Practice Guidance

Guiding Principles of Deaf Awareness in Healthcare Settings

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General foreword

This document presents Practice Guidance by the British Society of Audiology (BSA). This Practice Guidance represents, to the best knowledge of the BSA, the evidence-base and consensus on good practice, given the stated methodology and scope of the document and at the time of publication.

Although care has been taken in preparing this information, with reviews by national and international experts, the BSA does not and cannot guarantee the interpretation and application of it. The BSA cannot be held responsible for any errors or omissions, and the BSA accepts no liability whatsoever for any loss or damage howsoever arising. This document supersedes any previous statement on adult rehabilitation by the BSA and stands until superseded or withdrawn by the BSA.

An electronic copy of the anonymised comments received during consultation and the responses to these by the authors is available from BSA on request.

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Contents

Scope of document

This document is intended for all professionals working within healthcare settings however may be of benefit to a wider audience. The BSA have produced this guidance in support of improving healthcare services, including audiology services, for those who are Deaf or with hearing loss, however effective communication strategies can be beneficial for all patients, not only those who are Deaf or with hearing loss'

Terminology

The abbreviation 'PDHL' is used throughout this article to describe '**P**eople who are **d**eaf or have **h**earing **l**oss', including those that identify as Deaf, deaf, deafened or hard of hearing. Deaf is used here to denote people with congenital or childhood-onset hearing loss who primarily communicate through the use of sign language and often identify as being members of the Deaf community.

Members of this community have their own unique rich culture and history, preferring not to view their Deafness as a disability (British Deaf Association, 2015).

Useful tools and resources

A table of useful tools and resources to support deaf awareness in healthcare settings is provided on **page 19**.

1. Introduction

Effective clinician-patient communication is critical for patient care. Deaf awareness ensures that healthcare providers understand the communication needs of people with hearing loss and those who are Deaf, leading to improved communication and better health outcomes.

Deaf awareness is vital within the UK NHS to:

1. Meet legal obligations
2. Reduce health inequalities
3. Support a cost-effective health service
4. Improve patient satisfaction with care
5. Provide safe patient care

Problems with communication within health and care settings can lead to medical errors, compromised safety, and a reduction in patient trust (Smith et al., 2020). Both published research (Jama et al., 2019; Parmar et al., 2022) and a recent report by RNID: In Their Own Words: our new report on the state of UK audiology services - RNID shows that issues with Deaf awareness also extend to NHS audiology and ENT services, (Hulme et al, 2021, 2022, 2023) where healthcare providers are acutely aware that the vast majority of people attending services are Deaf or have hearing loss.

In 2021 a coalition of charities, including RNID and SignHealth, compiled a report on the experience of patients and professionals on the impact of the Accessible Information Standard: Review of the NHS Accessible Information Standard (AIS; NHS England, 2016). The findings indicate that problems with communication remain, despite a legal requirement to implement AIS. Most deaf people did not have an accessible method to contact their GP, had had an appointment where their communication needs were not met and had rarely or never received information in other formats. One in three health and social care providers were unaware or unsure of the existence of the AIS.

In 2024, the BMJ published an article entitled 'The NHS is failing deaf people' with a call for urgent changes needed to policies, practices, and professional training across the UK NHS (BMJ, 2024). This article outlines an immediate need for clear and appropriate guidance to ensure that all services are able to meet the needs of the Deaf community and people with hearing loss.

In response to limited empirical research in this area, the British Society of Audiology Adult Rehabilitation Special Interest Group (BSA ARIG) received funding from the ENT UK Foundation to conduct a national survey to better understand Deaf awareness, accessibility, and communication across the UK NHS (Parmar et al., 2025), which led to the development of this guidance. This practice guidance and the underpinning research has been developed in line with the best available evidence and in consultation with PDHL.

