

Hearing Loss

Introduction:

This JSNA briefing examines the scale and future impact of hearing loss in East Sussex.

Summary:

- We should all be looking after our hearing in much the same way as we would our vision. Greater emphasis on the primary prevention of hearing loss is required.
- There is a need to tackle acceptance among the public that age-related hearing loss is inevitable, and that you just must put up with it.
- Greater emphasis on the early diagnosis and ongoing provision of hearing support in the community is needed.
- Reducing the stigma associated with hearing loss and the use of hearing aids is a priority, especially in the workplace.
- Greater awareness of the extent of hearing loss in the elderly population and optimising communication skills with elders are needed.

Why is hearing loss [HL] important?

Hearing enables us to survive, to connect with, and to appreciate the world around us. Hearing allows us to enjoy music, conversation, and communication.

Hearing loss, however, remains an invisible and under-recognised public health issue. There are more than eleven million people in the UK with some form of hearing loss [HL], about one in six of the population.ⁱ Over six million people in the UK could benefit from hearing aids [those with a hearing loss of at least 35 decibels (dB) in the better ear]. There are 900,000 people in the UK with severe to profound deafness. The number of people with hearing loss in the UK is estimated to rise to 15.6 million by 2035.ⁱⁱ

Hearing Loss and Quality of Life

Unsupported hearing loss can have an adverse impact on a person's quality of life and their general health. People with hearing loss are likely to withdraw from social activities involving large groups of people and, where they do take part, communication difficulties can result in feelings of loneliness.

Hearing loss can mean a decrease in intimate talk and joking with family,ⁱⁱⁱ and a distancing between couples.^{iv} People with hearing loss are more likely to experience emotional distress and loneliness. Hearing loss doubles the risk of developing depression.^v

There is an average of a 10-year delay in people seeking help for their hearing loss.^{vi} Children who are deaf are more likely to experience problems with their mental health and wellbeing.^{vii} Parents of deaf children report higher levels of stress.

What is hearing loss? How is hearing assessed?

Defining Hearing Loss

Hearing loss can be defined by the quietest sound that you are able to hear measured in decibels (dB).

Mild hearing loss: quietest sound 25-39 dB

Can sometimes make following speech difficult, particularly in noisy situations.

Moderate hearing loss: quietest sound 40-69 dB

May have difficulty following speech without hearing aids.

Severe hearing loss: quietest sound 70-94 dB

Usually need to lipread or use sign language, even with hearing aids.

Profound deafness: quietest sound 95 dB+

Usually need to lipread or use sign language.

Key outcomes

What can be done to prevent hearing loss?

Primary prevention

The following are examples of primary prevention of hearing loss:

- Immunisation before pregnancy against infectious diseases that cause deafness e.g. MMR vaccine to protect against rubella.
- Reducing exposure to loud sounds by raising awareness about the risks. As children grow and move into adolescence and young adulthood, exposure to loud music can be a major risk factor for hearing loss.
- Enforcing relevant legislation. Employers are required to take action on noise under the [Control of Noise at Work Regulations](#). Employers are expected to manage the risk of hearing loss through a hierarchy of control measures, from controlling noise at source through to wearing ear protection as a last resort.

Secondary prevention

Babies and preschool children

Early diagnosis of hearing loss and intervention in newborn babies is essential for the development of early speech, language, and communication skills. Parents of all babies born in England are offered [hearing screening](#) for their baby within 4 to 5 weeks of birth. The newborn hearing screening test measures a baby's response to sound using two methods:

1. Automated Oto Acoustic Emissions (AOAEs)
2. Automated Auditory Brainstem Responses (AABRs)

Newborn babies who show signs of hearing loss are referred to specialist services for assessment, diagnosis, treatment, and management, including fitting of hearing aids where appropriate.

Increasing numbers of children and adults are now eligible for [cochlear implants](#). Children
Hearing Loss briefing, May 2024

with cochlear implants should also learn BSL. This will avoid their missing out on a key stage of language development.^{viii}

British Sign Language [BSL]

Some people use British Sign Language (BSL) as their first or preferred language.

