



Project evaluation

HearNow Forward project



actiondeafness

Dr David Wilkinson, Research Toolkit Limited, August 2016



FRONT PAGE IMAGE: Clients, volunteers and staff - HearNow Forward project

THIS PAGE: Students from the audiology course at De Montfort University who became volunteers to help HearNow Forward carry out hearing checks in the community



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Executive Summary

ACTION DEAFNESS

Action Deafness is the leading provider for D/deaf* people across the East Midlands (Leicestershire, Nottinghamshire, Derbyshire, Rutland; the cities of Leicester, Nottingham and Derby) and offers a range of services to individuals, charities, councils and companies.

THE NEED FOR THIS PROJECT

Evidence from our extremely successful HearNow project (funded by the Big Lottery Fund), highlighted the importance of work in this area to support those living with hearing loss. A study from Japan (Saito et al 2010) shows that people with hearing loss are twice as likely to develop depression as those with hearing. Therefore this project continues the excellent developmental work carried out by its predecessor (HearNow) to identify those with hearing loss earlier, whilst providing positive/engaging activities to promote positive mental health.

Action Deafness has carried out additional primary and secondary research to identify the specific issues of local BME D/deaf people, the needs of local people and also what they require from local providers and services. All of which have been used to shape and influence this exciting HearNow Forward project. We have consulted with over 900 people through the use of focus groups, questionnaires and service user evaluations. Our findings provide clear evidence for the need for additional support for BME D/deaf people in Leicestershire and the East Midlands.

EVALUATION APPROACH

The evaluation method undertaken by this project has focused upon telling the story of the beneficiaries of the HearNow Forward project through data gathered via a number of approaches.

OUTCOMES AND MILESTONES

Outcome 1 specified that D/deaf people from BME communities report reduced isolation and increased wellbeing resulting in improved mental health. Achievements within this outcome area are:

- 1450 BME/D/deaf people accessed HearNow Forward project (by end of Year 3).
- 3062 journey questionnaires completed (Year 1, Year 2, Year 3).
- 219 representatives attending Deaf Awareness Training (Year 1, Year 2, Year 3).

Outcome 2 specified that D/deaf people from BME communities will have increased confidence to take action on their hearing loss. Achievements in this outcome area are:

- 86 students completing BSL Level 1 or Level 2 (Year 1, Year 2, Year 3).
- 2271 hearing screening appointments (Year 1, Year 2, Year 3).
- 3062 journey questionnaires completed (Year 1, Year 2, Year 3).

Outcome 3 specifies that volunteers will be more active and confident citizens enabling them to access further volunteer training/placements or employment opportunities. Achievements in this outcome area are:

- 96 volunteers supporting the project (Year 1, Year 2, Year 3).
- 99 client volunteer placements achieved (Year 1, Year 2, Year 3).
- 11 BME D/deaf people progressing into paid employment (Year 1, Year 2, Year 3).

Outcome 4 specifies that statutory/voluntary agencies' report increased confidence in meeting the needs of D/deaf BME people enabling them to deliver more culturally appropriate services. Achievements within this outcome area are:

- 18 Deaf Awareness Workshops delivered (Year 1, Year 2, Year 3).
- 18 Deaf Accessibility Audits completed (Year 1, Year 2, Year 3).
- 18 'Mystery Shopper' Audits completed (Year 1, Year 2, Year 3).

FINDINGS: ENROLMENT

Demographic data

Contextual data collected from each service user demonstrates that the majority of people accessing HearNow Forward services are mature, female, BME clients. Almost two thirds (60.2%) of the service users of HearNow Forward are over the age of 56 (see table 1), and over two thirds (67.9%) are female (see table 2) and two thirds (68.1%) classify themselves as belonging to the Indian/Pakistani community (see table 3). Classification of religion maps onto these figures as Hindu (42.4%), Muslim (17.5%) or Sikh (12.3%) (see table 4).

Degrees of deafness

As a result of the lack of recognition of an issue with their hearing, many respondents indicated that they were either hard of hearing (39.5%) or not D/deaf at all (51.1%) (see table 6).

* The term 'D/deaf' is the generic term used throughout the report to describe all deaf people, from those who are profoundly deaf British Sign Language users and see themselves as part of the Deaf Community (Deaf), through to people who have become deafened or hard of hearing, and who may prefer to communicate using speech, lipreading, hearing aids, etc. and who do not associate with the Deaf Community (deaf).



Economic/employment status

28.2% of respondents indicated that they are currently in part- or full-time employment. Slightly over half of respondents (50.4%) using the services of HearNow Forward are currently receiving benefits. This figure may indeed be higher if we factor in the respondents who decided not to respond to this sensitive question (10.3%) (table 11). Benefits received by respondents include: pension (61.2%), disability allowance/benefit (18.4%), income support (8.3%), tax credits (6.7%), and child allowance/benefit (5.3%).

About HearNow Forward

Almost all users of the services of HearNow Forward are new to the organisation (91.7%). As a clear demonstration of HearNow Forward's ability to work with a range of providers, respondents indicated that they had been referred into HearNow's services from various organisations. Most respondents (89.5%) had been referred via a range of sources and organisations, rather than contacting HearNow themselves. Referring organisations included local and regional care or support homes, local gyms, churches, colleges and universities.

How are you feeling at the moment (upon enrolment)

38.3% of respondents feel isolation and stigma because of their hearing loss. Over one third (34.6%) do not have the confidence to take action on their hearing loss. 40.9% are not knowledgeable about their rights and needs, and almost half (46.6%) have not encountered networks that can offer long term support with communication/access to services and opportunities.

Problems or concerns of respondents varied, but information on them was limited (perhaps linked to sensitivities they may have had about revealing them). All issues listed related to health and covered areas such as: arthritis issues, blood pressure, diabetes issues, hearing difficulties, mobility issues. Over one third of respondents were confident and generally positive about their health and wellbeing.

FINDINGS: PROGRESSION

We surveyed those respondents who returned to HearNow Forward following their initial contact (and after they had completed our enrolment survey). We secured 389 follow-up surveyed (which we have termed 'progression surveys'). We have 'mapped' their progress with the HearNow Forward project according to a number of themes, detailed below.

Educational attainment

Some respondents indicated that they had positively changed their educational attainment since seeking the support services offered via HearNow Forward; two are studying BSL courses, two are studying at De Montfort University, and the remaining two are undertaking development courses at the Peepul/Sharma Centre in Leicester.

Usage of HearNow Forward

Most respondents continue to utilise the hearing checks (73.9%) and hearing aid drop-in clinic (35.5%) offered by the HearNow Forward project. A small proportion (9.9%) utilise hearing checks provided elsewhere (such as those offered at De Montfort University). Use of HearNow Forward services continues to provide respondents with valued hearing aid checks/advice and drop-in clinic advice (table 26). Almost all users (97.8%) are finding these support services beneficial. Visits to HearNow Forward vary for most respondents, with a small proportion (3%) specifying that it was every month. This suggests that access to services was more ad hoc, as and when respondents required support.

How are you feeling at the moment (upon progression)

There is considerable difference for respondents in our progression survey, when compared to their feelings when first contacting HearNow Forward. The proportion of respondents feeling isolation and stigma because of their hearing loss has more than halved (from 38.3% at enrolment to 17.5% upon their return to HearNow Forward). There is a general feeling of confidence amongst respondents, as expressed in their progression survey data. Stated confidence levels have improved from 20.5% of respondents feeling confident (at enrolment) to 61.2% feeling confident about taking action on their hearing loss when completing their progression survey (table 30). This clearly indicates the empowering support provided to respondents from HearNow Forward.

Countering isolation and loneliness is an important aspect of the HearNow project and we explored this through seeking comment from respondents on their access to networks and relevant support groups. At enrolment 10.7% of respondents had secured access to such groups and networks, by the time of their progression survey interviews this proportion had increased to 48.4% of respondents (table 32).

Further information on problems or specific issues concerning respondents was limited (as was the case upon enrolment to the HearNow service). Similar issues to health were listed by respondents but in much smaller numbers, perhaps as a reflection of a reduction in concern about such issues.

Changes or improvements

Very limited comments were put forward by respondents in relation to improvements that could be made to the offer provided by the HearNow Forward project. Some (4 respondents) suggested that more information could be provided in terms of available times and venues for hearing tests, and a smaller number (2 respondents) indicated that HearNow Forward could publicise their offer more widely.

Additional comments

A number of respondents issued thanks to Action Deafness and the HearNow Forward project team for supporting them with their hearing difficulty and loss. Additionally, some also indicated that they had benefited from the engagement with HearNow in other ways – such as referrals to other social and healthcare support services.

“ I really valued Action Deafness support, I was very reserved but I feel more confident now ... the staff have always given me useful feedback to develop myself. They have always supported me and took the training at the pace, I am comfortable with. ”

Nurudeen Ibrahim, HearNow Forward service user.

“ I feel Action Deafness keeps me informed of everything. They make sure I get messages through my daughter if I am not available. I have developed good friendships through the Coffee morning group that they organise. I feel very happy when we go on trips. ”

Narbara Lad, HearNow Forward service user.

FINDINGS: PARTNERSHIP WORKING

How long have partners worked with HearNow Forward

The majority of partners, based on our survey data, have worked with HearNow Forward for up to two years (76.2%). During this period many have developed extremely beneficial working relationships with HearNow Forward.

“ I've learnt much more about the challenges deaf people face and also where they feel most vulnerable i.e. fear of crime, experience of domestic abuse. ”

Emma Gilbert, Detective Sergeant, Police Link Officers for Deaf people (PLOD) manager.

“ The interactions and the input, facilitated by HearNow Forward, allow us to have meaningful engagement with the BME the community, which otherwise we will not be able to access. ”

Barbara Czynnikowska, Healthwatch Officer, Healthwatch Leicester.

Your views on HearNow Forward

Almost all partner respondents (90.5%) indicated that the quality of service provision from HearNow Forward was either 'Good' or 'Excellent'.

Impact on partners if HearNow Forward was no longer able to provide the services that it does

All partner comments received indicated that HearNow Forward provides a vital service for those with hearing loss. Many indicated that service users would suffer if HearNow Forward were to close, and they struggle to receive alternative support from elsewhere.

“ HearNow Forward deliver a friendly, language appropriate and informal service that suits local people as it helps break down barriers and challenges stigma. If HearNow Forward were no longer providing services it would mean a reduction of people accessing the service and would also mean less people having regular hearing checks. It would certainly have a negative impact on the health and wellbeing of communities from poor and disadvantaged backgrounds. ”

Naim Razak, Community Wellness Coordinator, Community Wellness Service.



