

# Inclusive Healthcare

## Making Services Accessible for People who are Deaf or have Hearing Loss.

Inclusive healthcare means more than just technical solutions—it's about emotional wellbeing, safety, and quality of care.

1 in 6 Australians have some level of hearing loss—and that number is growing. Many healthcare professionals will support someone who is deaf, Deaf, hard of hearing, or has hearing loss.<sup>1</sup>

## For many people with deafness or hearing loss, healthcare is full of invisible communication barriers.

Consequences can include:



**Misdiagnosis and treatment delays**



**Increased anxiety and distress**



**Poorer health outcomes**



### The Mental Health Connection

Hearing loss can be socially and emotionally isolating. When communication is difficult, it's not just frustrating—it can be deeply distressing.



**Even mild hearing loss increases the risk of depression and anxiety.**



**Constant effort to follow conversations causes fatigue and stress.**







**Lack of access to communication tools—and stigma—worsens these impacts.**

## Positive outcomes

**With respectful, person-centred communication, healthcare can be a source of safety and support.**

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.

PRACTICAL STRATEGIES FOR INCLUSIVE HEALTHCARE	
<b>Key Support Practices</b>  	Ask how someone prefers to communicate encouraging a person-centred approach.
	Include hearing and mental health for integrated care plans.
	Use a trauma-informed approach (consider language deprivation, audism <sup>2</sup> ).
	Speak clearly and calmly (not loudly); use visual cues and positive expressions.
	Allow extra time and offer written summaries after appointments.
	Provide alternative contact methods (SMS, email-not just phone).
<b>Mental Health Inclusion</b>  	Acknowledge the emotional toll of communication barriers.
	Check in proactively around mental wellbeing where appropriate.
	Refer to clinicians with Deaf awareness and hearing loss experience.
	Support the use of hearing aids and communication tools without judgment.
	Allow extra time to process what's being said. Always ask preferences.
<b>Policy &amp; Practice Improvements</b>  	Add communication needs to intake forms and flag them clearly in patient files.
	Offer accessible telehealth when possible (captions, video relay interpreting, messaging).
	Provide qualified Auslan (Australian Sign Language) interpreters when requested.
	Ensure quiet spaces, visual alerts, and non-verbal signage in waiting areas.
	Train staff to recognise and address audism and value lived experience.
	Provide accessible booking when possible, such as online options.
<b>Communication Strategies</b>  	Improving communication reduces anxiety, builds trust, and supports better outcomes.
	These strategies are based on lived experience-but always ask what works best for each person.



**Not everyone with Deafness or hearing loss communicates the same way.**

2. 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>.

DEAFNESS FORUM AUSTRALIA INCLUSIVE HEALTHCARE

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PERSON-CENTRED COMMUNICATION	
Strategy	Why It Matters
Ask, “How can I best communicate with you?”	Shows respect, avoids assumptions, and allows the person to express their preferred method of communication.
Face the person and maintain eye contact	Supports lip-reading, visual cues, and builds trust.
Speak clearly (not louder), and at a comfortable pace	Clarity is more effective than volume. Loud speech can distort sound and appear aggressive.
Use plain language—avoid jargon and complex terms	Improves comprehension and reduces cognitive strain, especially during medical conversations.
Reduce background noise where possible	Minimises distractions and helps the individual focus on the conversation.
Use natural gestures and facial expressions	Enhances understanding and provides visual context.
If something isn’t understood, try rephrasing—not just repeating	Offers a clearer second chance at understanding without adding frustration.
Gently check understanding throughout the conversation	Prevents miscommunication and empowers the individual to ask for clarification.
Be mindful of your facial expressions	Negative expressions can unintentionally convey impatience or confusion, which increases stress.
Allow time—don’t rush the conversation	Concentration fatigue is common with hearing loss. Providing pauses or summarising key points improves outcomes.
LANGUAGE ACCESS AND AUSLAN INTEGRATION	
Strategy	Why It Matters
Learn and use basic Auslan (Australian Sign Language) greetings or signs	Demonstrates cultural respect and improves rapport with culturally Deaf patients.
Provide access to qualified Auslan interpreters when needed	Ensures accurate communication and supports informed consent and engagement in care.
COMMUNICATION AIDS AND TOOLS	
Strategy	Why It Matters
Learn and use basic Auslan (Australian Sign Language) greetings or signs	Demonstrates cultural respect and improves rapport with culturally Deaf patients.
Provide access to qualified Auslan interpreters when needed	Ensures accurate communication and supports informed consent and engagement in care.
AWARENESS, ASSUMPTIONS, AND INCLUSIVE PRACTICE	
Strategy	Why It Matters
Avoid covering your mouth or turning away while speaking	Lip-reading and visual cues require a clear view of the speaker’s face.
Don’t assume lip-reading is preferred or effective	Many people with hearing loss do not lip-read fluently. Always ask.
Understand that not all Deaf or hard-of-hearing people use Auslan	Hearing loss is diverse. Tailoring communication supports individual autonomy.
Don’t assume hearing aids or cochlear implants solve everything	Hearing devices may not fully restore hearing. Be aware of their limitations.
Be mindful of sensory overload from hearing devices	Loud, complex environments can be overwhelming. Offer quieter spaces where possible.
Allow extra processing time, especially in group or noisy settings	Background noise makes it harder to follow conversation. Be patient.
Always speak directly to the person—not their support person or interpreter	Upholds dignity, reinforces autonomy, and ensures the individual is central in their own care.

# When people feel heard and understood, they're more likely to seek help, stay engaged, and experience better health outcomes.



**Not everyone with deafness or hearing loss communicates the same way. Inclusive care begins with one question:**

**“What works best for you?”**

## About this Resource

This resource was shaped by people with lived experience of d/Deafness and hearing loss. It aims to support respectful, inclusive care by highlighting real-world barriers and practical strategies.

It is a general guide, not legal or clinical advice. Context matters—what works in one setting may not work in another. We encourage healthcare professionals to reflect on these suggestions alongside their own responsibilities, service models, and professional standards.

This resource is not a substitute for clinical training, legal advice, or compliance consultation. For significant changes to practice or policy, please consult with relevant authorities or governance teams.

Information is accurate at the time of publication but may become outdated. We encourage you to stay informed with the latest standards and best practices.

## Informed by Research

This guide draws on 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](http://www.deafnessforum.org.au)

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