



Hear for Norfolk Service Evaluation

Prepared by

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is the operating
name of



Supporting people with hearing loss and related conditions

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Acknowledgements

This evaluation was commissioned by Hear for Norfolk and thanks to Aliona Derrett, the Chief Executive for Hear for Norfolk and Mark Mabbitt, the manager of the Hearing Support Service at Hear for Norfolk, for their support by providing survey data and for inviting participants to be interviewed. Also, we are grateful to the participants who volunteered to be interviewed and provided insightful details of their experiences that contributed to the evaluation.

Acronyms

CCG – Clinical Commissioning Group

ENT – Ear, Nose and Throat

GP – General Practice

NDA – Norfolk Deaf Association (Hear for Norfolk)

NHS – National Health Service

NNUH – Norfolk and Norwich University Hospital

UEA – University of East Anglia

Disclaimer

This report was written by the research team at the University of East Anglia (UEA), and does not include any views of the people working at Hear for Norfolk.

Quotes used in this report are written verbatim from the interviews with service users of Hear for Norfolk. These may cause some confusion as service users often spoke of the 'NHS' rather than specific entities such as 'hospital', 'health clinic' or 'General Practice (GP)'. The UEA researcher tried to clarify any misnomers, however, service users were often unclear about who (NHS or Hear for Norfolk) had conducted hearing tests and who had provided maintenance for hearing aids. Participants also used term 'businesses' to identify the independent providers that are funded by the NHS to provide hearing assessment for patients 50+ in the Central Locality of Norfolk and Waveney Clinical Commissioning Group.

Executive summary

Background

Hear for Norfolk is the operating name of Norfolk Deaf Association (NDA), a registered charity that supports people with hearing loss and related conditions. Hear for Norfolk commissioned the UEA to conduct an independent evaluation of its Hearing Support Service by interviewing 20 service users who received support with their hearing aid maintenance. This evaluation was funded by The National Lottery Community Fund.

Hearing loss affects people across the lifespan, but it is the third most common health condition in older people. An estimated 201,500 people living in Norfolk have hearing loss (2019 ONS estimate), which equates to 22% of Norfolk's population. The need for a service to provide hearing aids and support people is vital to minimise the risks associated with hearing loss.

Methodology

The independent service evaluation was managed and conducted by the research team at the University of East Anglia. Discussions with Hear for Norfolk were undertaken to develop the qualitative part of the evaluation. The qualitative interviews were underpinned by the anonymised data from the bespoke Outcomes Measuring Questionnaires (service user feedback) conducted by Hear for Norfolk during 2020-21 financial year and 2021-22 financial year.

Key findings

There was some confusion as to who (NHS or Hear for Norfolk) provided which services (hearing test and/or maintenance). Overall, Hear for Norfolk provides excellent services, in a friendly and considerate way. Interview participants felt their quality of life would be seriously compromised if they did not have working hearing aids. Daily activities, such as shopping could be problematic, but participants were more concerned about losing pleasurable activities, such as playing sports, listening to bird song and music, and going to the theatre. Communication and socialisation would be very difficult for everyone – participants, family, friends, and wider social networks, that would result in frustration, anger, and depression. Participants also noted potential safety issues regarding driving and walking in an environment without sound.

Concluding remarks/recommendations

Hear for Norfolk and the NHS were preferred providers of care for people with hearing loss. Hear for Norfolk already fills a large gap in service need and could strengthen its partnership with the NHS and gain funding for hearing assessments and hearing aid provision. Other ideas included increased reach of mobile services across Norfolk, development of psychological and befriending services, reinstatement of the service to try new assistive listening devices and advertise the services provided by Hear for Norfolk. The person-centred care provided by Hear for Norfolk is what sets it apart from other providers of services for people with hearing loss, however, to develop and extend existing services would require consideration of need and extra funding.

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1. Introduction

Hear for Norfolk is the operating name of Norfolk Deaf Association (NDA) and commissioned the UEA to conduct 20 interviews with service users who had received hearing aid maintenance, as part of the Hearing Support Service. This evaluation is funded by The National Lottery Community Fund. The evaluation also included some data collected in two surveys using Outcomes Measuring Questionnaires, designed, and managed by Hear for Norfolk. One survey was sent out during lockdown in 2020-21 financial year, and another was sent out during 2021-22 financial year.

2. Background

Hearing loss affects people across the lifespan from birth to later life. Around 20% of children up to 18 years old suffer from hearing loss, which can have detrimental effects on speech, language, developmental, educational, and cognitive outcomes without early identification¹. Age-related hearing loss reduces speech understanding in noisy environments, reduces processing of acoustic information and reduces localisation of sound sources.

Risk of hearing loss increases with age to 42% of people over 50 years, amounting to eight million over 60 year-olds with hearing problems in the UK, of which only 2 million use hearing aids². A recent review by Amieva and Ouvad³, revealed that hearing loss is the third most common health condition in older people and an estimated 60% of people are underdiagnosed and untreated. Their research identified consistent associations between hearing loss and mental health conditions, including dementia where hearing loss may be attributable for 9% of cases. Yet research on the impact of hearing aids on cognition is scarce and the results are confounding, however the authors state that 'the available data globally support the hypothesis that hearing aids' use positively impacts long-term cognition in older adults suffering from hearing loss³. Results are expected this year (2022) from the ACHIEVE study (n=850 older adults), which is the first randomized trial to determine the efficacy of a best practice hearing intervention (compared to a successful ageing intervention) on reducing cognitive decline in older adults with hearing loss⁴. Reviews suggest hearing loss increases depression, distress, social isolation, and reduces participation in daily living activities and quality of life, which can be ameliorated by hearing aids^{3,5}. Other research suggests that people with hearing

loss make greater use of GP and social services compared to those without, and together with loss of quality of life, and loss of earnings, is estimated to represent an annual £30 billion economic burden in the UK⁶. An estimated 201,500 people living in Norfolk have hearing loss (2019 ONS estimate), which equates to 22% of Norfolk's population. The need for a service to provide hearing aids and support people is vital to minimise the risks and costs associated with hearing loss.

The NHS provide free hearing assessments and free hearing aids for patients. Some independent providers, such as Boots the chemist and opticians also offer free hearing assessments and hearing aids under contract with the NHS.

Hear for Norfolk is a charitable company founded in 1898. It predates the NHS for helping to improve the lives of everyone in Norfolk with hearing loss. Hear for Norfolk provides information and training on hearing loss and related conditions, as well as giving personal, emotional, and practical support for hearing aid maintenance, and ear wax removal.

The key outcomes Hear for Norfolk wants to achieve for their service users are:

- Reduction in feeling of loneliness and isolation, contributing to improved well-being and quality of life.
- Ability to communicate with others, thus building on their confidence and self-esteem.
- Ability to remain active in their work, education, or social activities.
- Ability to effectively use their hearing aids

The NHS Audiology Department manages appointments and carries out hearing assessments and hearing aid fitting and adjustments in the premises of Hear for Norfolk daily during office hours. The service provides an alternative venue in an easily accessible community-based, non-hospital environment.

Support services offered by Hear for Norfolk

Hear for Norfolk developed the Hearing Support Service 30 years ago to provide hearing aid maintenance and support for everyone who has been issued with NHS hearing aids by local hospitals and independent providers that are funded by the NHS to provide hearing assessments for non-complex patients

age 50+. No formal referral is required to access this service. The Hearing Support Service operates in community and mobile clinics around the county and sends hearing aid supplies by post. In exceptional circumstances, for home bound people, they provide home visits.

Due to the Covid-19 pandemic in 2020-21 Hear for Norfolk had to adapt the delivery model of the service to be able to continue with maintenance of hearing aids and general emotional support to people with hearing loss in Norfolk, in a safe manner and in compliance with the Government's guidance related to Covid-19.

The adaptation of the service delivery model included changes to mobile clinics around Norfolk, the introduction of appointments at Hearing Support Clinics rather than clinics being run on a 'drop in' basis, introduction of personal protective equipment (PPE), 'door-step' approach for home visits and the introduction of the 'postal service', whereby the hearing aids supplies (tubes, domes, batteries, and filters) were sent to service users able to carry out maintenance of their hearing aids by themselves.

Before the pandemic, Hear for Norfolk also provided support groups for people living with hearing loss (British Sign Language support group) or tinnitus. People could link up with others to share their experiences or to gain information and help for managing their condition. For many, a recent diagnosis can be difficult to come to terms with it and takes time to adapt at work or with family. Due to Covid-19, these support groups were stopped.

In addition, Hear for Norfolk is participating in a new project aimed to prevent and reduce social isolation and loneliness across Norfolk communities. The Cuppa Care Project was initiated and developed by the Rotary Club of Norwich, is led by Hear for Norfolk, and delivered in partnership with local charities working jointly towards bringing people together to tackle loneliness that may be caused through poverty, disability, age, gender, lack of accessible local support and information services, geographical remoteness, poor transport, or other needs. The Cuppa Care Bus travels around Norfolk to provide a supportive place to talk and receive support, advice and information from the partners involved: Hear for Norfolk, Age UK Norwich, Vision Norfolk, Norfolk LGBT+ Project, Norfolk and Waveney Mind, Norfolk CAB, Age UK Norfolk, and The Wellbeing Service.

3. Service Evaluation Methodology

The methodology for the service evaluation was qualitative interviews that were underpinned by the anonymised data from the bespoke Outcomes Measuring Questionnaires (service user feedback) conducted by Hear for Norfolk during 2020-21 financial year and 2021-22 financial year.

3.1 Project Management

The independent evaluation was managed and conducted by the research team at the University of East Anglia. Discussions with Hear for Norfolk were undertaken to develop the qualitative part of the evaluation. The qualitative research was underpinned by the anonymised data from the surveys conducted by Hear for Norfolk 2020-21 financial year and 2021-22 financial year.

3.2 Objectives

The objectives of this evaluation were to ensure the services provided by Hear for Norfolk meets the needs of people with hearing loss, to assess whether there were any gaps in the service needs and whether participants would use Hear for Norfolk to access these services.