CONCLUSIONS

Use of resources

This has been an ambitious and far-reaching programme of activities provided by HearNow Forward. Resources have been deployed effectively to direct attention at community groups who have been traditionally poorly serviced. This success has been made possible with a small project team, supported by a flexible group of volunteers. Resourcing for the project has been tight and future initiatives should bear in mind the diverse nature of the client group served in terms of: (a) the vast range of BME communities covered, and also (b) the range of communication methods/ languages/lack of language for those with hearing loss.

Reaching out to new users

Outreach efforts of the project team have been successful as 91.7% of those accessing HearNow Forward support are new to the service. Over half of those accessing hearing checks with HearNow Forward were unaware of their hearing loss, which will have had a detrimental impact on their quality of life. This can affect their mental health, creating social isolation, withdrawal, low self esteem, and less access to information leading to less access to services. The identification of a hearing loss for these service users, and subsequent treatment, will have undoubtedly positively affected these service users lives.

BSL training and drop-in clinics

Many service users have become empowered as a result of the project to take positive action on their hearing loss. With HearNow Forward support, many have undertaken BSL Level 1 or Level 2 courses and have subsequently progressed to other activities - such as the service-user run 'coffee morning' events, paid employment or voluntary work. Drop in clinics have also been particularly influential - previously people were lacking in confidence and wouldn't access services on offer via the project. However with the introduction of drop in clinics, hearing screening, and information, advice and guidance sessions, service users have become more aware of what services are available and who to approach to access them.

Reduction in feelings of isolation and stigma

As a direct result of HearNow Forward interventions, service users reported a dramatic drop in their feeling of isolation and stigma associated with their hearing loss. Our analysis indicates that such feelings have halved as service users continued their journey with the programme.

Increased confidence levels

Working with HearNow Forward staff and participating in support activities (such as the drop in hearing aid clinics, information advice and guidance sessions, etc) has increased confidence levels of service users. This has changed from less than one quarter of service users at the beginning of their engagement with HearNow Forward, to almost two-thirds by the time of their progression survey.

Geographic coverage of the project

HearNow Forward was a 3 year project with a geographic reach that covered Leicester and Leicestershire. Limited engagement activity was provided outside of these areas due to resourcing and staffing constraints. Anecdotal evidence suggests that neighbouring areas - such as Derbyshire and Nottinghamshire would welcome such project engagement.

Drop-in clinics

Drop-in clinics offered as part of the HearNow Forward project have been incredibly successful - many people have accessed them who wouldn't have accessed mainstream services without them. Many people, as a result, have assessed hearing care services for the first time, and have also been encouraged to use hearing aids or seek repairs for hearing aids that they haven't used in many years. The expansion of this service, from one clinic initially, to four, highlights their success, and the need for locally based, accessible services. It's vital that they continue to be maintained following the HearNow Forward project closure.

Introduction

ACTION DEAFNESS

Action Deafness is the leading provider for D/deaf* people across the East Midlands (Leicestershire, Nottinghamshire, Derbyshire, Rutland; the cities of Leicester, Nottingham and Derby) and offers a range of services to individuals, charities, councils and companies.

The organisational mission statement outlines that Action Deafness aims to improve quality of life by promoting independence and equality of opportunity for Deaf, Deafened, Deafblind and Hard of Hearing people.

They aim to do this by:

- Promoting effective communication and improving access to services.
- Increasing the status and participation of deaf and hard of hearing people from diverse backgrounds.
- Providing specialist support, learning and community services.

* The term 'D/deaf' is the generic term used throughout the report to describe all deaf people, from those who are profoundly deaf British Sign Language users and see themselves as part of the Deaf Community (Deaf), through to people who have become deafened or hard of hearing, and who may prefer to communicate using speech, lipreading, hearing aids, etc. and who do not associate with the Deaf Community (deaf).

THE NEED FOR THIS PROJECT

Action Deafness has carried out primary and secondary research to identify the issues of local Black and Minority Ethnic (BME) D/deaf people, the needs of local people and also what they require from local providers and services. All of which have been used to shape and influence this exciting HearNow Forward project. We have consulted with over 900 people through the use of focus groups, questionnaires and service user evaluations. Our findings (outlined below) provide clear evidence for the need for additional support for BME D/deaf people in Leicestershire and the East Midlands.

Lack of social integration

Unfortunately due to limited deaf awareness amongst local people, groups and organisations nearly 80% of those questioned through our questionnaires are experiencing social isolation.

Lack of awareness

Nearly 100% of those questioned were not aware of all the resources, activities and services available to them including community support and/or interpretation.

Communication barriers

The scale of the isolation that can come from these barriers must be considerable. Some estimates suggest, for instance, that there are as many as 97,000 Asian people over 15 years old in the UK who have some degree of hearing loss reference here. Communication is practically as well as socially important, BME D/deaf people still need to be able to access healthcare services. This can be a considerable challenge when their home language, country of residence language, and signed language are all different.

Fear of unknown

During the HearNow Hearing Checks (which were supplementary to the original HearNow project plan and was primarily used to gauge accurately the level of need for this service amongst members of the BME community) has uncovered evidence of a small but significant number of people suffering from tinnitus, a distressing and uncomfortable condition without a cure as such, but one that can be managed through various interventions. For many of these people, they did not know what their condition was, nor how it would affect them in the future and therefore never sought advice on what can be done to help them overcome the terrible problems tinnitus can cause. (Evaluation Report). This is only just one example of how people "fear the unknown" and unfortunately as many of our respondents in our questionnaire highlighted trust is the biggest issue when accepting support they are unlikely to express their fears over a questionnaire and it will take time to breakdown these barriers. Therefore, there is an increased need for our current HearNow participants to continue to have a service from Action Deafness as they have just starting to build up their trust to engage in the project.



CASE STUDY

OUTCOME 2: BME COMMUNITIES HAVE INCREASED CONFIDENCE TO TAKE ACTION ON THEIR HEARING LOSS

Following their set-up by the HearNow Forward project team, the coffee morning sessions have become self-managed by users who have formed the 'Deaf Friends Group'.

Whilst users were initially happy to let HearNow Forward project staff lead the group, they quickly developed the confidence to manage and lead the group themselves. This has resulted in attendees setting the direction of the group, changing its name, establishing a constitution, and they now regularly organise speakers and days out for group members. This is a clear demonstration of how far the attendees have grown and progressed in confidence and knowledge.



“ I enjoy attending coffee mornings, my confidence has really developed now that I meet others on a regular basis. I like mixing with other people. Thanks to HearNow Forward, I have learnt so much about local councils, services, police, the NHS, it has been really useful having guest speakers come and talk about their services. ”
Ishwarlal Joshi, Coffee Morning // Deaf Friends Group.

Misunderstandings

During our consultation exercise with local BME people it became apparent that different languages are spoken and signed, and within each there are regional differences in addition to cultural influences, many BME D/deaf people find it difficult to access interpreting support: thus are open to misunderstandings and miscommunication when accessing Information, Advice and Guidance (IAG).

Culture difference

Due to the culture amongst BME communities many individuals and families do not seek support; they often are isolated and do not accept support from "outside or white providers" and try to manage their "problems/issues" within their families. Therefore, it takes time and trust for BME families and individuals to accept support from local providers including Action Deafness. This has been evidenced through our primary research using questionnaires amongst local BME people (detailed within the evaluation plan enclosed).

Lack of interpreter provision

Studies amongst the Asian population have shown that interpreters are not always familiar with Asian Culture and working with the Asian community, and the education system may not be able to give a great deal of attention, through deaf schools, to BME religions and culture. (Ahmad W, Jones A and Nisar G. (1998). Deafness and Ethnicity-Service. The Policy Press and the Joseph Rowntree Foundation).

Cultural identity issues

Limited positive role models: The Guardian recently highlighted that there are a few positive role models within the D/deaf community through an article looking at a Deaf Drama Teacher. It detailed not only the barriers D/deaf people have in accessing support but being able to realise their aspirations and overcome barriers to achieving their potential. "Prof Rita Egan, a retired teacher-trainer in ICT PGCE at the University of Bedfordshire, and a wheelchair user, said neither schools nor the training systems were equipped for teachers with disabilities." (The Guardian November 12th 2012) This not only highlights the need for raising aspirations of local BME D/deaf people but also that local organisations' require support in becoming accessible and "deaf aware."

Special educational needs/employment

National Deaf Children's Society (NDCS) briefing on Special Educational Needs reforms (September 2012) identifies that:

- Latest government figures show that 60% of deaf children fail to achieve 5 GCSEs (including English and Maths) at grades A* to C, compared to 30% of children with no identified SEN.
- Just 54% of working age deaf people are employed against 76% of non-disabled people of working age.

The above identifies that not only do D/deaf BME individuals have language barriers but that they are also more likely to academically underachieve, which can result in low self-belief/aspirations and confidence.

Diagnosis

Diagnosis of hearing loss in adults is opportunistic and ad-hoc on average, there is a 10 year delay in people seeking help. Evidence suggests that GP's fail to refer 45% of people reporting an hearing problem for any intervention .i.e. a referral for a hearing test/hearing loss. However, early diagnosis can significantly reduce the impacts of hearing loss, including social isolation/mental ill-health (AOHL (Action on Hearing Loss) Hearing Matters Report 2011).

Evidence from our extremely successful HearNow project (funded by the Big Lottery Fund), highlighted the importance of work in this area to support those living with hearing loss. For example, it is estimated that 1-in-6 have a hearing impairment (for many BME individuals who have an hearing impairment they do not have this confirmed: therefore do not have access to hearing aids/associated hearing technical support including fire alarms/door bells/learning to lip read). Therefore, many BME D/deaf individuals become socially isolated which (can) result in anxiety/depression/stress/general poor mental/emotional health/wellbeing. A study from Japan (Saito et al 2010) shows that people with hearing loss are twice as likely to develop depression as those with hearing. Thus, our project has been created to identify those with hearing loss earlier, whilst providing positive/engaging activities to promote positive mental health.

As part of HearNow's evaluation we asked participants what the impact of HearNow closing would be for them as individuals, with the results being that nearly 74% stating that it would have a very damaging impact on them and their lives.



Evaluation approach

The evaluation method undertaken by this project has focused upon telling the story of the beneficiaries of the HearNow Forward project through data gathered via a number of approaches.

