



The Communication Needs of People with Hearing Loss:

exploring the views of adults,
young people and providers
of communication services

The Ear Foundation: Report to Signature

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Signature
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The communication needs of people with hearing loss: exploring the views of adults, young people and providers of communication services: Executive summary

This research explored the views of adults and young people with hearing loss on their communication needs, and those of providers of communication, using on-line questionnaires with open and closed questions.

153 users responded to the survey. They represented a range of ages, age at onset, educational backgrounds and communication needs. The majority were in work, and 80% used spoken language all or most of the time. 31% used BSL all or most of the time, 17% used speech with sign all or most of the time, and 2 were users of deafblind manual systems.

137 providers of communication support responded. They operated in a number of areas, including education, the workplace, health care and the justice system.

For both groups, we had a high level of thoughtful open responses which underwent analysis. Many indicated they would be willing to take part in further research. The main issues to arise from the closed and open responses were:

- Although the majority of users of services were in work and used spoken English, they required a range of support services which need to be sustained;
- The communication needs of users were seen by providers to be more diverse than in the past, and forecast to become even more diverse;
- The main issues leading to greater variation were increased use of cochlear implants and larger numbers of people from outside the UK with little or no English;
- The greatest reported communication need for now and in future was palantypist support;
- The greatest reported communication support being provided was BSL/English interpretation;
- Providers reported a change to greater use of lipspeaking and to speech supported by sign;
- There is huge diversity in roles and responsibilities of communication providers. They appear to be changing, particularly in education, with more diverse demands being made than before;
- There was confusion about training and qualifications, and some concern about levels of qualifications. There was no mention of training in the management of communication or hearing technologies;
- Providers were aware of the limitations of their training and experience and keen to continue their own professional development;
- The majority of providers of communication support reported they decide what the user needs on an ad hoc basis, in situ.

The results of this survey were characterised by variation and confusion about roles, responsibilities, training and qualifications. This reflects the changing demographics of society and the fast developments in communication and hearing technologies.

The well established training programmes have delivered high levels of interpreting services, but the diversity seen in the responses, and particularly in the illuminating open responses, do not currently appear to be met. There are clear opportunities for developing continuing professional development programmes which reflect these changing

needs. However, the variation calls for further, in-depth exploration of both user and provider responses, as they request and offer, to enable such development to be evidence-based.

Purpose of the study

In a time of changing hearing and communication technologies:

- to explore the communication needs of a cross section of deaf and hard of hearing young people and adults;
- to obtain the views of other stakeholders, including communication support workers and interpreters.

These will enable us to identify current needs, and hence ways in which to meet them effectively.

Introduction

In recent years, the communication needs of deaf children and adults, and their families, have become more diverse (Archbold & Mayer, 2010; Mayer & Leigh, 2010; Knoors & Marschark, 2012). It is time to explore these changing needs in more depth.

Rapid developments in hearing and communication technologies are providing more opportunities for people with hearing loss to develop spoken language than at any time in history. For deaf children they include neonatal screening and huge advances in hearing technologies, particularly cochlear implants. For adults, developing communication technologies as well as the hearing technologies increase the range of communication options.

British Sign Language (BSL) is now a recognised language. In the past twenty years educational services have developed which use a bilingual approach – BSL and English – following a model used internationally (Swanwick, 2010; Swanwick & Gregory, 2007). A number of centres provide training for interpreting and teaching BSL, often towards Signature qualifications.

There have also been welcome attempts to clarify how many BSL users there are, such as the 2011 Census). But the issue is complex and debate continues.

Today, the target first language is likely to be the home language of the family. It is likely to be a spoken one, with sign language considered secondary. There will continue to be a group who will require sign language - deaf children of deaf parents, those who cannot use hearing, do not have an implant, or have a specific language disorder or other difficulty –but we know few children are now using BSL in school (2%, CRIDE, 2013).

There are several reasons for this. Newborn hearing screening means many children born profoundly deaf receive implants or more effective aids early in life. They have therefore acquired the spoken language of the home, and communicate primarily via spoken language. At the same time, more adults who were born deaf are choosing to have an implant, providing them with access to spoken language through hearing for the first time.

It is important to understand the impact of these developments. For example, there is a lack of empirical evidence on the role of sign bilingualism in educational settings, most particularly attainments in language and literacy (Mayer, 2009; Mayer & Akamatsu, 2010). There are also indications that deaf children with hearing parents in bilingual settings are less proficient in sign language than expected when sign bilingualism was proposed (Johnston, Leigh & Foreman, 2002; Leigh & Johnston, 2004; Mayer & Leigh, 2010; Knoors & Marschark, 2012).

Considerable variation in outcomes associated with early identification and cochlear implantation will undoubtedly continue for many reasons (Leigh, 2008). Some children will continue to use signed or text communication to support the acquisition of spoken language. They may need this support at different times in their development, such as before implantation, or under conditions in which hearing is more difficult.

Evidence seems to be showing that more children are using speech and sign simultaneously (for example CRIDE, 2013), which they may be learning to do in “ad hoc” ways. This is likely to result in a range of sign language use. With more deaf children attending mainstream schools, we do not know if there is a role for sign support in the education of deaf children where the curriculum is delivered in English and, if there is, how to provide it.

In addition, anecdotal evidence suggests interpreters are being asked to be more flexible in how they provide interpretation for deaf adults and young people. But there is no evidence as to what these methods are or how decisions are made (Schick, B., Williams, K & Kupermintz, H., 2006). More people with severe or profound deafness – including those born deaf - are having implants, and this is the group which appears to be demanding more flexible communication support. These anecdotal comments arise particularly from those in tertiary educational settings.

Alongside these developments, the use of BSL among deaf adults and children may be changing. It differs during leisure, school and work time. More hearing people are learning to sign. Signing is much more publicly visible and accepted, being widely used on television and in the theatre. The context in which we are discussing the use of sign language, and signed support, has changed and continues to do so.

Currently there is very little evidence-based information about the role sign language and signed communication play in the lives of deaf people. To what extent do they use BSL and/or Signed Supported English? Did signed language play a role in their education? How would they describe the signed communication that they use? Where did they learn it? What would they find helpful? Is there an opportunity to learn BSL as a second language?

This study explored the views of adults and young people with hearing loss on their communication needs, and the views of those who provide communication services.

Research Design

This study utilised a questionnaire survey design. Data were collected via two online questionnaires consisting of 19 questions in total for the users, and 15 for the providers of services. The questionnaires contained both open and close ended questions. The close ended questions were designed to accommodate the different aspects of communication needs with different technologies along with the demographic information. The open ended questions gave participants an opportunity to express their individual views on their communication needs. Following draft questionnaire design by researchers experienced in the area, it was piloted with a range of respondents, and ambiguities or necessary clarifications in wording were addressed.

The questionnaires were then uploaded on to a standard online survey portal to generate a link to access it. This link was then emailed to the respondents registered through various databases, user groups and professional bodies. Participants were assured that the opinions expressed and details would be kept confidential. They could indicate if they wished to be contacted for further questioning.

The study did not need ethical approval because members of the public participated in the survey on their own accord and no clinical or medical details were obtained. The study was approved by The Ear Foundation internal review and ethics advisor. All data was kept confidential, and procedures conformed to the Data Protection Act.

With an on-line survey it is difficult to calculate any return rate, or to calculate how far its reach has been. We made every endeavour to facilitate a high return, and sent out a reminder after two weeks.

Data Analysis

Data was analysed quantitatively (closed set) and qualitatively (open set). Descriptive statistics were used to analyse the quantitative data. Thematic content analysis (Green & Thorogood, 2004) was used to analyze the qualitative data, carried out independently by the authors. The responses to the open ended questions were read and categorized into subthemes and then clustered under main themes; they were refined following discussion and agreed.