These objectives were addressed with five research questions:

- Why do people with hearing loss use Hear for Norfolk (Why the service users choose to access Hear for Norfolk for their support with hearing aid maintenance, etc rather than the provider of their hearing aids)?
- What impact does the Hearing Support Service have, (e.g., reducing social isolation, general wellbeing)?
- What impact would there be on the service user's quality of life and wellbeing if the service was reduced or ceased to exist?
- Are there any gaps that the service is not fulfilling OR are there improvements/changes that the service needs to make?
- Who will participants go to for their next hearing assessment and new hearing aids? What is the reason for their choice? Are there any factors that would encourage them to choose Hear for Norfolk?

3.3 Design

This study was conducted using a mixed methods convergent parallel design⁷, developed with discussions between the Hear for Norfolk management team and the UEA research team.

3.4 Methods

Hear for Norfolk used Outcomes Measuring Questionnaires (OMQ) to ascertain the quality of its Hearing Support Service, to measure the impact it has on the quality life of service users and to identify areas for improvement. The OMQ survey 1 consisted of 25 questions (open and closed), ([appendix I](#)). For OMQ survey 2, the questions on demographic information were removed and some questions had minor changes ([appendix II](#)). The topic guide for the semi-structured qualitative interviews was designed to address the research questions above ([appendix III](#)). Interviews provided in-depth insights into how Hear for Norfolk support service users and whether there were any gaps to fill. The findings from the qualitative research were synthesised with results for some of the survey questions.

3.5 Participants

Survey 1 - During 2020-21 financial year, Hear for Norfolk sent 720 questionnaires to people who accessed their Hearing Support Service during the year.

Survey 2 - During 2021-22 financial year Hear for Norfolk sent out 426 questionnaires to people who accessed their Hearing Support Service during the year. The survey was sent to a different cohort from those of survey 1.

Interviews –78 people who had used Hear for Norfolk services during 2020-2022 were invited to be interviewed.

3.6 Recruitment and sampling

Hear for Norfolk provided the anonymised spreadsheets of the two surveys to the research team at UEA. A random list of the identifier numbers selected by the UEA research team was sent to Hear for Norfolk who posted the invitation letter ([appendix IV](#)) and participant information sheet (PIS) ([appendix V](#)) to the participants. This procedure ensured that Data Protection Law 2018 was

followed. Potential interview participants contacted the researcher (SHW), by email or telephone. The interview date and time was mutually agreed. Participants were asked to complete the consent form ([appendix VI](#)) and send it via email, or verbally consent before the interview.

3.7 Data collection

The surveys were returned to Hear for Norfolk and results were collated on SharePoint, anonymised and exported into Microsoft Excel spreadsheets.

Interviews were conducted online, using Teams, or by telephone depending on the preference of the participant. Interviews lasted between 20-45 minutes and were recorded and automatically transcribed via Teams, and audio recorded by digital recorder.

The Teams transcripts were checked for accuracy against the two recordings. All participants were asked if they would like to receive a copy of the transcript for member checking the contents of the interview. Only one interview participant wished to member check the transcript and did not make any changes. NVIVO 12 was used to analyse the transcripts into themes reflecting the research questions.

3.8 Ethical Approval

The Faculty of Medicine and Health Research Ethics Committee provided ethical approval for the analysis of the qualitative survey data covering the University of East Anglia (UEA) Health Economic Consultancy role in the project (Ethics reference number: 2020/21-164). For the questionnaires sent to service users by Hear for Norfolk, informed consent was assumed to be given on completion by respondents. Ethical approval for the service evaluation was granted on condition that Hear for Norfolk would recruit interview participants.

3.9 Data Analysis

The quantitative survey data collected at two time points (2020-21 and 2021-22) by Hear for Norfolk was sent to the researchers at the UEA as anonymised raw data and as a summary report of the results for each question. These data sets were used to add supporting evidence to the service evaluation where

appropriate. The author of this report (SHW) coded all the transcripts, and these were independently checked by another researcher (OA). Codes were iteratively compared across the interviews to ensure consistency. Interview transcripts were analysed under the headings of the research questions using NVIVO 12. Using the two research methods (qualitative and quantitative) enabled exploration and convergent triangulation of data⁸, to understand the needs of service users with hearing loss in Norfolk and ascertain whether Hear for Norfolk were meeting those needs.

4. Findings

The findings of the survey and interviews were synthesised and presented under the headings of the shortened research questions, found in [3.2](#) above:

- Why people with hearing loss use Hear for Norfolk?
- How does the Hearing Support Service impact on the quality of life of service users?
- How would this impact change if the service was reduced or ceased to exist?
- Are there any gaps that the service is not fulfilling OR are there improvements/changes that the service needs to make?
- Who will participants go to for their next hearing assessment and new hearing aids?

The results for survey 1 are presented as this was the largest data set. Results from survey 2 are presented separately only if any large differences were noted.

4.1 Participants

Survey 1 (2020-2021) - 599 completed questionnaires, a return rate of 83.2%.

Survey 2 (2021-22) – 241 completed questionnaires, a return rate of 56.6%

Interviews – 17 (21.6%) people responded to the invitation, of which one did not engage with the research team, and another left the study after completing the consent form. Fifteen interviews were conducted of which three were with women.

4.2 Why people with hearing loss use Hear for Norfolk?

To understand why people with hearing loss use Hear for Norfolk, it is important to provide some contextual information around the issuing of hearing aids and the services needed to support their use.

4.2.1 Provision of hearing aids and services

Over 77% of survey respondents were issued a hearing aid by the Norfolk and Norwich University Hospital. Over 22% were issued by other NHS establishments and 0.09% came from independent providers. Several interview participants seemed confused about who had issued their hearing aids and who provided the support services. Indeed, some thought that Hear for Norfolk was part of the NHS and seemed unaware of its charitable status.

I went for a hearing test at the Norfolk and Norwich (NNUH) and the next time they sent me to Hear for Norfolk and what they've said as to who's done my hearing test and who's fitted my hearing aid. Was it the Norfolk and Norwich (NNUH) or was it the Hear for Norfolk?

(Participant 4)

It's the NHS so when I'm phoning up and I'm ordering my batteries, am I not ordering them from, um, who am I ordering them from? That's a good point.

(Participant 2)

This confusion may be due to the apparent seamless service provided between these two organisations. Survey 2 data showed that almost two thirds (64%) of patients were referred to the Hearing Support Service provided by Hear for Norfolk via NHS establishments (hospitals, clinics, GP surgeries). This figure had increased from 48% on survey 1. In addition, supporting paperwork given to patients also included contact details for Hear for Norfolk.

Results from both surveys revealed that most people used Hear for Norfolk for retubing and battery replacement on their hearing aids (figure 1). People also used the service for other maintenance issues, to help with fitting/adjusting their hearing aids and to ask for advice and emotional support.

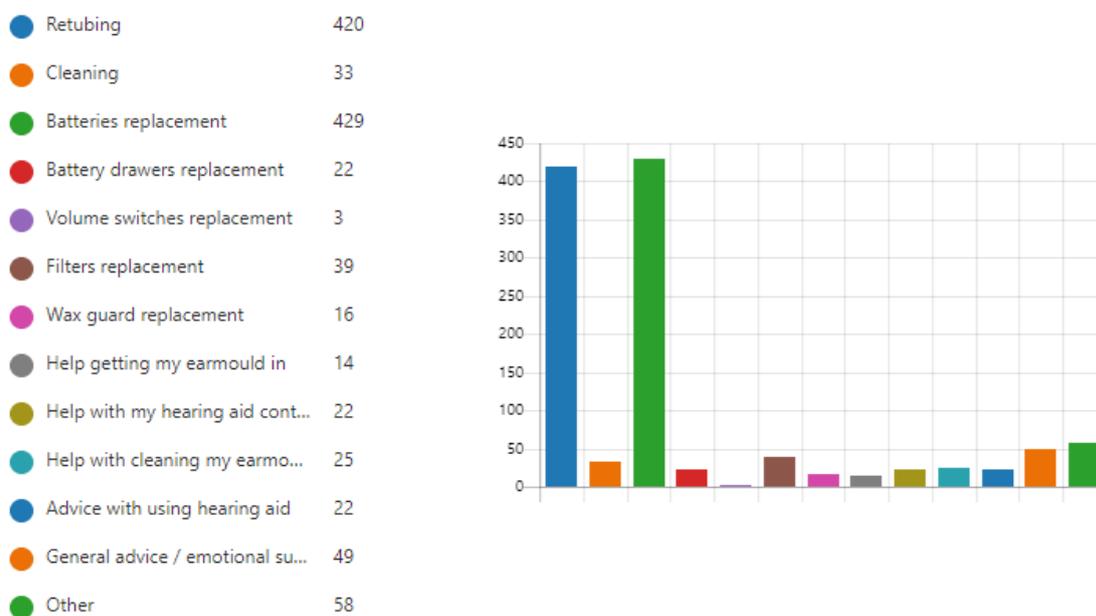


Figure 1 Services of Hear for Norfolk accessed by users (survey 1)

In addition to the services above, some interview participants used the wax removal service provided by Hear for Norfolk because GPs no longer provide this service. Some participants liked to try various technologies designed to help people with hearing loss before they purchased products.

I think the loop system I bought with about 100 pounds. You're buying from this organization I can't tell you who they are off the top of my head, but they [Hear for Norfolk] supplied me with the catalogue and all the details, but you were able to go down there and try it out.

(Participant 6)

Note: Hear for Norfolk clarified that the service to trial equipment had to be stopped due to lack of funding.

COVID-19 brought about changes in service provision that required service users to adapt their behaviour. During lockdown service providers suspended face to face visits and people contacted Hear for Norfolk for help.

Especially the way things have been, I mean prior to COVID, if you had a problem, you could go up the Norfolk and Norwich (NNUH). Enjoy the view and see somebody, but uh, the way it is at the moment and so for the last couple of years or so. You can't do that. They stopped doing that altogether. So, like when I want to change the tubes and that I can ring up Hearing for Norfolk and I know, they'll know they'll help me.

(Participant 6)

Since the removal of the restrictions, many participants remained unwilling to visit the hospital as COVID-19 was still prevalent and this potentially increased the risk of catching it.

4.2.2 Quality of the service

Most of the services provided by Hear for Norfolk received an excellent or good rating (figure 2) in survey 1. There were some ‘poor’ responses in survey 1 but none were reported in survey 2.