BASELINE INFORMATION

At ground level, the journeys of the D/deaf people who have been through at least some of Hear Now Forward's services were initially captured and mapped through an 'Enrolment' survey collecting and synthesising quantitative data through an easy-to-complete questionnaire. Administration and distribution of the survey was conducted through Action Deafness, to ensure confidentiality and security. The survey contained a mixture of variable and qualitative questions, allowing evaluators to categorise responses both in terms of their selections from the agreed options, and also in terms of the underlying reasons for these choices. The analysis of the returns from the survey informed the development of case studies which are represented throughout this report.

MEASURING PROGRESS

We also reviewed the progress of a proportion of returning HearNow Forward service users (usually some months after their first engagement with the programme). This 'Progression' survey captured similar information to the 'Enrolment' survey but was particularly interested to explore development or distance travelled by the individual service user.

In framing question areas for both the 'Enrolment' and 'Progression' survey we considered HearNow Forward's core target project outcomes (as specified to the Big Lottery Fund) of:

- Overcoming the isolation and marginalisation they experience within their own families and within their respective communities.
- Becoming more knowledgeable and confident as to their rights and needs, tackling stereotypes that are influenced by religion or culture, in an appropriate and effective way.
- Creating networks that will offer them long term support with communication, access to services and access to opportunities for developing life skills.

PARTNER PERSPECTIVES

External stakeholders to the project also held valuable perspectives on the effectiveness, impact and operation of HearNow Forward and we harvested these viewpoints via a semi-structured online survey.



CASE STUDY

OUTCOME 3: VOLUNTEERS MORE ACTIVE AND CONFIDENT CITIZENS

Nurudeen Ibrahim

Nurudeen, originally from Nigeria, is a student at De Montfort University. He worked as a volunteer with HearNow Forward for around two years. By his own admission, he was 'very nervous and lacked confidence' when he joined the team at HearNow Forward. As someone who has a hearing loss and wears hearing aids, Nurudeen was keen to learn and support others. HearNow Forward trained him to carry out hearing screening tests and helped him to develop his communication skills when working in the community. Because of his commitment and drive, he quickly secured paid part-time work and continued to volunteer for the project. He continues to work hard by raising awareness within isolated communities, especially with clients from Nigerian and African backgrounds. He learnt BSL while doing his Audiology degree course. He said he got a lot out of volunteering with Action Deafness.

“ I was a little reserved initially but this experience has given me confidence and I feel this has been my biggest achievement due to volunteering with HearNow Forward! ”
Nurudeen Ibrahim, Volunteer, HearNow Forward project.



Outcomes & milestones

PROJECT AIM

The specified aim of the HearNow Forward project is to identify, support and empower people from Black, Minority Ethnic (BME) communities with a hearing loss (D/deaf people) in accessing both services and information about services (health, social care and voluntary services), to maintain and increase their wellbeing, confidence, self-esteem, reducing social isolation.

The project seeks to address the social, educational and recreational needs of local BME D/deaf people in order for them to lead independent and rewarding lives.

OUTCOME 1

D/deaf people from BME communities report reduced isolation and increased wellbeing resulting in improved mental health.

Indicators:

- The number of people registering on the project.
- The number of people completing a journey questionnaire at the start of their engagement in the project, during and after participating in the project.
- The number of people or organisational representatives attending deaf awareness training (formal and informal).

Achievements:

1450

BME D/deaf people accessed HearNow Forward project by end of year 3.

Target of 400 by the end of year 1

3062

journey questionnaires completed (Year 1, Year 2, Year 3).

Target of 1200 by the end of the project

219

representatives attending Deaf Awareness Training (Year 1, Year 2, Year 3).

Target of 144 by the end of the project

OUTCOME 2

D/deaf people from BME communities will have increased confidence to take action on their hearing loss.

Indicators:

- The number of people attending either level 1 or 2 BSL training
- The number of people having hearing screening and hearing checks (by Action Deafness, De Montfort University and Audiology departments).
- The number of people completing journey questionnaires.

Achievements:

86

students completing BSL Level 1 or Level 2 (Year 1, Year 2, Year 3).

Target of 80 by the end of year 2

2271

hearing screening appointments (Year 1, Year 2, Year 3).

Target of 2250 by the end of the project

3062

journey questionnaires completed (Year 1, Year 2, Year 3).

Target of 350 by the end of the project

OUTCOME 3

Volunteers will be more active and confident citizens enabling them to access further volunteer training/placements or employment opportunities.

Indicators:

- The number of local people volunteering on the project
- The number of clients/beneficiaries progressing to volunteer placements internal and external of Action Deafness
- The number of BME D/deaf people progressing into paid employment.

Achievements:

96

volunteers supporting the project (Year 1, Year 2, Year 3).

Target of 80 by the end of the project

99

client volunteer placements achieved (Year 1, Year 2, Year 3).

Target of 100 by the end of year 2

11

BME D/deaf people progressing into paid employment (Year 1, Year 2, Year 3).

Target of 15 by the end of the project

OUTCOME 4

Statutory/voluntary agencies' report increased confidence in meeting the needs of D/deaf BME people enabling them to deliver more culturally appropriate services.

Indicators:

- The number of Deaf Awareness workshops (formal and informal) being delivered across Leicester, Leicestershire, Derby, Derbyshire, Nottingham, Nottinghamshire.
- The number of Deaf Accessibility Audits carried out, including recommendations and final assessment.
- The number of "mystery shoppers" who report an improvement in accessibility and deaf awareness within local organisations.

Achievements:

18

Deaf Awareness Workshops delivered (Year 1, Year 2, Year 3).

Target of 18 by the end of the project

18

Deaf Accessibility Audits completed (Year 1, Year 2, Year 3).

Target of 18 by the end of the project

18

'Mystery Shopper' Audits completed (Year 1, Year 2, Year 3).

Target of 18 by the end of the project

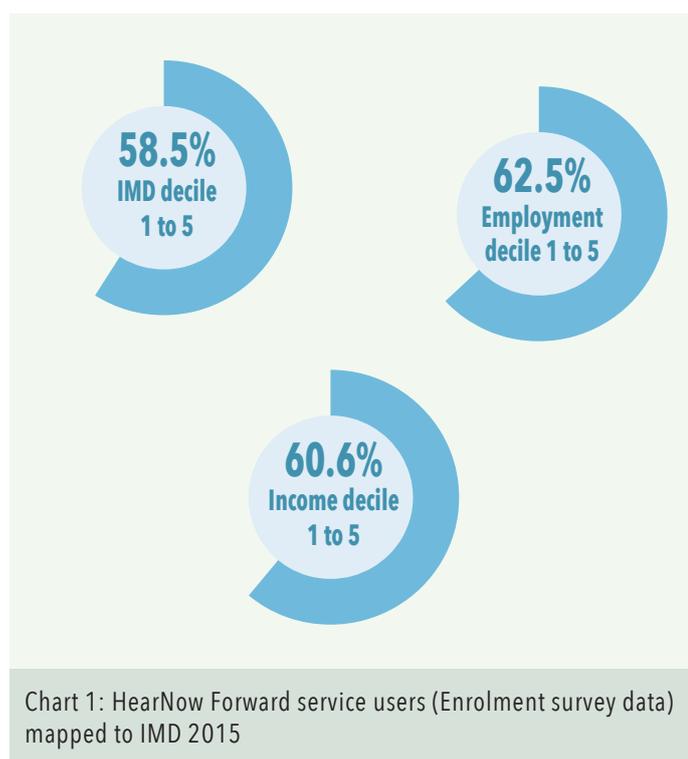


Findings: enrolment

We surveyed a robust sample of the service users at HearNow Forward to determine who was utilising the services on offer via the project. In total 2673 service users were asked about their access to HearNow Forward.

As an indicator of service user accessing HearNow Forward, we mapped postcode data of each user from our Enrolment survey to English indices of multiple deprivation (IMD) (2015) published by the Department for Communities and Local Government. The deprivation data consists of: deciles, ranks and, where appropriate, scores, for the Index of Multiple Deprivation.

Using IMD data, we found that around two-thirds of HearNow Forward service users resided in the most deprived areas generally (58.5%), for employment (62.5%) and for income (60.6%), of Leicester and Leicestershire (see chart 1).

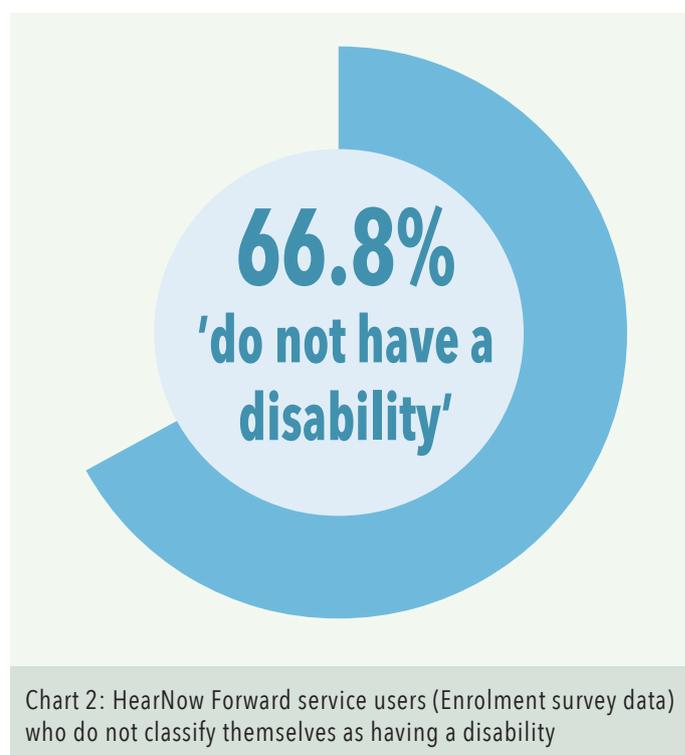


Demographic data

Contextual data collected from each service user demonstrates that the majority of people accessing HearNow Forward services are mature, female, BME clients. Almost two thirds (60.2%) of the service users of HearNow Forward are over the age of 56 (see table 1), and over two thirds (67.9%) are female (see table 2) and two thirds (68.1%) classify themselves as belonging to the Indian/Pakistani community (see table 3). Classification of religion maps onto these figures as Hindu (42.4%), Muslim (17.5%) or Sikh (12.3%) (see table 4).