2. Background & Summary

In the UK, more than 18 million people live with hearing loss (Akeroyd & Munro, 2024). Of those, approximately 26.7% have mild hearing loss, 36.8% moderate, 6.3% severe, and 1.3% have profound hearing loss (RNID, 2020). Hearing loss was the third leading cause of years lived with disability worldwide in the 2019 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD 2019 Hearing Loss Collaborators, 2021). People who are described as deaf (lower case 'd') experience hearing loss that could be present from birth, or due to injury, disease, or hair cell loss via noise exposure, or degeneration over time. They typically view themselves from an audiological or medical perspective and often use spoken language. Deaf (upper case 'D') individuals have congenital or childhood-onset hearing loss who primarily communicate through the use of sign language and often identify as being members of the Deaf community. Members of this community have their own unique rich culture and history, preferring not to view their Deafness as a disability (British Deaf Association, 2015). The 2021 census data for England and Wales reports 22,000 people who use British Sign Language (BSL) as their main language (ONS, 2021). However, this is likely to be an underestimation given that the survey was in English, not BSL. The British Deaf Association estimate that there are approximately 151,000 BSL users in the UK, which includes 87,000 Deaf BSL users and 64,000 hearing people who use BSL (British Deaf Association, 2024).

Deaf awareness in the NHS is important not only for people who are d/Deaf, but for anyone with diagnosed or undiagnosed hearing loss, which may or may not be disclosed or documented. Furthermore, good communication practices that arise from deaf awareness can benefit everyone. It is therefore important to consider every individual's communication needs regardless of their hearing status within each and every healthcare interaction.

2.1 Legal obligations

The Equality Act 2010 (applies in England, Wales, and Scotland) offers protection against discrimination to people with protected characteristics, including disability. People with deafness and hearing loss are legally entitled to use services to a similar standard as their hearing counterparts, and health service providers are required to make reasonable adjustments to enable this (NHS England, 2010).

Section 95 of the Health and Care Act 2022 provides new powers to the Secretary of State to enforce Information Standards across the NHS. This includes the power to 'require a person to provide

the Secretary of State with documents, records or other information for the purposes of monitoring the person's compliance with information standards'.

The Accessible Information Standard (AIS; NHS England, 2016) was introduced to improve accessibility and inclusivity in healthcare. NHS England is currently reviewing the Accessible Information Standard and an update to the Standard itself, and the Implementation Guidance. As of yet (April 2025), there have been no major updates or revisions to the standard since its publication in 2016.From August 2016, all NHS care or other publicly funded adult social care providers must meet the terms of the AIS. The standard requires services to identify and record the communication needs of individuals with disabilities or sensory impairments, ensuring that they receive information in a format they can easily understand and access. This applies to both written and digital information, including letters, leaflets and websites. It may also include providing communication support, and steps to ensure equity, inclusion and effective communication, including alternative formats to spoken language such as audio recordings or speech-to-text services. BSL/English interpreters are a rights-based necessity for those whose first language is BSL as their main language. During Care Quality Commission (CQC) inspections, services will be asked how they are meeting the AIS.

2.2 Health inequalities

Failures in communication can lead to misunderstandings, with implications for all areas of care, in particular diagnostic and therapeutic aspects which often rely on the assumption that relevant information is heard and understood (McKee et al., 2022).

Hearing loss can interfere with the ability to exchange important health information. It also makes it difficult for people to engage in health decision making (Mormer, 2017). This can lead to poorer quality of care (Mick et al., 2014) and inaccessible health information, making it difficult for people with hearing loss to successfully navigate health care (Chang et al., 2018; McKee et al., 2015). Similarly, poor communication or a lack of accessible communication (such as BSL/English translation) can result in significant health inequalities including gaps in health knowledge, putting Deaf patients at a higher risk of marginalisation (Kuenburg, 2015; McKee et al., 2022; Rogers et al., 2024). This is particularly pronounced for Deaf individuals with additional health needs that could further affect communication, such as those living with dementia (Flower et al., 2024; Henshaw et al, 2023).

Collecting information about hearing loss and communication needs upfront enables healthcare systems to be more proactive in arranging necessary accommodations or communication requests (McKee et al., 2022).

2.3 Cost-effectiveness of the service

People with hearing loss make and attend more healthcare appointments than people without hearing loss (Stevens et al., 2019). However, they may still be underutilising available services due to problems with communication and access to health information (Green et al., 2001). Additionally, the healthcare they receive is often not designed to meet their needs (Reed. Altan et al., 2019).