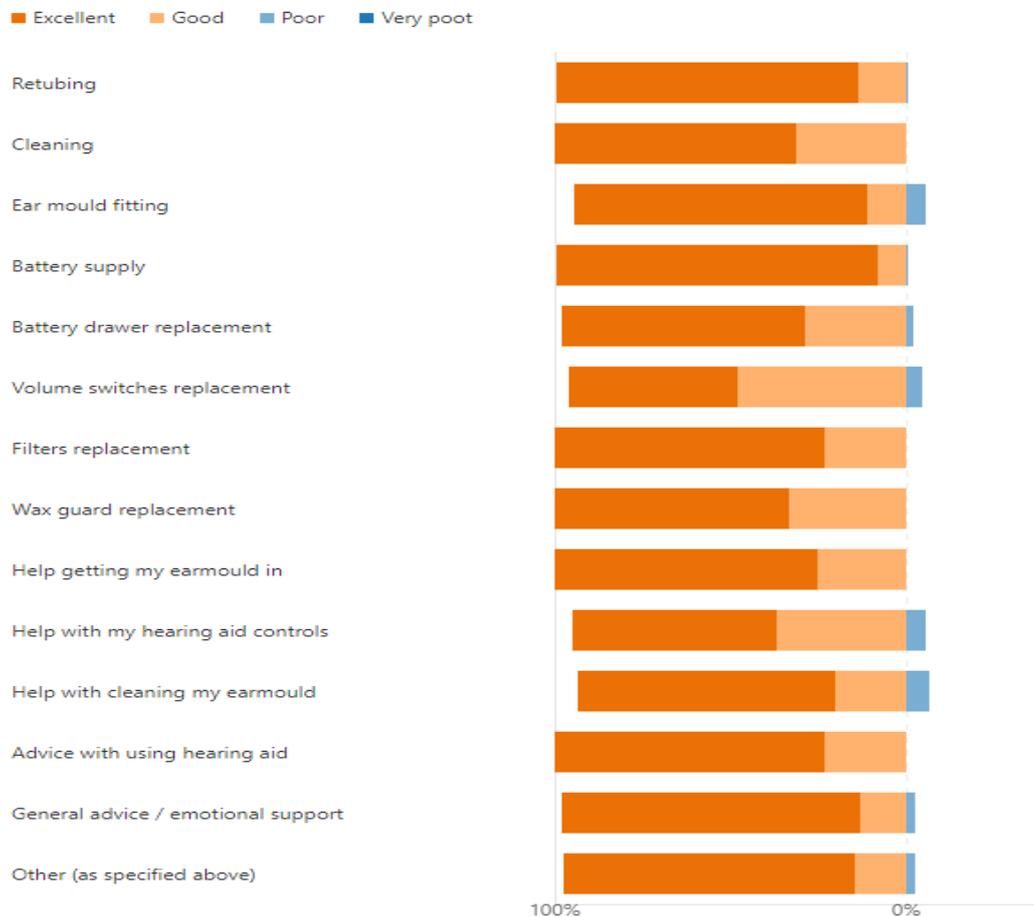


Figure 2 Rating for each service provided by Hear for Norfolk (survey 1)

Over 90% of all survey respondents felt that overall the service they received was excellent or good and one survey respondent said:

Very good overall support. We need you!

Similarly, interview participants found the services provided by Hear for Norfolk were essential, often because of the limited access to other service providers.

I mean I'm very happy with what I've had so far. You know, there's always somebody on the end of the phone if I go, if I ring them up.

(Participant 15)

Some participants provided details of other Hear for Norfolk services they accessed, such as the social and educational aspect of going to meetings.

...we get some interesting professors and what not, coming in, telling us what's going on with the latest knowledge. And also, when you're in these meetings you get the people with similar problems and what not and how their responding.

(Participant 13)

Some participants had anxiety, while others were anxious because of Covid-19 and found it very reassuring to have the emotional support provided by Hear for Norfolk, who made necessary appointments and ensured prompt supply of hearing aids from their provider.

I feel very anxious, and NDA removed the stress by booking the appointment and getting me a new hearing aid on the spot.

(Participant 14)

A participant who needed regular appointments for wax removal liked the service provided by Hear for Norfolk.

I have to go to my GP. He made an appointment for me and I got down to the Thorpe offices and they did a marvellous job [syringe ears] and the lady who did it said do you find you have a problem? I said yes, I'd say probably two or three times a year. She then was able to put me on her list that they could offer me appointment in, say, five months' time. Now that was superb. It's saved me going to the GPs or trying to speak to my GP. I knew ahead that I was going to have them done the next time, so it's and it takes a bit that a little bit of the worry away. If I had to make an appointment or my doctor had to make an appointment for me, with the hospital, it would be a lot, lot longer wait.

(Participant 12)

Likewise, participants thought the synergy between the NHS and Hear for Norfolk provided a seamless service if there were any technical problems with hearing devices.

I bought a one of these microphone pens for meetings at work and struggled to implement it, but I couldn't make it work, but at the NDA people couldn't either they sent me into the Norfolk and Norwich (NNUH) and sure enough one of their senior audiology techy expert in that and she made it work. So, I suppose specialist things still head back to the hospital.

(Participant 8)

4.2.3 Importance of the service

Most survey respondents on survey 1 found the services they accessed at Hear for Norfolk were essential or important (figure 3).

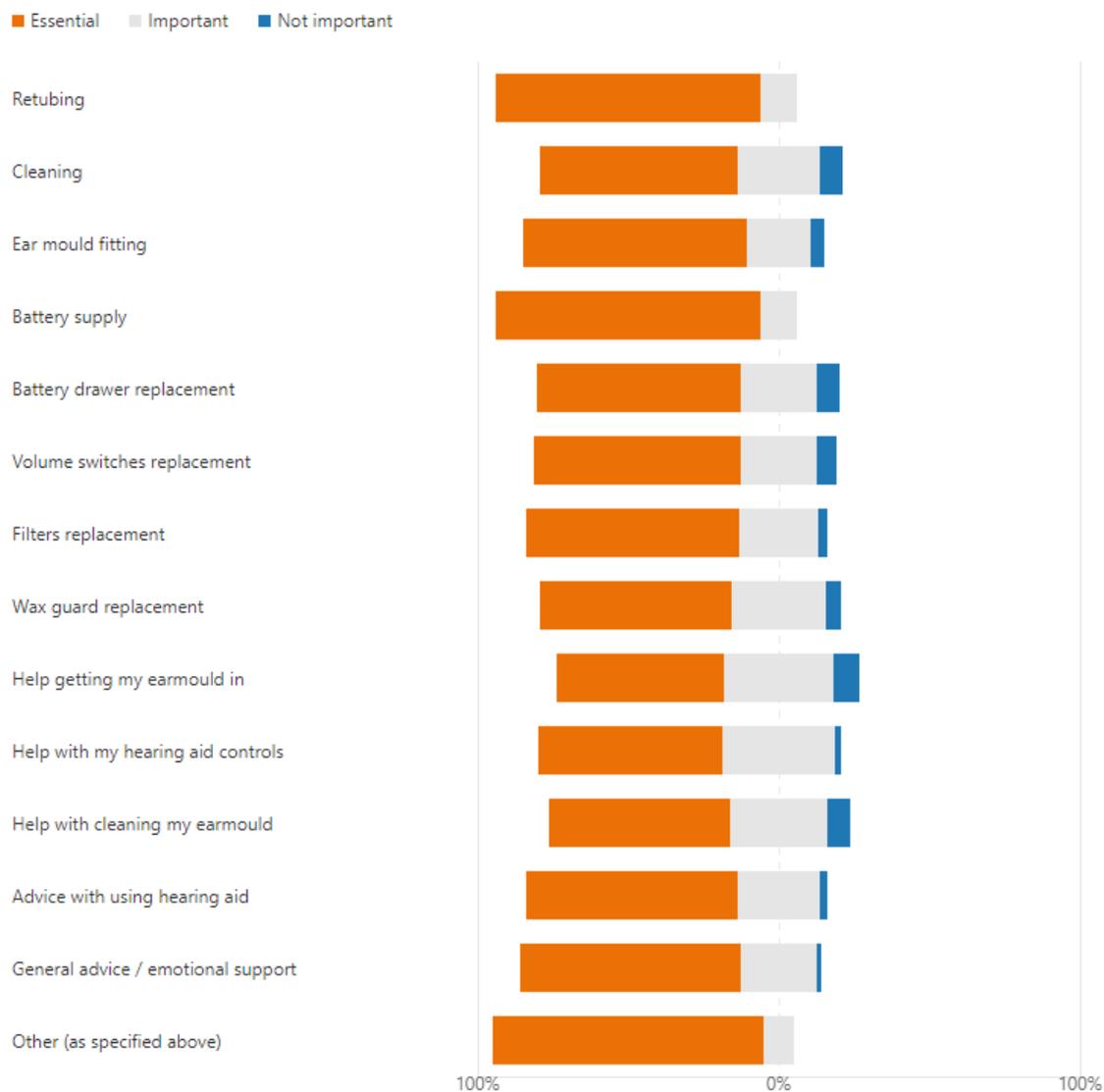


Figure 3 Importance of the services provided by Hear for Norfolk (survey 1)

All respondents that provided an answer to these questions on survey 2 also thought the services were essential or important, except one person did not think cleaning the hearing aid was important. Similarly, interview participants felt the services provided by Hear for Norfolk were important and one participant thought they could do some of their maintenance.

Watching how they do it and just say I'm an, a mechanical engineer. So, I, my eyes are watching how they do it, so I had a go and I could do it. I said can I have a few tubes? They let me have a few tubes. I changed them a couple times for myself.

(Participant 15)

4.2.4 Reasons for using Hear for Norfolk

Most respondents accessed Hear for Norfolk by telephone (survey 1=61%, survey 2=74%). Around 70% of respondents on both surveys found the location of the service was convenient for them, with 85% on survey 1 and 92% on survey 2 stating that the service was easy to access. Ten people in survey 1 found the service was difficult to access, mostly due to their being very deaf and unable to lip read on the telephone. There were no 'difficult' responses on survey 2. Over 76% of respondents on survey 1 and 91% in survey 2 reported that the volunteer or staff member were able to help them with their problem. Five people who said 'no' on survey 1 reported issues with using the telephone, tubing, and shortage of spare parts for a particular type of hearing aid. Only one person left a comment on survey 2 to say.

