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**Restricted access: lip-reading classes and consumer needs**

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**Introduction**

Hearing loss is a widespread condition with many causes and, while it is found across the full age range, older adults are the largest group susceptible to this chronic condition. Over 41% of 50 year olds in the UK have some form of hearing loss and this rises to more than 71% of those aged over 70 years (RNID 2009). In Scotland, estimates suggest more than one million people are affected by hearing loss with the majority being over 60 years (Scottish Council on Deafness 2009).

However, hearing impairment should not be viewed *only* as a medical condition, it has a social context – the home, the workplace and in leisure pursuits. Evidence suggests that the effects of hearing loss are diverse and detrimental to quality of life (Chia et al 2007; Hallberg et al 2008). Hearing loss is also associated with reduced functioning in instrumental activities of daily living (IADL) scores, which measure money management, telephone use, shopping and housework (Dalton et al 2003).

Presbycusis, a general term for age-related hearing loss, results in a gradual diminution of hearing in both ears. In the early stages, it affects the higher frequency range of hearing and with time spreads across all speech frequencies. Cumulative effects from other factors, such as noise or ototoxicity exposure and genetic susceptibility, may add to the overall levels of hearing loss experienced. Presbycusis affects a person's discrimination of speech and the problem is exacerbated by any background noise or poor articulation from the speaker. Caissie et al (2005), for example, note that everyday conversational speech is often

produced at a high rate adding to comprehension problems. Modern hearing aids and auditory training can produce remarkable amelioration in many circumstances but not in all.

For the hearing impaired person there are some phonemes which can be difficult to pick up aurally and most hearing-impaired people rely on lip-reading to some extent to provide them with visual information to maximise speech comprehension. Lip-reading is a skill, taught in classes by lip-reading tutors, and develops an awareness of lip movements and the ability to concentrate on and anticipate a conversation. Although the term 'speech reading' can be a more accurate description than reading lips, information is taken from the speaker's body language and facial expressions to add to comprehension; in the UK the term lip-reading is generally used to cover both speech reading and auxiliary cues. Lip reading is used along with auditory input, often through hearing aids, to optimise speech comprehension (Arnold 1997). Lip-reading is a difficult skill and few people can rely on lip-reading alone to follow conversation although it is of great benefit in complimenting or adding to auditory inputs (Summerfield 1992).

The research reported here is an examination of the perceived value of lip reading classes to participants. Solutions to the problem of hearing loss have been seen by NHS and private sector dispensers in terms of the improved technology of hearing aids. Although this technology has brought about great improvements to those with hearing impairment (Stephens and Kramer 2005) the importance of rehabilitation in various forms, including lip-reading provision, has been less well examined.

## **Methodology**

This study investigated participant experiences in two Scottish lip-reading classes in 2008 and used a 38 item questionnaire (n=14). This was distributed in the classroom setting accompanied by an information sheet and a consent form in accordance with Queen Margaret University Ethics Committee requirements. The questionnaire sought basic demographic data; perceptions of their skill development during the year; the adequacy of hearing impairment information they received, and presented a range of statements on technical matters and practical outcomes on which participants were invited to respond using a 5-point scale.

## **Results**

Not only were the technical skills of lip-reading acquired, but the findings indicated a range of direct and indirect benefits - social functioning; peer support; improved awareness of equipment and service provision; personal confidence building and stigma reduction. The majority of class members were women and 80% of all members were between 61-80 years. Most participants had continued with their classes for long periods of time (50% 1-2 years; 29% 2> years) and were positive about the benefits gained whether this was learning the skills of lip-reading, finding out more about their deafness and the services available, contact with

other people facing the same challenges and, importantly, developing the confidence to engage with their social and domestic life despite hearing loss.

The classes gave participants a social context for developing their coping strategies with people who had similar problems and practical experience of dealing with them. There was, for example, an overwhelming (93%) proportion who indicated that they could join in a conversation during coffee breaks all the time. Some 71% reported that they felt confident when meeting new people and 79% said that they would now have confidence to ask someone to slow down, speak more clearly or even write something down if they did not understand what was being said. Moreover, 86% had the confidence to tell people that they had a hearing loss.

