

Why it's time to recognise
the value of lipreading
and managing hearing
loss support

By Laura Ringham

ACTION ON
HEARING
LOSS

NOT JUST
LIP SERVICE

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Introduction

Background

There are an estimated 10 million people in the UK who are deaf or hard of hearing¹: one in six of the population. For many people with hearing loss, a long-term condition, lipreading is a vital communication skill. Lipreading is the ability to recognise lip shapes and patterns and to use context to fill gaps in conversation in order to maximise communication.

The policy context

The Action on Hearing Loss report 'Paying lip service'², based on research conducted in 2010, described the state of lipreading class provision in England and Wales at that time. It identified that there were approximately 450 lipreading classes in England and Wales, only enough to support fewer than 5,000 people, despite there being millions with hearing loss who could potentially benefit from classes.

As lipreading is a devolved policy issue, funding mechanisms vary in different parts of the UK. In Scotland and Wales it is recognised that lipreading support is part of the health agenda. A similar position has been emerging in Northern Ireland. In England, since 2005, lipreading classes have been funded through the Community Learning budget (previously Informal Adult and Community Learning) because lipreading cannot be tied to literacy or numeracy measures. The Department for Business, Innovation and Skills (BIS) has overall responsibility for Community Learning, with funding administered to providers by the Skills Funding Agency. We are aware that there has been a further decline in lipreading class availability and rising course fees in some areas, which have deterred potential learners. In 2011 we reviewed provision in England and found that the number of classes had decreased by 8% in the year, leading to a 10% drop in the number of learners.

The evidence base

In 2010 we surveyed our members³ and asked a number of questions about attending lipreading classes. Based on a survey of more than 6,000 of our members, more than one-third (36%) of respondents said they had attended a lipreading class. We asked those who had attended about the benefits. The top three benefits were identified as improving lipreading skills (84%), meeting other people who are dealing with hearing loss (75%) and finding out about equipment and adaptations that could help them (66%). While our survey evidence highlighted the value of lipreading classes and some benefits of attending, it did not reveal how classes affect attendees' day-to-day communication.

1 Hearing Matters, (2011): Action on Hearing Loss.

2 Paying lip service, (2010): RNID.

3 Annual Survey Report 2010, (2010): RNID.

There is significant anecdotal evidence that suggests lipreading classes lead to a range of positive outcomes for people with hearing loss. However there is a lack of structured research evidence to confirm this and identify how the support assists those who attend. Key questions have remained as to whether reported benefits are a result of the acquisition of lipreading skills or the social support derived from a peer group. In the absence of evidence about how attendees progress and benefit from the classes, and how this affects communication outside of the class setting, we were not able to influence the policy environment to prompt further investment in lipreading.

This project was intended to address this evidence gap. The purpose of the research was to explore to what extent participants developed lipreading skills as a result of attending a lipreading and managing hearing loss course, and how it affected their management of hearing loss and communication in day-to-day life.

Research aims

Action on Hearing Loss funded a beginners' lipreading and managing hearing loss course as the basis for a research project to explore in detail the impact of attending the course. The aims of the research were to identify:

- whether, and to what extent, participants acquired lipreading skills during the course
- where, and how, they applied the skills and knowledge gained through the course outside of the class setting
- participants' perceptions of the impact of attending the course on their life
- which aspects of lipreading and managing hearing loss support were critical to positive wellbeing outcomes.

Research methodology

We funded 12 participants to take part in a beginners' lipreading and managing hearing loss course as the basis for this research project. The course was delivered by City Lit, an adult education provider in London that runs regular lipreading classes.

Semi-structured, in-depth interviews

We adopted a qualitative approach for this project to thoroughly investigate the benefits of the course. Qualitative research aims to explore in detail people's behaviours, attitudes and beliefs from their own perspective⁴. This type of information is complex and not easily captured through quantitative methods such as surveys.

Participants took part in a series of semi-structured, in-depth interviews during the course to discuss their experiences. The first interview took place before the course started, with a further interview at the end of each of the three-course terms. The interviews provided a forum for participants to discuss in detail their experiences and perspectives on attending the course. The semi-structured nature of the discussion focused on particular topic areas but also gave participants the chance to direct the conversation to subject areas that were important and meaningful to them. Each interview took about one hour.

Feedback that we have received from previous learners suggests that attending lipreading classes can bring a range of benefits. To explore the benefits, participants were asked at each interview to talk about five different life areas. These were:

- managing hearing loss
- mental and emotional wellbeing
- personal development (including work)
- relationships
- social skills and participation.

As part of the interview process, the project also used an outcomes measurement methodology. This required participants to rate how they felt about the different life areas using a one-to-six point measurement scale over the duration of the course, where lower scores on the scale reflected negative feelings and higher scores indicated positive feelings. The scale was adapted from a project we have been doing to explore the impact of our residential care services. This has involved asking service users about changes in life areas using a scale measure.

4 Becker, S. and Bryman, A. (2004) Understanding research for policy and practice. Bristol: The Policy Press.

The life areas and the scale provided a focus to the interview discussions. The scale was intended to provide a means of assessing change throughout the course. Diagram 1 provides an overview of the scale and a copy of the full scale can be found in Annex 1.

Diagram 1: Overview of the scale

	1	2	3	4	5	6
My feelings about this area are mainly	Negative feelings		Uncertain, mixed or neutral feelings		Positive feelings	
My thoughts on my current situation	I don't want it to be like this I would prefer it not to be like this		I'm not sure I want it to be like this I have mixed feelings about this area My feelings about this area are neutral		This is how I want it to be	

Format of the interviews

Before the first interview, we gave participants detailed instructions about the life areas and how to use the measurement scale. The instructions explained how participants might choose to interpret the life areas and the scale, but stressed the importance of them making their own interpretation and one that they were happy with. Before attending the first interview, we asked participants to rate themselves on the scale in each life area, using the following instruction:

- **Thinking about this area of your life and whether or not hearing loss has had an impact, where would you place yourself on the scale currently?**

At the first interview, we asked each participant about their hearing loss, how they had found out about lipreading classes and their reasons for wanting to take part in the course. We then asked them about each of the five life areas: how they had chosen to interpret the life area, whether it had changed with hearing loss, and their scale rating and their reasons for the rating.

We asked participants to rerate themselves on the scale at the end of each term, before attending the second, third and fourth interviews. Again, we gave them a set of instructions, to guide them about the life areas and using the scale. Before each of these interviews, we asked participants to rate themselves using the following instruction:

At the previous interview(s) we asked you to rate yourself in each life area by thinking about whether or not hearing loss has had an impact on this area.

- **Thinking about how you feel about this area now, where would you place yourself on the scale?**

When they rerated themselves, we encouraged participants to think about:

- what changes there had been, if any, that meant they would rate themselves differently
- what reasons there might be for the change
- what, if anything, attending lipreading classes had to do with any changes.

We also encouraged them to tell us if there had been no changes.

The interviews at the end of each term recapped what had been discussed in each of the life areas during the previous interviews along with the participants' previous scores. This was intended to help explore progress and where changes might have occurred.

Each interview also incorporated additional questions to explore salient topic areas where relevant, such as questions about the format and structure of the classes.

Lipreading exercise

At the first and last interview participants took part in an objective lipreading exercise⁵ intended to measure their lipreading ability throughout the course.

It involved lipreading a unique series of 24 video clips, each of which involved a man saying a different sentence. Apart from lip movement, the clips did not contain any additional facial movement and the phrases were not delivered in a clear context. There are currently limited resources available to measure the development of lipreading ability, so this was an artificial and difficult exercise. However, it did provide a measure of the progress of our participants' lipreading ability. Participants were asked to lipread the same set of video clips before starting classes and when they had completed the course, enabling us to make a direct comparison. Class members were not given any information about their scores on either test until after the research project was completed.

⁵ For our lipreading exercise we used the UCL CUNY Sentence Test, which we purchased via the Royal National Throat, Nose and Ear Hospital.

Our participants

We advertised the opportunity to take part in this project through various communication channels, including our members' magazine and our website. Information about the opportunity was also distributed by locally based staff and at local Hear to Help services⁶. Leaflets were also left in a number of London-based audiology departments. The opportunity was promoted by City Lit, the adult education provider delivering the course, to people who had come directly to it expressing an interest in its beginners' lipreading and managing hearing loss course.

We chose participants in collaboration with lipreading teachers at City Lit. This was to ensure that applicants were suitable for the course and that our final group included a range of different people with the characteristics of a typical evening beginners' lipreading class.

We recruited a diverse group of 12 participants to the project. At the start, their ages ranged from 37 to 56. They varied in terms of marital status, number of dependants and current employment status⁷.

At the start of the project the length of time that participants had been living with hearing loss ranged from 18 months to more than 10 years. Hearing loss had been most recent for three participants who had experienced a very sudden loss of hearing. The majority of the group had been living with hearing loss for a number of years, after experiencing a gradual loss of hearing. One participant had lived with hearing loss for most of his life, after being diagnosed in childhood, but had experienced a further loss of hearing in recent months before the course began. Participants varied in terms of their levels of hearing loss. At the start of the project, all but one member of the group wore hearing aids. Participants had not had any formal support in learning to lipread before starting the course.

