

Managing hearing loss

when seeking or in employment

 **ACTION ON HEARING LOSS**

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by Laura Arrowsmith

Formerly
RNID •)))

Acknowledgements

We collaborated closely on this project with our Local Engagement team. Special thanks go to Victoria Owen and Emma Holmes who were responsible for delivering the support-package activities. We would also like to thank everyone else who took part.

Finally, our thanks go to the Department for Business, Innovation and Skills for funding this work.

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Introduction

There are **3.7 million people of working age (16-64) in the UK with hearing loss** (Action on Hearing Loss, 2011). The Labour Force Survey identifies an employment-rate gap between people with hearing loss and people with no long-term health issue or disability. Amongst people who identify 'difficulty in hearing' as their main health issue, 65% are in employment, compared with 79% of people with no long-term health issue or disability (LFS, 2015). It has been estimated that **lower employment rates amongst people with hearing loss cost the UK economy almost £25bn per annum** in terms of lost output (International Longevity Centre UK, 2013). With the right support, there is no reason why hearing loss should present a barrier to employment.

Lipreading classes are one important form of support available to people with hearing loss. Classes help people to develop the ability to recognise different lip shapes and patterns, and to use context to fill gaps in conversation. Classes also include information about other strategies to encourage attendees to manage their hearing loss and enhance communication, as well as providing useful information about equipment for people with hearing loss.

While lipreading classes provide vital support and information to people with hearing loss, access to this support varies widely. Many people may not access this support until some years after developing hearing loss. People are not always made aware of this support, or it may not be available locally.

As part of our policy and campaigning work we have identified a need for further

research to identify the most effective and efficient means of delivering lipreading and managing hearing loss support, recognising that an alternative model of delivery could complement existing lipreading classes and, potentially, enable more people to access this vital support.

We had ongoing contact and discussions with the department for Business, Innovation and Skills (BIS) throughout our campaign to improve access to lipreading classes. As a development of this work, and as part of their remit to fund adult-skills provision, the department funded Managing Hearing Loss project to explore models of delivery and evaluate whether an alternative approach could have potential to help people to better manage their hearing loss and lead a more independent life, particularly in terms of employment experiences. The responsibility for further and higher education policy, apprenticeships and wider skills in England has since transferred to the Department for Education as part of the Machinery of Government changes announced in July 2016.

This project aims to explore the role of providing lipreading and related support to people in employment or seeking to move in to work. The project examines mechanisms that could help to get this support to more people, and the value to the individual of providing such support, particularly in terms of employment experiences. The need to improve timely access and signposting to support services, such as lipreading, was set out in the Government's Action Plan on Hearing Loss, published in March 2015 (Department of Health/NHS England, 2015).

Background to the project

Rehabilitative support for people with hearing loss

Eleven million people in the UK have hearing loss – **one in six of the population**. By 2035, it is estimated that the total number of people with hearing loss in the UK will have risen to 15.6 million (Action on Hearing Loss, 2015).

We know from previous research that hearing loss impacts on family, social and working life (Echalier, 2010; Matthews, 2011), although the effects will be different for each individual.

Studies have highlighted the social impact of hearing loss and the increased risk of isolation, as hearing loss contributes to the deterioration of the quantity and quality of social exchanges (Southall et al, 2010). Increasing difficulties in recognising the spoken message of others, having to ask for repetition too often and still not being sure about having understood correctly is often followed by a withdrawal from social activities (Arlinger, 2003). As vocal communication is at the heart of most people's social interaction, hearing loss impacts on this interaction in a major way (Noble, 2009).

As with any long-term condition, people need adequate support to effectively adjust to and manage their hearing loss. Boothroyd (2007) writes that the goal of rehabilitation is to restore an individual's quality of life by eliminating, reducing or circumventing the communication deficits and limitations on participation that result from hearing loss.

Hearing aids are currently the main method of rehabilitation for hearing loss offered in the UK. Seen as an important step in dealing with and adjusting to hearing loss (Stark and Hickson, 2004; Mulrow et al, 1992) the benefits of this rehabilitative intervention are widely documented (for example, see Swan et al, 2012, Davis et al, 2007).

As well as hearing aids, there is a range of other support for people with hearing loss. This includes:

- **Equipment and assistive technology:** products and equipment to help people get the most from their hearing aid(s) and improve communication such as loop systems, personal listening devices and amplified telephones.
- **Hearing therapy or counselling:** to help with the psychological and emotional effects of audiological problems, as well as providing help and advice on practical solutions.
- **Lipreading:** the ability to recognise lip shapes and patterns and to use context to fill gaps in conversation in order to maximise communication.
- **Managing hearing loss tactics and communication strategies:** these can be employed to improve communication. This can include knowing how to manage a communication environment, such as the optimum place to sit in a group setting, or features that contribute to a positive or negative acoustic environment.

While using these additional approaches in conjunction with hearing aids may be beneficial and promote better use of hearing aids, we know that there can be substantial variation in the availability and uptake of additional support mechanisms.

Value of lipreading and managing hearing loss support

While current rehabilitation remains focused primarily on the fitting of hearing aids, it can be beneficial for people with hearing loss to access these other forms of support. Action on Hearing Loss has undertaken a large amount of work to explore the role of lipreading support for people with hearing loss.

Lipreading classes teach the ability to recognise lip shapes and patterns. This includes how to identify the more visible lip shapes, how to distinguish different lip patterns and how to be aware of which sounds might have similar lip patterns. Classes also cover how to use context and facial expression to help make sense of conversations.

While often referred to as ‘lipreading’ classes, it is standard practice for sessions to incorporate a broad range of information about wider communication tactics that support lipreading and encourage attendees to manage their hearing loss effectively. This includes providing information about products and equipment, as well as advice and guidance on other communication strategies. Classes can also provide details of other support organisations for people with hearing loss and the opportunity for people to meet others with the condition.

Some areas have suffered funding cuts to additional support services (Lowe, 2015) and people may not always be signposted to where they can find out about additional support and information (RNID, 2008).

In 2013, Action on Hearing Loss conducted a project to establish the benefits of attending a beginners’ lipreading and managing hearing loss course, resulting in our *Not Just Lip Service* report (Ringham, 2013).

Complementing our long-running ‘Read my Lips’ campaign to improve access to lipreading classes for people with hearing loss, the project was intended to address an evidence gap by demonstrating the value of providing access to this support for people with hearing loss. The project aimed to understand how participants developed lipreading skills and how the course affected management of hearing loss and communication in day-to-day life.

The project identified a wide range of benefits that attending a lipreading and managing hearing loss course could bring, and demonstrated that attending the course led to improvements in lipreading ability and enhanced communication. One key finding from the project was that participants who had experienced hearing loss most recently reported the greatest benefit. As a result of the findings from the research, we recommended that lipreading and managing hearing loss support be acknowledged as an essential part of rehabilitation for people with hearing loss.

Rationale for current project

While the *Not Just Lip Service* project demonstrated the value of lipreading and managing hearing loss courses, we know from our work that there are a number of factors that can prevent people accessing this support, including variations in the availability and cost of courses. People with hearing loss who work may find it especially difficult to access a class outside working hours. There are also numerous challenges in upscaling the current model, so that everyone with hearing loss who could benefit from this support does, including a lack of lipreading teacher-training opportunities.

As a result, a key recommendation arising from the project was that further research should be conducted to identify the most effective and efficient means of delivering lipreading and managing hearing loss support, recognising that an alternative model of delivery could complement existing classes and, potentially, enable more people to access this vital support.

Focus on people of working age

With an ageing workforce and rising retirement age more people will experience the onset of hearing loss in the workplace, and when seeking work.

The proportion of people aged 50 to 64 in employment has increased from 62% in 2001 to 67% in 2013 (DWP, 2013a). Over 40% of over-50-year-olds have some degree of hearing loss (Action on Hearing Loss, 2015).

Hearing loss has a significant impact on people's views and experiences of the

As such, this current project sought to identify an alternative model of delivery for a package of lipreading and related services that support the management of hearing loss, with a specific focus on those in employment or looking for employment.

The Department for Business, Innovation and Skills (BIS) provided the funding for this project as it was responsible at the time for working with further and higher education providers to equip learners with the skills they need to compete in the labour market, and funded colleges and training providers in England to deliver adult-skills provision. Colleges and training providers are independent and autonomous bodies that are responsible for their course provision and are required to respond to the needs of learners, employers and communities to ensure provision meets the needs of local people. This could include lipreading classes. The responsibility for further and higher education policy, apprenticeships and wider skills in England has since transferred to the Department for Education.

labour market and several studies have found that developing hearing loss can lead to loss of employment (Link, 2005; Matthews, 2011) and problems gaining employment (Baker, 2006).

We have conducted a range of research into the impact of hearing loss in the workplace. Our 2014 report *Hidden Disadvantage* found that seven in 10 respondents (70%) agreed that their hearing loss sometimes prevented them from fulfilling their potential at work, and a similar proportion (68%) stated

that they felt isolated at work because of their hearing loss. When an organisation is unable to effectively support an employee with hearing loss, it can have significant consequences, including leading people to exit employment early: two-fifths of people (41%) who had retired early said that this was related to their hearing loss (Arrowsmith, 2014).

Meaningful employment can bring many benefits. As well as providing economic benefits and social interaction, evidence has shown that work is good for physical and mental health and wellbeing (DWP, 2013b). The implications of exiting employment early, therefore, could be wide-ranging, including contributing to increased social isolation.

Given the impact of hearing loss at work, there is, potentially, a great deal to be gained from providing people of working age with appropriate support to adjust to and manage hearing loss.

Aims of the project

The aim of the project was to research the benefits of delivering a package of lipreading and related services that support the management of hearing loss, for those wishing to move into employment and those in employment. The project consisted of two phases:

- **Phase 1:** To consult with individuals with hearing loss, including those recently diagnosed, regarding their needs and preferences for a package of support, including establishing the timing of delivery to have the most impact.
- **Phase 2:** A project to deliver and test the optimum support package, identified in phase 1, to a group of people with hearing loss of working age; and to evaluate the impact of this intervention.

Methodology

Phase 1 – Evidence gathering

Quantitative survey

The first phase of the project involved a quantitative survey designed to establish the preferences of people with hearing loss in terms of their support needs.

The survey was sent to approximately 800 members of our research panel – a group of people with hearing loss who have signed up to take part in research on a regular basis. Panel members aged between 16–64 were invited to participate, on the basis that this group were most likely to represent our target audience of people with hearing loss who were in employment or seeking employment. The survey was also included in the September 2014 edition of our monthly email newsletter to members and was promoted to people attending a number of our local services. The survey was open for six weeks throughout late August and September 2014.

The survey asked respondents about the following areas:

- employment experiences
- experiences of accessing support for people with hearing loss
- priorities for accessing support.

This phase of the project was intended to establish participants' priorities when accessing a support package, both in terms of the content of the package and the model of delivery, as well as the preferred timing for receiving support.

The findings from the survey were used to inform the development of a number of possible support packages that could be taken forward in phase two of the project.

Qualitative feedback

To further inform the development of the support package that the project would pilot, a number of qualitative telephone interviews were conducted. Eight telephone interviews were conducted with people who had responded to the survey.

The qualitative phase was used to gather in-depth feedback on the proposed packages of support, to inform the optimum support package to pilot in phase two.

Phase 2 – Delivery and evaluation of support package

Based on the evidence gathered in phase one of the project, a support package was devised and delivered to a group of people with hearing loss of working age, including people who had been recently diagnosed with hearing loss.

The aim of phase two was to evaluate the effectiveness of the package and capture the benefits of delivering this support.

The primary objectives of the evaluation phase were:

- to measure to what extent the support package promoted early access to support for people with hearing loss
- to identify if the support package helped people to adjust to and manage their hearing loss (with a particular focus on employment experiences)
- to establish views on the content and delivery of the support package.

For the evaluation, participants were asked to complete an initial benchmark survey at the start of the project, before accessing the support package. Once participants had accessed the package, a further follow-up survey was issued to assess the impact of having accessed the support materials.

This approach enabled a ‘before’ and ‘after’ comparison of whether and to what extent the support had benefitted participants. We also captured feedback from any participant who had started the project, but did not access the support package, for comparative purposes.

Phase one overview

Summary of phase one survey findings

The following section summarises the key findings from our phase one survey. A full breakdown of each question is provided in the appendix. Question numbers referenced in the text correspond to tables provided in Appendix 1.

Our survey was distributed through a number of channels including email newsletters and to our research panel members – a group of people who have signed up to take part in research on a regular basis. We also distributed the surveys through a number of our local ‘Hear to Help’ services, which provide hearing aid support in community settings.

In total, 776 people accessed the survey. Of these, 175 (23%) people were retired. A further 36 (5%) identified that they were not in employment and not looking for work. The survey analysis was conducted on the 565 respondents who were either in employment or seeking employment. Respondents who did not meet our target audience of people who were in employment or looking for employment, 211 in total, were excluded from the survey.

In terms of the demographics of respondents:

- One-third of respondents (33%) were aged between 45–54 and a further one-third (35%) were aged between 55–64 (Q41).
- Two-thirds of respondents (68%) were female (Q40).

- Just over two-fifths of respondents (44%) said their highest qualification was a degree (Q42).

Hearing loss

The majority of respondents reported that they were hearing aid users who had experienced hearing loss for a number of years (Q1 and Q2):

- Nearly two-thirds of respondents (63%) had experienced hearing loss for five years or more and a further 22% had lived with hearing loss from birth.
- Small proportions of respondents had had hearing loss for less than one year (3%) or for between one and three years (5%). A further eight per cent had experienced hearing loss for between three and five years.
- The vast majority of respondents, over eight in ten (84%), reported that they wore hearing aids.

Respondents were asked about the impact of hearing loss on four different life areas: social activities, work and employment, relationships and self-confidence (Q3–Q5).

- Of these, taking part in social activities was the area in which respondents identified hearing loss as having the biggest impact: nearly three-quarters of respondents (73%) said that hearing loss had a fairly or very big effect on taking part in social activities.
- This was followed by the area of work and employment, where two-thirds (68%) reported that hearing loss had a fairly or very big effect.
- When respondents were asked how much their own quality of life was affected by hearing loss, one-fifth of respondents (21%) said that it had a very big effect.
- When respondents were asked how much difficulty they had communicating with people, over three-quarters of respondents (77%) said they had “some difficulty”.
- One-fifth of respondents (22%) had changed jobs because of hearing loss, either because their employers had not been supportive (11%), or to move to a role that was more suitable for their hearing loss (11%).
- Nearly three-quarters of respondents (74%) agreed that they sometimes felt isolated at work because of their hearing loss.
- A similar proportion (71%) agreed that their employment opportunities were more limited because of their hearing loss.
- When asked about specific work situations, over half of respondents (53%) said they had great difficulty in group meetings and almost half said they had difficulty using the telephone (48%).
- There was only limited awareness of the Access to Work scheme, with over one-third of respondents (36%) stating that they were not aware of the scheme.

