



Glue Ear

Factsheet for Teachers

Glue ear occurs most commonly in children when fluid collects in the middle-ear space of one or both ears, often following ear infections or repeated colds. As a result, the eardrum and tiny bones in the middle ear cannot move properly and sound cannot travel as easily to the inner ear. When glue ear lasts a long time, the associated hearing loss can cause children problems with speech and language, and difficulties in communicating or socialising.

Children who are born with a cleft lip or palate, or who have Down's syndrome, are more prone to getting glue ear than other children.

Glue ear is also generally more common during the winter months.

Signs of Glue Ear

- May appear inattentive or prone to daydreaming. They may seem to be “hearing only when they want to”.
- May often say “pardon” or “what?”. May ask for things to be repeated.
- May mishear words, misunderstand instructions or appear lost when asked to do something. May stare intently at your face.
- A few children may talk too loudly - others talk less than before. They may mispronounce words or speak less clearly than normal.
- They may have trouble with reading, have a limited vocabulary and find it difficult to learn new words.
- Ear infections can sometimes come before or after glue ear, and can cause discomfort and pain, making children fretful.
- May become quiet and withdrawn or anxious as a result of their difficulty hearing, especially when in a group or following what is being said in noisy environments or large rooms.
- Having to concentrate on what people are saying is very tiring, so affected children may be particularly grumpy and tired by the end of the day.
- Some children may appear to have a hearing ability that changes from day to day, especially in winter, when glue ear is more common.



Communication tips for helping a child with Glue Ear

- Seat them where (s)he has an unobstructed view of your face and can hear you most clearly, preferably at the front of the class, and make sure you are in a good light.
- Avoid speaking when facing the blackboard/whiteboard or with your back to the child.
- Ensure the light is on your face, and avoid standing in front of windows, as this makes lip-reading difficult.
- Ensure the child is watching you when you begin to speak, and try to give visual or oral clues if you are changing to a new topic.
- If you are speaking directly to the child, gain their attention first by calling their name.
- Speak clearly and at a steady pace. Do not shout as this distorts the lip pattern and looks frightening.
- Avoid walking around the classroom when speaking. A child with hearing difficulties will have to twist in their chair to keep you in clear sight.
- Check that the child has understood, but be aware they may say “yes” even if they have not been able to follow.
- They may find it difficult to hear contributions from other pupils, so try to summarise what has been said.
- Sound travels less well outdoors, so PE and games teachers, or teachers accompanying children on an outing should take this into account and check that children understand any special instructions that have been given.
- Try to improve listening conditions in the classroom by reducing the general level of background noise. The acoustics of a classroom will also be improved by the addition of curtains or blinds, carpets and notice boards made of fabric or cork.
- In certain cases children may be provided with personal listening devices which will require you to wear a transmitter and microphone and enable your speech to be received directly by a child wearing the receiver. Classrooms can also be fitted with “soundfield” amplification systems.

Some children hate to be singled out for special attention and may appreciate a discreet approach where possible.

Being aware of glue ear and its potential impact on a child can help them to feel better understood and less frustrated, which may in turn improve their behaviour.

More information

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Patient advice and liaison service (PALS)

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