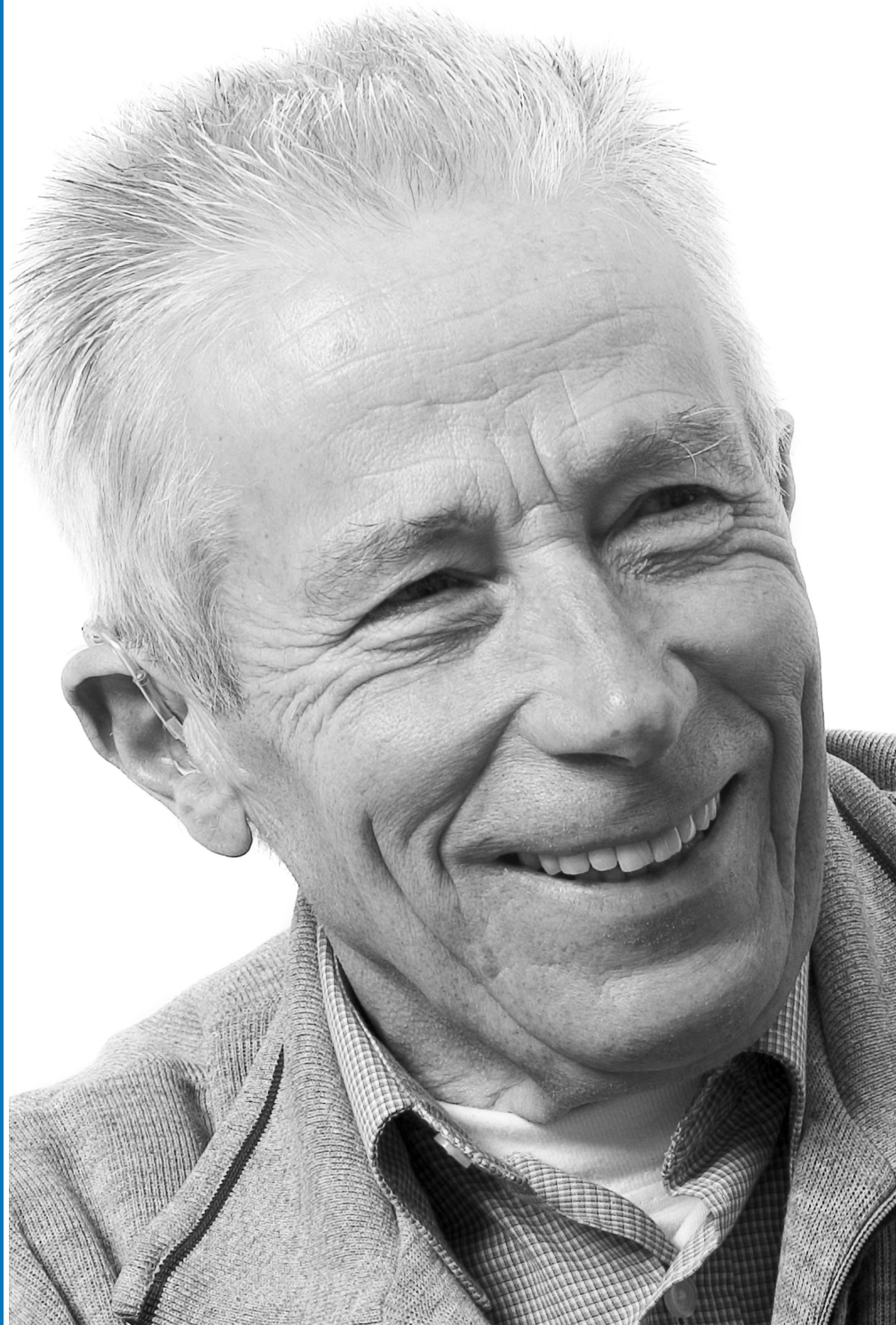


WHAT WORKS:

HEARING LOSS AND HEALTHY AGEING

A guide for commissioners and providers of social and medical care to older people with hearing loss to help maintain health, wellbeing and independence



Document Title

What works: hearing loss and healthy ageing

A guide for commissioners and providers of social and medical care for older people with hearing loss to help maintain health, wellbeing and independence.

Version number: 1

First published: May 2017

Updated: not applicable

Prepared by: Professor Sue Hill, Chief Scientific Officer for England, Mel Gregory, Chief Executive, The Ear Foundation, Cathy Regan, Associate Consultant, Primary Care Commissioning, Sonia Fleming, Project Lead – System-wide Projects, NHS England, Sharon Hards, Project Manager Hearing Loss, NHS England

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by Office of Chief Scientific Officer, Medical Directorate.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Contents

Contents	3
1 Foreword	4
2 Introduction	5
3 Impact on healthy ageing	7
4 Responsibilities of commissioners and providers	13
5 What works – tips to promote effective hearing and communication management for older people	15
6 Further information and resources	23
Acknowledgements	25
Appendix 1	25

1 Foreword

By Professor Sue Hill OBE, Chief Scientific Officer for England

Hearing loss continues to be a growing challenge in England with over nine million people affected by it. The scale of the challenge requires concerted effort and action from a wide range of stakeholders across the public, private, professional and voluntary sectors.

Significant progress has been made since the publication of the Action Plan on Hearing Loss in 2015 which brought together a wide range of organisations from all sectors committed to improving services for children and adults with hearing loss.



Following the publication of the Action Plan, I was very pleased to launch the National Commissioning Framework for Hearing Loss services last year, which delivered one of the key recommendations of the Action Plan and provided a practical guide to support commissioners making day to day decisions with patients affected by hearing loss. The framework represented a dedicated partnership with stakeholders and set out a series of recommendations on how services for people living with hearing loss could be improved.