Employment experiences (Q6–Q7)

- Almost half of respondents (46%) were in full-time employment and a further quarter of respondents (26%) were in part-time employment.
- Smaller proportions reported that they were self-employed (11%), looking for employment (10%) or in unpaid employment (7%).
- Nearly two-fifths of respondents said they worked in the private sector (37%) or the public sector (38%).

Respondents were asked a number of questions about the impact of hearing loss in relation to work (Q8–Q9):

The findings illustrate, therefore, some of the ways in which hearing loss can have an impact on people’s lives, and reinforce previous research which has highlighted the barriers that people with hearing loss can face in employment, such as feelings of isolation and that fewer employment opportunities are available.

Hearing loss support

Respondents who wore hearing aids were asked about their experiences of getting hearing aids and other hearing loss support services (Q14–16):

- The vast majority of respondents who wore hearing aids – eight in ten (80%) – reported that they got them free on the NHS, fitted by an NHS audiology department.
- A small proportion of respondents (13%) stated that they had had their hearing aids fitted within the last year and a further 17% reported having their hearing aids fitted between one and three years ago.
- Over half of respondents (58%) reported having their hearing aids fitted over five years ago.
- Three-quarters of respondents (74%) said that they attended a follow-up appointment with their NHS audiology department, or private hearing aid provider, after getting their hearing aids.
- A quarter of respondents (26%) said they were given information about communication tips for people with hearing loss.
- The vast majority of respondents said they were not given information about lipreading classes (85%), hearing therapy or counselling (83%), information about hearing loss at work (89%) or information about hearing loss organisations or charities (80%).

These findings suggest that many of our respondents were not given details about the range of support mechanisms that are available to people with hearing loss. This was also the case when looking just at respondents who had received their hearing aids more recently (within the last three years) (see Appendix 1). These findings echo previous research which has shown that audiology departments are focused primarily on the fitting of hearing aids, rather than providing a holistic service covering a range of support mechanisms that could potentially benefit people with hearing loss (Matthews, 2014).

We asked respondents whether their audiology department or hearing aid provider had given them information about various support mechanisms for people with hearing loss, such as lipreading classes, equipment or hearing therapy. Only limited numbers of respondents reported that they had been given information about the areas we asked about (Q18):

- The area that respondents had been most likely to receive information about was getting the most out of their hearing aid(s) or solving hearing aid problems: just under half of respondents (45%).
- Approximately one-third (36%) said they had been given information about equipment for people with hearing loss.
- Respondents were then asked whether they had used any of the support mechanisms covered in the survey and, if so, how useful they had found them. For most of the support mechanisms, large proportions of respondents reported that they had not used them (Q19). For example:
 - Seven in 10 respondents (71%) stated that they had not used lipreading classes.
 - Eight in 10 respondents (81%) had not used hearing therapy or counselling.

- Over half (58%) had not used communication tips for people with hearing loss.
- Equipment for people with hearing loss was the mechanism that respondents had been most likely to use, with nearly two-thirds of respondents (65%) reporting that they had used this.

Respondents who had made use of the support mechanisms covered in the survey were asked how useful they had found them. Where respondents had experience of support, many reported that they had found these to be of use.

- Over half of respondents who had used lipreading classes described them as very useful (57%) and a further one-third (32%) described them as fairly useful.
- Half of respondents who had used equipment described this as very useful (49%) and a further one-third (35%) described this as fairly useful.

These findings present, therefore, a mixed picture in terms of information provision and the support mechanisms that people with hearing loss make use of. Many people are not provided with information about support mechanisms when they are in contact with audiology and are not making use of the range of support that is available. Where people had made use of support, high proportions report that the mechanisms were useful.

Respondents were also asked about whether they had accessed information about hearing loss from a number of different sources, including the internet, family and friends and their GP. The most popular was the internet, which nearly

two-thirds of respondents (64%) reported having used.

Establishing priorities for support and intervention (Q22-28)

The survey asked a series of questions which were intended to establish respondents' priorities for support and intervention. Respondents were asked their views on different options for accessing a number of support mechanisms including lipreading, emotional and peer support and information relating to hearing loss at work. A brief overview of each support mechanism was provided at the start of each question, to ensure that all respondents had the same information about each area covered in the survey.

For each area, respondents were asked how useful they would find it to access the support by different methods of delivery. These were: attending group sessions, attending 1:1 sessions or online. Additional options for accessing support were also given, where this was relevant (for example leaflets, email contact, local drop-in sessions).

Overall, there was substantial support for all of the mechanisms (lipreading, information at work etc.) that we asked about in the survey, with high proportions of respondents reporting that they would find it useful to have access to each of the areas of support.

There was also a high level of support for all of the methods of delivery (group sessions, 1:1, online). In many cases there were limited differences in how useful respondents felt different methods of delivery would be for each type of support, with high proportions

of respondents reporting that all methods would be useful.

There were a number of instances where particularly high proportions of respondents identified that certain aspects of support would be “very useful”, indicating a strong preference for such support. These were:

- a local drop-in service to try out equipment (67%)
- information that could be passed on to employers (60%)
- and a local drop-in to provide hearing aid support (57%).

For each area of support there was a small proportion of respondents who stated that they “didn’t know” how useful the support would be. This suggests there is a proportion of people who may need further information about the different types of support, and how they might benefit individuals with hearing loss.

Respondents were asked to rate how useful they would find each area of support:

Lipreading training and support

- Approximately seven in 10 respondents (68%) said they would find it useful to attend group sessions to access this support.
- A similar proportion (70%) reported that they would find it useful to attend 1:1 sessions to access this support.
- There was slightly less support for accessing lipreading training online, with approximately six in 10 respondents (57%) reporting that they would find this useful.

Communication strategies and tactics for how to manage hearing loss

- Nearly eight in 10 respondents (77%) reported that they would find it useful to access this support online.
- Approximately seven in 10 respondents (73%) reported that they would find it useful to access this support by attending 1:1 sessions.
- Similar proportions reported that they would find it useful to access this from a leaflet (72%) or by attending group sessions (69%).

Hearing loss at work

- Over three-quarters of respondents said they would find it useful to access information about hearing loss at work through an online resource (79%) or by attending 1:1 sessions (77%).
- We also included an option which asked respondents how useful they would find it to have information that they could pass on to their employer. There was overwhelming support for this, with six in 10 respondents (60%) stating they would find this very useful, and a further two in 10 (20%) stating they would find it fairly useful.

Emotional and peer support

- Three-quarters of respondents (74%) said they would find it useful to access emotional and peer support by attending 1:1 sessions.
- Approximately seven in 10 respondents said they would find it useful to access this support through an online forum (72%) or by emailing a professional (70%).

Equipment for people with hearing loss

- Nearly nine in 10 respondents (87%) stated that they would find it useful to be able to drop in to a local shop to get information about equipment and to try out equipment. Of all the categories and methods of delivery we asked about in the survey, this was the area that the highest proportion of participants identified as being useful.
- Eight in 10 respondents said it would be useful to get information about equipment by attending 1:1 sessions (82%) or from an online resource (81%).

Hearing aid support

- When asked about the provision of information related to hearing aids, once again there was substantial support for a local drop-in resource, with eight in 10 respondents (79%) reporting that this would be a useful way to access this support.
- Just under three-quarters of respondents said they would find it useful to access this support through 1:1 sessions (73%) or online (73%).

Other information for people with hearing loss

We included a final category in which we asked about “other information for people with hearing loss”.

- The vast majority of respondents reported that they would find it useful to receive information about other organisations that support people with hearing loss (83%), or information about hearing loss that could be passed on to family and friends (82%).
- Two-thirds of respondents (66%) felt that it would be useful if there was an opportunity for family members to attend sessions to find out about hearing loss.

Additional analysis looking at preferences of people with more recent hearing loss

Further analysis was undertaken to explore whether there were any differences between people who had developed hearing loss more recently (within the last five years) and respondents who had lived with hearing loss for longer (more than five years or from birth) in terms of preferences for support.

Overall, there were limited differences between these two groups, with similar proportions reporting that they would find it useful to have access to the mechanisms asked about in the survey.

The one exception was in relation to equipment, where there appeared to be more demand for this amongst people who had experienced hearing loss for more than five years:

- Amongst respondents who had experienced hearing loss for less than five years, 61% said it would be useful to attend group sessions to access information and advice on equipment, compared with 73% of respondents who had experienced hearing loss for more than five years.
- 78% of respondents who had experienced hearing loss for less than five years said they would find it useful to attend a local drop-in to access and try out equipment, compared with 88% of respondents who had experienced hearing loss for more than five years.

This may suggest that people who have experienced hearing loss for some time have some awareness of the role of equipment, but perhaps require more in-depth information to find out more about the different types of product available, and how they can be used.

Comments on additional support

We also included an 'open' question which asked respondents to tell us about any additional support they would find useful that had not been covered in the survey. Many of the responses expanded on the areas already asked about. Additional, common themes included assertiveness training and improved deaf awareness training for employers. A sample of comments is provided below:

“Assertiveness and build-up of confidence, especially at work.”

“Assertiveness training would be good. Too often, people shout or ignore you.”

“I think deaf awareness courses in the workplace should include some types of equipment that you may see colleagues using, the impact that this may have, and an opportunity to see/hear how it works or what it can sound like to the person with hearing loss. I also believe that deaf awareness courses should cover how people with hearing loss have to concentrate much harder and for longer periods, and the impact that this can have on them at work.”

Overall preferences for accessing support

Respondents were asked to identify how they would prefer to access a package of support, if one was available. The findings were evenly split, with approximately one-third of respondents identifying group sessions (32%), one-third identifying 1:1 sessions (30%) and a further one-third (33%) opting for online materials.

There is, therefore, no clear, single preference for how people would like to access a support package, so it's important that people are offered choice over how they are able to access support. At present, there is limited choice available to people in terms of how they access support. Lipreading and managing hearing loss support is predominantly delivered in group settings and, while 1:1 support does exist, limited numbers of people access it.

Respondents who had experienced hearing loss for less than five years were more likely to state that they would prefer to access support through an online package (38%), compared with respondents who had experienced hearing loss for more than five years (32%). Amongst respondents who

had experienced hearing loss for less than five years, an online package was the most popular option.

Summary of Q30: If a support package incorporating the different areas were available, overall, how would you prefer to access this support?

	All respondents	Hearing loss less than 5 years	Hearing loss more than 5 years
By attending group sessions with other people with hearing loss	32%	27%	33%
By attending 1:1 sessions	30%	27%	30%
Through online materials (e.g. on your computer, laptop or tablet)	33%	38%	32%
Other	5%	8%	4%
Total number of respondents	494	66	427

Respondents were asked to identify their top three priorities for inclusion in a support package, out of the different areas we had asked about in the survey. Equipment was identified as the most popular, chosen by over half of respondents (57%); this was followed by lipreading and managing hearing loss support, chosen by nearly half of respondents (47% in each case); and then by information on hearing loss at work, chosen by two-fifths of respondents (40%).

Respondents were asked when they would prefer to be given information about the different support mechanisms covered in the survey. For every area asked about, the most popular time was at the point of receiving a hearing loss diagnosis:

- Seven in 10 respondents said they would prefer to be given information about managing hearing loss (70%), hearing aid support (70%) and hearing loss at work (67%), at the point of diagnosis.

This is worth noting, in the context of previous research, which has found that people can find it overwhelming and difficult to take in too much information at the point of diagnosis (Echalier, 2009). This, potentially, raises questions about the format of the audiology appointment and how this information is given to people – and whether there is sufficient time to work through the information with patients and explain the benefits of taking up additional support.

Respondents were asked further questions about preferences in terms of where they would like to access a support package if they were required to attend in person, and at what time of day. Again, the findings present a mixed picture, with no clear, overall preferences (Q33, Q34):

- Nearly one-third of respondents (32%) said they had no preference in terms of the location of support.
- One-quarter of respondents (24%) said they would prefer to go to the audiology department in order to access a support package in person.
- A smaller proportion (16%) said a community setting, such as a leisure centre.
- One-third of participants (34%) said they had no preference about the time of day they accessed support.
- One-third of participants (33%) said they would prefer to access support during weekday evenings.

The survey included a set of questions about factors that might encourage people to take up additional support.

- Nearly two-thirds of respondents (62%) strongly agreed that they would take up additional support if they knew it would make a difference to their quality of life (a further third of respondents, 33%, agreed with this statement). This suggests that promoting the benefits of different types of support could be a key factor in encouraging people to access support for hearing loss.
- Over half of respondents strongly agreed that they would take up additional support if they were struggling with their hearing loss at work (57%), or if they had concerns about their hearing loss getting worse (56%).

Respondents were asked an open question about other factors that might encourage them to take up additional support.

There were a number of comments about availability of support (ensuring it was accessible locally), and the cost of support:

“Cost is important. Travel, parking, course costs, etc.”

“I’m often exhausted by the end of a day at work. Additional support is another energy demand as well as a benefit. It needs to be available at a pace I can cope with, and this can vary from week to week.”

“If it was easily accessible and work granted time off to attend.”

At the end of the survey respondents were given an opportunity to provide any additional comments they might have. A selection of comments is provided below:

“As above the big issue for me is most of the support offered is scheduled during weekdays. For people like me who work full time this either means it’s not accessible or having to take time off – OK, occasionally but not on a regular (e.g. weekly) basis. There seems to be an assumption that deaf/hearing-impaired people are elderly or don’t work!”

“Finding out about all the information available is a nightmare. It’s fragmented, not provided at time of diagnosis and you are left to cope on your own.”

“All NHS services are still geared up to the elderly and unemployed. This means that if you are working it is very difficult to access services. This is one area that NHS Audiology is needing to address.”

“Any support is better than the non-support I’m getting now.”

“Every time that hearing aids are provided, an information package about support available should also be provided.”

“I have not got any support from anyone at the moment and have had to ask for help at work and in the home.”

“I would have preferred to have practical information and demonstrations/try outs on equipment to help the day I was diagnosed, but the audiology department is a very busy place.”

“Support for the deaf in finding employment through job centres (e.g. Work Programme) is very ineffective.”

A full breakdown of the results from all questions asked in the survey is provided in Appendix 1.

Qualitative interviews

The phase one survey identified that there was no clear pattern in terms of one preferred method of delivery for a package of support.