Left my name and address on machine and got the batteries the next day very impressed

Survey respondents (survey 1) were asked what they thought of the Hearing Support Service. Over 86% liked the personal service and over 55% felt it was a reliable local service that was easy to access (figure 4).

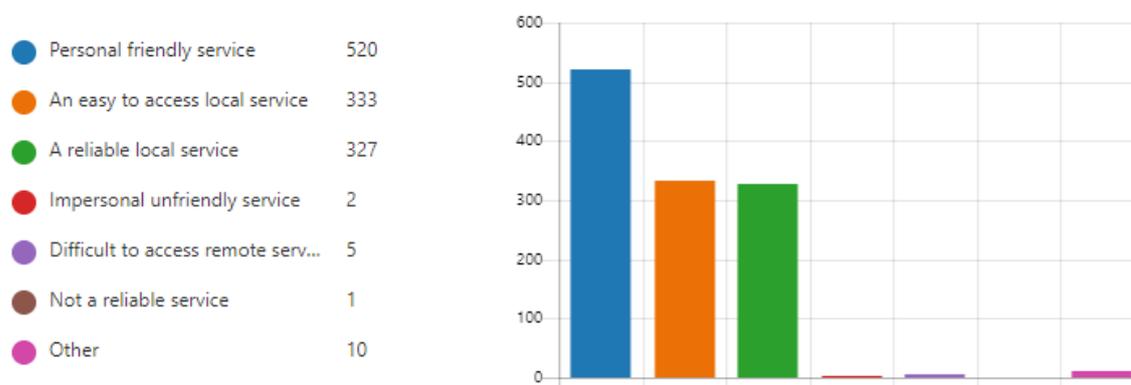


Figure 4 What respondents (survey 1) thought about the Hearing Support Service

One respondent on survey 1 summed up what the service meant to them.

Super friendly, efficient + quick. Follow up with me several times as didn't have hearing aid on me. Credit to your team. Better service than would expect in Harrods! Well done + thanks. Never received service like it. AMAZING!!"

Responses on survey 2 revealed much the same result for personal service (88%), however, the result had increased to over 68% for a reliable service that was easy to access. Most comments were complimentary, but one respondent stated that suffering from arthritis and carpel tunnel syndrome made all access difficult.

All interview participants also found that Hear for Norfolk was very easy to contact. In addition, participants thought the offices of Hear for Norfolk were easily accessible by car and provided ample free car parking and easy access to the building.

I have got a blue badge because I was born with a clubfoot. I've got an automatic car so I can drive quite okay but walking and mobility is a problem. You can never get into the disabled parking [NNUH] unless you go up at about 8 o'clock in the morning or 7 o'clock at night.

(Participant 4)

Parking was so difficult at the Norfolk and Norwich University Hospital that patients used the dedicated park and ride service. People reliant on bus services, found them unreliable, but felt it was easier to access the Norfolk and Norwich University Hospital or Cromer Hospital, as there was not service to the Hear for Norfolk offices on the industrial estate in Thorpe, Norwich.

Note: Participants are not aware of the bus service that stops outside the Hear for Norfolk office.

Participants valued the appointment system at Hear for Norfolk offices, which ran to time and saved waiting around in busy corridors that also reduced the risk of catching Covid-19. Likewise, the mobile service that travelled around Norfolk was welcomed because it was convenient and saved travelling to clinics.

All interview participants found the volunteers and staff at Hear for Norfolk were very helpful, thoughtful, and considerate.

Well, they gave me good advice how to place it [hearing aid] in, which basically should appreciate when your new to it, it's is a bit of a fiddle, they were very patient with things like that. Quietly works away in the back there for people like me keeping us, keeping our hearing efficient.

(Participant 10)

Some participants had been let down by independent providers who would not synchronise appointments for couples or provide essential maintenance and so turned to Hear for Norfolk for help. The prompt response to requests for help was a key reason for using Hear for Norfolk generally and especially during Covid-19 when many services were halted.

This was pre COVID, um, and then of course last year we had locked down and I had um because I've used them before. I had their brochure, went on their website and they said Oh well, you can do this, we're acting on behalf of the NHS, so I sent an email, got a phone call back, a very nice man called [staff] asked what I wanted, and I had my NHS card, so I knew what battery type. I knew what cup and tube and by return post, came what I wanted.

(Participant 5)

As highlighted in [4.2.2](#), Hear for Norfolk go beyond simply providing maintenance services to help people with hearing loss. The close link with the NHS ensures easy access to gain technical help if required. The charity also provides social and emotional support to service users.

4.3 How does the Hearing Support Service impact on the quality of life of service users?

Both surveys revealed that Hearing Support Service had a large impact on the quality of life of service users (figure 5). Accessing Hearing Support Service had the most impact on people’s ability to use their hearing aids correctly. There were notable differences in people’s ability to communicate with other people, their ability to remain active, and their overall wellbeing. Less impact was reported for loneliness and confidence.

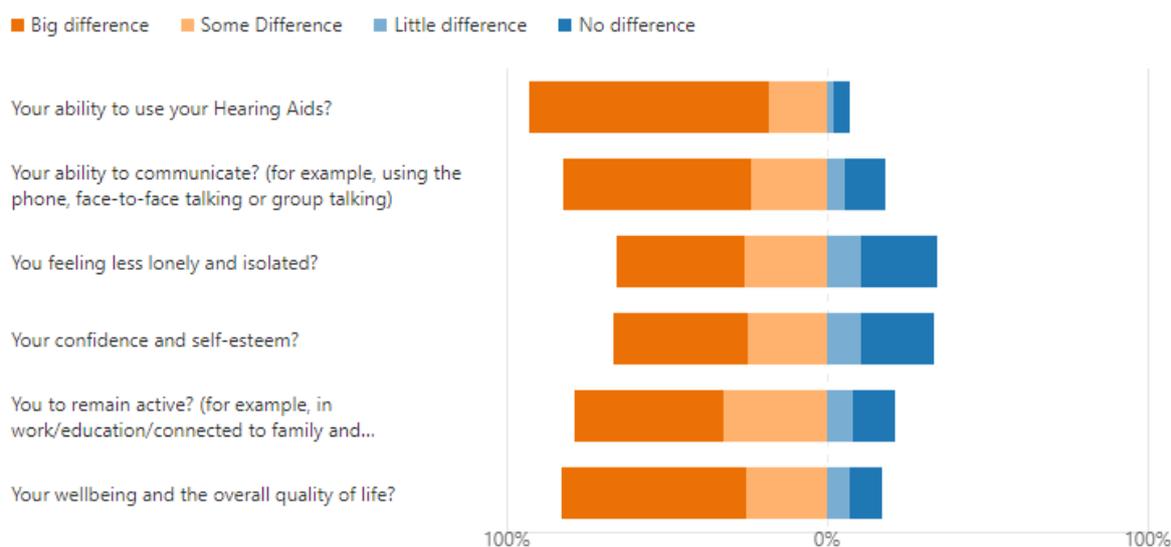


Figure 5 Impact of the Hearing Support Service on quality of life of service users (survey 1)

Seventy-five respondents added comments that provided further support about the difference Hear for Norfolk makes to people with hearing loss. Over half of the comments were about the convenience of using Hear for Norfolk and the support they offered. Respondents said this support reduced their anxiety, and the support was particularly welcome during the Covid-19 lockdowns.

During the pandemic and totally isolated, it was excellent to be given advice and order products over the phone

Having a hearing aid enabled one respondent to play sport and another to reduce the effect of tinnitus on their daily life.

In survey 2 responses to the questions about the impact on quality of life were as follows, with additional comments made by participants where relevant:

“What difference has our support made to your ability to use your Hearing Aids?” – Over 94% reported big or some difference, while only 5% reported little or no difference. Comments of support were:

Without your support, I would not have been able to use my Hearing Aids

So efficient for the hard of hearing person. Saves me a trek to NNUH. Always friendly and helpful

“What difference has our support made to your ability to communicate?” – Over 90% report big or some difference, while 9.6% reported little or no difference. A comment of support was:

I was acting on behalf of 94 year old near end of life, communication is essential.

“What difference has our support made to you feeling less lonely and isolated?” – Almost 65% reported big or some difference, while over 35% report little or no difference.

“What difference has our support made to your confidence and self-esteem?” – 70% reported big or some difference, while 28% reported little or no difference. Comments left on the survey included:

Made a big difference to me, I can go out with more confidence

Knowing it [Hear for Norfolk] is there and available gives me security

“What difference has our support made to you to remain active?” – Almost 78% reported big or some difference, while 21% reported little or no difference.

“What difference has our support made to your wellbeing and the overall quality of life?” – Over 86% reported big or some difference, while around 13% reported little or no difference. One comment of support was:

Hearing aids working well, makes a big difference regarding phone calls, TV Radio

Most interview participants did not mention their ability to use the hearing aids but emphasised how not having them would impact on their daily activities, their communication and socialisation and their mental and psychological wellbeing. These aspects of wellbeing are inseparable and impact on individuals, their families, their friends, and their work as summed up by participant 2.

.... being able to understand and communicate with people and in terms of my quality of life. I'm an artist. I work from home. I listen to music throughout the day, and I might listen to my spoken word radio and, and that sort of thing. I mean it's, it's maintaining a quality of life, Um, being able to hear things, you know the birds outside and, and the things we like to listen to.

4.3.1 Daily activities

Interview participants also stated that they would find it very difficult to play sport, watch television, play cards, go to concerts, the cinema, and the theatre, play a musical instrument, or listen to music and dance without a hearing aid. Hearing aids are not perfect, and people feel some isolation due to how noise reverberates around a room, however, not having one would have significant impact.

In a group of four at the table playing bridge. Then the other three can have a conversation. But because of background noise from the room, Uhm then I can only take part in a very small part of it. I think it would be very difficult to force yourself to join any of these occasions, though, you would become very, very isolated.

(Participant 11)

There are many aspects of life that people with hearing loss would miss without the help of hearing aids, including enjoyment of the surrounding natural world.

I'm a country person, and one of my great pleasures is I do love animals and wildlife and bird song to me I think there's absolutely marvellous and I do miss that very much when I can't hear. And my life would be the poorer for it.

