

# Good Practice Guide for Social Workers in England and Wales Working with Adults with Acquired Hearing Loss

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# Forewords



The prevalence of acquired hearing loss, especially amongst the older population, is such that it is highly likely that all social workers working with adults, not just specialists in sensory services, will encounter people with the condition. The social work profession has much to offer those with acquired hearing loss, with its focus on holistic assessment, personalisation and co-production, strength-based approaches, and an ability to combine assessment roles with direct therapeutic support. Yet, as noted in the 2017 parliamentary paper on deafness and hearing loss, many remain concerned about the barriers people with acquired hearing loss face when accessing public services.

In my fourth annual report, I highlighted that social work makes a unique contribution to making the world a better place; however, this requires practitioners to make use of their skills in ensuring

real engagement with people. In my role as Chief Social Worker for Adults based at the Department of Health and Social Care, I was delighted to work in partnership with key stakeholders to develop the 'knowledge and skills statement for social workers in adult services.'

This statement recognises the wide range of knowledge and skills practitioners need to build relationships and work directly with individuals, such as the ability to communicate effectively with people with specific communication needs, including those with sensory loss.

I am grateful to the authors and the British Association of Social Workers for drawing on research findings, practice wisdom and service user and carer expertise, to produce this good practice guide, equipping social workers with valuable information and advice. I urge practitioners to make use of it when working with those living with acquired hearing loss.

**Lyn Romeo,  
Chief Social Worker for Adults (England)**



I am really pleased to be invited to write a foreword for this important good practice guide produced by the British Association of Social Workers. The information in the guide will provide a valuable resource for social workers and other professionals working with people with an acquired hearing loss in Wales.

Hearing loss is the hidden impairment. Someone experiencing sight loss or impaired mobility is easily identified by others, but those who are deaf show no outwards signs of their hearing loss. It is highly debilitating and means that communication with others can become much more difficult.

We also know that for many people their hearing deteriorates as they get older and whilst it is often first seen with turning the TV louder it can progress to almost complete deafness. Almost all social workers working with older adults, not just specialists in sensory services, will encounter people with the condition. It is thus important that all social workers are trained and able to support those with hearing loss. That is why I warmly welcome this good practice guide.

There are many barriers people with acquired

hearing loss face when accessing public services. This includes services that will only make appointments via telephone calls or places where there is a loop system installed that is not working.

Many people regularly have an eye test but often never think about their ear health, despite statistics showing that 50 per cent of people over 50 have hearing loss. In Wales, Action on Hearing Loss Cymru is offering a free hearing check service at community events, information days and workplaces across Wales.

The Welsh Government Framework of Action commits the Welsh Government, health boards, local authorities and third sector organisations to work together to further improve services for people and ensure there is high quality care and support. Everyone should be able to access the services they need and to know where they can access services, care and support in their local area and be assured that they will have timely access to those services and support when they need it. This good practice guide will support social workers to make this a reality for those with acquired hearing loss and I encourage practitioners to make use of it.

**Mike Hedges, Chair of the Chair of the Welsh  
Assembly Cross Party Group for D/deaf issues**

## About the Authors

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**Brian Crellin:**

Brian is a retired third-generation worker with d/Deaf people. He initially worked as a National Health Audiology Technician, qualified to sell hearing aids privately, and then moved on to qualify as a social worker, specialising in all aspects of sensory impairment, including working with those with sensory loss and mental health difficulties.



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Peter is Senior Lecturer in Social Work at Birmingham City University. Prior to working in social work education, he was a social worker with d/Deaf and deafblind people. Peter's MA dissertation explored the significance of theories of loss for social workers working with adults with acquired hearing loss; he is currently undertaking doctoral studies at King's College London, focusing on the lived experience of vulnerability amongst older deafblind people.



**Jacqui Bond:**

Jacqui is a social worker with d/Deaf people in South Wales. She has worked in three different local authorities and is currently based within a Specialist Sensory Team. Jacqui has been a social worker with d/Deaf people since 2001, working predominantly with sign language users but also with those with acquired hearing loss and those who are recognised as deafblind. She has an advanced PQ in Social Work with d/Deaf people and an MA in Social Work with d/Deaf people, in addition to a Diploma in Social Work and British Sign Language Level 3.

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# Introduction

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Acquired hearing loss is known to impact on all aspects of people's lives. However, despite the range of psychosocial difficulties associated with the condition, Luey (1994: 213) observes that the social work profession 'has been curiously inactive in the field'. Best Practice Standards setting out areas of service delivery and associated quality indicators specifically relevant to social work with Deaf and Hard of Hearing adults were published in 1999, following a 1997 UK government inspection report that highlighted failings in the social care services offered to this population. In their 2004 examination of 15 social work services for Deaf and Hard of Hearing people, Young et al. observed little change in provision to that described in the 1997 report. The position in England following the introduction of the Care Act 2014 is not yet fully known. However, as noted by Clements (2017), there is very little reference to hearing loss in the accompanying Statutory Guidance. The production of this guide is therefore timely.

The purpose of this guide is to stimulate interest about and improve understanding of people with acquired hearing loss among social workers. The guide is intended for social workers **who are not** specialists in this field; owing to the prevalence of acquired hearing loss it is likely that most social workers will work with people with the condition. The guide builds on the existing Professional Capabilities Framework (PCF) for social workers in England and the Knowledge and Skills Statement (KSS) for social workers in adult services. Although all parts of the KSS are relevant, the following statement is of particular relevance:

*Social work should focus on the links between the individual, their health and well-being and their need for **relationships and connection** with their families, community and wider society. Social workers need to be able to work directly with individuals and their families through the professional use of self, using interpersonal skills and emotional intelligence to create relationships based on openness, transparency and empathy... They should be able to **communicate clearly, sensitively and effectively**, applying a range of **best evidence-based methods** of written, oral and non-verbal communication **and adapt these methods** to match the person's age, comprehension and culture. Social workers should be capable of **communicating effectively with people with specific communication needs**, including those with learning disabilities, dementia, people who lack mental capacity **and people with sensory impairment**.*

As acquired hearing loss is especially common (although not inevitable) in later life, the guide will be of particular interest to social workers working with older people. The need for social workers in older people's settings to have knowledge about age-related sensory loss is noted in the 2017 British Association of Social Workers (BASW) Capabilities Statement for Social Work with Older People (Capabilities at Social Worker to Experienced Social Worker Level).



## Definitions

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This 'Good Practice Guide' is about working with adults with acquired hearing loss. It does not highlight practice issues associated with children, congenital deafness nor discuss social work practice with those people who identify as culturally Deaf, using British Sign Language as their first and preferred language. It also does not cover the needs of people with congenital or acquired deafblindness or dual sensory loss. As observed by Harris and Bamford (2001), these groups have different needs and it is appropriate that service provision reflects this. The experience of deafness and acquired hearing loss in countries of the developing world, which account for 90 per cent of the prevalence of deafness worldwide (WHO, 2012) are also excluded.

Deafness from birth and hearing loss in children and young people may have some similarities with hearing loss acquired in adults, however there are differences; for example the impact of deafness on language acquisition, literacy and socio-emotional development will lead to differences in need compared to adults who acquire a hearing loss (Young and Hunt, 2011). This guide is designed to help social workers working with adults.

### What is acquired hearing loss?

Acquired hearing loss is hearing loss that is acquired during a person's life, as opposed to being present at birth. It may be acquired over a long period of time, or develop suddenly. People with acquired hearing loss are a much larger group than those who identify as culturally and linguistically Deaf, and various terminology is used to describe them: hearing impaired, deafened, hard of hearing, and deaf with a small 'd' (Deaf with a capital 'D' is generally used to refer to those who identify as culturally Deaf and use signed language such as British Sign Language (BSL) as their first or preferred language) (Young et al. 2004).

Acquired hearing loss can be further categorised as mild, moderate, severe or profound, and according to age of onset. The terms 'hearing impaired' or 'Hard of Hearing' are often used to refer to those people with a mild, moderate or severe hearing loss, ordinarily acquired gradually. The term 'deafened' is used to refer to those people with a profound hearing loss, acquired gradually or suddenly.

