

# HEARING IMPAIRMENT



## FACT SHEET

Hearing has a big impact on communication, and a hearing loss can (if not detected and treated) lead to a child being considered ignorant, lazy, inattentive, naughty, slow or even intellectually impaired. Hearing loss needs to be diagnosed as early as possible and the appropriate treatment provided, if language and development delays are to be avoided or minimised. Hearing loss varies in severity – from very mild to profound – and the degree of loss as well as the type of loss will determine each child's particular needs.

### EARLY DETECTION

The sooner a hearing loss is detected, the sooner appropriate intervention can start. Babies can have their hearing tested from birth, with special testing available through major hospitals. Older infants and children can be tested effectively at any age and special testing is available for children with other disabilities. Once a hearing loss is suspected the best idea is to have the child assessed as soon as possible – not all hearing loss is permanent. Some children may need medical treatment to correct the problem.

If a child shows any of the following signs, it may be an indicator of a possible hearing loss:

#### Babies

- Not responding to sudden loud sounds nearby, particularly when they are just drifting off to sleep. Some babies will concentrate on looking at, or playing with, things so intently nothing will shake them. This does not mean that they may be hearing impaired but if they fail to respond when there are no other distractions, it may be worth having their hearing tested.
- Not babbling after the age of six or seven months. Even profoundly deaf babies will tend to babble normally up to this age but they tend to stop, rather than progressing on to using words.
- Chronic middle ear infections, particularly if there is any discharge from either, or both ears. If treated promptly, there is a much smaller risk of long term hearing problems.

#### Toddlers and Older Children

- Chronic middle ear infections, as above.
- Delays in developing speech and language.

If a child is not using single words by 18 months and beginning to use two to three word sentences by 24 to 30 months, a hearing test is warranted.

- Not responding to sounds around the house. Turning the volume up loud on the television and sitting very close to it. Continually asking, "what?", or complaining that they cannot hear you.
- Not responding unless they can see your face.
- Not responding unless they are in the same room as you.
- Any sudden changes in hearing or listening behaviour, especially after illness.

### TYPES OF HEARING LOSS

#### Conductive Hearing Loss

This is caused by a blockage in the ear canal or middle ear, stopping sound getting through to the hearing nerve. It can be caused by excess wax in the ear canal (this can only be removed by a doctor), an ear infection, glue ear, fluid behind the eardrum, or malformation of the outer ear, ear canal or middle ear. It often fluctuates so that the child may appear to hear "when it suits him/her", and can usually be treated medically. Some children with this type of hearing loss need to wear hearing aids if medical treatment cannot help.

#### Sensorineural Hearing Loss

This is caused by damage to the hearing nerves and is permanent. Currently there is no medical treatment for this type of hearing loss. A child with a mild hearing loss may not need to wear aids, or perhaps, only at school. A child with a moderate, severe or profound hearing loss would normally wear hearing aids all day.

#### Mixed Hearing Loss

This is a combination of both types of hearing loss and can still range from mild to profound.

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## GROMMETS

If a child develops Glue Ear or fluid behind the eardrum, causing a hearing loss, they may need to have grommets inserted. Grommets are tiny drainage tubes that are surgically inserted into the eardrum. They allow the fluid to drain away and let air into the middle ear to help it remain clear. The child will have an overnight stay in hospital and a general anaesthetic for the operation. A tiny slit is cut into the eardrum so that the grommet (which looks like a minute cotton reel) can be inserted.

Normally, when the fluid has completely cleared and the ear is healthy again, the eardrum heals over and the grommet falls out into the ear canal where it makes its way out of the ear with the ear wax. This may take from six weeks to six months to happen and your local doctor should be able to tell you if the grommets are still in place. Some children only ever need one set of grommets, some need the grommets re-inserted if the problem recurs. Your child's Ear, Nose and Throat Specialist will be able to answer any other questions you may have about grommets.

When caring for a child with grommets, the most important thing to remember is that they should not get water in their ears through bathing, swimming or water-play. In fact, some children with grommets are not allowed to swim at all while they have them in. It is important to check this with parents. Also, if you notice any discharge from the child's ears, they should be taken to the doctor immediately.

## HEARING AIDS

Hearing aids are designed to help people with a hearing loss to hear sounds and speech more loudly, and more clearly. Hearing aids are not a cure for hearing loss. Hearing through a hearing aid is not the same as hearing with unimpaired ears. Some children will wear two hearing aids, others only one. This will depend on whether their hearing is impaired in one or both ears. Hearing aids are also like glasses, in that they are prescribed to suit each individual person's hearing, so a child can only wear his/her own aids. They cannot borrow someone else's.