The views of the users of the services

Findings

We received **153** responses from users of communication services in total. These can be divided into following categories:

- Demographics (1-4)
- Hearing and usage with hearing technology (5-8)
- Educational and occupational status (9-11)
- Variation in communication needs (12-13)
- Changes in communication needs over time (14-16)
- Current and future support services (17-18)

Demographics:

Respondents showed a wide variation in demographic detail: the majority were in the age group of 41-60, as can be seen from Figure 1. 70% of the respondents were female and 30% were male. The majority were white British, with very few from other backgrounds.

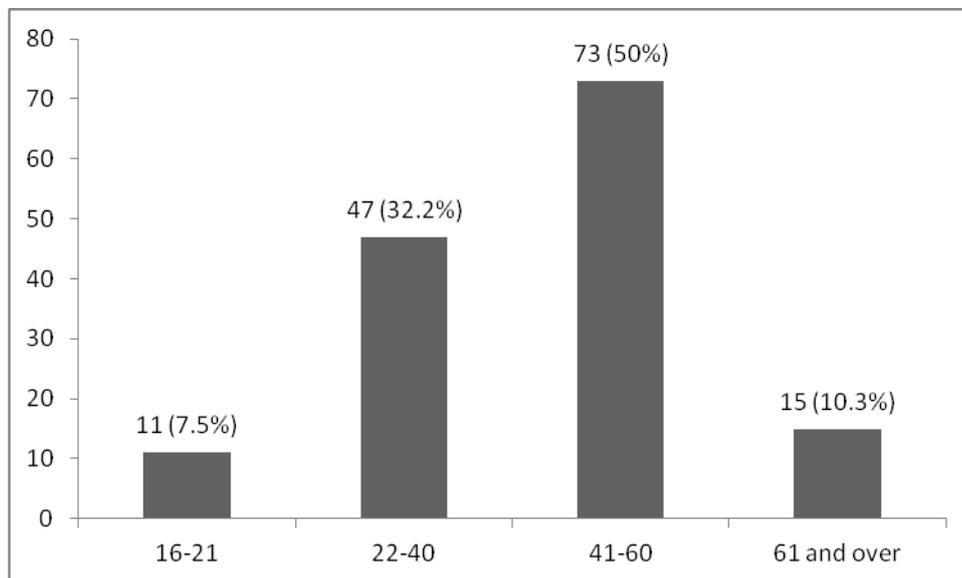


Figure 1: Age of respondents (N=146)

The group was divided equally between those who were deaf from birth and those who were deafened. Of those who were deafened, the age of onset ranged from a few months after birth to sixty seven years.

Hearing Technology:

Figure 2 illustrates the technology that the group wears. Ten didn't answer the question, 18 wore no hearing technology, and 15 responded other, which included 14 with CI+HA and 1 with Bone Anchored Hearing Aid +HA.

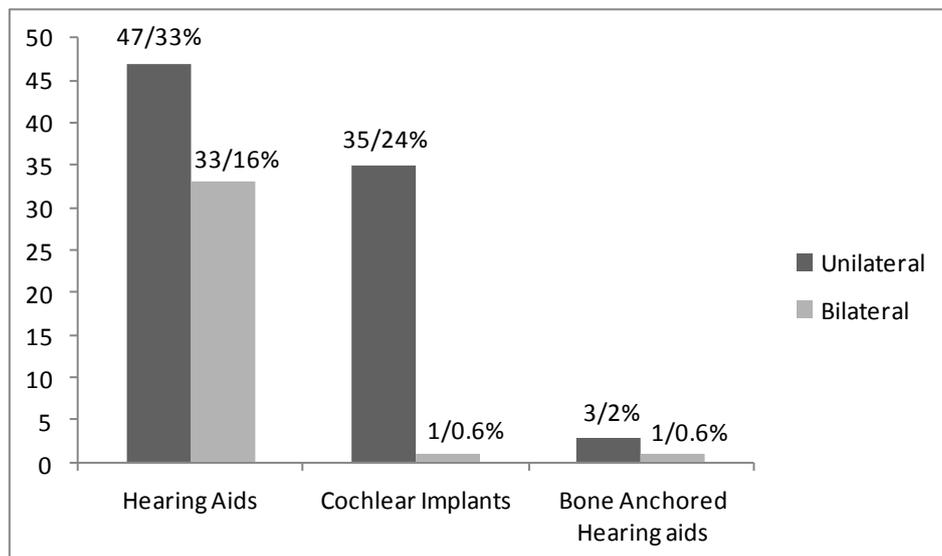


Figure 2: Type of hearing technology used by the respondents (N=143; 18 wore none and 10 did not respond)

When asked how much they used hearing technology, 64% responded all the time, 16% most of the time, 7% some of the time, and 13% never.

We asked how well they could hear without their hearing technology. Figure 3 illustrates their responses by situation. Clearly this group hears very little without technology.

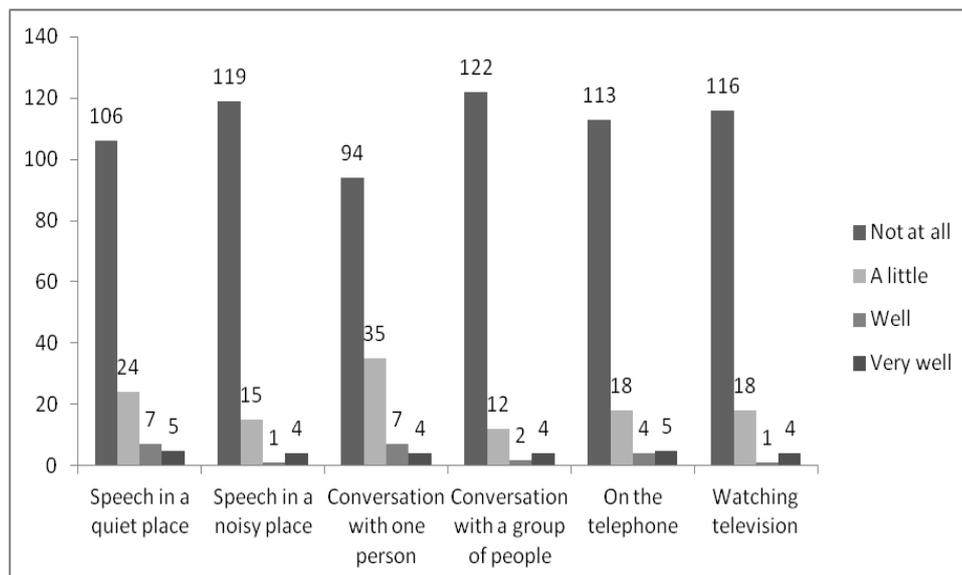


Figure 3: Hearing in different situations without hearing technology (N=142)

Figure 4 shows their responses when asked about hearing in the same situations with their hearing technology. From the 140 respondents, 93 could hear well or very well in a quiet place; this reduced to 30 in a noisy place. 103 could have a conversation well or very well with one person, but again this fell to 35 when in a group. Their hearing

technologies are clearly more effective in quiet places and in conversation with one person, which is what one would expect. Most had difficulty on the telephone, or listening to television.