We asked respondents to indicate their sexual orientation and just less than two thirds (64.9%) indicated 'heterosexual', with less than 1% indicating they were lesbian/gay/bisexual. Just over one third chose not to disclose, or did not reply to this question – perhaps as a result of the sensitive nature of it.

Although all respondents were service users of HearNow Forward, many (66.8%), did not classify themselves as having a disability (see chart 3). This finding is consistent with the background research work carried out to support the development of HearNow Forward (that a good proportion of those seeking support for hearing-related issues do not perceive this as a disability).



CASE STUDY

OUTCOME 1: REDUCED ISOLATION

Ghanshayam Machhi and Sumita Tandel

Ghanshayam and Sumita recently moved from to the UK from India. Sumita was the first to contact HearNow Forward and attended the Deaf Friends Group. Whilst here she secured much-needed support for her hearing loss, and made friends with other deaf members. Sumita has no clear language skills, but she has persevered and moved on to attend HearNow's coffee mornings - where she has developed some signing skills from fellow coffee morning attendees.

Both Sumita and Ghanshayam have been finding it difficult to integrate with limited knowledge of any language and about the way of life in this country. They were supported by HearNow Forward, introduced to service providers who could support their particular health needs, and are both now working part-time. They enjoy the trips organised for them through HearNow Forward as this gives them an opportunity to see places where they may not be able to go on their own (this includes recent trips to the Kew Gardens, Huntstanton Beach, and a Christmas Shopping trip to the Bull Ring in Birmingham).



“ Having recently moved to the UK from India, we have found it really hard to access the services we need because of communication difficulties. But by joining the project, we have learned so much about local services, have developed some good friendships and have even learned some BSL from them, so at least we can communicate with our friends. If it wasn't for our new friends at Action Deafness we would have been completely lost, and very helpless. ”
Ghanshayam Machhi and Sumita Tandel.



Degrees of deafness

As a result of the lack of recognition of an issue with their hearing, many respondents indicated that they were either hard of hearing (39.5%) or not D/deaf at all (51.1%) (see table 6).

Language

Respondents indicated a variety of preferred or first languages – with many listing more than one preference. Most cited English (62%), Gujarati (38.9%), Punjabi (12.6%) as their main method of communication (table 7).

Communication

Almost one quarter (23%) of respondents stated that they required assistance with communication (such as support offered via a BSL/spoken language interpreter). Of these, large segments required the support of spoken language interpreters – such as Gujarati interpreters (28%) and Punjabi interpreters (16.3%) (table 8).

Educational attainment

Respondents, when asked about their highest level of educational attainment, stated a variety of qualifications. Around one third indicated they had achieved GCSE/A-levels or Certificate (29.5%), with 18% indicating they had achieved a degree or postgraduate qualification (table 9). Of the one third of respondents (33.6%) who indicated that they had 'other' qualifications, 21.9% cited 'none', whilst smaller proportions indicated qualifications gained from outside of the UK.

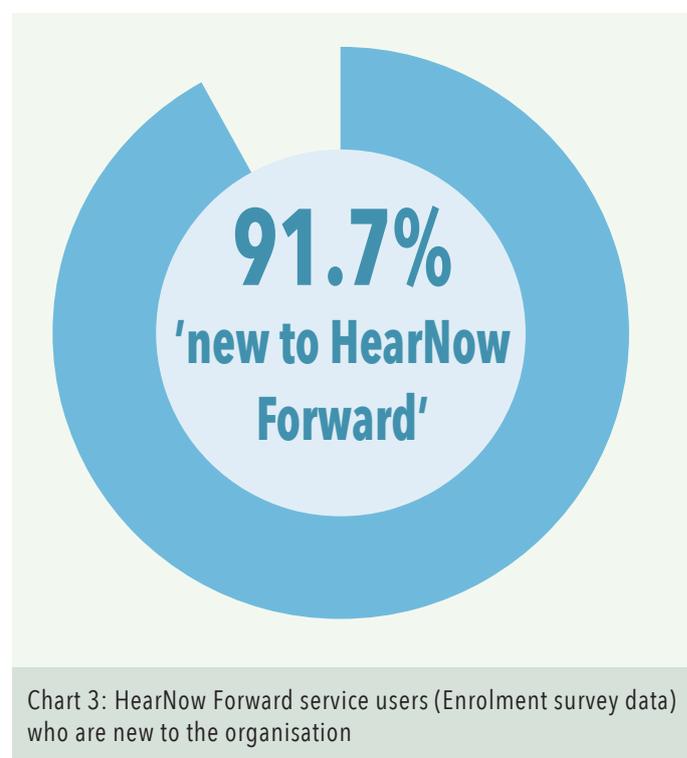
Economic/employment status

28.2% of respondents indicated that they are currently in part- or full-time employment. Around two-thirds (64.4%) are not in paid employment; with the largest group being those who are retired (44.4%) (table 10).

Slightly over half of respondents (50.4%) using the services of HearNow Forward are currently receiving benefits. This figure may indeed be higher if we factor in the respondents who decided not to respond to this sensitive question (10.3%) (table 11). Benefits received by respondents include: pension (61.2%), disability allowance/benefit (18.4%), income support (8.3%), tax credits (6.7%), and child allowance/benefit (5.3%).

About HearNow Forward

Almost all users of the services of HearNow Forward are new to the organisation (91.7%) (see chart 3). As a clear demonstration of HearNow Forward's ability to work with a range of providers, respondents indicated that they had been referred into HearNow's services from various organisations. Most respondents (89.5%) had been referred via a range of sources and organisations, rather than contacting HearNow themselves. Referring organisations included local and regional care or support homes, local gyms, churches, colleges and universities (see table 12).



The overwhelming majority of referred respondents to HearNow Forward were seeking support for hearing checks (76.1%), with smaller proportions seeking support from the hearing aid repair clinic service (12.6%). This support was required in order to assist respondents who were having difficulty hearing people/communicating (32.9%) (table 13).

Some respondents were hoping to receive practical advice and support for their hearing difficulty (22.3%), but many were in need of a hearing test/check (62.4%) or hearing aid repair clinic support (10.2%) (table 14). Many were unsure of the number of times/visits they would be making to HearNow Forward, with 81.1% indicating that 'it will vary'.

CASE STUDY

OUTCOME 2: BME COMMUNITIES HAVE INCREASED CONFIDENCE TO TAKE ACTION ON THEIR HEARING LOSS

Khatija Mohammed, Khatija Weheliye and Meymuna Weheliye

Khatija is profoundly deaf and has Cochlear implants; as a result, she was struggling to communicate effectively with outside agencies and also with her other family members (Khatija - her mother, and Meymuna - her sister). Both sisters gained their BSL Level 1 through HearNow Forward's predecessor (HearNow), and were able to communicate much more clearly. This improved communication gave them a desire to progress even further, and they have recently successfully completed their BSL Level 2 with HearNow Forward. All are extremely grateful to HearNow Forward for enabling them to access support services and relevant school support.



“Working with the HearNow project has benefited our family by setting us on the exciting journey of learning BSL. Having passed Level 1 we were desperate to progress to the next level to develop our communication skills within the family. Fortunately we were able to do this with funding through HearNow Forward. We are very grateful and our communication with Khatija is so much easier now!”
Khatija Mohammed, Khatija Weheliye and Meymuna Weheliye.



For users of the hearing checks

Of those who indicated to us that they had accessed hearing checks with HearNow Forward, over half (55.1%) were not aware that they had a hearing loss. Of those who were aware, 65.5% had been aware for at least a year, and over half (50.9%) had been aware of their hearing loss for 'a few years' (chart 4). Many of these (40.9%) had not chosen to contact their GP about their difficulties.

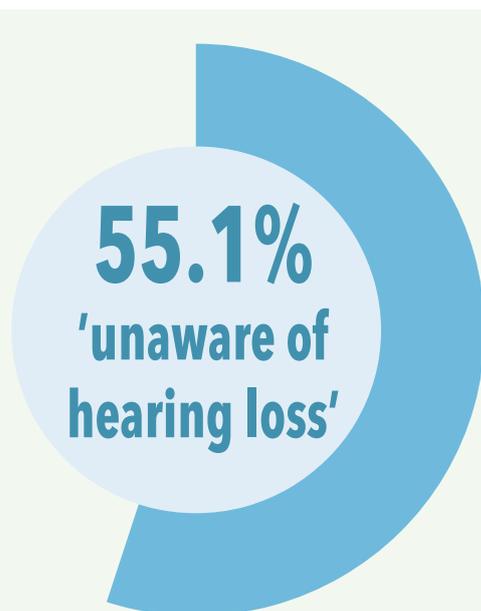


Chart 4: HearNow Forward service users (Enrolment survey data) who were unaware of their hearing loss

Respondents cited limited reasons for non-disclosure of hearing loss; these included a belief that it did not affect their day-to-day activities (43.1%), and some concerns about the outcome of GP involvement (7%).

Almost all respondents who had taken advantage of the hearing check offered by HearNow Forward (88.9%) found that it had been useful or beneficial (table 16), with over half 55.5% having a hearing loss identified as a result of the test.

For users of the hearing aid drop-in clinic

We asked those respondents who had accessed the hearing aid drop-in clinic provided by HearNow Forward if they had used the services before; 59.5% indicated that this was their first visit. Reasons for using the clinic at HearNow Forward rather than at Leicester Royal Infirmary included that it was more convenient, easy to access and closer for a number of respondents (table 17). Other comments receiving on this indicate a perception (amongst BME service users) that Leicester Royal Infirmary offered a service more tailored to the needs of white service users. Thus demand for a more locally-based service which was sensitive to the needs of BME communities has grown throughout the lifetime of the HearNow Forward project.

Many would be affected if the hearing aid drop-in clinic were to close - with almost half (44.6%) stating that they would be upset and would find it difficult to go elsewhere (table 18).

Other providers

Less than one third of respondents (28.5%) are aware of any other providers who can support those living with hearing loss (table 19). Other sources of support were limited to Hospitals/GPs (33.9%) or local health centres/high street pharmacists (8.1%). Less than one fifth (17.4%) of respondents had accessed other providers for support with their hearing loss (table 20). Services sought from other providers tended to focus on hearing aid support/test support and wax removal (66.2%).

Despite requiring support with identifying their level of need, less than one third of respondents (31.5%) had received a hearing screening or full hearing test (table 21). Of those who had received a screening or test, over half (51.1%) had received this 'some time ago' (table 22).