In this Good Practice Guide, we predominantly use the term 'acquired hearing loss', though we recognise that people may use and prefer other terms for themselves, such as those noted above. When referring to legislative and policy provisions we use the term found in the relevant provision in the interests of legal accuracy; for example, in relation to registration, we use the term 'hearing impaired'.

Unlike visual impairment, there is no certification process, thus the frequency (hertz) and decibel (loudness) on audiograms (the graphs on which hearing test results are plotted) do not easily translate to descriptions of hearing loss. Audiology departments are increasingly looking at the *impact* of an individual's hearing loss, which may vary between individuals with similar levels of hearing loss. However, the following offers a broad overview:

People with **mild** acquired hearing loss:

- may have trouble in understanding some speech, especially when there is background noise
- may be assisted by use of a hearing aid or equipment, or help with lip reading.

People with **moderate** acquired hearing loss:

- may have difficulty understanding speech without the use of an aid to hearing even in ideal conditions of good light and lack of background noise
- may be assisted by lip reading
- can usually hear conversation on a telephone which has an amplifier.

People with **severe** acquired hearing loss:

- may have difficulty in understanding speech even with an aid to hearing
- may rely on lipreading and facial expression to gain clues for understanding what is said
- may not hear "warning" sounds such as the sound of cars
- may use finger spelling or sign language.

People with **profound** acquired hearing loss:

- may not benefit from aids to hearing
- may hear vowels, but this will not give clarity to speech
- may rely more on lip reading or use sign language
- may not be able to use a voice telephone even with amplification
- may not hear warning sounds such as the noise of cars.

A useful visual aid to understanding where the sounds of speech occur on an audiogram, and therefore to illustrate the impact of hearing loss on speech discrimination, is the 'speech banana'. This pictorially represents both the frequency and intensity of the sounds of parts of speech, such as 'th', 's', and 'ng' (known as phonemes), and is so called owing to the banana like shape that appears on the audiogram when these sounds are mapped.

■ **Further information on the 'Speech Banana' can be found on the Hearing Link website:**  
<https://www.hearinglink.org/your-hearing/hearing-tests-audiograms/what-is-the-speech-banana/>

There are three levels of hearing:

### **Social level**

Hearing is used to comprehend language. Adaptation occurs in language reception as we listen to different accents and dialects. Some people without hearing loss will still not understand some accents and dialects until they have listened to them for some time. For people with acquired hearing loss, this can be more difficult or impossible to achieve. One of the first signs of acquired gradual hearing loss in adults is increased difficulty in understanding speech in noisy, group and social environments.

### **Warning Level**

Sound also gives information about the environment: the sound of a fire alarm or an alarm clock, the sound of a police siren or ambulance, the sound of a dog barking. All these sounds may or may not be heard by a person with acquired hearing loss, depending on the degree of loss and the direction of the sound. However, these sounds will be heard differently by different people depending on how they are interpreted by the brain.

### **Auditory background**

Some auditory background sound is heard by a person without hearing loss at a sub-conscious level. People with acquired hearing loss may not hear such noise and people with hearing aids or other aids to hearing may hear these noises at a conscious level. Auditory background noise heard at a conscious level can be upsetting and may also interfere with person's ability to hear conversation at a social level. A loss of this level of hearing can result in feelings of "deadness" and depression. A hearing person can experience this loss of auditory background noise by sitting in a soundproof room.

It is important to recognise that people with acquired hearing loss are not an homogeneous group (Harris & Bamford, 2001). Variables such as age, age and nature of onset, gender, race, disability and sexual orientation, amongst others, all impact on the experience of hearing loss, and social workers should be alert to such differences and the impact they may have on people's care and support needs (Young, 2006).



## Types of Acquired Hearing Loss

There are a variety of causes of acquired hearing loss, including otitis media with effusion (commonly known as glue ear), otosclerosis (abnormal bone growth inside the ear), noise damage, perforated eardrums, cholesteoma (abnormal collection of skin cells deep inside the ear) and presbycusis (age-related hearing loss).

Hearing loss is categorised into two main types, depending on where the problem is situated: sensorineural and conductive.

Sensorineural hearing loss	Conductive hearing loss	Mixed hearing loss
Sensorineural hearing loss is permanent hearing loss as a result of damage to the hair cells inside the inner ear and/or damage to the hearing nerve.	Conductive hearing loss, which can be temporary or permanent, occurs as a result of a blockage preventing sounds passing from the outer ear to the inner ear.	Some people may experience both sensorineural and conductive hearing loss; this is called a 'mixed hearing loss'.

## Registration and Acquired Hearing Loss

In England, the Care Act 2014 enables local authorities to establish and maintain a register of people with hearing impairments but does not require them to do so. The Care Act statutory duty to establish and maintain a register only relates to people with sight impairments. However, the 'Care and Support for Deafblind Children and Adults Policy Guidance' (DH, 2014) does require local authorities to 'keep a record' of all Deafblind people in their area.

In Wales the position is different. The Social Services and Well-being (Wales) Act (2014) requires local authorities to maintain a register of hearing impaired people, as well as visually impaired and deafblind people. Furthermore, local authorities in Wales are expected to continue to use the National Assistance Act (1948) categories.



## Incidence and Prevalence of Acquired Hearing Loss

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Young et al. (2004) observe that it is very challenging to determine the level of social care service uptake by adults with acquired hearing loss, as the number of adults registered with the local authority as having hearing loss is unlikely to reflect the number of people who would be eligible for support. However, national statistics do offer an indication of the population of those with acquired hearing loss. These indicate that as the population of the country ages, the incidence of hearing loss increases. The charity Action on Hearing Loss (2015) estimates the following:

- 11 million people (one in six) experience hearing problems.
- In 25 years that figure will increase to 15.6 million (almost one in four of the population)

According to the Health Survey for England (NHS Digital, 2014: Chapter 4), hearing loss affects:

**2%** of people aged 16-24  
**14%** of people aged 55–64 years  
**29%** of people aged 65-74 years  
**55%** of people aged 75-84 years  
**83%** of people aged 85 years and over

The Health Survey suggests that hearing loss is more common among older men than women. 50% of men over 65 years had hearing loss compared with 38% of women. A significant proportion of people were not aware that they had hearing loss: 23% of men and 17% of women, aged 55 or over who reported no difficulty hearing, were found to have some hearing loss. Less than a third of those aged 55 or over with hearing loss currently use a hearing aid. The charity Action on Hearing Loss suggests that an estimated 4 million people who are not using hearing aids may benefit from them.

Among Health survey participants aged 65 and over, prevalence of hearing loss was higher among those with social care needs.

Such data suggest that it is very likely that social workers, particularly those in older people's services, will work with adults with acquired hearing loss.



## Medical Assessment of Hearing Loss

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If social workers think someone they are working with has a hearing loss but they have not recently received a medical assessment, they should encourage the person to seek medical advice by making an appointment with their GP. Seeing a GP provides an opportunity to rule out any serious medical conditions that need attention. Alternatively, addressing an earwax build-up might be all that is needed!

Some possible signs of hearing loss that social workers should be alert to include:

- Difficulty using the telephone
- Regularly asking people to repeat what they have said
- Difficulty hearing the television and radio and/or having the volume turned up high
- Missing callers at the home as not hearing the doorbell or someone knocking on the door
- Stating that people are 'mumbling' when they are talking (Sense, 2006).

The GP will usually look in the person's ears to check for earwax or any problems with the outer ear. The GP may then refer to an Ear, Nose and Throat (ENT) specialist for further assessment, or directly to the audiology department for a hearing test, depending on the outcome of their initial assessment.

