

## Hearing Impairment

*I truly believe that the only disability out there today is attitude.*

Kathy Buckley (award-nominated, stand up comedienne who has a hearing impairment) in an article by D'Agostino, D. 'Laughing out loud: Turning a deaf ear to comedy', *Exceptional Parent*, vol. 27 Issue 3, March 1997

The Report of the Special Education Review Committee (SERC) (1993) described a person with a hearing impairment as one whose hearing is affected to an extent that renders the understanding of speech through the ear alone, with or without a hearing aid, difficult or impossible. Circulars issued by the Department of Education and Skills (DES) refer to hearing impairment as a hearing disability that is so serious as to impair significantly students' capacity to hear and understand human speech, thus preventing them from participating fully in classroom interaction and from benefiting adequately from school instruction. It is further stated that the great majority of these students will have been prescribed hearing aids and/ or cochlear implants and will be availing of the Visiting Teacher Service. The category does not include students with mild hearing loss.

It is to be noted that The Irish Deaf Society (IDS), representing members of the Deaf community, defines Deaf as a state of being that defines a group of people who share a perception of the world through an emphasis on visual and kinaesthetic input. This description of **Deaf** is used most commonly for people who are deaf at birth or from very early childhood. Deaf here defines a cultural, social and linguistic group, and is often signified by the use of a capital 'D'. The term 'hearing impairment' is disliked by the Deaf community, who do not consider deafness to be an impairment, but rather the mark of a distinct culture.



According to the NCSE Policy Advice Paper 'The Education of Deaf and Hard of Hearing Children in Ireland' (NCSE, 2011), hearing problems arise from impairments in the function of the outer/middle of the ear and result in conductive hearing loss. Dysfunction of the inner ear (the cochlea) gives rise to

sensorineural hearing loss. Conductive hearing loss may potentially be managed by surgery. At present, the only effective management for sensorineural hearing loss is amplification through hearing aids and/or cochlear implants (HSE, Audiological Review, 2011).

The extent of a child's hearing loss is measured by the level at which sound is detected across different frequencies on the audiogram. An audiogram records a standard hearing test in graphical form. These may be averaged to give a single number, which represents mild, moderate, severe or profound hearing loss. These levels are set out in the Table below.

<b>Description of hearing loss</b>	<b>Hearing Level in the better ear</b>
Mild Hearing Loss	≤ 40 dB HL
Moderate Hearing Loss	41 to 70 dB HL
Severe Hearing Loss	71 to 95 dB HL
Profound Hearing Loss	>95 dB HL

**Mild Hearing Loss:** the student can hear nearly all speech sounds but may hear incorrectly if not looking at the speaker or if there is background noise. It should be noted that most classroom situations will involve varying levels of background noise. It can be very difficult to identify this condition, unless the child is tested by an audiological scientist. Newborn Hearing Screening, introduced in Ireland since 2011, has helped to identify children with hearing loss at an earlier age than ever before. Students may have difficulties responding to conversational speech especially with background noise.

**Moderate Hearing Loss:** the student experiences difficulty hearing others speaking, even those who are close by. The student may subconsciously augment his/her understanding with lip-reading and visual cues. It can be difficult to identify the student's hearing loss from his/her speaking voice, but on close examination the student misses word endings (e.g. plurals and suffixes) and omits definite and indefinite articles.

**Severe Hearing Loss:** the student requires a hearing/amplification device, such as a hearing aid or Cochlear Implant and needs to use lip-reading and body language to augment understanding. The student's speaking voice is characterised by shortened sentences, the omission of small words and/or word endings and inaccurate grammar.

**Profound Hearing Loss:** the student may use a hearing/amplification device, such as a hearing aid or Cochlear Implant but relies on visual cues and/or sign language to communicate. The student's speaking voice may seem incomprehensible but some students can achieve good oral skills. Radio aids/FM Systems may be used to transmit the speaker's voice directly to the listener.

Children with any degree of hearing loss, from mild to profound, can benefit from the fitting and consistent use of amplification devices such as hearing aids, Cochlear Implants, Auditory Brainstem

Implants etc. Consistent use of such devices can help the child to develop spoken language, particularly when fitted at a young age (optimum age for fitting being before 3 years of age).

The majority of students with hearing loss in mainstream schools will have mild to moderate hearing loss and use oral /aural (speaking /listening) methods as their main mode of communication. However, an increasing number of students with severe to profound loss are now entering mainstream education and some of these students choose to use sign language as their preferred mode of communication. Irish Sign Language (ISL) is a fully developed language, with its own grammar and structure, which differs to that of spoken English.

Indicators of a hearing loss may include difficulties pronouncing some words or speech sounds, omission of word endings, failure to pay attention when spoken to, frequent observation of peers for a lead as to what to do, giving incorrect answers to simple questions, a high frequency in asking for repetition of words and sentences, intense face and/or lip watching, mispronunciation of some words/sounds, straining to watch a speaker, tiredness, a tendency to speak loudly and to have difficulty monitoring voice level, and withdrawal.

The communication approach used by students, be it oral/aural or a signed language approach or a combination of the two, is based on the student's own communication needs and parental preference.

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