Knowledge questions produced mixed results. While 78% of all participants had a strong awareness of charities and voluntary sector organisations only 57% felt they knew much about the causes of hearing loss. Some 57% had little or no knowledge of assistive devices and only 29% of participants regularly used them. However, 84% were very confident that they knew how to look after their hearing aids.

The importance of peer support was evident from participant comments provided as written responses on the questionnaire. The classes enabled increased levels of confidence in the safety of a group of known others.

*'Attending a class with others who have similar difficulty, knowing it's not just me.'* (Respondent A)

*'The knowledge that other people have the same problems'* (Respondent F)

*'It gives you confidence. We learn how to cope.'* (Respondent C)

*'Meeting with others who have hearing problems means that we accept that we often have to repeat possibly several times, what we are saying, and are not judged as stupid because of it.'* (Respondent M)

## **Discussion**

From these data it can be seen that there were clear benefits for participants from attending these lip-reading classes. However, in general class availability is problematic and substantial waiting lists are common. In Scotland there are currently 63 classes operating however this number belies the fact that many are run by the same lip-reading teacher, in the same location but at different times through out the week. The small numbers of qualified tutors who teach lip-reading to adults often work on a part time basis, fitting classes around other jobs.

Although hearing aids are available free of charge through the National Health Service, lip-reading classes fall outside of health care provision. Their funding and administration comes from a variety of sources depending on where the consumer lives, such as city council adult education services, charities or social work departments. Therefore, a joined-up service for consumers linking NHS services and lip-reading classes can be problematic with a great deal of local variability in the links between the two. This leads to the situation where in the majority of hospitals there is no formal referral route for patients to lip-reading classes to gain this form of rehabilitation.

Most lip-reading teachers have undergone accredited training and are registered with ATLA (Association of Teachers of Lipreading to Adults). Tutors not only cover the teaching of lip-reading itself but include important background information on topics such as hearing aid maintenance and assistive listening devices (loop systems; flashing smoke alarms and doorbells) for the home. Other studies have indicated unmet needs for information on hearing loss and the ameliorative options available (Gomez and Madey 2001; Cummings et al 2002; Ross and Lyon 2007). However there is no statutory training requirement for teachers of lip-reading and anyone can set up a class.

Increased longevity is an important socio-medical development of the 20<sup>th</sup> century but stands the risk of being seen only as the harbinger of financial problems for health and social care systems unless the later years are accompanied by continued social engagement. Active lifestyles need to be maintained, or promoted, to ensure physical health and emotional well-being in old age (Scottish Executive 2007). To forestall such problems often requires little more than the secure support of small-scale interventions. Where lip-reading classes exist, funding is not secure and provision tenuous. The effect of this is missed opportunities to mitigate the handicap of hearing loss. In addition to lip-reading class provision, the training of lip-reading teachers is not without problems. Currently, there are no ATLA courses available in Scotland and, with many lip-reading teachers reaching the age of retirement, added difficulties are likely to be faced by people wishing to join classes. This paper makes a contribution to the continuing, and wider, debate about health service consumers' unmet needs.

## **Conclusions**

Hearing loss is often accompanied with participation restrictions in social situations (Hallberg and Carlsson 1993; Helvik et al 2006) because of communication problems; stigma; ridicule; embarrassment; lack of confidence; (Hetu 1996; Brakenroth-Oshako et al 2003). This small study highlighted positive consumer benefits and demonstrated that class participation provided a safe learning environment for people with hearing problems. Participants gained confidence not only from taught lip-reading skills but from the accompanying peer support and understanding found by mixing with others who were experiencing similar difficulties. However,

with funding uncertainties and the small and declining number of qualified lip-reading tutors, the future of classes is in jeopardy. Improving the quality of life for people with hearing loss is more than a matter of technological development. Consumers of health services often have needs that are difficult to address as matters of peer interaction and social learning. This study highlights the need for more research in this area of rehabilitation.

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