Hearing loss is associated with higher hospitalisation rates across all age groups, and middle-aged to older adults with hearing loss have higher healthcare costs compared to patients with normal hearing (Simpson et al., 2019, JAMA). Patients with untreated hearing loss are also at higher risk of longer hospital stays (Mitra et al, 2020; Reed, Altan et al, 2019).

Improving communication could help alleviate additional demands on services for this population. Yet, a systematic review shows that three-fourths of published studies on physician-patient communication do not take hearing loss into account (Cohen et al., 2017).

2.4 Patient satisfaction

People with hearing loss report decreased satisfaction with, and inadequate, health care services (Barnett et al., 2017; Mikkola, 2016; Reed et al., 2019). Within the SignHealth review of the NHS AIS (SignHealth, 2021), Deaf patients reported their needs repeatedly not being met, impacting their access to information, wellbeing, and right to privacy:

"Fed up always having to argue and say it's my right to have an interpreter - why have they for 18 years wanted my family to interpret for me! My health is my business." (Deaf patient)

The BSA survey (Parmar et al., 2025) identified that patients with hearing loss were chronically frustrated by the constant requirement to advocate for their communication needs:

"Making me feel like I go to war every time I have a medical need". (35-year-old female, mild-moderate hearing loss, hearing aid user)

This had a direct impact on emotional wellbeing,

"[I feel] humiliated by professionals that don't speak clearly. It makes me extremely anxious to the point it affects the quality of the appointment" (35-year-old female, severe hearing loss, hearing aid user).

"Sometimes I have left appointments upset due to lack of consideration of hearing impairment" (46-year-old female, mild hearing loss, hearing aid user).

With challenges faced often leading to healthcare avoidance,

*"Tell them all to stop shouting. I find them all really impatient and aggressive. I dread going to hospital" (*63-year-old female, severe hearing loss, hearing aid user)

"With the GP I find it so difficult and feel so upset by their behaviour that I don't want to follow up my health needs" (69-year-old female, profound hearing loss, hearing aid user).

"The way I have been treated whenever I have needed to attend either a hospital or doctor's appointment makes me scared to go on my own and I tend to avoid contacting the health services even when it's likely I need them" (44-year-old female, moderate hearing loss, hearing aid user).

This disempowerment, that ultimately leads to the avoidance of further health care (Barnett & Franks, 2002; McKee et al, 2011), can be readily addressed by reframing health care to proactively meet the needs of patients with hearing loss and those who are Deaf (McKee, 2022).

3. Recommendations for Practice

Below we provide recommendations for clinical practice across all healthcare settings. These suggested approaches to improve communication and access to healthcare for PDHL will also be helpful for the wider population.

The included recommendations are best practice and should be done as standard; however, it is important to recognise that everyone's communication needs are unique and that healthcare professionals (HCPs) should ask/confirm with the individual their preferences for communication support at the beginning of any interaction to ensure that the individuals' needs are being met.

The section is separated into three parts based on the needs identified in (Parmar et al., 2025) through 1. accessing healthcare, 2. issues relating to the waiting area, and 3. best practice in consultations with patients and their families.

The recommendations provided are to try to reduce the barriers that people with lived experience of deafness or hearing loss (PDHL) face, educate HCPs around the ways in which PDHL communicate. If implemented, these recommendations should lead to improved understanding, communication, and patient outcomes as the nature of communication between a healthcare practitioner and their patient influences the patient outcomes. (Greness et al., 2015).

Please note that some patients with hearing loss will also present with vision loss. If a person has dual sensory impairment, then further communication support may need to be put in place. These recommendations are outside of the scope of this document but HCP are directed to:

- https://www.sense.org.uk/
- https://deafblind.org.uk/

All recommendations stated here fall under the 'reasonable adjustments' for the Disability Discrimination Act (1995) Disability Discrimination Act 1995 (legislation.gov.uk) and AIS (NHS England, 2016). The current system relies on patients advocating for themselves but there should be an onus on the NHS and other HCPs to consistently understand each patients' communication needs and ensure that they are supported.