How are you feeling at the moment (upon enrolment)

38.3% of respondents feel isolation and stigma because of their hearing loss. Over one third (34.6%) do not have the confidence to take action on their hearing loss. 40.9% are not knowledgeable about their rights and needs, and almost half (46.6%) have not encountered networks that can offer long term support with communication/access to services and opportunities.

Problems or concerns of respondents varied, but information on them was limited (perhaps linked to sensitivities they may have had about revealing them). All issues listed related to health and covered areas such as: arthritis issues, blood pressure, diabetes issues, hearing difficulties, mobility issues. Over one third of respondents were confident and generally positive about their health and wellbeing.

We asked respondents how long they expected to be part of HearNow Forward and many (47.1%) provided no response to this question, which may be a reflection on a limited appreciation of the support needed to deal with their hearing issue or loss. Almost one third stated that they would expect to be part of HearNow Forward for 6 months to 1 year (table 23).

A range of achievement goals were listed by respondents when asked about their thoughts for their future, although few mentioned work or education (11%) (table 24). Other goals listed by respondents included securing a full hearing test (32.1%) and receiving other support or treatment for hearing difficulties or loss (22.6%) (table 25).

General barriers preventing respondents from achieving their goals included a general lack of awareness of their hearing difficulty or loss (49.6%) (table 26).



CASE STUDY

OUTCOME 2: BME COMMUNITIES HAVE INCREASED CONFIDENCE TO TAKE ACTION ON THEIR HEARING LOSS

Farhnaz Abubakar

Farhnaz was unemployed when she first contacted HearNow Forward. She was keen to progress and was seeking work experience whilst applying for jobs. The only thing that was holding her back in achieving her goal was her limited communication (BSL) skills. However, her determination to develop and learn new skills convinced the HearNow Forward project team to offer her voluntary work, in their offices. As soon as she began volunteering she excelled at all tasks, including supporting data input work, making phone calls for completing progression surveys for registered/enrolled clients and assisting at various hearing check events.

With HearNow Forward support Farhnaz has now successfully completed Level 1 and Level 2 of her BSL qualification and she has now moved into permanent employment, supporting managers in a charity based in Leicester.

“ Without the help and guidance of HearNow Forward, I would not be where I am today, I am very grateful to the team for supporting me with my development. ”
Farhnaz Abubakar, HearNow Forward, volunteer.





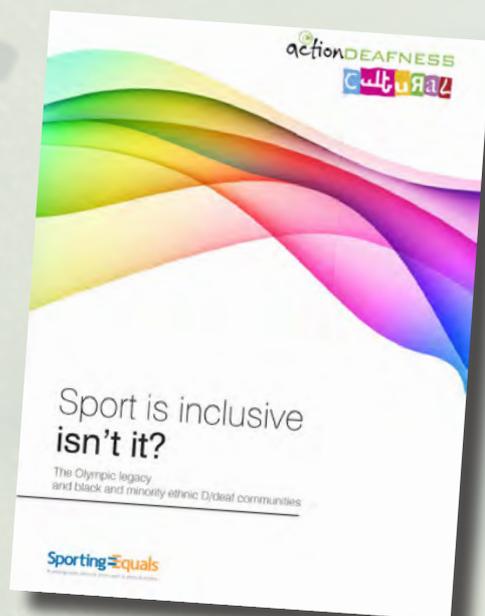
CASE STUDY

OUTCOME 2: BME COMMUNITIES HAVE INCREASED CONFIDENCE TO TAKE ACTION ON THEIR HEARING LOSS

Research work carried out by Action Deafness / HearNow Forward

Action Deafness, recently completed research work (funded by the Big Lottery Fund) which explored the realities of sport participation among D/deaf people from black and minority ethnic (BME) communities. Their report drew upon the testimonies of BME D/deaf people, and organisations working with D/deaf people to highlight both external and internal factors that hinder participation and access to mainstream recreational sport and physical activities. For example, a fifth of BME D/deaf respondents were physically inactive due to factors associated with their deafness e.g. communication challenges, lack of information about suitable facilities and interpreter provision in appropriate formats. Family pressures and cultural factors were common reasons for non-participation among BME D/deaf females.

The research also found that many sport providers within were inadequately equipped to meet the needs of BME D/deaf users. Only a quarter with D/deaf users offered services such as loop systems and interpreters. Others had inadequate systems in place, suggesting a general lack of compliance with even the legal minimum requirements to make 'reasonable adjustments'.



Findings: progression

We surveyed those respondents who returned to HearNow Forward following their initial contact (and after they had completed our enrolment survey). We secured 389 follow-up surveyed (which we have termed 'progression surveys'). We have 'mapped' their progress with the HearNow Forward project according to a number of themes, detailed below.

Educational attainment

Some respondents indicated that they had positively changed their educational attainment since seeking the support services offered via HearNow Forward; two are studying BSL courses, two are studying at De Montfort University, and the remaining two are undertaking development courses at the Peepul/Sharma Centre in Leicester.

Economic/employment status

We were interested, following intervention by HearNow Forward, if employment status had changed for respondents. 11 respondents had found employment and three more had secured voluntary work (table 27).

Usage of HearNow Forward

Most respondents continue to utilise the hearing checks (73.9%) and hearing aid drop-in clinic (35.5%) offered by the HearNow Forward project. A small proportion (9.9%) utilise hearing checks provided elsewhere (such as those offered at De Montfort University). Use of HearNow Forward services continues to provide respondents with valued hearing aid drop-in clinic advice (table 26). Almost all users (97.8%) are finding these support services beneficial. Visits to HearNow Forward vary for most respondents, with a small proportion (3%) specifying that it was every month. This suggests that access to services was more ad hoc, as and when respondents required support.

Other providers

Respondents to our progression survey indicated that they were generally aware (77.4%) of other providers who could support their hearing issue or loss (table 28). Sources of such advice tended to focus upon GP support provided locally or via Action Deafness or Leicester Royal Infirmary.

66% of respondents to our progression survey had accessed support from other providers. Of these 55.2% had accessed support with health-related issues from a hospital or GP, 17.8% had accessed support offered through a hearing test or drop-in clinic, and 12.8% had sought care home support (table 29).

By the time of their return to HearNow Forward, when they completed our progression survey, 84.3% of respondents had benefited from a hearing screening or full hearing test. Of those who provided further detail on this, 27.4% stated that they'd had a hearing test, 26.2% had secured a screening appointment, 16.5% had received support at an Action Deafness event, and 10.4% had made a hearing aid repair clinic appointment (table 29).

How are you feeling at the moment (upon progression)

There is considerable difference for respondents in our progression survey, when compared to their feelings when first contacting HearNow Forward. The proportion of respondents feeling isolation and stigma because of their hearing loss has more than halved (from 38.3% at enrolment to 17.5% upon their return to HearNow Forward) (chart 5).

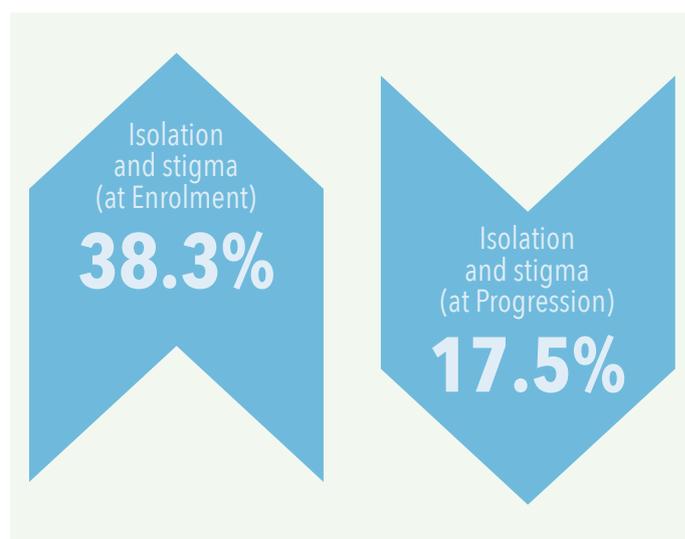


Chart 5: HearNow Forward service users (Enrolment and Progression survey data) who were feeling isolation and stigma





CASE STUDY

OUTCOME 2: BME COMMUNITIES HAVE INCREASED CONFIDENCE TO TAKE ACTION ON THEIR HEARING LOSS

Akhil Maraju

Akhil Maraju was getting into trouble at school because teachers thought he was ignoring their questions. Unbeknown to them, the six-year-old was suffering from glue ear, a build-up of fluid in the ear.

His hearing problems were spotted when his mother, Kash Patel, asked HearNow Forward for support. Sonali Tanna, qualified audiologist and Development Officer for the project, carried out tests and diagnosed the condition. Akhil's mother firmly believes that the family's problems were resolved because of HearNow Forward's intervention. She said: "I knew there was something wrong but when the doctor checked there was nothing they could find. Sonali did a wonderful job."

Photo provided by De Montfort University Square mile

There is a general feeling of confidence amongst respondents, as expressed in their progression survey data. Stated confidence levels have improved from 20.5% of respondents feeling confident (at enrolment) to 61.2% feeling confident about taking action on their hearing loss when completing their progression survey (chart 6). This clearly indicates the empowering support provided to respondents from HearNow Forward.



Information about rights and needs is also more clearly understood by respondents by the time they reach their progression interviews. At enrolment 14% had a clear understanding of their rights and needs, by the time they reached their follow-up progression survey with HearNow Forward this figure had increased to 48.3% of respondents (table 31).

Countering isolation and loneliness is an important aspect of the HearNow project and we explored this through seeking comment from respondents on their access to networks and relevant support groups. At enrolment 10.7% of respondents had secured access to such groups and networks, by the time of their progression survey interviews this proportion had increased to 48.4% of respondents (table 32).

Further information on problems or specific issues concerning respondents was limited (as was the case upon enrolment to the HearNow service). Similar issues to health were listed by respondents but in much smaller numbers, perhaps as a reflection of a reduction in concern about such issues.

When asked how long they would expect to be linked to or supported by HearNow Forward there was some difference in response when compared to enrolment data. Broadly one third still indicated they would seek support for 6 months to 1 year, but more felt the need for sustained support (longer than 3 years), as this proportion grew from 11% at enrolment to 34.7% at the progression survey stage.

By the time of the progression survey, a proportion of respondents put forward positive outlooks on their employment and general work prospects as 8% indicated their intention to secure paid or voluntary work in the near future (table 33). Of those who identified other goals they wished to achieve in the future, just over one third (34.6%) said they would continue to seek support for their hearing loss or issue, and another third (33.3%) said that they would aim to have regular hearing checks to monitor their loss or difficulty (table 34).

