Debunking common myths about hearing aids in care homes

Hearing aids can help enormously, but they are often surrounded by assumptions. Some are partly true, some are outdated and some become a reason to give up too quickly.

Hearing aids are one of the most visible parts of hearing support in a care home, which means they attract a lot of opinions. Staff and families may have had experience of devices that whistle, disappear, sit unused in a drawer or seem to make little difference. Residents may have tried them and decided they are uncomfortable. All of that is real.

The problem comes when a difficult experience turns into a general rule. Hearing aids are not right for every person in every situation, but many of the reasons given for abandoning them can be addressed with better support.

MYTH	WHAT THE EVIDENCE SAYS
"Hearing aids do not work in noisy care homes."	Modern hearing aids can improve access to speech, but they cannot remove every competing sound. The answer is often a combination of the right device, good fitting, quieter environments and assistive technology.
"They are too difficult for older people to manage."	Some residents will need help because of dexterity, sight loss, memory problems or dementia. That is a reason to plan support, not a reason to rule out hearing aids.
"If someone has dementia, a hearing aid will not help."	Residents with dementia can benefit from hearing rehabilitation. Support needs to be individual and may include hearing aids, personal amplifiers, visual prompts and communication techniques.
"Once the hearing aid is fitted, the problem is solved."	Hearing aids need cleaning, charging or batteries, correct fitting and follow-up. Hearing can also change over time.
"They always get lost or broken, so they are more trouble than they are worth."	Loss and damage are real risks in care homes. Clear storage, labelling, routines and named responsibilities can reduce that risk, and alternatives such as personal amplifiers can help when a device is unavailable.

Myth 1: “Hearing aids do not work in noisy environments like care homes.”

There is a grain of truth here. Hearing aids do not magically separate one voice from every other sound in a busy dining room. Modern digital devices may use directional microphones, noise reduction and different listening programmes to make speech easier to follow, but background noise can still be difficult.

That is why the environment matters. If a resident struggles in a communal area, look at the room as well as the hearing aid. Turn off unnecessary music or television, move the conversation somewhere quieter, sit closer, or consider a remote microphone, personal listener or hearing loop where appropriate.

Myth 2: “They are too difficult for older people to manage.”

Some residents will manage hearing aids independently. Others may find small batteries, tubing, charging points or controls difficult because of reduced dexterity, sight loss or memory problems. A resident living with dementia may forget to put the device in, remove it repeatedly or be unable to explain when it has stopped working.

Those are support needs. They are not proof that hearing aids are unsuitable. A good care plan should be clear about what the person can do independently, what staff should check and who is responsible for arranging repairs, batteries or audiology follow-up.

DAILY BASICS

Is the hearing aid in? Is it switched on and charged? Is there visible wax or damage? Is it in the correct ear? Is the resident comfortable wearing it? These checks take far less time than trying to solve a communication problem later with a device that was never working properly.

Myth 3: “If someone has dementia, a hearing aid will not help.”

This is one of the most damaging assumptions. A systematic review of hearing rehabilitation for care home residents with dementia found evidence of improvements in communication and quality of life, with some studies also reporting reduced agitation. The evidence base is not perfect, but it is clear that dementia does not make hearing support pointless.

The approach may need to be flexible. Some residents tolerate hearing aids well. Others may need gradual encouragement, familiar routines, family involvement or a different device. Personal amplifiers can be useful when hearing aids are lost, broken or not tolerated. The aim is not to force a particular piece of equipment. It is to find the best way for that individual to communicate.

Myth 4: “Once someone has a hearing aid, they do not need any more help.”

Hearing aids need ongoing care. RNID advises regular cleaning and servicing. Batteries need changing or rechargeable devices need charging. Wax can block filters and tubing. Hearing can also change, so a device that worked well a year ago may need review.

Staff should know the limits of their role. Basic checks and maintenance can be built into care routines, but concerns about hearing, fit, pain, persistent feedback or a faulty device should be referred to the relevant audiology service.

Myth 5: “They always get lost or broken, so they are not worth the hassle.”

Hearing aids can go missing in care homes. Devices are small, residents may remove them and laundry is an obvious risk. The answer is not to pretend this never happens. It is to build routines that reduce the risk.

That can include labelled cases, agreed storage places, checking devices at predictable points in the day, recording responsibilities in the care plan and involving Hearing Loss Champions where a service has them. Some providers also use retaining clips or other devices where these are appropriate and agreed for the individual.

If a hearing aid is lost or sent away for repair, do not leave the resident without support while everyone waits. The Care England and Engage white paper recommends having personal amplifiers available for interim use where suitable.

The bigger point: hearing aids are part of the answer, not the whole answer

Good hearing support combines the right equipment with good communication, a supportive environment and access to audiology. A person can have an expensive hearing aid and still struggle if staff speak from behind them in a noisy room. Equally, somebody who cannot tolerate a hearing aid may still communicate much better with a personal amplifier, written prompts and a quieter environment.

The useful question is not “does the resident wear hearing aids?” It is “what helps this resident hear and communicate as well as possible, and do we know what to do when that support stops working?”

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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. RNID, Cleaning and maintaining your hearing aids - Current practical guidance on cleaning, batteries, tubing and servicing. View source

2. RNID, Guidance for residential care homes - Care-home specific guidance. View source

3. Cross et al., Effectiveness of hearing rehabilitation for care home residents with dementia: a systematic review - Evidence on hearing rehabilitation and dementia in care homes. View source

4. Care England, Engage and Nightingale Hammerson, Hearing Loss in Care Homes: a Call to Action - Recommendations on hearing aids, amplifiers and Hearing Loss Champions. View source