I am delighted that the true partnership and ongoing commitment by our stakeholder organisations within the hearing loss community continues and that we have worked together again this year to deliver more of the recommendations in the Action Plan.

A series of “What Works” guides has been produced in partnership by NHS England, the Department of Work and Pensions, the Department for Education and hearing loss charities covering the life course as individuals with hearing loss transition from childhood to adulthood, join the workforce and age healthily. The aim of these three guides is to help a whole system approach to the delivery of public services. They will help organisations to support individuals with hearing loss, as they navigate the system throughout their life course, so they have a positive experience and can lead successful, fulfilling and independent lives.

This guide is specifically aimed at commissioners and medical and social care providers working with older people with hearing loss to support them in maintaining health, wellbeing and independence.

We are very grateful to all those who have given so much of their time to produce this series of guides, in particular Action on Hearing Loss, The Ear Foundation, the National Deaf Children’s Society and the Hearing Loss and Deafness Alliance.

2 Introduction

Most of us take our hearing for granted and it is central to our health, well-being, communication, independence and quality of life. Over nine million people in England, approximately one in six, are living with some form of hearing loss¹ with the single biggest cause being age related².

The scale of the challenge requires a broad response from the health and care system and beyond. This was acknowledged by NHS England, the Department of Health, other Government Departments and stakeholder organisations within the hearing loss community when the Action Plan on Hearing Loss, a national government strategy for hearing loss, was published in March 2015. It set out the case for action to tackle the rising prevalence and personal, social and economic costs of hearing loss and provided a rallying call to a wide range of stakeholder organisations from all sectors to improve services for both children and adults with hearing loss.

As part of the ongoing commitment of public service departments and stakeholder organisations across the voluntary, professional and private sectors to implement the Action Plan on Hearing Loss, three guides have been produced. They are intended to provide information, advice and good practice tips for those working with people in different settings, with the overall aim of improving their experience and ensuring that they are actively supported and empowered to lead the lives they want for themselves and their families. The guides are intended to support Clinical Commissioning Groups in their statutory duties to have regard to reduce health inequalities under the Health and Social Care Act 2012 and to advance equality under the Equality Act 2010.

This guide has been produced in partnership with other Government departments and hearing loss charities in response to the ambition set out in the Action Plan on Hearing Loss to ensure that older people with hearing loss are supported to stay well and retain their independence. It focuses on what commissioners and providers of care to older people with hearing loss (whether in their own homes, in sheltered accommodation, in care homes or hospital) can do to address their hearing and communication challenges and help them maintain their health, well-being and independence.

2.1 How to use this guide

Hearing loss affects those both born deaf and those who acquire it later in life. Throughout the guide we use the term “people with hearing loss” to refer to people with all forms of hearing loss, including people who:

- are born deaf;
- are gradually becoming hearing impaired and may not yet realise they have a problem;

1 Action on Hearing Loss, 2015. Hearing Matters. [pdf]
Available at: <https://www.actiononhearingloss.org.uk> [Accessed 12 April 2017.]

2 Vos, T et al., 2015. Global, regional and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries 1990-2013 a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. Vol. 386 (9995) pp. 743–800. Available from www.thelancet.com [Accessed 12 April 2017.]

-
- have hearing loss and use hearing aids or other hearing devices; and
 - use sign language.

Section 3 describes the impact of hearing loss on healthy ageing and why it is important for those working with older people to be aware of this.

Responsibilities of commissioners and providers relevant to the provision of care for older people with hearing loss are outlined in section 4.

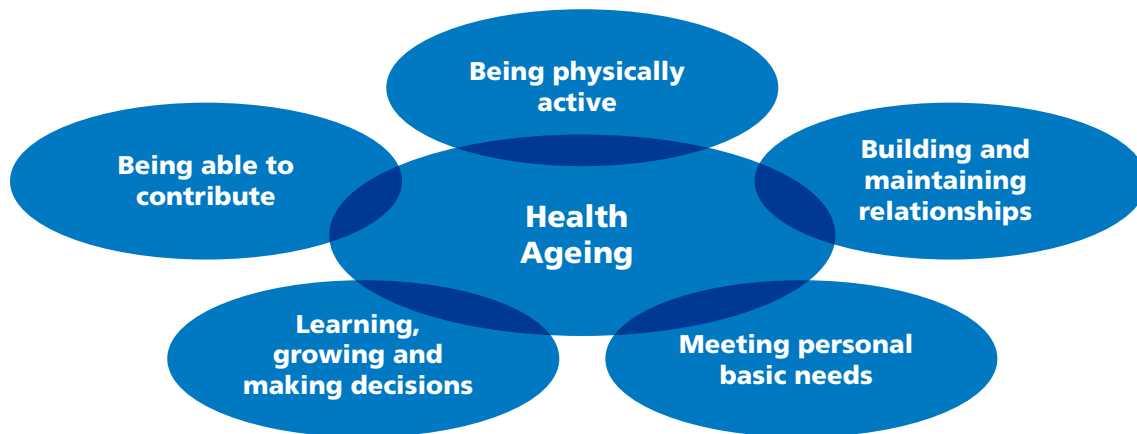
Section 5 provides useful advice and tips for care providers of older people to promote effective hearing and communication management, including case studies.

Information and resources and where to go for further help for those working with older people with hearing loss are included in section 6.

Please note that footnotes will only appear once in this document, although they may be referenced on more than one occasion in the text.