A phase of qualitative research was conducted to gather more in-depth views on potential models of delivery for the package, building on the methods we had asked about throughout the survey.

At the end of the survey, respondents were asked to leave their contact details if they were interested in taking part in the next phase of the project. A number of these respondents were contacted by email and invited to take part in a short telephone interview. Potential participants were selected to represent a cross-section of demographics, for example in terms

of age and the length of time people had experienced hearing loss.

A total of eight interviews were conducted with participants who had taken part in the phase one survey. Each interview took approximately 30 minutes.

Participants were provided with an overview of four different options for accessing support, prior to taking part in the interview, so that they had a chance to consider these ahead of the discussion.

In the initial survey we asked respondents about three methods of delivery: online, workshop and 1:1 support, as well as some additional mechanisms such as remote support by email. These delivery methods were further refined at the qualitative stage,

to give people more detail about what the support would entail. In particular, we explained that the 1:1 support option would be delivered through a drop-in/information stand service. We also offered respondents a remote-support option, which would provide an alternative form of 1:1 support.

The four options that participants were asked about, which were informed by the findings from the survey were:

- access to an online support package only
- access to an online package with drop-in/information-stand support
- access to an online package with workshop support
- access to an online package with remote 1:1 support.

All of the four options included access to an online resource which would cover a range of information for people with hearing loss, including:

- an introduction to lipreading and lipreading-practice exercises
- tips on managing hearing loss and information on communication tactics
- information about equipment for people with hearing loss
- information about hearing loss at work, including information that could be passed on to an employer.

A copy of the information provided to participants is available in Appendix 2.

The online resources currently available for people with hearing loss, particularly those that offer training in lipreading, are

limited. As there was support for an online resource identified through the survey (with particularly strong support from people with more recent hearing loss), the project team felt that the pilot offered an opportunity for an online element to be a core component of any support package tested through the project.

Findings from the interviews

During the interviews, participants were asked what their views were on having access to an online-support package and whether it was a resource they would be likely to make use of. Participants were also asked to identify their preferred support package, out of the four options they had been informed about ahead of the discussion.

The interviews found that there was overwhelming support for an online resource. One participant felt that an online resource would be “great as an instant library”, while another participant commented that such a resource would be useful for people when they were first diagnosed with hearing loss.

Some participants provided feedback on possible content to include within the resource. For example, one participant felt it would be useful to incorporate some personal stories, in terms of how people had adjusted to hearing loss.

As with the survey findings, including information about equipment for people with hearing loss was a strong theme throughout the discussions.

There was also general support for information for employers to be included in the support package. A number of

participants felt that it would be useful if they were able to pass on information to their employer about what it's like to have a hearing loss – and the impact of hearing loss – as well as practical communication tips.

In terms of identifying an overall preference for the delivery of a support package, the feedback followed the same pattern as the survey research, with preferences being mixed across participants.

Some participants opted for the online resource with workshop support, on the basis that this suited their learning style and also because they were keen to have an opportunity to meet other people with hearing loss. As one participant said:

“Knowing my learning style, I’m not a great distance learner.”

Other participants, however, were more in favour of the online resource being accompanied by drop-in or remote support, often because they felt this would offer a more flexible approach that would enable them to focus on addressing their individual needs and discuss specific issues. A number of respondents commented that a workshop session might cover subjects less relevant to them.

“[1:1 drop-in support] would give me the opportunity to explain the peculiarities of my hearing loss and my needs.”

The feedback generated through the qualitative phases, therefore, was consistent with, and confirmed the conclusions from the survey stage: that no single approach or support package could meet everyone's

needs. The findings of both the survey and the interviews demonstrated that people with hearing loss require tailored support.

A summary of the feedback gathered through the interviews can be found in Appendix 3.

Phase two overview

Development of support-package pilot

The evidence gathered during phase one of the project was used as the basis for informing the development of the support package that would be piloted in phase two of the project.

The evidence-gathering phase identified that there was support for a broad range of information to be included within the support package, including information about equipment, lipreading and advice for employers. Both the survey and qualitative feedback found that there was no clear preference in terms of how people would like to access support. Instead, the evidence suggested that different models of delivery would be preferred by different people, suggesting that it is important that people are offered choice over how they access support. Given this finding, the project

team decided that offering people a range of options for how they access support, thus enabling choice, should be a central component of the phase two pilot.

As such, it was decided that the pilot phase would deliver and evaluate all models of delivery on which feedback had been gathered in the initial stage of the project. The aim of this approach was that participants would be able to develop an individually tailored support package to meet their needs, choosing to access information and support by the methods of delivery that most appealed to them.

The support-package options that would be available for participants to choose from are outlined in Table 1 overleaf.

Delivery of support-package pilot

Planning for the delivery of the support package took place between January and March 2015, with delivery of the package happening from March to June 2015.

Much of the activity was focused around the West Midlands area, where key project team staff were located, and where the project team has good relationships with local audiology services.

Option one: An online resource

The online resource, our 'Hearing Loss Hub', was developed as a series of hidden webpages incorporated into the Action on Hearing Loss website. This meant that the pages were only accessible to people who were sent the direct link to the resource.

The content was developed around the subject areas that had been identified through the evidence phase, with the intention that the resource would provide key information on hearing loss that could be accessed in one place. The resource

Delivery model	Further information
Option 1: An online resource	The online resource would provide information and support and be comprised of online lipreading material – as well as access to wider information and advice relating to hearing loss.
Option 2: Drop-in/information stand providing 1:1 support	Comprised of informal drop-in sessions enabling 1:1, face-to-face support, access to equipment, access to information, hearing aid support and signposting to other services and support (for example, lipreading classes).
Option 3: Workshops	The delivery of one or more workshop sessions which would provide face-to-face support, peer support, access to equipment, access to information and hearing aid support. The workshop would also allow for the delivery of a lipreading taster session.
Option 4: Remote delivery	This would be comprised of 1:1 support delivered remotely through the Action on Hearing Loss Information Line service; the telephone and textphone service, SMS, email and website forums.

Table 1: Support-package options

included sections on hearing loss at work and equipment, as well as advice for family and friends.

The content was developed and adapted from existing information, such as material on the Action on Hearing Loss website, with new content added where appropriate. Where relevant, the site linked to other sources of information, such as our information leaflets.

A key aspect of the online resource was the inclusion of materials for people to learn about and develop their knowledge of lipreading.

Currently, although online resources for people learning to lipread are limited, the website Lipreading Practice (<http://www.lipreadingpractice.co.uk/>) provides an extensive range of video clips and written exercises for people looking

to learn how to lipread or develop their lipreading skills. The website is aimed primarily at people who are unable to attend a lipreading class.

With the permission of Gloria McGregor, who runs the Lipreading Practice website, we were able to incorporate a number of videos and practice exercises from the site within our online resource:

<http://www.actiononhearingloss.org.uk/supporting-you/hearing-loss-hub/introduction-to-lipreading.aspx>

Option two: Drop-in/Information-stand support

A total of six drop-ins/information stands were delivered through the project, which were intended to provide 1:1 support on any areas related to hearing loss that people

might have questions or want further information about.

We ran two information stands at the main entrance of University Hospital Coventry, and a further two were held at central Birmingham hotels.

The project team also provided information, and gave a short presentation at a Chamber of Commerce Health and Wellbeing event in Solihull, in the West Midlands, which enabled direct promotion of the project to employers. The project team spoke to approximately 22 employers at this session.

The project engaged with a total of 52 people through the information stands; however, not all of these people were of working age, the target audience for the project.

The information stands were manned by Action on Hearing Loss staff with experience of running these types of outreach services, and provided an opportunity for people to discuss any issue they needed support or advice with.

Option three: Workshops

A half-day workshop was planned and delivered in Solihull. This session took place on a Saturday, during the day, to enable people who work during the week to attend. A total of eight people, who were all working or looking for work, attended.

Another workshop was originally planned for Barnet, North London, also on a Saturday, but too few people booked to attend, so the project team delivered an informal drop-in, as outlined in option two.

The workshop consisted of a number of short presentation sessions on key topic areas. These included tips for managing hearing loss, hearing loss at work and equipment to help with hearing loss. A lipreading teacher delivered a 'lipreading taster session', which provided an introduction to lipreading, including exercises and signposting to lipreading classes.

A full agenda for the day is provided in Appendix 4.

Option four: Remote delivery

The project also included an option for participants to access remote support by accessing the services provided by our Information Line. Our Information Line provides free, confidential and impartial information to people with hearing loss, their families and professionals, and can be contacted by phone, textphone, email and SMS message.

Once the project was underway, remote support was also provided by staff on the project team. This was the result of potential participants contacting the team to find out more about the project and sharing their specific challenges with hearing loss in the process. The project team provided remote support to 10 people.

Recruitment of participants

As well as targeting people in employment or looking for employment, the support package was also aimed at people recently diagnosed with hearing loss. Our phase one survey had identified that, for many respondents, being given information at the point of diagnosis was their preference in terms of timings for accessing support.

Much of the information developed for the package, therefore, was introductory-level content (such as basic communication tips, introductions to lipreading and overviews of the types of equipment available). We felt that people with recent experience of hearing loss would have the most to gain from accessing the support package.

While people with recent hearing loss were the primary target audience, people who had experienced hearing loss for some time – and who expressed an interest in the project – were considered on a case-by-case basis.

A number of channels were used to promote the opportunity to take part in phase two of the project. One key channel was through

Approach to evaluation

The purpose of the evaluation was to establish the effectiveness of the support package and capture the benefits of delivering the support to a group of people who had recently developed or been diagnosed with hearing loss.

The support package was intended to promote early access to information and support for people with hearing loss, and to reduce the possibility that hearing loss

NHS audiology departments, which were able to signpost potential participants to the project and specific activities, such as the workshop sessions. Information leaflets about the project were also distributed within the departments. University Hospital Coventry was a significant contributor to the project – hosting two information stands and signposting people to the workshop.

Other channels of promotion used were:

- the Action on Hearing Loss website
- local Action on Hearing Loss services, including our hearing aid support service and outreach information services
- our deafness and hearing loss forum
- local media
- local employers
- emails to survey respondents from phase one, who had agreed to get involved in the next stages – and who had indicated that they had recent experience of hearing loss.

would lead to social isolation, withdrawal from or difficulties in the workplace and have a negative impact on wellbeing. It was anticipated, therefore, that providing early access to support would be beneficial in terms of helping people to adjust to and manage their hearing loss.

	No. of people reached	Notes
Online resource	21	Number of people sent the link to our 'Hearing Loss Hub' – some of these participants also accessed other activities.
Workshop	8	
Drop-ins/Information stands (including Chamber of Commerce event)	52	Not all of these people were within our 'in work or looking for work' target audience.
Remote support	10	Telephone and email responses providing support.

Table 2: Support-package options

Not all of these participants took part in the evaluation phase of the project; some of them accessed more than one type of support (for example, both our online resource and workshop).

The primary objectives of the evaluation phase were to:

- measure to what extent the support package promoted early access to support for people with hearing loss
- identify if the support package helped people to adjust to and manage their hearing loss (with a particular focus on employment experiences)
- establish views on the content and delivery of the support package.

The evaluation took the form of a 'before' and 'after' comparison, which was intended to measure any changes and benefits that accessing the support package brought participants.

Participants who signed up were asked to complete an initial benchmarking survey at the start of the project, before accessing the support package. Once participants had

accessed support, a further follow-up survey was issued.

Both the initial survey and the follow-up survey contained questions on the following areas:

- awareness of the different types of support available to people with hearing loss
- views on adjustment to hearing loss generally (including knowledge and application of communication tips, equipment and hearing aid maintenance)
- views on adjustment to hearing loss in the workplace (including whether equipment is used at work, and engagement with employers about hearing loss).

The follow-up survey also incorporated a series of additional questions to measure whether participants had taken or were

considering taking any further action, as a result of accessing the support package. Given the timescales of the project, it was unlikely that, in some cases, participants would have had time to fully apply their knowledge or information from the support package; and, therefore, the opportunity to identify any action they might take in the future.

Questions about the delivery of the support package were also incorporated within the follow-up survey, including participants' views on how useful they'd found different aspects of support, and on the delivery of particular activities, such as timing and location.

The evaluation phase also incorporated additional learning and observations from the project team delivering the support package.

Evaluation

A total of 22 participants completed the benchmark evaluation survey; 14 of them also completed the follow-up survey.

Not everyone involved in the project took part in the evaluation research. Some people who engaged with the project did not meet the criteria of being in work or looking for work and, therefore, were not asked to complete the surveys. This was particularly the case with people who accessed support at our audiology department information stands, who tended to be from an older demographic.

It was also clear that participants who had only minimal contact with the project were less likely to complete all the evaluation activities. For example, a number of participants who were sent information about the online resource, but who did not take part in any other activities, completed

the benchmark evaluation but not the follow-up survey, despite being contacted and asked to respond.

The results below present the key findings from the evaluation phase, together with project-team feedback and observations.

The findings focus primarily on the 14 participants who completed both the benchmark and follow-up survey. Findings are reported by numbers of participants, rather than in percentages, due to the low base numbers responding. Results are discussed at aggregate level where relevant, and at individual participant level where this represents a more appropriate measure.

A breakdown of the evaluation analysis and the tables referenced in the text is provided in Appendix 5.

Demographics

The vast majority of participants who completed the project and took part in the evaluation activities were female: 12 were female and two were male (Table 1).

Nearly half of our participants (six people) were aged between 55 and 64. Four were aged 45–54, two were 25–44 and one was 65 or over. One participant did not specify their age (Table 2).

Eleven of our participants said that they were hearing aid users and three said they were not (Table 4). Almost all hearing aid users (10 people) had got their hearing aids for free on the NHS, while one participant

said they had bought them privately (Table 5).

In terms of participants' employment status, five participants said they were in full-time paid employment and a further two said they were in part-time paid employment. Four participants were self-employed, two were not in employment but were looking for work, and one stated that they were in unpaid employment (Table 7).

Participants were asked a similar set of questions to those included in the phase one survey, about the impact of their hearing loss on three different life areas (Table 8).

For the areas of work and employment and taking part in social activities, in their responses to the benchmark survey, nine participants said that their hearing loss had either a fairly or very big impact, while five participants said that it had a minor impact or no impact.

When asked about relationships with family and friends, seven participants said that

hearing loss had a fairly or very big impact while seven said it had a minor impact or no impact.

As a number of participants reported that that their hearing loss did have an impact on key areas of their life, this suggested that there was a role for additional support, to offer information and guidance to potentially reduce some of this impact.