(Participant 12)

Some interview participants noted that everyday activities, such as shopping and not being able to hear what the cashier is saying, and answering the telephone were difficult for people with hearing loss, which could impact on

independence and confidence.

Yes, and you know simple things like the telephone, telephone goes and then I answer it and sometimes I just can't hear, and I've got it on loudspeaker. And so, I then have to say, and I'll pass you over to my wife, who can, and even when I'm phoning up about something. I put my wife on because it's easy for her to do it than it is for myself.

(Participant 12)

4.3.2 Communication, work, and socialisation

Many interview participants said they could not hear anything once they remove their hearing aids at bedtime. People said that to communicate and socialise with their family and friends daily would make life very difficult without hearing aids.

I would be somewhat lost without a hearing aid. First time that I've been a lot more confident. You can't answer a question if you haven't heard it incorrectly and you, you look in idiot if you have to continue say well, 'what did you say?'

(Participant 12)

Other interview participants who worked, volunteered for emergency work and social groups, or owned businesses, all felt they would be seriously compromised if they could not hear or communicate with other people.

Well, people don't mind repeating something because they got used to which of us older ones are not picking everything up and they'll just say it again. But in business meetings they start to equate that with being stupid which is rather awkward when you're providing a bit of leadership to people.

(Participant 8)

4.3.3 Mental and psychological wellbeing

Interview participants felt frustrated, and angry if they could not participate in activities and communicate with others. One participant said, *'it is like living in a different world when you cannot hear'* (Participant 16). As noted above, hearing loss may reduce confidence to interact with other people and increase

dependence on other people, namely partners, to help with daily activities. Interview participants noted that their partners were often frustrated and found it aggravating if they had to keep repeating conversations.

I should think my wife would murder me! Well, look at that Telly would be turned up too loud and then you'd be shouting a lot. What did you say? and repeat this? Or can you repeat that? and so, yes, that would be a bit frustrating.

(Participant 4)

The impact of hearing loss on psychological wellbeing might be slow, almost imperceptible, but could cause isolation and depression without full participation in daily activities and communication.

If they got no answers after a bit, they stop engaging you in the conversation I would think. That's the danger, and it can be quite isolating.

(Participant 8)

It begins to drag you down and because of what should be a pleasurable experience at the end of say, being in the when I used to go to the cinema or used to or watch a film on television, I came out and I thought we it was a good film, but I didn't really. I didn't get the full benefit of I didn't understand parts of it and if you know it, it does drag you down.

(Participant 12)

Well yes, if I can keep going and meeting people and that, I should be quite happy. But the lock down was very depressing because I couldn't go out and see anybody, living on my own it's just, very hard.

(Participant 1)

4.3.4 Safety

In addition, to wellbeing, interview participants raised safety as issue associated with not wearing hearing aids. One participant was concerned about not hearing alerts from other motorists and others felt that even walking on multiuser paths would be dangerous as they would not hear other users, such as cyclists or horse riders coming up behind them. Moving around without fully functioning hearing aids can be disorientating for people with hearing loss.

I have both of my hearing aids and I have a problem with both of them, to be honest with you, I am a little disorientated when I go out too it's dangerous.

(Participant 12)

I mean, I won't be able to drive safe because I won't hear, but I see alright, but I wouldn't hear anybody if they were shouting at me or anything. So that would be a problem if I couldn't have my hearing aid.

(Participant 15)

4.4 How would this impact on quality of life change if the service was reduced or ceased to exist?

Interview participants found it was hard to imagine how loss of hearing would impact on quality of life if the service was reduced or ceased to exist. However, all participants felt they would be in a much worse position as they would probably have to wait much longer to get the same service from the NHS as they do from Hear for Norfolk. Having to wait weeks for a service from the NHS would mean their wellbeing and quality of life would be seriously compromised as noted in [4.3](#). Not having the hearing aid would stop social interactions and would have impacts on family and friends, which would also cause frustration and annoyance for everyone. Participants would be unable to take part in daily activities, such as shopping, and they would not be able to enjoy sport, music, film, TV, and nature. Safety would also be a big risk when traveling on roads and rights of way. Overall, respondents felt that they would experience much more isolation, frustration, anger, desperation, and loss of confidence, which could lead to mental health issues, if they did not have the support of Hear for Norfolk.

No, no, no, no, no I would not want that. I was desperate to have my hearing aids re tubed, uhm the tube had come out. And I was desperate to get them

fixed and fitted. I couldn't get an appointment at the hospital, so I got one on their on their van and I travelled from Norwich to Wymondham just to get the re tubing done but it was it was a godsend.

(Participant 14)

Uhm, I've got people coming behind me ringing the bell that we don't hear, and my wife was saying 'look' you're going to be knocked down. He's going to be knocked down if you don't... and so yeah, It, it impinges on my life very, very much indeed.... Well, I wouldn't be able to cope, I wouldn't be able to do it.

(Participant 12)

Oh, certainly um it would be very detriment to everybody I think well, where would people go if they got problems with hearing? Well, I feel like I should a cast off. Where would I go?

(Participant 1)

4.5 Are there any gaps that the service is not fulfilling OR are there improvements/changes that the service needs to make?

Hear for Norfolk already fills a large gap in services needed by people with hearing loss as observed by a respondent on survey 1,

The NHS: "We've fixed you, goodbye!", NDA fills in the gap.

The knowledge that Hear for Norfolk exists and provides essential services is very important to people with hearing loss.

The NDA services do not impact my life on a daily basis. However, I know you are there and that is reassuring. Those things you do for me are essential to my life as a hearing-impaired person. Thank you.

Given that most people are very happy with the services provided by Hear for Norfolk, there were few suggestions for improvements on the surveys or during the interviews. Nevertheless, there were some suggestions for changes or improvements to the services.

4.5.1 Access to Hear for Norfolk services

During Covid-19 lockdowns, the mobile service provided by Hear for Norfolk had to be limited to meet with Covid-19 lockdown restrictions. Many respondents were looking forward to full resumption of this service, as it is so convenient for people to access. Interview participants also suggested this service could be extended to more towns and villages throughout Norfolk.

At present GPs make referrals to audiologists. It can take a long time from referral to appointment and some participants felt that self-referral for hearing tests and wax removal would benefit the GPs and patients.

The way I understand it at the moment, unless you get referred there for a specialist, you have to go through your doctor. You have to get in touch with Norfolk and Norwich to make you an appointment to get a hearing assessment which takes forever.

(Participant 6)

As I understand it, it's commissioned by CCG's as they are now. And the GPs are not always that keen to refer. I've gone privately 'cause I can't be bothered to argue with the practice.... But it cuts the GP loop out of it, which frankly would save them and appointment.

(Participant 8)

Several participants were unaware of all the services provided by Hear for Norfolk and would like to receive more information about how to access these.

4.5.2 Extend Hear for Norfolk services

As noted above, there are time delays and difficulties in getting a referral to an audiologist in the NHS. Many people with hearing aids require regular hearing tests and wax removal, and so these participants felt that Hear for Norfolk could, in addition to the wax removal service, set up regular appointments and alerts for these services

So, it it's just slightly outside the reach with a lot of GPs, unless they've spent time in ENT [ear, nose, throat]. They, they sort of minor things, may be better

dealt with in a NDA type setting. I mean I, I would rather go straight there 'cause I tend to know if something changed, I could tell. It's almost a waste of a GP's time seeing me for a hear, hearing thing.

(Participant 8)

Training people to do their own maintenance may be an additional service provided by Hear for Norfolk to support any users wishing to do this themselves. The charity should campaign to stop background music in shops to help people with hearing loss.

4.5.3 Updates on new equipment

In the past, participants had gone to the Hear for Norfolk offices to try out pieces of equipment, such as hearing loops, before purchasing, however, this service was stopped in 2018 due to financial constraints. Research and development of hearing aids and assistive listening devices is constant, and some participants wanted to be kept up to date, to receive unbiased information and be able to trial them before making a purchase.

That's indeed it because it is quite often America right now they've got, they've got some very interesting stuff going on with some Oticon and other leading edge, cutting edge hearing aid people. So, it would be interesting to hear what our side if there are any ideas what's going on with it, with them.

(Participant 13)

4.5.4 Psychological support

Respondents on survey 1 felt that it would be helpful to provide psychological support for people who experience hearing loss, tinnitus and hyperacusis. This was echoed by participants during interviews, who were anxious about their hearing loss and found it hard to cope with the difficulty of communication and socialisation.

Communication is everything.

(Participant 14)

An additional service, such as a befriender scheme supported through Hear for Norfolk might increase psychological support for service users who wish to use it, as suggested on survey 1.

Would like to have a person with hearing loss as a befriender as this disability can be VERY depressing + isolating

4.6 Who will participants go to for their next hearing assessment and new hearing aids?

Several factors influence where people would go for their next hearing assessment and new hearing aids. The practical reasons are as noted in [4.2](#). Many interview participants were unsure about who provided their hearing assessments and who provided maintenance as noted in [4.2.1](#), showing that the link between the NHS and Hear for Norfolk is already well developed. Interview participants were divided between the NHS and Hear for Norfolk for where they would choose to go for their next hearing assessment.

4.6.1 National Health Service

Many interview participants wanted to continue using the NHS mainly because they suffered underlying health problems or because they felt the NHS staff are well trained and have all health knowledge.

I would probably want to because of the nature of um, the operation that was undertaken. I would rather go back to the consultant [NHS]. I mean, it would be rather being, uh, you know, I don't know having a BMW and then taking it into a Vauxhall garage to have it maintained, you know what I mean? It's, it's just logical that I'd go back, I'd go back to the guy who's done all this.

However, the service provided by the NHS is far from perfect and this puts many people off using the NHS for their hearing needs as stated by participant 10.

I've seen it grow and grow far more inefficient. It's like being in a sausage machine, you could go to the Norfolk & Norwich one, you don't get a prescription, you don't get an appointment. You turn up and sit in a queue like lots of other people that have all got the same problems and then they call you in.

4.6.2 Hear for Norfolk

Many interview participants were keen to use Hear for Norfolk because of the convenience and more importantly, because of the excellent person-centred care as described in [4.2.4](#). Participants also felt that it would be mutually beneficial if the close connections already established between Hear for Norfolk and the NHS were strengthened and Hear for Norfolk took over the day-to-day management of people with hearing loss and were paid to do that.