3 Impact on healthy ageing

Healthy ageing is the promotion of healthy living and the prevention and management of illness and disability associated with ageing³. The World Health Organisation advocates the following lifestyle factors to support healthy ageing⁴:



Hearing is essential for healthy ageing, enabling us to communicate with friends and family, participate in society and retain our independence, health and wellbeing⁵, quality of life, and remain in employment if we wish. Yet the major cause of hearing loss is age-related² and as the ageing population grows, the impact of hearing loss for the individual and society grows.

3.1 The personal impact

The number of people with hearing loss is rising – 42 per cent of people over 50 years and 71 per cent of people over 70 years are affected¹. Estimates suggest that by 2035 over 13 million people in England – that’s one in five of the population, will have hearing loss⁶. Unaddressed hearing loss will have a significant impact on older people leading to communication difficulties, social isolation, depression, reduced quality of life and loss of independence and mobility. The consequences of this on overall health and wellbeing are discussed overleaf.



3 Age UK, N.D., Healthy Ageing Evidence Review [pdf]
Available from: <http://www.ageuk.org.uk> [Accessed 12 April 2017.]

4 World Health Organization, 2015. World Report on Ageing. [pdf]
Available from www.who.int [Accessed 12 April 2017]

5 Lustig, T.A. and Olson S., 2014. Hearing Loss and Healthy Aging: Workshop Summary.
Available from: <https://www.nap.edu/catalog/18735/hearing-loss-and-healthy-aging-workshop-summary>
[Accessed 12 April 2017.]

6 Prevalence estimates provided by Professor A C Davis, using prevalence from Davis (1995) Hearing in Adults, updated with ONS (2014) National Population Projections, 2014-based projections, which are available at: <http://www.ons.gov.uk/ons/rel/npp/national-population-projections/2014-based-projections/index.html>

3.1.1 Health

Hearing loss is a major but often unrecognised long term condition and is the leading cause of years lived with disability for those over 70². With people living longer, the ageing population is growing and many will have other long term conditions. People aged 65 and over are the largest group, 1.9 million, of the population with long term conditions and 50 per cent of this group have at least one long term condition, compared to 11 per cent under 65 years⁷.

Hearing loss is also associated with an increase in other chronic health conditions, including diabetes, stroke and sight loss^{8,9} It also presents a greater risk of falls¹⁰ and more visits to healthcare professionals.

It has also been found that the health of the signing Deaf community in the UK is poorer than that of the general population, with possible under diagnosis and under treatment of chronic conditions being the cause¹¹. This is likely to become even more of an issue in the older population of Deaf sign language users.

3.1.2 Mental health

Older people can experience social isolation due to their hearing loss, which in turn can impact on mental health^{9,12,13,14}. They are two and a half times more likely to develop depression than their peers without hearing loss¹⁴.

“I wouldn’t go out. My wife would go on her own, because seeing people - there was no point.”

“You lose self -esteem, you don’t want to mix, anything like that because that’s what deafness is to you.”

-
- 7 National Archives, 2013: What Does the 2011 Census Tell Us About Older People? Available from: http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_325486.pdf [Accessed: 12 April 2017.]
 - 8 Gopinath et al., 2009. Association between age-related hearing loss and stroke in an older population. *Stroke* 40 (4) pp. 1496–1498. Available from <http://stroke.ahajournals.org/content/40/4/1496> [Accessed: 12 April 2017.]
 - 9 Archbold, S., Lamb, B., O’Neill, C. Atkins, J., 2014. The Real Cost of Hearing Loss: reducing its impact by increasing access to the latest hearing technologies. [pdf] Available from www.earfoundation.org.uk [Accessed: 12 April 2017.]
 - 10 Lin, F.R. and Ferrucci, L. 2012. Hearing loss and falls among older adults in the United States. *Archives of Internal Medicine* 172 (4) pp. 369-371. Available from <http://jamanetwork.com> [Accessed: 12 April 2017.]
 - 11 Emond et al., 2015. The current health of the signing Deaf community in the UK compared with the general population: a cross sectional study. *BMJ Open* 2015 (5). Available from <http://bmjopen.bmj.com/content/bmjopen/5/1/e006668.full.pdf> [Accessed: 12 April 2017.]
 - 12 Gopinath et al., 2012. Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later. *Age and Ageing* 41(5) pp.618–623. Available from <https://www.researchgate.net/> [Accessed: 12 April 2017.]
 - 13 Genter et al., 2013 Association of hearing loss with hospitalization and burden of disease in older adults. *Journal of the American Medical Association*. 309 (22) pp.2322-2324 Available from <http://jamanetwork.com/journals/jama/fullarticle/1696091> [Accessed: 12 April 2017.]
 - 14 Saito, H., Nishiwaki, Y., Michikawa, T., Kikuchi, Y., Mizutari, K., Takebayashi, T. and Ogawa, K., 2010. Hearing Handicap Predicts the Development of Depressive Symptoms After 3 Years in Older Community Dwelling Japanese. *Journal of the American Geriatrics Society*, 58(1), pp.93-97.

3.1.3 Dementia

A growing body of evidence suggests links between hearing loss, the risk of dementia and an accelerated rate of cognitive decline^{15 16 17 18}.

Those with a mild hearing loss are twice as likely to develop dementia as people without hearing loss, whilst those with moderate hearing loss are three times more likely to develop dementia and those with severe hearing loss are five times more likely to develop dementia¹⁹.

Hearing loss and dementia have common symptoms²⁰ as can be seen in the table overleaf and because of this it is possible for hearing loss to be misdiagnosed as dementia^{20 21 22}. Failing to address the hearing loss for people with dementia could accelerate cognitive decline²¹. The majority of people who have dementia also have a hearing loss and when an undiagnosed hearing loss co-exists with dementia, the hearing loss can make the symptoms of dementia seem worse. There is evidence that we can address cognitive decline through early detection of hearing loss and the provision of amplification^{18 23}.



