older adults: who's listening, Journal of the American Medical Association, Vol 307,number 11
- McCormack, A and Fortnum, H, 2013, Why do people fitted with Hearing Aids not wear them?, International Journal of Audiology, 52(2) 360-368
- Oliver, M and Sapey, B, 2006, Social work with disabled people, Basingstoke: Palgrave
- Parris, M, 2012, An Introduction to Social Work Practice, Maidenhead: Open University Press
- The health of deaf people: communication breakdown, Editorial in the Lancet, March 2012, Vol 379