



Progress and challenges in Deaf and hard of hearing healthcare access

December 2025

Foreword

Healthwatch Leicester and Leicestershire (HWLL) are the public champions for health and social care. We collect feedback from the people of Leicester and Leicestershire about their experiences of health and social care services. The feedback is used to influence health and social care commissioners and providers to share good practice and develop service improvements.

In 2014, Healthwatch Leicester worked with the Deaf community to identify the barriers that prevented people from accessing local health services. Our 2014 report 'Deaf community speaks up on local health services'¹ revealed gaps in communication, interpreter access and deaf awareness across health settings.

A decade later, many of those challenges remain. While there have been some positive developments such as better interpreting services in

hospitals and more awareness in parts of primary care, significant barriers continue to affect how Deaf and hard of hearing people experience health and care services.

This report revisits those issues through the voices of over 100 Deaf and hard of hearing residents in Leicester and Leicestershire. It highlights what has improved, what still needs attention and how local services can better meet their duty to provide accessible, equitable care.

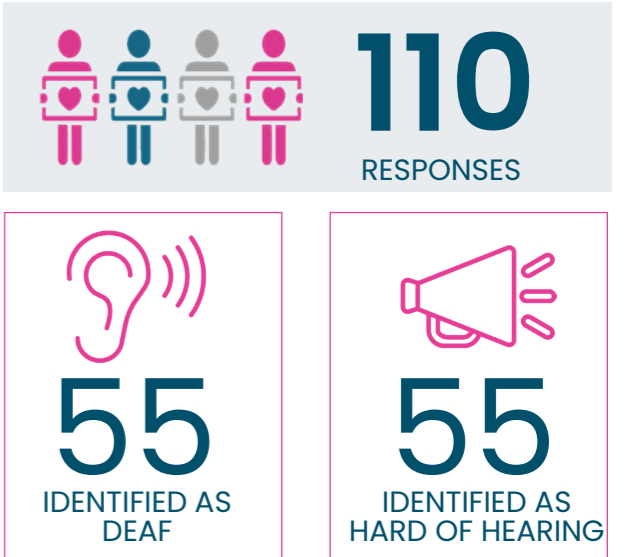
1. <https://bit.ly/HW-Deaf-Report>

Summary

Between March and August 2025, HWLL ran a survey asking Deaf and hard of hearing people to share their experiences of local NHS services.

We received 110 responses with half of respondents (55) identifying as Deaf and half (55) as hard of hearing.

From the 110 respondents, 95% of people stated that they had used an NHS service in the last 2 years.



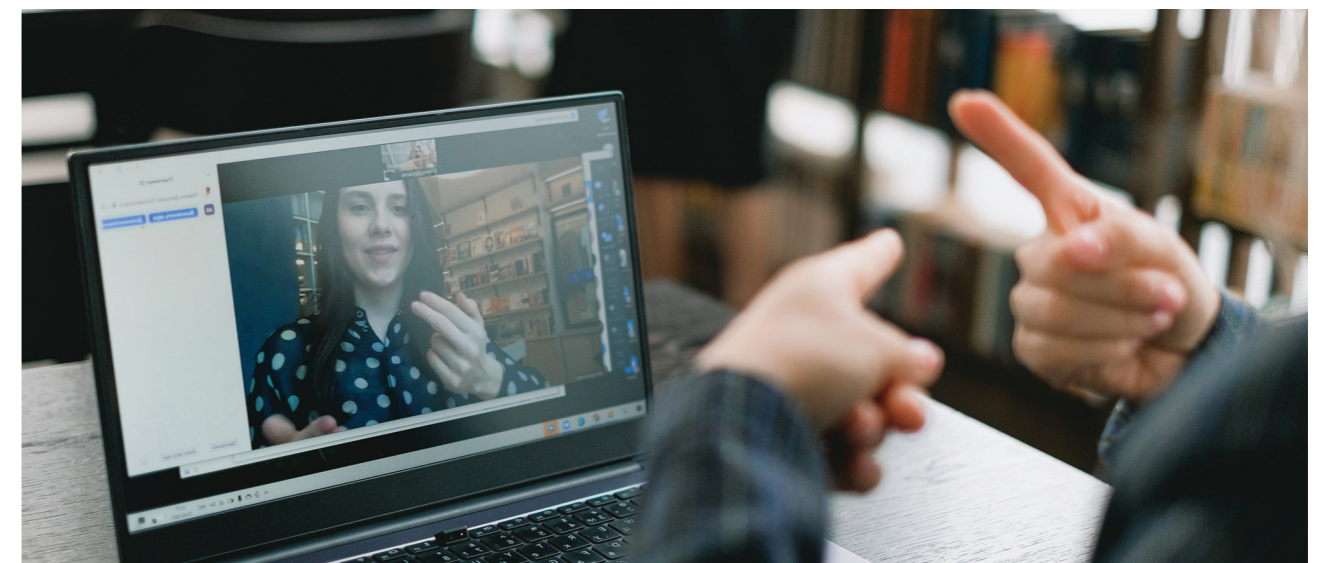
Ten years on from our first Deaf community report, progress has been uneven.