Objective one: to measure to what extent the support package promoted early access to support for people with hearing loss

Although the intention was that the support package would be aimed at people who had recently developed hearing loss, the majority of people who took part in the project did not fit this criterion (Table 3). Ten of our participants had experienced hearing loss for more than three years. The inclusion of people who had experienced hearing loss for some time was considered on a case-by-case basis and, in many of these instances, the project team felt that these participants could benefit from the support being offered. We know from our previous research (Ringham, 2013) that people can wait a number of years before accessing additional support, such as lipreading. So the fact that a number of participants had experienced hearing loss for some years – and were keen to access further support – was not surprising.

A further three participants had experienced hearing loss for between one and three years and one participant had experienced hearing loss for less than six months.

The target audience of the project – participants of working age with recent

hearing loss – was a ‘hard to reach’ group. Many of the people that Action on Hearing Loss engages with, through our existing service provision and membership base, tend to be older people, many of whom will have had hearing loss for some time.

The audiology department was, therefore, a crucial mechanism in terms of reaching the right target audience, as the staff interact with all age groups accessing the hearing aid pathway, and can play a vital role in signposting people to additional sources of support.

As this was a pilot project, the activities to which the audiology departments could refer patients were limited. One audiology team fed back that it would be more productive to be able to refer or signpost people to an ongoing programme of events.

The benchmark survey asked participants whether they had accessed support information relating to hearing loss. As the majority of participants had long-term experience of hearing loss, there was

already some awareness of the information sources available.

Nine of our 14 benchmark-survey respondents agreed that they knew where to find information to support them with hearing loss (Tables 9 and 10) and a number of respondents stated that they had already accessed information about different sources of support, including lipreading and equipment. For example, six respondents to the benchmark survey said they had accessed information about lipreading support, four respondents had accessed information about communication tips and seven respondents had accessed information about equipment (Table 9).

When looking at the individual responses to our follow-up survey, six of our respondents said that they had accessed information about an area that they had not identified at the benchmark stage, suggesting that the support package had, in some cases, introduced people to new areas of information (Table 9a). This included one participant who had experienced hearing loss for more than three years: at the benchmark stage, she said that she had not accessed information about any of the areas asked about, but at the follow-up stage she said she had accessed information about lipreading, communication tips, equipment and information about hearing loss for employers.

Seven respondents to the benchmark survey also agreed that they were well-informed about the different sources of support available to people with hearing loss (Table 11).

In the follow-up survey, when looking at individual responses to this question, six respondents had changed their answers to

be more positive, indicating higher levels of agreement with the statement (for example, stating that they disagreed with this statement when completing the benchmark survey, but that they agreed with it in the follow-up survey, after having accessed the support package). This suggests that accessing the support package had contributed to some participants feeling better-informed about sources of support for people with hearing loss (Table 11a).

The project team found that there was variation in the extent to which participants were informed about their hearing loss. For example, although some participants had been using hearing aids for a number of years, some were unaware of basic information, such as where the aid's microphone was located, and how to use the telephone with their hearing aid.

The project aimed to measure the extent to which the support package promoted early access to support for people with hearing loss. As the project engaged mainly with people who were not diagnosed recently, it is difficult to address this. The findings do demonstrate, however, that participants' awareness of support did increase after they had accessed the package, even for those who had experienced hearing loss for a number of years.

Objective two: to identify if the support package helped people to adjust to and manage their hearing loss (with a particular focus on employment experiences)

The evaluation surveys covered a series of different attitude statements, intended to measure the extent to which participants had adjusted to and could manage their hearing loss.

This included statements such as whether participants understood their hearing loss, whether they understood the steps that could be taken to aid communication, and whether hearing loss affected their confidence levels (Tables 14–20).

A key objective of the evaluation phase was to measure the extent to which the support package helped people to adjust to and manage their hearing loss. It was anticipated that, as a result of accessing the support package, participants would feel better able to manage their hearing loss and, therefore, provide more-positive responses (indicating agreement) to these statements during the follow-up evaluation exercise.

However, when comparing the feedback there were only limited differences in the answers given by respondents at the benchmark-survey stage, compared with the follow-up survey. In many cases, respondents agreed with the statements at the benchmark stage, indicating an existing level of awareness in terms of managing their hearing loss. There was, therefore, limited room for change as a result of accessing the package.

For example, 11 of our 14 participants agreed, at the benchmark stage, that they understood how lipreading could

benefit them; and seven agreed that they felt confident to tell people how to communicate with them.

The analysis of the evaluation surveys considered the responses given by each individual participant and identified instances of where participants had changed their answers between the benchmark and follow-up stage. There were a number of areas where this was the case.

Nine of our 14 participants agreed that they understood the steps they could take to aid communication, at the benchmark stage. At the follow-up stage, five respondents had changed their answers to reflect a greater degree of agreement with this statement, including three participants who disagreed at the benchmark stage and agreed at the follow-up stage (Table 14a).

Ten respondents agreed that they understood how equipment might benefit them at the benchmark stage. While this was relatively high, six of these 10 respondents changed their answer at the follow-up stage to reflect a more positive view (Table 16a).

The surveys also included a set of statements about managing hearing loss in relation to work and employment (Tables 21–26). Again, the findings followed a similar pattern, with limited movement between the benchmark and follow-up surveys. Some notable exceptions to this are discussed opposite.

Seven respondents changed their answers to reflect less disagreement at the follow-up stage, when asked whether they agreed with the statement “I understand how equipment might benefit me in the workplace” (Table 23a). Five respondents changed their answers at the follow-up stage to the statement “I understand the different types of communication support available to people with hearing loss”.

Given the limited level of the changes reported in response to these statements, it is difficult to draw firm conclusions from these measures alone, about the extent to which the support package helped people to adjust to and manage their hearing loss.

The fact that many people had experienced hearing loss for some time is likely to have contributed to the high levels of agreement reported by participants at the benchmark stage, as people will have had time to come to terms with their hearing loss, seek out information and, potentially, develop their own techniques for addressing and managing their hearing loss.

The timescales of the project, which were relatively short, are also likely to have limited the extent of change that could be made.

The follow-up survey also included questions asking participants whether they were considering, or whether they had taken, any further action as a result of accessing the support package (Tables 27 and 28). A number of respondents reported that they were considering, or had already taken, the actions that we asked about:

- when asked about finding out about lipreading classes in the local area, four respondents reported that they were considering this and six respondents stated that they had already done this
- three respondents were considering signing up to a lipreading class and two respondents had signed up
- two respondents were considering buying equipment and four respondents had made a purchase
- four respondents were considering getting back in touch with their audiology department for more support, and five respondents had done this
- eight respondents had spoken to their family and friends about how to communicate with them; a further two respondents were considering this.

Participants were also asked specifically about actions they were considering or had taken in relation to work and employment:

- three respondents stated that they were considering speaking to their manager or employer about hearing loss and a further three respondents said they had done this
- four respondents had considered applying to the government’s Access to Work scheme and one respondent had done this
- five respondents were considering purchasing a piece of equipment to use in the workplace and a further two respondents had done this
- two respondents had passed on information to their employer and four respondents were considering doing this.

Although the evaluation question clearly asked respondents to identify action they had taken, or were considering taking, as a result of accessing the support package, given the relatively high number of responses to some questions (for example, about sign-up to lipreading classes), it is possible that some respondents answered more generally about action they had taken, rather than thinking specifically about action taken as a result of accessing the package.

Another possibility to consider is that although many participants stated that they already had an awareness of information sources for people with hearing loss, it could be the case that, prior to accessing the package, some had not acted on this information.

Objective three: to establish views on the content and delivery of the support package

The final section of the follow-up evaluation survey asked participants about the different aspects of the support package and, specifically, about the practical delivery of each aspect.

The majority of respondents had made use of more than one support activity. In most cases, they had used the online resource and one other activity, such as attending a workshop or visiting an information stand. Two respondents had only used the online resource and one respondent had only attended a workshop (Table 29a).

Not all respondents who made use of the activities completed all of the evaluation questions.

Although the initial attitude statements presented a mixed picture in terms of the extent to which the support helped participants manage their hearing loss, there were some cases where respondents reported positive changes as a result of accessing the support. Feedback also suggested that some participants were prompted to take further action as a result of the information that had been accessed through the package.

The feedback discussed in the next section also provides more insight into how the support package helped people to manage their hearing loss.

In total, 13 respondents who took part in the evaluation exercise had used our online information resource.

The majority rated the content of the portal highly (Table 30). For example:

- eight respondents rated the information about lipreading as either very or fairly useful
- six respondents rated the information about communication tips as very useful
- seven respondents rated the information about the Equality Act and employment rights as very or fairly useful.

The resource also included links to a number of lipreading-practice videos. Four respondents rated these as “very useful”, one respondent considered them “not very

useful". A further four respondents said they did not use them. We were not able to explore why participants did not make use of the video exercises (when they had rated the general information about lipreading as useful); it would be worthwhile to explore this further in any future projects.

The majority of respondents rated the portal highly in terms of the overall content and usability of the online resource (Table 31). For example:

- 11 respondents agreed the information was relevant to them
- 11 respondents agreed the information on the resource was useful
- eight respondents agreed the level of detail on the resource was about right
- 10 respondents agreed the portal was easy to use.

Respondents were also asked to provide additional comments on the portal. One suggested that people might not take the time to look at an online resource:

“You need to rely on the fact that someone will look at the portal once you have shared information. They may not bother.”

Another suggested that face-to-face contact would be preferable:

“Would prefer if client with hearing loss were to meet an Action on Hearing Loss adviser, one to one, to discuss particular needs and support.”

The level of engagement in the evaluation activities from people just accessing the online resource – and the additional comments provided on the resource – suggests that it can be difficult to engage people solely through an online resource. This suggests, therefore, that it could be useful as a tool to complement other support activities, but less so if used in isolation. Again, this reinforces the view that offering people a choice of support mechanisms is important.

Workshops

Seven participants who attended the workshop completed the evaluation surveys.

The majority rated highly the different aspects covered during the workshop session (Table 32):

- five respondents rated the introduction to lipreading session as very useful
- four respondents rated the information about hearing loss at work as very useful, and a further two rated it as fairly useful

- five respondents also rated the opportunity to meet other people with hearing loss as very useful.

Also, there was general support for how the workshop session was delivered:

- all seven respondents agreed that the workshop was relevant to them and that the workshop was useful

- all respondents also agreed that the duration of the workshop was about right – and that the location was convenient
- encouragingly, all respondents agreed that they would be able to use the knowledge from the workshop; and six respondents said the workshop had motivated them to take action.

Respondents were also given the opportunity to make additional comments. One highlighted the benefits of meeting other people with hearing loss at the workshop. This participant had been diagnosed with hearing loss a number of years ago, but still found the session extremely beneficial, again reinforcing the lack of support that people often have at the point of diagnosis:

“It was great to meet people in the same situation for the first time – I have had no contact with anyone with hearing loss since my diagnosis five years ago at the age of 43. I also attended the workshop to make some contacts, to arrange some information events at my company, and was really grateful for the positive response I received.”

Another participant stated that attending the workshop had boosted their confidence:

“Excellent, improved my confidence greatly.”

The workshop took place during the day on a Saturday, to enable the majority of working people to attend without having to take time off from work. The fact that people are willing to give up this time at the weekend indicates the importance they attach to learning more about managing their hearing loss.

The workshops were also important in terms of reaffirming the benefits of peer support for people with hearing loss. The project team observed that several participants were able to exchange tips on practical matters throughout the day, such as using hearing aids with telephones.

The role that these events can play in improving people’s confidence in addressing and managing their hearing loss is also extremely important, both in terms of equipping them with new information to manage situations, or by empowering them to act on information they already have.

Drop-in/information stand support

Six participants stated that they had attended an information-stand event, although only half of them fed back on their experience in the evaluation survey. It is difficult, therefore, to draw conclusions. Tables 34 and 35 illustrate these findings.

The people who attended the drop-in sessions had different needs. Some people required basic information about hearing

loss, while others needed and received in-depth support and advice. Some individual situations were complex to address, including instances where people had additional disabilities.

Overall, the drop-in format proved to be a challenge in terms of reaching the right target audience. Drop-in sessions were conducted in a number of different locations

and venues – and at different times – but, overall, limited numbers of people came forward. Again, this may, in part, have been a function of the pilot nature of the project, and the limited number of activities on offer. This meant that the project team was reliant on people seeing the information about the drop-ins during a small window of opportunity – and being able to attend the drop-in at that time.

The project team observed that the information stand held at a Chamber of Commerce event was a useful forum to engage with employers. The event had a Health and Wellbeing theme, so attendees were already interested in health issues, and were open to finding out about the project and promoting it in their workplaces. This suggests that there may be potential to raise awareness of support for people in employment through similar events. An employer attending the Chamber of Commerce event had hearing loss, and attended the drop-in as well as promoting the project to her employees.

One respondent contacted the project team to share her experience. The advice she received at an information-stand event helped her to address problems with her hearing aids – and find out more about equipment that could help in the workplace:

“You gave me the confidence to speak up for myself today at my follow-up appointment at the hospital regarding my new hearing aids. The audiologist has adjusted them to lower the volume and improve the tone, and has checked the T setting. He couldn’t add a volume control as there is only one option of T setting or volume control so, for now I have settled on the T-setting option. I have another appointment in two weeks when, hopefully, I should be issued with different hearing aids, which provide for both volume and T setting. If those suit me, then I will be pursuing the Roger pen [a piece of assistive listening equipment] option either through work or self-funding.”

Views on support package as a whole

The overall feedback from participants on the delivery of the support package was extremely positive and suggested that many of our participants did feel that accessing the support package had been beneficial.

The project succeeded in offering participants a degree of choice over how they access support. While the project engaged primarily with people who had been diagnosed with hearing loss for some time, participants reported that the support they received was beneficial.

The feedback provided through the final section of the evaluation surveys suggests that the support did help people to manage their hearing loss in a range of ways, including improving their confidence, developing their understanding of their hearing aids and learning about specific equipment that could benefit them in the workplace.

Participants who only completed the benchmark evaluation survey

Eight participants who completed the benchmark evaluation survey did not go on to complete the follow-up survey. The feedback that they provided as part of the benchmark evaluation survey is provided in the evaluation analysis, in the appendix, for information.

Many of these participants only accessed one part of the support package, often the online portal and, therefore, may have felt less engaged with the project. These participants may have been unable to take advantage of the other support options.

Although it is difficult to draw conclusions from this limited number of responses,

Conclusions and recommendations

The evidence gathered through phase one of the project and the delivery of the phase two pilot has highlighted that many people with hearing loss do not get the support they need to adjust to and manage their hearing loss, particularly when they are first diagnosed. There can sometimes be a perception that the support services for hearing loss that are available are neither targeted at people in work, nor delivered in a way that makes them accessible for people who work full-time.