Changes or improvements

Very limited comments were put forward by respondents in relation to improvements that could be made to the offer provided by the HearNow Forward project. Some (4 respondents) suggested that more information could be provided in terms of available times and venues for hearing tests, and a smaller number (2 respondents) indicated that HearNow Forward could publicise their offer more widely.

Additional comments

A number of respondents issued thanks to Action Deafness and the HearNow Forward project team for supporting them with their hearing difficulty and loss. Additionally, some also indicated that they had benefited from the engagement with HearNow in other ways – such as referrals to other social and healthcare support services.

“... I really valued Action Deafness support, I was very reserved but I feel more confident now ... the staff have always given me useful feedback to develop myself. They have always supported me and took the training at the pace, I am comfortable with.”
 Nurudeen Ibrahim, HearNow Forward service user.

“... I feel Action Deafness keeps me informed of everything. They make sure I get messages through my daughter if I am not available. I have developed good friendships through the Coffee morning group that they organise. I feel very happy when we go on trips.”
 Narbada Lad, HearNow Forward service user.



Findings: partnership working

About your organisation and its work with HearNow Forward

We received responses from 21 individuals to a short semi-structured online survey that was distributed to HearNow Forward partners. These responses represented 16 distinct partner organisations who regularly work with HearNow Forward; they include:

- Sikh Community Centre
- Leicestershire Constabulary
- Derbyshire Constabulary
- De Montfort University
- Community Wellness Service
- Action on Hearing Loss
- De Montfort University (Square Mile)
- Leicester City Clinical Commissioning Group
- Leicester Arts and Museums Service (LCC)
- HM Courts and Tribunal Service
- Vista
- Healthwatch Leicester
- LOROS
- &events
- Richmond Fellowship
- Department for Work and Pensions/Child Maintenance group

Role within the organization

Most respondents to the partner survey held managerial or coordinator roles within their organisation (76.2%), a smaller proportion provided volunteer support (23.8%) (table 37).

How long have partners worked with HearNow Forward

The majority of partners, based on our survey data, have worked with HearNow Forward for up to two years (76.2%). During this period many have developed extremely beneficial working relationships with HearNow Forward (table 38).

Referrals to HearNow Forward

A little under two-thirds of partner organisations (57.1%) refer clients directly to the HearNow Forward project, with most referrals being made for hearing check/test support, social support (coffee mornings), and BSL classes (table 39). The number of referrals varies across partners (only 6 partners provided quantitative indicators on the numbers referred). Some referred as few as 10 per year, where as others indicated that their referral numbers were around 100 per year.

Example partner: Leicestershire Constabulary

Leicestershire Police (via their Police Link Officer for the Deaf (PLOD)) have had the opportunity to work the HearNow Forward team to develop their own training for their PLOD team. As a result, they have "learnt much more about the challenges deaf people face and also where they feel most vulnerable i.e. fear of crime, experience of domestic abuse, etc."

“ I've learnt much more about the challenges deaf people face and also where they feel most vulnerable i.e. fear of crime, experience of domestic abuse. ”

Emma Gilbert, Detective Sergeant, Police Link Officers for Deaf people (PLOD) manager.

Working closely with HearNow Forward has also enabled Leicestershire Constabulary to outline the services they provide and how they can support community groups who access the programme. This relationship has also allowed for the opportunity to talk about issues around 'Prevent' - part of the Government counter-terrorism strategy, which is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves. They have held a consultation event in their Call Management Centre for HearNow Forward service users to show how calls are taken in the police and where they are processed, along with an understanding of how our police personal protection equipment works. HearNow Forward are an integral part of the PLOD Advisory group, thereby ensuring Leicestershire Police can improve access to all of its services for Deaf people.

“ It really is a pleasure to have developed this working relationship and we thank you for your positive engagement. ”

Emma Gilbert, Detective Sergeant, Police Link Officers for Deaf people (PLOD) manager.



CASE STUDY

OUTCOME 4: WORKING WITH STATUTORY/ VOLUNTARY AGENCIES'

Fatima Osman, Senior Audiologist, Hearing Services (Leicester Royal Infirmary)

“ The HearNow Forward project has enabled us to offer a much needed service within the Leicestershire area. The location of the drop-in clinics are ideal for a large number of our patients who live within close proximity of these settings. It means that if they encounter a minor problem with their hearing aid/s, or if the hearing aid requires servicing, they can conveniently drop into one of our sessions. They do not need to travel to the hospital or wait for an appointment. Patients are always grateful for the services being offered, and we regularly receive positive feedback from patients. We have developed a very positive relationship with Action Deafness and are extremely satisfied with the support they offer, especially the volunteers who attend and support the Audiologists at these clinics.

It is advantageous that many of the Audiologists at Leicester Royal Infirmary's Hearing Services Department are multi lingual. We are therefore, able to not only provide this essential service, but in most instances, provide a service in the patient's first language. This project for me is about overcoming barriers - whether it is a cultural barrier, the stigma often associated with hearing loss or simply a language barrier. Thank you for all your hard-work and support. ”



Example partner: Action on Hearing Loss

Action on Hearing Loss and HearNow Forward are working with a number of other stakeholders to support the Leicester-wide 'Ageing Together' programme. This collaborative initiative consists of 23 projects that are being delivered by 16 delivery partners across the Leicester City area. In preparation for the 'Ageing Together' programme, Action on Hearing Loss have been attending HearNow Forward activities and events to understand the development and impact of such a project on those who have an identified hearing loss.

“ By shadowing the staff and volunteers at HearNow Forward, Action on Hearing loss staff have been able to recognise the importance of establishing strong community links with professionals and service users. In addition, HearNow Forward has shown the team at Action on Hearing Loss how to reach out to communities and service users to enable them to become empowered to take greater control of their own hearing issues and needs. ”

Annette Day, Project Co-ordinator, Action on Hearing Loss.

Example partner: Healthwatch Leicester

Healthwatch Leicester staff have attended and supported a number of Coffee Mornings sessions hosted by HearNow Forward. Staff at Healthwatch Leicester have used the opportunity provided by attendance at the Coffee Mornings to engage with the Deaf community and gather their opinions of local health services, and any issues they might face. The feedback collected was subsequently included in their health and social care research project, and gave a voice to the Deaf community serviced by HearNow Forward to make comments upon health and social care provision in Leicester.

Healthwatch Leicester have been working with HearNow Forward over the last two years; involving them in their Deaf community workstream and multiagency meetings. They place great value on access to the Deaf community provided by HearNow Forward.

“ The interactions and the input, facilitated by HearNow Forward, allow us to have meaningful engagement with the BME the community, which otherwise we will not be able to access. ”

Barbara Czynnikowska, Healthwatch Officer, Healthwatch Leicester.

Other providers

Partners listed very limited advice and guidance on hearing loss/hearing support from other providers, although one indicated that general BSL classes were available elsewhere: 'many organisations [in Leicester] provide BSL classes.'

Your views on HearNow Forward

Almost all partner respondents (90.5%) indicated that the quality of service provision from HearNow Forward was either 'Good' or 'Excellent'.

“ I came into contact with the Deaf Friends Group when I delivered Art and Craft activities as part of my role delivering Heritage, Art and Culture to the communities and people of Leicester through our museum sites and exhibitions, and through engagement in events and festivals. Action Deafness provided Deaf Awareness training and carried out Access Audit for our main Museum site (New Walk Museum), the recommendations have been taken on board and we have started making changes by making our staff more aware of how to help and/or sign post anyone who is either profoundly Deaf or has hearing loss. Some front line staff have learnt the basic of BSL to make people welcome. ”

Linda Harding, Outreach Officer, Leicester Arts and Museum Service.

“ It was a privilege to be part of the Steering Group of HearNow Forward, initially to learn about the Project and see how it progressed, met its targets. One of the benefits of working in partnership was that the LOROS benefited by having an audit carried out, Deaf Awareness Training and Hearing checks for staff and volunteers. Following the Access Audit and the recommendations made by AD we have installed flashing lights to support communication for our Deaf/hard of hearing patients and their families. Additionally, I have been at community events where HNF carried out hearing checks and this was always popular with members of the public attending the event. ”

Anjana Vaja, Cultural Support Worker, LOROS Hospice.

Impact on partners if HearNow Forward was no longer able to provide the services that it does

All partner comments received indicated that HearNow Forward provides a vital service for those with hearing loss. Many indicated that service users would suffer if HearNow Forward were to close, and they struggle to receive alternative support from elsewhere.

“HearNow Forward deliver a friendly, language appropriate and informal service that suits local people as it helps break down barriers and challenges stigma. If HearNow Forward were no longer providing services it would mean a reduction of people accessing the service and would also mean less people having regular hearing checks. It would certainly have a negative impact on the health and wellbeing of communities from poor and disadvantaged backgrounds.”

Naim Razak, Community Wellness Coordinator, Community Wellness Service.

“Hosting visits helps us to understand the barriers for deaf people in accessing our exhibitions and museum sites. This crucially helps us to collect feedback on future exhibition plans and how we should approach the interpretation of our collections. Deafness awareness training for front line staff has also been extremely valuable, and it would be valuable to repeat this every few years for new members of staff.”

Linda Harding, Outreach Officer, Leicester Arts and Museums Service (LCC).

LOROS Hospice is a local charity that provides care support for the population of Leicester, Leicestershire and Rutland. The organisation delivers free, high-quality, compassionate care and support to terminally ill patients, their family and carers. Cultural Support Workers with LOROS believe that the considerate and supportive approach to service delivery offered by HearNow Forward staff allows their patients to access much-needed services. Offering support with hearing loss for terminally ill patients provides comfort and enables more effective communication between them and their families. LOROS staff have also benefited from HearNow Forward training, which raised awareness of the issues around hearing impairment and promoted tools and approaches to enhance the care of not only service users. “I feel strongly that if these services were no longer available, people from the many diverse communities would miss out on support, care and social aspects that the Project provides” (Cultural Support Worker, LOROS).

“I feel strongly that if these services were no longer available, people from the many diverse communities would miss out on support, care and social aspects that the Project provides.”

Chris Birtwisle, Practice Educator, Education Team, LOROS.

Alignment of HearNow Forward with partner organisations

HearNow Forward provides a mutually beneficial service to all partner organisations responding to our survey. Many commented that the commitment to care and community engagement was a common driver; as was the provision of services that targeted hard-to-reach or poorly served community groups.

