

### Introduction

This session will explore how hearing impairments are identified and diagnosed and the effect they can have on a child.

Anyone who cannot hear sounds at 20 dB or lower, in both ears, is considered hearing impaired and this can range from mild to profound (World Health Organisation (WHO), 2025). Impairment can be caused by ear infections, fluid build-up, impacted earwax, trauma to the head or ear, exposure to loud noise, and viral infections (Children's Choice for Hearing and Talking (CCHAT) Center, 2025; WHO, 2025).

Over 5% of the population (430 million people) have disabling hearing loss. Thirty-four million of those diagnosed are children. The total figure is expected to rise to around 700 million by the year 2050 (WHO, 2025). According to Lasak *et al* (2014), 3% of white children and adolescents suffer hearing loss and cases are more prevalent in some minorities, or in children from poorer socioeconomic backgrounds.

Whether or not a deaf person identifies as disabled, is their choice however, under the *Equality Act 2010*, if hearing impairment affects their day-to-day activities, they may be considered disabled (Royal National Institute for Deaf People (RNID), 2021)

### Identification and diagnosis

Babies may suffer red ears or pull at their ears, whereas older children may not respond when called, become withdrawn, frustrated, or struggle to concentrate, especially if there is background noise. Speech and language development may be delayed and reading difficult also (National Deaf Children's Society, 2024).

Impairments are mostly identified through routine screening processes, on newborn babies, pre-school and school-age children. Newborn screening is usually offered for hospital births, however NHS (2021) states if screening is not offered, parents can contact their health visitor or GP themselves. This process is therefore not robust in reaching every parent, and the test could be overlooked. Hearing loss in babies, is more difficult to diagnose, as they develop at differing rates. However, as a guide, NHS England (2024) provides a checklist for use in monitoring the sounds a baby makes at different stages. If concerns arise, an appointment can be made with a health visitor or GP.

The success of this system could depend on whether parents/carers can read and understand the instructions and whether they are aware of the checklist. A diagnosis can depend on the parent/carers' willingness to accept that their child has an impairment. Hamzah *et al* (2021) state that parental emotions pose the biggest challenge to diagnosis. Emotional responses usually stem from a lack of understanding or concern about other people's views. Involving parents/carers from the outset can help to alleviate any concerns. (Scarinci *et al* (2017) states that where parents have received a diagnosis, 11% of them experienced breakdowns in communication between healthcare professionals, causing additional stress. Parents/carers also reported difficulties in accessing early help and intervention. The school Special Educational Needs Co-ordinator (SENCO) or Family Support Worker (FSW), could help to give reassurance and support to families with hearing impaired children.

### **Barriers to children with hearing impairment**

Hearing impairment can delay children's speech and language development and reading abilities. If they cannot hear people talking, they will not pick up conversation skills and may mishear words, causing them to mispronounce them later. Empirical research shows that if hearing impairment is detected before the age of six months, children show better levels of language development and syntax, than children whose impairment was identified between the age of 12-15 months (Shoejaei, Jafari and Gholami, 2016; Ching, 2015; Meinzen-Derr *et al*, 2020). Latifah *et al* (2023) concur, suggesting that early identification enables children to fulfil their potential and thrive. The medical model of disability (Toro et al, 2020, p.1.) is often the model practitioners follow, when dealing with hearing impairment, as observation forms a large part of their role. In addition, however, thinking holistically, the social model of disability also needs consideration (Shape Arts, 2025). This model focuses more on the children's strengths, rather than the deficits brought by their condition.

Children with hearing impairment may suffer from feelings of loneliness or isolation, as they can be unable to effectively join in with discussions (Theunissen et al, 2014; Fellingner, Holzinger and Pollard, 2012; Mason and Mason, 2007; Stevenson et al, 2010). Nursery World (2019) state that more than half of British adults do not feel confident when talking to deaf children, contributing to their isolation. Impairment can limit access to education and employment opportunities (SENSE, 2022), which may make children feel inadequate. Whilst early interventions such as speech and language therapy and use of sign language can be implemented (Davis & Hoffman, 2019), Latifah *et al* (2023) suggest that a language-rich environment, collaboration with parents/carers and a customized environment can provide a more holistic approach and give children a better school experience. As with all additional learning needs, using the 'assess, plan, do, review' structure as mentioned in the Special Educational Needs and Disability Code of Practice (2015), will help to ensure that robust planning is put in place for children with hearing impairments.

## Support strategies

A common strategy used in settings, is the Makaton sign language system, which uses signs, speech and symbols, to help children understand the meaning of what they see and hear. Although not officially recognised, Makaton provides a universal means of communication. Unlike standard British Sign Language, it has no regional variations. Using Makaton regularly, alongside spoken language, benefits children with a hearing impairment, but also those with Autism or speech and language delays. Conway (2024) states that Makaton is a tactile and visual way for children to express their thoughts and feelings, as well as improving fine motor and social skills. Online resources and training are available through the Makaton charity. Such strategies can have barriers however, such as the cost of training and the ratio of staff to children in the setting. Trained staff need regular opportunity to use Makaton, otherwise skills can quickly be forgotten (Sin, 2020). Parents/carers should be consulted as if they already have a favoured signing method, introducing Makaton could cause confusion for all parties. Makaton signs could also be shared with parents/carers, giving consistency at home and at school. Makaton suits all levels of need and can be taught to the whole class, promoting an inclusive environment (The Children's Trust, 2020).



latifanostudios.com (no date)



tigermoon.com (2025)

## Conclusion

To conclude, whilst barriers due to hearing impairment can be difficult, when effective strategies are implemented, children can be supported well, in an inclusive, enabling environment. With relevant training and collaboration with parents/carers and external agencies, the best outcomes can be secured for the children in early years settings (National Deaf Children's Society, 2015).