- Access to interpreters remains inconsistent, especially in GP and dental settings.
- Hospitals and audiology services have seen improvements in communication and interpreting provision.
- GP services remain the most widely used, but opinions on access and support are highly divided.
- Information accessibility and telephone systems are still significant barriers.
- Families are still heavily relied on for communication, which can make it harder for individuals to feel independent or maintain their privacy.

Disclaimer

The findings in this report reflect the opinions of the individuals who took part in the survey and their experiences of accessing services. The sample is not representative of all people in Leicester and Leicestershire and therefore provides a snapshot of their views.

All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place.



Area	2014 findings	2025 findings	Progress
Interpreter access	Limited or unavailable, family used instead	Improved in hospitals (via iNet), inconsistent in GPs (Word360)	Partial improvement
GP access	Poor booking systems, no text/email options	Still phone-based; many report frustration and exclusion	Little progress
Communication methods	No digital options	Some use of Zoom/Teams (6%)	Small improvement
Information accessibility	77% did not understand NHS leaflets or websites	Similar concerns, few BSL materials	No change
Deaf awareness	Very limited	Some improvement, especially in hospitals	Some progress
Overall perception	Mixed, but hopeful	49% feel services have worsened	Decline in confidence

Access and experience of NHS Services

Respondents were asked how 'happy' or 'unhappy' they were with the services they used in the last two years.

