

## The Centre for Higher Education Research, Innovation and Learning (CHERIL)

### GUIDANCE FOR CHERIL FINAL REPORTS

We do not expect all final reports to adhere to the same format, and would encourage you to write up your research in ways that align with your broader dissemination strategy (i.e. journal article, website text, extended blog). We understand that some reports will be work-in-progress at this stage. We do not require a particular structure but would suggest you:

- clearly outline the aims of the research,
- detail your methodology,
- present your initial findings, and
- discuss their implications.

Among the questions we would encourage you to address are:

How has your project contributed to the strategic goals of the University and of CHERIL?

Outline the robustness of your evaluation approach and what can be learnt from your project.

Outline the innovative aspects of your research, and explain how it might trigger pedagogic change.

Outline your project dissemination plan to ensure its outcomes are capable of making the greatest possible impact.

How well were you able to keep to budget (explain). What is the sustainability plan for the project?

If you were to undertake this project again, what would you do differently?

All final reports for 2015/16 CHERIL funded projects should be emailed to [CHERIL@manchester.ac.uk](mailto:CHERIL@manchester.ac.uk) no later than **28<sup>th</sup> February 2017**



## **Aims for Project**

Audiology attracts students from a variety of diverse cultural backgrounds. We wished to harness this diversity, in the hope of enriching students' learning experience and use the students' cultural expertise and knowledge to help access marginalised communities. Thus allowing students' to open up discussions, to develop their awareness of how ethnic/cultural diversity, impacts on the perception of hearing loss. Working with hearing impaired individuals from different cultural backgrounds, presents some unique challenges for audiology healthcare professionals. By allowing our students to explore these issues, they will be better equipped to help shape the future delivery of audiology services to meet the needs of a multicultural society.

## **Methodology.**

We recruited students from both undergraduate and post graduate audiology programmes to develop and work on the project over the summer break (June 2016). Following recruitment, we delivered 3 x 2 hour workshops to the students, to identify topic areas to open up discussions with community groups around hearing loss. We also worked with the students to develop their group facilitation skills.

Topic areas identified included the following:-

### **Individual and community understanding of hearing loss**

- Extent of hearing loss
- Treatment available
- Personal views
- Cultural views/ misconceptions
- "deaf" vs Deaf
- Issues around stigma and shame

### **Understanding of Audiology**

- What it is
- Services provided
- Meanings of language and jargon used

### **Services available to support with hearing loss**

- Access and barriers
- Perceptions and misconceptions of services
- Experiences of services
- Cultural differences

### **Group storytelling for mental health and wellbeing**

- Significance of women-only spaces to talk and feel listened to
- Challenges and barriers to accessing healthcare support
- Pride in own self, culture and skills
- Celebrating the value of being older and wiser and not of feeling useless or a burden.

As part of the project education packs were designed and created by students. These packs enabled us to create a "pop-up" exhibition in various community locations, identified by the students.

Locations included Pulling Together an Asian ladies group in Old Trafford, the Asian Ladies Community Group Rochdale and the Madina Mosque, Levenshulme.

The education packs comprised of data from previous projects, which provided insightful information about the complexities and challenges of living with hearing loss. The packs included images of historic and contemporary hearing aid technology. However, the packs only reflected the challenges faced by white British communities but they allowed students to initiate discussions with marginalised communities into how ethnic/cultural diversity impacts on the perception of hearing loss. Outputs from the project were interpreted into a visual format by a local artist and the work showcased in an Exhibition at the Inspire Café in Levenshulme.

## Findings from the project

### 1. LACK OF INFORMATION & KNOWLEDGE AROUND SERVICES.

**“I don’t know how to get help, or who to contact”**

Lack of knowledge about audiology, services and available treatment options were identified as factors that affect access.

Participants’ who had attended Audiology services previously, were unaware that they could return for further help and support.

### 2. CULTURAL & GENERATIONAL ISSUES AROUND DISABILITY & STIGMA

**“I don’t want a visible hearing aid – people will think I’m disabled”**

Access to healthcare may also be affected by cultural attitudes to hearing loss within their community therefore; they may be unfamiliar with or reject the audiological management options available to them.

**“I’m ashamed of my hearing loss”**

Certainly the stigmatisation associated hearing loss was evident. Asian communities can sometimes act as a factor that affects access to hearing aids, by discouraging help seeking and being unwilling to discuss symptoms or problems outside the trusted family and community group.

There was evidence of conflict between medicine and religion, especially amongst the more socially isolated and less educated groups.

For some participants’ hearing loss was **“Inshallah” meaning it is gods will and you have to accept this. These strongly held beliefs many impact on help seeking despite hearing loss impacting on an individual’s ability to communicate with family, friends and the wider social network.**

## LANGUAGE BARRIERS (EDUCATION/ DEPRIVATION/ FAMILY)

**“Older people cannot always read or write – we need community visits”**

**“We need information in Urdu and Punjabi”**

Having access to appropriate information and access to services that are sensitive to the needs of diverse populations was clearly articulated during this project.

## 4. CULTURAL ATTITUDES TOWARDS AGEING & “OLD” WOMEN

**“My family don’t invite me to events or celebrations”**

**“When you’re old you are told to put up with it, not complain”**

In three of the women’s groups attended during this project, we heard evidence that hearing loss was inevitably part of the ageing process and there was an acceptance and resignation to having hearing loss.