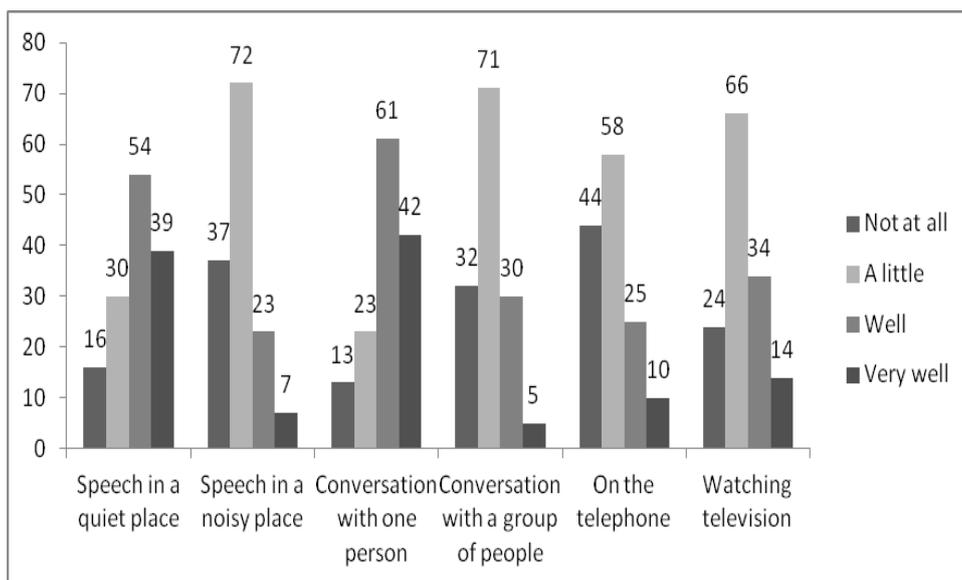


Figure 4: Hearing in different situations with hearing technology (N=140)

Educational and occupational status:

The education and occupational status of the respondents is shown in Figure 5, with 68% being in work.

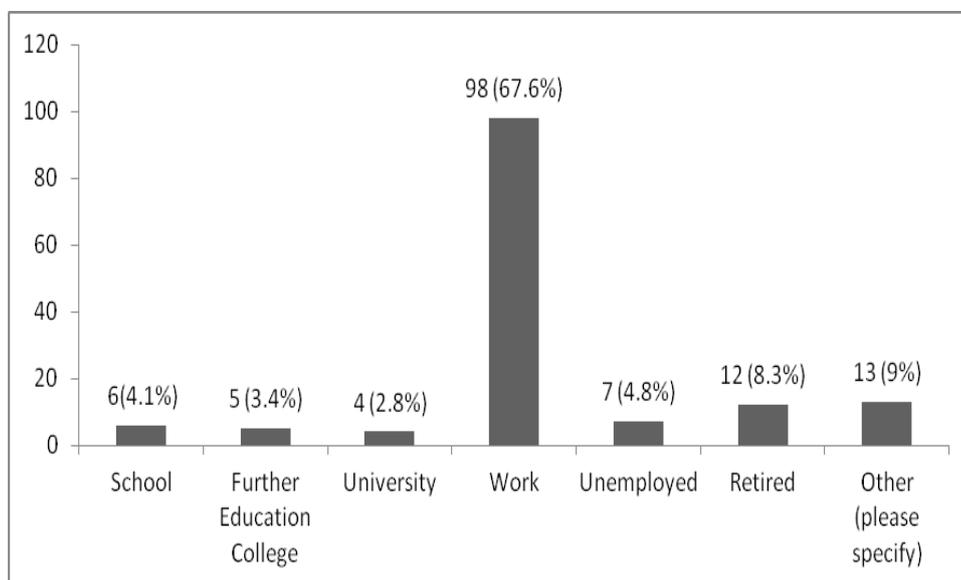


Figure 5: Educational and occupational status of the respondents (N=145)

We asked about where the respondents had attended school, and this is shown in Figure 6: 56% had attended school with hearing children, with 19% at schools for the deaf.

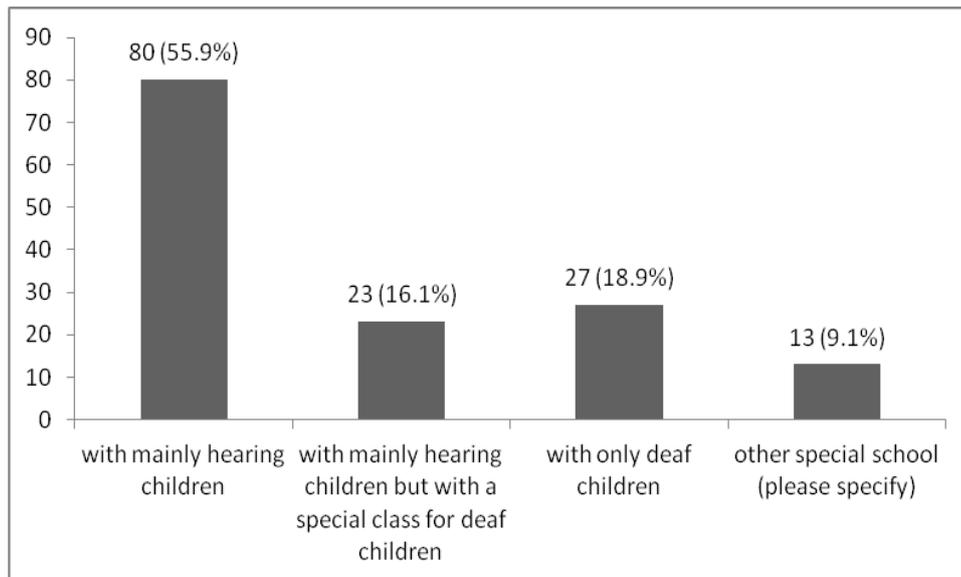


Figure 6: Schooling background (N=143)

Variation in communication needs:

We asked respondents to describe their current communication needs (Figure 7). Of the group, 80% used spoken language all or most of the time, 31% used BSL all or most of the time, 17% used speech with sign all or most of the time, and two were users of deafblind manual systems. Respondents could indicate they used more than one communication mode.

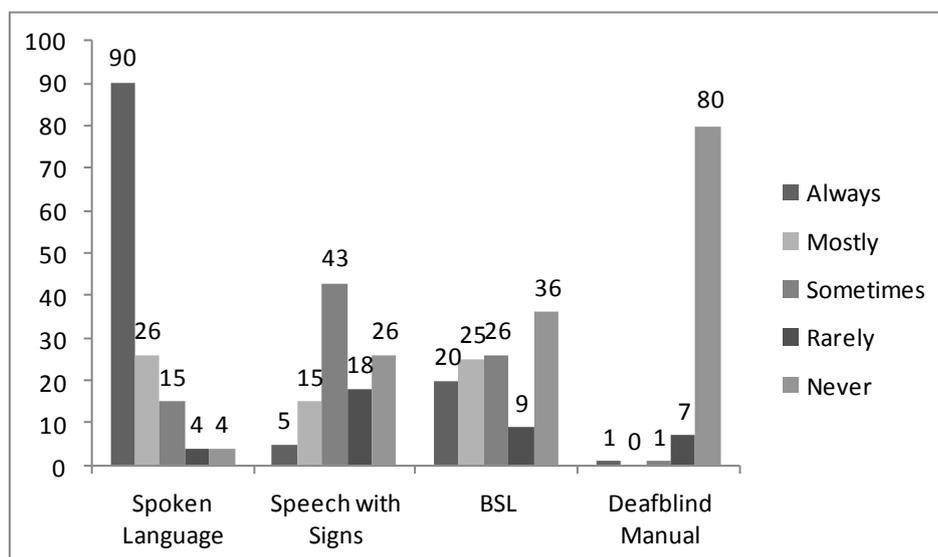


Figure 7: Current communication status of the respondents (N=146)

When asked whether communication was different in different places, 70% confirmed that it was. The comments gave more insights, and the most common word used was “depends.” Huge flexibility was apparent, depending on whether at work, home with friends.

- *“It depends upon the situation in work and the other participants’ choice of communication.”*
- *“Depends on who I am with”*

- *“Sign language at work Lipreading at home.”*
- *“depends on who I am communicating with, my languages (not communication!) adapts to who needs it. That includes other people even when I am the only deaf person present.....I regularly make use of BSL/English interpreters. Equally I am able to converse in English.”*

Some mention was made of family members who were either deaf or hearing which influenced communication:

- *“I am married to a hearing person so most is talk with signs. But most of my friends are Deaf so that is BSL.”*
- *“I use sign supported English with my work colleagues, I use BSL with my deaf friends, I use spoken English with my family and grandchildren.*

The most specific influencing factor was background noise and the ability to lipread was also mentioned:

- *“Noise different from quiet.”*
- *“In noisy places use sign with friends and family.”*
- *“Noisy environment very difficult to have any conversation.”*
- *“Rely more on lipreading in noisy situations. “*
- *“Background noise and groups are hard depends on whether can lip read or not.”*
- *“lipreading when possible.”*

Some mentioned using written support and modern technology: *“Typing in my mobile then show it to person/people.”*

We then asked if their communication had changed over time. This time 59% confirmed that their communication had changed over time. We asked these respondents how they had communicated before. Figure 8 indicates their responses.