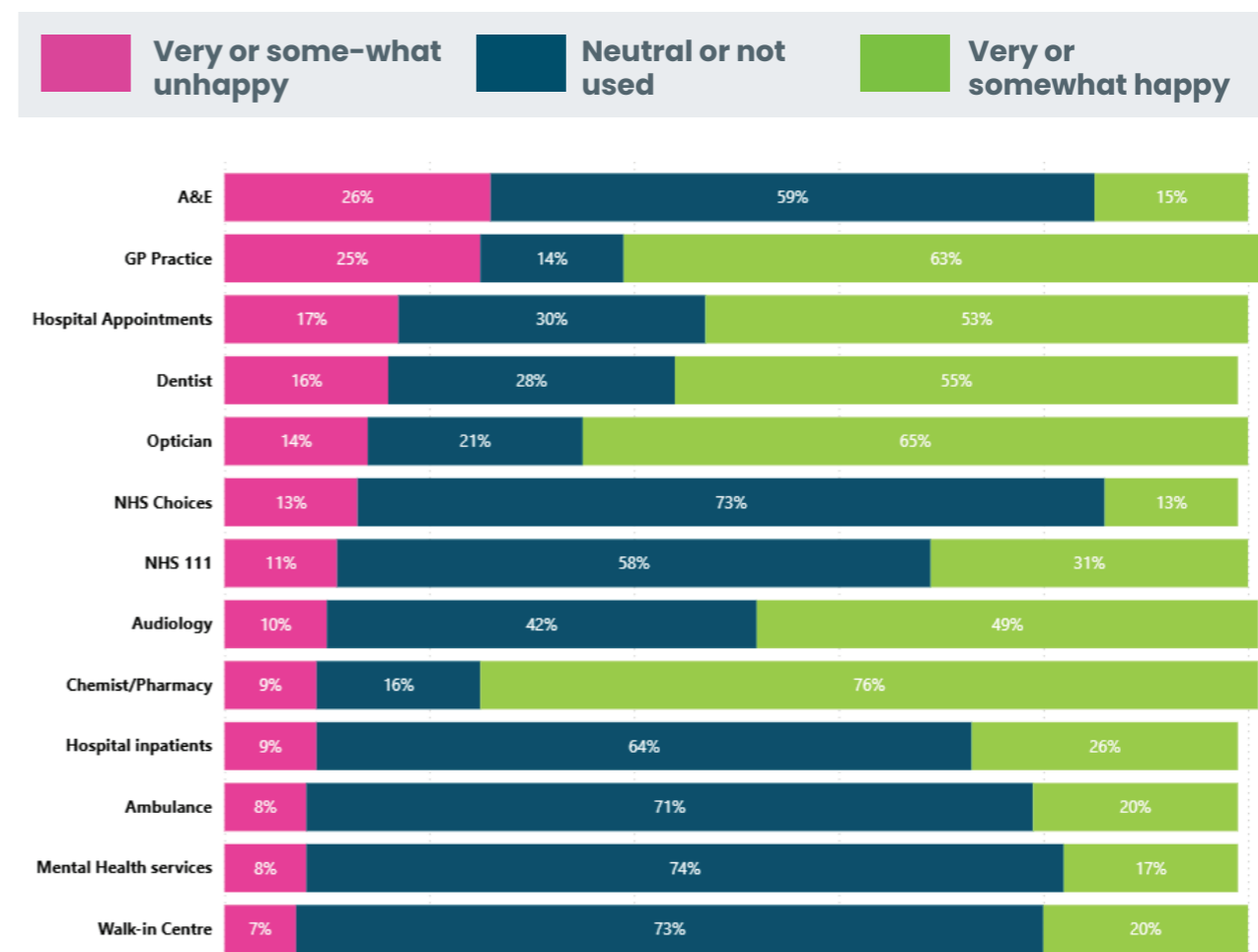
Most had used GPs, dentists, opticians, pharmacies and hospitals.

Highest satisfaction:

- GP practices, pharmacies and dentists.

Lowest satisfaction:

- Hospital accident and emergency department (ED) and mental health services.



While some found their doctor to be supportive, others faced long waits, poor communication and repeated challenges arranging interpreters.

Emergency departments had the lowest satisfaction rate overall - 10% more people were 'unhappy' than 'happy' with their experiences.

"I have to keep reminding my GP to look at me when they are speaking to me even though it's on my records."

Hard of hearing, Oadby and Wigston, Female, 50-64 years old

"Audiology I was 3 minutes late she did not serve me - felt very angry."

Hard of hearing, Leicester, Female, 65-79 years old

"I had to wait for three months for a BSL interpreter as the optician had to find one. I gave the phone number for Leicester BSL interpreters. They said they don't do it but had to book from somewhere else (Head office in Manchester?) But why? Why don't hearing aid centres learn to use BSL sign language for deaf people to understand better."

Deaf, Leicester, Female, 65-79 years old

“Happy with everything I have needed and used.”

Hard of hearing, Blaby, Female, 80+ years old

“Manage to get my needs understood and acted on.”

Hard of hearing, Charnwood, Male, 80+ years old

“I’ve not had any issues using the NHS services.”

Hard of hearing, Hinckley and Bosworth, Female, 65-79 years old

“[My father was] asked to undergo the endoscopy without a BSL interpreter meaning his understanding of what was happening from start to end was somewhat perplexed. The member of staff was so heavy handed that my father almost immediately said something was wrong when finished with his scope. For many weeks after this procedure, he complained daily about the constant discomfort he was in, in and around his oesophagus. As he was in so much discomfort, he attempted to book several GP appointments to resolve this issue. As a Deaf person, due to the complexities in booking BSL interpreters, each time you call the GP to arrange an appointment you are told to wait up to 2 weeks. He booked FIVE appointments all two weeks apart to simply discuss his symptoms. These five appointments were between March and June. Sadly, none of his five appointments was he seen appropriately as a hearing person would be.”