Three of our participants did not complete the full course. Sadly, one participant passed away during the final term. One participant had a medical issue that made it difficult to attend the course and missed some classes during the second and third terms. One participant was coming to terms with a sudden, profound level of hearing loss and the course was not the right forum for them to address their hearing loss at this time. This highlights the importance of getting the right support for each individual with hearing loss.

6 Hear to Help is an Action on Hearing Loss service, which provides hearing aid support in community settings.

7 As this was an evening class, the demographic make-up of our class may vary compared with classes taking place at another time of day.

The results discussed in this report are based on feedback from all participants except for findings in the annex, which focus specifically on the nine participants who completed the course. A complete set of scale scores is available for the latter.

Format of the lipreading and managing hearing loss course

The beginners' lipreading and managing hearing loss course was delivered by City Lit, an adult education provider in London that runs regular, class-based lipreading and managing hearing loss courses with a qualified tutor. The 30-session course involved weekly two-hour classes that took place across three terms from September 2011 until June 2012.

Lipreading is the ability to recognise lip shapes and patterns and to use context to fill gaps in conversation in order to maximise communication. Managing hearing loss involves developing strategies that support lipreading and techniques to further enhance communication, including learning about services and equipment that could be beneficial.

While often referred to as 'lipreading' classes, it is standard practice for them to incorporate a broad range of information about wider communication tactics that support lipreading and encourage attendees to effectively manage their hearing loss.

Our beginners' lipreading and managing hearing loss course was delivered in a class-based setting by a qualified tutor. Each two-hour session incorporated a variety of activities to deliver the course content including taught elements, practical exercises and group discussions. On some occasions guest speakers attended the class to provide specialist information on subjects such as equipment for people with hearing loss.

Topics covered during the course included:

- theory and practice of lipreading: studying visual clues to speech and speech movements
- awareness of other skills: concentration and awareness of gesture and expression
- additional complementary communication tactics to support lipreading
- information about useful strategies to manage hearing loss
- information about equipment for people with hearing loss (assistive equipment).

Overview of City Lit

City Lit is an adult education provider in central London. The college's Centre for Deaf Education provides a range of lipreading and managing hearing loss courses from beginners to advanced. All tutors delivering lipreading and managing hearing loss classes are qualified specialist lipreading teachers for adults. The college has been rated as 'outstanding' by Ofsted.

Structure of this report

This report presents the findings from the interviews conducted with our class members throughout the duration of the course, along with the scores from our lipreading exercise. Chapter 3 is an overview of the findings from our interviews with class members before the course started. Chapter 4 focuses on the interviews with participants during the course, looking specifically at how their lipreading ability developed and additional communication tactics acquired through the course. This chapter also includes findings from our lipreading exercise. Chapter 5 looks at the effects of attending the course on communication and day-to-day life. We analysed the interviews after each round of discussions with participants. Chapters 3–5 are based on an overall analysis which drew out key themes from the interviews across all life areas discussed by participants. Annex 2 is intended to provide a more in-depth analysis of each individual life area, including details of participants' scale scores.

Before the course

Reasons for attending the course

At the first interview we asked participants why they wanted to attend a lipreading and managing hearing loss course. There were two clear themes:

- being proactive and preparing for the future
- struggling with hearing loss.

For some participants learning to lipread was seen as a proactive step, either to respond to their current hearing loss or to prepare for the future. A number acknowledged that it was possible their hearing would diminish further in coming years, so by developing their lipreading skills they were trying to prevent further communication difficulties should this happen.

“I guess I would just like communication with other people to become easier. I think it’s naive to think that people’s attitudes are going to change, so it’s up to me to do something about it and lipreading is one of the things I can do.”

“And my particular worry, is that in the future I’ll get age-related hearing loss on top, and I see this as a way of future-proofing myself.”

For others, attending the course was a reaction to struggling with hearing loss. Improving communication and interaction was a key motivation for wanting to be able to lipread. Participants anticipated that the classes would be able to provide them with knowledge that they could use to improve communication and potentially reduce the impact of their hearing loss.

“It really only happened at the beginning of this year, when I was really struggling with groups. That was when maybe my wife said, or perhaps I realised that, ‘OK I might lipread a bit, but maybe I need to be taught properly’.”

“I’m hoping I’ll be able to interact more in social situations, I won’t have to ask people to repeat. Even if I haven’t heard the entire conversation, I’ll be able to get the gist of it.”

A number of participants were also aware of the broader objectives of the course, such as providing additional supportive information about hearing loss, and felt this would be beneficial to them. As one participant explained:

“That was one of the reasons why I wanted to join a lipreading class initially, because I thought I would get lots of information about what to do at work and stuff like that.”

The vast majority of participants had actively looked into attending lipreading classes before they had the opportunity to attend the City Lit course and take part in this project. Some class members were looking for classes at the time we advertised our research project, while others had looked previously but been unable to find a suitable course.

Participants who had failed to find a suitable course mentioned a number of barriers to attending. Having to pay for classes was particularly important, with a number of participants remarking that the cost had not encouraged them to explore the opportunity further.

“It’s always been in my mind; then I started to look into it and how much the courses were and it seemed an awful lot of money.”

“I didn’t apply for anything because, mainly, I think a lot of people get put off by the price, a lot of them are quite expensive. I suppose you think to yourself, ‘Am I going to be shelling out that money, and what if it doesn’t help me, I’ve wasted that money’.”

The availability of classes was also a barrier for some participants, either because of a lack of them or an inconvenient location and time.

“I looked at where the local classes to me were, and when they were, and I noticed a lot of them were closed down or they were 30 to 35 miles from where I live.”

“When I started to struggle, I started to look at where the lipreading classes are in our area. I asked the audiology department and they said they didn’t have a clue. So I did a search and there was only one course. No, not a course, only one deaf club in [the area] which once a month meets on an afternoon and doesn’t really do lipreading.”

The impact of hearing loss

We know from our previous research that hearing loss can have a big impact on people’s lives, although the effects will be different for each individual. Our previous projects have explored how hearing loss can affect family relationships⁸ and people’s experiences of employment⁹.

8 In it together: The impact of hearing loss on personal relationships (2010): RNID.

9 Matthews, L. (2011) Unlimited Potential: A research report into hearing loss in the workplace: Action on Hearing Loss

To understand more about our class members' experiences of hearing loss, at the first interview we asked them to talk about how it had affected them in the different life areas. This included whether hearing loss had led to any changes in their life and how it had made them feel. We then talked to them about how they had rated themselves on the scale in each area and why. These discussions provided useful context for how hearing loss has affected our participants and where acquiring new communication tactics and strategies through the course might be of benefit to them in different areas of their life.

Our participants discussed a diverse range of experiences of losing their hearing. Some had been more affected than others. Examples of how hearing loss had affected our participants in some of the different life areas discussed at the interviews are provided below.

Mental and emotional wellbeing:

- hearing loss having a negative impact on levels of confidence and self-esteem.

“Looking back it [hearing loss] affected my confidence, my self-esteem. It’s caused me to become much more socially isolated, just sort of withdrawn and things, and that doesn’t help your emotional wellbeing at all.”

“It does affect your self- esteem as well, you know, if you worry about situations like at work, where you’re supposed to be performing and people think you’re incompetent because you haven’t heard. And they don’t know that, they just think that you’re not with it.”

Personal development:

- no longer being able to do certain jobs
- being worried about future employment prospects
- being concerned about fulfilling their potential at work.

“I can’t do the work that I used to do, as I did predominantly admin work and there was quite a bit of telephone work in that, a lot of meetings, and I would sometimes have to take notes at the meetings. Also, just the office and the office banter and being part of a team in an office. They are all things that I can’t do any more.”

“This one was probably my lowest score. And it was really taken down by my thoughts of future employment.”

Social skills and participation:

- reducing social participation and taking part in fewer social activities
- feeling isolated or excluded during social activities.

“I never had any apprehensions about being social and going out when I didn’t have my hearing loss. Whereas now, because of the hearing loss, it can be a problem, because of the background noise... it can be loud... I’d love to improve that a bit more.”

“It’s not like going to a meeting where you have an agenda and everyone has to stick to the point. You don’t have an agenda when you meet with your mates... and part of it is about the ebb and flow of conversation, so I kind of get that, but at the same time, the nature of that ebb and flow actually left me very isolated. I actually couldn’t join in.”

These examples provide an overview of how some of our learners were affected by hearing loss. Further details are provided in Annex 2 along with participants’ scale scores from the first interviews.

Our participants’ accounts highlighted that there were clear opportunities where new communication tactics and improved management of hearing loss could be of benefit.

Attending the course

We wanted to identify how our participants developed their lipreading ability as a result of the course and how this affected their communication outside of the class setting. We explored this through our in-depth interviews and our lipreading exercise. We were also interested to find out how the course benefited our participants beyond developing their lipreading skills. In addition, this section looks at what our participants thought of the class setting and the benefits of accessing this support at an early stage.

Participants' lipreading ability

Qualitative feedback

During the interviews at the end of each term, we asked participants about how they felt their lipreading ability had developed and whether they were beginning to use lipreading in their day-to-day communication. We did not give them any information about their lipreading exercise scores until the end of the research process, so they were unaware of their progress as measured by this exercise. The lipreading exercise also took place at the end of each interview, so participants were not influenced by their perceived progress with the exercise during the discussion.