People with acquired hearing loss can obtain NHS hearing aids free of charge, if needed, following a medical assessment. Before providing NHS hearing aids, the audiologist will take an audiogram in order to assess the hearing loss. The NHS will also provide hearing aid batteries and assist with the re-tubing of hearing aids as required. However, any 'qualified provider' is also able to assess

hearing loss and dispense hearing aids without an initial GP referral but will charge for the assessment and provision. High street examples include the services offered by Specsavers and Boots. For further information on hearing aids, see section H.

There are other specific conditions associated with acquired hearing loss. These include the following:

## Tinnitus and its Treatment

Tinnitus or head noises have been defined as the sensation of sound in the absence of an external stimulus. As with any definition, there will be borderline cases. Consequently, if it is uncertain whether the site or origin of the auditory sensation is inside the head or elsewhere in the body, but it seems to the person to be coming from inside the head, then that sensation may be described as “tinnitus”.

Temporary tinnitus can occur spontaneously, or because of noise, drugs or toxæmia, and disappear without permanent damage soon after the cause is removed.

Pseudo tinnitus can occur when sounds heard by the person are not of tinnitus but come from the environment. Overhead electric cables can create a “buzz” which some people can hear.

The management of tinnitus should be through the intervention of specialist professionals working in Audiology Centres. Social workers should be alert to the need for people to be referred to their GP or audiology clinic if tinnitus is suspected. Those with tinnitus may benefit from referral to local support groups.

■ **Further information about tinnitus and local support groups is available from the British Tinnitus Association website: [www.tinnitus.org.uk](http://www.tinnitus.org.uk)**

## Meniere’s Disease and its Treatment

Meniere’s Disease can cause acquired hearing loss and contributes to other problems. It can be long lasting and can have a significant impact on the person’s health and well-being. Some features of Meniere’s Disease include:

- appearance in relatively young people (around the age of 30 years); if the first ‘attack’ of vertigo is at the age of 70 plus then it is likely to be something else
- fluctuating hearing in one ear, tinnitus and sensitivity to sound
- hearing symptoms occurring around the time of the attacks of vertigo
- feelings of pressure in the affected ear before the attack; sometimes this is the worst symptom
- attacks of vertigo usually lasting between 2 to 24 hours
- periods of “remission” when one experiences no difficulties; these may be as short as a few days or longer than ten years.

Social workers should encourage people experiencing such difficulties to see their GP.

- **Further information about the condition and local support groups can be found on the Meniere's Society website: [www.menieres.org.uk](http://www.menieres.org.uk)**

## Hyperacusis

Hyperacusis is increased sensitivity of the ear to sound. It can be measured in audiology clinics and can cause some problems with the fitting of hearing aids and when subjected to some environmental noise. People who have the condition often complain of living in a world in which the volume seems to be turned up too high. People experiencing hyperacusis should be directed to medical advice. The GP may refer to an ENT specialist or audiovestibular physician. People with the condition may socially isolate themselves to avoid environments where louder sounds are more likely to occur, so seeking support is positive.

- **Further information can be found on the British Tinnitus Association website: [www.tinnitus.org.uk/hyperacusis](http://www.tinnitus.org.uk/hyperacusis)**

- **A self-help resource developed by the Hyperacusis Network can also be found online: [www.hyperacusis.net](http://www.hyperacusis.net)**

## Labyrinthitis

Labyrinthitis is a condition caused by inflammation of one of the vestibular nerves in the inner ear. Symptoms include hearing loss, nausea, dizziness and difficulties with balance. Hearing, even with hearing aids, can be difficult in some cases. The condition can be treated with medication and people experiencing such symptoms should be advised to make an appointment with their GP.

## Hearing Loss and Dementia

There is now strong evidence of an association between acquired hearing loss in older life and dementia. It is not necessarily the case that one causes the other and not everyone with acquired hearing loss will have dementia. But there is clear relationship between the two conditions and a strong argument for considering the interaction between both in carrying out assessments of need as well as in medical assessments. For a review of current evidence and practice aimed at social workers and social care professionals see Young, Waterman and Ferguson-Coleman, 2014.



## Communication and People with Acquired Hearing Loss

Communication is 'at the heart of being human' (Morris, 2014). Whilst it involves the transmission, reception and comprehension of messages between people, communication goes beyond this: it enables us to express our feelings, needs and desires, develop our identity, form and sustain relationships with others, and maintain quality of life (Hodge, 2007; The Communication Trust, 2011). Communication is therefore connected to the enjoyment of core human rights, and good communication skills are thus central to positive social work practice.

One of the most significant consequences of hearing loss is that it tends to make verbal communication difficult. However, as Thompson (2011) highlights, where communication is challenging, practitioners must reflect on the question of whose difficulty it is. Disabling barriers to effective communication include a failure to meet communication needs, lack of skill, knowledge or communicative ability on the part of the practitioner, or failure to make reasonable adjustments. Developing communication skills can form an important part of social workers' Continuing Professional Development (CPD); work with adults with acquired hearing loss may require particular skills.

There is no 'one way' of communicating with people with acquired hearing loss and people should always be asked what things would help with communication. However, many people will use their residual hearing, amplification equipment (including hearing aids) and / or lipreading (Harris & Bamford, 2001). Lipreading or 'speech reading' is visual communication and involves re-orientation based on phonetics: one becomes conscious of the shapes and movements of the mouth and face in relation to sound. Facial expression and body language also play a part in facilitating communication with lipreaders. Social workers should be mindful that only 30%-40% of English is lip readable, even by the most skilled of lipreaders, and note that lipreading requires a high level of concentration, and is therefore tiring (Hearing Link, 2017).

When working with someone with acquired hearing loss, it is important to remember that the skills hearing workers use, such as tone of voice, inflection and emphasis may well be missed. Some of the habits that social workers have of speaking while looking down at forms or writing notes may need to be recognised and reconsidered in order to ensure ease of communication. The take up of technology, such as live web chat, text/SMS messaging and e-mail are useful for some people with hearing loss but not all: some people may be less familiar with text messaging, or other more recent forms of telecommunication, and may have other conditions, such as arthritis in the hands which may make these difficult.

As a number of local authority adult social care departments are moving to agile working, social workers should be mindful that background noise in open plan offices can also affect how the worker interacts over the telephone and the use of mobile phones may make it difficult for service users to hear clearly. It may therefore be necessary to move to a quieter location in order to make telephone calls, and there should be provision for this.

## Communication Tips

Social workers should be aware of the following tips, which can facilitate better communication with people with acquired hearing loss, including those who are using lipreading:

- Give the person a clear, full view of your face
- Make sure all available light is shining on your face and that the room has good light
- Do not obstruct the view of your face with your hands or by eating whilst talking
- Speak clearly; do not shout, as this distorts the face, and do not speak too quickly
- Use natural gesture but not in an exaggerated fashion
- Re-phrase sentences that have not been heard because some words are more difficult to hear than others
- Make sure all background noise is reduced to a minimum
- The ideal distance for lipreading is 3-4 feet and your face should be level with that of the person who is lipreading you
- Avoid wearing bright coloured clothing which detracts from the ability to lipread

To aid communication social workers also need to ensure that hearing aids, if worn, are working; it is worth checking the batteries and checking that the tube is clear. Any whistling sound from the hearing aid suggests that it may not be fitting properly; check that the mould is positioned snugly in the ear. Social workers should also consider using an environmental aid to hearing to assist in communication (see Section titled 'Hearing Aids and Environmental aids and Equipment').

The sense of touch can also be useful in communicating with people with acquired hearing loss. For example, a tap on the shoulder to alert a person of your presence can be helpful.

- **The charity Action on Hearing Loss provides further communication tips, both for those communicating with people with acquired hearing loss and for people with acquired hearing loss themselves. These can be found on their website: [www.actiononhearingloss.org.uk/live-well/communicate-well/communication-tips](http://www.actiononhearingloss.org.uk/live-well/communicate-well/communication-tips)**



Social workers can share these tips with both service-users and also their families, carers and care providers.

