

# **Building Competency**

Suggested competencies for Supporting People with Deafness or Hearing Loss.

1 in 6

Australians have some level of hearing loss—and that number is growing.

You may work with people who are deaf, Deaf, hard of hearing or has hearing loss.<sup>1</sup>

Inclusive, competent support makes services safer, more accessible, and genuinely respectful-especially where mental health and hearing loss needs intersect.

This guide shares suggested core competencies.

Hearing loss is linked to poorer mental health outcomes, including increased risk of depression, anxiety, and social isolation.

1. Our work spans public health and disability advocacy, so we use inclusive terms that reflect both clinical and cultural experiences. Deaf (capital D) refers to people who identify as culturally Deaf. deaf (lowercase d) refers to the audiological condition of hearing loss. Hard of Hearing (HoH) describes a range of hearing loss. Hearing loss is used broadly in public health. The use of "d/Deaf" is an accepted convention recognising the overlap between identities, without privileging one more. People may identify with one, all, or none of these. We respect each person's choice.

Inclusive care can reduce these risks and improve quality of life for people with hearing loss.





# **Core Competencies**

Competencies are the knowledge, skills, behaviours, and values that support inclusive, effective practice. These suggestions are based on lived experience feedback and do not replace formal qualifications or legal and compliance requirements.

KEY AREAS FOR PROFESSIONALS:	
Recognise that deafness is a sensory condition, not a cognitive one	Reflect on any ableist <sup>2</sup> assumptions that may exists in systems or practice.
Understand the emotional and psychological impacts of hearing loss	Be aware of grief, listening fatigue <sup>3</sup> , stigma and trauma related to hearing loss.
Identify mental health concerns linked to hearing loss	Understand risks related to trauma, sudden or late-onset hearing loss, or delays in diagnosis.
Communicate clearly and naturally	Face the person, speak naturally, use visual cues, and gently checking for understanding.
Support integrated care	Include hearing health, mental health, and overall wellbeing.
Respect individual communication preferences	Not everyone lip-reads, signs, or uses hearing aids.
Build cultural competency	Learn about d/Deaf identity, language rights, and community diversity.
Explain hearing loss and treatment options in accessible language	Avoid jargon to support informed decision making.
Respect confidentiality and trust	Especially when working with interpreters or third parties.
Understand assistive technology	Know the realistic benefits and limitations of hearing aids, cochlear implants and other devices.
Apply trauma-informed, strength- based approaches	Respect autonomy, focus on support and not 'fixing' difference.
Advocate for communication equity	Challenge audism <sup>4</sup> and promote inclusive environments in policy and practice.

<sup>2.</sup> Ableism is discrimination that treats people without disability as "normal" and views those with disability as less capable or inferior. Source: Ableism. Encyclopaedia Britannica. https://www.britannica.com/topic/ableism

<sup>3.</sup> Tiredness from concentrating to hear and understand all day. Source: American Academy of Audiology, "Fatigue and Hearing Loss," *American Academy of Audiology*, https://www.audiology.org/consumers-and-patients/hearing-and-balance/fatigue/.

<sup>4.</sup> is the belief that hearing people are superior to deaf or hard of hearing people. It can come from both hearing and deaf individuals and often shows up as judging deaf people by how well they speak or fit into hearing culture. Source: Encyclopaedia Britannica, s.v. "Audism," last modified April 4, 2024, https://www.britannica.com/topic/audism.



Ways to Build These Competencies and Upskill

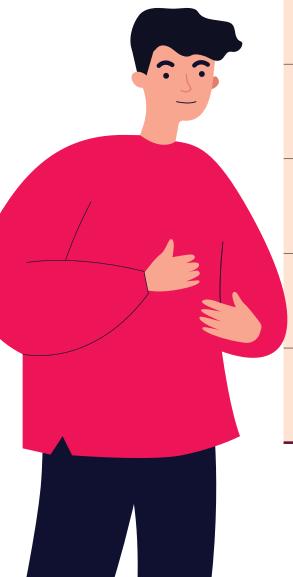
# Small, consistent steps can lead to big changes.



Build your confidence by practising

HERE ARE WAYS TO START:

Get comfortable asking,



QUICK GUIDE	
What Helps	What Hinders
Facing the person and using clear speech	Speaking with your back turned
Asking about preferred communication	Making assumptions
Using visual cues and written notes	Relying only on spoken language
Providing accessible information	Using jargon or technical terms
Supporting use of assistive technology	Dismissing or minimising needs

Inclusive support isn't about being perfect. It's about being present, informed, and open to learning.

**REFLECT ON:** 

What small change can I make today?

Where are the gaps in my knowledge?

How can I better support people with d/Deafness or hearing loss?

### **About this Resource**

This guide was shaped by the voices of people with lived experience of d/Deafness and hearing loss. It is a starting point for building competency—not a comprehensive or clinical guide.

We know that everyone's needs, settings, and situations are different. This guide is general in nature, and we encourage you to adapt them based on your role and context.

For workplace or service changes, consult appropriate professionals or authorities.

Information is current as of publication, but things can change—especially in areas like accessibility and best practice. Use this as a guide, stay curious, and always keep learning.

### **Informed by Research**

This guide draws from the insights derived from our research:

"Exploring Help-Seeking Experiences in the Health System Among People with Deafness or Hearing Loss and Mental Health Concerns"

## Read the full report:

www.deafnessforum.org.au

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