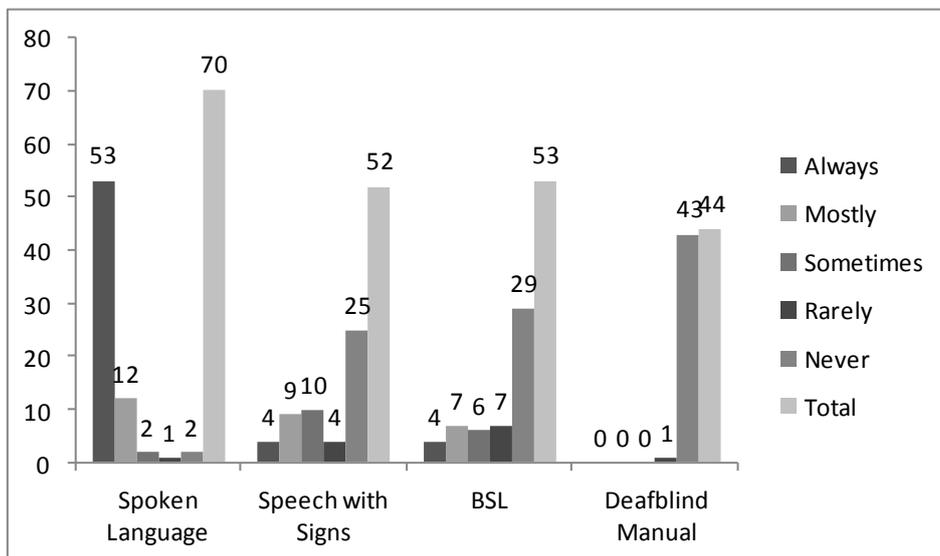


Figure 8: Mode of communication in the past by the respondents (N=76)

The written responses gave some insights into key events which may influence a change of communication over time. The reasons given for changing communication included changes in level of hearing, having a cochlear implant, leaving school and meeting Deaf people.

- *“became totally deafened.”*
- *“when my hearing loss happened..”*
- *“Hearing loss worse now than when a child. Therefore use more of strategies in group discussion...”*
- *“My hearing loss was a gradual one so I felt I was always adapting to a new level.”*
- *“I have needed more visual communication (Lipreading/sign) since losing my hearing”*

Having a cochlear implant was a significant event in changing communication needs:

- *“getting a CI made the world of difference.”*
- *“With the aid of the cochlear implant, I was able to discern speech much more clearly and this was being reflected in how I spoke: ie becoming clearer and intelligible to others.”*
- *“my CI aids me so much with hearing people compared to Has. It’s so much easier to communicate with hearing now, but its still “work.”*
- *“When I got my CI at aged 25, I realised having hearing wasn’t as good as hearing people, audiologists come across. I still had to “work” to hear.”*
- *“Cochlear implants have transformed hearing and communication, sign language now taking a back seat.”*
- *“I received a cochlear implant in my left ear in March 2010 and have never looked back. I made use of The Ear Foundation technology support and bought some decent telephones. My husband died last September and was so grateful that i have been able to look after him and use the telephone.this Ipad is a recent acquisition and it is a great help!”*
- *“bilateral implants really help”*
- *“From the age of 45 my hearing has steadily deteriorated and my hearing aid was of no use. I needed SSE interpretation in work meetings. I had my implant at 58 and this has dramatically improved my life, so once again I rarely use sign language except when meeting deaf people.”*

Many BSL users had come to BSL later in life, after leaving school or on meeting Deaf people:

- *“learnt to sign aged 30”*
- *“Was forbidden to sign at school – only started to learn it fully after I left.”*
- *“I learnt BSL at college....”*
- *“In my early twenties, I realised I was different and chose to learn BSL and use it ever since.”*
- *“Learnt BSL at age of 19 years, but taken a lifetime to learn and still not fluent (now 67). Now my home language as married to a Deaf man.”*

Some commented on the value of learning BSL for them:

- *“My parents forced an oral upbringing and BSL was banned. At college I changes slowly over to BSL as I preferred it.”*
- *“From leaving hearing school, where I used spoken language , my lifestyle changed. I have Deaf family but I was free to be more involved in the Deaf community. I had more Deaf friends than hearing friends.....I chose BSL as my main communication.....”*
- *“it changed when I met more deaf people who COULD sign and it is more relaxing for me to do this.....”*

Some mentioned changes in demands of education or job:

- *“As I got older the education styles changed, for example on the post graduate course I am doing now, it is mainly based around seminars and group discussions. At high school it was a lot easier with a teacher and a whiteboard controlling the class.”*

Current and future support services:

We asked respondents what services they currently used, and they were asked to indicate all that applied. Half of respondents to this question used palantypist or subtitles, with 37% using BSL interpreters and 37% using loop systems and 36% notetakers. A further 23% used communication support workers. FM systems were used by 18%. See Figure 9. The second category, Interpreter or Communication Support Worker, identified those who used Sign Supported English (SSE), rather than BSL.

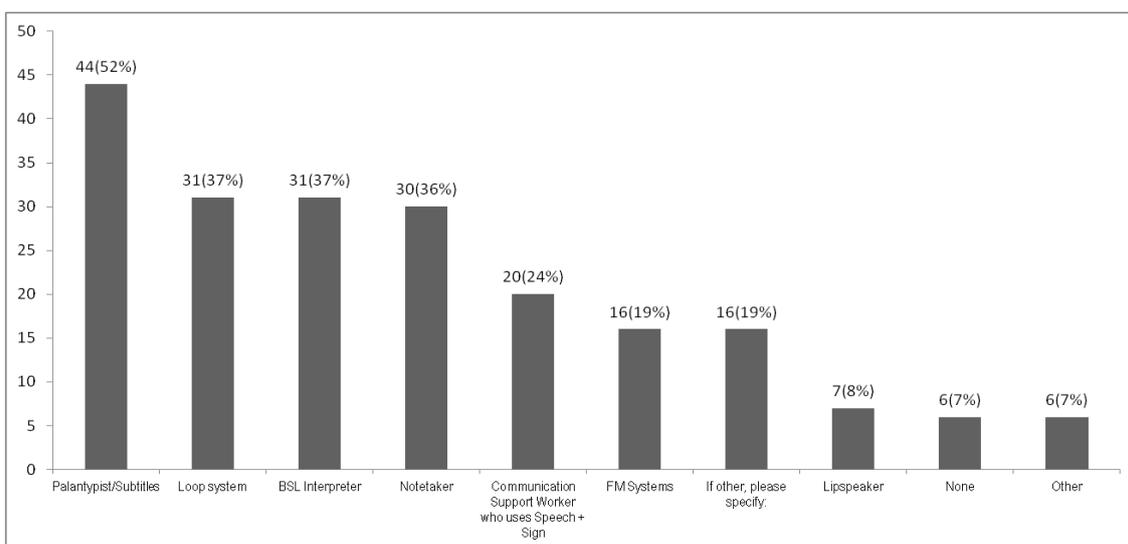


Figure 9: Current support services used by the respondents (N=84)

Of those in education, 50% used CSW, 50% FM system, 26% palantypist, 26% a notetaker, 18% loop systems and 13% BSL interpreter and 6% a lipspeaker. Of the 98 in work, 40% used a palantypist, 26% notetaker, 20% BSL interpreter, 20% loop system, 15% SSE interpreter, 11% FM system and 6% lipspeaker. Comments to illuminate what might be meant by “other” included:

- *When working as a teacher I had a 'hearing' classroom assistant to monitor pupil interaction and lipspeak if I was unable to hear/lipread a pupil.*
- *Amplified phones*
- *When another deaf person for whom BSL is main language is present, I use their interpreter to catch spontaneous group discussion comments I have missed. I like access to any written information available in advance of meetings.*
- *Typetalk (phone)*
- *Spouse as carer*
- *Communicator/guide (Deafblind)*

- *I have been provided with a personal listener in my job, which is ok but not brilliant.*

We then asked what they would like given a choice (Figure 10). Choices were rather similar, with the only area showing some change being slight increase in choice of lipspeakers.