At the end of the first term, it was clear that participants had started to develop their knowledge of what was involved in using lipreading as a communication tool. This included understanding the role of concentration and the importance of knowing the context of any conversation. A number spoke about learning lipreading theory early on in the course, including homophenes; where different letters had the same lip shapes. This type of information provided a basis for understanding how lipreading worked in practice, including managing expectations about how challenging it could be. Lipreading theory also taught participants that they were likely to make mistakes and gave them tactics for working out misunderstandings. Their feedback on the first term included:

“The first couple of lessons it took me a while to get used to looking at the mouth, not the eyes. So I actually think this first term has helped me look more at the mouth than just at the eyes.”

“I understand that it takes some concentration. I understand that you can't lipread and write notes at the same time. I understand more about the letter groups or the mouth shapes that are confusing, and I'm starting to switch them around in my head to see was it this or was it that.”

“If I was to say mat, bat and pat, it would look exactly the same on my lips and so you are having to sort of set that in context, try and work out whether it's a b or a p... So it's just sort of, you know, being conscious a bit more of that and to think laterally. Thinking ok, that doesn't quite work out, what else could it be?”

Developing the ability to lipread takes time and involves a process of learning and practise. These early discussions demonstrated how our class members were developing their understanding of the different component parts that made lipreading a successful communication skill; knowledge that they would be able to put in to practice over time.

While it was clear that participants had picked up useful knowledge about lipreading by the end of the first term, at this point in the course many of them found it difficult to judge their lipreading ability, particularly outside of the class setting. This is not unexpected given the early stages of the course.

“I think it feels it’s very much the beginning of learning how to lipread and it’s almost like I’m not quite sure yet what the possibilities are, still not quite sure how much difference being able to lipread is going to make to my life.”

“I think things she told us about using context, making that educated guess... As to applying that to outside, I’m not quite sure yet how it is developing outside.”

As the course progressed, participants spoke of having an increasing understanding of what was involved in being able to use lipreading as a communication tactic. Again, they talked about the information imparted through the course, such as using additional strategies to support lipreading. This included observing gestures to guide conversation or using complementary techniques such as asking questions with only a ‘yes’ or ‘no’ answer, when clarification was needed.

By the third and fourth interviews, some participants were able to identify cues that they were using to judge the progress of their lipreading ability. This included using indicators such as correctly lipreading more of the class content, or comparing their progress with other members of the group.

“There is a little bit of comparing yourself with other people and you think, ‘Oh, I have read that mostly word for word and other people are struggling’. So I feel that I am progressing, and then that motivates me to continue”.

“Whereas I was getting totally, totally, wrong things in the first term, my mistakes this term are more understandable.”

At the end of the course we were interested to find out whether our participants felt they had developed their lipreading ability enough to use it to communicate outside of the course setting. It was encouraging to find that some felt they had developed their ability sufficiently to begin using lipreading outside of the class.

These participants displayed confidence in their skills and were conscious of using lipreading as part of day-to-day communication. A number of participants who felt they had developed enough to begin using lipreading as a communication tactic also acknowledged that they needed to keep practising to improve further.

“I know I’ve totally improved in my lipreading and I use it every single time I have a conversation.”

“It just continues to be a way of my life now, lipreading is part of my life. I have got a long way to go until it’s perfected. It’s just the same as going to the gym really, you try to achieve larger targets. It just fits in with that part of my life now”.

“I mean, I guess I have improved, but that’s my assumption, you know. It’s a knowledge you build on with practice and practice comes from day-to-day [use].”

It is also important to note that when asked specifically about lipreading ability at the final interview, a number of class members found it difficult to assess how much progress they had made in developing their skills and using lipreading as a communication tool. However these participants were able to identify other benefits from attending the course. It is worth highlighting that it may be difficult for participants to judge how much they are using lipreading because they will also be relying on residual hearing.

“I feel like I did progress in the last term. I don’t know about the actual lipreading skill, it’s hard to really self-assess.”

“It’s hard to say actually how much I feel I have learned from it [the lipreading part of the course]. I think I must have done.”

Lipreading exercise

To provide an objective measure of lipreading ability, we asked our participants to take part in a lipreading exercise (described on page 8) before classes began and at the end of the course.

Lipreading classes do not typically involve exercises or tests to assess the progress of class members. This is because they provide a diverse range of information and support, and the emphasis on developing this one component is not necessarily the best measure of progress. Furthermore, the requirement to undertake an assessment may place unnecessary pressure on class members, some of whom will be attending as a means of adjusting to hearing loss. However, for the purposes of this research project, we felt that a lipreading exercise would help to demonstrate whether our class members’ lipreading ability was improving.

Participants were each asked to lipread the same set of video clips before starting the course and at the end, so we could make a direct comparison. We did not give them any information about their scores on either exercise until after the project was completed.

There are limited resources available to measure lipreading progress so it is important to note that this exercise was not a perfect assessment of participants' abilities. This was an artificial exercise, in which sentences were played twice and the speaker lacked expression (an important element used to aid lipreading in everyday life). It is also important to note that lipreading ability is likely to fluctuate and is affected by additional factors, such as tiredness and levels of concentration.

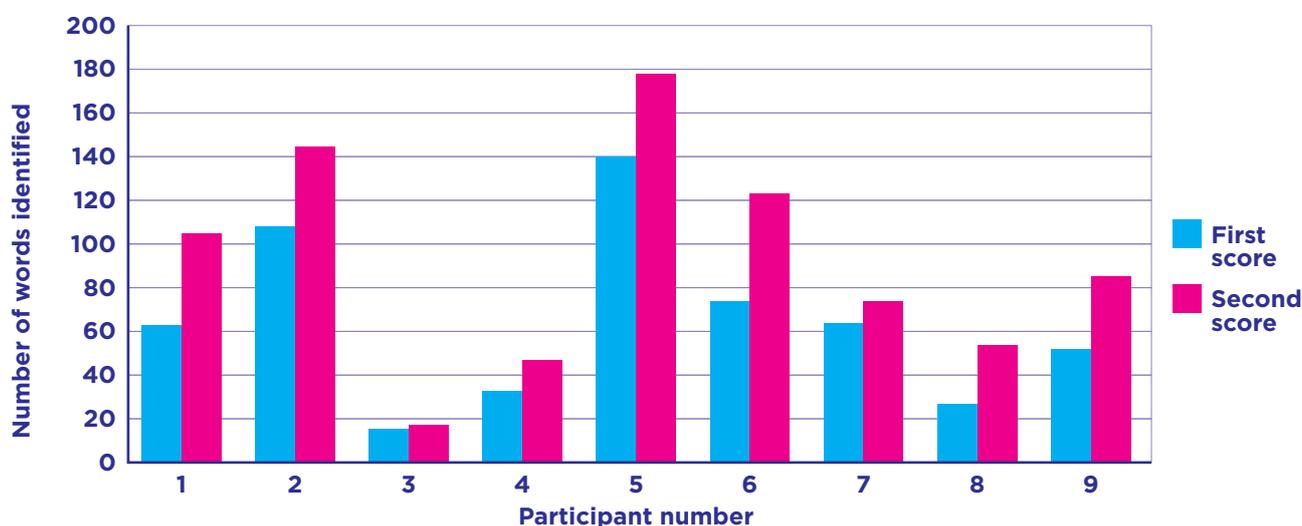
Lipreading exercise scores

Our lipreading assessment showed that all participants who completed the course correctly identified a higher proportion of words during the final exercise, compared with the one they did before starting the course. This suggests that all participants who completed the course had made some improvement over the duration of the course.

The exercise comprised a total of 203 words that participants could have identified. Looking at the group overall, the mean average number of words correctly identified at the first exercise was 64. By the second exercise at the final interview, the mean average number of words identified had risen to 92.

Inevitably, there was variation in how much improvement each individual participant had made as measured by the exercise. At the final exercise, six participants correctly identified 33-49 more words compared with the first interviews. Three participants correctly identified 2-14 more words. Graph 1 illustrates participants' lipreading exercise scores.

Graph 1: Participants' lipreading exercise scores



Some participants started from a higher benchmark in terms of their lipreading ability at the first exercise. This is likely to be a reflection of natural and some self-taught ability, particularly amongst those participants who had been living with hearing loss for a number of years.

It is a positive finding that all participants who completed the course correctly identified a greater proportion of words at the end, compared with before they started. In addition, the findings also indicate that, in some cases, there was a disparity between participants' perceived and actual progress with lipreading. The ability of class members who found it difficult to judge their lipreading progress during the interview did improve, according to the exercise. As such, this suggests that there could be some potential for developing ways of reinforcing the learning and progress that class members are making with developing their lipreading skills.

We recognise that there are good reasons why courses do not currently test class members' progress and would not necessarily suggest this should change. However, there may be some merit in offering an assessment of lipreading ability to those who would like it, as a means of reinforcing their progress on the course. This could be an optional exercise that participants could choose to complete, if they were interested in measuring their progress.

“I come here and I think, ‘Oh, gosh, well have I actually picked anything up?’ So I find it very difficult to know.” Exercise score: Identified 49 additional words at final interview.

“I feel like I did progress in the last term. I don’t know about the actual lipreading skill, it’s hard to really self-assess.” Exercise score: Identified 33 additional words at final interview.

Interviewer: “And do you feel that you have progressed in the last term?”

Participant: “I hope so. I wouldn’t be able to tell you really.” Exercise score: Identified 27 additional words at final interview.