The focus of this project was specifically on people with hearing loss who were in employment or looking for work. The project has reinforced other research, which has illustrated some of the ways in which hearing loss can have an impact on people's employment experiences, including leading

the findings from the benchmark survey suggest these participants could have benefitted from additional support.

For example:

- six of the respondents disagreed that they were well-informed about the different sources of support for people with hearing loss
- four respondents said their hearing loss had a very big impact on their work and employment
- four respondents disagreed that they felt confident to tell people how to communicate with them.

to feelings of isolation – and that fewer employment opportunities are available. There is, therefore, a role for providing information and support to try to mitigate these issues, and ensure that hearing loss does not present a barrier in the workplace.

People with hearing loss desire a holistic range of support, from lipreading support and communication tips through to opportunities to try out equipment and get information that can be passed on to employers. A key finding from this project is that people want choice over how they access support mechanisms, so that they can identify a mechanism that best suits their needs.

The project also engaged directly with employers and highlighted that there

may be potential for further employer engagement through events run by business networks, to make employers aware of the support that is available so that they, in turn, can highlight this support to their employees.

The project produced some new learning about identifying people at an early stage of their hearing loss journey, determining that audiology departments provide a key link in referring people to additional support. More work is needed to determine how to use this referral and signposting mechanism as productively as possible.

While there were challenges in accessing the target audience through the drop-in mechanism, the workshop session appeared to be a successful model. People were willing to give up time at the weekend to attend – and the session reaffirmed the value of peer support. The online resource appeared to be most useful when used in conjunction with another support mechanism.

Our early assessment of the potential costs of rolling out an annual programme of bi-monthly workshops, across every NHS trust area in the UK providing audiology services, is approximately £550K per annum. This equates to around £50 per patient. Some assumptions have been made about the practical arrangements for, and numbers of workshops, so further work would be needed to assess the costs more accurately. It is clear, however, that the likely cost of such an intervention is relatively small in comparison to the £25bn lost to the UK economy as a result of higher unemployment amongst people with hearing loss (International Longevity Centre UK, 2013).

Overall, participants who accessed our support package rated it highly, including participants who had lived with hearing loss for a number of years. People reported accessing new information, taking or considering other action as a result of what they had learned and, generally, feeling more confident about address their hearing loss.

Recommendations

The findings from this project highlight the need for further work in the following areas:

- The Department of Health and NHS England's Action Plan on Hearing Loss emphasises the importance of providing timely access to lipreading and other support services for people with hearing loss. The findings from this project support this. We will continue to raise awareness of the lack of support available to people with hearing loss and promote the importance of early access to support; and we will continue to support NHS England in promoting the Action Plan on Hearing Loss. Audiology departments should familiarise themselves with local support services so that they can signpost people to additional support at an early stage.
- Action on Hearing Loss will engage with NHS England and the Department of Health to consider the feasibility of delivering and further evaluating a wider programme of workshops, complemented by online support. This should be undertaken by working closely with audiology departments to explore the best referral and signposting mechanism.
 - Within this, the project should consider how to maximise choice within a wider programme of workshops, potentially through building in a 1:1 support element where there is demand for this.
- Further work should be conducted to identify which aspects of online support are most useful to people – and whether lipreading training can usefully be delivered through an online resource. We will approach the Department for Education, who now have responsibility for further education, to identify the most appropriate way to take this forward. This could include considering the potential to work with a learning provider and/or qualifications-awarding body to develop an online lipreading course.
- Action on Hearing Loss will continue to promote the benefits of lipreading classes and campaign for better access to classes.

There is, however, a demonstrable need to take this forward now with partners at a national and local level. These include, but are not limited to the following bodies, with which we will seek to work in partnership:

- NHS England
- The Office for Disability Issues
- Local Commissioners
- Heads of Audiology Departments
- The Royal College of GPs.

This project was included in the Action Plan on Hearing Loss, published earlier this year by the Department of Health and NHS England (Department of Health/NHS England, 2015). It is likely that completion of this work constitutes one of its first achievements.

Appendix

Appendix 1: Full analysis from phase one survey

Managing hearing loss when seeking or in employment

Note: Percentages do not always equal 100%. This is either due to rounding decimals up or down, or because respondents could select multiple answer options at a question. The total number of respondents answering each question has been included where possible. Base numbers will also vary across questions, as not all questions were asked to all respondents. Respondents may also choose not to answer every question.

The following analysis is based on those who are in employment/seeking employment:

Q6: Which of the following best describes your current situation?

	No. of respondents	Percentage
I am in full-time, paid employment	260	34
I am in part-time, paid employment	148	19
I am self-employed	62	8
I am not in employment but I am looking for work	55	7
I am in unpaid employment (e.g. volunteering, charity work, an internship)	40	5
I am not in employment and not looking for work	36	5
I am retired	175	23
Total number of respondents	776	

Q1: How long have you had hearing loss?

	No. of respondents	Percentage
Less than 6 months	4	1
6 months to 1 year	9	2
1-3 years	29	5
3-5 years	43	8
5-10 years	91	16
More than 10 years	263	47
Hearing loss from birth	125	22
Total number of respondents	564	

Q2: Which of the following statements apply to you?

(Respondents could tick all that apply)

	No. of respondents	Percentage
I am deaf	125	22
I am hard of hearing	342	61
I am deafened	72	13
I use British Sign Language (BSL)	41	7
I use Sign Supported English	29	5
I wear digital hearing aids	415	73
I wear non-digital hearing aids	5	1
I wear hearing aid(s), but I'm not sure whether they are digital	33	6
I have cochlear implant(s)	41	7
I wear a bone-anchored hearing aid (BAHA)	20	4
I lipread	231	41
I might lipread but I'm not sure/I sometimes find myself lipreading	158	28
I have tinnitus	310	55
I have Ménière's disease	44	8
I have balance problems (not general unsteadiness)	123	22
I think I might have hearing loss but it's not been diagnosed	7	1
Total number of respondents	565	

Q3: To what extent does your hearing loss affect the following areas of your life?

	No. of respondents	No effect	Minor effect	Fairly big effect	Very big effect	Fairly and very big effect
Work and employment	559	2%	30%	38%	30%	68%
Taking part in activities including social activities	557	3%	25%	41%	32%	73%
Relationships with family and friends	559	7%	43%	37%	13%	50%
Self-confidence	553	9%	28%	32%	31%	63%

Q4: Overall, how much is your own quality of life affected by your hearing loss?

	No. of respondents	Percentage
It has no effect at all	9	2
It has a minor effect	174	31
It has a fairly big effect	260	46
It has a very big effect	118	21
Total number of respondents	561	

Q5: Overall, how much difficulty do you have communicating with people?

(Please think about communication on a day-to-day basis, so if you usually wear hearing aids or have a cochlear implant, think about communication with these aids)

	No. of respondents	Percentage
No difficulty	39	7
Some difficulty	436	77
Great difficulty	88	16
Total number of respondents	563	

Employment experiences and views

Q6: Which of the following best describes your current situation?

	No. of respondents	Percentage
I am in full-time, paid employment	260	46
I am in part-time, paid employment	148	26
I am self-employed	62	11
I am not in employment but I am looking for work	55	10
I am in unpaid employment (e.g. volunteering, charity work, an internship)	40	7
Total number of respondents	565	

Q7: Which of the following best describes the sector that you mainly work in or are seeking work in?

	No. of respondents	Percentage
Private sector	203	37
Public sector	206	38
Non-profit / Voluntary sector	111	20
Other	30	5
Total number of respondents	550	

Q8: Have you ever changed jobs because of your hearing loss?

	No. of respondents	Percentage
No	390	71
Yes, to somewhere more suitable for my hearing loss	58	11
Yes, because my employers were not supportive of my hearing loss	61	11
Yes, for other reasons related to hearing loss (please specify)	44	8
Total number of respondents	553	

Q9: The following table includes a list of statements about the impact of hearing loss in relation to work. Please read each statement and tell us to what extent you agree or disagree.

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel my employment opportunities are more limited because of my hearing loss	549	39%	32%	16%	9%	4%
I sometimes feel isolated at work because of my hearing loss	544	30%	44%	13%	9%	4%
I feel I am treated differently at work because of my hearing loss	540	14%	29%	30%	21%	7%
My employer has taken steps to support my needs resulting from my hearing loss	538	9%	29%	32%	18%	11%

If you are currently employed, either paid or unpaid:

Q10: Is your employer aware of your hearing loss? (All employed respondents)

	No. of respondents	Percentage
Yes	438	92
No	38	8
Total number of respondents	476	

Q11: Thinking about your hearing loss, how much difficulty do you have in the following situations at work?

Situation	No. of respondents	No difficulty	Some difficulty	Great difficulty	N/A
Telling colleagues about your hearing loss	547	58%	29%	9%	4%
Group meetings (communicating in and following discussions in group meetings)	548	4%	42%	53%	2%
Using the telephone	550	7%	42%	48%	3%
Interacting with colleagues/customers/clients	549	11%	72%	16%	1%

Q12: Open question on any other difficulties at work. (Example responses)

“A lack of deaf awareness from colleagues and bosses.”

“Being ignored (or didn’t hear) when everyone else agrees to go out socially.”

“Employer refused to make the reasonable adjustment of providing a landline and amplified phone.”

Q13: Are you aware of the Access to Work scheme?

	No. of respondents	Percentage
Yes	349	64
No	198	36
Total number of respondents	547	

Your experience of accessing hearing loss support

Q14: How long ago were your hearing aids fitted?

(Respondents were asked to answer this question if they wore hearing aids)

	No. of respondents	Percentage
Within the last 6 months	24	5
6 months to 1 year	37	8
1-3 years	84	17
3-5 years	62	13
5-10 years	105	22
More than 10 years	176	36
Total number of respondents	488	

Q15: Where did you get your hearing aids?

	No. of respondents	Percentage
Free on the NHS: fitted by NHS audiology (hospital based)	393	80
Free on the NHS: fitted by a private company	12	3
Bought privately	63	13
Don't know	-	-
Other (please specify)	21	4
Total number of respondents	489	

Q16: After receiving your hearing aids, did you have a follow-up appointment with the audiology department or private hearing aid provider?

	No. of respondents	Percentage
Yes, I attended a follow-up appointment in person	359	74
Yes, I had a telephone follow-up	7	1
No, I was not offered a follow-up appointment	96	20
I was offered a follow-up appointment but did not take it up/ did not attend	10	2
Don't know	14	3
Total number of respondents	486	

Q17: Overall, how satisfied were you with the service provided by your audiologist/ private hearing aid provider?

	No. of respondents	Percentage
Very satisfied	189	39
Quite satisfied	169	35
Neither satisfied nor dissatisfied	65	13
Quite dissatisfied	44	9
Very dissatisfied	18	4
Not applicable	1	<1
Total number of respondents	486	

Q18: Were you given information, written or verbal, about any of the following from your audiology department or private hearing aid provider?

	No. of respondents	Yes	No	Don't know
Lipreading classes	480	13%	85%	2%
Communication tips for people with hearing loss	483	26%	72%	2%
Equipment for people with hearing loss	486	36%	62%	2%
Hearing therapy or counselling for hearing loss	480	13%	83%	3%
Information on getting the most out of your hearing aid or solving problems with your hearing aid	487	45%	52%	2%
Information about hearing loss at work	482	8%	89%	3%
Information about hearing loss support groups/clubs	482	11%	86%	4%
Information about hearing loss for family members	481	9%	87%	4%
Information about hearing loss charities/organisations	481	16%	80%	4%

Q19: If you have used any of the following types of support, please tell us how useful you found them. (All respondents)

	No. of respondents	Not used	Not at all useful	Not very useful	Fairly useful	Very useful
Lipreading classes	487	71%	1%	3%	9%	17%
Communication tips for people with hearing loss	486	58%	1%	7%	19%	15%
Equipment for people with hearing loss	490	35%	1%	9%	23%	32%
Hearing therapy or counselling for hearing loss	470	81%	2%	4%	6%	7%
Information on getting the most out of your hearing aid or solving problems with your hearing aid	479	57%	3%	6%	20%	14%
Information about hearing loss at work	469	73%	3%	6%	10%	8%
Information about hearing loss support groups/clubs	470	78%	3%	4%	9%	7%
Information about hearing loss for family members	470	80%	1%	4%	10%	5%
Information about hearing loss charities/organisations	481	60%	2%	3%	20%	14%

Q19: If you have used any of the following types of support, please tell us how useful you found them. (Respondents who had used this support)

	No. of respondents	Not at all useful	Not very useful	Fairly useful	Very useful
Lipreading classes	143	3%	9%	32%	57%
Communication tips for people with hearing loss	205	3%	16%	46%	35%
Equipment for people with hearing loss	321	2%	14%	35%	49%
Hearing therapy or counselling for hearing loss	89	12%	20%	33%	35%
Information on getting the most out of your hearing aid or solving problems with your hearing aid	205	6%	15%	47%	33%
Information about hearing loss at work	129	12%	20%	37%	30%
Information about hearing loss support groups/clubs	104	12%	17%	39%	33%
Information about hearing loss for family members	93	5%	20%	50%	25%
Information about hearing loss charities/organisations	191	6%	8%	50%	36%

Q20: Did you use any of the following to access information about hearing loss, including information about the support services listed above? (Tick all that apply)

	No. of respondents	Percentage
GP/Doctors	140	25
Family and friends	84	15
Internet	362	64
Library	41	7
Local college/adult education centre	48	9
Action on Hearing Loss	299	53
A specialist charity (not Action on Hearing Loss)	90	16
Other	75	13
Total number of respondents	565	

Q21: Open question on other sources of support used. (Example responses)

“Communication support, access to work.”

“I don’t feel I was given any support or help.”

“I have found the hard of hearing support group and other support groups on Facebook helpful.”

“I was not really aware of any sources of support, and sort of muddle along.”

Establishing priorities for support and intervention

We would like to know what an ideal package of support for people with hearing loss might look like. By ‘package of support’ we mean a set of activities or support mechanisms that could be made available to people with hearing loss, to enable people to adjust to hearing loss or better manage their hearing loss day to day.

Below is a list of possible support areas that could benefit people with hearing loss. There are seven different areas in total. Each question asks about a range of ways in which each area of support could be delivered.

