

Insights Brief

Understanding the Impact of Hearing Impairment on Working Age UK Armed Forces Veterans



ROYAL BRITISH LEGION

Overview

Hearing impairment, including hearing loss and tinnitus is one of the most common long-term and progressive health issues faced by the Armed Forces community, often caused by harmful levels of noise during Service. Despite this, there has been limited evidence on how it affects working-age veterans in the UK and whether current support is meeting their needs.

The Royal British Legion (RBL) has long recognised the challenge Service-related hearing impairment presents for veterans and their families. Building on previous work, including Lost Voices research (2014) and delivery of the Veterans' Hearing Fund (2015), RBL commissioned the University of Chester to conduct research exploring how hearing impairment affects working-age UK Armed Forces veterans (18 to 67 years old). It examines whether current support adequately meets their needs and provides evidence-based recommendations to improve services, ensuring that those affected receive appropriate and timely support.

Method

A mixed-methods approach was adopted to build a comprehensive understanding of the issue. This included a matched comparison study using primary healthcare (PHC) data to compare rates of hearing impairment among veterans and non-veterans of similar age and gender. In addition, 658 veterans with hearing impairment completed surveys and 34 participated in one-to-one interviews.

To validate these findings and ensure they reflect the lived experiences of those with Service-related hearing impairment, two focus groups were conducted with participants from across the UK. The first brought together members of an Expert Reference Group (ERG) including clinical experts on hearing impairment, while the second involved veterans who had participated in the interview stage of this study.

The findings presented below bring together new evidence on the prevalence of hearing impairment among working-age veterans and highlight the key challenges it creates for their health, wellbeing, and access to support.

The findings of this study should not be taken to be representative of all UK Armed Forces working-age veterans. The survey and follow-up interviews were self-selecting – respondents were people who wanted to share their experiences of being a working age veteran with Service-related hearing impairment, and resulted in a sample that is predominantly White British, ex-Regular Armed Forces, male, and relatively long-Serving. Primary HealthCare data draws from only one region of England, and identification of veterans within it depends on this status and their hearing impairment being recorded on GP records. However, this research breaks new ground in engaging large numbers of veterans and drawing new insights from analysis of PHC data.

Region and Country	Count	% of total
North-West	133	20.3
South-West	114	17.4
South-East	90	13.7
North-East	58	8.9
Scotland	55	8.4
Wales	49	7.5
East of England	49	7.5
West Midlands	34	5.2
East Midlands	30	4.6
Northern Ireland	29	4.4
Greater London	12	1.8
Channel Islands	1	0.2
South Africa	1	0.2
Total	655	100% *

Table: Regional split of survey participants

* This regional breakdown is based on 655 valid postcodes. Of the 658 survey respondents, three did not provide a usable postcode (two left the field blank and one entered an invalid code).

[Click here to read detail about the methodology, limitations, and findings in full.](#)