3.1 Accessing Healthcare Services

Accessibility is fundamental to care provision. For care to be successful it is essential that the patient can communicate with and understand the HCP and the information they provide both prior to and during attendance at services.

Patients describe the lack of uniformity in the support provided to PDHL across various departments in healthcare. They report feeling inferior and frustrated with current systems due to this inconsistency.

To enhance accessibility a service should:

I. Fully implement the Accessibility Information Standards (AIS) as this will support effective communication with patients within any healthcare setting.

II. Determine access needs by requesting information from the referring services and directly from the patient.

III. Assess patient access needs prior to the initial contact / appointment, document them in the patient record, and ensure they are used at every contact.

    a. This may also include the parental / carer's communication needs as well as the patients.

IV. Record needs in a way that they are highly visible e.g. use alerts in patient databases describing access needs to ensure there is continuity of use.

V. Share communication needs as part of existing data-sharing processes, and as a routine part of referral, discharge, and handover processes. This can be delivered verbally but should be backed up within patient records.

VI. Consider that access to care might require involvement of a sign language interpreter, a lipspeaker, a language translator, and use of live speech to text applications.

   a. If a face-to-face interpreter is not available, use video interpreting service (VIS) such as SignVideo online sign interpreting.

VII. Achieve accessibility by ensuring that **all staff** who have patient contact undergo deaf awareness training no matter their role, as contact from a patient may start prior to a referral.

VIII. Ensure there are a wide range of methods in which the service can be contacted: email / text message / video interpreting service (VIS) / online booking systems as well by face to face and phone communication

   a. Staff should understand how to use and receive calls from Relay UK (allowing patients to read telephone replies in real time) and video interpreting service (VIS) in case it is requested / used.

IX. Ask the patient whether they prefer remote (telephone/video) or in-person appointments and schedule accordingly. It may be that they cannot hear over the phone or via a remote appointment option, or that you need to provide a remote option with captions and camera on for accessibility.

X. Ensure that the patient receives information in an accessible format and any communication support they need e.g. easy read format appointment letters

XI. Monitor staff training for deaf awareness and ensure it is repeated at least every 3 years (Gilmore et al. 2019).

XII. Monitor deaf awareness recommendations in this document to ensure communication adjustment strategies that are put in place are up-to-date and still support successful communication between HCPs and patients.

3.2 Waiting areas in healthcare

Patients describe the exhausting, constant, frustrating battle to advocate about their communication needs and that this starts from entering the building.

To enhance accessibility a service should, wherever possible:

I. For in-person appointments, ensure gaining access to the building is not solely reliant upon hearing (e.g. intercom)

II. If a transparent screen is in place an installed amplification system should be available, and for those using hearing aids a fully functional loop system should be in use
    i. Staff on reception should be trained in use of amplification and loop systems
    ii. Reception staff should have basic BSL greeting skills
    iii. Reception staff should have awareness of how to engage with PDHL effectively and respectfully.

III. Use visual or tactile communication tools in the waiting room to alert the person when it is their appointment. This could include use of a visual alerting system, a white board, vibrating pagers, etc.

    i. Make sure these are working and available in the waiting area: instruction cards / card medic, live speech to text apps, white boards, vibrating pagers

IV. Set up appropriate seating arrangements so PDHL have an optimal view of the reception and main activity areas.

Overcoming barriers where Personal Protective Equipment is required:

There will be occasions where face masks, social distancing and screens may be needed for patient and staff safety. In these cases the following may also be considered:

I. If face coverings are required in the healthcare setting ideally transparent materials / face shields should be used to allow for lipreading
II. Consider if the face mask can be lowered and instructions given at a distance depending on the circumstance.
III. Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be helpful

3.3 Consultations in healthcare settings

This is the key point of communication for a patient and their family. Across many accounts, patients described the fear of missing vital information about their health condition and the consequences of this. This also can lead to the feeling that treatment options or onward referrals may not be considered or initiated due to communicational difficulties and there are wider implications, as it can also cause emotional strain on family and friends who feel responsible for their loved one's care.