Overall, the results from our exercise suggest that lipreading is a definable skill that can be acquired and developed. Every class member who took part in this project and completed the course objectively demonstrated a measurable improvement in their lipreading ability over the duration of the course.

Table 1: Lipreading exercise scores

Participant number	First interview Number of words correctly identified (max 203)	% of words	Fourth interview Number of words correctly identified (max 203)	% of words	% change	Additional words identified at second exercise
1	63	31%	105	52%	67%	42
2	109	54%	145	71%	33%	36
3	15	7%	17	8%	13%	2
4	33	16%	47	23%	42%	14
5	140	69%	178	88%	27%	38
6	74	36%	123	61%	66%	49
7	64	32%	74	37%	16%	10
8	27	13%	54	27%	100%	27
9	52	25%	85	42%	63%	33
Average	64	31%	92	45%		

Developing additional communication strategies

During the interviews, participants were asked about additional information they had taken from the course beyond developing their lipreading ability. They provided a range of accounts relating to additional knowledge they had acquired through the course and how they had applied this, including:

- having a more open discussion about hearing loss with family and friends
- being more assertive about communication
- knowing how to influence the communication environment
- learning about and using assistive equipment.

This section gives an overview of how participants applied the additional information and support provided through the course and the implications.

Early on in the course, a number of participants spoke about how the discussions in classes had led them to talk more openly about their hearing loss outside of the class. This included discussions with close family members or talking more openly with work colleagues. Feeling comfortable enough to talk openly was often an important first step in encouraging others outside of the course to be more aware of the participants' hearing loss and to understand more about their experiences. As two participants explained:

“I think I’m talking about having a hearing impairment more and they’re beginning to be aware. I suppose there’s more openness; we’re all more open about it so people acknowledge that I’ve got a hearing problem.”

“I’ve certainly found it with friends, bringing the lipreading class up in conversation extends the discussion. They are more open to listening to my experiences, how they can help – I found that with a couple of friends recently.”

A number of participants spoke about becoming increasingly assertive in communication as a result of attending the course. In some cases, this also included having the confidence to be more direct with people about having a hearing loss and what they should do to aid communication or to challenge situations that they didn't feel comfortable with. This included examples where participants were more willing to ask people to repeat themselves or to face them to allow them to lipread.

“I think I’m much more proactive, I’m much more assertive. I think at the first interview I’d sort of realised how introverted I’d actually become, you know, quite isolated. Communication is a two-way thing, so I think I’ve taken more responsibility for communicating and communicating what my needs are and what my problems are, and telling people what I need.”

“The thing that stands out the most to me is my assertiveness and the fact that I feel I have accepted my hearing loss an awful lot more. I feel I have got more confidence to be able to either ask them to repeat something or, in the situation where I have assessed it, I will make the move to get myself in the best position for my disability. I am sure I never used to do that before.”

“I’m more forthright about my communications, I’m more assertive. If I can’t hear people, I will tell them.”

A number of participants also provided practical examples of how they had been able to use their knowledge from the course to manage the communication environment in specific situations. These tended to draw on the information provided about adapting certain environments to reduce the impact of hearing loss and to increase the chances of effective communication. This included having improved knowledge of the best place to position themselves in a group setting, what to consider when choosing an external venue and factors that could help to minimise background noise. Examples included:

“This week it was about being in social situations and one week [the teacher] talked about preparing the environment. The next day I went to work and walked into this big meeting and very assertively said, ‘Right, I’m preparing the environment.’ And I’ve done it again and people almost expect that now. It was just be prepared and make sure you’ve got a seat in the right place and if you’ve got blinds that you can pull down if necessary, lighting and stuff, just being proactive, really.”

“At first I found it difficult. The last five or six meetings, where I’ve grown in confidence purely from my class, now I ask, ‘Can I sit at the head of the table, please?’ Whereas normally he would want to sit there, [I say] I need to sit where I can see everyone’s faces because I need to see your mouth, otherwise I can’t hear you.”

“Just before Christmas, the family was going out for a meal. Having done the managing hearing loss bit, I went to the restaurant a couple of days before, explained that in fact myself and somebody else had a hearing loss, that it would be important where we sat, and he showed me round and literally let me choose the table. Then, when they did the stuff, they switched the air conditioning off and so actually it worked really well and it was one of the best family meals I’ve had.”

One or two participants also said they had found it useful to learn about equipment for people with hearing loss, such as personal listening devices to amplify conversation.

The class setting

We wanted to find out about our participants’ views on the class setting and asked them how they felt about accessing lipreading and managing hearing loss support in this environment. All of them were happy being part of the class and felt that the group setting provided a number of benefits.

The class setting and being able to listen to other members of the group share stories and experiences was often acknowledged to be a beneficial aspect of the course. For some participants, being part of the class was the first time they had been around other people with hearing loss. In these instances, participants found it useful to hear about the lives of others. This sometimes took the form of listening to how other people had handled a particular situation, while at other times it was about acknowledging that other people had similar experiences to their own as a result of hearing loss. As the course progressed, a number of participants said the class setting and group discussions had helped to challenge their views on hearing loss, including feeling less alone in their experiences or less likely to view hearing loss as a barrier.

“People often say, ‘Oh, that has happened to me’, and it’s just nice that you feel you are with people, really for the first time, that have, you know experienced the same frustrations and problems and difficulties. It’s just a relief to know I am not the only one.”

“I just have this overwhelming sense of relief from joining the class, that it’s not me and it is my hearing loss that is creating problems for me in work and social life for the last three, four, five years, and it’s the hearing loss that has created barriers and problems, and actually there are things I can do and that is what the class is teaching me. So quite a huge sense of relief, really.”

From a practical perspective, a number of participants commented that being part of a group of 11 other people was vital; primarily because the group provided different people to practise lipreading exercises with.

“People have different accents and different mouth shapes. We do exercises, we learn, because some of them when they speak hardly move their mouths. They are really difficult to lipread. That’s actually quite a good lesson. So if it’s just one on one, and [the teacher] is very clear, you might have a false idea.”

“You get used to lipreading a particular person, so it becomes easier, and then you see somebody completely new and you think, can’t do it anymore. There are group exercises where we lipread each other or try to, so I suppose that counteracts that.”

The group setting was therefore important for providing both practical and emotional support.

The benefits of early intervention

All of our participants who completed the course found the experience of attending classes beneficial, although they did not always feel it was the same aspects that were of most value. This was illustrated by the diverse range of examples they gave when asked how they had applied the information and knowledge they had taken from the course, such as those discussed in the previous sections.

Some participants said developing their lipreading ability was of most value while for other class members it was the additional strategies or the supportive nature of the class environment that stood out. It was therefore evident that class members assimilated different elements of the course at different rates, taking on board aspects of information that they felt would be most beneficial to them.

There was also some relationship evident between the length of time participants had been living with hearing loss and how much they gained from the course. Those who had lived with it for a considerable time had, during that period, managed to acquire some of the information and knowledge delivered through the course.

A number of participants had been living with hearing loss for a long time, including one who had experienced some level of hearing loss since early childhood. This participant had found the lipreading theory from the course particularly interesting, having never formally learned it. However, he had done a great deal of his own research to support his adjustment to hearing loss and was already aware of and using many of the additional communication tips from the classes. In other instances, the strategies discussed through the course helped to re-affirm knowledge that participants already had about managing hearing loss that they had picked up over time. As two class members explained:

“In terms of managing hearing loss, I confess I don’t find myself learning anything new... Some of them have only lost their hearing very recently, it’s all very new for them... Whenever I sit in a room I am already thinking about the layout, where the windows are, where the light is. I’ve done that for donkey’s years.”

“I suppose in the past sometimes when I sort of said to people, ‘Can we not sit there, can we sit over there’, it’s made me feel that I am being awkward or difficult. I think doing that exercise made me think, no, this is a valid concern and if you are hard of hearing, it is going to be more difficult for you in a restaurant than for anybody else.”

This could be contrasted with participants who had experienced a more recent hearing loss, where course information was much newer to them and provided tactics that they were not already familiar with.

“She did a lesson that included socialising and where was the best place to sit in certain areas, restaurants, and what to look for. That was the turning point for me.”

This pattern was also evident for the more supportive aspects of the course. Some participants who had lived with hearing loss for a longer period of time did not find the group discussion sessions as beneficial as those who were still adjusting to a recent hearing loss, although they did appreciate that they were of value to other class members.

“When we’ve discussed perhaps aids or issues surrounding deafness, I think there are other people in the class for whom they are relevant, and for me they’re not at the moment. I mean, I can completely understand why they’re part of the course, but I suppose for me personally they’ve been less relevant and interesting.”

“I’d also recommend it for the social aspect and coming to terms with where you are. If people have got a sudden hearing loss, that could be quite traumatic, which I had, and I think coming to terms with it and understanding it earlier.. would be a benefit for them.”

While there was inevitably some variation in which aspects of the course individuals felt were of most value, there was an overall consensus amongst class members that it was beneficial that the course had covered both lipreading and managing hearing loss.

Overall, participants shared the view that it would be difficult to separate out these two aspects of the course, since the nature of the classes was such that the content tended to be interrelated and complementary. Participants’ comments about this issue included:

“The thing is, lipreading is a misnomer, because you’re not just reading lips, you’re actually doing much more than that. And then even if you were really, really brilliant you’d probably only get 30% and you’re then having to learn strategies to fill in the gaps, the 70% plus, and a lot of that is – well, some of it is – just learning assertiveness. [The teacher] said about learning and using closed questions, it’s learning that.”