- 15 ^[1]Lin, F.R. Metter, E., O'Brien, R.J., Resnick, S.M., Zonderman, A.B., Ferrucci, L., 2011. Hearing Loss and Incident Dementia. *Arch Neurol.* 68 (2) pp. 214-220. Available from <http://hearingpro.com.au/wp-content/uploads/2016/08/Research-Hearing-loss-and-incident-dementia-2011-1.pdf> [Accessed: 12 April 2017.]
- 16 Lin, F.R., Yaffe K., Xia J., Xue, Q.L., Harris, T.B., Purchase-Helzner, E., et al., 2013. Hearing loss and cognitive decline in older adults. *JAMA Internal Medicine.* 173 (4) pp.293-299. Available from <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452> [Accessed: 12 April 2017.]
- 17 Pichora-fuller, K.M., Dupuis, K., Reed, M. and Lemke, U., 2013, November. Helping Older People with Cognitive Decline Communicate: Hearing Aids as Part of a Broader Rehabilitation Approach. In *Seminars in Hearing* (Vol. 34, No. 4, pp. 308-330).
- 18 Amieva, H., Ouvrard, C., Giulioli, C., Meillon, C., Rullier, L. and Dartigues, J.F., 2015. Self-Reported Hearing Loss, Hearing Aids, and Cognitive Decline in Elderly Adults: A 25-Year Study. *Journal of the American Geriatrics Society*, 63(10), p.2099. Available from http://scholar.google.co.uk/scholar?cluster=881077364697981991&hl=en&as_sdt=0,5 [Accessed: 12 April 2017.]
- 19 Gurgel, R.K., Ward, P.D., Schwartz, S., Norton, M.C., Foster, N.L. and Tschanz, J.T., 2014. Relationship of hearing loss and dementia: a prospective, population-based study. *Otology & neurotology: official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology*, 35(5), p.775.
- 20 Weinstein B (2016). Paper presented at *Audiology Now*
- 21 Kricos, P.B., 2009. Providing hearing rehabilitation to people with dementia presents unique challenges. *The Hearing Journal*, 62(11), pp.39-40. Available from http://journals.lww.com/thehearingjournal/Citation/2009/11000/Providing_hearing_rehabilitation_to_people_with.9.aspx [Accessed: 12 April 2017.]
- 22 Weinstein B (2013), *Geriatric Audiology*, Chap 3 P.62 Psychosocial Changes with Ageing, Thieme, Publishers.NY
- 23 Deal, J.A., Sharrett, A.R., Albert, M.S., Coresh, J., Mosley, T.H., Knopman, D., Wruck, L.M. and Lin, F.R., 2015. Hearing impairment and cognitive decline: a pilot study conducted within the atherosclerosis risk in communities neurocognitive study. *American journal of epidemiology*, 181 (9) pp. 680-690. Available from <https://academic.oup.com/aje/article/181/9/680/84516/Hearing-Impairment-and-Cognitive-Decline-A-Pilot> [Accessed: 12 April 2017.]

Symptom	Hearing Loss	Dementia
Occurs more frequently in people over 65	✓	✓
Compromises social engagement	✓	✓
Causes difficulty remembering new information	✓	✓
Compromises physical activity	✓	✓
Changes mood and personality	✓	✓
Increases in prevalence with advancing age	✓	✓
Increased difficulty having a conversation	✓	✓

The issue is exacerbated in those older people who are Deaf sign language users, with concerns that the early signs of dementia are likely to be missed, both by family or community members and by professionals from whom they seek advice and support.

3.1.4 Access to services

Accessing medical and other professional appointments, such as GP appointments is increasingly needed as one gets older. People with all levels of hearing loss can face difficulties in accessing the services they need due to lack of deaf awareness, poor communication and difficulties in accessing the appropriate support and interpreting services. For example, people delay an average of 10 years before seeking help for their hearing loss²⁴.

It is recommended that health and care services for older people with dementia, cardiovascular disease, diabetes and sight loss work together to take account of other long term conditions²⁵ and the impact this has on the health, communication and support needs of people with all forms of hearing loss.

3.2 The economic impact

There is also an economic impact to society because of hearing loss in the older population, for example:

24 Davis, A., Smith, P., Ferguson, M., Stephens, D. and Gianopoulos, I., 2007. Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. HEALTH TECHNOLOGY ASSESSMENT-SOUTHAMPTON-, 11(42). Available from <https://www.researchgate.net/> [Accessed: 12 April 2017.]

25 DCAL and Action on Hearing Loss, 2013. Joining Up: Why people with hearing loss or deafness would benefit from an integrated response to long-term conditions. Available from: www.actiononhearingloss.org.uk/ [Accessed: 12 April 2017.]

- Hearing loss can lead to people retiring early and loss of income²².
- Two-fifths (41%) had retired early due to the impact of their hearing loss and struggles with communication at work²⁶
- Only 64% of those who identified “difficulty in hearing” as their main health issue were employed as compared with 77% of those with no long-term health issue or disability²⁶.
- Recent estimates suggest that the UK economy loses £25 billion a year in lost productivity and unemployment²⁷.

Communication barriers for those with hearing problems can also lead to missed NHS appointments and increased health and social care costs⁹. For example, NHS England estimates that £14 million per year is wasted because of missed appointments²⁸. It is also estimated that at least £28 million per year could be saved in England by properly managing hearing loss in people with dementia²⁵. Further evidence shows that increased use of amplification, through hearing aids and implants, leads to lower use of health and social care²⁹.