There is a belief among many health professionals that learning sign language adversely affects speech and language development, one that is not supported by empirical evidence.^{ix}

Approximately 24,000 people use sign language as their first language. The British Sign Language Act legally recognises [British Sign Language](#) [BSL] as a language of England, Scotland and Wales, with a similar status to [Welsh](#) and [Scottish Gaelic](#).^x

Early hearing and language assessment by health visitors is conducted at the 2 to 2 ½ year Health Visiting Review. Hearing loss can impact on children's communication and literacy development, profoundly affecting education and future work prospects.

Tertiary prevention

Wearing hearing aids can lessen the impact of hearing loss on psychological, social, and emotional functioning. Social services and voluntary organisations can support people who are deaf to live independently and to adapt to living with their deafness.

National and Local Policy and Strategy:

The following are key points from the [Hearing Loss Action Plan](#):^{xi}

- Designing public services and public spaces to support good communication.
- Providing better communication support and understanding in the workplace, including timely access to assistive devices, language support (for example British Sign Language (BSL) or Signed Supported English) and speech-to text.
- Encouraging early awareness, diagnosis, and management of hearing loss
- Person-centred planning, which is responsive to information and social needs.
- Providing timely access or signposting to communication support, lip-reading

classes, hearing therapy or counselling, support groups, befriending services, and assistive technologies

National and local context - known health inequalities

Risk factors for long term hearing impairment

Age-related damage to the cochlea is the single biggest cause of hearing loss. It is the result of a combination of environmental and genetic factors.

Other causes of hearing loss include:^{xii}

- a genetic predisposition: at least half of all childhood deafness is inherited
- drugs that harm the cochlea and/or hearing nerve.^{xiii} Some babies [especially if premature] will have received drugs that can damage the hearing nerve
- some infectious diseases, including rubella during pregnancy, after meningitis
- complications at birth
- regular and prolonged exposure to loud sounds^{xiv}
- injury to the head
- benign tumours on the auditory nerve

Age groups

Children and young people

Half of all deaf children are born deaf, while half acquire deafness during childhood.^{xv}

One out of every 1,000 babies are born with permanent deafness or hearing impairment that significantly affects their language and social development.^{xvi} A further one per 1,000 have acquired deafness with some effect on language and social development. The prevalence of permanent hearing loss is nearly two per 1,000 children at age 9-16 years.

Notably, more than 90% of deaf children are born to hearing parents.^{xvii} This is because of the wide variation in the causes of deafness. With current tests, it is only possible to determine the probable cause of their deafness for about half of children. Conversely, ninety per cent of children of deaf adults (CODA) are born hearing.

There are more than 45,000 deaf children across the UK.^{xviii} Many more children experience temporary deafness because of conditions such as glue ear [the presence of fluid in the middle ear].

Hearing problems are particularly common among people with Down syndrome.

Working Age Adults

Five million people of working age in the UK are living with hearing loss or deafness.^{xix} Hearing loss is a barrier to finding and remaining in employment.

In England in 2023 there were around 620,000 people aged 18-44 years with some hearing loss and 63,000 with severe hearing impairment.

At around the age of 45-50 the proportion of people with hearing loss begins to increase sharply. In 2023, in England there are around 2.8 million people aged 45-64 years with some hearing loss and 144,000 with severe hearing impairment.^{xx}

Exposure to noise at work can cause irreversible hearing damage. Industrial hearing loss remains the occupational disease with the highest number of civil legal claims, accounting for around 75% of all occupational disease claims.

Most food and drink industries have processes that emit high noise levels, which could adversely affect the hearing of their employees. Workers in the music industry are also at a higher risk of hearing loss.

Older people

One third of people above 65 live with disabling hearing loss.^{xxi} In England, in 2023 there were estimated to be 6.7 million people with some hearing impairment and 868,000 people with a severe hearing impairment.^{xxii}

The proportion of the population with co-occurring [dual] sensory impairments is predicted to increase as the ageing population lives longer. The rate of people with co-occurring, severe deaf and blind impairments is predicted to be 343 per 100,000 by 2030.^{xxiii}

Equalities groups:

Age: please see above

Race & Ethnicity: East Sussex has a lower proportion of people from minority ethnic groups than the average for England. At the 2021 Census, 93.9% of the population of East Sussex are white, 2.3% are of mixed ethnicity, 2.1% Asian, 0.8% Black and 0.9% described themselves as “other”.

