

Understanding the impact of hearing loss on older people in care homes

Hearing loss changes more than volume. It can change how easy it is to join a conversation, understand what is happening and feel confident in a new environment.

Most of us will experience some change in our hearing as we get older. Age-related hearing loss is the most common cause, although hearing can also be affected by noise exposure, illness, some medicines and other health conditions. The change is often gradual. That is one reason it can go unnoticed for a long time.

The impact is also easy to underestimate. Hearing loss is not simply about turning the volume up. It can make speech less distinct, especially in a noisy room. It can mean missing the beginning of a sentence, confusing similar words, or having to concentrate hard just to keep up. For someone who is doing that repeatedly throughout the day, conversation can become exhausting.

What hearing loss can feel like

People experience hearing loss differently, but there are some common reactions. Someone may feel frustrated when other people seem to mumble. They may become annoyed when they have to ask for the same thing to be repeated. They may feel embarrassed if they misunderstand a joke or answer the wrong question. In a group conversation they can find themselves several seconds behind everyone else, still working out what was said while the discussion has already moved on.

Over time, the easiest response can be to stop joining in. That does not mean the person has lost interest in other people. It may simply mean that the effort of following conversation has started to outweigh the enjoyment of it.

TRY TO SEE THE ROOM FROM THE RESIDENT'S POINT OF VIEW

A television is playing. Cutlery is clattering in the dining room. Two people are talking nearby. A member of staff asks a question while standing slightly behind the resident. For somebody with hearing loss, that can be the difference between an easy conversation and a wall of competing sound.

Moving into a care home can magnify the problem

Moving into a care home involves a lot of new information. There are unfamiliar rooms, new routines, new names and different voices. Staff may have a variety of accents, use words and abbreviations the person has not heard before. Family are not always there to fill in the gaps. If hearing is also difficult, an already significant life change can become more stressful.

This is why hearing should be considered from the start, not several weeks later when somebody has become withdrawn. A good pre-admission or admission assessment should ask about hearing loss and how it affects the emotions and impacts social activities, hearing aids and what support is needed to continue their effective use, previous and next hearing tests, where and when hearing aids were issued, the person's preferred way of communicating and what support is needed.

Loneliness can begin with missed conversation

The link between hearing loss and social isolation is not difficult to understand. If mealtimes are hard to follow, activities move too quickly and family visits become exhausting, opportunities for meaningful conversation shrink. A 2023 study in two UK care homes found that residents living with dementia and hearing loss experienced social isolation through being misunderstood and having too few opportunities for meaningful conversation. The researchers concluded that simple changes to communication could reduce that isolation.

This is an important distinction. Social isolation is not an inevitable consequence of hearing loss. The communication environment matters. A resident who struggles in a noisy lounge may be able to have a relaxed, enjoyable conversation in a quieter corner with good lighting and a member of staff who faces them.

Hearing loss and dementia can be difficult to untangle

Hearing loss and dementia are both common in later life and they frequently occur together. When they do, each can make the other harder to manage. A resident may appear confused because they have not heard the question. They may give an unexpected answer because they caught only part of a sentence. They may stop responding because their hearing aid has failed.

It is important not to assume that every change is caused by hearing, just as it is important not to assume that every communication difficulty is caused by dementia. If a resident's behaviour, communication or apparent cognitive function changes, staff should consider hearing alongside other possible causes. That can include checking the hearing aid, asking about ear discomfort or wax, reviewing the environment and seeking clinical advice where appropriate.

Research has identified hearing loss as a potentially modifiable risk factor for dementia, but the relationship is complex. RNID cautions that shared factors linked to ageing may contribute to both conditions and that hearing loss should not be presented as a simple cause of dementia. Early research suggests hearing aids may reduce dementia risk for some people, but more evidence is needed.

Anxiety, low mood and the effort of listening

Communication difficulties can also affect mental wellbeing. Someone who repeatedly mishears, worries about getting things wrong or cannot follow a group discussion may become anxious about social situations. Listening itself can take a great deal of concentration. People who lipread use facial expression, context and lip patterns to help fill in what they cannot hear, which can be exhausting over long periods.

That can create a difficult cycle. The more anxious or tired someone feels, the less willing they may be to make the effort required to join a conversation. The less they join in, the fewer opportunities they have for social contact. Good hearing support does not solve every cause of anxiety, depression or isolation, but it can remove one important barrier.

What staff can notice

Care staff are often the first people in a position to spot that something has changed. The signs are rarely dramatic. They may include a resident turning one ear towards the speaker, responding better when the speaker is directly in front of them, avoiding group activities, increasing the television volume, asking "what?" more often, or seeming more confused in noisy settings.

The response should be practical and person-centred. Ask the resident what is difficult. Check whether their hearing aid is working. Reduce background noise and turn on the lights. Make sure the person can see your face. Rephrase rather than simply repeating the same sentence louder. Record what works in the care plan so that the approach is consistent across the team.

The aim is not to make hearing loss the centre of someone's life

Good support should do the opposite. It should make hearing loss less of an obstacle to the things the person actually wants to do, whether that is chatting over breakfast, following a quiz, speaking to a grandchild, making a decision about their care or simply understanding what is happening around them. The goal is connection, confidence and choice.

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[Visit the campaign hub and register your interest](#)

Sources and further reading

1. **RNID, Age-related hearing loss** - Signs, causes and common communication difficulties. [View source](#)
2. **RNID, Prevalence of deafness and hearing loss** - Updated August 2026. [View source](#)
3. **Dhanda and Pryce, Social isolation in care home residents living with dementia and hearing loss** - BMC Geriatrics, 2023. [View source](#)
4. **Cross et al., Effectiveness of hearing rehabilitation for care home residents with dementia: a systematic review** - Journal of the American Medical Directors Association, 2022. [View source](#)
5. **RNID, Hearing loss and dementia** - Current summary of the evidence and limitations. [View source](#)
6. **Care England, Engage and Nightingale Hammerson, Hearing Loss in Care Homes: a Call to Action** - Campaign evidence base and practical recommendations. [View source](#)