- **The charity Hearing Link provides further information on lipreading on their website, where you can also search for local lipreading classes:**  
[www.hearinglink.org/living/lipreading-communicating](http://www.hearinglink.org/living/lipreading-communicating)

Social workers can signpost people to these resources or suggest that they discuss lipreading and lipreading classes with an audiologist or hearing therapist.

## Working with Others to Support Communication

In addition to interpreters, there are other human aids to communication (HACs) such as note takers, palantypists or lip speakers who can assist people with acquired hearing loss and the social workers working with them. Palantypists, sometimes called speech to text reporters, short hand code spoken words on a Palantype machine. The speaker's words are then projected on a large screen (for larger events) or a small screen (for individual viewing). Lip-speakers repeat the words of the speaker, producing the words clearly, but without using their own voice, to support lipreaders. They also make use of gesture, facial expression and fingerspelling. Like British Sign Language Interpreters, lip-speakers are communication professionals, who should be registered with the National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD). Social workers should consider working with HACs, particularly in meetings (as opposed to one-to-one work), such as formal care and support planning interventions and review meetings.

Local authorities ordinarily have commissioning arrangements for communication support and it is worth checking the arrangements for booking and paying for this prior to home visits. Social workers should contact either colleagues in the local specialist sensory team or commissioning colleagues for further information on local arrangements.

When commissioning third sector organisations for care and support service provision, it is also worth checking what arrangements are in place for supporting people accessing their services in a particular mode of communication (Young *et al*, 2015).

## Telephone Communication

A significant communication barrier for people with acquired hearing loss is access to telephone communication. For some people, amplified telephones can facilitate access (see Section H). Other people may have made use of textphones or minicoms and the telephone relay service known as 'TypeTalk'. By dialling a prefix number prior to the number required, the person using the textphone or minicom would automatically connect with a trained 'TypeTalk' operator who would facilitate the conversation by relaying the text messages of the person with acquired hearing loss to the person called, and the voice messages of the person called to the person with acquired hearing loss. There was a certain etiquette and protocol during such conversations, such as the use of 'GA' or 'Go Ahead' to indicate that the person had finished their part of the conversation and were now inviting the other person to respond, and 'SK' or 'Stop Keying' to indicate that the

conversation as a whole had come to an end. 'TypeTalk' operators would ask the receiver of such calls if they were familiar with such conventions and offer guidance as required.

Developments in technology, and increasing use of mobile phones and Internet enabled devices means that the 'TypeTalk' model has been adapted into a new system called Next Generation Text Lite (ngtlite). Next Generation Text Lite (ngtlite) enables people to download an app to their Internet enabled device (provided it has a sim card), and make operator assisted calls as and when needed. Additionally, it enables people with acquired hearing loss to give out a number starting with the numbers 07777 which will allow for an operator to be connected automatically. There is also an equivalent service for landlines using the numbers 03306.

The Next Generation Text Lite (ngtlite) app is not currently accessible on a Windows phone or a BlackBerry device. It is also important to note that text messages (SMS) will not be delivered to an 07777 number. While there are plans to make the text service (SMS) available, there are currently no plans to make the Next Generation Text Lite (ngtlite) app available on Window or BlackBerry devices. For further information on the service see: [ngts.org.uk/app\\_index.php](http://ngts.org.uk/app_index.php)

Apps that can be used when communicating face to face with a person with acquired hearing loss are also available. These provide a speech to text service on the Internet enabled device. It is worth exploring which devices are most suitable, as not all apps are available on different operating systems: windows, apple, or android. Seeking advice from the specialist sensory service would be appropriate.

These advances are undoubtedly helpful for people with acquired hearing loss, but rely on there being enough available mobile data on a smartphone or access to Wi-Fi in order to use them. Furthermore, speech to text apps may work well in some situations but may struggle with particular accents or language specific to the setting.

## Contacting the Emergency Services

The emergency services have a long established text message (SMS) service, which people with acquired hearing loss can use to contact the police, fire service, ambulance service and coastguard. People need to register with this service first; details about registering can be found here: [www.emergencysms.org.uk](http://www.emergencysms.org.uk)

It is important to note that the service is not accessible if you are in a mobile signal 'notspot'.

A similar service is available for the British Transport Police, using the number 61016. Further details can be found here: [www.btp.police.uk/61016\\_text\\_service1.aspx](http://www.btp.police.uk/61016_text_service1.aspx)

The police single non-emergency number service (101) does not operate a national text service, although some police forces do have dedicated mobile phone text numbers for d/Deaf people and those with acquired hearing loss. Alternatively, people would need to use the relay assistant service provided by BT Next Generation Text Lite Service (described above).



## Assessment of Care and Support Needs

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Assessment is considered 'one of the most important elements of the care and support system' (DH, 2017: para 6.1), acting not only as the gateway to the provision of care and support but also as a service in its own right. However, the 1997 SSI Report (SSI, 1997) identified that needs assessments of hearing impaired people were either not undertaken or were of poor quality. Writing in 2004, Young et al. observed limited improvement.

### Gaining Access for Assessments

Where service users have not yet been assessed for environmental aids, telephone calls and access to the home can be difficult. Despite accommodation being specifically built for over 55s, access to the building rarely takes into account the potential for residents to have acquired hearing loss. Social workers should be mindful that door lock intercoms are often difficult for residents with acquired hearing loss, and there is potential for people to be uncertain of who is at the communal door. Once past the communal door, they may not be aware anyone is outside their flat door. Making clear arrangements prior to home visits, often in writing (either electronically or hard copy), is therefore essential.

### Undertaking Assessments

In England, a needs assessment must be undertaken irrespective of the local authority's view of the adult's financial resources and must cover the following:

- The impact of the adult's needs for care and support on well-being
- The outcomes that the adult wishes to achieve in day-to-day life

- Whether, and if so to what extent, the provision of care and support could contribute to the achievement of those outcomes
- Whether, and if so to what extent, matters other than the provision of care and support could contribute to the achievement of the desired outcomes
- Whether the adult would benefit from the provision of preventative services, advice and information, or of anything which might be available in the community (Section 9 Care Act 2014).

In Wales, similar provisions are found in Section 19 Social Services and Well-Being (Wales) Act 2014.

Both lack of acknowledgement of hearing loss by a person with the condition and social workers' limited awareness of its implications, may contribute to limited recognition of the contribution of hearing loss to the person's overall needs and the consequent impact on their well-being. This may result in inadequate assessment. Social workers should consider the psychosocial impact of acquired hearing loss on people (see Section titled 'The Psychosocial Impact of Acquired Hearing Loss') when completing assessments, and in keeping with a 'whole family approach' (DH, 2017) should also assess the impact of the service-user's needs on their family (see Section titled 'The Psychosocial Impact of Acquired Hearing Loss').

Where social workers in England do not have the necessary knowledge of acquired hearing loss and its implications, they must consult someone with relevant expertise where the local authority considers that the individual's needs require them to do so (see *The Care and Support (Assessment) Regulations 2014 section 5* and *The Care and Support Statutory Guidance, Chapter 6, para. 6.88*). Colleagues from the local specialist sensory team, specialist staff in NHS Hearing Services or those in specialist third sector organisations may be appropriate people with whom to consult.

Social workers should be mindful of the communication tips described in section E above, in order to ensure that the person with acquired hearing loss is involved in the needs assessment process, as required by section 9(5) Care Act 2014 (in England) and section 19(5) Social Services and Well-Being (Wales) Act 2014 (in Wales).

Reflecting the social model of disability (Oliver, 2009), assessment should take into account the barriers faced by people with acquired hearing loss. Working with this population will confront social workers with the range of auditory barriers with which those with acquired hearing loss are faced, such as the reliance on telephony and automated messages when contacting public services. These can be difficult for people with acquired hearing loss to access: not being able to hear the operator, the voice message, and being unsure of the number option to press. Adult Social Care Departments must consider the accessibility of their contact points and the accessibility of the care and support services they commission or to which they signpost.