Babies born to mothers in ethnic minority groups may have had greater risks to their hearing before, during and after their birth. Parents in minority groups may experience barriers to access at each stage of the neonatal hearing screening pathway.^{xxiv}

People in ethnic minority groups may be working in low paid employment.^{xxv,xxvi} Some industries with elementary occupations have greater risks of occupational exposure to hazardous noise levels.

Gender: Hearing loss begins earlier and is more common and severe among men than women. In general, men tend to work in certain fields and engage in hobbies that expose them to more loud noise, which puts them at a greater risk for hearing loss.

Research to describe the effects of gender [biology] and gender-related [social] effects on hearing health is ongoing.^{xxvii} Differences in hearing aid use and the effects of hearing loss on general health may also vary by sex and gender.

Sexual orientation: few studies have investigated disparities in hearing health outcomes based on sexual orientation and no studies have been published investigating hearing health outcomes in gender diverse people.^{xxviii}

Transgender: Research is needed to understand the effects of long-term hormone use on hearing in transgender individuals.

Disability: As many as 40% of deaf children will have additional or complex needs.^{xxix} For educational purposes, pupils are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or teaching strategies to access the concepts and language of the curriculum.^{xxx}

Around 40% of adults with a learning disability experience moderate to severe hearing loss.^{xxxi} In some cases it may increase the effects of an individual's learning disability because it may sometimes go unrecognised or undiagnosed, with the behaviours associated with hearing loss considered to be part of the learning disability.

Untreated hearing loss can contribute to delayed speech and language development, difficulties with learning, and problems communicating with others. Early diagnosis is vital, especially for people who may already experience difficulties in these areas.

Language deprivation is a chronic lack of full access to a natural language during the critical period of language acquisition.^{xxxii} British Sign Language [BSL] is often [inappropriately] recommended as a last resort when speech has not developed. Late and inadequate exposure to BSL in the context of pre-existing language deprivation can lead to the situation where an individual is not fluent in any language.^{xxxiii} Poor language fluency is linked to poor long term physical and mental health.

Religion/belief: Beliefs about vaccines in some religious groups may affect the uptake of those vaccines which can reduce the risk of deafness [MMR, meningitis, and pneumococcal vaccines for example].

Carers: the number of older people who are informal carers is growing, particularly in those aged 85 and over. This group may not recognise themselves as carers, and may be at increased risk of isolation, loneliness, and mental health issues.^{xxxiv} Hearing loss in the person being cared for makes the task of caring more difficult. In addition the carer's own hearing related needs may go unmet.

Pregnancy, maternity, breastfeeding: non-immune mothers may acquire rubella in pregnancy. Other infectious diseases acquired in pregnancy may also have an adverse outcome on neonatal hearing e.g. syphilis.

Marriage / civil partnership: N/A

Armed Forces: Military veterans are more likely to have trouble hearing during and after their service and have high rates of tinnitus.^{xxxv}

Multiple minority issues [intersectionality]

When minority statuses overlap [intersectionality], each associated with disadvantages, the combined result is more disadvantage than would be expected given each minority status alone.^{xxxvi}