### Implications of these findings.

This project has highlighted that Audiology services need to be culturally, as well as linguistically, competent when delivering services. Improved responsiveness to the health beliefs, practices, and cultural needs of patients who present with hearing loss is clearly required, in order to provide equitable access to audiology for diverse populations.

### Dissemination.

Case studies of hearing loss experience from different cultural groups will be embedded in the teaching curriculum of both undergraduate and post graduate audiology programmes.

Learning from the project will be disseminated to wider communities, including health care professionals, lip reading centres, hearing loss charities, and hearing loss individuals. Students will be required to help in the development and delivery of this information.

This project has recently been showcased at the Manchester Medical Research Society National Student Conference at Manchester University Feb 2017.

Aston University BSc Healthcare Science (Audiology) programme team have requested our help and support to develop their PPI strategy as a result of this project and the body of work we have already successfully developed in PPI.

This project has been submitted for presentation at the International Education Conference (July 2017).

This work will be written up as a paper for submission in a peer reviewed journal.

It is also planned to showcase this work at the British Academy of Audiology Conference (November 2017).

### **Innovative aspect of the project.**

The project as a whole has been a cultural, scientific, social, educational and artistic initiative. It aimed to develop the abilities of University of Manchester students as socially-engaged medical and diagnostic practitioners, by encouraging their curiosity and understanding of hearing loss experiences. The driver for this project was to significantly improve the quality and effectiveness of our student learning experience by taking them on learning journey, which saw them come out of the classroom and go into the community acting as undergraduate researchers. Thus providing the students with the opportunity to connect theory to practice, provide a context for their learning and offer the opportunity to develop a broader understanding of their discipline and an enhanced sense of social responsibility.

Outputs from the project were interpreted into a visual format by a local artist and the work showcased in an Exhibition at the Inspire café in Levenshulme.

Presenting our work in this format, created a visual picture that enhanced the communities understanding and awareness of how ethnic/ cultural diversity, impacts on the perception of hearing loss ground.

During the exhibition showcased in Dec/Jan 2017, we provided a comments book for visitors to respond to the exhibition images and texts.

A sample of comments received are presented below:-

***“The exhibition about hearing was fully informative and helpful for the community. The artwork was really mind blowing and well detailed”.***

***“This has really opened my eyes to the issues surrounding hearing loss and the impact this has on people. Thank you for the awareness raising”.***

### **Cultural Trust.**

The cultural trust the students’ already had within their communities, opened doors to a variety of community groups we would never traditionally engage with.

As a result of working with Medina Mosque in Levenshulme on this project, the Mosque is now going is exploring ways to engage more with the white British community.

## **Evaluation of the project.**

An evaluation of the project is currently being undertaken by an educational researcher based within the University. The evaluation report will inform any publications related to this project.

## **Budget,**

We were able to keep within the allocated budget for this project.

## **Sustainability.**

In terms of sustainability, the learning from the project will be embedded into our post graduate and under grad audiology programmes.

This work will also be embedded in an online resource named "AudioLAB". This is a collaboration between Audiology healthcare, arts practitioners and researchers exploring creative methods for addressing patient rehabilitation and cultural understanding around hearing loss and communication. AudioLAB initiates and facilitates unique projects and training around the intersections between healthcare science, arts and technology. Our work is driven by the needs, experiences and knowledge of our patients. AudioLAB was funded by UMIP, UnLtd\*, hefce. This website will be rolled out as a pilot project in nursing and medical education within the University of Manchester to inform healthcare students of the complexities and challenges of living with acquired hearing loss.

Following the presentation of this work at the CHERIL conference, we have been contacted by the Division of Population Health, Health Services Research & Primary Care to see if we would consider collaborating on a bigger project via the Wellcome Trust Public Engagement Funding

A number of collaborative partners are now being identified to help develop our ideas and support this application.

## **Challenges Faced.**

Like all new initiatives, we had our share of challenges whilst undertaking this project. An important challenge had to do with students' concerns and anxieties, around engaging in a project, which had a strong social responsibility component.

When we pitched this project to our undergraduate/post graduate Audiology students we naively assumed they would be curious to enter their own communities to explore their perceptions and experiences of hearing loss. However, this was not the case and we struggled to recruit across all programmes.

On completion of the project we went back to the undergraduate and post graduate students' to explore why they were reluctant to get involved.

A number of interesting points emerged:-

1. Students' lacked confidence and the skills needed to engage in social responsibility.
2. Students' expressed concerns that they were not empowered and valued in their community, therefore they did not feel they could contribute to the lives of others.
3. There was a lack of connection between self and the larger community.
4. Students' did not recognise their own relationship to society and the idea that they could make a difference.
5. Students' seem to be in conflict in finding and coming to terms with their own selves. They reported juggling with trying to fit in with the culture of university, the culture of the NHS, their immediate family, the extended family and the community.
6. Muslim women students' reported having extra demands on their time in terms of childcare and care for elderly parents.

This project has highlighted the fact that social responsibility cannot be bolted onto the BSc Healthcare Science (Audiology) programme but needs to be an integral part of the curriculum. We are therefore looking to develop carefully designed small social responsible activities within the Audiology curriculum, consistent with a community based approach to health care delivery. We are seeking funding from the FBMH Social Responsibility in the Curriculum funding call.

Finally, we would like to thank the CHERIL team for investing in this project. It has been a fascinating project to work on and we hope this work will now feed into bigger funding bids, which will further enhance understanding of hearing loss in marginalised communities.