Please rate how useful you would find the following:

1. Not at all useful
2. Not very useful
3. Fairly useful
4. Very useful
- DK. Don’t know

Q22: Lipreading training

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	491	10%	8%	22%	46%	14%	68
1:1 sessions	488	9%	6%	26%	44%	15%	70
Online support	491	11%	15%	22%	35%	17%	57

Q23: Communication strategies/tactics for managing hearing loss

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	489	9%	11%	28%	41%	11%	69
1:1 sessions	487	6%	10%	30%	43%	11%	73
Online support	492	5%	10%	32%	45%	10%	77
Information leaflet	490	6%	14%	35%	37%	8%	72

Q24: Emotional and peer support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	492	8%	14%	25%	43%	10%	68
1:1 sessions	488	6%	11%	29%	45%	10%	74
Online forum	490	6%	12%	32%	40%	10%	72
Email to professional	489	6%	14%	32%	38%	10%	70

Q25: Equipment

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	487	7%	12%	26%	46%	9%	72
1:1 sessions	488	5%	5%	26%	56%	8%	82
Online	487	4%	9%	29%	52%	7%	81
Information leaflet	486	5%	14%	36%	39%	7%	75
Local drop-in	490	4%	3%	20%	67%	6%	87

Q26: Hearing aid support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	485	13%	17%	30%	30%	10%	60
1:1 sessions	484	8%	11%	27%	46%	9%	73
Online support	483	7%	10%	30%	43%	10%	73
Local drop-in	483	5%	7%	22%	57%	8%	79

Q27: Hearing loss at work

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	487	11%	13%	28%	38%	10%	66
1:1 sessions	491	6%	8%	27%	50%	9%	77
Online support	488	6%	8%	30%	49%	8%	79
Information for employers	489	6%	6%	20%	60%	8%	80

Q28: Other information

	No. of respondents	1	2	3	4	DK	(3+4)
Information about other organisations	491	4%	7%	33%	50%	6%	83
Information for family/friends	490	4%	9%	32%	50%	5%	82
Family/friends attend sessions	483	8%	17%	23%	43%	9%	66

Q29: Open question on other support that would be useful. (Example responses)

“Having a named person dealing with Access to Work who you could liaise with prior to gaining a job... as currently you have to have a job first before assistance given, so makes it difficult to give reassurance to employers.”

“I think deaf awareness courses in the workplace should include some types of equipment that you may see colleagues using, the impact that this may have, and an opportunity to see/hear how it works or what it can sound like to the person with hearing loss. I also believe that deaf-awareness courses should cover how people with hearing loss have to concentrate much harder and for longer periods, and the impact that this can have on them at work.”

“Most support does not fit around a full-time career. I have attended two lipreading courses, which were great, but timings impact my work. As a result, the stress of losing half a day each week does not balance with the deterioration in hearing I experience when under extreme pressure. There is no support available to help with coping in conferences, large meetings and even how to manage the challenges of regular international travel. Most of the skills I have developed in the last six months or so have been as a result of experience.”

Q30: If a support package incorporating the different areas above were available, overall, how would you prefer to access this support?

	No. of respondents	Percentage
By attending group sessions with other people with hearing loss	160	32
By attending 1:1 sessions	149	30
Through online materials (e.g. on your computer, laptop or tablet)	162	33
Other	23	5
Total number of respondents	494	

Q31: Which of the following elements would be your priority for inclusion within a package of support for people with hearing loss?

(Respondents were asked to choose three only)

	No. of respondents	Percentage
Lipreading	264	47
Managing hearing loss	266	47
Emotional and peer support	194	34
Equipment	321	57
Hearing aid support	169	30
Information on hearing loss at work	224	40
Other information for people with hearing loss	61	11
Total number of respondents	565	

Q32: When would you prefer to be given information about the following support in relation to the onset of hearing loss? Please think about the *ideal* timing for you - this may not be the timing at which you received this information.

	No. of respondents	When I first visited my GP about my hearing loss	Immediately at the point of hearing loss diagnosis	A few months after diagnosis	About a year after diagnosis	Years later after diagnosis
Lipreading	469	10%	53%	25%	7%	5%
Managing hearing loss	479	12%	70%	13%	2%	3%
Emotional and peer support	472	11%	59%	22%	4%	4%
Equipment	481	6%	61%	27%	3%	3%
Hearing aid support	480	6%	70%	19%	2%	3%
Hearing loss at work	474	8%	67%	19%	2%	4%
Other information for people with hearing loss	469	10%	55%	26%	5%	4%

Q33: If you had to attend in person to access a package of support, where would you prefer to access this support?

	No. of respondents	Percentage
GP surgery	52	10
Audiology department at hospital	119	24
An adult education college or school	17	3
A community setting, such as leisure centre or community centre	79	16
A clinic in the town centre or high street	56	11
No preference	159	32
Other	18	4
Total number of respondents	500	

Q34: For ease of access, what time of day would you prefer to access support?

	No. of respondents	Percentage
Weekday mornings	50	10
Weekday afternoons	47	9
Weekday evenings	166	33
Weekends	65	13
No preference	171	34
Total number of respondents	499	

Q35: How often would you be willing to access support?

	No. of respondents	Percentage
More than once a week	36	7
Every week	129	26
Every other week	75	15
Once a month	169	34
Less often	84	17
Total number of respondents	493	

Q36: What would be the ideal length of time for a support package for you?

	No. of respondents	Percentage
Less than 1 month	58	12
1 month	60	13
2 months	57	12
3 months	135	28
More than 3 months	165	35
Total number of respondents	475	

Q37: To what extent do you agree or disagree with the following:

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I would take up additional support if I felt isolated from family and friends	495	43%	45%	9%	2%	2%
I would take up additional support if I was encouraged to by my audiologist or private hearing aid provider	491	31%	52%	15%	2%	1%
I would take up additional support if day-to-day communication was becoming difficult	495	54%	40%	5%	1%	1%
I would take up additional support if I was struggling with my hearing loss at work	496	57%	36%	5%	1%	1%
I would take up additional support if encouraged to by my family members	489	34%	43%	18%	3%	1%
I would take up additional support if I was concerned about my hearing loss getting worse	492	56%	36%	6%	1%	1%
I would take up additional support if I could try out a taster or introductory session(s) first	491	43%	41%	12%	3%	1%
I would take up additional support if I knew it would make a difference to my quality of life	493	62%	33%	3%	1%	1%

Q38: Open question on other factors that might encourage take-up of additional support.
(Example responses)

“Additional support’ should be ongoing. I already feel isolated, struggle to communicate daily, struggle at work, struggle with family. I have found very little of the support offered is effective.”

“I would attend group sessions – quite simply – if I knew they were available. My only ‘real’ support is via my lipreading tutor and fellow classmates. Unfortunately, my classmates are pensioners and I was 36 years old when diagnosed... there was no one of my own age to talk to.”

“If it was flexible, i.e. if I knew I could drop in as and when it was required, rather than having to commit to regular sessions.”

Q39: Open question for additional comments. (Example comments)

“Employers and businesses should have formal training on hearing loss as a pre-condition of their disability training... all too often situations occur where communication is difficult, especially if people are unaware some can make the experience very embarrassing.”

“I find it really annoying that I have to go to the hospital every time I need new batteries or re-tubing. I’m not ill and it’s a waste of the hospital’s resources. I have to wait weeks for an appointment, which are always during my working hours. Drop-in centres at doctors’ surgeries would be better, and only going to hospital if there is a medical necessity.”

“I would not have taken up additional support when I was diagnosed at first. It took all of my time to get used to wearing hearing aids.”

“My experience is that there is very little support if you are only partially deaf (though mine is going to get worse as I have two separate, progressive conditions) – once you have a hearing aid that’s it as far as help is concerned.”

Demographics

Q40: Are you male or female?

	No. of respondents	Percentage
Male	159	32
Female	341	68
Total number of respondents	500	

Q41: How old are you?

	No. of respondents	Percentage
16-24	7	1
25-34	24	5
35-44	93	19
45-54	165	33
55-64	178	35
65 or over	37	7
Total number of respondents	504	

Q42: What is your highest level of qualification?

	No. of respondents	Percentage
Degree-level qualification (including Foundation degrees, graduate membership of a professional institute, PGCE or higher)	216	44
Diploma in Higher Education	30	6
HNC/HND	31	6
ONC/OND	5	1
BTEC/BEC/TEC/Edexcel/LQL	18	4
SCOTVEC, SCOTEC or SCOTBEC	-	-
Other Higher Education qualification below degree level	32	7
A-Level/Vocational A-Level/GCE in Applied Subjects or equivalent	20	4
New Diploma	2	<1
Welsh Baccalaureate	-	-
International Baccalaureate	-	-

	No. of respondents	Percentage
NVQ/SVQ	24	5
GNVQ/GSVQ	4	1
AS-Level/Vocational AS-Level or equivalent	1	<1
Certificate of 6th year studies (CSYS) or equivalent	-	-
Access to HE	-	-
O-Level or equivalent	34	7
Standard/Ordinary (O) Grade/Lower (Scotland)	-	-
GCSE/Vocational GCSE	16	3
CSE	15	3
Advanced Higher/Higher/Intermediate/Access qualify (Scotland)	2	<1
RSA/OCR	2	<1
City and Guilds	19	4
YT Certificate	-	-
Key Skills/Core Skills (Scotland)	-	-
Basic Skills	11	2
Entry Level qualifications	1	<1
Award, Certificate or Diploma at Entry Level and Levels 1 to 8	4	1
Any other qualification	9	2
Total number of respondents	496	

Q43: Where do you live?

	No. of respondents	Percentage
East Anglia	31	6
Midlands	75	13
North East England	20	4
North West England	45	8
Yorkshire and the Humber	42	7
Greater London	49	9
South East England	86	15
South West England	63	11
Scotland	56	10
Wales	24	4
Northern Ireland	7	1
Other	13	2
Total number of respondents	565	

Q44: To which of these ethnic groups do you consider you belong?

	No. of respondents	Percentage
White	482	96
Asian	5	1
Black	4	1
Chinese	4	1
Mixed	4	1
Other	5	1
Total number of respondents	504	

Additional analysis

Respondents who said they got their hearing aid in the last three years:

Q18: Were you given information, written or verbal, about any of the following from your audiology department or private hearing aid provider?

	No. of respondents	Yes	No	Don't know
Lipreading classes	140	10%	89%	1%
Communication tips for people with hearing loss	142	26%	73%	1%
Equipment for people with hearing loss	143	39%	59%	1%
Hearing therapy or counselling for hearing loss	140	16%	81%	3%
Information on getting the most out of your hearing aid or solving problems with your hearing aid	144	48%	49%	3%
Information about hearing loss at work	141	9%	89%	3%
Information about hearing loss support groups/clubs	140	11%	86%	2%
Information about hearing loss for family members	141	9%	89%	2%
Information about hearing loss charities/organisations	140	18%	79%	3%

People who have had hearing loss for **less than five years** (Q1 = 1, 2, 3 or 4).

Note: small base numbers.

- 1. Not at all useful
- 2. Not very useful
- 3. Fairly useful
- 4. Very useful
- DK. Don't know

Q22: Lipreading training

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	69	13%	9%	22%	41%	16%	63
1:1 sessions	68	13%	6%	27%	38%	16%	65
Online support	67	15%	9%	25%	33%	18%	58

Q23: Communication strategies/tactics for managing hearing loss

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	68	12%	10%	31%	34%	13%	65
1:1 sessions	68	10%	6%	29%	40%	15%	69
Online support	69	7%	6%	33%	42%	12%	75
Information leaflet	69	4%	12%	33%	41%	10%	74

Q24: Emotional and peer support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	68	16%	10%	15%	47%	12%	62
1:1 sessions	67	12%	5%	30%	43%	10%	73
Online forum	68	7%	12%	34%	35%	12%	69
Email to professional	67	8%	10%	34%	37%	10%	71

Q25: Equipment

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	67	12%	13%	19%	42%	13%	61
1:1 sessions	68	9%	9%	28%	43%	12%	71
Online	68	6%	7%	24%	56%	7%	80
Information leaflet	67	6%	19%	28%	37%	9%	65
Local drop-in	68	7%	4%	21%	57%	10%	78

Q26: Hearing aid support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	65	11%	9%	39%	26%	15%	65
1:1 sessions	65	8%	6%	28%	46%	12%	74
Online support	65	5%	3%	26%	51%	15%	77
Local drop-in	63	5%	3%	24%	56%	13%	80

Q27: Hearing loss at work

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	68	15%	10%	27%	35%	13%	62
1:1 sessions	69	7%	6%	25%	51%	12%	76
Online support	68	4%	9%	29%	49%	9%	78
Information for employers	70	6%	9%	16%	59%	11%	75

Q28: Other information

	No. of respondents	1	2	3	4	DK	(3+4)
Information about other organisations	69	9%	9%	26%	48%	9%	74
Information for family/friends	69	7%	6%	35%	46%	6%	81
Family/friends attend sessions	66	9%	17%	26%	39%	9%	65

People who have experienced hearing loss for **more than 5 years** including those who have experienced hearing loss from birth (Q1 = 5,6 or 7).

Note: small base numbers.

- 1. Not at all useful
- 2. Not very useful
- 3. Fairly useful
- 4. Very useful
- DK. Don't know

Q22: Lipreading training

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	421	10%	8%	23%	46%	14%	69
1:1 sessions	419	8%	6%	27%	45%	15%	72
Online support	423	11%	16%	21%	35%	17%	56

Q23: Communication strategies/tactics for managing hearing loss

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	420	8%	11%	28%	42%	11%	70
1:1 sessions	418	6%	10%	30%	44%	11%	74
Online support	422	6%	10%	31%	45%	9%	76
Information leaflet	420	7%	14%	35%	37%	7%	72

Q24: Emotional and peer support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	423	7%	14%	27%	42%	10%	69
1:1 sessions	420	5%	12%	28%	45%	10%	73
Online forum	421	6%	12%	32%	40%	10%	72
Email to professional	421	6%	15%	32%	38%	10%	70

Q25: Equipment

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	419	6%	12%	27%	46%	8%	73
1:1 sessions	419	4%	5%	26%	58%	7%	84
Online	418	4%	9%	30%	51%	7%	81
Information leaflet	418	5%	13%	37%	39%	7%	76
Local drop-in	421	4%	3%	20%	68%	6%	88

Q26: Hearing aid support

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	419	14%	18%	29%	31%	9%	60
1:1 sessions	418	8%	12%	27%	45%	8%	72
Online support	417	7%	11%	31%	42%	9%	73
Local drop-in	419	6%	8%	22%	57%	7%	79

Q27: Hearing loss at work

	No. of respondents	1	2	3	4	DK	(3+4)
Group sessions	418	11%	14%	29%	38%	9%	67
1:1 sessions	421	6%	9%	27%	50%	8%	77
Online support	419	6%	8%	30%	49%	8%	79
Information for employers	418	6%	6%	21%	60%	8%	81

Q28: Other information

	No. of respondents	1	2	3	4	DK	(3+4)
Information about other organisations	421	3%	6%	35%	50%	6%	85
Information for family/friends	420	3%	9%	32%	51%	5%	83
Family/friends attend sessions	416	8%	17%	23%	43%	9%	66

Appendix 2: Information provided to telephone-interview participants

Overview of options

There are four options for how we could deliver our **package of support**, which are set out in the table opposite.