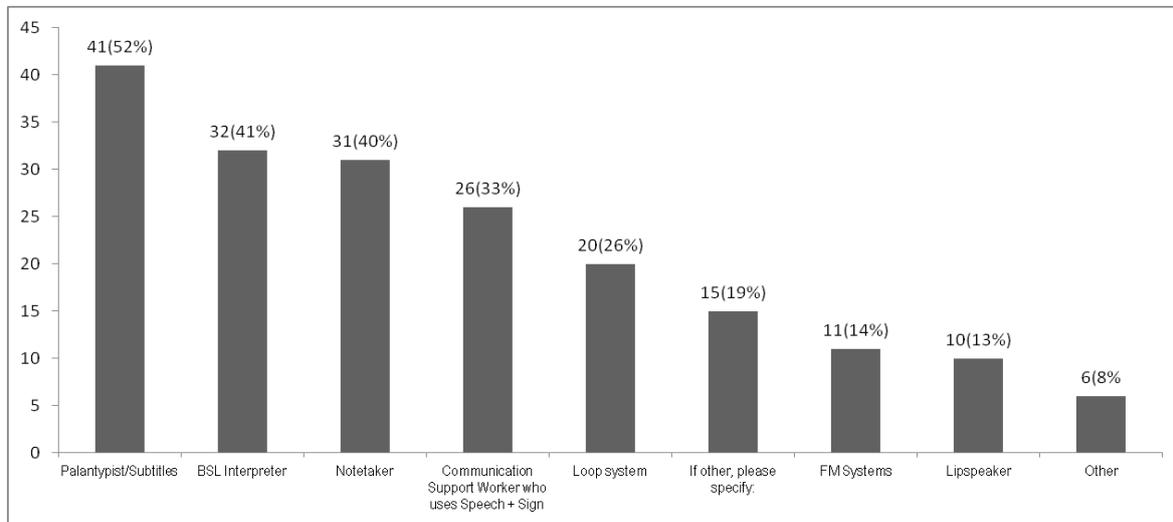


Figure 10: Support services likely to be used by the respondents if they had a choice in future (N=78)

Looking at percentage changes, the largest requests for increase are to the use of Speech and Sign, to notetakers and to lipspeakers. However, caution is suggested into reading too much into these changes as numerically they are small. Greater insights are gained perhaps from the comments, which for “other” included:

- *A fair health system who will give me the ability to use both ears efficiently.*
- *Communicator/guide (Deafblind)*
- *Real time STTR (Speech to Text)*
- *In education BSL/English interpreters should be used instead of CSWs as they must be competent to degree level or equivalent standard in the national curriculum or further /higher education subjects, i.e in Modern Foreign Languages. The role of CSW should be phased out in education since they currently do not have the recognised interpreter qualification and are thus usually unable to support students and pupils in order for them to achieve their full potential.*
- *All contacts to use common sense and speak in such a way as to allow me to hear them. i.e. clearly and facing me.*
- *Online subtitles when needed wherever I go.*
- *For everyone to be aware how to communicate with deaf people.*

The survey of providers of communication support

The survey of providers of communication support, in school, at FE and in the workplace, covered the following areas:

- Demographic data – where working, trained, qualifications;
- Questionnaire of current provision;
- Range of requests for communication, by whom, where, numbers, who provided;
- Influences on decision making as to what to provide and how;
- Observations of any changes in requests and perceived reasons.

Results

We obtained 137 responses in total; there were 15 questions, both closed and open-ended.

These can be divided into following categories:

Category	Question number	Question type
I) General	1. Job title 2. Where do you work? 3. For how long?	Open Open and closed Closed
II) Work methods/pattern	4. How many people at a time? 5. Same or varied group of people?	Closed Closed
III) Training and qualification	6. Qualifications 7. Additional training 8. Sufficient training	Open Open Open and closed
IV) Communication needs	9. Different forms of communication 10. Switch communication 11. Ascertain needs	Open and closed Open and closed Closed
V) Changes over time	12. Changes 13. Change in way of work 14. Long-term/future	Closed Open and closed Closed

The data collected is given with comments from the free responses to illustrate. There was a huge commitment apparent in the responses, and 79 volunteered to be contacted to talk through the issues further, welcoming the opportunity to do so.

General background of respondents:

There was interesting variation in the job titles given:

- 64 Interpreters
- 44 Communication Support Workers
- 5 Teachers (of deaf)
- 5 Teaching Assistant
- 4 Lipspeakers
- 2 Electronic notetaker
- 1 Lipreading teacher
- 1 Communication guide
- 1 Communicator
- 1 Too many roles to give title!
- 1 Manual notetaker

The majority of our respondents had considerable experience, with 66 in the role for over 11 years, 33 for between 6 and 10 years, 27 between 3 and 5 years, and 11 for two years or less.

When we asked where participants worked now and where previously, it can be seen from Figure 11 that many had changed their apparent roles, with most of the respondents currently working in workplace settings.

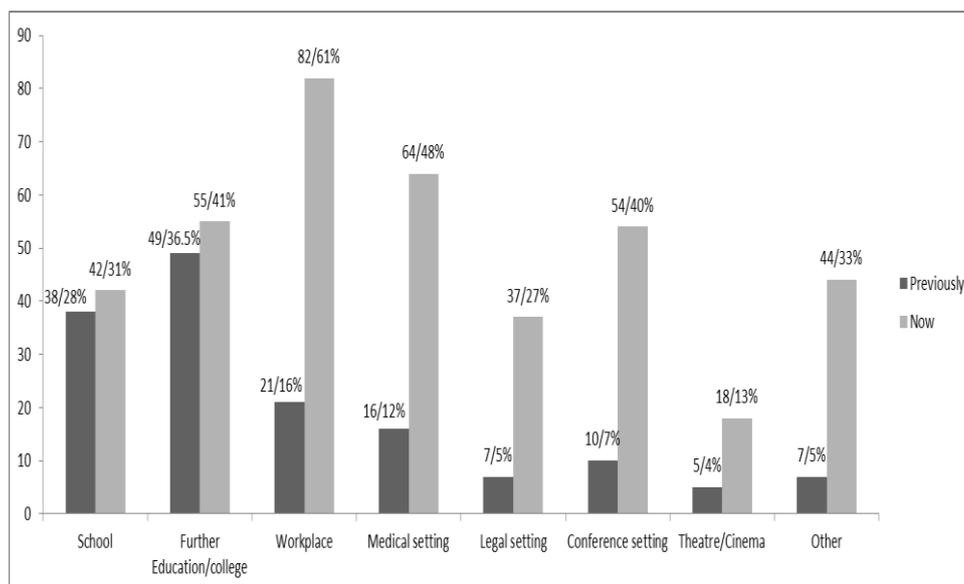


Figure 11: where do you work now, and previously? (N=134, not answered=3)

Working patterns:

When we asked how many clients or students they typically worked with at one time, the majority worked with one at a time, with the second most common response being that it varied, as can be seen in Figure 12.