I would really because they are specialized enough, and they know when they're out of their depth on something and they [Hear for Norfolk] will refer upward which is what I need really. It's unlikely I'll ever need anything that they couldn't deal with... You want something more integrated, more joined up, and I think the NDA meets that. It has an NHS ethic and service standard about it... And I think it's a better service partner than a pure private firm would be.

(Participant 8)

I've been offered hearing aids and places at the St John Maddermarket Norwich. I wouldn't go there, I'm happy with the service I've got, and I personally think that they [Hear for Norfolk] should receive government funding, they are a vital service.

(Participant 12)

However, some participants wondered if Hear for Norfolk would continue to provide such an excellent service if more people were referred there rather than the NHS.

4.6.3 Independent providers

None of the interview participants wanted to go to independent providers for hearing tests, hearing aid provision and maintenance because they do not want the NHS privatised and feel that the business agenda is for profit rather than health needs. Some independent providers rose to the challenge during the first Covid-19 lockdown and posted batteries and other parts for hearing aids. However, post-lockdown three participants experienced rudeness and lack of consideration for older people who use public transport. In addition, two participants who went to an independent provider were given the wrong hearing aids that caused further hearing problems.

...my Doctor tried to refer me for a retest, but they [hospital] did send me a [business] once who gave me two of their hearing aids. And when I went back to the hospital with trouble, they said 'what the devil are you doing with them things, they're no good for you'. If anybody tries to send you there again, don't go, tell them you're not going. You're coming here. So, when I want a test, I go to the hospital now.

Participant 6)

It was, I think at that time it was £1500 pounds for one hearing aid special offer £2000 for two. Went to have the, shall, I say, the proper hearing assessment with a specialist, and uhm, he said under no circumstances should I ever have a hearing aid in my defective ear, that is the one I've had the operation on back in the 1940s. Uhm I've held it out and I've been somewhat distrustful of private providers ever since. Perhaps they provide a good service, but I'm very worried, I think commercial interests come first.

(Participant 11)

Recently the wife of one interview participant was sent to an independent provider because the hospital was 'no longer' taking referrals. The couple did not want this because they did not have confidence that the independent provider would provide a good service, but they were not given a choice. This also meant that each person would visit two different establishments at different times, thus reducing convenience for the service users.

One final comment about commissioning of services by the Clinical Commissioning Group.

I think they [Hear for Norfolk] provide a jolly good service. I'm very unkeen on the CCG trying to Commission from (independent providers) because I just don't believe that they meet the standard. I would prefer to deal with NDA or the NHS.

(Participant 8)

5. Discussion

This evaluation shows that Hear for Norfolk provides an excellent service for people suffering hearing loss in Norfolk. Few survey respondents and no interview participants provided any adverse observations about the service. The 'poor' responses about some of the services in survey 1 may have been due to limited face-to-face support available due to Covid-19 lockdowns. Lockdowns were imposed by the Government in 2020 and 2021 to reduce the spread of Covid-19, which resulted in the closure or limitation of many necessary services, until safe alternative practices were established.

Most people use Hear for Norfolk for maintenance, such as retubing and battery replacement and these services are important to ensure effective hearing aids. In addition, interviews revealed the importance of other services such as wax removal, equipment trials, psychological and social support to people with hearing loss. Virtually everyone said that Hear for Norfolk provides a friendly service that is easily accessed and reliable. Staff and volunteers try hard to ensure that everyone receives the help and support they need. This includes connecting with the NHS to manage appointments and ask for advice about technical issues that were beyond the expertise of Hear for Norfolk staff.

Survey results show that loss of hearing impacts on quality of life but seems to have less effect on loneliness and confidence to communicate. However, these results may be influenced by the degree of hearing loss and people with severe hearing loss would be most affected. Interview participants felt that not having a hearing aid would have a big impact on daily and pleasurable activities that we take for granted. Most interview participants in the evaluation were retired, however, those that worked or contributed to society with voluntary work felt they would not be able to manage without functioning hearing aids to effectively communicate. Research by the Royal National Institute for Deaf People (RNID), found that nearly half their sample were retired and two-thirds of those took early retirement due to communication issues and the stress caused by this⁹.

Loss of communication with family, friends and wider social networks would cause frustration, and anger, leading to isolation and depression. Research shows that wellbeing and quality of life can be adversely affected by hearing impairment⁵ and this evaluation found that the services provided by Hear for Norfolk were important to maintain these. The results of long-awaited research

by Deal *et al*⁴ may also show that cognitive decline is also ameliorated with the use of hearing aids. Some evaluation participants also reported raised anxiety levels, which are prevalent in people with hearing loss, whether they use a hearing aid or not¹⁰. Suggestions for further support that Hear for Norfolk could provide included development of psychological support and befriending services for people with hearing loss. These services may also be extended to other conditions, such as hyperacusis and tinnitus. There is a general lack of psychological support for hearing loss, which could be best provided in the audiology setting^{11,12}. Use of a quality of life measure during hearing assessments would provide a holistic approach to hearing loss and might identify patients that would benefit from psychological support. Further research would help to identify how hearing loss affects quality of life and how Hear for Norfolk could address this.

Issues around the safety of service users when walking and driving a vehicle were raised during interviews. Research suggests that people with hearing loss are more likely to give up their driving licences than people with normal hearing¹³. Risk of collisions are greater in people with hearing loss because they fail to adapt their driving practices (e.g., driving at slower speeds) to accommodate hearing loss¹⁴. Hearing loss is an 'unseen' impairment that most drivers with normal hearing would fail to consider in other road users, thus increasing the risk of collision. However, research on this risk and those for walkers and cyclists on public highways and multi-user paths appears to be non-existent. Nevertheless, there is a plethora of evidence to show that physical inactivity increases the risk of many chronic diseases, mortality and reduces overall quality of life¹⁵, therefore, everyone should be encouraged to be physically active.

Hear for Norfolk already fills a large gap in provision of hearing support services, and only a few people made suggestions, such as the restoring of the mobile services that were limited during Covid-19 lockdowns and expanding these further across Norfolk, training people with hearing loss to do their own maintenance, and reintroducing the opportunity for people to trial new assistive listening devices. The most notable change suggested would be self-referral for hearing assessments and wax removal. The cost of a GP consultation is approximately £39¹⁶. Given that an estimated 201,500 people in Norfolk

experience hearing loss, this could amount to a saving of £7.8 million to the NHS for single appointments, provided Hear for Norfolk is suitably funded to carry out the work at the high standard of person-centre care presently provided. Unlike independent providers, Hear for Norfolk is not funded to provide hearing assessments and hearing aids. Participants clearly did not want to go to independent providers because of their experiences, the healthcare risks, and the perceived agenda for profit. The surveys showed few people access independent providers for maintenance, however, the interviews raised a disproportionate number of complaints. Reasons to access the NHS were because of the healthcare knowledge, and Hear for Norfolk for the person-centred care and practicalities of access and convenience. Hear for Norfolk has close links with the NHS, which resulted in confusion in participants about who had provided which services. Potentially these links could be developed and extended to provision of hearing assessments and hearing devices, with suitable funding.

The mixed methods approach strengthened the evaluation by providing triangulation of findings from the quantitative and qualitative methods. Quantitative research gives numerical data from large samples, whereas qualitative methods (open-ended questions and interviews) provide in-depth understanding about the impact Hear for Norfolk has for people with hearing loss in Norfolk.

Working with Hear for Norfolk ensured development of suitable research measures for the target population. Their help with recruitment of interview participants was invaluable but may also be a limitation as it could potentially increase selection bias of invitees. Hear for Norfolk know their client group very well and selection bias was discussed during development of the evaluation to minimise this risk. Participant bias may be present in this evaluation as service users with strong views for Hear for Norfolk and strong views against independent providers may be more motivated to participate. Interviewing a small number of service users may be considered a limitation, however, qualitative research is invaluable to gain real life experience¹⁷. The poor response to the invitation to be interviewed may be due to the use of an answer machine by the UEA research team, to which some people with hearing loss may find hard to respond.

6. Concluding remarks/recommendations

The evaluation has shown that the services provided by Hear for Norfolk are valuable to people with hearing loss in Norfolk. Without the support to maintain hearing aids, service users felt they would experience much reduced quality of life and mental wellbeing. Hear for Norfolk and the NHS are the preferred providers for hearing assessments, equipment, and maintenance for different reasons. Independent providers did not have any support from interview participants because of poor service and potential health risks.

Hear for Norfolk already fills a large gap in service need for people with hearing loss but there were some suggestions to further develop services. One suggestion was for Hear for Norfolk to strengthen its partnership with the NHS and gain funding for hearing assessments, hearing aid provision and wax removal. Other suggestions were for the full restoration and extension of mobile services around Norfolk, development of psychological and befriending services, restore the service to try new assistive listening devices, and further advertise the services provided by Hear for Norfolk. Other research suggested that quality of life could be measured at hearing assessments and personal safety risks could also be addressed by providers of hearing aids. More research is needed in these areas and research to assess how Hear for Norfolk could best address these in the future.

The person-centred care provided by Hear for Norfolk is what sets it apart from other providers of services for people with hearing loss, however, to develop and extend existing services would require consideration of need and extra funding.

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Appendices

I. Hear for Norfolk Survey (2020-2021)

Hear for Norfolk
(the working name of Norfolk Deaf Association)
Hearing Support Service Questionnaire



1. SU No

2. Who issued your hearing aid? (please tick)

Norfolk & Norwich University Hospital	<input type="checkbox"/>	Scrivens	<input type="checkbox"/>
James Paget University Hospital	<input type="checkbox"/>	Specsavers	<input type="checkbox"/>
Queen Elizabeth II Hospital	<input type="checkbox"/>	The Outside Clinic	<input type="checkbox"/>
West Suffolk Hospital	<input type="checkbox"/>	NHS hearing aid provider from outside Norfolk	<input type="checkbox"/>

3. What did you use NDA services for? (please tick all that apply)

Retubing	<input type="checkbox"/>	Wax guard replacement	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	Help getting my earmould in	<input type="checkbox"/>
Batteries replacement	<input type="checkbox"/>	Help with my hearing aid controls	<input type="checkbox"/>
Battery drawers replacement	<input type="checkbox"/>	Help with cleaning my earmould	<input type="checkbox"/>
Volume switches replacement	<input type="checkbox"/>	Advice with using hearing aid	<input type="checkbox"/>
Filters replacement	<input type="checkbox"/>	General advice / emotional support	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

4. Do you feel that our staff member who answered your initial call fully understood the nature of your enquiry/request and was able to address it appropriately?