Deaf, Oadby and Wigston, Male, 65-79 years old

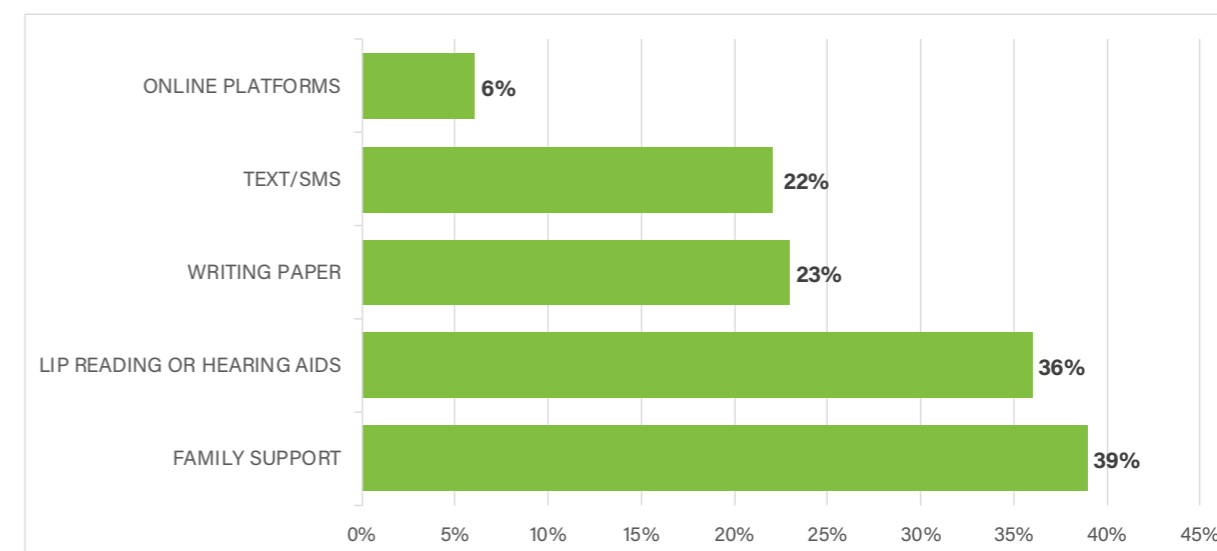
Communication and interpreter access

When asked how they communicate with health professionals, the most common response was ‘with help from family’ (39%).

Just over a quarter (28%) used a BSL interpreter, but 9% said they could not talk to staff because an interpreter was not booked. 27% of people said that they did not need any help communicating with healthcare professionals.



Top methods of communication:



“If I have no family I muddle through, Was not aware of the sign service.”

Hard of hearing, Leicester, Female, 65-79 years old

“Lipreading is important to me, and most NHS staff understand – though they sometimes forget the need for me to see what they are saying.”

Hard of hearing, Charnwood, Male, 80+ years

“Text messages are one-way only!”

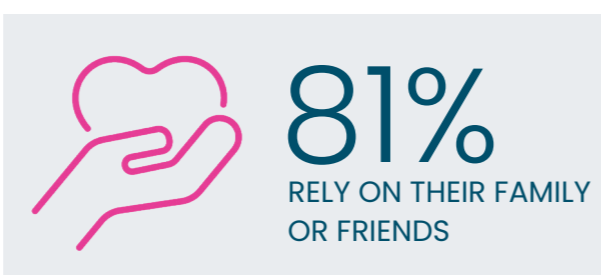
Deaf, Leicester, Female, 50-64 years old

These findings show that while there are more digital options available than in 2014, many Deaf people still rely heavily on others to communicate with health staff. This continues to affect privacy and independence.

Booking Interpreters

Respondents were asked how they arrange for an interpreter when needed.

Most reported relying on family or friends (81%) rather than booking directly or through healthcare settings.



Answer Choices	Doctors	Hospital Outpatients	Urgent Care / Emergency Department	Chemist	Dentist	Optician	Response Total
Direct via iNet In-terpreting or Action Deafness (self-referral)	7	18	4	1	1	1	32
By video call	3	3	6	0	1	0	13
By visiting the centre	7	7	0	1	1	2	18
Ask hospital or surgery to book it	10	9	1	0	1	1	22
Ask family or friends to do it	23	13	11	10	11	13	81
I don't use a BSL interpreter	29	11	9	15	13	16	93

Common issues included:

- Lack of awareness of how to book interpreters.
- GP and dental services refusing to pay for interpreting.
- Long waits or interpreters not attending.
- Confusion around Word360 and who holds responsibility for booking.