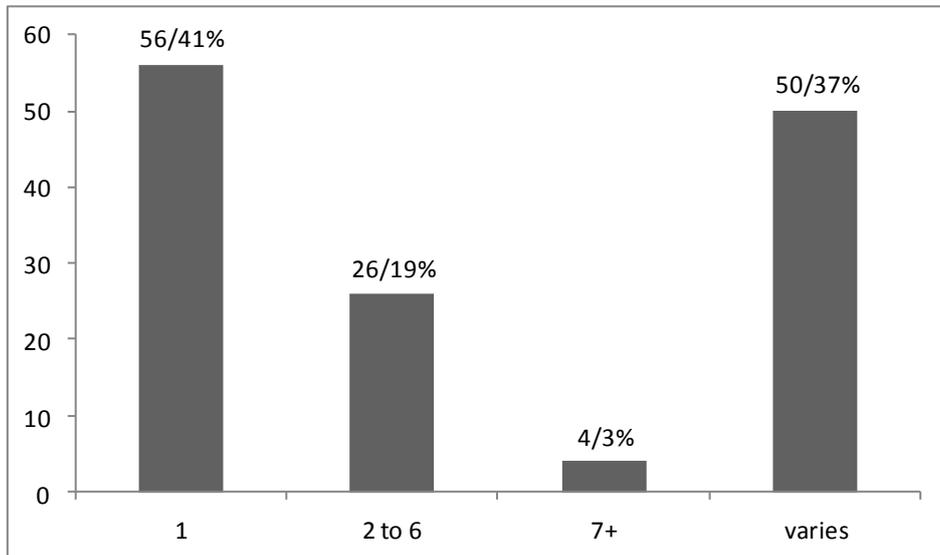


Figure 12. How many clients do you work with at one time? (N=136, not answered=1)

We also asked if they typically worked with the same person or group all the time or if it varied, and again the most common answer was that it varied a lot, followed closely by it varying a little. Only 14 of the group worked with the same person or group (Figure 13).

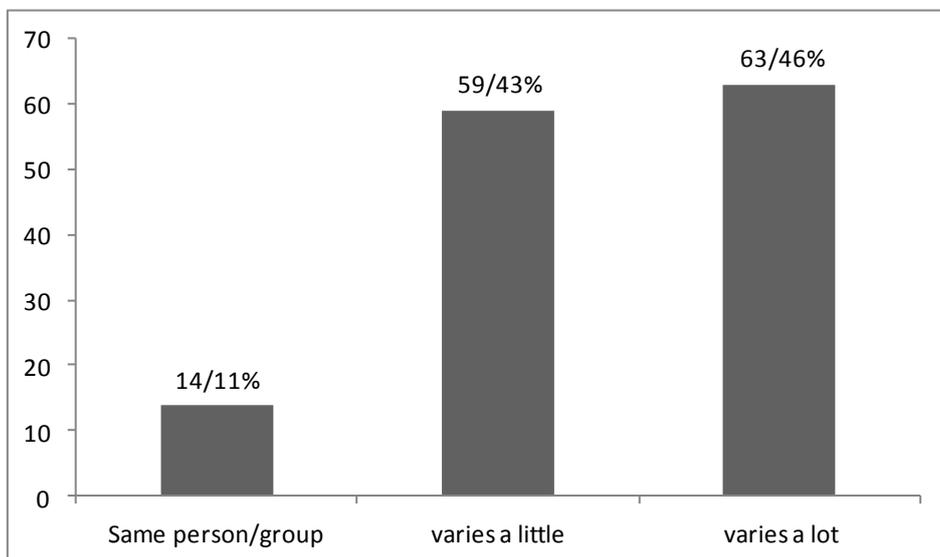


Figure 13: Do you typically work with the same person or group all the time? (N=136, not answered=1)

Training and qualifications:

A wide range of training and qualifications were provided, and considerable detail provided. Training organisations mentioned included: CACDP, Signature, RNID, Bristol University, Hearing Concern, BAHOH, Sense, City Lit, Association of Lip Speakers. Qualifications mentioned included:

- BA/BSc in Deaf Studies
- Degree in Interpreting
- RSLI
- MA/MSc in interpreting/ Deaf Studies
- Notetaking
- Deaf Awareness
- Post Graduate Diplomas
- Lipspeaking qualification
- NVQ level achieved
- GCSE
- Level of BSL achieved

As can be seen, there was a huge range of qualifications, ranging from high level to comparatively lower level qualifications. What was particularly striking that with 137 free responses, there were no two with identical wording, making categorisation and further analysis extremely difficult, and illustrating the diversity of qualifications in the sector.

On endeavouring to analyse responses comparing qualifications in different sectors, this diversity makes us reluctant to draw conclusions. However, there were some issues which should be explored further.

For example, 35% of those supporting in education had skills in BSL of level four or below, compared with 12% of those supporting those in the workplace. Those working in the workplace were also more likely to have a Post Graduate Diploma than those working in education.

Further exploration is also needed as to whether the training and qualifications match up to the needs identified by the users. For example, 36% of users mentioned using electronic notetaking, and 52% using palantypist but only two providers mentioned a qualification in this. Only one mentioned a lipspeaking qualification, while seven mentioned using lipspeakers, and more would like this in the future. This issue is clearly a major one

When we asked if any additional training had been undertaken, a huge commitment to ongoing training, and a recognition of its need, was revealed.

- *“Lots! Been doing this for over 25 years, can’t possibly list all...”*

Additional training mentioned covered a wide range of areas, including mental health, legal/policy work, safeguarding, dyslexia and deaf awareness. Some helpfully provided long lists of additional training undertaken.

The majority, 109, (80%) considered that they had enough training for the role, although this leaves a sizeable minority (20%) who did not. In the open responses, there was revealed a willingness to continue training and that it was sometimes hard to source and fund appropriate training:

- *“Funding is a major issue. I have self-funded most of my further training in BSL.”*
- *“Only because I am training myself as I am going along!”*

- *“Although I answered yes, I am always learning.”*

There was a recognition of the amount of training that can be necessary, and several commented that they only took on roles they felt trained for. For example:

- *“As long as I continue with CPD training and only work in domains that I’m qualified to do.”*
- *“Yes, but am now embarking on an interpreter training course, as there still seems a lot to learn.”*
- *“I feel I have sufficient training for my role. I would only accept an assignment knowing that I have the suitable qualifications and experience.”*
- *“.... the need for learning never stops....”*

Communication needs:

Respondents were asked what different forms of communication they provided, and asked to tick all that were appropriate. Figure 14 shows that BSL was the most common choice, followed by sign with speech (mainly sign), written notes and then speech with sign (mainly speech). This is markedly different to Figure 9, which illustrates high demand for palantypist and notetaking.

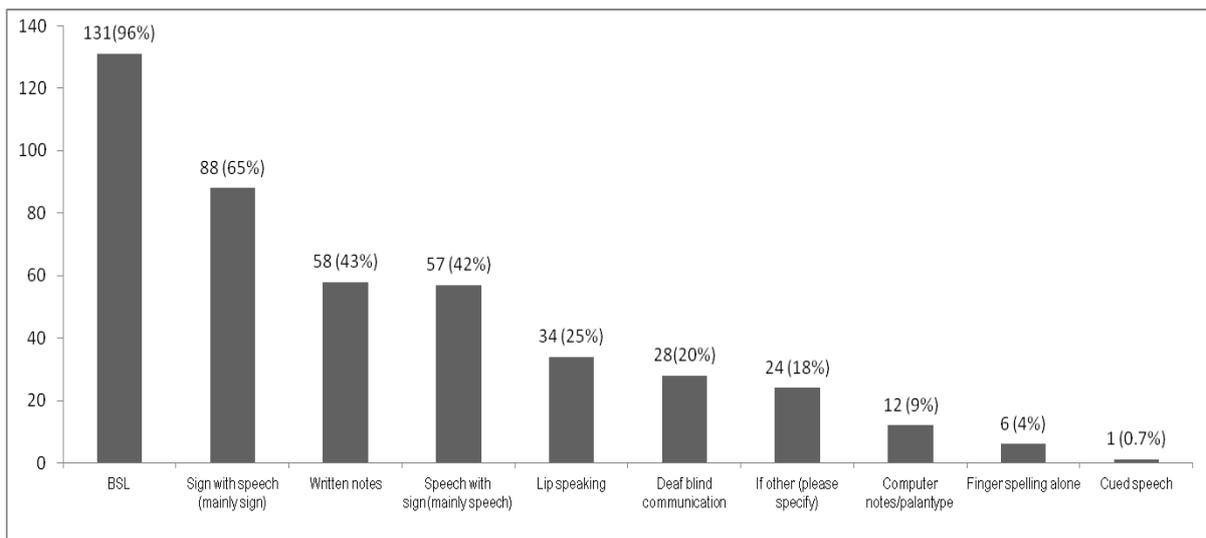


Figure 14: What do you provide? (N=136, not answered=1)

