

Working with families when a Hearing Loss is Suspected

Hearing loss can happen at any time (NDCS 2013).

Hearing loss can be permanent or temporary (NDCS 2013):

- Hearing loss can be described as mild (21-40 dB Hearing Level), moderate (41-70 dBHL), severe (71-95 dBHL) or profound (95+ dBHL) in nature, and can affect 1 or both ears.
- Permanent hearing loss can be caused by genetics, complications at the time of birth (e.g. lack of oxygen, severe jaundice, extreme prematurity), congenital infection (e.g. cytomegalovirus), childhood illness (e.g. meningitis) or head injury.
- Temporary hearing loss is caused by otitis media with effusion (commonly known as glue ear). Glue ear may be associated with ear infections but can happen alone.

Be vigilant for hearing loss in childhood

- Without appropriate intervention, hearing loss can have a significant effect on a child's language and communication, speech, educational and social development.
- Permanent hearing loss in childhood is relatively rare, affecting 2-4 in 1,000 but 50% of all cases are acquired after birth (Bamford et al 2007) usually during the first 3 years of life.
- Glue ear is very common, affecting 8 in 10 children by the age of 10 years (NICE 2008). 1 in 5 two year olds and 16% of children around 5 years of age have glue ear at any one time (The Cochrane Collaboration 2010).
- Factors which increase the risk of children developing ear infections and/or glue ear include: living in a house where the parents smoke, being bottle-fed rather than breastfed, having a brother or sister who also developed glue ear, having contact with lots of other children, such as at a nursery (this may be because of a higher risk of infection), having a cleft palate, Down's syndrome, or cystic fibrosis (NHS Choices 2013).
- Signs of hearing loss may include: delay in speech or language development, failing to respond to being called, not paying attention or appearing to be unaware of sounds in their surroundings, preferring to play alone, wanting the TV louder than the rest of the family, watching faces intently when listening and changes in behaviour or educational progress.
- About 4 in 10 children who have a hearing loss also have a further additional need (Ear Foundation 2012).

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Advise families to see their GP if there are concerns about a possible ear infection:

- Signs of an ear infection in babies and toddlers may include redness, tugging or pulling at the ears, raised temperature, being unwell and/or poor feeding
- Ear infections tend to occur after a common cold or sinus infection
- Other signs are a change in mood, difficulties sleeping, difficulty swallowing, appearing in pain when swallowing or chewing
- Yellow or white fluid may come from the ear and there may be an unpleasant smell
- Some bacterium that cause ear infections also affect the gastrointestinal tract so it may be that a child has diarrhoea and vomiting

Children can usually be directly referred to their local audiology service if there are concerns about their hearing:

- Parents' suspicions should always be taken seriously and a referral made (NDCS 2000)
- Ruling out a hearing loss should always be considered when a child shows any speech and language delay or is being referred for other developmental assessment (such as suspected ASD)

- Even if a child previously passed their newborn hearing screen it cannot be assumed they still have normal hearing levels since a hearing loss can develop at any time
- If local referral pathways directly to audiology do not exist then parents should be asked to get a GP referral

Communicating with a child with suspected hearing loss:

To help a child understand what's being said it's important to get their attention before starting to talk to them. Make sure you face the child and keep eye contact. Do not cover your mouth when speaking. Check that background noise is kept to a minimum (e.g. ask the family to turn off the TV or pause the washing machine in the background), speak clearly without shouting, and maintain normal rhythm of speech. Make it clear what the topic of conversation is and use gestures and facial expressions to help communication. In a group make sure people speak 1 at a time. Rooms with soft furnishings (e.g. carpets, curtains and cushions) absorb background sound and echo and are easier to hear in than rooms with hard floors and surfaces. Make sure the room is well lit and avoid sitting in front of a window which will put your face in shadow and make it harder to lip-read.

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Further information:

A comic designed to help prepare children for their hearing tests called 'Going to the Hearing Clinic', and a booklet for families 'Understanding your Child's' Hearing Tests bit.ly/1yvA3cP (also in Urdu, Bengali and Punjabi) are both available free of charge from the National Deaf Children's Society.

NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people bit.ly/TgTlwt

NDCS's Freephone Helpline provides clear, balanced information and support for families of deaf children, deaf young people and professionals working with families (bit.ly/1kOEzc4). All NDCS services and publications are available free-of-charge to members. Membership is also available and registration via the website or Helpline just takes a few minutes.

References

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