“It is very helpful to have them both in one class... I think it is going to be very difficult to separate the two because quite often lipreading will become managing and vice versa.”

“Personally, I’d want to do both. So I’m happy with the combination of the two together because I personally don’t think you can manage hearing loss without learning the background of how to lipread.”

These findings suggest that while everyone with hearing loss has the potential to derive some benefit from a lipreading and managing hearing loss course, the classes may be most beneficial for people who have recently developed hearing loss and are more unfamiliar with the course content.

The impact of attending the course

This section provides an overview of how attending the course affected participants. It considers the impact on communication as a result of attending the course and then looks at the effect on day-to-day life. It is based on key themes that emerged from an analysis of the interview data across all five life areas. There is more information about each individual life area, including scale scores, in Annex 2.

Impact on communication: confidence, control, independence

The examples provided in the previous sections help illustrate how our participants were able to apply the information and knowledge imparted through the course outside of the class setting. The accounts drew on the wide-ranging topics covered during the course.

In addition to developing their lipreading skills, our participants were able to demonstrate that they acquired a range of other knowledge as a result of attending the course, that they could apply outside of the class setting. This included developing additional communication tactics (to support lipreading ability), understanding how to influence the communication environment, and increased awareness of assistive equipment and services. This highlights the holistic nature of the support the course provided.

While our participants gave varied accounts of the knowledge they had gained through the classes, a number of common themes emerged about how they were now approaching communication. These were:

- confidence
- control
- independence.

Participants demonstrated confidence, control and independence in different ways as they discussed how the course had affected their approach to communication.

Participants grew in confidence as they attended the classes, both through gaining new communication techniques that they could apply outside of the class and also from the supportive environment of interacting with other people with hearing loss. For some class members confidence in managing hearing loss and being able to engage in effective communication was about feeling able to tell people about their hearing loss. Others demonstrated their confidence by being more assertive with people, such as feeling comfortable asking them to repeat or to face them.

For some participants, exercising control meant being more direct with people about how best to communicate. Class members were also exercising control when using their knowledge to manage situations and adapt environments to minimise the effects of their hearing loss and increase the chances of effective interaction.

In addition, the classes equipped participants with the knowledge to independently manage communication. Being able increasingly to rely on lipreading was one example of how participants could more independently manage communication. They also demonstrated their independence by having more information about how to get the most out of a particular situation and being able to act upfront to manage certain environments. By being able to take control and manage environments assertively, it made it more likely that participants would be able to get the most out of a situation and would not be isolated or excluded from communication.

These themes were also important in relation to the role of others, as the knowledge and tools that enabled class members to be more confident, in control and independent could be used to manage other people. This could involve employing tactics directly (for example, giving explicit instructions to people) or indirectly, such as by having their own strategies to reduce the likelihood that they would be left out of communication as a result of the actions of others.

At the final interviews many of our participants felt that the way in which they communicated with people had changed since starting the course. Their accounts echoed how they had used knowledge from the course to support this and demonstrated confidence, control and independence in a number of different ways. Compared with before the course, participants were:

- more in control of facilitating and improving communication
- able to act independently to facilitate communication and less reliant on others
- more proactive and confident about communicating.

Participants' comments about their views on communication at the end of the course included:

“It makes you more aware of having to assess situations very quickly. Instead of allowing yourself to be carried by the flow of communications, it makes you be a bit more in control.”

“I probably have been a bit more assertive in controlling a situation because I recognise that I need to control it.”

“The whole thing about being much more aware of my needs and being able to assert those needs, so I think that’s one of the most important things. The skills, you know, the actual communication skills, have been really useful.”

Interviewer: “Do you think the way you communicate with people has changed since starting the course?”

Participant: “Completely, 110% changed, it’s totally changed. My whole outlook on starting a conversation with someone, yeah totally. I can’t tell you how much it’s changed.”

Impact on day-to-day life

When looking at the impact of the course on participants’ day-to-day lives, we were encouraged to find that all class members reported positive changes in multiple life areas, citing the full range of course content.

These outcomes were unique for each individual, as participants used their lipreading skills and additional knowledge from the course to support communication in the aspects of their life that were most meaningful to them. Positive change was evidenced by class members reporting improvements on our scale measure. Details of our class members’ scale scores can be found in Annex 2.

By the end of the course our participants had developed a range of new communication strategies and tools that they could use in different situations. Consequently, in certain situations, they felt more empowered and were less likely to feel isolated from communication or let themselves be isolated. They were also more likely to take part in, and try to get the most out of, day-to-day activities that were important to them.

Examples of how the course had benefited class members’ in their day-to-day lives included:

- managing hearing loss: improved management of hearing loss overall
- mental and emotional wellbeing: feeling less negative about hearing loss
- personal development: being able to manage better during work meetings
- relationships: having a more open discussion about hearing loss with family members
- social skills and participation: less likely to find social activities isolating.

Participants’ comments included:

“I feel like I am incorporating lipreading in structured situations, the weekly meeting at work. That has been the case for the last year. I am aware I am managing that much, much better. It tends to be the same people so I have learned their lipshapes and things like that, which is good because that is the crucial meeting at work.”

“But the whole thing, I’ve got to say hand on heart, the whole thing has been a real life changer, but that particular lesson, something in me switched and I just thought, do you know what, I can do this, I can go to these restaurants, I can go to bars and cinemas... it’s really given me the confidence to say ‘Can you look at me. Can you face me’? So that’s been this term for definite for me.”

“In terms of lipreading it’s had its impact, I feel a bit more confident about the future.”

Conclusions and recommendations

Summary of key findings

1. Lipreading is a definable skill that can be acquired and developed. Every class member who took part in this project and completed the course, objectively demonstrated a measurable improvement in their lipreading ability over the duration of the course.
2. Lipreading skill acquisition progressed at different rates among participants and there were some instances where perceived ability did not match actual skill acquisition. A number of class members did not feel that they had developed their lipreading skills and attributed an increased sense of confidence to other aspects of the course experience. Our objective test demonstrated that their lipreading ability had improved. This suggests there is a role for mechanisms to demonstrate and reinforce the progress being made when developing lipreading skills.
3. In addition to developing the ability to lipread, our participants were able to demonstrate that they acquired other knowledge as a result of attending the course that they could apply outside of the class setting. This included developing additional communication tactics (to support lipreading), knowledge of how to influence the communication environment and increased awareness of assistive equipment and services. This highlights the holistic nature of the support delivered through the course and confirms that the benefits of attendance are not limited to developing the ability to recognise lip patterns.
4. Participants who had experienced hearing loss most recently, reported the greatest benefit. Information imparted through the course was more likely to be unfamiliar to participants with a more recent hearing loss. Participants who had lived with hearing loss for a considerable time had, during that period, managed to acquire some of the information and knowledge delivered through the course.
5. There were some clear themes in terms of how participants' communication tactics had changed over the duration of the course. These themes were: confidence, control and independence. Compared with before the course, participants were:
 - more in control of facilitating and improving communication
 - able to act independently to facilitate communication and less reliant on others
 - more proactive and confident about communicating.
6. All participants reported positive changes in multiple life areas, citing the full range of course content and the class format for learning. These outcomes were unique for each individual, as participants used their lipreading ability and knowledge from the course to support communication in the aspects of their life that were most meaningful to them.

7. Examples of how the course had benefited class members in their day-to-day life included:
 - managing hearing loss: improved management of hearing loss overall
 - mentally and emotionally: feeling less negative about hearing loss
 - personal development: being able to manage better during work meetings
 - relationships: having a more open discussion about hearing loss with family members
 - social skills and participation: less likely to find social activities isolating.

Conclusions and recommendations

Our findings demonstrate that the lipreading and managing hearing loss course provided a package of support that was vital in enabling people to adjust to and manage their hearing loss, a long-term condition. In this class, delivered by a qualified lipreading tutor, participants benefited in both areas of the course: the acquisition of lipreading skills and improved management of hearing loss. Communication is an essential aspect of independent living and lipreading is a vital communication skill for people with hearing loss. Additional tips and techniques, delivered through the course, also helped to improve communication. We found that attending a lipreading and managing hearing loss course led to a wide range of benefits, particularly for learners accessing this support soon after developing hearing loss. Overall, our findings demonstrate that accessing this support equipped learners with a range of communication tactics that they could use to participate in day-to-day activities.

Recommendations

- 1. Recognise lipreading and managing hearing loss support as a vital tool in helping people adjust to and manage hearing loss.**
 - A range of mechanisms should be provided to enable people to effectively adjust to and manage hearing loss. Government should recognise lipreading and managing hearing loss support as vital to complementing interventions such as hearing aids, for people adjusting to and managing hearing loss. As such, lipreading and managing hearing loss support should be seen as an important contribution to re-ablement: the development of skills necessary for longer-term wellbeing. This should include consideration of funding and delivery mechanisms where necessary, including the position that this support has within hearing services, to ensure people with hearing loss are able to access this support as close to diagnosis as possible.