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Best practice for communicating with PDHL

The healthcare professional's (HCPs) communication style

I. Ask the patient what communication method works best for them. Do not assume.
II. Ensure that you are within two metres of the patient when communicating with them.
III. Make sure you get the patients' attention before you start talking, and you are facing each other
    a. Do not speak directly to the computer you might be using, face the patient whenever you are communicating with them and do not hide your face or lips
IV. If they have hearing aids, check whether the patient is wearing them and if they are they working. Also understand that they may still have residual communication needs when using hearing aids.
V. Check they can understand you and are following what you are saying
VI. Speak clearly and audibly. Ensure that your facial expression mirrors what you are saying
VII. If the patient is a sign language user, ensure there is an interpreter present

The environment you are in

I. Reduce the background noise as much as possible – hearing aids will amplify everything including background noise
II. Ensure the lighting is good and that your face is visible to the patient
III. Ensure that light is on your face rather than behind you
IV. Consider your location in terms of privacy if you are communicating with a person with hearing loss

If the patient is struggling to understand you

Other things to then consider are:

I. Be patient if someone is struggling to follow the conversation
II. Reduce the distance between you and the patient
III. Don't shout as this can distort your voice and your lip patterns
IV. Rephrase what you are saying – repeat what you need them to know in a different way and use plain English wherever possible
    a. Do not say 'it doesn't matter' but repeat or rephrase things so the patient can understand you

II. Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be incredibly helpful

To enhance all types of consultations (whether outpatient / inpatient / domiciliary or other locations) a service should:

I. Check if an interpreter is needed and work with the interpreters whenever this is requested by a patient and not proceed with an appointment if the interpreter is not present
II. When working with interpreters the HCP should face the patient and speak directly to them rather than the interpreter, but recognising that the interaction with the interpreter is beneficial to the HCP also.
III. Although the inclusion of a supportive communication partner (if present and with consent from the patient) can be helpful, reduce requirement for continual patient/carer advocacy, as it disempowers the patient and means they do not have the same access to privacy and confidentiality as their hearing peers
IV. Ensure key points from he discussion are written down, covered in reports for the patient or provided in an accessible information format for the patient.

PDHL have a right to access healthcare. There are serious consequences for anyone who is unable to make an appointment, access the appointment, and get subsequent results in a communication format that works for them. This guidance sets out simple steps to ensure that PDHL can be included in this vital service so they can have equal access to health.

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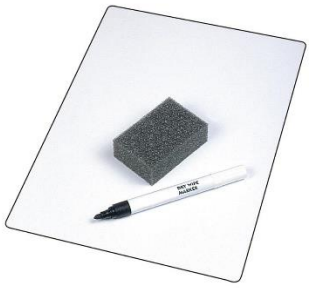
Appendix 1. Useful Tools & Resources

Deaf awareness advice	
British Deaf Association communication tips	Help & Resources - British Deaf Association (bda.org.uk)
National Association of Deafened People communication leaflet	Communication-leaflet149.pdf (nadp.org.uk)
National Association of Deafened People communication tips	Communication-Tips-2013-.pdf (nadp.org.uk)
National Association of Deafened People a guide for health professionals	A-guide-for-professionals.pdf (nadp.org.uk)
Royal National Institute for the Deaf	Deaf awareness - RNID
Royal National Institute for the Deaf communication tips	CommunicationTipsForTheGeneralPublic.pdf (rnid.org.uk)
Royal National Institute for the Deaf tips for phone calls	PhoneCommTips (rnid.org.uk)
Royal National Institute for the Deaf tips for video calls	A201039_VideocallsandmeetingsPDF-tips-APRIL2022_01.pdf (rnid.org.uk)

Royal National Institute for the Deaf tips for accessible meetings	A201039_Makeyourmeetingsdeafaware PDF-tips-APRIL2022_03.pdf (rnid.org.uk)
Changing the healthcare environment	
Royal National Institute for the Deaf tips for accessible surgeries	Making your GP surgery accessible - RNID
Technology to support patients	
Visual alerting examples	Screen Star - GP Digital Waiting Room TV Screen / Noticeboard with EMIS Patient Caller 
Vibrating pager system examples	Earzz - Royal Association for Deaf people (royaldeaf.org.uk)
Royal National Institute for the Deaf	Speech-to-text smartphone apps for deaf people and those with hearing loss and tinnitus - RNID
Loop systems	Hearing loops - how they work, how they help, watch video (hearinglink.org)
Hearing Link – remote captioning	Remote captioning - Hearing Link Services
Hearing Link - Apps	Useful apps for hearing loss - Hearing Link Services