Yes Partially No

5. If you answered 'partially' or 'no' to Question 4, please provide more details: _____

For Questions 6 to 10 please answer only the questions for the support you have

6. For help with retubing: Now your hearing aid has been retubed, how well does the hearing aid fit behind your ear?

Fits securely and comfortably		Fits poorly but is comfortable	
Fits securely but is uncomfortable		Fits poorly and is uncomfortable	

7. For help with getting the earmould into your ear:

I am now very confident in getting my earmould in and out correctly	
I now manage better in getting my earmould in and out correctly	
I still struggle to get my earmould in and out	
I can't manage to get my earmould in and out correctly	

8. For help with cleaning the earmould:

I am now confident with cleaning it		I still struggle to clean it	
I manage better with cleaning it		I can't manage to clean my earmould	

9. For help with hearing aid controls:

I am now very confident		I still struggle	
I now manage better		I can't manage	

10. For each service provided: the service I received was...

	Excellent	Good	Poor	Very poor
Retubing				
Cleaning				
Ear mould fitting				
Battery supply				
Battery drawer replacement				
Volume switches replacement				
Filters replacement				
Wax guard replacement				
Help getting my earmould in				
Help with my hearing aid controls				
Help with cleaning my earmould				
Advice with using hearing aid				
General advice / emotional support				

Other (as you specified above)				
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11. Was the volunteer or staff member able to do all that you expected?

Yes No

12. If answered 'no' to Question 11, please say why:

13. How did you hear about the Hearing Support Service?

Referral from Hospital		Saw the Mobile Clinic	
Referral from Scrivens		Clinic at NDA office	
Referral from Specsavers		Local Press	
Website		GP Surgery	
Leaflet		Clinic close to my home	
NDA Newsletter		Other (please specify)	

14. How did you access the Hearing Support Service? (please tick all that apply)

Home visit		Local / NDA offices Clinic	
Mobile Clinic		On the phone	

15. Was the location of the service convenient for you?

Yes No

16. How far did you have to travel to reach the clinic? _____ (miles)

17. How easy is it to contact the Norfolk Deaf Association Hearing Support Service?

Very easy		Not so easy	
Easy		Difficult	

18. If answered 'difficult' to Question 17, please say why:

19.How important do you rate the support we provide?

	Essential	Important	Not important
Retubing			
Cleaning			
Ear mould fitting			
Battery supply			
Battery drawer replacement			
Volume switches replacement			
Filters replacement			
Wax guard replacement			
Help getting my earmould in			
Help with my hearing aid controls			
Help with cleaning my earmould			
Advice with using hearing aid			
General advice / emotional support			
Other (as you specified above)			

20.What difference has our support made to...

	Big difference	Some difference	Little difference	No difference
Your ability to use your Hearing Aids?				
Your ability to communicate? (for example, using the phone, face-to-face talking or group talking)				
You feeling less lonely and isolated?				

Your confidence and self-esteem?				
You to remain active? (for example, in work/education/connected to family and friends/persevere with hobbies)				
Your wellbeing and the overall quality of life?				

21. Please let us know if the support we provided made a difference in any other way:

-

22. What do you think about the Hearing Support Service provided by the NDA? (tick all that apply)

Personal friendly service		Impersonal unfriendly service	
An easy to access local service		Difficult to access remote service	
A reliable local service		Not a reliable service	

23. The volunteer/staff member that I saw/spoke to... (please tick all that apply)

Was polite and caring		Reassured me	
Was very helpful		Assisted me with my problem	
Spoke clearly		Was not helpful	

24. What is your overall view of the NDA's Hearing Support Service?

Excellent		Poor	
Good		Very poor	

25. Would you recommend the Hear for Norfolk to your friends who also use hearing aids?

Yes

No

26. Is there any other support or help the Hearing Support Service could offer you?

27. Did you fill in this form yourself?

Yes No, the volunteer helped me No, someone other than the volunteer helped me

Thank you very much for completing this questionnaire. Your feedback will contribute to the improvement of our service.

Hear for Norfolk also offers other services to people with hearing loss. Please tick below if you would like further information about other services we provide.

<i>Our services and groups</i>	<i>Please send me details</i>
Aural Care (ear wax removal using microsuction)	
Tinnitus Support Group	
Befriending Service	
Hearing Loss Awareness Training Course	
BSL Practice Group	
Friends of the Norfolk Deaf Association	

Optional

Name:

Address:

Telephone:

Email:

Equality Monitoring (Note: this was not included in the survey of 2021/22)

One of the major funders of our Hearing Support Service require us to carry out the equality monitoring of people using our Hearing Support Service.

Please indicate by placing a tick in the box next to your selection.

Please note: *This information is for monitoring purposes only and will be held in strictest confidence.*

Gender	Disability	Age	
Male	Disabled	0 - 24 years	
Female	Not Disabled	25 to 64 years	
		65 + years	
Ethnicity	Religion	Sexual Orientation	
White UK	No religion	Heterosexual	
White Irish	Christian	Lesbian, Gay, Bisexual	
Gypsy or Irish Traveller	Buddhist	Prefer not to state	
Any other white background	Hindu		
Asian Indian	Jewish		
Asian Pakistani	Muslim		
Asian Bangladeshi	Sikh		

Asian Chinese		Other religion			
Any other Asian background		Prefer not to state			
Black African					
Black Caribbean					
Any other Black/African/Caribbean					
Arab					
Mixed Ethnic background					
Any other ethnic group					

The Data Protection Act 2018

Personal data collected on this form and information supplied on this form will be retained by Hear for Norfolk on a database and will be used to keep your case records accurate and enable us to address any concerns you raised promptly.

We will not disclose your data to any external sources without your expressed written consent.

A full copy of our Data Protection Policy and Privacy Notice is available on

II. Hear for Norfolk Survey (2021-2022)

Hear for Norfolk
(the working name of Norfolk Deaf Association - NDA)
Hearing Support Service Questionnaire



1. SU No _____

2. Who issued your hearing aid? (please tick)

Norfolk & Norwich University Hospital	<input type="checkbox"/>	Scrivens	<input type="checkbox"/>
James Paget University Hospital	<input type="checkbox"/>	Specsavers	<input type="checkbox"/>
Queen Elizabeth II Hospital	<input type="checkbox"/>	The Outside Clinic	<input type="checkbox"/>
West Suffolk Hospital	<input type="checkbox"/>	NHS hearing aid provider from outside Norfolk	<input type="checkbox"/>

3. What did you use Hear for Norfolk services for? (please tick all that apply)

Retubing	<input type="checkbox"/>	Wax guard replacement	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	Help getting my earmould in	<input type="checkbox"/>
Batteries replacement	<input type="checkbox"/>	Help with my hearing aid controls	<input type="checkbox"/>
Battery drawers replacement	<input type="checkbox"/>	Help with cleaning my earmould	<input type="checkbox"/>
Volume switches replacement	<input type="checkbox"/>	Advice with using hearing aid	<input type="checkbox"/>
Filters replacement	<input type="checkbox"/>	General advice / emotional support	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

4. Do you feel that our staff member who answered your initial call fully understood the nature of your enquiry/request and was able to address it appropriately?

Yes Partially No

5. If you answered 'partially' or 'no' to Question 4, please provide more details: -

For Questions 6 to 10 please answer only the questions for the support you have

6. For help with retubing: Now your hearing aid has been retubed, how well does the hearing aid fit behind your ear?

Fits securely and comfortably	<input type="checkbox"/>	Fits poorly but is comfortable	<input type="checkbox"/>
Fits securely but is uncomfortable	<input type="checkbox"/>	Fits poorly and is uncomfortable	<input type="checkbox"/>

7. For help with getting the earmould into your ear:

I am now very confident in getting my earmould in and out correctly	<input type="checkbox"/>
I now manage better in getting my earmould in and out correctly	<input type="checkbox"/>
I still struggle to get my earmould in and out	<input type="checkbox"/>
I can't manage to get my earmould in and out correctly	<input type="checkbox"/>

8. For help with cleaning the earmould:

I am now confident with cleaning it	<input type="checkbox"/>	I still struggle to clean it	<input type="checkbox"/>
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Hear for Norfolk Hearing Support Service Evaluation 2022

I manage better with cleaning it	I can't manage to clean my earmould
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9. For help with hearing aid controls:

I am now very confident	I still struggle
I now manage better	I can't manage

10. For each service provided: the service I received was...

	Excellent	Good	Poor	Very poor
Retubing				
Cleaning				
Ear mould fitting				
Battery supply				
Battery drawer replacement				
Volume switches replacement				
Filters replacement				
Wax guard replacement				
Help getting my earmould in				
Help with my hearing aid controls				
Help with cleaning my earmould				
Advice with using hearing aid				
General advice / emotional support				
Other (as you specified above)				

11. Was the volunteer or staff member able to do all that you expected?

Yes No

12. If answered 'no' to Question 11, please say why:

13. How did you hear about the Hearing Support Service?

Referral from Hospital	Saw the Mobile Clinic
Referral from Scrivens	Clinic at Hear for Norfolk office
Referral from Specsavers	Local Press
Website	GP Surgery
Leaflet	Clinic close to my home
Hear for Norfolk Newsletter	Other (please specify)

14. How did you access the Hearing Support Service? (please tick all that apply)

Home visit	Clinic in my local area / Clinic at Hear for Norfolk offices in Meridian Way, Norwich
Mobile Clinic	On the phone

15. Was the location of the service convenient for you?

Hear for Norfolk Hearing Support Service Evaluation 2022

Yes

No

16. How far did you have to travel to reach the clinic? _____ (miles)

17. How easy is it to contact the Hear for Norfolk's Hearing Support Service?

Very easy		Not so easy	
Easy		Difficult	

18. If answered 'difficult' to Question 17, please say why:

19. How important do you rate the support we provide?

	Essential	Important	Not important
Retubing			
Cleaning			
Ear mould fitting			
Battery supply			
Battery drawer replacement			
Volume switches replacement			
Filters replacement			
Wax guard replacement			
Help getting my earmould in			
Help with my hearing aid controls			
Help with cleaning my earmould			
Advice with using hearing aid			
General advice / emotional support			
Other (as you specified above)			

20. What difference has our support made to...

	Big difference	Some difference	Little difference	No difference
Your ability to use your Hearing Aids?				
Your ability to communicate? (for example, using the phone, face-to-face talking or group talking)				
You feeling less lonely and isolated?				
Your confidence and self-esteem?				
You to remain active? (for example, in work/education/connected to family and friends/persevere with hobbies)				

Your wellbeing and the overall quality of life?				
---	--	--	--	--

21. Please let us know if the support we provided made a difference in any other way:

-

22. What do you think about the Hearing Support Service provided by Hear for Norfolk? (tick all that apply)

Personal friendly service		Impersonal unfriendly service	
An easy to access local service		Difficult to access remote service	
A reliable local service		Not a reliable service	

23. The volunteer/staff member that I saw/spoke to... (please tick all that apply)

Was polite and caring		Reassured me	
Was very helpful		Assisted me with my problem	
Spoke clearly		Was not helpful	

24. What is your overall view of Hear for Norfolk's Hearing Support Service?

Excellent		Poor	
Good		Very poor	

25. Would you recommend the Hear for Norfolk to your friends who also use hearing aids?

Yes No

26. Is there any other support or help the Hearing Support Service could offer you?

27. Did you fill in this form yourself?

Yes No, the volunteer helped me No, someone other than the volunteer helped me

Thank you very much for completing this questionnaire. Your feedback will contribute to the improvement of our service.

