

Viewpoint 95

In the loop? Ten things managers of Extra Care Housing should know about hearing loops

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Summary

Further to my series of 2018 Housing LIN guest blogs on living with hearing loss, I have put pen to paper in this Viewpoint to outline the ten most important things operational extra care housing managers should know about hearing loops.

Introduction

I would imagine that most Extra Care Housing schemes have a hearing loop installed somewhere in the building. Induction loop systems are a way of helping people with hearing loss hear speech more clearly in certain circumstances, by beaming sound from a microphone directly into the person's hearing aid(s). They can be wonderful, transmitting sound from across the room directly into your ears, but staff need to know how they work... So here goes:

One. They are powered by electricity, not magic

Sadly, many people don't realise that loop systems need to be switched on. I've found this in many circumstances and housing schemes are no exception. "Yes, there's definitely a loop in the residents lounge", one manager said. I explain that it doesn't seem to be working. "Is it switched on?" I ask. "Goodness, does it need to be?" she says "I had no idea. I don't even know where the switch might be".

So yes, they run on electricity and they need to be switched on. All your staff need to know this (and know where the switch is).

Two. You need to know where the microphone is

Somewhere in the room (if you have a permanently installed room loop – see the end of this blog for a paragraph about the various types of loop on offer) there will be a microphone. It's essential that your staff know where this is because any speaker (a staff member holding a meeting with residents, an activities leader.....) needs to stand where their voice will be picked up by the microphone. The closer to the microphone the better. Being at the other side of the room is no good at all. Sometimes the system provides a portable clip-on microphone instead, which is wonderful so long as the speaker knows they have to wear it.

Three. You need to know where the looped area is

Staff also need to know where the looped area is located, because the system only works within the area of a coil of cable – the "loop". In a small room the loop probably runs round the four walls, so anywhere in the room is "inside the loop". But in a bigger room the loop may have been laid to only "enclose" part of the room, so only people sitting or standing within the looped area will pick up a signal.

Four. The person's hearing aid needs to be switched to the loop setting

The loop setting on a hearing aid doesn't come on automatically; it needs to be switched on. Helpfully, if someone has two hearing aids, adjusting one aid will usually mean that both will switch programmes. Sadly, however, not all hearing aids switch to loop in the same way. Most have a switch on the aid itself but what the switch looks like and how it works varies. So if someone needs help you'll need to consult their hearing aid information booklet (I'm assuming, for people in Extra Care Housing, you have such a thing...? If not, audiology should be able to provide one).

Five. Not all hearing aids have loop settings and the settings vary

The simpler models won't have them. Even if there is an option to have a loop setting the audiologist (whether that's the NHS, a private audiologist or Boots/Specsavers) may not have activated the option. Not everyone wants it and sometimes the audiologist waits for the person to ask for a loop setting rather than enabling it as a matter of course.

Just to make life even more complicated there are two types of loop setting, sometimes called "telecoil" and "telecoil plus microphone". The telecoil is the part of the hearing aid that connects to the hearing loop. The microphone referred to here is the one on the person's hearing aid (NOT the loop microphone ... how confusing). On "telecoil only" the hearing aid only picks up sound from the loop microphone. This is great if you just want to hear a speaker but less good if you also want to be able to pick up ambient noise in the room. I always use the example of a church service. "Telecoil" only is fine for hearing the vicar (assuming the vicar is wearing a microphone!) but very disconcerting when the hymns start, because you can't hear other people singing round about you. In that situation "telecoil plus microphone" is a better bet.

If your staff are trying to help someone out remember that they may have both options programmed into their hearing aid (or one, or none).

Sometimes the loop setting is called the T setting; T for telecoil.

Six. You need to tell people that the loop is on

If you are running a meeting check first that it is switched on then say something like "the loop is on, if people with a hearing aid with a loop setting would like to use it". This avoids people unnecessarily fiddling about with their hearing aids (to see if the loop is on) then interrupting the speaker's flow (to ask if the loop is on when it doesn't seem to be). It only takes a few seconds to ensure that everyone is clear from the start.

Seven. Not everyone with a hearing aid will find that a loop helps them

I'd put loops in the same category as lip reading. People who don't have hearing loss sometimes assume that both result in a miraculous ability to decipher speech, but that's far from the truth. Loops help some people more than others, depending on their hearing loss. Some people I know really love loop systems and find that it makes a big difference to what they can understand. Others will sometimes try them but often find they do better without so long as they position themselves fairly close to the speaker.

Eight. They can go wrong

It's a piece of electrical equipment. At some point it will break down. My deaf friends and I sometimes spend time comparing notes about a particular loop ("is it just me or is the loop crackling very badly today?"). If you start getting complaints (crackling, whistling noises, "interference") contact the company who installed it or, if you don't know who that is, another specialist company (look online) so that a maintenance person can come and fix it.

Nine. Loops work best when there is a single speaker

Loops are great at picking up one voice, they are no help at all in a general hubbub of voices. At least, I've never found anyone who thought they were. They will beam into your hearing aid the sounds of everyone near the microphone, who may well not be the people you are trying to listen to. No good for a coffee morning, then.

Ten. They are a wondrous thing to some people in some circumstances

If all this has lead you to conclude that hearing loops aren't worth the hassle I've not done a good job. They are well worth understanding properly because they are a wonderful thing for some people in some circumstances. Imagine sitting in a team meeting and really, really struggling to hear the person leading it. It's exhausting (you are concentrating madly), it's embarrassing (you might miss the point and laugh in the wrong place) and it's dangerous (you might miss some vital piece of information). Now imagine sitting at the same meeting feeling as if the speaker's words are being spoken just for you, directly into your ears. That's what a good hearing loop can do, in the right circumstances. Rooms where you are expecting people to be sometimes gathered together to hear a speaker should have them.

And finally ... different types

In writing this I've assumed that we are talking about a fixed room loop, one that is permanently installed in a room, usually by wiring the loop itself (a coil of wire) into the walls. There may be a fixed microphone somewhere in the room or the system may have been supplied with a portable microphone that clips to the speaker's clothing. Some older types can have freestanding mikes, like at a rock concert. I was recently quoted "roughly £1,000" for installing a fixed room loop in a relatively small room.

Then there are portable loop systems suitable for room use. These can be helpful if your managers are holding meetings of residents at different venues; so probably not applicable to Extra Care Housing but great for situations where someone is touring venues giving talks (presenting service charge budgets, for example) at a number of venues that don't have loops. The equipment comes in a case. The staff member lays the loop (a length of cable) round the room, switches the equipment on and uses a detachable microphone. These systems can be bought for around £650 to £700. Obvious disadvantage – the need to be very careful about trip hazards.

There are also loops specifically designed for one-to-one conversation. Examples in the wider world are loop systems at bank counters and supermarket checkouts. They are often marketed as service counter loops at around £150 to £200. I'd say these would be of limited use in Extra Care Housing. If someone is struggling to hear one-to-one move to a quieter place. (Personal listeners exist, which help some people for one-to-one conversations – a topic for a whole new blog post sometime).

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

However, if you found this viewpoint of interest, you can browse for Vera's previous blogs on hearing loss for the Housing LIN at:

https://www.housinglin.org.uk/blogs/

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

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