- In England, we recommend that the government carries out a cross-departmental review to identify how people with hearing loss can have adequate and appropriate access to lipreading and managing hearing loss support. In light of the findings in this report, which demonstrate clearly how this support can bring wide-ranging benefits to people's lives, this review should focus on health, adult education, skills, training and employment.
- The Scottish Government and the Welsh Government already recognise that lipreading and managing hearing loss support is part of the health agenda, bringing rehabilitative benefits to people with hearing loss.
- In Northern Ireland, we are calling on the Department of Health, Social Services and Public Safety and the Department for Employment and Learning to work together to ensure that people with hearing loss have adequate access to lipreading and managing hearing loss support.

2. Review provision of lipreading and managing hearing loss support to ensure that there is adequate access for people with hearing loss. We encourage government to consider whether the current mechanisms for the provision of lipreading and managing hearing loss support are sufficient to meet demand, so that everyone with hearing loss who wants to access this support is able to do so.

- In England, there should be an enhanced recognition of the complexity of lipreading as a communication skill and the holistic impact on people's lives, compared with other Community Learning opportunities, leading to more cross-departmental working, as proposed above.
- We also encourage co-ordination at a local level in England, between health and wellbeing boards and current lipreading class providers, to ring-fence funding for lipreading and managing hearing loss support. Health and wellbeing boards are uniquely placed to assess the needs of local communities. Partnership working will help to ensure the current support provided is maintained and avoid a further decline in classes.
- We welcome steps taken by the Scottish and Welsh governments to invest in projects that will contribute to increasing the provision of lipreading and managing hearing loss support. The Scottish Government has identified £200,000 as part of a commitment to improve access to lipreading training. This includes funding for a new course to train more lipreading tutors. A £202,000 investment from the Welsh Government will train a group of 24 lipreading tutors from across Wales, develop a patient pathway and deliver a programme to support people to improve their lipreading skills and manage their hearing loss.
- We also welcome a recent grant from the Health and Social Care Board in Northern Ireland to train new lipreading teachers in 2013–2014, as an important first step towards more consistent access across the country.

3. Research to explore and identify the most effective ways of delivering lipreading and managing hearing loss support.

- This should include consideration of the most efficient and most cost-effective means of delivering lipreading and managing hearing loss support.
- We will be conducting a study to explore the benefits of accessing lipreading and managing hearing loss support directly after diagnosis of hearing loss.

- We also encourage current **lipreading course providers** to review course delivery and consider the potential for developing materials to reinforce learning and the progress made with developing lipreading skills in a class environment.
- We provide information for **people with hearing loss who want to access a lipreading class** but are unable to do so.

Annex: Exploring the impact of the course in more detail

Annex 1: The scale

	1	2	3	4	5	6
My feelings about this area are mainly... My thoughts on my current situation...	<p>Negative feelings I don't want it to be like this. I would prefer it not to be like this.</p>	<p>I have thought about and understood why I feel something is not right in this area. I feel that I might be able to address some of the barriers in this area, but it will be difficult.</p>	<p>I'm not sure I want it to be like this. I have mixed feelings about this area. My feelings about this area are neutral.</p>	<p>I have some negative feelings about this area, but my feelings are mainly positive. I anticipate that in time, things will change for the better</p>	<p>Positive feelings This is how I want it to be.</p>	<p>I feel completely content with this area of my life. I feel confident that I have control over this area of my life.</p>
What you might be thinking (examples only)	<p>I am aware (or becoming aware) that something is not right in this area. I feel that there are barriers in this area that I do not have control over.</p>	<p>I have some positive feelings about this area, but my feelings are mainly negative. I feel a sense of uncertainty at making changes in this area</p>	<p>I feel content with the progress made in this area of my life. I feel that I have overcome barriers in this area and things have changed.</p>	<p>There are changes that I could make to this area of my life, but these are minor things that do not bother me that much or are not a priority.</p>	<p>I feel content with the progress made in this area of my life. I feel confident that I have control over this area of my life.</p>	<p>Maintained action: I have completed and maintained changes to my life which have made a difference to how I feel about this area of my life.</p>
Your actions (examples only)	<p>Inaction: I feel I don't know what to do or can't do anything about this.</p>	<p>I could do something: I have had some thoughts or ideas about what to do, but haven't done anything yet</p>	<p>I will do something: I have identified opportunities to do things differently or take action</p>	<p>I'm starting to do something: I have started to do things differently in an attempt to change things in this area and I am committed to making these changes.</p>	<p>I have done something: I have made changes to this area of my life and noticed an improvement.</p>	<p>I have done something: I have made changes to this area of my life and noticed an improvement.</p>

Annex 2a: Life areas – group scale scores and themes

Introduction

The findings discussed in the previous sections begin to demonstrate the varied ways in which our participants used the knowledge from the course. As our class was made up of a diverse group of people, each person took away different things from the course and the knowledge they gained helped them in different ways in their day-to-day lives. Inevitably, the extent to which the knowledge from a class such as this can benefit participants will also be affected by factors such as level of hearing loss, attitude to hearing loss in the first instance and personality.

This section of the report provides additional details about the benefits of the course, focusing on our participants' discussions about life areas. Annex 2a presents an average of the groups' scale scores in each life area. Individual scale scores are included in Annex 2b.

Managing hearing loss

Average scale scores from interviews				
First	Second	Third	Fourth	Change between first and last interviews
3.6	4.3	4.4	5.1	1.5

Along with mental and emotional wellbeing, this area represented the biggest change in average scores when comparing initial scale scores with those at the end of the course. The average score at the first interview was 3.6, while by the end of the course, this had increased to 5.1.

At the first interviews, most participants rated themselves in the middle of the scale, at either a 3 or a 4, with progress being a key theme. Participants said they had already taken steps to manage their hearing loss, but recognised that they could make further improvements. They also felt that the course would offer clear opportunities to address this further. Therefore, scores at the initial interview tended to be a weighing up of these two issues: recognising that management of hearing loss had progressed but also anticipating that the course would lead to further improvements.

“Hearing loss management generally, I think there are areas I could improve. It’s got better over the years, but I am still definitely going to stick with 3. I’d like to see that at least at a 5 at the end of the year.”

“I just think it could be better. If I were more pushy it could go up to 4 or even 5, but it’s just becoming more pushy. If I could lipread, I feel I could be more pushy because I could say, ‘ I have to lipread’, if you see what I mean.”

Although at each interview participants were asked about this as a separate life area, it was clear that managing hearing loss interacted with the other life areas they discussed. Examples of applying knowledge from the course at work or in social settings all demonstrated ways in which participants were increasingly managing their hearing loss as the course progressed.

When asked directly about this area, the themes of control and independence were clear in participants' accounts. They recognised that the course had provided access to a whole range of knowledge and information, which they were able to use and apply as they needed to. Overall, the knowledge that they had gained through the course and the experiences of applying this contributed to increasing scores in this area.

“I think I could say I’m 10 there as well. Brilliant. I think that went hand in hand with learning to lipread and that’s why I said to you I think it’s really important that they do go together.”

“I think I’m much better at managing my hearing loss. I think I’m more proactive about things. I don’t feel guilty, I don’t think I’m being a pain. I feel that I’m getting more empathy and understanding from other people, so that’s about the sort of two-way communication process, I think.”

“I would increase my score there because I think I’ve been managing other people better. So I am more in control of that aspect, that was dragging it down to 4.”

Another clear theme within this area was that of acceptance, with a number of participants stating that they had developed an increasing acceptance of their hearing loss as a result of attending the course.

“If we take the idea that managing hearing loss also can involve accepting hearing loss, then I am in a very good place about that, probably give myself a 5, because that certainly has been a noticeable change in this nine months.”

“I can honestly say to you now that it’s definitely a 4, because I have got to the point now, that if I tell somebody I have got a hearing loss, and they don’t like me because of it, then they are not worth knowing.”

“Again, it is just the kind of acceptance feeling I guess and the reassurance of having met other people.”

Mental and emotional wellbeing

Average scale scores from interviews				
First	Second	Third	Fourth	Change between first and last interviews
3.4	4.1	4.4	4.9	1.5

It was evident that participants' experiences in other life areas discussed through the research were interrelated with how they chose to rate themselves in the area of mental and emotional wellbeing. At the first interviews, participants who had discussed what they felt were negative experiences in other life areas – whether this was difficulty at work or feeling isolated from social activities – tended to have a lower rating in the area of mental and emotional wellbeing.

Initially, some of our participants were very open about the extent to which their self-esteem and confidence had been affected by trying to adjust to their hearing loss. For many of them, hearing loss had contributed to a sense of isolation, which had a knock-on effect on confidence and self-esteem. Experiences where other people had not responded well to their hearing loss or had not been supportive in enabling communication were also mentioned as contributing to negative feelings about hearing loss and difficulties in trying to address it.

As such, for some participants, scores tended to increase throughout the course as they had more positive experiences by applying learning from the course and generally feeling more confident within themselves and more comfortable with their hearing loss.

“That would be about the same but possibly a bit better, and I am feeling a lot more sort of sanguine about it now. I have accepted it a lot more... I think having met so many other people in the same or similar situation it is like, suddenly, I am not completely alone.”

“My assertiveness makes me happier. Generally, I feel much better, I enjoy going to lipreading classes.”

