The financial case for investing in hearing loss support in care homes

The case for better hearing support starts with residents, but it does not end there. Poor communication also carries costs in staff time, complaints, risk, training and the wider health and care system.

TIME	RISK	PEOPLE	TRUST
Clearer communication can reduce repeated explanations and avoidable misunderstandings.	Hearing support can strengthen consent, safeguarding and person-centred care.	Training can improve staff confidence in a need they encounter every day.	Accessible communication is part of what residents, families and CQC expect to see.

When budgets are tight, hearing loss support can be easy to put in the “nice to have” column. It may mean staff training, a personal amplifier, time spent checking hearing aids, improving a room or building a better relationship with local audiology. Each item has a cost, even if the individual amount is modest.

The question, though, is not simply what hearing support costs. It is what happens when a service does not have the knowledge or systems to deal with a need affecting a large majority of older residents. That cost is spread across staff time, repeated communication, complaints, poor resident experience, avoidable escalation and, at system level, poorer health outcomes.

The business case should not be overstated. There is no credible basis for promising that a hearing loss programme will produce a fixed cash saving for every home. Some of the benefits are non-cashable, some fall to the NHS or local authority, and some are about quality rather than money. But that does not make them commercially irrelevant.

1. Staff spend less time fighting avoidable communication problems

When a resident cannot hear clearly, ordinary tasks can take longer. Instructions may need to be repeated. A conversation about personal care may have to start again. A member of staff may think the resident is refusing to cooperate when the real problem is that they have not understood what is being asked.

Simple communication techniques and working hearing aids do not remove every difficulty, but they can reduce unnecessary friction. In a busy service, small amounts of time repeated across many residents and many shifts matter. Just as importantly, clearer communication makes the interaction less frustrating for both the resident and the member of staff.

2. Training can improve confidence in a very common area of care

The Care England and Engage white paper points to research in which care staff described feeling underprepared to manage hearing loss and hearing aids. A systematic review of hearing rehabilitation for care home residents with dementia found improvements not only in resident communication and quality of life, but also in staff knowledge and job satisfaction in some interventions.

That does not mean a short training course can be credited with a particular reduction in turnover. Staff retention is influenced by pay, workload, management, progression and many other factors. But giving staff the skills to deal confidently with something they encounter every day is a reasonable investment in professional practice.

WHAT £500 LOOKED LIKE IN THE 2025 WHITE PAPER

Care England and Engage's white paper illustrated the scale of investment by noting that around £500 could fund, depending on the option chosen, half a day of face-to-face training, a short consultancy exercise such as an environmental or care-plan assessment, e-learning access for a group of staff, or Hearing Loss Champion training.

3. Better communication can reduce complaints and investigations

Communication is often at the heart of complaints in care. A resident says they were not told what was happening. A relative believes staff are ignoring a hearing aid problem. A conversation about consent or treatment is misunderstood. A resident becomes distressed because they cannot follow what is being said around them.

Not every complaint can be prevented, nor should providers approach hearing support simply as a way to avoid complaints. But reliable processes reduce obvious failure points. That includes recording communication needs, checking devices, knowing who is responsible for hearing-aid support and making sure concerns are followed up rather than passed from shift to shift.

4. Hearing support is part of regulatory good practice

The Accessible Information Standard requires publicly funded adult social care services to identify, record, flag, share, meet and review disability-related communication needs. CQC says it considers how well services meet the standard as part of the responsive key question and links accessible communication to a range of fundamental standards, including person-centred care, dignity, consent, safety, complaints, governance and staffing.

That is different from saying that a hearing programme will "boost a CQC rating". Ratings are based on a much wider body of evidence. The more defensible point is that good hearing support gives a provider stronger evidence that it understands individual communication needs and is making reasonable adjustments in practice.

5. Residents and families notice the difference

A home that can explain how it supports hearing loss is addressing something that is relevant to a very large proportion of its residents and their families. That may include staff training, Hearing Loss Champions, personal amplifiers, hearing loops, better links with audiology, clear care plans and practical environmental changes.

For prospective residents and relatives, those details can help answer a basic question: will this service understand what matters to me and respond when something goes wrong? That is difficult to reduce to a single occupancy figure, but it is part of reputation and trust.

6. Some of the biggest savings sit outside the care home

Unsupported hearing loss is associated with falls, poorer mental wellbeing, cognitive difficulties and social isolation. There is evidence that consistent hearing-aid use is associated with lower fall prevalence in older adults with hearing loss, although this does not prove that hearing aids alone prevent falls.

When better hearing support helps someone communicate, remain engaged or access the right clinical support earlier, some of the financial benefit may accrue to the NHS or local authority rather than directly to the provider. This is an important system point. Adult social care providers are often asked to invest in preventative activity even when the avoided cost appears elsewhere.

That is why the financial case for hearing support should be framed in two parts. There is a provider case around staff time, confidence, communication, complaints, evidence and reputation. There is also a wider health and care case around prevention, independence and avoidable escalation. Both matter, but they are not the same thing.

7. The cost of doing nothing is rarely visible on one budget line

Poor hearing support does not normally appear in accounts as a single expense. It appears as a series of smaller pressures. More staff time spent repeating or resolving misunderstandings. A manager handling a complaint. A resident withdrawing from an activity. A hearing aid going unused for weeks because nobody knows how to fix a simple fault. A family losing confidence. A missed opportunity to identify that somebody's hearing has deteriorated.

That is the most credible financial argument. Better hearing support is a relatively practical way to improve the management of a very common need. The return is partly financial, partly operational and partly about the quality of care people experience every day.

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Small Changes. Big Difference. brings together practical articles, campaign resources and further information on improving hearing support in care homes. The campaign culminates in a national event in London on 17 November 2026, bringing senior care leaders together to turn the ideas in this series into practical commitments.

Visit the campaign hub and register your interest

Sources and further reading

1. Care England, Engage and Nightingale Hammerson, Hearing Loss in Care Homes: a Call to Action - Includes a return-on-investment section and provider case studies. View source

2. Cross et al., Effectiveness of hearing rehabilitation for care home residents with dementia: a systematic review - Evidence on resident outcomes, staff knowledge and job satisfaction. View source

3. Care Quality Commission, Meeting the Accessible Information Standard - Updated March 2026. View source

4. RNID, Guidance for residential care homes - Care-home guidance on environment and support. View source

5. Campos et al., Consistent hearing aid use is associated with lower fall prevalence and risk in older adults with hearing loss - Journal of the American Geriatrics Society, 2023. View source