Older people are being expected to work for longer than before, at a time of life when they are increasingly likely to be experiencing hearing loss. The percentage of those over 65 who are economically active has doubled between 2001 and 2011 to 16%⁷. In addition, many provide unpaid care; 14% or 1.3 million over 65 provide unpaid care for a family member and have a need for effective communication⁷.

There is therefore increasing evidence that if we manage hearing loss well in the older population we not only improve their quality of life but save society money. There is strong evidence that hearing technology, including hearing aids and cochlear implants, enable people with hearing loss to stay socially active, reduce the risk of depression and may even reduce the risk of dementia^{18 23 30 31 32}. Adult hearing services, including hearing aids where required, are free on the NHS. These provide benefits to people with a hearing loss and are considered to be cost-effective.

26 Arrowsmith, L., 2014. Hidden Disadvantage: Why people with hearing loss are still losing out at work. [pdf] Available from <http://www.actiononhearingloss.org.uk> [Accessed: 12 April 2017.]

27 International Longevity Centre 2015.

28 Action on Hearing Loss, 2015. Hearing Matters. [pdf] Available at: <https://www.actiononhearingloss.org.uk> [Accessed 12 April 2017.]

29 O’Neill, C., Lamb, B. and Archbold, S., 2016. Cost implications for changing candidacy or access to service within a publicly funded healthcare system? Cochlear implants international, 17(sup1), pp. 31-35.

30 Mulrow, C.D., Aguilar, C., Endicott, J.E., Tuley, M.R., Velez, R., Charlip, W.S., Rhodes, M.C., Hill, J.A. and DeNino, L.A., 1990. Quality-of-life changes and hearing impairment: a randomized trial. *Annals of Internal Medicine*, 113(3), pp.188-194.

31 Brooks, D.N., Hallam, R.S. and Mellor, P.A., 2001. The effects on significant others of providing a hearing aid to the hearing-impaired partner. *British journal of audiology*, 35 (3), pp.165-171.

32 Pronk, M., Kramer, S.E., Davis, A.C., Stephens, D., Smith, P.A., Thodi, C., Anteunis, L.J., Parazzini, M. and Grandori, F., 2011. Interventions following hearing screening in adults: a systematic descriptive review. *International journal of audiology*, 50 (9), pp.594-609. Available from <https://www.researchgate.net/> [Accessed: 12 April 2017.]

3.3 The impact on independence

Current trends suggest that increasing numbers of older people are living in their own homes for longer⁷:

- 9.2 million people in England and Wales are 65 and over
- One third of those live alone
- There has been a decline in those over 65 living in care establishments. The shift has been from 4.5 % in 2001 to 3.7% in 2011.



Together with the drive to promote care closer to home, these figures highlight the importance of early detection of hearing problems for older people and the use of effective hearing technology to ensure they can live in their own homes safely and independently. When hearing aids are fitted, and hearing loss is managed well there is a real chance of improving quality of life³³.

However, around 400,000 older people live in care homes and are disproportionately affected by hearing loss, with approximately 75 per cent of residents having a hearing problem³³. A significant number of these do not benefit from their technology as there are inadequate processes to support its ongoing maintenance and use.

All organisations involved in the commissioning and provision of care to older people have a responsibility to promote healthy ageing and ensure hearing loss is well managed. In particular, Clinical Commissioning Groups have a legal duty to have regard to reduce health inequalities under the Health & Social Care Act 2012 in terms of access to services and the outcomes achieved through the delivery of those services.

³³ Escalier, M., 2012. A world of silence: The case for tackling hearing loss in care homes. [pdf] Available from <https://www.actiononhearingloss.org.uk>. [Accessed: 12 April 2017.]

4 Responsibilities of commissioners and providers

Commissioners will be familiar with their responsibilities to secure services in the best interests of service users and to secure continuous improvement in both the quality of services and outcomes for people.

CCGs have statutory duties under the Health and Social Care Act 2012 to have regard to reduce health inequalities and to advance equality under the Equality Act (2010). These duties are set out in guidance available in NHS England's commissioning framework for clinical commissioning groups (CCGs) which is available [here](#).

4.1 Commissioning services for people with hearing loss

This framework (<https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf>) brings together evidence, standards, guidance and case studies to promote outcome based, person - centred, integrated and innovative approaches and encourage best practice in hearing loss service commissioning. It clearly identifies the very strong association between hearing loss, dementia and mental health problems as highlighted previously, which is especially relevant when thinking about healthy ageing. The framework recommends that commissioners:

- Engage and involve service users, families and carers.
- Review and analyse local needs and service provision to plan for the future.
- Use an outcome based commissioning approach.
- Improve access, choice and quality for service users.
- Develop service specifications for all hearing services.
- Implement robust reporting and monitoring systems.
- Put in place exit arrangements in local contracts.
- Adhere to NHS regulations and hold all providers to account.
- Share learning on commissioning hearing services.

4.2 The accessible information standard

All organisations that provide NHS care are now legally required to follow the Accessible Information Standard (<https://www.england.nhs.uk/ourwork/accessibleinfo/>) which aims to make sure that people who have a disability, impairment or sensory loss have access to information and any communication support they might need to communicate effectively with health and social services. This includes making sure people can get information in different formats if they need it and offering a range of contact and communication methods, ensuring staff have training on hearing loss and hearing aids, and providing a British Sign Language (BSL) interpreter, deafblind manual interpreter, speech to text support or an advocate where this is needed.