“The services and activities of HNF and the strategy of Wellness Service is based around engaging with individuals, promoting positive health and wellbeing and improving the quality of life of the communities.”

Naim Razak, Community Wellness Coordinator, Community Wellness Service.

“The service and activities undertaken by HNF are closely aligned to our policies around equality of access in health and social care, and in relation to our strategic drive to engage with the most seldom heard groups in the City.”

Barbara Czynnikowska, Healthwatch Officer, Healthwatch Leicester.

“HearNow Forward aligns very well with our own policies and strategies because equality is key to our work and anything we can do to provide accessible communication support is paramount to our care and support to our community. Therefore the services align very well with our Deaf action plans and our Equality Impact Assessments.”

Jane Birkin, Manager, Police Link Officer for people who are Deaf, Derbyshire Constabulary.



Elements of HearNow Forward that could be changed or improved

Limited comment and response was provided by partners in relation to changes or improvements to the service that HearNow Forward provides. Continued work and engagement with partner organisations was an important area for some, whilst others suggested that those with hearing loss could be encouraged to have greater involvement in policy-making that affects them.

Resources not currently provided by HearNow Forward

Very limited comment was received from partners in relation to additions to the current offer provided by HearNow Forward. Comments included a request for police-specific linguistics or signing that would support or enhance the work of Derbyshire Constabulary; and a request for more formal evaluations of museum sites (in terms of accessibility for deaf visitors) from Leicester Arts and Museums Service.

Reflections on working with HearNow Forward

Partners were disappointed that the HearNow Forward project was coming to an end, as they had been able to achieve more through collaborating with them than they were able to acting as one organisation. The Sikh Community Centre has, as a result of HearNow Forward collaboration, been able to communicate more effectively with community groups about the benefits of good ear health and regular checks "Our communities are at a disadvantage as some of them have language barriers and new comers from Asian countries often have little knowledge about how to look after their ears and hearing" (Surinder Kaur, Day Centre Manager, Sikh Community Centre).

Other comments received also highlighted that the HearNow Forward project had developed clear access routes to community groups as well as structured links with partner organisations. Such achievements could, and should, be fully utilised should continuation funding be secured from elsewhere.

“ I realise the funding has ceased for this Project. However, if a similar project does start in the future, they will have the experience and work achieved by the HNF as a starting point. They would be able to utilise and enhance the work already done with members of the public and with statutory and charity organisations they have worked in partnership with. ”

Chris Birtwisle, Practice Educator, Education Team, LOROS.

Conclusions

Use of resources

This has been an ambitious and far-reaching programme of activities provided by HearNow Forward. Resources have been deployed effectively to direct attention at community groups who have been traditionally poorly serviced. This success has been made possible with a small project team, supported by a flexible group of volunteers. Resourcing for the project has been tight and future initiatives should bear in mind the diverse nature of the client group served in terms of: (a) the vast range of BME communities covered, and also (b) the range of communication methods/languages/lack of language for those with hearing loss.

Reaching out to new users

Outreach efforts of the project team have been successful as 91.7% of those accessing HearNow Forward support are new to the service. Over half of those accessing hearing checks with HearNow Forward were unaware of their hearing loss, which will have had a detrimental impact on their quality of life. This can affect their mental health, creating social isolation, withdrawal, low self esteem, and less access to information leading to less access to services. The identification of a hearing loss for these service users, and subsequent treatment, will have undoubtedly positively affected these service users lives.

BSL training and drop-in clinics

Many service users have become empowered as a result of the project to take positive action on their hearing loss. With HearNow Forward support, many have undertaken BSL Level 1 or Level 2 courses and have subsequently progressed to other activities - such as the service-user run 'coffee morning' events, paid employment or voluntary work. Drop in clinics have also been particularly influential - previously people were lacking in confidence and wouldn't access services on offer via the project. However with the introduction of drop in clinics, hearing screening, and information, advice and guidance sessions, service users have become more aware of what services are available and who to approach to access them.

Reduction in feelings of isolation and stigma

As a direct result of HearNow Forward interventions, service users reported a dramatic drop in their feeling of isolation and stigma associated with their hearing loss. Our analysis indicates that such feelings have halved as service users continued their journey with the programme.

Increased confidence levels

Working with HearNow Forward staff and participating in support activities (such as the drop in hearing aid clinics, information advice and guidance sessions, etc) has increased confidence levels of service users. This has changed from less than one quarter of service users at the beginning of their engagement with HearNow Forward, to almost two-thirds by the time of their progression survey.

Partnership value

Partners are an important element of the successful and continuation of HearNow Forward. Many partners reported that they had gained considerable skills and knowledge from HearNow Forward through deaf awareness training, and access audits, as well as developing approaches to help them work effectively with difficult-to-engage community groups. Referrals into HearNow Forward and out to associated partners are more effective and meaningful given the greater understanding of partners of what HearNow Forward provided and supported.

Impact on volunteers

Volunteers have gained a great deal from working on the HearNow Forward project. During the initial stages of their volunteering many were lacking in confidence and self esteem, and uncertain of the value they could bring to the project. As time progressed many found the experience to be rewarding and developmental. For example, De Montfort University students found the experience extremely rewarding, giving them a real life perspective from the point of view of those with hearing loss.

Geographic coverage of the project

HearNow Forward was a 3 year project with a geographic reach that covered Leicester and Leicestershire. Limited engagement activity was provided outside of these areas due to resourcing and staffing constraints. Anecdotal evidence suggests that neighbouring areas - such as Derbyshire and Nottinghamshire would welcome such project engagement.

Support for migrant groups

Migrants - due to the recent influx of both economic and political migrants to UK, there is a large group with a hearing loss (some known, and many unknown) who need access to a range of support services, information and guidance. A project such as HearNow Forward could support this developing need.



Sport research work

The sport research carried out by Action Deafness and Sporting Equal identified BME deaf people as having less (or no) access to information, and therefore to services, which focus on health and wellbeing. This has potential for future development and research work.

Drop-in clinics

Drop-in clinics offered as part of the HerNow Forward project have been incredibly successful - many people have accessed them who wouldn't have accessed mainstream services without them. Many people, as a result, have accessed hearing care services for the first time, and have also been encouraged to use hearing aids or seek repairs for hearing aids that they haven't used in many years. The expansion of this service, from one clinic initially, to four, highlights their success, and the need for locally based, accessible services. It's vital that they continue to be maintained following the HerNow Forward project closure.

Survey data used in this report

Table 1: (Enrolment survey - Question 6.a) Which of the following age brackets do you fall in? (N=2673)

Answer Options	Response Percent	Response Count
16 - 18	1.5	40
19 - 25	5.6	149
26 - 35	6.7	178
36 - 45	9.7	260
46 - 55	13.4	359
56 - 65	17.1	457
66 and older	43.1	1153
No response	2.9	77
Total	100.0	2673

Table 2: (Enrolment survey - Question 6.b) What gender are you? (N=2673)

Answer Options	Response Percent	Response Count
Male	29.8	796
Female	67.9	1815
No response	2.3	62
Total	100.0	2673

Table 3: (Enrolment survey - Question 6.c) Some of the money we have been given is meant to be used to target specific communities. Please tell us which ethnic group you feel you belong to by ticking the appropriate box below. (N=2673)

Answer Options	Response Percent	Response Count
English/Welsh/ Scottish/Northern Irish/British	20.1	536
Irish	0.2	5
Gypsy or Irish Traveller	0.1	2
Any other White background	0.6	17
White and Black Caribbean	0.3	7
White and Black African	0.1	4
White and Asian	0.4	10
Any other mixed background	0.5	13
Indian	64.3	1720
Pakistani	3.8	101
Bangladeshi	0.7	18
Chinese	0.4	10
Any other Asian background	1.8	48
African	2.1	56
Caribbean	0.8	21
Any other Black/African/ Caribbean background	0.8	21
Arab	0.4	11
Any other ethnic group	1.0	28
Not known/not provided	0.3	9
No response	1.3	36
Total	100.0	2673



Table 4: (Enrolment survey - Question 6.d) How would you define your religion? (N=2673)		
Answer Options	Response Percent	Response Count
Christian	13.9	371
Buddhist	0.2	5
Muslim	17.5	467
Hindu	42.4	1134
Jewish	0.0	0
Catholic	1.7	46
Protestant	0.1	3
Sikh	12.3	329
No religion	8.1	216
Not known	0.7	20
Do not wish to disclose	0.7	19
No response	2.4	63
Total	100.0	2673

Table 5: (Enrolment survey - Question 6.f) Do you consider yourself to have a disability? (N=2673)		
Answer Options	Response Percent	Response Count
Yes	27.2	726
No	66.8	1785
No response	6.1	162
Total	100.0	2673

Table 6: (Enrolment survey - Question 7) How would you describe the level of your hearing loss? (N=2673)		
Answer Options	Response Percent	Response Count
Deaf	1.4	37
Deafened	0.4	10
Profoundly deaf	0.6	15
Hard of hearing	39.5	1056
Deafblind	0.1	3
Not D/deaf	51.1	1365
No response	7.0	187
Total	100.0	2673

Table 7: (Enrolment survey - Question 10. 8) What is your first language or preferred language? (multiple responses provided by some respondents) (N=2673)		
Answer Options	Response Percent	Response Count
Arabic	0.3	7
Bangali	0.1	4
British Sign Language	0.7	19
Chinese	0.2	6
English	62.0	1657
Gujarati	38.9	1041
Hindi	0.8	22
Kutchi	2.1	57
Punjabi	12.6	336
Urdu	3.7	98
Other	1.0	26

Table 8: (Enrolment survey - Question 9.c) If your answer is OTHER, please give details in the box below (multiple responses provided by some respondents) (N=590)		
Answer Options	Response Percent	Response Count
Interpreter'	82.4	486
English interpreter	1.4	8
Family member	1.0	6
Gujarati interpreter	28.0	165
Hindi interpreter	2.0	12
Kutchi interpreter	1.7	10
Punjabi interpreter	16.3	96
School	0.8	5
Spoken language interpreter	1.0	6
Urdu interpreter	1.5	9

Table 9: (Enrolment survey - Question 10.a) Please tell us your highest level of educational qualification. (N=2673)		
Answer Options	Response Percent	Response Count
GCSE/A-level	20.6	550
Certificate/Diploma	8.9	238
Degree	13.8	369
Postgraduate degree	4.2	113
Other	33.6	897
No response	18.9	506
Total	100.0	2673