It is important to highlight that as the project progressed, some participants commented that other factors in their lives also affected their mental and emotional wellbeing. In some cases, they said it was difficult to rate this area just by thinking about the impact of their hearing loss or how the course had affected them. For example, one participant attended a British Sign Language course alongside the lipreading and managing hearing loss course. This had also had a big impact on their views about their hearing loss and, subsequently, their mental and emotional wellbeing.

“The lipreading course, I know I benefit from it and I’m very pleased to be doing it, but it’s trying to identify. I mean I can identify that sense, oh I’m not alone in this, which helps and you know I do look forward to going there on Tuesday, they’re a really nice bunch. Yes, it’s been nice, but it hasn’t been as significant as the other two things I’ve talked about.”

For many participants, the knowledge and support delivered through the course had a positive effect on their mental and emotional wellbeing, with all but one increasing their scale scores at the end of the course, compared with the first interview. Six participants ended the course with scale ratings of 5 or 6, reflecting positive thoughts about this area. This life area represented one of the biggest changes in scale scores, with a 1.5 point increase between average scores at the start and end of the course.

Gaining control over communication and growing in confidence and assertiveness had, for some participants, helped to combat the negative feelings discussed in this area at their first interview, making them feel generally more positive about their mental and emotional wellbeing.

“Because the thing is that all this, any element that can actually be introduced to your communications process, is going to make it easier, is going to have a positive impact day-to-day on your wellbeing in general.”

“My thoughts are knowing that I can rely on lipreading a bit more, it does help, so I wasn’t in a bad place emotionally anyway, and I am still not.”

“I wasn’t a very confident person anyway, so the hearing thing knocked that even further, so that is going to take a while to get back. But I think just generally, in myself, I feel a lot more confident.”

Personal development

Average scale scores from interviews				
First	Second	Third	Fourth	Change between first and last interviews
2.7	3.3	3.8	4	1.3

We know from previous research that people with hearing loss face the prospect of poorer labour market outcomes¹⁰. We were therefore interested to see how attending the course might affect our participants’ work and employment.

¹⁰ Baker, M. (2006) Opportunity Blocked: RNID.

There was a range of personal development experiences. For some of our participants, hearing loss had had a significant impact on their working lives. Four participants who completed the course rated this area at the lower end of the scale at their first interview, reflecting negative feelings about it.

One of these participants had been unemployed at the start of the course and felt that hearing loss would make it difficult to secure future work. Others, while currently employed, felt that their hearing loss created barriers for them in the work place. This included making it difficult for them to undertake training, or feeling like they weren't managing as well as they could be at work.

“I have done a course in that [subject] and then there was an opportunity to go on with that and I thought actually, I won't, so I am beginning to now not do things because I know I will struggle.”

“... work life has got much better but still professionally I feel like I am not doing as well as I could do.”

Five participants rated themselves in the middle of the scale (rating 3 or 4) for personal development at the first interview. While they had some issues connected to hearing loss, these participants seemed reasonably content with their current employment situation. At the initial interviews, there was a clear theme among respondents currently in work: they were concerned about the future and how hearing loss would affect their employment prospects.

“At the moment it's manageable but I'm aware, again, in the future, I could really end up struggling to hear what someone's saying to me in an important meeting, in a situation where there's a lot of background noise and I think lipreading could be absolutely invaluable for that.”

In terms of how the course had benefited participants in their working lives, the themes of confidence, control and independence were evident in a number of their accounts. A number spoke about being more assertive and more proactive in addressing their hearing loss at work. This was reflected through a range of different examples, such as having more of an open discussion with colleagues about hearing loss or by having strategies to manage situations upfront, including new communication tactics. Examples of changes at work included managing meetings better and improved communication with colleagues in general.

“My manager is very supportive and I've been talking a lot more about having a hearing impairment. There's a lot more awareness, and I brought equipment into the meetings and just talk about where I should sit and stuff like that, so there's a lot more awareness.”

“I’ve been testing myself in the sense that I will sit in a specific place in the office and see how much I can lipread when they’re actually taking handover and I think I am actually picking up more.”

Two participants also mentioned that trying out equipment for people with hearing loss in the classes had proved beneficial at work. The classes gave them an opportunity that they might not otherwise have had, to try out and learn about assistive equipment and consider whether it might be useful outside of the class settings. One participant had tried out a personal listening device for the first time during a class and had subsequently arranged for one to be ordered through work, which had been very beneficial for use in meetings:

“The [personal listener] has changed my life at work and I don’t use that word lightly, it has changed my life... I went to a meeting, took it with me, and could hear what was being said rather than having to strain.”

Knowing about equipment that could aid communication was again important to give participants a means of acting independently, and could to a certain extent reduce the impact of other people’s behaviour. One participant spoke about the benefits of using an assistive device during a large work meeting:

“So I went the day before and said, ‘Right, I’m deaf, [Name] is doing this talk. I’ll stay at the front of the room, fine, but when he starts doing his wanderings and walking around I’m not going to hear, so can you give him this [personal listener] thing to wear please?’ So I showed her how it worked and we all got up there at 2.55 and he walked in at 3 o’clock and there he was wearing it and I could hear him.”

Seven participants had increased their scale score in this area by the end of the course. Four rated themselves in the middle of the scale, reflecting that they had overcome negative feelings, while three rated themselves at the top end of the scale, reflecting positive thoughts about this area. The examples above and discussed earlier in the report illustrate that for some participants, the classes provided information that they were able to use to significantly improve communication at work.

However, it is important to highlight that there were some instances where participants’ scores in this area fluctuated throughout the project, and where scores remained in the lower range at the end of the course.

In some instances, low scores were the result of specific instances at work that could not be addressed by the information and support participants had acquired through the course, such as dealing with individuals who had a negative attitude. In other cases, it was a response to feeling that the environment more generally was not conducive to supporting hearing loss. One participant spoke about how the culture of their organisation was not supportive of hearing loss, making it difficult to have a conversation about it or manage the situation openly in the way that other participants had discussed. Another spoke about the barriers in the job market more generally as a result of hearing loss.

“I suppose what comes out of the course is trying to be upfront about it, but I am just not willing to do that at work, because I think there’s just too much at stake.”

“I’m still very aware of how limited my options are, like not being able to use the phone. And I walk past and I see a group of people all chatting and bantering and I can’t do that, so I am very conscious that opportunities are limited and that does get me down, not being able to do what I was able to do a few years ago.”

Our previous research¹¹ has also found that the culture of an organisation can make a substantial difference to people’s experience of hearing loss in the workplace. These findings highlight that while there are clear demonstrable benefits that some participants gained through the course that could be applied to their working lives, the attitude of others and the way in which hearing loss is perceived more generally within society cannot always be overcome by these individual strategies imparted through the course.

Relationships

Average scale scores from interviews				
First	Second	Third	Fourth	Change between first and last interviews
3.8	4.1	4.2	4.7	0.9

This life area received the highest average scale rating at the start of the interview process. Eight out of nine participants rated it at either a 4 or a 5 on our scale, reflecting mainly positive feelings. They were predominantly thinking about family relationships and relationships with close friends.

11 Matthews, L. (2011) Unlimited Potential: A research report into hearing loss in the workplace: Action on Hearing Loss

On the whole, many participants felt that their close family had been supportive and understanding in responding to their hearing loss. There were some minor frustrations evident when discussing this area, typically that family members or friends would forget the best ways of communicating with them.

There was some variation in participants' views of friendships. Some felt that close friends had tried to be considerate of their hearing loss and did not view these relationships as problematic. Others commented that hearing loss had led to a change in dynamic amongst close friends. Because there was a sense that family and friends did try to be supportive, some of our participants reported in the early interviews that there was little room for change in the area of relationships, in terms of how the course might benefit them.

As a result of attending the course the main change discussed by participants in this area tended to be that they were able to have more of an open discussion about hearing loss with family and friends. Sometimes attending classes had been a useful basis for starting the conversation about hearing loss, and a number of participants spoke about having shared details from the classes with family members. In some instances, this was about sharing information as a point of interest (for example, a number of participants mentioned teaching family members about the finger-spelling alphabet). In others, this was about sharing practical advice with family and friends about how to improve communication.

Compared with the first interview, five participants had increased their score by the end of the course, in most cases by only one scale point. Four participants' scores had remained the same, reflecting that there was perhaps limited opportunity for the course to have a substantial impact in this life area. The following quotes provide some examples of how the classes benefited participants in the area of relationships.

“I’ve gone up to a 5 now, basically because I think it’s more of an open discussion, so I can now say that I take lipreading classes and people are interested in that, whereas before I would say I try to lipread and people said, yeah, well, that’s fine. So it’s more credible now, so I’ve put it up to a 5.”

“I have become much more assertive around family, more family and friends, but I’d say it’s more family. And as I said, with the issue in the mornings, I think my lipreading... has become more obvious as long as I have got my glasses on.”

“So then [my husband] started to come in. We’d be in the lounge and he would stand in front of me, he might be blocking the telly and one of the boys would go ‘dad we can’t see’ and he’d say ‘but I’m talking to your mum, and your mum needs to see me’. Little comments like that over the past six or eight months, and it’s started to have an impact.”

Social skills and participation

Average scale scores from interviews				
First	Second	Third	Fourth	Change between first and last interviews
3.5	3.8	3.9	4.4	0.9

Social skills and participation tended to be about how participants socialised with other people and the activities they liked to do in their free time, including going to restaurants or events.