Telephone conversations can be particularly difficult and some people with acquired hearing loss will ask a hearing partner, friend or other family member to make telephone calls on their behalf. Occasionally, this is problematic with agencies as they require to speak with the person with hearing loss in order to have consent to discuss this with another person. Generally speaking, operators are willing to speak to someone else if the operator him/herself can hear the named customer reply clearly. In some instances, it may require written permission, particularly in the

case of taxes and benefits. See Section titled 'Communication and People with Acquired Hearing Loss' for further information on telephone communication.

## **Supported-Self Assessment**

Supported self-assessment must be offered to adults with acquired hearing loss, where they or their carer are able and willing and have capacity to undertake it. However, social workers should be mindful that many people with acquired hearing loss deny they have hearing difficulties. This could therefore result in assessments that do not completely reflect the person's needs, outcomes and the impact of these on well-being. Where supported self-assessment is used, local authorities must ensure that it is a complete and accurate record of the person's needs (DH, 2017).



## The Psychosocial Impact of Acquired Hearing Loss

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Social workers should be aware that hearing loss not only results in the physical loss of hearing and difficulties communicating with others, but also has multiple psychosocial impacts; these can be as significant, if not more so, than medical and audiological matters (Morgan-Jones, 2001). Hearing Link, a leading UK Charity, states:

We understand that hearing loss **affects far more than a person's ears**. The consequences can impact on **every part of their life**; relationships, status at work, confidence and self-esteem.

Hearing loss can impact on people's health, work, relationships, culture and identity. It is therefore essential to assess the full impact of hearing loss on the individual and their family in order to gather a complete picture of the person's needs and the impact of these on well-being.

Jones et al. (1987), in their study with adults with acquired hearing loss, identified that many experienced secondary losses as a result of their hearing loss and associated communication difficulties. Such difficulties may present across a range of domains:

- **Physical:** loss of the ability to hear sounds and consequent impact on the ability to engage in activities that involve sound, for example listening to music and the radio, and engaging in telephone conversations; loss of a sense of perfect health; and difficulties using one's own voice.

- **Psychological/Emotional/Spiritual:** the experience of emotional disturbance as a result of the loss of future hopes and ambitions; feelings of a loss of security and self-confidence; feelings of fear and associated feelings of stress and exhaustion managing these; feelings of frustration owing to the attitudes of others, particularly in relation to perceptions of people with acquired hearing loss being incompetent or incapable; having to reconsider one's world view; difficulties being involved in activities for religious expression. The impact of these experiences should not be underestimated by social workers; they can be debilitating and demoralising.
- **Social:** loss of previously enjoyed social life; loss of friends and ability to make new ones. One way that people with acquired hearing loss cope with the difficulties of social situations is by avoiding them. This can lead to further social isolation, which can be detrimental to the person's well-being and should not be underestimated. An active social life can also be adversely affected by difficulties using public transport. For example, when undertaking a train journey, public announcements relating to platform changes or delays may be missed.
- **Cultural/Identity Based Loss:** people with acquired hearing loss are not culturally Deaf, but experience difficulty engaging with the Hearing world; they are effectively 'in limbo' between the Deaf and Hearing world. This can lead to a sense of loss of cultural identity and difficulty in finding 'somewhere to belong'.
- **Family/Relationships:** loss of closeness because of communication difficulties; loss of privacy and intimacy within personal relationships; loss of family role (see below for further information on the impact on family).
- **Vocational Losses:** loss of promotion opportunities; loss of income; loss of social involvement in work and consequent loss of job satisfaction. In a 2017 UK based survey of 800 working adults aged 55 or over, six out of ten participants reported that their hearing had deteriorated and that this affected their ability to do their job. Four out of ten participants reported that their confidence had reduced and that they felt less productive and thus marginalised amongst their colleagues. It is concerning that more than half of participants did not disclose their hearing loss for fear of unsupportive employers (Hear-it.org, 2017).

## Mental Health Issues

A significantly higher incidence of mental health problems and mental distress has been observed in those with hearing loss compared with the hearing population (Young et al., 2004; Matthews, 2013; Packer, 2015). Indeed, it is estimated that 40% of deaf people will experience some form of mental illness in their lifetime. Depression is recorded as being significantly higher in people with hearing loss, particularly older people (Matthews, 2013). Some people with acquired hearing loss may feel that others are talking about them and develop paranoid thoughts and feelings (Veiga et al., 2015), which may lead to emotional distress and relationship difficulties. Recent research also indicates a correlation between dementia and hearing loss; hearing loss may be associated with accelerated cognitive decline (Young, Waterman & Ferguson-Coleman, 2014; Packer, 2015).

Equally, a mental health issue may not be directly linked to the hearing loss itself.

Most people who have mental health problems and acquired hearing loss are referred to mainstream psychiatric services, which may be inaccessible. Mental health professionals need to be aware of how to communicate effectively; social workers can support this by sharing information on communication strategies and communication needs, when making referrals to mental health services, as required by the Accessible Information Standard (DCB 1605) (see section I below). Alternatively, social workers can recommend and support a referral to specialist mental health services for deaf people and those with acquired hearing loss, where this is considered appropriate. This could be the National Deaf Mental Health Services (though they work predominantly, yet not exclusively, with sign language users or profoundly Deaf people with minimal communication) or deaf led counselling services such as Deaf4deaf.

The mental well-being of people with acquired hearing loss may also be improved by putting people in contact with others who have the condition (Morgan-Jones, 2001; Veiga et al., 2015), via support groups, self-help groups or online communities. Social workers should ensure that they are aware of such services available in their locality and put people in touch with these.

## Effects of Acquired Hearing Loss on Family, Friends and Carers

Acquired hearing loss can have a significant impact not only on the well-being of the adult experiencing the condition, but also their family, friends and carers (Jones et al., 1987; Kerr & Roddy, 1997; Morgan-Jones, 2001; Lehane et al., 2016). Parents with acquired hearing loss may experience 'role loss', as children seek out the hearing parent with whom it is easier to communicate (Jones et al. 1997); engagement with parenting groups, such as Parent Teacher Associations, can also be difficult (Harris & Bamford, 2001). Communication challenges and increased dependency can put strain on family relationships (Lehane et al., 2016) and Jones et al. (1987) observe that intimate relationships are also adversely affected when one partner has acquired hearing loss. At family gatherings, people with acquired hearing loss may miss out on humour, joke-telling and general conversation, as communication in groups is particularly challenging; this may impact on the quality of family relationships.

Social workers therefore must adopt a 'whole family approach' to needs assessment (DH, 2017), identifying how acquired hearing loss impacts on other family members. Relatives should be offered advice and information about hearing loss and communication tips, and signposted to other sources of support.

The need for people to provide care and support to people with acquired hearing loss is not always obvious, but it can be particularly challenging and exhausting for those undertaking the role (Kerr & Roddy, 1997). Those identified as providing care and support to the adult with acquired hearing loss, including emotional and communication support, must be offered carers' assessments (section 10 Care Act 2014; section 24 Social Services and Well-Being (Wales) Act 2014).





## Hearing Aids and Environmental aids and Equipment

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### Hearing Aids

People with acquired hearing loss can obtain NHS hearing aids free of charge, if needed, following a medical assessment. Hearing aids are also available privately from Hearing Aid Dispensers. Hearing Aid dispensers are regulated by the Health and Care Professions Council (HCPC) and those wishing to access hearing aids privately, should be advised to ensure the dispenser is appropriately registered.

Whilst hearing aids do not restore hearing in the same way that spectacles can restore vision, they can have a positive and even life-changing impact on the quality of life of people with acquired hearing loss (Action on Hearing Loss, 2017).

There are different types of hearing aids. Behind-the-ear (BTE) hearing aids are the most common type of hearing aids fitted by the NHS. These rest behind the ear and send sound via a clear tube connected to the ear mould, via a thin tube connected to a dome inside the ear canal, or through a wire running from the aid to a loudspeaker held in the ear. Other types of hearing aid include In-the-ear (ITE) and in-the canal (ITC) aids, which have all working parts in the ear mould, and completely-in-the canal (CIC) hearing aids, which fit deeper in the ear canal than ITC aids.