Inequalities in Hearing Loss

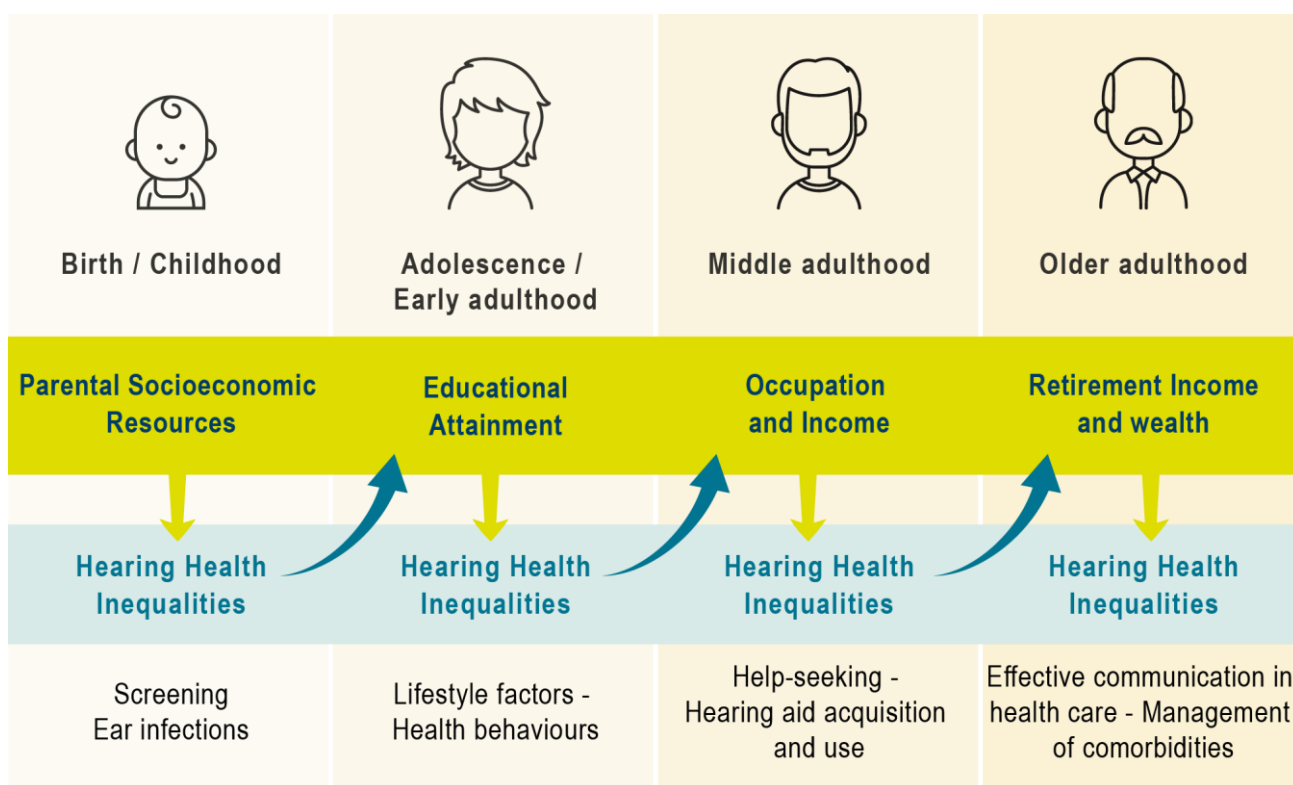
Why is hearing loss is associated with poverty?

Hearing health inequalities as they appear throughout life are summarised in Figure 1 below. Hearing inequalities begin before birth, and can occur at birth, particularly for babies born pre-term. Being born prematurely is associated with socio-economic inequality.

Inequalities can emerge during the preschool years and early childhood. Children born to parents from a lower socio-economic background tend to experience more ear infections. The consequences of hearing loss in children include impairment in language skills and lower educational achievement compared to children with normal hearing.^{xxxvii}

Inequalities are further apparent with unequal exposure to risks during adolescence and early adulthood. Inequalities continue into middle adulthood regarding seeking help for hearing problems and late diagnosis, as well as in the use of hearing aids.

Figure 1 Hearing Health Inequalities in the Life Course



Source: Adapted from Ref.^{xxxviii}

Middle adulthood

Manual jobs tend to be those with higher levels of noise exposure which contribute to the deterioration of hearing ability.^{xxxix} Occupation and income can affect access to hearing services and use of hearing aids.^{xl} Health literacy and beliefs about health influence whether people choose to seek help for hearing difficulties, as well as getting hold of and using hearing aids. Lower educational status is related to lower health literacy and the need to access appropriate help.^{xli}

Hearing health inequalities in middle adulthood can affect the retirement status and income of older adults by having an impact on their ability to continue working and can affect their job progression.^{xlii} Hearing Loss also affects social participation.^{xliii}

Older adulthood

Difficulties in communication can negatively affect people's use of health services in general and the management of other health conditions. Examples include people with hearing loss facing extra difficulties in accessing the mental health support they may need,^{xliv} or understanding advice about complex medicine regimes.