When asked if they switched communication in one session, most respondents, 85, (66%) answered yes. Comments included:

- *“May be booked as an electronic notetaker, but if group working, networking or guided tour of premises, switch to lipspeaking.”*
- *“I may start in a lesson with written notes or speech, but then change to BSL when it is called for. Although this depends on the student I am working with and their preferences.”*
- *“Maths A level is difficult to sign!”*

They showed a willingness to provide what was needed:

- *“If one method of communication is not achieving clarity another route will be tried until student fully understands the task.”*

- *“Sometimes take written notes while co-interpreter working, as client cannot take decent notes while watching BSL.”*

We asked further about whether the form of communication they used changed over time, and Figure 15 shows in percentages the changes they had experienced over time.

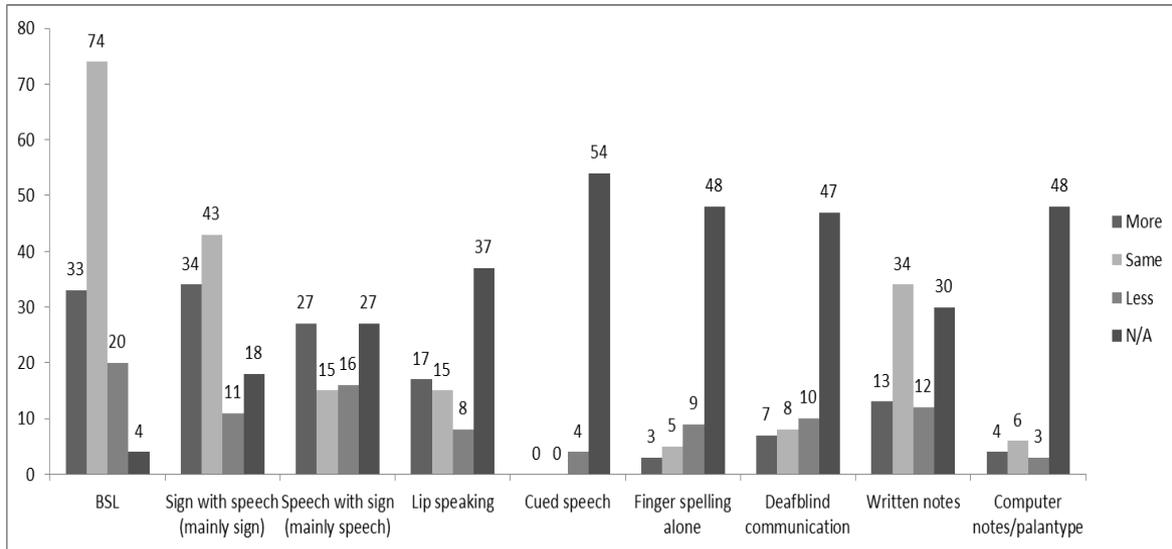


Figure 15: Changes experienced over time

Comparing Figure 15 with Figure 14, there appears to be a gap between the recognition of changes required over time, for example of lipspeaking, with its provision.

Respondents were asked how they identified the need of the client/student and again could tick all that applied (Figure 16). The most common answer (87%) was asking the student while working with them, followed closely by own assessment (80%).

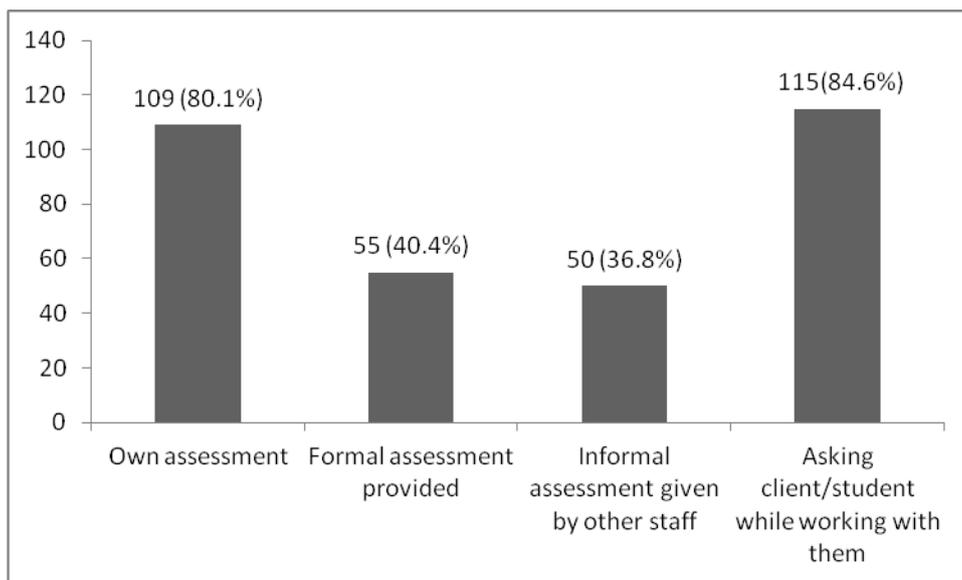


Figure 16: how do you decide what needed? (N=136, not answered=1)

Changes over time:

We asked if the way they worked had changed over time (Figure 17). The majority considered that there was greater variety in communication needed, and in flexibility in ways of working. For the future they forecast even greater variety in communication needed and greater need for flexibility. They also forecast greater difficulty in meeting the needs of individuals within groups in the future.

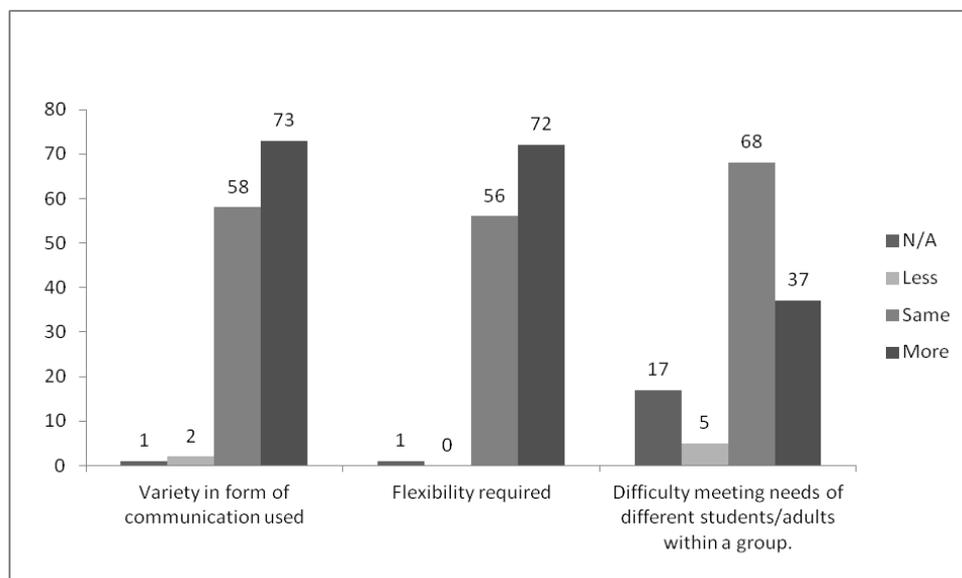


Figure 17: has the way in which you work changed over time? (N=135, not answered=2)

We then asked how they anticipated this will change in the future. Of the group, 60% reported that they expected more variety in forms of communication used, and 58% expected to have to provide greater flexibility (Figure 18).