■ Further information on the types of hearing aids available can be found on the Action for Hearing Loss website:

[www.actiononhearingloss.org.uk/hearing-health/hearing-loss-and-deafness/hearing-aids-and-other-treatments/hearing-aids/types-of-hearing-aids](http://www.actiononhearingloss.org.uk/hearing-health/hearing-loss-and-deafness/hearing-aids-and-other-treatments/hearing-aids/types-of-hearing-aids)

Where it is not possible to fit any of the aids described above into the individual's ear for medical reasons, or the person's hearing loss is conductive in nature, the NHS can provide bone-conduction hearing aids. Action on Hearing Loss provides a factsheet on these aids, but social workers should advise people to seek further advice from their audiologist.

For severe degrees of hearing loss, cochlear implants may be appropriate; these are only available through specialist NHS audiology services. Some people will have a hearing loss that will not render them eligible for a cochlear implant, and there is an expectation with adults that they have been using their hearing aids appropriately. There is strict eligibility criteria for implants and the NHS often provide an additional listening device to support the use of the implant, negating the need for the local authority social care services to provide additional listening equipment such as loops or personal listening devices.

People should always be advised to discuss their hearing aid options with their audiologist.

Adjusting to using a hearing aid can be particularly difficult. People may find it difficult to physically fit the aid, check and replace the batteries, and clean and replace tubing. If a person is finding it difficult to use the hearing aid, ensuring that there is support to put the hearing aid in is important; where there are care and support plans this should be noted. Hearing Therapists can help people who are struggling to use a hearing aid, and social workers can advise people to request referral to this service through the audiology department; in some areas, social workers can refer direct to hearing therapists, where the person is already known to NHS hearing services. Some areas of the country have local voluntary support organisations that offer support and advice in relation to hearing aid use, in addition to practical support such as help cleaning and re-tubing aids; social workers should ensure they are aware of the services available in their locality. Social workers can also offer emotional support by acknowledging that hearing aids are difficult to get used to and by educating family members about hearing aids and their use, and encouraging them to offer support to their relative. Such 'non-audiological' support has been found to enhance successful use of hearing aids, particularly amongst older people (Hickson et al., 2014).

In the programming of digital hearing aids, speech is used to calibrate the hearing aids to the needs of the person for whom aids are being prescribed. Since aids are initially programmed in a hospital setting with little background noise, people fitted with hearing aids may need to be advised to return to the audiology clinic to retune the hearing aids to take account of their experiences in day-to-day living with hearing aids.

## Other Technical Aids and Equipment

Aids and equipment are known to enhance service users' and carers' quality of life (Clements, 2017) and Young et al. (2004:10) note that the provision of equipment has been considered the 'core business' of local authority social care services for people with acquired hearing loss. In a 2012 survey, the majority of responding local authorities in England and Wales reported that they provided equipment for people with acquired hearing loss who met the eligibility criteria and offered advice and information on equipment to those who did not (Calton, 2012).

Local authorities can provide equipment or advice on equipment to support people with an acquired hearing loss, following a needs assessment. There is a range of such equipment,

sometimes available through local authority social care departments, or which can be purchased privately. Some people may wish to make use of direct payments to purchase equipment in order to have greater flexibility and choice. Equipment for those with acquired hearing loss includes:

- **Listening Aids:** battery amplifiers, which fit into the ears using various types of headphone, and support communication and conversation.
- **Personal Loop systems:** sometimes called audio induction loops, loop systems work with hearing aids and some battery amplifiers. They provide a magnetic, wireless signal that is picked up by the hearing aid when it is set to 'T' (Telecoil) setting and serve to cut out any background noise. Whilst loop systems are found in public buildings such as theatres, banks and places of worship, personal loop systems can be used with televisions in a person's own home.
- **Infra-red amplifiers:** consisting of a transmitter and a listening receiver. Sound is fed to the transmitter either by microphone or by direct connection. The transmitter converts the sound to infrared light that is transmitted to the receiver. Such equipment can support communication and access to conversation.
- **Amplified Telephones:** there is a good range of telephones that have various degrees of amplification. Some of these can be used with loop systems. Some people with hearing aids continue to use the phone handset as they would without a hearing aid; this is problematic as the microphone for the aid is not on the ear mould. Occasionally, moving the handset to the back of the ear, with the hearing aid on its loop setting can make it easier for people to hear speech on the phone. Hearing therapists or Rehabilitation Officers (Hearing Impairment) can advise people about this.
- **Alarm systems:**
  - Flashing light or vibrating alarm clocks (note that flashing light systems are contra-indicated for those with epilepsy)
  - Loud ringing fire/smoke alarms or vibrating fire/smoke alarms (Note that in some locations the local Fire Service will provide and fit specialist smoke alarms for people with acquired hearing loss, free of charge)
  - Loud ringing door bells or vibrating door bells
  - Baby alarms.
- **Pagers:** vibrating pagers can be used to alert people to the doorbell, telephone, alarm clock and smoke alarm, without the need for multiple devices.

Contact details of some of the firms primarily used by local authorities where the above equipment can be purchased can be found in the section 'Contact details for Other Sources of Support and Information' on page 32 of this good practice guide. However, this list does not contain all providers. Furthermore, when working with people with acquired hearing loss for whom equipment may be useful, social workers should seek advice from and make referrals to Rehabilitation Officers (Hearing Impairment) (ROHIs). ROHIs individually assess how hearing loss affects people at home, at work and in their social lives, and provide direct care and support. This could mean helping service users who have recently lost their hearing adapt to their new situation or assisting them to gain further support from other organisations. ROHIs are sometimes known as equipment officers or technical officers, as they assess for, advise on and organise the provision of specialist equipment and technical aids. In some areas, ROHIs may also undertake a care management role, particularly in complex situations where the person's primary need is associated with their hearing loss. ROHIs may have undertaken additional training, but there is not an equivalent professional course such as that for Rehabilitation officers for the Visually Impaired (ROVI).

Although equipment may be provided following a local authority needs assessment and eligibility determination, social workers in England should be mindful of the section 2 Care Act 2014 duty to provide or arrange for the provision of services, facilities or resources, which it considers will contribute towards preventing or delaying the development of care and support needs; the Care and Support Statutory Guidance clarifies that the provision of equipment is considered such a service (Paras. 2.8-2.9). Access to equipment may therefore be available to adults with acquired hearing loss, pre-eligibility determination. Social workers in Wales should be mindful of the similar provisions in section 15 Social Services and Well-Being (Wales) Act 2014.



## Provision of Services, Meeting Needs

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The 1997 SSI Report identified that people with acquired hearing loss were unlikely to receive services other than equipment provision. This may reflect the observation of Harris and Bamford (2001) that the service requirements of this particular population are not well understood. As noted in the introduction to this good practice guide, hearing loss also receives very little attention in the more recent Care and Support Statutory Guidance (Clements, 2017). As the adult social care system has moved away from 'service provision' to 'meeting need', social workers should consider a range of options in addition to equipment provision, to ensure the psychosocial needs of adults with acquired hearing loss are met.

### Advice and Information

In the 1999 Best Practice Standards in Social Work with Deaf and Hard of Hearing People, Standard 1 relates to the provision of Information. In their focus group based study exploring services for Deaf and hearing impaired people, Harris and Bamford (2001) report that information provision was considered poor; in the later Young et al. (2004) profile of 15 social work services for Deaf and hard of hearing people, the provision of information received low overall evaluation.

Section 4 of the Care Act 2014 requires local authorities in England to establish and maintain a service for providing people in its area with information and advice. Similarly, section 17 of the Social Services and Well-Being (Wales) Act 2014 requires local authorities in Wales to secure the provision of a service for providing information and advice relating to care and support. Social workers should be alert to the particular advice and information needs of people with acquired hearing loss, including the need for accessible information.

