Patient Information Leaflet

York and Scarborough Teaching Hospitals NHS Foundation Trust

Hearing Problems

Information for teaching and support staff for early years foundation stage - Key stage 1

For more information please contact:

Audiology York Hospital
The York Hospital, Wigginton Road, York YO31 8HE
Telephone: 01904 726741

option 1 for a repair appointment and option 2 for general queries or to reschedule an appointment

Or

Audiology Springhill House Scarborough
19 Springhill Close, Scarborough YO12 4AD
Telephone: 01723 342821

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Why are hearing tests important?

One to two babies in every 1,000 are born with permanent hearing loss in one or both ears.

This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care.

Most of these babies are born into families with no history of permanent hearing loss.

Routine hearing tests are offered to newborn babies and children to identify any problems early on in their development.

Although serious problems during childhood are rare, early testing enables children to be identified and managed as early as possible.

The earlier we identify hearing loss in babies the better the chance of developing language, speech, and communication skills.

When will a child’s hearing be checked?

Within a few weeks of birth - Hearing tests are carried out soon after birth; this is known as newborn screening. This is often carried out before the baby leaves hospital and is routine for all children.

The newborn hearing screen can help identify babies with a possible hearing loss which may be permanent.

It is the choice of an individual, with parental responsibility for the baby, whether or not their baby has this screening.

The test can be done up to the age of three months. If the screening tests results do not show a clear response in one or both of the baby’s ears, a referral for audiological assessment is made within four weeks.

Any outcome of the hearing screen will be documented in the child’s red health book.

From nine months to tow and half years of age - Parents may be asked if they have any concerns about their child’s hearing as part of a review of their child’s health and development, and hearing tests can be arranged if necessary.

The child would need to be referred to the audiology department for assessment.

At around five years of age - Most children will have a hearing test during the term, or the term after they turn five. This school screen is usually conducted at school. For this group of children, pure tone audiometry is used.

During pure tone audiometry a machine generates sounds at different frequencies and volumes. The sounds are played through headphones and the child is asked to respond when they hear them by pressing a button or clapping their hands.

By changing the level of sound, the tester can work out the quietest sounds a child can hear.

If a child does not pass the school screen first time, it will be repeated at another time. If the child does not pass the second screen, they will then be referred to the local audiology department for assessment.

The referral would usually be made by the school screening team.

If there is no longer a school hearing screen in your area, it's important for parents and teachers to look out for signs of a hearing loss.

Without routine hearing tests, there's a chance that a hearing problem could go undiagnosed for many months or even year

If you (teacher) or parents have a concern about the child's hearing, the parent should speak to their health visitor or GP, and seek a referral to audiology for a hearing test.

By four to five years of age your child should:

Hearing and understanding

1. Understand size comparisons (big, bigger, biggest)
2. Understand many pronouns (Give it to her' 'Give it to him')
3. Follows a 2-3 step command (Go to the kitchen, get a cup ,put it on the table)

Speech

1. Speak at least 1,500 words
2. Says most sounds correctly except 's' and possibly 'th'
3. Talks freely to friends and family using full sentences that most people can understand

The main types of deafness

Sensorineural deafness - This is also known as a nerve deafness. This is a hearing loss in the inner ear. This usually means that the cochlea isn't working effectively. Sensorineural deafness is permanent.

Conductive deafness- This is when sound can't pass efficiently through the outer and middle ear, or fluid in the middle ear (glue ear). Glue ear is a very common condition, especially in younger children. Conductive deafness is usually temporary but it can be permanent in some cases.

Mixed hearing loss - It is also possible for children to have a combination of hearing losses; sensorineural and conductive. One example would be a child that has a sensorineural hearing loss form birth, and has glue ear as well. The conductive element may fluctuate or go completely but the sensorineural part is permanent.

Children can also have deafness/hearing loss in only one ear; this is known as a unilateral deafness, one sided hearing loss or single sided deafness. This can be difficult to detect in children as the better ear continues to do the work, masking difficulties that a child may be having.

How do I know if a child has a glue ear?

Glue ear is a very common middle ear condition – 1 in 5 pre-school children have glue ear at any one time and 8 out of 10 children will experience glue ear before the age of 10.

Glue ear happens when the middle ear (behind the eardrum) becomes filled with sticky fluid. Otitis media with effusion (OME) is the medical name for glue ear.