CCGs must ensure that commissioning and procurement processes support implementation and compliance with the Accessible Information Standard and that they monitor compliance with the standard. <https://www.england.nhs.uk/ourwork/accessibleinfo/>

4.3 National quality standards

The National Institute for Health and Care Excellence (NICE) has developed a number of quality standards focused on the care of older people to act as guidance for both commissioners and providers to ensure that high quality care services are being commissioned and provided. They include:

1. Home care for older adults QS123 – Quality standard for home care given to older adults
2. Older people using care home services – QS137
3. Dementia, Independence and Wellbeing – QS30
4. Dementia: support in health and social care – QS1
5. Older people with multiple long-term disabilities – QS132
6. Older people in care homes – LGB25
7. Mental wellbeing for people in care homes – QS 50

These can be found at <https://www.nice.org.uk/standards-and-indicators>

The QS 123 includes guidance on supporting personal care, activities of daily living and support with essential household tasks. The goal is to help people stay independent and socially active for longer. The key elements of the standard, which are important for older people with hearing loss, whether the older person is living at home or in a care home, are:

- A care plan needs to be in place for each person. This plan should include identifying needs arising from mental health, physical, social and sensory problems. Hearing should be included within the assessment and management of sensory and social needs.
- The guidelines refer to a carer needing to be a “suitable person”. In order to address the hearing and communication needs of people with hearing loss, care providers need to be trained to identify the signs of a hearing problem, know how to make a referral to the correct professional for further diagnosis and know how to maintain hearing technology as part of the daily routine. Importantly, they need to be able to identify and respond to the communication needs of the individual with hearing loss.
- Care home providers need to educate and inform care staff about the importance of hearing. A deaf awareness program should be in place to ensure continuity of communication and hearing care in the care environment including how to manage hearing problems and communication strategies that support older people with hearing loss.
- There should be ongoing monitoring and evaluation of the implementation of the care plan together with the individualised management plan from audiology services.



5 What works – tips to promote effective hearing and communication management for older people

Organisations involved in the provision of care to older people should be aware of why it is important to identify and manage hearing loss and the challenges associated with achieving this in the care home setting, as well as for those living independently.

5.1 Understanding needs and challenges

This guide has already highlighted the impact of hearing loss on healthy ageing. It is important that hearing loss is well managed to:

- improve communication and confidence
- lessen social isolation
- lessen the rate of cognitive decline
- improve physical health
- lessen the chance of falls
- The use of hearing aids can address all these points and nine out of ten adult hearing aid users benefit from them and use them daily³⁴.

For older people relationships and communication are essential for quality of life and well-being. For those living in care homes clear communication and relationships are vital for a positive experience and a relationship-centred approach to care.

Older people may normalise their hearing loss, feeling that it is appropriate for their age, they may think their hearing is adequate for their communication needs in the care home setting or hearing may be a low priority compared with other co-existing health conditions. Going to a hospital and feeling confident to learn new technology may also be a barrier to addressing hearing problems in older people³³. Older people with memory problems may forget that they have a hearing problem or how to manage hearing technology. Dexterity problems can lead to difficulty using hearing aids.

For staff members in care homes, while record keeping systems are in place, recording procedures for hearing may not always be followed, leading to intermittent use of hearing technology. Care staff manage a variety of health issues and hearing may not be a priority in comparison to other concerns such as pain or safe guarding. Time pressure could lead to difficulty supporting the use of technology for older people with hearing loss consistently. While care staff may be trained in effective communication techniques, ongoing training is also needed on deaf awareness, the daily use and maintenance of hearing aids and assistive technology such as loop systems.

This section provides some useful tips and advice for those who care for older people to help them support effective hearing and communication management for those with hearing loss.

34 EuroTrak (2015) data retrieved at www.ehima.com/documents/

5.2 Promoting effective hearing and communication management

5.2.1 Detect hearing loss early

It is important to screen for a hearing loss on entry to a care home and regularly, using a checklist or screening app for those over 65. The earlier hearing loss is detected and managed the more benefit from improved communication will be derived by the person, their family and the care service provider.

5.2.2 Look out for signs of hearing loss

These include:

- Difficulty hearing other people clearly and misunderstanding what they say, especially in group situations
- Asking people to repeat themselves and/or speak more slowly
- Listening to music or watching television with the volume higher than others
- Difficulty hearing the telephone or doorbell
- Finding it difficult to tell which direction noise is coming from
- Regularly feeling tired or stressed, from having to concentrate while listening
- Withdrawing socially.



Case Study: **Hearing screening in hospital and care homes**

Work undertaken by colleagues at London North West Healthcare NHS Trust on screening in hospitals and care home settings shows that early and proactive intervention can support take up of amplification which will improve quality of life, independence and mitigate against the health consequences of hearing loss.

A study done at the Royal Berkshire NHS Foundation Trust on hospital inpatients using a screening tool involving a screening question and whisper test found that 73 per cent were referred for audiological assessment, 33 per cent of which had hearing loss, with 22 per cent benefiting from the provision of hearing aids³⁵.

This work has been developed further to involve screening with iPads and a device which clips onto a smartphone and enables a healthcare professional to look in the ear, clean ears of wax and then perform a hearing test and even remote consultations. Use of this type of screening found 62 per cent of nursing home residents were suitable for hearing aids; 30 per cent of outpatients had an undiagnosed hearing loss, and in a GP practice of those who were screened, 60 per cent had a hearing loss³⁶.

This is an example of an innovative development that shows opportunistic screening is an effective and feasible means of detecting a significant hearing loss in older people and is successful in getting a 22% take up rate of those screened.

5.2.3 Include hearing management in the care plan

Management of hearing loss, hearing technology and communication needs should be included in the individual's care plan. Clear procedures need to be in place for referral, recording and consistent management of hearing problems and technology and it should be mandatory for staff to follow recording procedures consistently.