All of the four options **include access to an online resource** which would cover a range of information for people with hearing loss. The online resource would include:

- an introduction to lipreading and lipreading-practice exercises
- tips on managing hearing loss and information on communication tactics
- information about equipment for people with hearing loss
- information about hearing loss at work, including information to pass on to your employer.

Delivery model	Further information
Option 1: Online only	An online package of support, as outlined opposite.
Option 2: Online and drop-in sessions	<p>An online package of support, as outlined opposite.</p> <p>Alongside this, you would also have the opportunity to attend drop-in sessions, where you could:</p> <ul style="list-style-type: none"> • get information about and try out equipment for people with hearing loss • get support with how to use your hearing aid • get other face-to-face support and information about hearing loss issues.
Option 3: Online and workshop sessions	<p>An online package of support, as outlined opposite.</p> <p>Alongside this you would also have the opportunity to attend two to three practical workshop sessions, where you would take part in group sessions that cover information about:</p> <ul style="list-style-type: none"> • an introduction to lipreading and managing hearing loss • equipment for people with hearing loss (including trying out equipment) • information about hearing loss at work • you would also have the opportunity to meet other people with hearing loss, to share information and experiences.
Option 4: Online and 1:1 support (remote)	<p>An online package of support, as outlined opposite.</p> <p>Alongside this you would also have the option of accessing 'remote' 1:1 support through our Information Line and online forums. You would be able to call or email Action on Hearing Loss for information and advice related to hearing loss.</p>

Appendix 3: Summary of qualitative interview feedback

Interview 1

Participant outline	Overall preference for support package
<p>Male Hearing loss: 1-3 years Age: 45-54 Midlands Currently looking for employment</p>	<p>Option 2 - online with drop-in</p>
Summary of comments	
<p>Online resource “great as an instant library.” Also suggested it would be good if this could be backed up with a hard copy.</p> <p>With a drop-in you can pick and choose when to go - and what you’d like to talk about.</p> <p>Drop-in session(s) would need to be in evening.</p>	<p>Information on equipment would be useful - “you don’t know what is out there and how it could help you.”</p> <p>It would be nice to have a leaflet that could be given to employers and colleagues to explain hearing loss, why you might need to ask people to repeat things sometimes, but that you can still do your job in the same way.</p>

Interview 2

Participant outline	Overall preference for support package
Female Hearing loss: more than 20 years Age: 55-64 Midlands Part-time employed	Option 4 - online with remote
Summary of comments	
An online resource would be useful for when people are first diagnosed.	With 1:1 support you can talk about your own particular problem.
Already has access to local support through 'Deaf Direct' and, therefore, a remote option would be useful.	A leaflet for employers could be useful, particularly for people who lack confidence to tell others about their hearing loss.

Interview 3

Participant outline	Overall preference for support package
Female Hearing loss: 5-10 years Age: 45-54 North East England Full-time employment	Option 4 - online with remote
Summary of comments	
Has contacted the Action on Hearing Loss helpline in the past and found this more useful than just using the website - it's useful to speak to someone who understands the issues.	Online resource would be useful. It would be useful to have a general explanation of all the equipment that is available - different bits of kit and what they do.
Information for employers would be helpful as her work struggled to know how to support her.	Another suggestion was whether the resource could incorporate some personal stories as it's always good to hear it "from the horse's mouth."

Interview 4

Participant outline	Overall preference for support package
<p>Female Hearing loss: 3-5 years Age: 45-54 South West England Part-time employment</p>	<p>Option 2 - online with drop-in</p>
Summary of comments	
<p>In terms of an online resource: everyone looks for information on the internet, the advantage is that it would all be in one place, from a reputable source, so no need to check it.</p> <p>Support mechanisms all tend to be during the day - would need to be in the evening or at weekends to access them.</p> <p>Would like general advice about how the whole system works and where you might need to go for certain things through drop-in support.</p> <p>Could do the bits you want to and the bits that are relevant to you.</p>	<p>Wouldn't find info for work/employers particularly helpful as she manages well at work. However, can see how this type of information could be useful, even for family and friends. For example, people assume once you have a hearing aid, everything is ok. It could be useful to tell people how a hearing aid works, for example, it has a limited range and you can't hear as well if there is noise in between you and the person trying to speak to you.</p> <p>Hearing loss amongst the working-age population is completely different; even in audiology services this isn't always recognised. Would be helpful if there was a service for the working population.</p>

Interview 5

Participant outline	Overall preference for support package
Female Hearing loss: 5-10 years Age: 45-54 South East England Full-time employment	Option 3 - online with groups
Summary of comments	
<p>Online resource would be useful to get all the information in one place. It could potentially be like 'e-learning', perhaps with a quiz at the end.</p> <p>Chose groups as a practical person - likes to be shown things. Would be interested in the opportunity to try lipreading. Groups would also be good to share ideas between people.</p>	<p>Would find it useful to have information to pass on to employer - sometimes employers don't listen to how they can help.</p> <p>A list of points would be useful, covering key tips, for example: Look at someone, if someone says "pardon" don't respond with "it doesn't matter". It could cover areas like "please do this/don't do this."</p>

Interview 6

Participant outline	Overall preference for support package
Female Hearing loss: more than 10 years Age: 45-54 Midlands Full-time employment	Option 3 - online with groups
Summary of comments	
<p>Has tried learning to lipread online before and found that this didn't work for her. However, access to information online is better than nothing. Currently attends a lipreading class.</p> <p>Would find it useful to have information about equipment but the challenge is websites not being kept up to date. Useful to have details of what's out there, what works for people.</p>	<p>Would pick option 3 as a preference: "Knowing my learning style. I'm not a great distance learner." If something is happening at a particular time, she can put it in the diary and commit to it.</p> <p>Has experienced sharing ideas/tips with a peer group and feels that this has been extremely beneficial.</p>

Interview 7

Participant outline	Overall preference for support package
<p>Male Hearing loss: 5-10 years Age: 45-54 Midlands Self-employed</p>	<p>Option 4 - online with remote</p>
Summary of comments	
<p>Online resource would be “super” but conscious that, as someone who has had hearing loss for some time, he already knows about some of this information.</p> <p>Has attended lipreading classes for a while. There are some good online resources for practising lipreading and, therefore, it would be helpful if the resource could signpost to other sources of support, such as these online materials and where classes are available.</p> <p>Opportunity to get tailored advice, specific to his situation: “Would give me the opportunity to explain the peculiarities of my hearing loss and my needs”.</p>	<p>With the workshop approach, he would question how much is relevant.</p> <p>In terms of employment information, thinks this would be brilliant. He is currently self-employed and said that his hearing loss had to do with his current situation as it became progressively more difficult to be in the usual work environment. It can be difficult for people to understand that the presence of any background noise can make it difficult for people to take part in meetings, for example.</p>

Interview 8

Participant outline	Overall preference for support package
<p>Female Hearing loss: 1-3 years Age: 55-64 South East England Part-time employed</p>	<p>Options 2 or 3 - online with drop-in or groups</p>
Summary of comments	
<p>Online resource would be useful, has used our website to access information in the past.</p> <p>Would like the flexibility of a drop-in but would value the opportunity to meet other people with hearing loss.</p> <p>Finds it can be a “rigmarole” to get hearing aids checked, having to make an appointment etc. Tends to leave it until the last minute. A drop-in service would offer more flexibility.</p> <p>Lipreading is of interest. It would also be good to be with other people who have hearing loss and talk about experiences.</p>	<p>Information for employers would definitely be useful. Has found that management is not interested in hearing loss, although she has some colleagues who are marvellous.</p> <p>The impact of hearing loss would be useful information - for example, I can't hear unless the person is directly in front of me etc, the fact that it can be tiring to have hearing loss, the level of concentration required.</p>

Appendix 4: Agenda for workshop session

Hearing Loss and Lipreading Workshop

Saturday 21 March 2015, 11am – 3pm

National Motorcycle Museum, Solihull

Agenda			
1	Welcome and introduction to the workshop	11am–11:10am	10 mins
2	Managing your hearing loss (including hearing aid support)	11:10am – 11:30am	20 mins
3	Equipment to help with hearing loss (includes examples of equipment)	11:30am – 11:50am	20 mins
	Break	11:50am – 12:05pm	15 mins
4	Introduction to lipreading, including exercises and signposting to lipreading classes	12:05pm – 1:05pm	60 mins
	Lunch (lunch is provided)	1:05pm – 1:35pm	30 mins
5	Advice for family and friends	1:35pm – 1:50pm	15 mins
6	Hearing loss at work – information for employees	1:50pm – 2:10pm	20 mins
7	Hearing loss at work – information for employers	2:10pm – 2:25pm	15 mins
8	Information about tinnitus	2:25pm – 2:35pm	10 mins
9	Questions and wrap-up (including online portal and remote support information)	2:35pm – 3pm	25 mins

Appendix 5: Evaluation analysis

Table 1: Are you?

	No. of respondents	Percentage
Male	2	14
Female	12	86
Total number of respondents	14	

Table 2: How old are you?

	No. of respondents	Percentage
16-17	-	-
18-24	-	-
25-44	2	15
45-54	4	31
55-64	6	46
65 or over	1	8
Total number of respondents	13	

Table 3: How long have you had hearing loss?

	No. of respondents	Percentage
Less than 6 months	1	7
6 months to 1 year	-	-
1-3 years	3	21
More than 3 years	10	71
Total number of respondents	14	

Table 4: Do you wear hearing aids?

	No. of respondents	Percentage
Yes	11	79
No	3	21
Total number of respondents	14	

Table 5: If yes, where did you get your hearing aids?

	No. of respondents	Percentage
Free on the NHS: fitted by NHS audiology dept. (hospital based)	10	83
Free on the NHS: fitted by a private company	-	-
Bought privately	1	8
Don't know	-	-
Other (please specify)	1*	8
Total number of respondents	12	

*Cochlear implant user

Table 6: How long ago were your hearing aids fitted?

	No. of respondents	Percentage
Less than 6 months	-	-
6 months to 1 year	-	-
1-3 years	4	36
More than 3 years	7	64
Total number of respondents	11	

Table 7: Which of the following best describes your current situation?

	No. of respondents	Percentage
I am in full-time paid employment	5	36
I am in part-time paid employment	2	14
I am self-employed	4	29
I am not in employment but I am looking for work	2	14
I am in unpaid employment (e.g. volunteering, charity work, an internship)	1	7
Total number of respondents	14	

Table 8: How much does your hearing loss impact on your life in the following areas?

	No. of respondents	No impact	A minor impact	A fairly big impact	A very big impact
Work and employment	14	1 (7%)	4 (29%)	6 (43%)	3 (21%)
Taking part in activities including social activities	14	2 (14%)	3 (21%)	6 (43%)	3 (21%)
Relationships with family and friends	14	1 (7%)	6 (43%)	5 (36%)	2 (14%)

Table 9: The following is a list of different sources of support that people with hearing loss might make use of.

Have you accessed information about any of the following source of support?

(Please tick all that apply)

General support for hearing loss	No. of respondents (Benchmark)	No. of respondents (Follow-up)
Lipreading support for people with hearing loss	6	9
Communication tips and tactics for managing hearing loss	4	8
Equipment and products for people with hearing loss	7	9
Hearing aid use and maintenance	9	6
Support for hearing loss at work	No. of respondents (Benchmark)	No. of respondents (Follow-up)
Equipment and products for people with hearing loss to use in the workplace	6	4
The Government's Access to Work scheme	3	3
Communication support for people with hearing loss in the workplace	2	4
Information about hearing loss to pass on to your employer or work colleagues	4	3
Total number of respondents	14	14

Table 9a: Participants who identified a new information area, accessed at follow-up survey.

Participant number	Lipreading	Communication tips	Equipment	Hearing aid support	Equipment at work	Access to work	Communication support	Info for employees
1								
2		×						
3			×					
4							×	
5								
6					×			
7								
8								
9	×	×						
10								
11								
12								
13								
14	×	×	×		×			×

Table 10: To what extent do you agree or disagree with the following statement: "I know where to find information to support me with hearing loss."

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	3 (21%)	6 (43%)	3 (21%)	2 (14%)	-
Follow-up	12	4 (33%)	5 (42%)	1 (8%)	2 (17%)	-

Table 11: To what extent do you agree or disagree with the following statement: “I feel well-informed about the different sources of support available to people with hearing loss.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	2 (14%)	5 (36%)	1 (7%)	6 (43%)	-
Follow-up	11	3 (27%)	6 (55%)	-	2 (18%)	-

Table 11a: Individual responses to attitude statement: “I feel well-informed about the different sources of support available to people with hearing loss.”

Participant number	Benchmark response	Follow-up response	Change
1	Disagree	Agree	Positive
2	Neither agree nor disagree	Agree	Positive
3	Disagree	Disagree	Same
4	Agree	-	-
5	Disagree	-	-
6	Strongly agree	-	-
7	Disagree	Agree	Positive
8	Agree	Agree	Same
9	Disagree	Agree	Positive
10	Agree	Disagree	Negative
11	Agree	Strongly agree	Positive
12	Agree	Agree	Same
13	Strongly agree	Strongly agree	Same
14	Disagree	Strongly agree	Positive

Table 12: To what extent do you agree or disagree with the following statement: “I understand my hearing loss.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	2 (14%)	6 (43%)	4 (29%)	2 (14%)	-
Follow-up	12	3 (25%)	4 (33%)	4 (33%)	-	1 (8%)

Table 13: To what extent do you agree or disagree with the following statement: “I know how to maintain my hearing aids.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	13	2 (15%)	7 (54%)	3 (23%)	1 (8%)	-
Follow-up	10	4 (40%)	5 (50%)	1 (10%)	-	-

Table 14: To what extent do you agree or disagree with the following statement: “I understand steps I can take to aid or improve communication.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	2 (14%)	7 (50%)	1 (7%)	4 (27%)	-
Follow-up	12	2 (17%)	7 (58%)	2 (17%)	1 (8%)	-

Table 14a: Individual responses to attitude statement: “I understand steps I can take to aid or improve communication.”