Mental health problems

The prevalence of mental health problems in the deaf community is 30-60%,^{xlv} compared with just over 15% in the general population.^{xlvi}

What more can we do to prevent hearing loss and associated inequalities?

1. At an individual level, there is a need to tackle acceptance among the public that age-related hearing loss is inevitable, and that you must put up with it.
2. Hearing loss is preventable and treatable. Hearing aids are a cost-effective intervention and recommended for adults with mild to moderate hearing loss to improve quality of life and listening ability.
3. There is a need to address the stigma associated with hearing loss and the wearing of hearing aids, especially in the workplace. There is also a need to educate the workforce on simple adjustments that help communication for people with hearing

loss.

4. With only around 40% of people who need hearing aids having them, there is a need to increase awareness that hearing aids are available on the NHS. It is important to ensure that information and support is available to everyone following the supply of a hearing aid, helping people to continue to use them.
5. There is also a need to understand more about why some people do not use the hearing aids that are made available.
6. We should all be looking after our hearing in much the same way as our vision, protecting ourselves from loud noise and seeking help for hearing loss at an early stage.
7. Consideration of multiple disadvantages will be important to advance inclusion, diversity, equity, and accessibility. This will enable a better understanding of the barriers to healthy hearing.^{xlvi}
8. There is the opportunity to improve care pathways for deaf people in mental health services.
9. There is the opportunity to improve communication with deaf people in managing long term conditions.
10. Ensuring the Accessible Information Standard is fully understood and implemented in NHS services is an ongoing requirement.

Service provision and use

[Audiology is provided at Conquest Hospital in Hastings and at Park Practice Primary Care Centre in Eastbourne](#)

The audiology service includes both Adult and Paediatrics (including new-born hearing screening) services. There is also a dedicated senior specialist nurse who specialises in paediatric audiology, working closely with community paediatricians.

Adult audiology receive approximately 1,500 new referrals each year, paediatrics receive over 1,200 referrals per year.

People over 55 years of age can be referred by their General Practitioner (GP) to be seen by the audiology team. People under 55 years of age should discuss the need for referral

with their GP. The normal referral route is then via the Ear Nose and Throat (ENT) Department. Children under 18 years are seen by [specialist paediatric teams](#).

Social Care: service provision

Which services are commissioned by East Sussex County Council for people with hearing loss?

- Community support for people within their own home
- Social groups and activities for people with dual sensory loss
- Independent advocacy
- Engagement with the deaf and partially hearing community.
- Supported Employment for people with disabilities and sensory impairments to help them secure, or maintain, paid or voluntary work.

The ESCC Sensory Needs Service

The Sensory Needs Service (SNS) provides support to deaf and Vision Impaired (VI) children and young people (CYP) and their families (aged 0 -25). The service provides guidance to education settings and other professionals supporting children with sensory needs.

The Sensory Needs Service support and promote the inclusion of CYP with vision impairment and deafness in a range of settings.

Deaf Support/Teaching Service

As deafness is often identified before a child starts school, referrals typically arrive from the health service. The service responds to all referrals by first contacting the family or the school, dependent on the age of the child. This might be to request further information or to give advice over the phone. An initial visit may be arranged so the service can assess the child at home.

Nationally agreed criteria are used for assessing the level of need for each referral. The “Eligibility Criteria for Scoring Support Levels” are produced by the National Sensory Impaired Partnership (NatSIP). It comprises of a series of questions with graded responses.

A total score is calculated giving a guide as to the level of support that might be needed for each pupil. Professional opinion of the level of need and the educational placement of that pupil is also considered.

For Pre-School Children

The sensory needs service provides support for children 0-5 years old and their families within the home/nursery/childminders and pre-school.

For School age children and young people

There are four Deaf Support Facilities (DSF) in East Sussex which support the highest need pupils.

[Willingdon primary school](#) provides a special Deaf Support Facility as part of the ISEND sensory needs service. The Deaf Support Facility is an integral part of the school and the children are included in all aspects of school life.

