**Information for teachers about glue ear**

**About glue ear**

Glue ear is a condition where there is a build-up of fluid in the middle ear (the part of the ear just behind the eardrum). Normally it is filled with air which allows the eardrum and small ear bones (ossicles) to vibrate in response to sound. However, when the middle ear fills with fluid, the vibrations are dampened and hearing is reduced.

Glue ear is extremely common in young children and often goes unrecognised. There is a peak prevalence in 5 year olds coinciding with the start of primary school education, where the spread of upper respiratory infections is high. It is estimated that one in five children will be affected by glue ear in the first year of primary school and 80% of children will have had at least one episode by the time they are 10 years old. Glue ear is most common in the winter months.

Fortunately most children will resolve naturally within 3 months. However, for some children the fluid becomes persistent impacting on their speech and language development and educational progress.

**What to look out for**

**Hearing loss:** The extent of hearing loss varies between children and can depend on whether one or both ears are affected (hearing levels are similar to wearing ear plugs or putting fingers in ears).

You may notice one or more of the following symptoms:

* Often mishears what is said, especially in noisy environments
* Needs the television volume turned up
* Says ‘eh what’ or ‘pardon’ a lot
* Appears to be lip-reading

**Physical ill health:** Symptoms of glue ear can include ear-related and global symptoms of ill-health.  These include:

* Recurrent ear infections (glue ear commonly follows acute ear infections and upper respiratory tract infections)
* Snoring, blocked nose or poor sleep
* Noises in the ear or dizziness
* Clumsy or off-balance.

**Behavioural and educational development:** If glue ear has been present for a while, you might notice behavioural changes. Children may become frustrated about not being able to hear or be included in activities. Children with glue ear can also become quiet, irritable and withdrawn. You may notice that children start falling behind at school.

**Speech and language problems:** Problems with speech and language have been associated with persistent glue ear in both ears. You might notice that a child’s speech and language appears to be behind other children of similar age

**How can teachers help?**

There are a number of measures that some teachers find helpful to use in the classroom to help children with glue ear:

* Reducing excessive background noise in the classroom, especially when giving instructions
* Ensuring children with glue ear are sat in the class where they can see you clearly. This can help with lipreading.
* Gaining their attention before giving instructions and checking they have understood instructions.
* Using short, concise sentences for instructions.
* Writing key words/and or instructions on the board
* Speaking clearly, at normal speed.

**Further information about glue ear can be found on the NHS choices website:**

http://www.nhs.uk/conditions/glue-ear/Pages/Introduction.aspx