5.2.4 Train care staff

Care staff will benefit from training on the communication and hearing needs of older people which should cover the following:

- The importance of communication on the wellbeing and quality of life for older people
- The benefit of hearing management on other health conditions such as pain, depression and for end of life care

35 Ramdoo, K., Bowen, J., Dale, O.T., Corbridge, R., Chatterjee, A. and Gosney, M.A., 2014. Opportunistic assessment of hearing in elderly inpatients. *Sage Open Medicine*, 2. Available from <http://centaur.reading.ac.uk/> [Accessed: 12 April 2017.]

36 Lamb, B. Archbold, S., 2016. *Adult Hearing Screening: Can we afford to wait any longer?* [pdf] Available from www.earfoundation.org.uk [Accessed: 12 April 2017.]

-
- The detection and management of hearing within care plans as hearing is a necessary requirement for communication, participation and prevention of isolation.
 - The requirement for clear procedures to be in place for the assessment and recording of hearing loss and to ensure that staff follow these.
 - Recognition of hearing loss and what to do if staff suspect an undiagnosed hearing loss.
 - Awareness of useful communication tactics for people with hearing loss and that these are used
 - Understanding of what hearing loss feels like, so that members of staff can be sensitive to the communication needs of older people.
 - Information about the daily use and maintenance of hearing aids and other assistive technology
 - The importance of systems to minimise the correct use, replacement and loss of hearing aids.
 - Where required, information and training about sign supported language or British Sign Language as appropriate and the use of interpreters.

5.2.5 Manage the environment

There are a number of things that can be done to ensure the environment facilitates good hearing:

- Minimise competing noises, such as the radio, TV, or other people's conversations. With a lot of ongoing noise and distractions it is more difficult to hear and understand conversation.
- Attend to the acoustics of the environment: soft furnishings, for example can make a big positive difference to listening through a hearing aid.
- Ensure adequate lighting so that people's faces can be seen in communication.
- Manage seating arrangements so that people can see each other to aid communication and lipreading.

5.3 Communication tactics to support conversation

Communication tactics can help to support effective communication between older people with hearing loss and those who care for them.

5.3.1 Make sure you have the person's full attention before speaking

- Ensure that the person can see your face clearly. Do not cover your mouth as this will interfere with lipreading.
- Make eye contact. This will help the person focus on you. Ensure that you are speaking at eye level and not towering over the individual.

5.3.2 Apply good communication tactics

- Speak clearly and calmly.
- Make sure you are at eye level, especially if the person is sitting in a wheel chair or in bed.
- Make sure that your body language and facial expression match what you are saying.
- Speak at a slightly slower pace and make sentences short.
- Allow time to process information and to respond.
- Keep questions simple and clear.

5.3.3 Check for understanding

It is important to check that the individual with hearing loss has understood the conversation. Use of the evidence based Teach Back Technique³⁷ is helpful, for those who are cognitively able to do so. This involves asking the individual to demonstrate understanding. It is important not to ask “Yes” or “no” questions, rather, the person should be asked to provide evidence of understanding, for example²²:

“Could you explain how you will do this at home?”

“What will you tell your family about this?”

“Please explain back to me what you have understood?”

“Tell me what you will do next?”

Case Study: Supporting the management of hearing loss in care homes

One of the mainstream national hearing loss charities has a project in care homes across the North of England designed to improve the care and support provided to older people with hearing loss and reduce social isolation. Staff work with care workers to ensure that managing hearing loss becomes part of the daily routine of the home, helping to combat social isolation which sensory loss can often cause. It will include screening residents to see whether they need hearing aids, providing assistive equipment such as listening devices and offering basic maintenance like re-tubing and replacement batteries to existing NHS hearing aid users, to make a real difference to their quality of life.

The goal is to ensure dealing with hearing loss is a priority in care home settings so that residents feel confident in communicating and socialising with their peers and continue to enjoy life at the home.

37 Tamura-Lis, W., 2013. Teach-back for quality education and patient safety. *Urologic Nursing*, 33(6), p.267.

5.3.4 For older people with dementia

People with dementia and hearing loss may become frustrated if they can't find the answer or didn't hear it clearly.

If necessary, any questions should be asked one at a time, and phrased in a way that allows for a 'yes' or 'no' answer. Conversations should be kept simple as giving too many options can be confusing to remember. If there is a lack of understanding, it is helpful to get the message across in a different way rather than saying the same thing again. Complex explanations should be broken down into smaller parts and visual clues, written words, objects or pictures should be used. iPads or tablets are increasingly used and can be useful to support communication with the written or pictorial form. For those with sight difficulties, the font can be enlarged.

Case Study: Deafness and dementia

Nottingham Audiology Service has developed a plan to improve the communication for inpatients with dementia and hearing loss. This has the goal of addressing the hearing needs of inpatients with dementia in order to reduce the impact of hearing loss and restricted communication that compounds confusion and delirium in dementia sufferers. Anecdotally, the overarching impact of this often facilitates more straightforward discharge plans and has the potential to significantly reduce length of stay.

A named audiologist is known to all the health care staff and dementia champions who work on the wards looking after older people. The audiologist also visits the other wards on a daily basis assessing audiological needs of older patients and providing appropriate management.

The patients are then managed more effectively in hospital and on discharge and where necessary referred to a dementia specific hearing clinic where their future management is dealt with by staff specifically trained in dementia care. Ongoing work will look at how to evaluate this intervention robustly.

Case Study: Video interpreting services (VRI)

Many organisations are using VRI as a valuable addition to their communication support for deaf sign-language-using patients.

VRI allows a hearing medical professional and their deaf sign-language-using patient in the same place to communicate with each other, using a sign language interpreter who is seen and heard over a video link.