[Manor Primary School](#) in Uckfield has a Deaf Support Facility as part of the ISEND sensory needs service.

[Priory School Lewes](#) has a Deaf Support Facility as part of the ISEND sensory needs service.

[Hamilton Lodge School in Brighton](#) is a special residential through school for learners from 5 to 19 years of age with significant expertise in meeting an identified primary need of Deafness (Mild, Moderate, Severe or Profound).

Adults

ESCC supports employment of people with disabilities and sensory impairments to help them secure or maintain paid or voluntary work.

The ESCC Sensory Impairment Team enables adults with hearing impairment to learn or regain skills for independence. For hearing impairment, the main criteria for referral to the sensory impairment team are:

- The adult has a visual and/or hearing impairment or is a deaf BSL user **and** has needs/barriers to independence arising from their sensory impairment.

Long term support from Adult Social Care ESCC

There were five people aged 18-64 and 18 people aged 65 and over receiving support from Adult Social Care with a primary support reason of hearing impairment receiving long term support in the year 2022/23.

There were 16 adult clients with visual and hearing [dual] sensory impairment receiving long-term support in 2022/23.^{xlvi}

Predicting Future need:

Nationally it has been estimated that

71.1% of over 70-year-olds have some kind of hearing loss:

- • Mild: 26.7%;
- • Moderate: 36.8%
- • Severe: 6.3%
- • Profound: 1.3%

41.7% of over 50-year-olds have some kind of hearing loss:

- • Mild: 21.6%
- • Moderate: 16.8%
- • Severe: 2.7%
- • Profound: 0.6%

What will be the future impact of hearing loss in East Sussex?

With an ageing population, as well as longer survival of children and young people with complex needs, the need and demand for primary and secondary care hearing services will continue to increase in East Sussex.

How many people in East Sussex are estimated to have hearing loss now?

Children and Young People with Special Needs:

In 2023, there were 42 pupils resident in East Sussex with an Education, Health, and Care [EHCP] plan with hearing impairment recorded as their primary need.^{xlix}

Future projections of adults who will have hearing loss

Most people with hearing loss are older and the prevalence increases with age.^l

People of working age [18-64]:

In 2023, over 36,300 people in East Sussex were estimated to have some hearing loss, Table 1.

Over 2,100 are estimated to have a severe hearing loss [data not shown].

Table 1: Number working aged people with some hearing loss in East Sussex 2023-2040

	2023	2025	2030	2035	2040
People aged 18-24 predicted to have some hearing loss	610	620	684	683	638
People aged 25-34 predicted to have some hearing loss	1,208	1,184	1,119	1,123	1,218
People aged 35-44 predicted to have some hearing loss	3,126	3,143	3,162	3,122	2,977
People aged 45-54 predicted to have some hearing loss	9,301	9,027	8,598	9,103	9,136
People aged 55-64 predicted to have some hearing loss	22,142	22,965	22,864	21,284	20,752
Total population aged 18-64 predicted to have some hearing loss	36,386	36,939	36,426	35,315	34,720

Source: PANSI^{li}

Older people: In 2023 about 95,800 older people in East Sussex are estimated to have some hearing impairment, and over 12,700 people to have a severe hearing impairment. The numbers are predicted to increase substantially over the next 20 years, Table 2. This is due to demographic change.

Table 2: number of older people with hearing loss in East Sussex 2023-2040

	2023	2025	2030	2035	2040
People aged 65-74 predicted to have some hearing loss	33,882	34,222	38,695	42,990	42,878
People aged 75-84 predicted to have some hearing loss	39,971	42,798	47,221	46,719	53,676
People aged 85+ predicted to have some hearing loss	22,012	22,791	26,556	33,816	35,952
Total population aged 65 and over predicted to have some hearing loss	95,865	99,812	112,472	123,526	132,506
People aged 65-74 predicted to have severe hearing loss	2,185	2,204	2,490	2,771	2,769
People aged 75-84 predicted to have severe hearing loss	5,266	5,774	7,182	6,686	7,551
People aged 85+ predicted to have severe hearing loss	5,256	5,442	6,340	8,074	8,584
Total population aged 65 and over predicted to have severe hearing loss	12,707	13,420	16,013	17,531	18,904

Source: [POPPI](#) ^{lii}

Views of children, parents and carers and professionals:

Deaf Cultural Outreach Group [[DeafCOG](#)] is a local organisation which provides valuable insights into the lives of deaf people and how to improve their quality of life. The organisation highlights issues on inequality and discrimination to public bodies such as the National Government, local authorities, NHS Trusts and is actively involved in steering or focus groups to ensure deaf representation and agency for the community.