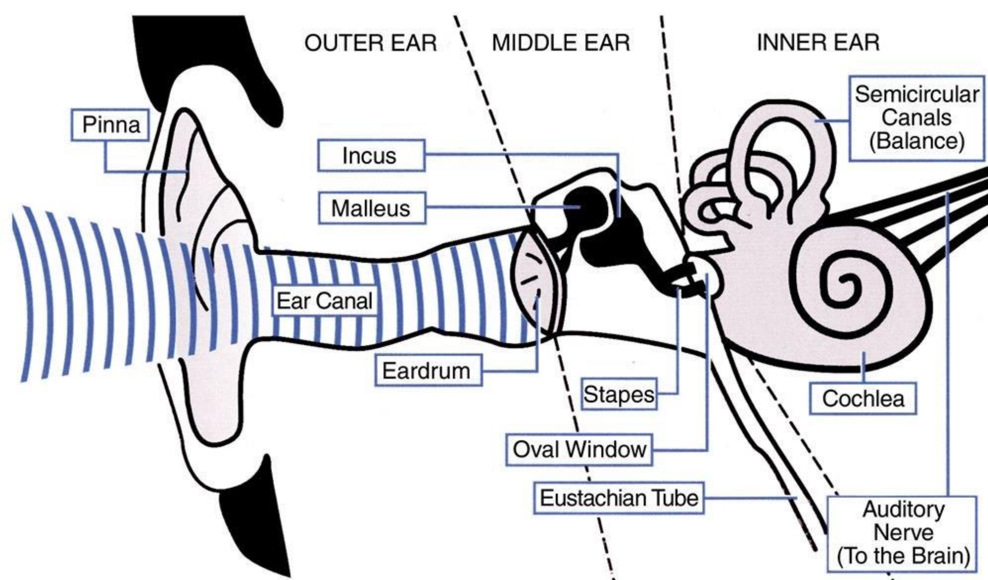
For ears to work properly the middle ear needs to be filled with air. The air travels through the eustachian tube, which runs from the middle ear to the back of the throat. In children this tube is not as vertical and wide as it will be when they get older and as a result doesn't work as well.

If the eustachian tube becomes blocked, air cannot enter the middle ear. When this happens, the cells lining the middle ear begin to produce fluid. This is a runny liquid which can get thicker as it fills the middle ear. If your child has glue ear your GP may describe their ear or ears as being 'congested'.

With fluid blocking the middle ear, it becomes harder for sound to pass through to the inner ear, making quieter sounds difficult to hear.

Glue ear can affect one or both ears. It can affect the child's ability to hear, and can sometimes be mistaken for stubbornness or naughty behaviour.

Glue ear is normally a temporary condition that appears to worsen in the winter months when coughs and colds are more prevalent and can fluctuate in severity. It can also spontaneously resolve.



The following signs may indicate glue ear, mild or progressive deafness:

- Changes in behaviour, becoming withdrawn or frustrated.
- Delayed speech and communication development.
- Mishearing and mispronouncing words.
- Struggling to hear what's being said when in the presence of background noise.
- Not responding when you call the child.
- Problems with concentrating, tiredness and frustration that affects their behaviour.
- Difficulties with reading, spelling and learning.
- Wanting the TV louder than other family members.
- Talking loudly.
- Request for repetition of instructions.
- Loss of interest.
- Finds it hard to join in group work.

Guidance for when a child wears a hearing aid at school

Children, who have been identified as having a hearing loss from the newborn screen, should already be familiar to you.

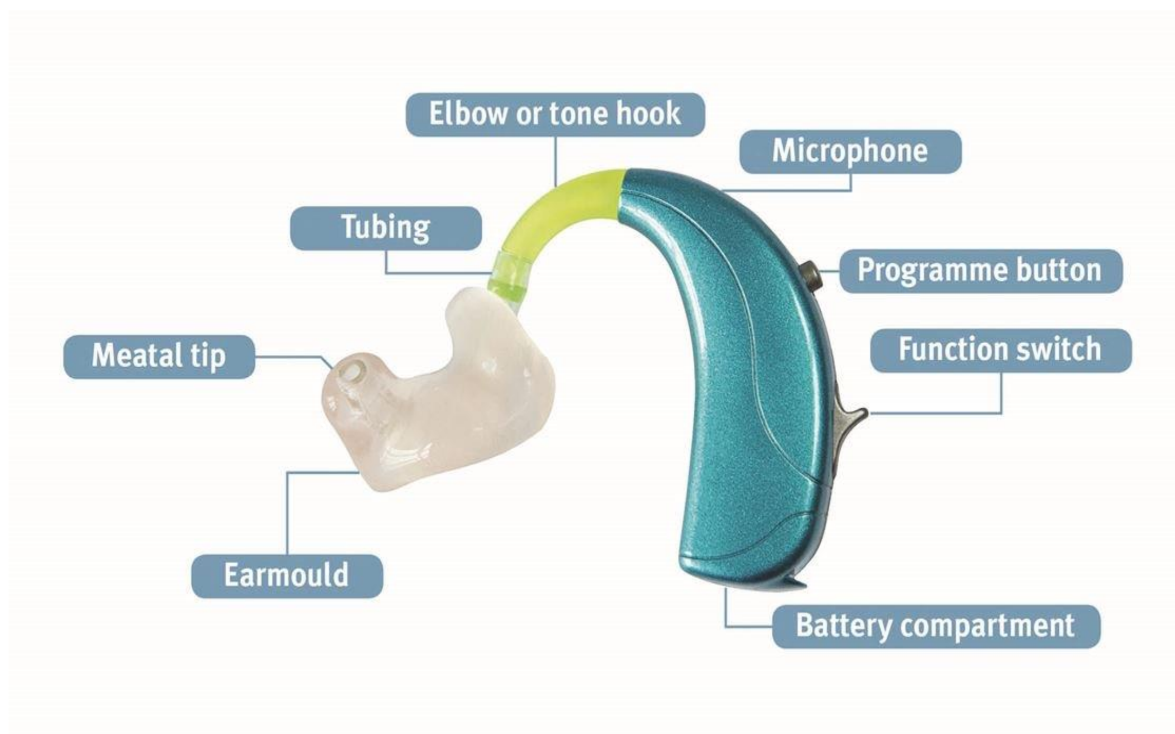
Most hearing aids work by making sounds louder. Hearing aids have a microphone that picks up sounds around the wearer and a processor that converts that sound into data. This then amplifies the parts of the signal (frequencies) needed by the wearer and a receiver sends the amplified sounds into the ear through the earmould.