Hear for Norfolk also offers other services to people with hearing loss. Please tick below if you would like further information about other services we provide or if you are interested in volunteering for our Hearing Support Service.

<i>Our services and groups</i>	<i>Please send me details</i>
Aural Care (ear wax removal using microsuction)	
BSL Practice Group	
Cuppa Care Project (providing emotional support, companionship & connections)	
Hearing Loss Awareness Training Course	
Friends of Hear for Norfolk	
Interested in Volunteering for the service	

Optional

Name:

Address:

Telephone:

Email:

III. Interview guide

Interview guide for interviewees of the Hear for Norfolk evaluation

Thank you again for completing the Hear For Norfolk's Hearing Support Service Questionnaire and agreeing to be interviewed for the evaluation. We are interviewing people of different ages and gender, people who need to travel different distances to access Hear for Norfolk's Hearing Support Clinics and those who gave both positive and negative feedback on the survey. The information you provide will help Hear for Norfolk to understand whether they meet the needs of people with hearing problems in Norfolk and what improvements they could make.

The interview should take no more than 30 minutes.

Complete the consent form.

Could you tell me why you use Hear For Norfolk?

- What do you use Hear For Norfolk for?
- Maintenance?
- Why not use (name of provider) of your hearing device for maintenance?

How does the Hearing Support Service provided by Hear For Norfolk help you with everyday living?

- Daily activities?
- Socialisation and meeting people?
- Mental wellbeing?
- Physical health + dizziness, nausea

Do you think these would change if the service provided by Hear For Norfolk was reduced or ceased to exist?

- In what way?
- What would it mean for you?

Does Hear for Norfolk meet your needs?

- Can you think of any services that you would like?
- Reasons for this?
- Can you think of any changes in the service that would help you?

- Reasons for this?

Who will you go to for your next hearing assessment and new hearing aids?

- Reason for this?
- Would you consider using Hear For Norfolk for your next assessment?
- What would encourage you to choose Hear for Norfolk rather than (name of provider)?

Is there anything else you would like to add?

Thank you for your participating in the evaluation.

Would you like me to send you the transcript of your interview to make sure it reflects what you said and make any changes, if you wish?

IV. Invitation letter to participants



Date:.....

Invitation letter to participants

Dear,

Thank you for completing the recent Hear for Norfolk's Hearing Support Service Questionnaire. As our wish is to ensure we meet the needs of people with hearing problems in Norfolk, we are inviting you to take part in an interview as a follow up to the survey to gain more in-depth information for an evaluation. We are asking you to be interviewed because we want to include people of different ages and gender, people who need to travel different distances to access Hear for Norfolk's Hearing Support Clinics and those who gave both positive and negative feedback on the survey.

Please read the **Participant Information Sheet** attached which explains the study in more detail. We will ensure that we adapt the interview to meet your hearing needs. Taking part in the interview is voluntary and there is no problem if you would prefer not to take part. If we do not hear from you by the end of two weeks from the date of this letter, we will assume that you do not wish to be interviewed.

If you are happy to be interviewed, please contact me by telephone or email and leave a message with your contact details, as below. Or contact Hear for Norfolk who will, with your permission, pass your contact details to me.

Kind regards,

Stephanie Howard Wilsher

*Health Economics Consultancy
Norwich Medical School
Bob Champion Centre for Research
University of East Anglia
Norwich NR4 7TJ*

Telephone – 01603 597075

[Email - Stephanie.howard@uea.ac.uk](mailto:Stephanie.howard@uea.ac.uk)

V. Participant Information Sheet



Participant Information Sheet

A service evaluation of Hear for Norfolk

We invite you to take part in a service evaluation

- Before you decide whether to take part, it is important for you to understand why the evaluation is being done and what is involved.
- Please take time to read the following information carefully. Discuss it with friends and relatives if you wish.
- You are free to decide whether or not to take part in this evaluation. If you choose not to take part, this will not affect the care you receive from the Hear for Norfolk

Important things you need to know

- Hear for Norfolk aims to improve the lives of young people and adults of all ages in Norfolk with all degrees of hearing loss.
- Hear for Norfolk wants to ensure they meet the needs of people with hearing problems in Norfolk.
- We would like to interview people who completed the recent Hear for Norfolk Hearing Support Service Questionnaire.
- You can be interviewed through an internet platform that provides live captioning or you can have someone you know to sign for you.
- The interview should last around 30 minutes.
- Please note, you have been selected for interview as we wish to include

Contents

- 1** Why are we doing this evaluation?
- 2** What do I need to know about taking part in the evaluation?
- 3** Why am I being asked to take part?
- 4** What will I need to do to take part?
- 5** What if things go wrong?
- 6** Important information about taking part
- 7** How to contact us
- 7** **How to contact us**

If you have any questions about this evaluation, please talk to the researcher who organised it:

Stephanie Howard
Wilsher

1 Why are we doing this evaluation?

Hear for Norfolk is the working name for Norfolk Deaf Association (NDA), a charitable company founded in 1898. Their work aims to improve the lives of young people and adults of all ages in Norfolk with all degrees of hearing loss. This is achieved by offering personal, emotional and practical support, undertaking hearing aid maintenance, ear wax removal using microsuction, providing information on hearing loss and related conditions, and training. Hear for Norfolk wishes to ensure they continue to meet the needs of people and develop new services to fill any gaps in these needs.

2 What do I need to know about taking part in the evaluation?

The interview will last around 30 minutes and you will have time to have an in-depth discussion about Hear for Norfolk's Hearing Support Service with Stephanie, the senior research associate from the UEA in Norwich. The evaluation will be conducted completely independent of Hear for Norfolk.

Due to Covid-19 we would like to conduct the interview over an internet platform, such as Teams. It is important for us to interview you in a way that you are comfortable with to meet the needs of your hearing problem. For example, we can use subtitles on the internet, or you can have someone you know to sign for you, or you can choose another way.

The interview will be anonymised and transcribed. If you wish, the transcription will be sent to you for checking. At this point you can say if you would like to change anything. The interview transcript will be analysed into

3 Why am I being asked to take part?

You have been invited to take part in the evaluation interview because you completed the recent Hear for Norfolk Hearing Support Service Questionnaire.

4 What will I need to do to take part? If you are happy to be interviewed, please contact me, Stephanie Howard Wilsher, using the email address above or contact Hear for Norfolk who will, with your permission, pass your contact details to me.

5 What if things go wrong?

There should be no negative effects of taking part in this study, though it might be painful thinking back about losing your hearing. Should this happen, I will get in touch with you afterwards to make sure you are OK and whether you wish any further support, or actions to be completed.

If you are unhappy about anything during your participation in this study, please contact Professor William Fraser who is an independent advisor at Faculty of

6 Important information about taking part

General Data Protection Regulations (2018)

The University of East Anglia is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this evaluation. This means that we are responsible for looking after your information and using it properly.

Summary of the General Data Protection

We will only use information that we need for this study.

We will let very few people know your name or contact details, and only if they really need it for this study.

- Everyone involved in this evaluation will keep your data safe and secure. We will also follow all privacy rules.

At the end of the study, we will save some of the data, in case we need to

How will we use information about you?

This information will include your contact details will be held by the UEA. People will use this information to do the evaluation or to check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead. We will keep all information about you safe and secure. Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. The University of East Anglia will keep identifiable information about you for 6 months after the end of the study. Anonymised research data will be held securely for 10 years. At the end of the time periods information and data will be destroyed.

What are your choices about how your information is used?

You can stop being part of the evaluation at any time, without giving a reason, but we will keep information about you that we already have, unless you expressly wish for it to be removed, at which point it will be destroyed.

Where can you find out more about how your information is used?

You can find out more about how we use your information

7 Please contact us if you have further questions about the study:

Email: Stephanie.howard@uea.ac.uk
01603 597075

Telephone:

Thank you for reading this information

VI. Consent form for interview participants



**Participant consent form.
Study Title: A service evaluation of Hear for Norfolk**

Please take time to read each statement below	initials
I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.	
I understand that the interview will be audio recorded and that I can refuse to answer any question if I wish.	
I understand that my participation is voluntary and that I am free to withdraw from the interview at any time, without giving a reason.	
I understand that I will be sent a script of the recorded interview via email and that I am asked to check and verify that data provided by me can be used for this study.	
I understand that all personal data will remain strictly confidential.	
I agree that all information collected about me as part of the study can be safely stored by the researcher at the University of East Anglia.	
I understand that small parts of what I say may be quoted anonymously when the results of the research are reported – unless I have withdrawn from the study.	
I agree to take part in this interview and thus in this study.	

Name of Participant:

Date:

Signature:

Email address:

Research Associate:.....Date:
.....

Signature:

One original copy of the signed consent form will be sent to the participant, one original copy will be filed in the investigator site file.