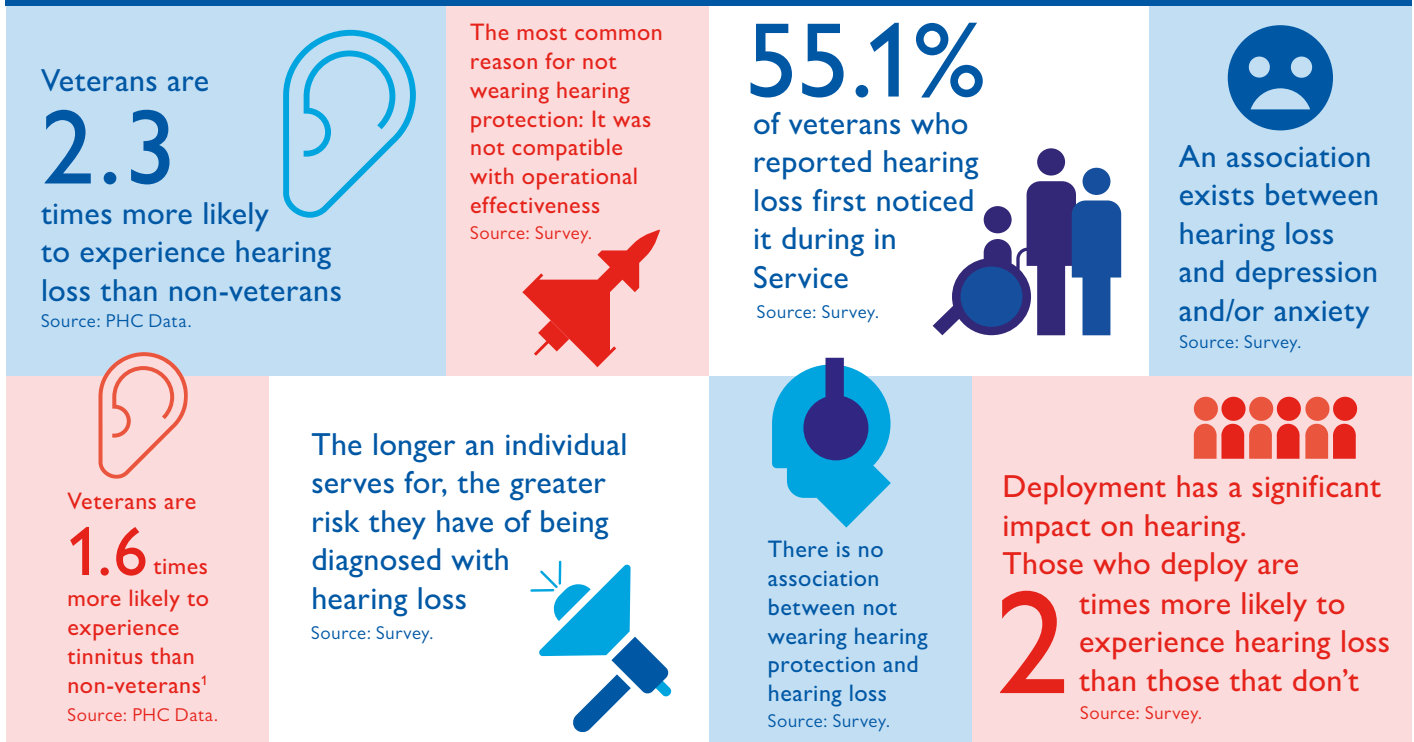
Westminster Centre for
Research in Veterans



University of
Chester

This research was commissioned by the Royal British Legion and carried out by the University of Chester's Westminster Centre for Research in Veterans.

Key findings



Relating to the finding: 'there is no association between not wearing hearing protection and hearing loss,' this may reflect factors such as inconsistent or incorrect use, inadequate protection against high-impact noise, or other influences like cumulative exposure and individual susceptibility. Retrospective self-reporting also adds uncertainty. These findings highlight the complexity of noise-related hearing loss in military populations and suggest that prevention strategies must go beyond simply issuing protective equipment.

Key Findings

1. Quantitative Evidence from Primary Healthcare Data

- Veterans were 2.3 times more likely than non-veterans to experience hearing loss.
- Veterans were 1.6 times more likely than non-veterans to experience tinnitus.

2. Survey, Interview, and Focus Group Findings

- Prevalence and recognition: 55.1% of veterans who reported hearing loss first noticed it during in Service; for others, it became noticeable only after leaving the Armed Forces.
- Veterans who had deployed on operational tours were 2 times more likely to experience hearing loss than veterans who had not deployed.
- Longer Service length further increased the likelihood of hearing impairment.
- Hearing protection: Only 14% of respondents reported always wearing hearing protection. Protection was often available but considered incompatible with operational effectiveness or uncomfortable, requiring a balance between safety and operational needs.
- Health and wellbeing impacts: Veterans reported high levels of PTSD, alcohol misuse, isolation, and loneliness, showing that for many, hearing impairment is connected to mental and physical health.

- Support experiences: Many veterans sought help from multiple sources, but support from health services was often perceived as inadequate, and compensation claims were frequently refused. Those who received hearing aids reported positive impacts on daily life.
- Stigma and career concerns: Fear of acknowledging hearing difficulties discouraged help-seeking during Service. Veterans described the ongoing stigma surrounding hearing impairment.
- Family and social impact: Hearing loss and tinnitus affect family life and social connection, highlighting the need for guidance and support for partners and relatives.

Implications

- Service-related hearing impairment is common among working-age veterans and has wide-ranging effects.
- There is a need to improve education, prevention, and rehabilitation, alongside support that addresses both direct and indirect impacts.
- Families are affected, highlighting the importance of guidance and support for partners and relatives.
- Improving awareness, timely intervention, and access to services is essential to support veterans' wellbeing.

Recommendations

The recommendations from this research have been grouped under three overarching themes:



Inform

Improving awareness and access to information.



Support

Strengthening the availability and quality of services.



Minimise

reducing future risk of hearing impairment among Serving personnel and veterans.

In these recommendations, the term hearing impairment refers to both hearing loss and tinnitus, unless stated otherwise.