Children that require the fitting of hearing aids should already have these in place, and start to become accustomed to their hearing aids.

Some children will still be adapting to using them and may need some support until they are able to manage them independently. You may be able to get additional support from the child’s hearing support teacher.

The child may still need some support fitting the hearing aid properly.

Hearing aid anatomy



Most hearing aids are turned on and off by opening and closing the battery drawer.

When children are very young it is likely that they will only have one programme and there won't be any controls or buttons to worry about.

As they get older and are able to control the hearing aids themselves, programmes can be introduced.

If the hearing aids do have controls, they may have a volume control, programme button or function switch.

Battery Drawers

A **child-safe battery door lock** is a safety feature which stops children from being able to open the battery compartment and swallow the battery. The lock is usually secured with a small screwdriver. When children are young they will have a lockable battery drawer.

Changing the battery

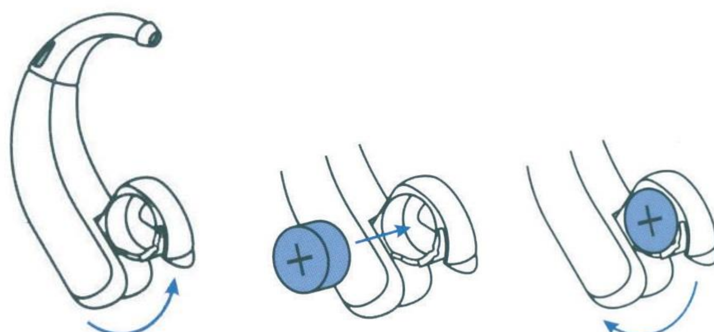
1. Open the battery compartment with the tool provided. You may need to ask the parent or the visiting teacher of the deaf for one.

2. Remove the battery and safely dispose of it.

3. Remove a new battery from the pack and remove the sticker from this battery but ONLY when you need it.

4. Place the battery in the drawer with the + symbol facing outward.

5. Close battery drawer.



NB: Inserting new batteries may differ slightly on different models.

Turning ON/OFF

Turning the Hearing Aid ON
Close the battery compartment

Turning the Hearing Aid OFF
Open the battery compartment

Some hearing aids will have an **LED visual status indicator** which when glowing, indicates that the hearing aid is working, when there may be a fault, or when the battery needs changing.

For further troubleshooting on hearing aids please refer to the National Deaf children's society web page. You will also be able to find helpful videos

www.ndcs.org.uk

What can teachers do to help?

If you have any concerns that a child might not be hearing very well in the classroom, speak with the parents. Sometimes in busy/noisy families it isn't always obvious that a child has a hearing loss and may go undetected.

The parents should be advised to contact their health visitor/GP to seek a referral to the audiology department for a hearing assessment.

Whilst waiting for a referral, you should consider:

- Position the child at the front of your class so that they child can see you, this will aid any lip reading and visual clues that may be needed.
- You should gain the child's attention before giving instructions, this way you are sure that they have heard the information.
- Confirmation should be sought to ensure that the child has understood.
- Written or picture information could also be provided for a visual tool.
- Classroom noise should be reduced.
- Speak normally, do not alter the speed or exaggerate your lip movements.
- Use brief instructions, younger children will be used to this already.
- Ensure that the child has clear view of the whiteboard or the adult during carpet time.

Visual timetables may be useful for younger children to work with. The visual aid of pictures and/or charts can be used to promote understanding and offer reassurance of what happens next. The family could also continue this at home if required.

Checklist for children who might not be hearing very well in school:

- Delayed speech
- Mishearing and mispronouncing words
- Not hearing what's going on if there's background noise
- Problems with concentrating, tiredness and frustration that affects their behaviour
- Preferring to play alone
- Difficulties with reading and learning
- Not responding to their name
- Talking loudly
- Asking for repetition frequently
- Frequent ear infections
- Not responding when you are not facing them
- Wanting the volume of the TV higher than other members of their family.

References;

NDCS Glue Ear a guide for parents
www.NDCS.org.uk
www.phonak.com
www.entuk.org

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Audiology Department, York and Scarborough Teaching Hospitals NHS Foundation Trust, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726741 option 2.

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