Table 10 (Enrolment survey - Question 11.a) Please tick one box that most accurately describes your current economic/ employment status. (N=2673)		
Answer Options	Response Percent	Response Count
Employed (full-time)	17.2	460
Employed (part-time)	11.0	295
Employed (employment creation scheme/ apprenticeship)	0.0	1
Self-employed	1.3	34
Voluntary worker (full-time)	0.3	9
Voluntary worker (part-time)	2.1	55
Unemployed (looking for work)	2.8	76
Unemployed (unable to work)	6.4	172
Student	5.0	134
Carer	0.9	25
Home maker	2.8	76
Retired	44.4	1188
No response	5.5	148
Total	100.0	2673

Table 11: (Enrolment survey - Question 11.b) Do you receive benefits? (N=2673)		
Answer Options	Response Percent	Response Count
Yes	50.4	1348
No	39.3	1051
No response	10.3	274
Total	100.0	2673



Table 12: (Enrolment survey - Question 12.c) If you ticked I WAS REFERRED, please tell us about this. (multiple responses provided by some respondents) (N=2194)

Answer Options	Response Percent	Response Count
A S Care	1.0	22
Action Deafness	0.4	9
Age UK/Concern	5.2	113
Asra Housing	3.6	79
Centre 'other'	15.4	337
Church	1.9	41
College	2.0	44
DMU/University	1.1	25
DWP	3.2	70
Fun day	1.6	36
Gayatri Mandal	1.8	39
Gurdwara	3.3	73
Health awareness event	12.1	266
Highcross event	4.8	106
Hindu Mandir	2.6	56
Hospital	2.4	52
Local gym	0.5	11
LOROS	0.6	14
Police	1.0	21
PYCA	2.0	43
Support/meeting group	10.3	225
Tribunal services	0.7	16
Vista	2.4	53

Table 13: (Enrolment survey - Question 12.f) What impact does your D/deafness have on your life? (Please give details in the box below) (multiple responses provided by some respondents) (N=2673)

Answer Options	Response Percent	Response Count
Difficulty with 'phone	4.8	128
Difficulty hearing people	12.8	342
Can't hear/struggle to hear things	8.0	215
Difficulty communicating	3.9	103
Need for a hearing aid	3.4	90

Table 14: (Enrolment survey - Question 12.g) What do you hope to achieve from attending HearNow Forward? (Please give details in the box below) (multiple responses provided by some respondents) (N=2673)

Answer Options	Response Percent	Response Count
Concern about hearing loss	1.7	45
Ear health/advice	22.3	595
Hearing aid support	10.2	273
Hearing test/check	62.4	1669

Table 15: (Enrolment survey - Question 13.b) IF YOU ANSWERED YES ABOVE, how long have you been aware that you had a hearing loss? (Please give details in the box below) (N=692)

Answer Options	Response Percent	Response Count
A few months	12.7	88
A few years	50.9	352
Approx. 1 year	12.7	88
A 'long time'	1.9	13

Table 16: (Enrolment survey - Question 13.f) Has your hearing check been useful or beneficial? (N=2035)

Answer Options	Response Percent	Response Count
Yes	88.9	1809
No	1.4	29
No response	9.7	197
Total	100.0	2035

Table 17: (Enrolment survey - Question 14.b) Why do you attend the Hearing Aid Drop-in Clinic here rather than attending the Leicester Royal Infirmary? (Please give details in the box below) (N=336)

Answer Options	Response Percent	Response Count
Convenient	17.9	60
Easier	17.3	58
Closer	17.0	57
Easy access	5.1	17

Table 18: (Enrolment survey - Question 14.c) How would you feel if the Hearing Aid Drop-in Clinic was to shut down? Would it affect you in any way? (Please give details in the box below) (N=336)

Answer Options	Response Percent	Response Count
Access/Travel issues	2.7	9
Difficult to go elsewhere	22.0	74
Inconvenient	7.7	26
Upset and disappointed	12.2	41

Table 19: (Enrolment survey - Question 15.a) Are you aware of other sources for support? (N=2673)

Answer Options	Response Percent	Response Count
Yes	28.5	761
No	48.4	1295
No response	23.1	617
Total	100.0	2673

Table 20: (Enrolment survey - Question 15.c) Have you accessed support through other providers? (N=2673)

Answer Options	Response Percent	Response Count
Yes	17.4	464
No	54.5	1458
No response	28.1	751
Total	100.0	2673

Table 21: (Enrolment survey - Question 15.e) Have you had a hearing screening or full hearing test? (N=2673)

Answer Options	Response Percent	Response Count
Yes	31.5	842
No	46.6	1246
No response	21.9	585
Total	100.0	2673

Table 22: (Enrolment survey - Question 15.f) IF YOU ANSWERED YES ABOVE, please give more details in the box below (N=842)

Answer Options	Response Percent	Response Count
As part of hearing aid tests/ appointments	18.1	152
As part of other health checks	5.7	48
At LRI/hospital	18.5	156
Some/long time ago	51.1	430

Table 23: (Enrolment survey - Question 18.a) How long are you expecting to be part of HearNow Forward? (N=2673)

Answer Options	Response Percent	Response Count
6 months to 1 year	31.3	836
1-2 years	8.8	235
2-3 years	1.9	50
Longer than 3 years	11.0	293
No response	47.1	1259
Total	100.0	2673



Table 24: (Enrolment survey - Question 18.b) Which of the following do you hope to achieve in the future? (Please tick ALL BOX(ES) that apply). (N=2673)

Answer Options	Response Percent	Response Count
Full time employment	5.6	149
Part time employment	1.6	44
Full time voluntary work	0.1	4
Part time voluntary work	2.2	58
Full time education	0.9	25
Part time education	0.6	15
Other	31.4	838

Table 25: (Enrolment survey - Question 18.c) If your answer is OTHER, please give details in the box below.

Answer Options	Response Percent	Response Count
Greater health awareness	2.6	22
Have a full hearing test	32.1	269
Hearing aid support	7.6	64
Other hearing support	22.6	189

Table 26: (Enrolment survey - Question 18.e) If your answer is OTHER, please give details in the box below (N=744)

Answer Options	Response Percent	Response Count
Family unsure	3.2	24
Lack of awareness	24.1	179
Mobility/health problems	5.9	44
Unaware of hearing loss	25.5	190

Table 27: (Progression survey - Question 5.b) If your answer is YES, please give details in the box below. (N=17)

Answer Options	Response Percent	Response Count
Got a job	-	11
Volunteering	-	3

Table 28: (Progression survey - Question 6.c) What do you hope to achieve from these? (Please tell us in the box below) (N=372)

Answer Options	Response Percent	Response Count
Secure drop-in clinic support	3.8	14
Hearing aid support	31.7	118
Hearing aid checks/advice	66.4	247

Table 29: (Progression survey - Question 9.a) Are you aware of other sources for support? (Please tick the appropriate box) (N=389)

Answer Options	Response Percent	Response Count
Yes	77.4	301
No	19.3	75
No response	3.3	13
Total	100	389

Table 30: (Progression survey - Question 9.d) If your answer is YES, please tell us what support you accessed in the box below. (N=259)

Answer Options	Response Percent	Response Count
Care home support	12.4	32
Hearing test Centre/Clinic	17.8	46
Hospital or GP	55.2	143

Table 31: (Progression survey - Question 9.f) If your answer is YES, please give us more details in the box below. (N=328)

Answer Options	Response Percent	Response Count
Hearing aid appointment	10.4	34
Hearing test	7.3	24
Hearing test at LRI/DMU	20.1	66
Screening appointment	26.2	86
Support at AD event	16.5	54

Table 32: (Progression survey - Question 12.b) I do not have the confidence to take action on my hearing loss. (N=389)

Answer Options	Response Percent	Response Count
Strongly agree	1.8	7
Agree	8.5	33
Unsure	17.5	68
Disagree	53.5	208
Strongly disagree	7.7	30
No response	11.0	43
Total	100	389
Rating Average (1=Strongly disagree, 5=Strongly agree)	2.56	

Table 33: (Progression survey - Question 12.c) I am not knowledgeable and confident about my rights and needs. (N=389)

Answer Options	Response Percent	Response Count
Strongly agree	4.6	18
Agree	12.6	49
Unsure	23.1	90
Disagree	43.7	170
Strongly disagree	4.6	18
No response	11.3	44
Total	100	389
Rating Average (1=Strongly disagree, 5=Strongly agree)	2.91	

Table 34: (Progression survey - Question 12.d) I have not encountered networks that can offer me long term support with communication, access to services and access to opportunities for developing life skills. (N=389)

Answer Options	Response Percent	Response Count
Strongly agree	5.4	21
Agree	15.4	60
Unsure	19.3	75
Disagree	44.0	171
Strongly disagree	4.4	17
No response	11.6	45
Total	100	389
Rating Average (1=Strongly disagree, 5=Strongly agree)	2.92	

Table 35: (Progression survey - Question 14.b) Which of the following do you hope to achieve in the future? (Please tick ALL boxes that apply). (N=389)

Answer Options	Response Percent	Response Count
Full time employment	3.3	13
Part time employment	1.8	7
Full time voluntary work	0.8	3
Part time voluntary work	2.1	8
Full time education	0.0	0
Part time education	0.5	2
Other	37.8	147

Table 36: (Progression survey Question 31. 14.c) If your answer is OTHER, please give details in the box below. (N=147)

Answer Options	Response Percent	Response Count
Keep on top of health	10.2	15
Regular hearing checks	33.3	49
Support for hearing loss	15.6	23
Support with hearing aid	19.0	28



Table 37: (Partners survey - Question 4. 4) Position / role. (N=21)

Answer Options	Response Percent	Response Count
Manager/Coordinator	76.2	16
Volunteer	23.8	5
No response	0.0	0

Table 38: (Partners survey - Question 9) How long have you worked with HearNow Forward (or its predecessor, HearNow). (N=21)

Answer Options	Response Percent	Response Count
Less than 6 months	14.3	3
6 months to 1 year	23.8	5
1 to 2 years	38.1	8
More than 2 years	23.8	5
No response	0.0	0

Table 39: (Partners survey - Question 12) (Yes) Which services to you refer them to? (please tick all that apply) (N=12)

Answer Options	Response Percent	Response Count
Communication support	8.3	1
BSL classes	41.7	5
Coffee morning	50.0	6
Community	25.0	3
Hearing checks	66.7	8
Volunteering	41.7	5
Hearing Aid Drop-in clinic	33.3	4
D/deaf Awareness Training	25.0	3