Hearing Link – speech recognition apps	Speech recognition systems - Hearing Link Services
Relay UK	Relay UK - homepage | Relay UK (bt.com) 
Deaf awareness training	
RCGP Hearing Loss Toolkit	https://elearning.rcgp.org.uk/mod/book/view.php?id=12532
RCGP Accredited Deaf Awareness Online Course (2hr self-directed)	https://www.ucl.ac.uk/short-courses/search-courses/deaf-awareness-online-training-doctors
Communication Support	
Royal Association for Deaf People	Communication Services - Royal Association for Deaf people (royaldeaf.org.uk)
Royal National Institute for the Deaf	Communicating with staff and customers who are deaf or have hearing loss - RNID
British Sign Language (BSL)	

British Deaf Association – what is BSL	Help & Resources - British Deaf Association (bda.org.uk)
British Deaf Association - Working with interpreters	Help & Resources - British Deaf Association (bda.org.uk)
British Deaf Association – BSL videos of different health conditions	HEALTH & WELLBEING - British Deaf Association (bda.org.uk)
Sign Health - BSL videos of different health conditions	British Sign Language Health video library - SignHealth
UCL – Sign Bank - It has two functions: one as a dictionary (for learners, teachers, interpreters, etc) and another as a lexical database for researchers	BSL SignBank (ucl.ac.uk)
Easy read format appointment letters / leaflet signposting / examples	
Any quick guides on how to tell if a hearing aid is working for say a healthcare assistant on a ward?	
Resources for patients	

National Association for Deafened People – Medical visit preparation	Deaf-Hard-of-Hearing-Medical-Handout.pdf (nadp.org.uk)
National Association for Deafened People – advice on hospital stay during a pandemic	Going-to-hospital-during-COVID-.pdf (nadp.org.uk)
Relay UK	Contact 999 using Relay UK - How to use Relay UK | Relay UK (bt.com)
Royal National Institute for the Deaf – digital communication card	Create a personalised digital communication card - RNID
hearWHO – hearing check	https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/hearwho
RNID online hearing check	https://rnid.org.uk/information-and-support/take-online-hearing-check/

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Appendix 2. Summary table

Deaf Awareness for Healthcare

It is our responsibility to **ask, record, highlight, share and take steps to address the needs of our patients** to ensure they have equal access to care, information, advice and support.

People who are deaf or have hearing loss have a right to access healthcare. There are serious consequences for anyone who is unable to make an appointment, access the appointment, and get subsequent results in a communication format that works for them.

Your communication style

Ask the patient what communication method works best for them. Do not assume.

Ensure that you are within two metres of the patient when communicating with them.

Make sure you get the patients' attention before you start talking, and you are facing each other

If they have hearing aids, check whether the patient is wearing them and if they are they working. Also understand that they may still have residual communication needs when using hearing aids.

Check they can understand you and are following what you are saying

Speak clearly and audibly. Ensure that your facial expression mirrors what you are saying

Check if an interpreter is needed and work with the interpreters whenever this is requested by a patient and not proceed with an appointment if the interpreter is not present

The environment you are in

Reduce the background noise as much as possible – hearing aids will amplify everything including background noise

Ensure the lighting is good and that your face is visible to the patient

Ensure that light is on your face rather than behind you

Consider your location in terms of privacy if you are communicating with a person with hearing loss

If the patient is struggling to understand you

Be patient if someone is struggling to follow the conversation

Reduce the distance between you and the patient

Don't shout as this can distort your voice and your lip patterns

Rephrase what you are saying – repeat what you need them to know in a different way and use plain English wherever possible

Do not say 'it doesn't matter' but repeat or rephrase things so the patient can understand you

Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be incredibly helpful