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Introduction

NHS audiology departments are reporting an increase in the number of referrals for pre school aged children with speech delay and/or social and communication delays since the COVID-19 pandemic. Since these children are typically more difficult to assess, they are being seen for repeated appointments, sometimes without any success¹. This is placing burden on the children, families and the NHS departments. Often, these children are referred to ‘rule out’ a hearing loss before autism spectrum disorder (ASD) assessment¹. Evidence on hearing loss prevalence in children with ASD, and the need for screening before ASD diagnosis, is conflicting^{2,3}.

Aims

To explore the outcomes of children referred to audiology due to speech and/or social communication delay, risk factors for any children identified to have a hearing loss, and the types of testing and number of appointments required. Additionally, to explore if any of these factors are different in data collected in a month pre and post COVID-19.

Results

130 children (87%) were discharged and/or required monitoring only.

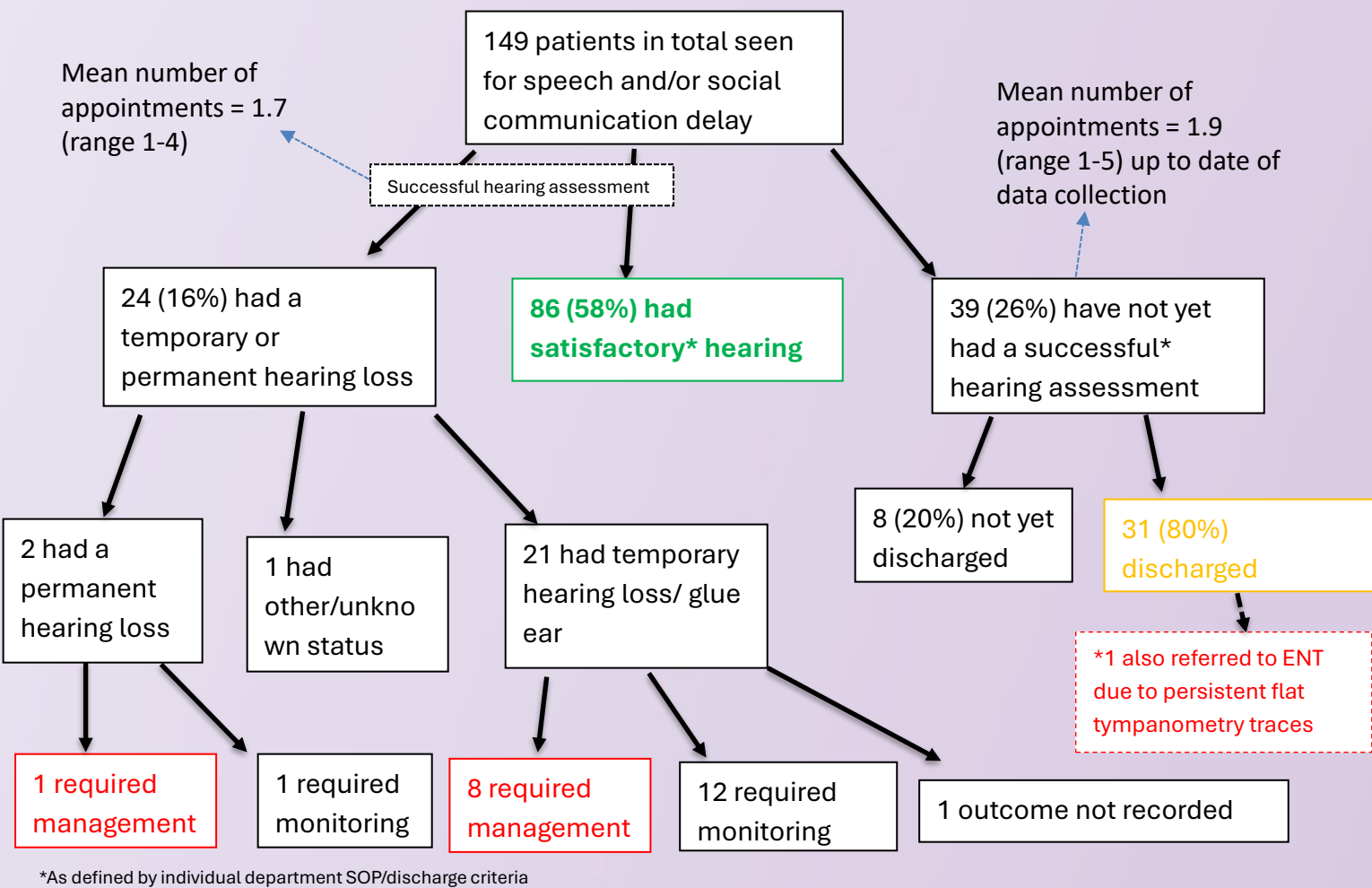


Figure 1: Assessment, hearing and management status for all 149 children in the audit

Risk factors and referral information for those with hearing loss:

Almost a third (29%) of children with any type of hearing loss had no parental or professional hearing concerns reported, including both children with a permanent hearing loss. Neither child with a permanent hearing loss had risk factors and both had passed the newborn hearing screen.

Discussion

A small but significant number of children were identified as having a hearing loss. It is not possible to identify which children may be more likely to have a hearing loss, or to be able to rule out hearing loss, with the referral information clinics currently receive and therefore it is important that these children are assessed. A significant proportion of these children require adapted testing, particularly those over 2.5 years. We need national guidance and better tools to triage and assess children referred due to speech/social communication delay.

Changes since the COVID-19 pandemic: This section has been left blank as we are awaiting some data, it will be updated before the conference.

References

1 Kingdon, C. (2025) "Kingdon review of children's hearing services: final report." Available at: <https://www.gov.uk/government/publications/kingdon-review-of-childrens-hearing-services-final-report>.
2 Beers, A.N., McBoyle, M., Kakande, E., Dar Santos, R.C. and Kozak, F.K. (2014) 'Autism and peripheral hearing loss: A systematic review', *International Journal of Pediatric Otorhinolaryngology*, 78(1), pp. 96–101.
3 Ram, A., Mishal, M., Weikum, W.M., Brooks, B., Derry, K. and Lanphear, N.E. (2022) 'Appraising the need for audiological assessment before autism spectrum disorder referral', *Paediatrics & Child Health*, 27(3), pp. 176–182

Methods

A multi-site audit was conducted across four NHS paediatric audiology departments, collecting data on all pre-school-aged children (up to 48 months) who were seen for their first appointment following referral during July 2024, and who's reason for referral included speech delay and/or social communication delay. Children with a previously identified permanent hearing loss and children with a diagnosed medical condition or syndrome known to be associated with an increased risk of hearing loss were excluded. Data collection occurred between October 2025 and March 2026. Information from all appointments from the child's initial appointment up to the time of audit data collection. Each department collected data on:

- Whether there was a speech delay, social communication delay or both and other reasons for referral.
- The number of appointments attended, and types of hearing tests used.
- The outcome of each child.

Adapted testing: Table 1 shows the % of children with a successful hearing assessment who required adapted testing (primary test used usually recommended for younger age).

Age range	% who required adapted testing
All ages	30.9
7-29 months	8.9
30+months	46.9

Table 1: % of children with a successful hearing assessment who required adapted testing

Comparison of referrals pre and post COVID-19.

Methods Three of the NHS departments who carried out the data collection for patients referred in July 2024 also collected the same data for patients, with the same inclusion and exclusion criteria, who were initially referred and seen in July 2019.

Results This section has been left blank as we are awaiting some data, it will be updated before the conference.