Services include:

- Professional services - including BSL translations, captions and voice-overs. Bespoke workshops on deaf perspectives
- Community assist service - assistance with letter writing, applying for Access To Work, housing / benefits, how to use SignLive/Sign Video, contacting your GP, etc.

- Community support service- one-to-one support to deaf, deafened, hard of hearing and deaf-blind people.
- Cafe social - to meet with other deaf people and have informal chat with food and drink. In Bexhill-on-Sea, Eastbourne and St Leonards-on-Sea.
- Deaf pub night - to meet new people, share news / information and to have fun. First Friday of each month.
- Our space - a space for deaf people to share their passions, questions and hopes. It is open to everyone who is willing to watch and learn and take part.
- Resource hub - a great place to find resources to help with skills and knowledge. Videos are either in BSL or subtitles or both.
- Deaf online directory - of services, projects, activities, or events for deaf people from Brighton & Hove and Sussex?
- Activities and events calendar - all activities and events are on their calendar.

Evidence of Effectiveness/best practice:

[Commissioning framework for adult hearing services](#)

Hearing loss in adults: assessment and management

<https://www.nice.org.uk/guidance/ng98>

Hearing loss in adults:

<https://www.nice.org.uk/guidance/qs185>

NHS Standards for accessible information and communication

The [NHS England Accessible Information Standard \(AIS\)](#) applies to all providers of NHS and publicly-funded adult social care.

[NHS Deaf Mental Health Working Group. Sign Health. Report: Shaping the future of deaf mental health. 2023. Recommendations for improving access to mental health services.](#)

[Mental wellbeing and independence for older people. NICE quality standard 137](#)

[Mental wellbeing of older people in care homes. NICE quality standard 50](#)

[Learning disability: care and support of people growing older. NICE quality standard 187](#)

What are our plans now and in the future?

What actions are being, or need to be taken to address unmet need?

Identifying hearing loss in adults^{liii}

The [UK National Screening Committee](#) does not recommend screening for hearing loss in adults.

This is because:

- new screening tests, such as smartphone apps, were identified but they were not accurate enough
- although the main treatment would be the use of hearing aids, it is unclear how willing people would be to use them
- there was no evidence on whether people were likely to have better health if they did use hearing aids after being screened
- it is unclear how well hearing loss in adults is already identified and managed in the UK at present, without a screening programme

Hearing testing can be conducted in community, home, or clinical settings by the whispered voice test. [These tests can be affected by background noise levels]. In audiology clinics hearing screening is conducted using pure-tone, air conduction threshold testing.

When hearing loss is suspected this can be followed by referral for a comprehensive assessment and management. Wherever feasible, hearing testing should be aligned with other health checks being offered to older adults.

Recommended future local priorities

1. Improved accessibility for hearing impaired users of health and social care services, for example: hospital passports; loop systems; communication tools and greater use of interpreting.
2. Information and advice on finance, benefits, social care, and housing is made more

accessible.

3. More peer support and accessible activities for young people with hearing impairments.
4. More support to find and maintain employment.
5. Increased uptake of assistive technology options including Telecare.
6. Increased awareness amongst public and universal services about improving communication and accessibility.[Importance of good lighting and lip-reading]
7. Increased understanding at the planning and development stages of buildings and retrospectively to ensure that acoustics are considered.
8. Services need to encourage and be accessible to men over the age of 65.