In England, the *Care and Support Statutory Guidance* (DH, 2017; para. 3.30) outlines the requirement for accessible information, making specific reference to those with hearing loss:

Some groups in need of information and advice about care and support may have particular requirements. Local authorities **must** ensure that their information and advice service has due regard to the needs of these people. These include, but are not limited to people with sensory impairments, such as visual impairment, deafblind and hearing impaired

Social workers in England should also be aware of local authorities' responsibilities under the Accessible Information Standard (DCB 1605), which came into force in August 2016. The Standard requires all organisations that provide publicly-funded adult social care (and organisations providing NHS care) to identify, record, flag, share and meet the information and communication needs of people with sensory loss. As such, where relevant, reference to a person's communication needs should be clearly indicated on their social work records and, with permission, communicated to other professionals. For people with acquired hearing loss, this may include the need for clear speech or the provision of lip-speakers or other human aids to communication. It could also entail the need to make appointments in writing rather than via the telephone.

## Care and Support Planning, Care Management and Co-Production

People with acquired hearing loss may experience a range of barriers to full participation in various community groups and disability organisations (Harris and Bamford, 2001). Social workers should work closely with care providers, day care facilities and individual care workers, sharing information about the impact of acquired hearing loss and appropriate communication techniques.

Where people are having difficulty making use of their hearing aids, perhaps as a result of co-morbidities such as sight loss or arthritis in the hands, support to manage these should be incorporated into care and support plans. Individual care workers may need some training on using hearing aids, though their role would largely relate to supporting people to put the aid into the ear and to change the batteries when necessary. If people have more complex difficulties with their hearing aids, they should be advised to return to the audiology department, or where the aids have been privately purchased, their hearing aid dispenser. With digital hearing aids, audiologists can review information on usage, and can see if they are being used or not. This information may be helpful during reviews, to see if care workers are helping people getting the most from their hearing aids as outlined in the care and support plan. In some circumstances, it may also be useful in safeguarding situations.

People with acquired hearing loss may wish to make use of direct payments to employ personal assistants who have the necessary communication skills to meet their needs. They may also wish to use direct payments to purchase equipment. Where the conditions are met, social workers must offer direct payments to meet assessed eligible need.

To support the development of social care services for people with acquired hearing loss, social workers should seek opportunities to co-produce services with members of this population, as outlined in paras. 2.20, 3.60, 4.51 and 6.63 of the *Care and Support Statutory Guidance* (DH, 2017). This is particularly important, as McLaughlin et al. (2007:292) observe that historically, those with hearing loss have ‘rarely [been] asked their opinion or [been] expected to contribute to service design or delivery’. Co-production may also encourage the uptake of support services; this is important, as a disinclination to engage with professional support has been observed amongst people with acquired hearing loss (Morgan-Jones, 2001).

## Direct Social Work Intervention

Social workers can support adults with acquired hearing loss by recognising the condition and acknowledging the impact. Harris and Bamford (2001) and Morgan-Jones (2001) maintain that those with acquired hearing loss are most likely to identify with a ‘disability construction of deafness’, and older people with acquired hearing loss are more likely to adopt medical models of disability (Simcock and Castle, 2016). Introducing people to the social model and affirmative model of disability can be a positive way of developing confidence and self-esteem, and thus improve well-being (French and Swain, 2008).

People may develop various skills to ‘compensate’ for the loss of their hearing. People with acquired hearing loss may ‘look’ for clues as to what is being said. They may naturally develop skills in lipreading and develop skills in interpreting facial and body expressions to gather information as to what is going on around them. Social workers should highlight these strengths and adaptive skills in their interactions with service users.

For other people, these skills may not be well developed and support to enhance communication will be necessary to ensure that the social and mental well-being of the individual is maintained. The social worker may suggest referral to a hearing therapist or local lipreading classes, and advise on local voluntary organisations for communication or specialist support, if that support exists locally. A referral back to the audiology clinic may be advisable in some situations. Some local authorities will have dedicated social work teams working with people who have sensory loss, and referral to these teams may also be appropriate. However, social workers should be mindful that, in some areas, the local authority will not have in-house specialist workers or a specialist sensory team, but rather contract with charitable organisations, social enterprises or other organisations in the private, voluntary and independent sector for specialist sensory provision. Social workers should familiarise themselves with the particular arrangements in their locality.

# Contact Details for Other Sources of Support and Information

## Charitable Organisations for People with Acquired Hearing Loss

### Action on Hearing Loss

Action on Hearing Loss is the largest charity for people with hearing loss in the UK. The organisation provides day-to-day-care and practical information, campaigns on behalf of people with hearing loss, and funds research to find a cure for hearing loss.

Tel: 0808 808 0123

Textphone: 0808 808 9000

SMS: 07800 000 360

Email: [information@hearingloss.org.uk](mailto:information@hearingloss.org.uk)

Website: [www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

### British Tinnitus Association

The British Tinnitus Association is a UK based independent charity supporting people who experience tinnitus. They offer support and information through educational programmes and a free of charge confidential helpline. The Association also runs a medical research programme which seeks effective treatments for the condition.

Tel: 0114 250 9933

Helpline: 0800 018 0527

Email: [helpline@tinnitus.org.uk](mailto:helpline@tinnitus.org.uk)

Website: [www.tinnitus.org.uk](http://www.tinnitus.org.uk)

### Hearing Link: The UK Hearing Loss Charity

Hearing Link is a UK-wide charity for people with hearing loss, their families and friends. The organisation supports people to adjust to the practical and emotional challenges that hearing loss can bring by offering shared experiences, practical support and guidance.

Tel: 0300 111 1113 SMS: 07526 123255

Email: [enquiries@hearinglink.org](mailto:enquiries@hearinglink.org)

Website: [www.hearinglink.org](http://www.hearinglink.org)



### Hearing Dogs for Deaf People

Hearing Dogs for Deaf People is a UK charitable organisation that trains dogs to support deaf people, regardless of the degree of hearing loss: this support includes alerting people to sounds such as the doorbell, alarm clock and fire alarms, and also providing independence, confidence and companionship.

Tel: 01844 348 100

Textphone: 18001 01844 348 100

Fax: 01844 348 101

Email: [info@hearingdogs.org.uk](mailto:info@hearingdogs.org.uk)

Website: [www.hearingdogs.org.uk/about](http://www.hearingdogs.org.uk/about)

### Meniere's Society

The Meniere's Society is the UK's leading charity for people with dizziness and balance disorders of vestibular (inner ear) origin. They provide support and information for those affected by such disorders and also fund research into all aspects of these conditions.

Tel: 01306 876883

Email: [info@menieres.org.uk](mailto:info@menieres.org.uk)

Website: [www.menieres.org.uk](http://www.menieres.org.uk)

## Providers of Specialist Equipment and Technology

### Hearing Products International Ltd

Specialists in the design and sale of their own range of aids for people living with a hearing, speech or visual impairment.

Tel: 0161 480 8003

Email: [info@hear4you.com](mailto:info@hear4you.com)

Website: [www.hear4you.com](http://www.hear4you.com)

### Connevans: Deaf Equipment.co.uk

A UK based online shop for Deaf people and those with acquired hearing loss, with a range of assistive technology and equipment.

Tel: 01737 247571

Textphone: 01737 644016

Email: [info@connevans.com](mailto:info@connevans.com)

Website: [www.DeafEquipment.co.uk](http://www.DeafEquipment.co.uk)

### Sarabec (Hearing products)

UK based provider of equipment for Deaf people and those with acquired hearing loss.

Tel: 01642 247789

Textphone: 01642 230 827

Email: [mail@sarabec.co.uk](mailto:mail@sarabec.co.uk)

Website: [www.sarabec.com](http://www.sarabec.com)



# Checklist



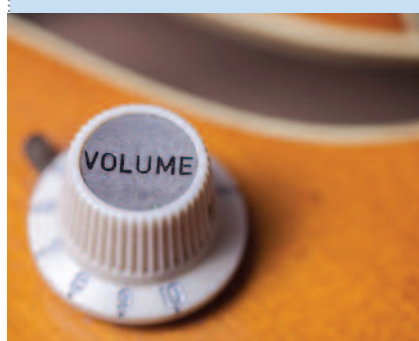
## First Contact

- Have people presenting with acquired hearing loss been advised to make an appointment with their GP?
- Are language and communication needs and preferences being identified, recorded, flagged, shared and met in line with the requirements of the Accessible Information Standard (England) and the Social Services and Well-Being (Wales) Act 2014 (Wales)?
- Is accessible information and advice available in your area for people with acquired hearing loss?