## IMPLANTS

The so-called "bionic ear" is a very sophisticated type of hearing aid. It is designed to provide a sensation of sound to a person with no hearing at all. Someone hearing with a cochlear implant

does not hear like a person with normal hearing. They hear an electronic type of sound and with intensive training they can learn to use these sounds to hear speech and environmental sounds.

## HOW HEARING AFFECTS DEVELOPMENT AND BEHAVIOUR

The most obvious area of difficulty for a child with a hearing loss is communication. If the loss is mild or moderate and the child has appropriate hearing aids, then speech and language should not be severely affected. If the loss is severe, then even with hearing aids on, the child may not hear all speech sounds clearly and speech delay is likely. Children with a profound loss will have only limited awareness of sound, even with hearing aids on, and their development of speech and language is usually significantly delayed. Most children with this degree of loss, in Western Australia use Total Communication – a combination of spoken language and signed English or Auslan (Australian Sign Language).

Delayed speech and language often results in learning difficulties at school, though hearing loss alone will not cause any other developmental delay. Communication problems will affect the way a child relates to his/her peers. However, sign language, gesture and body language are effective communicators between most children. The inability to hear explanations and directions makes life full of surprises for a child with a hearing loss, and can often lead to confusion and fear for the child if he/she does not know why he/she is suddenly being taken somewhere, or left with a new person by their parents. The resultant resistance may seem uncalled for by an adult, but if the necessary explanations and reassurance are given to the child, he/she will learn to deal with the situation in a better way. Similarly, if the child cannot communicate his/her message, then frustration often leads to tantrums.

From a safety point of view, a child with a hearing loss, particularly a severe or profound loss, will not hear a shouted warning, will not STOP when called to, and will not hear traffic or other dangers approaching. An adult caregiver, therefore needs to be aware of this and take appropriate precautions in potentially dangerous situations.

## WHAT WE NEED TO KNOW: ASK THE PARENTS THE FOLLOWING:

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Does the child wear a hearing aid?

- Should he/she wear it all the time (apart from sleep time and bath time)?
- How does it work?
- How do you put it in, turn it on, change the battery, tell if it is working?
- What volume should it be on?

Is it alright for the child to get water in his/her ears?

- Children with grommets in their ears should not get them wet

How much can the child hear?

- Without having the hearing aids on?
- When the hearing aids are on?
- Will the child be able to hear you from across the room, the next room, in a noisy environment (eg. a shopping centre, in the car, in traffic) if he/she is not watching you.
- What method of communication does the child use? Spoken English, Total Communication, signed English or Auslan.
- The names of family members and anything/ anyone else the child is likely to talk about if his/her speech is not clear.
- Does the child have any other impairments? (Some children who may also have a developmental delay in other areas may use the Makaton vocabulary, which is a simplified type of total communication).

## SOME GENERAL ACTIVITY IDEAS

A child with a hearing loss will enjoy the same activities as other children. Active games, bikes,

toys, puzzles, painting, dough play, and water play are enjoyable and provide good opportunities to interact with other children – not to mention learning about sharing and taking turns. Stories and music are also important though you will need to use the appropriate method of communication. Music and Rhythm games are valuable for children with a hearing loss. Even a child with a profound loss can respond to vibration and enjoy the rhythms created, as well as making a lot of noise themselves.

## SOCIAL INTERACTION

A child with a hearing loss will happily mix with children who have normal hearing, though trouble can arise if communication breaks down, especially if it is over the rules of a game, or the ownership of a certain toy. It is important that the child with a hearing impairment be treated just like his/her hearing friend, and not be allowed to rule the roost.

## ENCOURAGING THE USE OF HEARING

This will depend on just how much hearing the child has, though talking about sounds in and around the house is a good start for most. You will have to experiment and see what a particular child can hear in order to plan activities.

## COMMUNICATION AGAIN

Communication is THE most important consideration when working with a child who has a hearing impairment: for safety, for information, for play, for the child's happiness and well-being. If you can tell the child what is going on, understand their message and generally just chat, you will be providing the child with a wonderful environment. Remember to give the child clear vision when speaking and make sure that you are at their level.

For further information and advice, contact CHILD Australia.

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