

Five simple ways to improve communication with residents who have hearing loss

Good communication is not about speaking louder. A few consistent habits can make everyday conversations much easier to follow.

1

Get their attention first

2

Face them and speak clearly

3

Reduce background noise

4

Use good lighting

5

Repeat once, rephrase, then write it down

Supporting a resident with hearing loss does not need to become a specialist task. In most everyday conversations, the difference comes from how the conversation is started, where it takes place and whether the person can see and follow the speaker.

These five steps are deliberately simple. They work at breakfast, during personal care, in an activity, when discussing medication, or when a relative is visiting. They also reflect RNID's current communication guidance for health and social care professionals.

1. Get their attention first

Before you start speaking, make sure the person knows you are talking to them. Never tap them on the shoulder or arm from behind as this can be startling. Move into their line of sight, say their name if that is appropriate, or use a small wave or other agreed gesture. Give them a moment to focus on you before you begin.

This sounds obvious, but it prevents a common problem. If the first few words are missed, the person has to spend the rest of the sentence working out the context. For an important conversation, that can mean the key point is lost before the discussion has really started.

SMALL CHANGE

Do not start a conversation while you are walking into the room, looking at a screen or standing behind the resident. Get into their eyeline first.

2. Face them and speak clearly

Face the person directly, keep your mouth visible. Avoid having anything in your mouth as this will distort your lip shape. Many people with hearing loss use lip patterns, facial expressions and body language to support what they hear, even if they would not describe themselves as a lipreader.

Speak clearly and naturally. Avoid shouting. A louder voice increases distortion and can make your face appear angry. A louder voice may be uncomfortable for somebody using hearing aids. Avoid over-exaggerating your lip movements as well, because this can make speech harder rather than easier to follow.

If the resident has a better-hearing ear, position yourself accordingly, but avoid talking directly into that ear as they will still need to see your whole face. If you are discussing something sensitive or complicated, sit down at the same level rather than speaking from across the room.

3. Reduce background noise

Background noise is one of the biggest barriers to clear speech. Televisions, radios, music, noisy kitchens, clattering trolleys, open doors and several conversations happening at once can all compete with the voice the person is trying to hear. Even the very best hearing aids cannot select and amplify the once voice you want to listen to.

You cannot make a care home silent. The point is to think about the importance of the conversation. If you are discussing something vital, such as consent, medication, a change in health or something the resident is worried about, move somewhere quieter or reduce the noise first.

4. Use good lighting

If somebody relies on visual cues, they need to see your face clearly. Make sure the light falls on the speaker rather than coming from behind them. Avoid standing with your back to a bright window because it can put your face into shadow. Remember that the eyes of an older person will be less sensitive to light. So, what appears bright to most of us, may appear dim to a resident.

Good lighting is especially important when the person is lipreading or when the room is noisy. It is one of the easiest environmental changes a service can make. Sometimes it is as basic as switching on another light.

5. Repeat once, rephrase, then write it down

If the person has not understood, repeat what you said once. If it is still not understood, say it in a different way. Simply repeating the same sentence several times, especially more loudly each time, can leave both people frustrated.

Rephrasing gives the person a different set of words and lip patterns to work with. If that still does not work, write down the key word or subject. For example, writing “dentist Tuesday 10am” may be more useful than writing out an entire conversation. Do consider the use of mobile phones or tablets with free speech-to-text software.

A USEFUL TEAM RULE

Get attention. Face the person. Reduce noise. Rephrase. Check understanding. If the whole team uses the same habits, residents do not have to keep adapting to a different communication style with every member of staff.

Do not forget to ask what works for the person

No two people with hearing loss communicate in exactly the same way. One resident may rely heavily on lipreading. Another may prefer written information all the time. Somebody else may like using a personal amplifier instead of a hearing aid.

The Accessible Information Standard requires publicly funded adult social care services to identify, record, flag, share, meet and review disability-related communication needs. In practical terms, that means staff should not have to guess every time. The person’s needs and preferences should be recorded clearly and kept up to date.

For important information, check understanding

A smile or a nod does not always mean that a resident has understood. Where the information matters, check in a respectful way. Ask the person to tell you what they understand is happening, or ask a simple follow-up question. This is particularly important around consent, medicines, appointments and changes to care.

These techniques are small, but they are not trivial. They help make conversations less tiring, reduce misunderstandings and give residents a better chance to take part in life in the home on their own terms.

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Small Changes. Big Difference. brings together practical articles, campaign resources and further information on improving hearing support in care homes. The year-long campaign begins with a national event in London on 17 November 2026, bringing senior care leaders and visionaries together to turn the ideas in this series into practical commitments.

[Visit the campaign hub and register your interest](#)

Sources and further reading

1. RNID, **Communication tips for health and social care professionals** - Current practical guidance for staff. [View source](#)
2. RNID, **How to communicate with someone who is deaf or has hearing loss** - General communication guidance. [View source](#)
3. Care Quality Commission, **Meeting the Accessible Information Standard** - Updated March 2026. [View source](#)
4. RNID, **Guidance for residential care homes** - Care-home specific advice. [View source](#)