

Submission of Evidence to the Kingdon Review Children's Hearing Services

The Royal College of Paediatrics and Child Health (RCPCH)

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to contribute to the Kingdon Review of Children's Hearing Services. As a leading advocate for paediatric outcomes and children's health, the College remains concerned about existing systemic challenges in newborn hearing screening follow-up, the impact of missed hearing screenings, growing community health service demand, and the impact of delayed interventions on children's long-term speech, language, and developmental outcomes.

The importance of follow-up and early intervention

Assessments of NHS hearing services in England (2023–2024) revealed concerning gaps in newborn hearing test follow-up. Failure to act within the first 12 months of life represents a missed opportunity to mitigate hearing loss before language development slows. Research has demonstrated that early intervention leads to significantly better long-term educational and social outcomes. RCPCH recognises that the Kingdon review will consult with a range of subject matter experts with regard to this, and so the College has briefly summarised the evidence as follows:

- **Language and Communication** – Children diagnosed and treated before **12 months** show stronger language development, with evidence from the **Education Policy Institute (EPI)**ⁱ indicating improved verbal communication and literacy skills. In contrast, children diagnosed **after 12 months** face greater difficulties in speech acquisition, often requiring additional educational support when they reach school age.
- **Educational Attainment** – The EPI's report on learning outcomes of deaf children also shows that deaf children who receive early intervention are, on average, **12 months ahead** in learning by the end of primary school compared to those diagnosed later. By GCSE level, late-diagnosed children face an attainment gap equivalent to **17.5 months of lost learning**, affecting performance in core subjects like English and Maths.
- **Social and Emotional Development** – The **Consortium for Research into Deaf Education (CRIDE)**ⁱⁱ has reported that early-identified children show **greater engagement in verbal communication**, while late-diagnosed children rely more on non-verbal strategies, such as object pointing and reduced peer interaction.
- **Long-Term Implications** – The **Consortium for Outcomes in Deaf Education (CODE)**ⁱⁱⁱ found that children diagnosed after **12 months** are **1.3 grades behind** their hearing peers in GCSE subjects and are more likely to require specialist educational support to compensate for delayed intervention.

Community Health Services and Audiology Demand

Wider systemic pressures on community based services heighten concerns that the College has regarding follow up of newborn hearing screening.

The demand for community health services has reached unprecedented levels, with over **314,000 children and young people (CYP)** on waiting lists to access community services as of March 2025^{iv}, including audiology. Alarminglly:

- **21.5% of CYP** are waiting over a year for community health services, compared to just **1.3% of adults**.
- On overall paediatric community waiting lists, only 50% **of CYP** are seen within the **18-week target**, in contrast to **86% of adults**.
- The above data includes paediatric audiology as a part of the totality of community health services. When looking specifically at the audiology subset, waiting lists^v surged **16% between February 2025 and March 2025 month alone**, with nearly **4,000 children** now waiting beyond the recommended timeframes.

These delays create two urgent risks:

1. **Children missed at newborn screening** are now likely among those experiencing prolonged waits, meaning intervention could be delayed by at least an additional year.
2. **Children who were identified as having hearing problems at their newborn screening** but may struggle to access timely audiology services within the crucial **10–12-months of age window**, jeopardising their speech and language development.

Workforce and Service Delivery Recommendations

In order to address the risks identified above, RCPCH proposes that the Review considers the following themes as a part of the recommendations:

- **Workforce Investment** – Ensuring newborn hearing tests are conducted reliably within maternity and postnatal services while expanding capacity for timely and reliable follow-up. Additional resources may be needed to fast-track children missed in screening, preventing them from being permanently disadvantaged. RCPCH’s report ‘[Transforming child health services in England: a blueprint](#)’ makes specific recommendations regarding the development of a sustainable child health workforce.
- **Pathways for Older Children** – Acknowledging the specific needs of those whose hearing loss was identified late due to screening failures. This cohort may require enhanced speech therapy and educational support to mitigate any long-term developmental setbacks.
- **Integrated Care Models** – Strengthening collaboration across community teams, including audiologists, paediatricians, educators, and speech therapists, to ensure holistic support, rather than siloed interventions.
- **Addressing Systemic Wait Times** – Prioritising children and young people within community health investment strategies, acknowledging that their needs are time-sensitive in ways that differ fundamentally from adult care pathways. RCPCH’s recently published report ‘[Collaborative Healthcare in England: Delivering the services children need in the community](#)’ sets out a series of recommendations for addressing the needs of children on community waiting lists.

Conclusion

RCPCH welcomes the work of this review to recognise both the direct issues in newborn hearing screening, follow up of failed screens and also the broader systemic pressures within community health services. We would urge the review panel to engage deeply with those who are directly involved with the planning and delivery of these services, in order to ensure that all challenges and blockers in the delivery of this important service are identified so that effective solutions can be enacted. Delays in intervention compromise children's lifelong outcomes, and urgent action is needed to create an integrated, well-resourced paediatric audiology service.

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 24,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

ⁱ Education Policy Institute. The Educational Outcomes of Deaf Children in England. 2023. Available from: <https://epi.org.uk/publications-and-research/the-educational-outcomes-of-deaf-children-in-england/>

ⁱⁱ Consortium for Research in Deaf Education. 2024. Available from: <https://www.ndcs.org.uk/information-and-support/professionals/research-and-data/cride-reports/>

ⁱⁱⁱ Consortium for Outcomes in Deaf Education Report. 2023. Available from: <https://www.batod.org.uk/wp-content/uploads/2025/01/CODE-Report-2024.pdf>

^{iv} RCPCH Report. Collaborative Healthcare in England: Delivering the services children need in the community. 2025. Available from: <https://www.rcpch.ac.uk/sites/default/files/2025-05/collaborative-healthcare-england-2025.pdf>

^v NHS England. Community health services waiting lists data. 2024-25-March. Available from: [https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/#:~:text=Number%20waiting%20%2D4%20weeks,weeks%20\(127%2D364%20days\)](https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/#:~:text=Number%20waiting%20%2D4%20weeks,weeks%20(127%2D364%20days))