

Working with people who are Deaf or hard of hearing

What is deafness and hard of hearing?

Deafness can include varying degrees of hearing loss. Some people are born deaf. Others become deaf over time – this is more common in people who work in noisy environments, or with machinery and loud tools, or who have been in war zones. It is also more common with ageing.

Deaf (with a capitalised D) is used to describe people who use Auslan (Australian Sign Language) to communicate, or who identify as part of the Deaf community. Deaf community members are more likely to have been born deaf or become deaf early in life. Many Deaf people view themselves as a linguistic and cultural group and find the words ‘hearing impairment’ offensive.

Access to health services is largely about how to make those services accessible in their language, Auslan. Not all people who are Deaf use Auslan, some use [Australian Signed English, key word signing \(Makaton\) or fingerspelling](#). Signing Deaf and hard of hearing First Nations people may use Indigenous sign languages like Far North Queensland Aboriginal and Torres Strait Islanders Sign Language. Deaf relay interpreters may be required for these consultations.

deaf (with a small d) is a more general term used to describe the physical condition of not hearing, and to describe people who are physically deaf but do not identify as members of the Deaf community.

Hard of hearing is used to describe people who have acquired a hearing loss in late childhood or adulthood, or who have a mild or moderate hearing loss. People who are hard of hearing usually communicate using speech, lip-reading and residual hearing which may be amplified by hearing aids. Some people with hearing loss may prefer the term ‘hearing impaired’.

Some people have [Cochlear implants](#) to help them hear better. The implants send sound signals directly to the hearing nerve, working differently to hearing aids.

Consumer quote

“ I want to be treated with respect, dignity and compassion and for you to accept my communication preferences, which are Auslan and written English using a pen and paper. Often health staff forget that I can do anything except hear.” – Shawn

Reasonable adjustments

A **reasonable adjustment** is a change to standard processes, practices, procedures, policies, systems, communication equipment and/ or environment that supports equitable access to safe, effective and patient-centred treatment and care.

It is one way that you can enable me to participate in my care and improve my health outcomes.

Support me to express myself

- For many Deaf people, Auslan is their first language. Some people have learnt English as a second language but don't assume I speak, write, lip read or read English well or at all. Consider alternatives to written education materials such as Auslan videos or videos with captions.
- If I request an Auslan interpreter, then one should be provided for me. For legal and privacy reasons, do not use my family members to interpret for me. Make sure the space is well lit so I can see both the clinician and the Auslan interpreter clearly. Speak to me, rather than to the Auslan interpreter
- For phone-based communication, I can choose to use NRS video, chat or SMS relay technologies if I am a registered National Relay Service user.
- Ask me if I have speech to text software or apps I like to use. [Better Hearing Australia](#) recommends these free and useful smart device applications.
- Check if your facility has hearing loop technology for telecoil compatible hearing aids. Trial using it before my appointment or meeting. Audiology departments may have this equipment available for you to borrow.

Communicate in a way that is accessible to me

- Each person is unique with different needs and abilities. Ask me how to best communicate to suit my needs and preferences. These four key points can help you to communicate with me in an accessible way:

- Face me
 - Speak clearly
 - Make and maintain eye contact
 - Observe my body language and be mindful of yours
- Do not rely on lip reading during a health consultation, however it is still important that I can see your face as I may use lip reading to help with communication.
 - Check with me if you are speaking too quickly. If I am relying on residual hearing to communicate, I can hear you better if you speak to me calmly and clearly, rather than raising your voice or exaggerating your mouth movements. Use plain language and short sentences, breaking complex concepts into smaller parts ('chunking' information). Avoid using health jargon and acronyms, both when speaking to me or using a notepad. Consider using pictures to aid communication.
 - For people who are Deaf or hard of hearing, eye contact is extremely important for communication. Do not look away while I am signing to you.
 - I may need a longer appointment time to be understood, and to understand treatment options and decisions. Please take the time to explain and give me all the information I need. Use the Teachback technique to check I am clear about any instructions I need to follow. Check with me if written education material is useful.
 - In addition to being hard of hearing, I may also be from a culturally and linguistically diverse background and have low English proficiency. Check with me what my preferred method for communication and health information is e.g. language interpreter.
 - There are different levels of Auslan proficiency for Deaf people from culturally and linguistically diverse backgrounds, in particular people from refugee backgrounds. Check with me my preferred method for communication.

Provide me with a supportive healthcare environment

- Make sure reception staff alert me to my appointment time if I cannot hear them calling me. Please ensure my privacy by not raising your voice to ask about confidential information in public spaces. If you do need to read a form,

or explain it, please do so in a private area, particularly if you need to talk a little louder.

- Some COVID measures may make it difficult for me to hear e.g. through plastic screens or when staff are wearing masks.
- If I am hard of hearing, consider the environment and move to a space where there is minimal background noise. Have paper and a pen ready if I would like to write something down. Sometimes I may talk a little louder than you are used to. This is not yelling in anger; I just can't hear myself.
- If I am hard of hearing, always make sure I have access to my hearing aids during my hospital stay. Overnight, I may have removed my hearing aids so having a pen and notebook or using speech to text apps could help us to communicate. In different rooms or undergoing a procedure I may hear more or less easily.

Build a respectful relationship with me

- In Deaf culture, it is acceptable to touch another person to gain their attention, even if you do not know them well. However, there are rules about where or how to touch. A light touch on my arm or shoulder from the front, not behind, is acceptable.
- For people who are Deaf or hard of hearing, avoiding eye contact is considered disrespectful.
- Treat me with dignity and compassion. Remember if I can't hear what is going on, I may be fearful, mistrusting, or frustrated. Based on my previous experiences, I may be anxious about potential errors in diagnosis and treatment due to miscommunication. I may also struggle to ask for what I need.
- Consider learning some basic Auslan for simple requests like: food, drink, eat, toilet, help, interpreter, wait, stop, hello, how are you etc.

More information

- [Guidelines for working with people who are Deaf or hard of hearing](#)
- Expression Australia [Communication Toolkit for Hospitals](#)
- The [Auslan Sign Bank](#) is an online dictionary of Australian sign language terms
- Check [eligibility for Hearing Services Program](#) e.g. no cost hearing aids

Adapted from material developed by Metro South Health, Health Equity and Access Team.