VRI works best on a one-to-one basis, for short duration sessions up to about 20 minutes. It is ideal for areas where patient consultations are unplanned, such as accident and emergency or maternity services, when it may otherwise be very difficult to obtain the services of a face-to-face interpreter.

A suitable device is needed to make the video call and the interpreting services are provided through contracts with VRI providers who should use qualified, registered, experienced BSL interpreters.

5.3.5 For end of life care

For those older people nearing the end of life, when communication is so important, the MyHomeLife Programme (www.myendoflife.org) provides an outline of what works to promote best practice and quality of life for those living, dying, visiting and working in care homes. What works for residents and those working in care homes is a relationship-centred approach, which aims to:

- maintain the self-identity of older people;
- involve individuals in decision-making in daily life, home-care and health-care choices;
- creating a sense of community between staff, relatives and older people;
- support adjustments to the changing needs and circumstances of older people as they approach the end of life,
- promote well-being and health and supporting a good end of life.

NICE also provides general guidance on end of life care in its quality standard.
<https://www.nice.org.uk/guidance/QS13>

5.4 Technology to support hearing and communication

As mentioned previously, it is important that those working with older people with hearing loss are familiar with what technology is available and how it should be used and maintained. This includes:

- Hearing aids
- Implantable devices
- Loop systems
- Assistive listening devices, and
- Communication technology.

Further detail on each is provided in Appendix 1.

6 Further information and resources

For advice on communication, hearing loss and technology:

Action on Hearing Loss

Tel: 0808 808 0123

Textphone: 0808 808 9000

SMS: 0780 000 0360

Email: information@hearingloss.org.uk

Web: www.actiononhearingloss.org.uk

Ear Foundation

Tel: +44 (0)115 942 1985

Email: info@earfoundation.org.uk

Web: www.earfoundation.org.uk

Hearing Link

Tel: 0300 111 1113

Email: enquiries@hearinglink.org

Web: www.hearinglink.org

iTunes

Download free hearing screening app

For advice on care homes and hearing loss:

Action on Hearing Loss: Guidance for Residential Care Homes: www.aohl.org.uk

For advice on finding a care home and checklist: www.ageuk.org.uk

For information and advice about dementia and deafness and communication:

Deaf with Dementia project:

www.research.bmh.manchester.ac.uk/deafwithdementia and

www.deafcouncil.org.uk/2012/06/25/deaf-with-dementia

A Deafness and Dementia Factsheet has been produced by SORD (Social Research with Deaf People) at University of Manchester on behalf of Pennine Care NHS Foundation Trust (September 2015)

Useful communication tips:

www.dementiauk.org/understanding-dementia

Alzheimer's Society at: www.alzheimers.org.uk

For end of life programme of care:

MyHomeLife Programme at

www.myhomelife.org.uk/good-practice/relationship-centred-care

Useful information on communication and lipreading:

Hearing Link at www.hearinglink.org

Association of Teachers of Lipreading to Adults at www.atlalipreading.org.uk

Useful information on hearing loss and tinnitus:

British Tinnitus Association at www.tinnitus.org

Acknowledgements

NHS England is grateful to all stakeholders who have given their time and contributed content, expertise, advice, information and case study material to help co-produce this framework. In particular, special thanks are offered to:

Action on Hearing Loss

InterpreterNow

Guy's and St Thomas' NHS Foundation Trust

Hertfordshire Hearing Advisory Service

London North West Healthcare NHS Trust

Nottingham University Hospitals NHS Trust

Royal Berkshire NHS Foundation Trust

The Ear Foundation

The Hearing Loss and Deafness Alliance

The National Deaf Children's Society

Appendix 1 – Technology to support hearing and communication

Hearing aids

Hearing aids are effective for managing hearing loss for individuals, with high rates of satisfaction and use reported³⁴. Most hearing aid users will have two, and bilateral hearing has been proved to be more effective. Hearing aid use should be included in the daily dressing routine, with a hearing aid check being performed daily. The hearing aid check should include testing that the battery works, making sure the hearing aid mould and tubing is not blocked, inserting the hearing aid correctly so that no whistling is experienced and checking that the person is able to hear with it in place and is comfortable.

Implantable devices

Some hearing technology requires surgical intervention and is increasingly used in the older population. Some older adults may have cochlear implants or bone conducting hearing implants. Staff members should be familiar with the daily maintenance and use of these technologies, how to trouble shoot, and what to look for in case medical care is required. As with hearing aids and the links with the audiology services, close liaison will be required with the implanting clinic.

Assistive listening devices

Assistive listening devices provide hearing support in a variety of situations. In care homes, a loop system may be helpful for those wearing hearing technology. If this system is in place, regular checks should take place to be certain to ensure it is working. Staff need to know to use it optimally for those with hearing aids: see www.hearinglink.org.uk.

An FM system may be used together with the hearing aid to manage communication in noise better. Increasingly, sophisticated wireless systems are available for use with hearing technologies to improve listening to TV or music for example, and care staff should be trained in their use. For those who wish to hear the television better, TV listeners help to reduce the volume for residents while making sound louder for the person using the device. They work like headphones without cutting off sound for other residents.

Communication technology

To help older people stay in touch with family and friends, consider using amplified telephones or using technologies such as Skype, Facetime, texting, emailing, providing any training to support their use for both staff and the individual. Subtitles should be available to support TV and video watching. There are a number of ways in which technology is developing quickly which can support the communication of older people with a hearing loss; Hearing Link have an informative section on their website about the various options at www.hearinglink.org.uk and the various apps available to help. Speech recognition systems are developing in accuracy and can be extremely useful, along with Remote Captioning systems.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by Office of Chief Scientific Officer, Medical Directorate.

Gateway Reference Number: 06752