For some participants the increased confidence gained through the classes had made them more proactive in the area of social skills and participation. Again, as with personal development, a number of participants spoke about how the classes had enabled them to assess situations beforehand. They said the course gave them more control and independence over how to manage a situation, to ensure they could interact during certain social activities and were not likely to feel isolated. Examples included knowing more about the best place to sit in a group setting or trying to encourage friends to use specific venues for social activities.

“Like last night we did a discussion about the best place to sit in a restaurant and things like that. Because you don’t think about these things until you talk about them.”

“Well, social situations I have every day, especially when I go to lunch with people from work, and I tend to remind them of where to sit.”

“I think I go with a much more positive attitude now you know, whereas I’d got into this sort of mind set that it was going to be miserable, I wasn’t going to enjoy it and you know you reap what you give out really, but now I feel much more positive and I can go and meet friends.”

For other participants the classes had contributed to a sense of control in a different way. A few talked about being more comfortable about acknowledging where social situations would be difficult. In these instances, they felt more empowered to turn down invitations where they felt their hearing loss would be too much of a barrier to enjoyment, such as in situations where it would be more difficult to manage and have control over the environment.

“I would say slightly more positive than last time, maybe veering towards a 5, but still not perfect. But now I feel more comfortable if somebody is inviting a load of people to dinner or something and I know it is just going to be unbearable. Then I’ll say I’ll meet you afterwards, some other time, and try and steer social gatherings to more manageable places like going to somebody’s house, where it is easier.”

“There’s a couple of social invitations that I’ve refused, and before I would have made an excuse, refused, and not really been clear about why I was refusing...I just knew that I wouldn’t get much out of it and I would feel horrible. But actually now I can think the reason I don’t want to go is because I know I won’t be able to hear. It’s like I have a choice, I feel I can choose.”

“I think it’s helped my self-awareness and it’s helped me think through, forward think through, a situation before I actually go into it... Actually being more confident, forward thinking, to say, ‘well, I am not happy with that, so I am not going to go with it.’”

Two participants had increased their scores by a number of points at the end of the course compared with the start – one by two points and one by three. For them, the knowledge they gained from the course had been particularly beneficial in the area of social skills and it had had a big impact.

“Social skills was 2, so I was having lots of difficulties then, and then I’d come on up to 4 for relationships. I think 5, I feel like I’ve overcome barriers and things have changed.”

“I know I’ve said it before, but the whole journey of just learning to lipread, the biggest thing is the social skills side of it. I can’t tell you what an impact that class has on me and I think it overshadows everything else really. That’s the biggest impact it’s had on my whole life, is giving me back the confidence to have a social life again and then from that it touched on all the other areas outside of my social life.”

However, as with the area of personal development, some participants acknowledged that there were instances where the knowledge from the class would be of more limited benefit to them in social situations. In some cases, they spoke about practical factors that created more difficulty, such as larger groups of people which were more difficult to manage, or being in environments with an excess of background noise. In other cases, some participants commented that the attitudes of others would inevitably play a role, too.

“Some people are great but a lot of people aren’t and I think it goes back to this thing of, you know, you sort of think, it should be all the hearing people that should be educated at the same time as we are learning how to lipread.”

Overall, there was therefore less movement in scale scores in this area, compared with other life areas. This reflected that the class had delivered some benefits in this area, while acknowledging there were also limitations to the extent it could bring change. At the end of the course six participants had raised their score, although for four this reflected only a minor increase during the course: a rise of half or one point between the start and end of the course. Two participants’ scores had remained stable in this area, reflecting no change. One participant’s score went down.

Annex 2b: Individual scale scores

Participant 1

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	5	6	6	+2
Personal development	3	4	4	4	+1
Social skills and participation	5	5	6	6	+1
Mental and emotional wellbeing	5	5	6	6	+1
Managing hearing loss	4	4	5	5	+1

- First developed hearing loss approximately 10 years ago.
- Scores at the higher end of the scale reflected that they felt that hearing loss had not created major barriers in day-to-day life.
- Identified the lipreading elements of the course as the most beneficial and was using lipreading as a communication tactic outside of the class setting. Attending the classes had provided a useful platform for telling other people about hearing loss.

“I now do believe that I actually lipread and I feel I’ve got an excuse to try because I’ve done the course, I can say to people I lipread and they don’t mind me looking at them when I’m talking to them.”

Participant 2

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	4.5	-	5	+1
Personal development	3	1	-	3.5	+0.5
Social skills and participation	4	5	-	6	+2
Mental and emotional wellbeing	4	5	-	4.5	+0.5
Managing hearing loss	2	4	-	6	+4

- Hearing loss happened approximately two years before the course.
- Identified content related to both lipreading and managing hearing loss as beneficial, particularly content about how to manage social situations.
- Felt they were much more proactive at managing hearing loss as a result of the additional strategies developed through the course and that their lipreading ability had progressed as a result of attending classes.

“I’m being more proactive in my own self in how I manage my hearing loss. I never did that before, I never really understood how I could manage it and how I could control it.”

Participant 3

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	5	5	5	5	-
Personal development	4	5	5.5	6	+2
Social skills and participation	5	5	5	5	-
Mental and emotional wellbeing	5	6	6	6	+1
Managing hearing loss	3	5	5	5.5	+2.5

- Finding out about and trying out assistive equipment through the course was particularly beneficial for work.
- Felt able to be more assertive about telling people about hearing loss.
- Identified less benefit from the lipreading aspect of course, because they relied on a good level of residual hearing with hearing aids.

“Work is a lot better, but that’s through equipment and things like that. I’m more assertive with letting people know at work that I am deaf.”

Participant 4

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	4	4	5	+1
Personal development	2	3	2	2	-
Social skills and participation	2	3	3	3	+1
Mental and emotional wellbeing	2	3	2	3	+1
Managing hearing loss	3	4	3	4	+1

- Had hearing loss for approximately 10 years.
- Found it difficult to judge lipreading ability.
- Felt the course had helped them to be more assertive, particularly with family members, and had also improved their management of hearing loss.

“I don’t think I was managing my hearing loss particularly well at all before the whole course. So that is the one that stands out most to me.”

Participant 5

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	3	3	4	-
Personal development	2	2	3	3	+1
Social skills and participation	2	1	1	1	-1
Mental and emotional wellbeing	2	3	5	5	+3
Managing hearing loss	3	4	4	5	+2

- First diagnosed with hearing loss in childhood and had developed own tactics and strategies to manage hearing loss throughout life.
- Already used lipreading in communication before starting the course but found learning about lipreading theory helped them to improve further.

“So in terms of actually learning new strategies, I probably haven’t, it’s just reinforced what I already know, with the only exception being obviously understanding the theory behind lipreading. That’s helped, that’s helped a lot.”

Participant 6

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	4	4	4	-
Personal development	4	4	3.5	3.5	-0.5
Social skills and participation	4	4	4	4.5	+0.5
Mental and emotional wellbeing	4	4	4	4.5	+0.5
Managing hearing loss	4	4	4	4.5	+0.5

- First got hearing aids approximately 18 months before starting the course.
- Found it beneficial meeting other people with hearing loss.
- Felt the course had provided useful tips to apply in social situations.

“The most positive thing is the supportive environment. It’s been a really positive experience for me and I think right from the word go what I appreciated about it most was the opportunity to meet other people of a similar age, mostly, who are in a similar position to me and I have never really had that before.”

Participant 7

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	4	4	4	-
Personal development	2	4	4	4	+2
Social skills and participation	4	4	4	4	-
Mental and emotional wellbeing	4	4	4	5	+1
Managing hearing loss	4	5	5	5	+1

- Had lived with hearing loss for more than ten years.
- Felt the course provided a good mix of content.
- Identified practical tools that could be applied in a new job role.

“Getting the basic grounding in lipreading, you know basic skills, where to start from. Support from other people with hearing loss as well and you know the managing hearing loss aspect of it. Just general reassurance...that you know there is help to be had and that you can improve things for yourself.”

Participant 8

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	4	4	4	5	+1
Personal development	3	4	5	5	+2
Social skills and participation	4	3	4	5	+1
Mental and emotional wellbeing	3	4	4	5	+2
Managing hearing loss	5	5	5	6	+1

- Had hearing test 18 months before starting the course.
- Has been more proactive at work as a result of knowledge and information gained though the course.
- Found it beneficial meeting other people with hearing loss.

“Yes, mainly having an extra tool, and because we have some support, and spoke openly about day-to-day problems and stuff like that. I think it’s given a whole group of people this extra notch of confidence to tackle things, because they realise they are not the only ones, and because each hearing loss is completely different to one another.”

Participant 9

Interview	1	2	3	4	Change between interviews 1 and 4
Relationships	2	4	-	5	+3
Personal development	2	3	-	5	+3
Social skills and participation	2	4	-	5	+3
Mental and emotional wellbeing	2	3	-	5	+3
Managing hearing loss	4	4	-	5	+1

- Had hearing loss for approximately 5 years before starting the course.
- Felt the tools and tactics from the course had enabled them to have a much more proactive and assertive approach to communication across different life areas.

“As I say, I think I’m much better at managing my hearing loss, I think I’m more proactive about things. I don’t feel guilty, I don’t think I’m being a pain. I feel that I’m getting more empathy and understanding from other people, so that’s about the sort of two-way communication process, I think. I’m finding communicating, I am finding it much easier.”

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