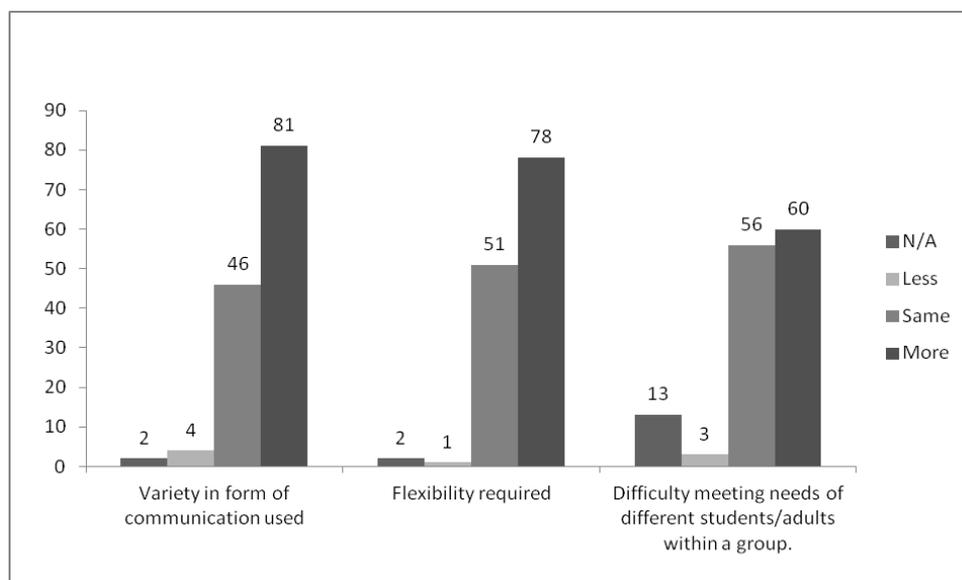


Figure 18: how do you forecast your way of working will change? (N=134, not answered=3)

Twenty eight shared their concerns: there appeared to be five issues which largely influenced their growing need to be flexible (in order of appearance):

- Cochlear implantation
- Growing numbers from overseas, without English

- More with complex needs
- Funding cuts
- Social media

The growing numbers of those with cochlear implants was most commonly mentioned as influencing changes in communication decisions and work patterns:

- *“more learners with cochlear implants...”*
- *“The role is shifting with more students using cochlear and using note taker as well as signed sessions. More groups involving learning support so the role is shifting....”*
- *“In college we are seeing more students with cochlear implants who use less BSL and tend to rely on speech and sign. I think in future most of our students will have cochlear implants and we will have to be more flexible as their needs will vary.”*
- *“I am not sure how interpreters will be expected to work with clients who have had a cochlear implant and clearly require communication support that is NOT an interpreter. I imagine that there should be some serious investment in training lipspeakers.”*
- *“Many more students with cochlear implants coming through FE. Many of them are using/requesting much less support.”*
- *“More learners with cochlear implants and good speech. These learners often present as very capable however, still have gaps in conceptual understanding and language ability.”*
- *“More children are being implanted. Although they may use their implant, I notice more CI clients requesting BSL/SSE interpreters in addition to using their implant.”*

Growing numbers from outside the UK, without English.

- *“Students or clients with limited language/overseas students/asylum seekers.”*
- *“On average, 50% of the deaf customers for whom I interpret are from overseas and have varying degrees of BSL fluency, as well as possessing another sign language and are reasonably literate in the written form of their own language.”*
- *“A lot more Eastern European Sign Language users.”*
- *“more multi-cultural and multi-lingual needs.”*
- *“the needs of migrants from abroad...”*
- *“Fewer clients using BSL: more bilingual users.”*

Growing numbers of those who are deaf with additional needs:

- *“More learners with additional needs – ie medical or behavioural.”*
- *“Multiple/complex needs of the pupils....”*

There were many comments sharing concerns directly and indirectly about the impact of Government cuts. Some expressed great frustration, particularly in educational settings:

- *“Asked to do more in less time....”*
- *“I get asked to do jobs that I feel are unsuitable for my role..... I am not the learner’s carer. I do not do photocopying and I am not here to help all the learners in the class. I am here to provide equal access for a Deaf learner.”*
- *“More expectation of the CSW to be involved i behavioural and educational support rather than just communication. “*

- *“Government funding allocations are being withdrawn with regards to students 1:1 support.....best wishes with your research.”*

In addition, one comment mentioned increasing use of social media influencing the use of English with signs.

Conclusions

The number of detailed responses, the unusual personal messages of encouragement and the higher than normal offers of participation in further research is encouraging. It would seem to signify that this is an area in which people are observing change taking place.

We received a good range of users in terms of age, hearing technology, age at onset, and communication needs. The responses from users have face validity (i.e. the purpose of the test and its contents is clear) in terms of the situations they identify as being easy or difficult in which to listen.

Similarly, we received responses from a wide range of providers. The responses are typified by huge variation, making analysis complex.

This is a time of marked change in this area, caused by changes in

- demographics (more with additional needs, and more from homes with another spoken language);
- communication and hearing technologies, particularly the advent of cochlear implants; and
- political and financial pressures.

Added to this, increased accountability in the workplace and pressure on outcomes in education are making it increasingly important that people with hearing loss get the best possible support. Although the majority of users were at work and used spoken English, they required a range of support services, highlighting the need to sustain them.

This initial survey of users and providers seems to indicate much confusion in the area and huge diversity of needs. Matched with diversity and apparent confusion about the training and qualifications required, plus a mismatch in training and the noted needs of the users, this is an area which needs much more in-depth exploration.

For example, 52% of respondents mention using a palantypist (the most commonly mentioned support used) while only 9% of providers say they are providing it. This may be a reflection on the respondents to this survey, but is worthy of note.

Neither those who buy in services, nor those who use them, can be clear about what level of training and expertise they are buying, if the responses to our questionnaires are indicative. Those who provide the services do not appear to be clear about what they are providing: many have to judge what is needed when they get there, leaving them unable to prepare fully, and at risk of not being able to provide what is appropriate.

BSL training and qualifications seem relatively clear compared with those for lipspeaking, palantyping or note-taking, which are nevertheless in demand. Additionally, there is no mention in training in managing technology, while there are considerable numbers of loop users, users of FM technology and technology in general. The respondents were well aware of the need for training, and cautious about taking on roles for which they feel unqualified. This is another area which requires further investigation.

There is great variation within the responses to this survey. In order to tease out some of the emergent issues we need to explore some issues in greater depth with focus groups and in-depth interviews, separating out groups of respondents to ensure we can explore their needs.

Clear points to emerge which need further investigation are:

- Confusion about training and qualifications and some concern about levels of qualifications

- Confusion about roles and responsibilities, which appear to be changing, particularly in education
- Greater flexibility being demanded of providers, with changing demographics of the population
- Greater variation in communication needs being forecast for the future by the majority of providers, with consequent greater flexibility in providers being expected
- The major issues leading to greater flexibility were greater use of cochlear implants, and greater numbers of those from overseas, with no English
- Palantypist and subtitles are the greatest groups of requirements from these users both now and for the future; 80% of them were using spoken language all or most of the time
- Providers are seeing a change to greater use of lipspeaking, and to sign with speech (SSE)
- Providers were keen to undergo training
- Training and qualifications in communication and hearing technology use were rarely mentioned in the most commonly reported communication requirements
- Deciding, and hence providing, what the user needed tends to be ad hoc, while working with the client
- Future provision needs evidence-based development

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