Participant number	Benchmark response	Follow-up response	Change
1	Agree	Agree	Same
2	Agree	-	-
3	Strongly agree	Agree	Negative
4	Agree	Strongly agree	Positive
5	Agree	-	-
6	Neither agree nor disagree	Neither agree nor disagree	Same
7	Disagree	Neither agree nor disagree	Positive
8	Agree	Agree	Same
9	Disagree	Agree	Positive
10	Agree	Disagree	Negative
11	Agree	Agree	Same
12	Strongly agree	Agree	Negative
13	Agree	Strongly agree	Positive
14	Disagree	Agree	Positive

Table 15: To what extent do you agree or disagree with the following statement: “I understand how lipreading might benefit me.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	8 (57%)	3 (21%)	2 (14%)	1 (7%)	-
Follow-up	11	6 (55%)	4 (36%)	1 (9%)	-	-

Table 16: To what extent do you agree or disagree with the following statement: “I understand how equipment might benefit me.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	5 (36%)	5 (36%)	2 (14%)	1 (7%)	1 (7%)
Follow-up	12	5 (42%)	5 (42%)	1 (8%)	-	1 (8%)

Table 16a: Individual responses to attitude statement: “I understand how equipment might benefit me.”

Participant number	Benchmark response	Follow-up response	Change
1	Neither agree nor disagree	Agree	Positive
2	Agree	-	-
3	Disagree	Agree	Positive
4	Strongly agree	Strongly agree	Same
5	Agree	-	-
6	Strongly agree	Neither agree nor disagree	Negative
7	Agree	Agree	Same
8	Strongly agree	Strongly disagree	Negative
9	Neither agree nor disagree	Agree	Positive
10	Strongly agree	Strongly agree	Same
11	Strongly agree	Strongly agree	Same
12	Agree	Strongly agree	Positive
13	Agree	Strongly agree	Positive
14	Strongly disagree	Agree	Positive

**Table 17: To what extent do you agree or disagree with the following statement:
“I feel distressed/depressed about my hearing loss.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	2 (14%)	3 (21%)	5 (36%)	3 (21%)	1 (7%)
Follow-up	12	4 (33%)	1 (8%)	2 (17%)	3 (25%)	2 (17%)

**Table 18: To what extent do you agree or disagree with the following statement:
“My hearing loss affects my confidence.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	3 (21%)	6 (43%)	2 (14%)	2 (14%)	1 (7%)
Follow-up	12	3 (25%)	4 (33%)	1 (8%)	2 (17%)	2 (17%)

**Table 19: To what extent do you agree or disagree with the following statement:
“My family and friends know how to communicate well with me.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	1 (7%)	3 (21%)	6 (43%)	2 (14%)	2 (14%)
Follow-up	12	1 (8%)	4 (33%)	3 (25%)	4 (33%)	-

**Table 20: To what extent do you agree or disagree with the following statement:
“I feel confident to tell people how to communicate with me.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	3 (21%)	4 (29%)	4 (29%)	2 (14%)	1 (7%)
Follow-up	12	3 (25%)	3 (25%)	3 (25%)	2 (17%)	1 (8%)

**Table 21: To what extent do you agree or disagree with the following statement:
“I feel isolated at work due to my hearing loss.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	1 (7%)	5 (36%)	2 (14%)	4 (29%)	2 (14%)
Follow-up	12	3 (25%)	1 (8%)	1 (8%)	4 (33%)	3 (25%)

**Table 22: To what extent do you agree or disagree with the following statement:
“My work colleagues know how to communicate well with me.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	13	1 (8%)	2 (15%)	3 (23%)	4 (31%)	3 (23%)
Follow-up	11	1 (9%)	2 (18%)	4 (36%)	4 (36%)	-

**Table 23: To what extent do you agree or disagree with the following statement:
“I understand how equipment might benefit me in the workplace.”**

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	3 (21%)	6 (43%)	1 (7%)	3 (21%)	1 (7%)
Follow-up	12	4 (33%)	3 (25%)	5 (42%)	-	-

Table 23a: Individual responses to attitude statement: “I understand how equipment might benefit me in the workplace.”

Participant number	Benchmark response	Follow-up response	Change
1	Disagree	Neither agree nor disagree	Positive
2	Agree	-	-
3	Strongly disagree	Neither agree nor disagree	Positive
4	Strongly agree	Strongly agree	Same
5	Agree	-	-
6	Strongly agree	Neither agree nor disagree	Negative
7	Disagree	Neither agree nor disagree	Positive
8	Agree	Agree	Same
9	Agree	Neither agree nor disagree	Negative
10	Neither agree nor disagree	Agree	Positive
11	Strongly agree	Strongly agree	Same
12	Agree	Strongly agree	Positive
13	Agree	Strongly agree	Positive
14	Disagree	Agree	Positive

Table 24: To what extent do you agree or disagree with the following statement: “I understand the different types of communication support available to people with hearing loss.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	3 (21%)	5 (36%)	-	5 (36%)	1 (7%)
Follow-up	12	3 (25%)	6 (50%)	-	3 (25%)	-

Table 24a: Individual responses to attitude statement: “I understand the different types of communication support available to people with hearing loss.”

Participant number	Benchmark response	Follow-up response	Change
1	Agree	Disagree	Negative
2	Agree	-	-
3	Strongly disagree	Disagree	Positive
4	Strongly agree	Strongly agree	Same
5	Disagree	-	-
6	Strongly agree	Agree	Negative
7	Disagree	Agree	Positive
8	Agree	Agree	Same
9	Disagree	Agree	Positive
10	Disagree	Disagree	Same
11	Agree	Strongly agree	Positive
12	Agree	Agree	Same
13	Strongly agree	Strongly agree	Same
14	Disagree	Agree	Positive

Table 25: To what extent do you agree or disagree with the following statement: “I know about the Access to Work scheme.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	14	1 (7%)	5 (36%)	4 (29%)	2 (14%)	2 (14%)
Follow-up	12	3 (25%)	8 (67%)	-	1 (8%)	-

Table 26: To what extent do you agree or disagree with the following statement: “My employer has taken steps to support my needs resulting from my hearing loss.”

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Benchmark	12	1 (8%)	3 (25%)	3 (25%)	4 (33%)	1 (8%)
Follow-up	10	2 (20%)	2 (20%)	4 (40%)	2 (20%)	-

Table 27: Have you done, or are you considering, doing any of the following, as a result of accessing the support package? (Follow-up only)

	I'm considering this	I have done this	Total no. of respondents
Found out about lipreading classes in your local area	4 (40%)	6 (60%)	10
Signed up to attend a lipreading class in your local area	3 (60%)	2 (40%)	5
Purchasing a piece of equipment or product for people with hearing loss	2 (33%)	4 (67%)	6
Seeking more support from audiology (e.g. to adjust or check your hearing aids)	4 (44%)	5 (56%)	9
Spoken to your family or friends about how they can support you or communicate with you.	2 (20%)	8 (80%)	10

Table 28: Have you done, or are you considering, doing any of the following, as a result of accessing the support package? (Follow-up only)

	I'm considering this	I have done this	Total no. of respondents
Spoken to my manager/ employer about my hearing loss	3 (50%)	3 (50%)	6
Applied to the Government's Access to Work scheme	4 (80%)	1 (20%)	5
Purchased a piece of equipment or hearing loss product for use in the workplace	5 (71%)	2 (29%)	7
Passed on information about hearing loss to my employer	4 (67%)	2 (33%)	6

Table 29: Which of the following aspects of the support package did you make use of?
(Follow-up only)

	No. of respondents
The online information portal	13
Workshop sessions	7
Information stand/drop-in	6
Remote support via information line	1
Total number of respondents	14

Table 29a: Individual responses – support activities used.

Participant number	Online	Information stand	Workshop	Remote
1	×			
2	×	×		
3	×	×	×	
4	×	×		
5	×			
6	×	×		
7	×	×		
8	×		×	
9	×		×	
10			×	
11	×		×	
12	×		×	
13	×	×		×
14	×		×	

Table 30: How useful did you find the following aspects of the online portal?
(Follow-up only, respondents who used portal)

	No. of respondents	Very useful	Fairly useful	Not very useful	Not at all useful	Did not use
Information about lipreading	9	5	3	-	-	1
Lipreading-practice exercises	9	4	-	1	-	4
Communication tips	9	6	-	-	-	3
Information about equipment and products	9	5	2	-	1	1
Information about Access to Work	9	3	2	-	-	4
Information about Communication Support	10	5	2	-	-	3
Information about the Equality Act and your rights at work	10	3	4	-	-	3
Information to pass on to your employer	9	4	2	-	1	2
Information about tinnitus	10	5	2	-	-	3

Table 31: To what extent do you agree/disagree with the following statements about the online portal? (Follow-up only, respondents who used portal)

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information on the portal was relevant to me	11	3	8	-	-	-
The information on the portal was useful	11	4	7	-	-	-
The level of detail on the portal was about right	11	4	4	2	1	-
The portal was easy to use	11	4	6	-	1	-

Table 32: How useful did you find the following aspects of the workshop?

(Follow-up only, respondents who attended workshop)

	No. of respondents	Very useful	Fairly useful	Not very useful	Not at all useful	Did not use
Introduction to lipreading session	7	5	1	-	-	1
The opportunity to meet other people with hearing loss	7	5	1	-	-	1
The opportunity to try out equipment	7	4	1	-	1	1
Information about hearing loss at work	7	4	2	-	1	-
Advice for family and friends	7	4	2	1	-	-
Information about tinnitus	7	3	1	1	-	2

Table 33: To what extent you do agree/disagree with the following statements about the workshop session? (Follow-up only, respondents who used portal)

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The workshop was relevant to me	7	4	3	-	-	-
The workshop was useful	7	4	3	-	-	-
The duration of the workshop was about right	7	4	3	-	-	-
The venue of the workshop was convenient	7	4	3	-	-	-
I will be able to use the knowledge from the workshop	7	3	4	-	-	-
The workshop motivated me to take action	7	4	1	2	-	-

Table 34: Why did you attend the drop-in session?

(Follow-up only, respondents who attended information stand)

	No. of respondents
To get help with my hearing aid	2
To find out more about equipment	1
To find out more about services and support for hearing loss	1
To find out more about local services	1
Other (please specify)	-

Table 35: To what extent you do agree/disagree with the following statements about the drop-in session? (Follow-up only, respondents who attended information stand)

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information provided at the drop-in was relevant to me	3	1	1	1	-	-
The information provided at the drop-in was useful	3	1	2	-	-	-
The timing of the drop-in was convenient	3	1	2	-	-	-
The venue of the drop-in was convenient	3	1	2	-	-	-
I will be able to use the knowledge from the drop-in	3	1	3	-	-	-
The drop-in motivated me to take action	3	1	2	-	-	-

Table 36: How useful did you find the information/support provided at the drop-in?

No. of respondents	Very useful	Fairly useful	Not very useful	Not at all useful
4	3	1	-	-

Table 37: Overall, how useful did you find the following aspects of the support package?

	No. of respondents	Very useful	Fairly useful	Not very useful	Not at all useful	Did not use
Online portal	9	6	1	1	-	1
Workshops	6	3	1	-	-	2
Information stand/drop-in	5	2	1	-	-	2
Remote	4	1	-	-	-	3

Respondents who completed benchmark survey but not follow-up

Are you?

	No. of respondents
Male	3
Female	5
Total number of respondents	8

How old are you?

	No. of respondents
16-17	-
18-24	-
25-44	-
45-54	6
55-64	2
65 or over	-
Total number of respondents	8

How long have you had hearing loss?

	No. of respondents
Less than 6 months	1
6 months to 1 year	1
1-3 years	2
More than 3 years	4
Total number of respondents	8

Do you wear hearing aids?

	No. of respondents
Yes	7
No	1
Total number of respondents	8

If yes, where did you get your hearing aids?

	No. of respondents
Free on the NHS: fitted by NHS audiology (hospital based)	6
Free on the NHS: fitted by a private company	-
Bought privately	-
Don't know	-
Other (please specify)	1
Total number of respondents	7

How long ago were your hearing aids fitted?

	No. of respondents
Less than 6 months	1
6 months to 1 year	2
1-3 years	-
More than 3 years	3
Total number of respondents	6

Which of the following best describes your current situation?

	No. of respondents
I am in full-time paid employment	4
I am in part-time paid employment	1
I am self-employed	1
I am not in employment but I am looking for work	1
I am in unpaid employment (e.g. volunteering, charity work, an internship)	1
Total number of respondents	8

The following is a list of different sources of support that people with hearing loss might make use of.

Have you accessed information about any of the following sources of support?

(Please tick all that apply; Benchmark respondents only)

General support for hearing loss	No. of respondents
Lipreading support for people with hearing loss	1
Communication tips and tactics for managing hearing loss	1
Equipment and products for people with hearing loss	2
Hearing aid use and maintenance	3
Support for hearing loss at work	No. of respondents
Equipment and products for people with hearing loss to use in the workplace	4
The Government's Access to Work scheme	3
Communication support for people with hearing loss in the workplace	-
Information about hearing loss to pass on to your employer or work colleagues	2
Total number of respondents	8

To what extent do you agree or disagree with the following statements?

	No. of respondents (benchmark)	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I know where to find information to support me with hearing loss	8	-	4	4	-	-
I feel well-informed about the different sources of support available to people with hearing loss	8	-	-	2	6	-

	No. of respondents	No impact	A minor impact	A fairly big impact	A very big impact
Work and employment	7	-	2	1	4
Taking part in activities including social activities	8	-	1	5	2
Relationships with family and friends	8	-	4	3	1

To what extent do you agree or disagree with the following statements?

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I understand my hearing loss	8	-	4	2	2	-
I know how to maintain my hearing aids	8	1	2	2	2	1
I understand steps I can take to aid communication	8	-	3	2	3	-
I understand how lipreading might benefit me	8	-	2	5	1	-
I understand how equipment might benefit me	8	1	4	2	1	-
I feel distressed/depressed about my hearing loss	8	2	3	3	-	-
My hearing loss affects my confidence	8	4	3	1	-	-
My family and friends know how to communicate well with me	8	-	4	2	2	-
I feel confident to tell people how to communicate with me	8	-	2	2	4	-

To what extent do you agree or disagree with the following statements?

	No. of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel isolated at work due to my hearing loss	8	3	2	3	-	-
My work colleagues know how to communicate well with me	8	1	6	-	1	-
I understand how equipment might benefit me in the workplace	8	-	3	4	1	-
I understand the different types of communication support available to people with hearing loss	8	-	-	2	6	-
I know about the Access to Work scheme	8	-	4	2	2	-
My employer has taken steps to support my needs resulting from my hearing loss	8	1	1	5	1	-

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Report author: Laura Arrowsmith is a Senior Research and Policy Officer at Action on Hearing Loss.

On the cover: Michelle Hedley, from Northumberland, has severe hearing loss in both ears. She makes the most of her lipreading skills in conversation.

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