## Assessment

- Are you using the tips described in this good practice guide to facilitate communication and ensure involvement in assessment processes? Do you need to make use of human aids to communication or technical aids to communication?
- Does the needs assessment process and documentation in your area reflect the information and advice in this good practice guide?
- Are your assessments focusing solely on the condition of hearing loss or also its impact? Are you paying careful attention to the psychosocial impacts of acquired hearing loss in your assessments and how these may affect the person's desired outcomes and their well-being?
- Has the impact of acquired hearing loss on other family members been considered? Have any carers been identified and offered carers' assessments?



## Meeting Needs

- Does your local authority register people with acquired hearing loss (England)? If so, who is responsible for this? Who in your local authority is responsible for registering people with hearing impairment (Wales)? Would the person benefit from registration?
- Are needs associated with acquired hearing loss being appropriately addressed at the care and support planning stage?
- Are there opportunities for people with acquired hearing loss in your area to engage in the co-production of services?
- Would the person benefit from referral to specialist services such as audiology, hearing therapy, rehabilitation for hearing impaired people (ROHI) or specialist social work? Are you aware of the agencies in your area offering these services and the relevant referral pathways?

## References

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- Action on Hearing Loss (2017) Benefits of Using Hearing Aids [online] Available: [www.actiononhearingloss.org.uk/how-we-help/friends-and-family/benefits-of-using-hearing-aids](http://www.actiononhearingloss.org.uk/how-we-help/friends-and-family/benefits-of-using-hearing-aids)
- Action on Hearing Loss (2015) Statistics [online] Available: [www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx](http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx)
- Calton, R. (2012) *The Provision of Social Care for People with Hearing Loss*. London: Action on Hearing Loss.
- Clements, L. (2017) *Community Care and the Law*, 6th ed., London: Legal Action Group.
- Department of Health (2017) Care and Support Statutory Guidance [online] Available: [www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)
- French, S. & Swain, J. (2008) 'The perspective of the disabled people's movement'; in Davies, M. (Ed). *The Blackwell Companion to Social Work*. 3rd Ed. Oxford: Blackwell Publishing.
- Harris, J. & Bamford, C. (2001) 'The Uphill Struggle: services for Deaf and Hard of Hearing People – issues of Equality, Participation and Access' *Disability & Society*. **16** (7): 969-979.
- Hearing Link (2017) Lipreading & Communicating [online] Available: [www.hearinglink.org/living/lipreading-communicating](http://www.hearinglink.org/living/lipreading-communicating)
- Hear-it.org (2017) Many British Seniors Affected by Hearing Loss in the Workplace [online] Available: <https://www.hear-it.org/many-british-seniors-affected-hearing-loss-workplace>
- Hickson, L., Meyer, C., Lovelock, K., Lampert, M. & Khan, A. (2014) 'Factors associated with success with hearing aids in older adults' *International Journal of Audiology* **53** (Sup1): S18-S27.
- Hodge, S. (2007) 'Why is the potential of augmentative and alternative communication not being realized? Exploring the experiences of people who use communication aids', *Disability & Society*, **22** (5), 457-471.
- Jones, L., Kyle, J. & Wood, P. L. (1987) *Words Apart: Losing your hearing as an adult*. London: Tavistock Publications Ltd.
- Kerr, P. & Roddy, I. (1997) 'Acquired Deafness: A Multi-Dimensional Experience' *British Journal of Audiology* **31** (3): 177-188
- Lehane, C., Wittich, W., Dammeyer, J. (2016) Couples' Experience of Sensory Loss: A Research and Rehabilitation Imperative. *Hearing Journal*. **69** (8): 34-36
- Luey, H. S. (1994) 'Sensory Loss: A Neglected Issue in Social Work' *Journal of Gerontological Social Work*. **21** (3/4): 213-224.
- Matthews, L. (2013) *Hearing Loss, Tinnitus and Mental Health. A Literature Review*. London: Action on Hearing Loss.
- McLaughlin, H., Young, A. & Hunt, R. (2007) 'Edging the Change: Action Research with Social Workers and Deaf and Hard of Hearing Service Users to Achieve 'Best Practice Standards''. *Journal of Social Work*. **7** (3): 288-306.
- Morgan-Jones, R. A. (2001) *Hearing Differently. The Impact of Hearing Impairment on Family Life*. London: Whurr Publishers.
- Morris, J. (2014) 'Communication is at the heart of being human', [online], available: <http://jennymorrisnet.blogspot.co.uk/2014/06/communication-is-at-heart-of-being-human.html?m=1>

- NHS Digital (2014) *Health Survey for England, 2014* [online] Available: <http://digital.nhs.uk/catalogue/PUB19295>
- NHS England (2017) The Accessible Information Standard (DCB1605 Accessible Information) [online] Available: [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)
- Oliver, M. (2009) *Understanding Disability. From theory to practice*, 2nd ed., Basingstoke: Palgrave Macmillan.
- Packer, L. (2015) How hearing loss can impact mental health. *Healthy Hearing* September 17 [online] Available: [www.healthyhearing.com/report/52532-How-hearing-loss-can-impact-mental-health](http://www.healthyhearing.com/report/52532-How-hearing-loss-can-impact-mental-health)
- Sense (2006) *Fill in the gaps: a toolkit for professionals working with older deafblind people* London: Sense.
- Simcock, P. & Castle, R. (2016) *Social Work and Disability*. Cambridge: Polity Press.
- The Communication Trust (2011) *Don't Get Me Wrong*, London: The Communication Trust.
- Thompson, N. (2011) *Effective Communication. A Guide for the People Professions*, 2nd ed., Basingstoke: Palgrave Macmillan.
- World Health Organisation (2012) *WHO global estimates on prevalence of hearing loss*. In: Mortality and Burden of Diseases and Prevention of Blindness and Deafness. 2012.
- Veiga, S.M., Alexandre, J.D., and Esteves, F. (2015) 'Living with Hearing Loss: Psychosocial Impact and the Role of Social Support' *Journal of Otolaryngology-ENT Research*. **2** (15): 00036. DOI: 10.15406/joentr.2015.02.00036
- Young, A., & Hunt R. (2011) *NSSCR Methods Review 9: Research with d/Deaf People*. London: National School of Social Care Research [online] Available: [www2.lse.ac.uk/LSEHealthAndSocialCare/pdf/SSCR%20Methods%20Review\\_9\\_web.pdf](http://www2.lse.ac.uk/LSEHealthAndSocialCare/pdf/SSCR%20Methods%20Review_9_web.pdf)
- Young, A., Waterman, H. & Ferguson-Coleman, E. (2014) *Sensory Loss and Dementia: Research Overview*. SCIE Dementia Gateway [online] Available: [www.scie.org.uk/dementia/resources](http://www.scie.org.uk/dementia/resources)
- Young, A., Bond, J., King, E. (2015) 'Guide to working with adults who are d/Deaf'. *Community Care Inform* [online] Available: <http://adults.ccinform.co.uk/guides/guide-working-adults-ddeaf>
- Young, A., Hunt, R., Loosemoore-Reppen, G., McLaughlin, H, & Mello-Baron, S. (2004) 'A Profile of 15 Social Work Services with Deaf and Hard of Hearing People in England' *Research Policy and Planning*. **22** (1): 31-46.
- Young, A.M. (2006) 'The Experience of Deafness – Psycho-social Effects'. In V. Newton & P. Vallely (Eds) *Infection and Hearing Impairment*. London: Whurr Publishers.

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