Inform

Recommendation 1: The Ministry of Defence must strengthen guidance issued to all Service personnel, and their families transitioning out of the Armed Forces. Guidance must provide clear and consistent information regarding support for hearing impairment regardless of how long after transition this condition may present, or their reasons for leaving Service. This should include clear and practical information about the circumstances under which compensation is available, and how to pursue this. Information and communication methods must be appropriate for, and accessible to, Serving personnel, veterans and their families, and informed by those with experience of Service-attributable hearing impairment. It ought to be provided in multiple formats and accessible to personnel after they have left Service.

Recommendation 2: Statutory and charity services providing support for the Armed Forces community affected by Service-attributable hearing impairment and/or tinnitus should undergo robust systematic monitoring and evaluation. This will ensure that services are evidence-based, and experiences of those accessing support are captured, to continually improve tailored hearing impairment services.

Recommendation 3: This project has identified research priorities which could broaden understanding and inform more tailored support for specific groups within the Armed Forces community in relation to hearing impairment and tinnitus. Further research is recommended to examine additional health conditions and population needs, including:

- Needs and effective support for veterans aged 65 and older
- Effective support for veterans with tinnitus
- Needs and experiences of female veterans
- Employment experiences and outcomes among veterans with hearing impairment
- Needs and effective support for families of those with hearing impairment
- Differences in barriers to help-seeking across different demographic groups, additional needs, e.g. mental health, other disabilities; and testing approaches to increasing help-seeking.



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Support

Recommendation 4: The Ministry of Defence and Veterans UK must do more to understand and address barriers veterans experience to accessing appropriate and timely compensation for Service-attributable hearing impairment, including exploring whether the impact and progressive nature of hearing impairment is adequately recognised within compensation policies, tariffs, and frameworks for assessing eligibility.

Recommendation 5: NICE (England & Wales), SIGN (Scotland), and Department of Health Northern Ireland (DoH NI) must produce an evidence-based review on the most effective treatments and support for veterans experiencing Service-attributable hearing impairment and/or tinnitus. This must be informed by large-scale trials and further high-quality research that enables full cost-benefit analysis and identification of the most effective interventions for addressing these conditions and related impacts, including wellbeing and mental health.

Recommendation 6: The Ministry of Defence must reinstate dedicated funding for veterans' hearing support, financed by HM Treasury. The Veterans Hearing Fund should function to provide hearing aids and related support for needs not met through statutory services and mitigate potential disadvantage owing to the unique experiences of military Service.

Recommendation 7: The NHS across all UK nations must implement regularly updated training modules, and supplementary guidance, on Service-attributable hearing impairment. Training must reflect the unique experience of the Armed Forces community and address the wider impact that hearing impairment can have on wellbeing. This must be delivered within professional development frameworks, such as the Veteran Friendly GP Practice programme and Devolved equivalents, as well as being embedded in staff guidance and accessible patient information materials.



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Minimise

Recommendation 8: The Ministry of Defence must implement standard timelines for reviewing policies in relation to hearing protection and impairment. These policies must reflect the implications of hearing impairment, as well as lived experience through co-production with affected Serving and ex-Serving personnel and families. This could include exploring ways to ensure that hearing tests during Service are as accurate as possible, and that barriers to help-seeking are minimised where possible.

Recommendation 9: NICE (England & Wales), SIGN (Scotland), and Department of Health Northern Ireland (DoH NI) must recommend, and the NHS must ensure that audiology assessments are embedded as a routine element of treatment and care pathways for veterans experiencing Traumatic Brain Injury(s) (TBI) and any mental health conditions. This would facilitate early intervention and treatment to minimise the impact of Service-attributable hearing loss.

Recommendation 10: The NHS must strengthen clinical coding guidelines to ensure the regular and accurate recording of specific hearing impairments (including tinnitus), and veteran status, across primary healthcare practices. This coding must be applied by practices, with support from external providers, to facilitate the timely transfer of relevant medical information, to inform appropriate and coordinated support pathways.

Acknowledgements

We thank the veterans who participated. Their experiences ensure this report reflects the realities of life with hearing impairment and remain at the heart of all we do.

Support

If someone you know is a member of the Armed Forces Community and needs support, contact the RBL contact centre, open 8am to 8pm, 7 days a week, on: **0808 802 8080** for practical help and guidance.

You can also find out more about the services and support we provide at: **Royal British Legion | Armed Forces Charity** including expert guidance on **military hearing loss claims**.

