

Social Work with Deaf Communities: Health Literacy and Equity of Access.

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Background: Deaf communities, best understood as cultural and linguistic minorities using sign language, face significant barriers in accessing health and social care. Experiences affecting communication, insufficient access to sign language, cultural misunderstandings, and structural barriers in the health system undermine health literacy, autonomy, and informed decision-making. Social Work with Deaf People (SWDP) is an emerging field where culturally responsive social work professionals, who are fluent in sign language and grounded in deaf culture, provide support from within the community.

Purpose and questions: This study explores how SWDP professionals working at a community-based deaf organisation in Lithuania support deaf clients to access health and social care. The guiding questions are: How does SWDP practice contribute to improving health literacy and equity of access for deaf clients? What facilitates and hinders this work, and how does interprofessional collaboration with SWDP professionals happen in healthcare contexts?

Method: Fourteen SWDP professionals working in two deaf centres in Lithuania participated in two focus groups and two individual interviews, analysed using Reflexive Thematic Analysis.

Result: The analysis resulted in three main themes: (1) sign language as fundamental to trust building and communication; (2) deaf person-centred practice and community work; and (3) interprofessional collaboration in healthcare settings. Findings show how SWDP advocates for deaf clients in their practice, collaborating with several professionals, and acting as important mediators in healthcare settings to support clients in clarifying information and exercising self-determination.

Discussion: SWDP professionals integrate sign language skills, critical and reflexive practice, cultural responsiveness, and community knowledge to support deaf clients in navigating healthcare. However, a greater professional recognition of SWDP is needed, alongside further research on how community-based deaf organisations can be integrated into healthcare pathways to address structural inequities.