Conclusion

- Hearing loss remains an invisible and under-recognised public health issue. Public health strategies can prevent and reduce the impact of hearing loss. Addressing socio-economic inequalities in hearing health throughout the life-course can significantly improve wellbeing.
- For children, this includes reducing inequalities in neonatal screening, ensuring early diagnosis in pre-school children by health visitors, and ensuring appropriate educational provision. Immunising children and young people against measles, mumps and rubella, and meningitis infections can prevent avoidable hearing loss caused by these infections.
- For adults this includes encouraging early diagnosis in the community, improved health, and safety in the workplace, and reducing loneliness and social isolation.
- ESCC and the NHS continue to engage with the hearing loss community to facilitate continued action and to review progress. This should help ensure high quality care for people of all ages with hearing loss. This will enable members of the population with hearing loss to maintain their physical and psychological health and to achieve their full potential in life.

Links to helpful sources of information:

- [Sensory impairment assessment | East Sussex County Council](#)
- [About us | National Deaf Children's Society \(ndcs.org.uk\)](#)

- <https://www.ndcs.org.uk/information-and-support/money-and-benefits/>

"If you have difficulty hearing or speaking and you are a British Sign Language user, you can contact us using the SignLive BSL interpreting service. **Free video calls in British Sign Language (BSL).**

[Contact ESCC using British Sign Language \(BSL\) | East Sussex County Council](#)"

Hearing loss

You may have hearing loss if:

- you need to turn the volume up on your TV to hear it.
- you find it difficult to follow what people are saying
- you find it difficult to hear people on the 'phone
- other people have noticed you are raising your voice

If you think you have hearing loss, make an appointment to see your GP. They can refer you for further assessment.

For more information on causes of hearing loss, visit [Hearing loss | NHS](#)

- [Action for Hearing Loss](#)
- Sense: www.sense.org.uk
- [Public health matters: hearing loss](#)
- Signature.co.uk To learn more about British Sign Language [BSL]

Voluntary sector

[Deaf Cultural Outreach Group \[DEAFCOG\]](#)

DeafCOG (Deaf Cultural Outreach Group), is a community service provider and an umbrella organisation, run by a small team of Deaf volunteers covering Brighton & Hove and Sussex.

Key national policy relating to physical and sensory disability:

- The Care Act (2014)
- The Disability Discrimination Act (2005)
- National Service Framework for long-term conditions (DH, 2005)
- Improving the life-chances of disabled people (Cabinet Office, 2005)

Independent Living; a cross Government strategy about independent living for disabled people (Office for Disability Issues, 2008)

References

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- ⁱⁱ [Hearing Matters Report. 2020.](#)
- ⁱⁱⁱ [D.N. Brooks, R.S. Hallam & P.A. Mellor](#) The effects on significant others of providing a hearing aid to the hearing-impaired partner [British Journal of Audiology, Volume 35, 2001 - Issue 3](#)
- ^{iv} Hallberg and Barrenas, 1993. Living with a male with noise-induced hearing loss: Experiences from the perspective of spouses. [British Journal of Audiology](#) Volume 27, 1993 - [Issue 4](#)
- ^v [Hearing Matters. RNID. 2020](#)
- ^{vi} Ibid.
- ^{vii} [Emotional wellbeing in deaf children and young people, and their families.](#) A literature review by the National Deaf Children's Society
- ^{viii} [The NHS is failing deaf people. BMJ 2024; 384 \)](#)
- ^{ix} [The NHS is failing deaf people. BMJ 2024; 384 \)](#)
- ^x [British Sign Language Act 2022 - Wikipedia](#)
- ^{xi} [Action Plan on Hearing Loss](#)
- ^{xii} [RNID - National hearing loss charity](#)
- ^{xiii} [BMJ: Neonatal units in Manchester roll out genetic test for gentamicin ototoxicity](#)
- ^{xiv} Noise-induced hearing loss is cumulative and experts agree that exposure to 85dB(A) over time will cause hearing damage
- ^{xv} Action on Hearing Loss, Hearing Matters.
- ^{xvi} Department for Education and Skills (2004) National Service Framework for Children. Young People and Maternity Services: Disabled Children and Young People and those with Complex Health Needs. Department of Health. Change for Children - Every Child Matters.
- ^{xvii} Mitchell RE, Karchmer MA. [Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States.](#) (PDF) Sign Language Studies. 2004;4(2):138-163.
- ^{xviii} National Deaf Children's Society NDCS, 2009
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