"I want BSL interpreter but often no time to arrange an appointment BSL interpreter, so no choice have to depend on my lip read but HARD!!!"

Deaf community respondent, 2025

"Unable to use BSL interpreter for opticians and dentist - they refuse to pay for the service. But I would prefer to use an interpreter to access these services."

Deaf, Blaby, Female, 45-64 years old

"I have no access to BSL or any translation service that I can use to sort my appointment, but I have no choice but to take my elderly husband to translate for me at appointments. It also makes me very nervous when I take my hearing aids out, I cannot hear at all. I feel isolated and live in fear especially when I take my hearing aids out or battery is gone."

Deaf, Charnwood, Female, 65-79 years old

"I do not know how to use or book translation service when needed for my appointments. I am not aware that I have access to use these services."

Deaf, Charnwood, Female, 65-79 years old

"When I need a GP appointment I need to come to the surgery and make appointment. This is very difficult for me as I have to get to the surgery for 8am."

Hard of hearing, Leicester, Female, 80+ years old

While hospital-based interpreting through iNet is now widely used and praised, GP and dental settings remain inconsistent.

This inconsistency leaves patients uncertain of their rights and often excluded from full participation in their care.

Impact of the COVID-19 Pandemic

More than half of respondents (57%) said it was 'somewhat difficult' or 'very difficult' to access healthcare during the COVID-19 pandemic.

The main challenges:

- Telephone/ remote appointments weren't possible/ more difficult for those that are deaf or hard of hearing (55%)
- Face masks made lip reading difficult (29%)
- Access to interpreters was challenging (14%)
- Delayed healthcare (10%)

"As I am deaf and partially blind and cannot use the phone."

Deaf, Charnwood, Male, 80+ years

"I couldn't enter my GP which left me unable to make an appointment as they wouldn't let me into reception."

Deaf community respondent, 2025

"Because doctors surgeries were keeping patients away and doing phone appointments it meant that it was difficult to organise an interpreter. Also BSL isn't just hand signing, it's body language and facial expressions, which with a mask on is very difficult."

Deaf, Leicester, Male, 50-64 years old



57%

DIFFICULT TO ACCESS HEALTHCARE DURING COVID-19

"Need emergency interpreter quicker services."

Deaf, Blaby, Female, 50-64 years old

"I had to wait 6 months to be diagnosed with ulcerative colitis whilst flaring badly."

Hard of hearing, Charnwood, Female, 25-49 years old

"A&E was overrun, diagnoses and treatment took much longer."

Hard of hearing, Charnwood, Female, 25-49 years old

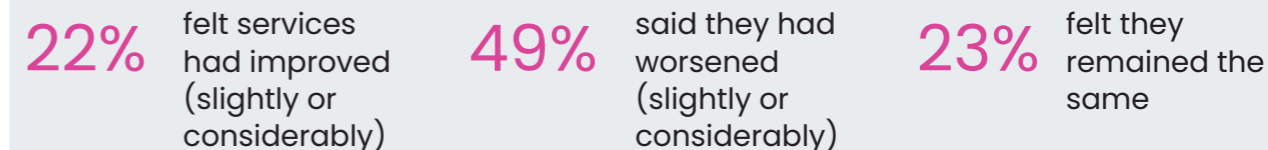
"My cancer diagnosis was delayed causing it to spread outside of my prostate."

Hard of hearing, Blaby, Male, 65-79 years old

The COVID-19 pandemic magnified long-standing communication barriers. Accessibility for Deaf patients was often overlooked.

Perceptions of change over 10 Years

When asked how services had changed over the last decade:



This reflects declining confidence in accessibility despite some visible improvements in awareness and technology.

What's working well

71 respondents shared positive experiences, particularly with audiology, pharmacy and hospital interpreting.

Key themes of positive feedback:

- Positive experiences with GPs and primary care (24%)
- Effective interpreter booking systems (17%)
- Positive experiences with hospitals and secondary care (20%)
- Audiology and hearing services (13%)
- Pharmacy and prescription services (8%)
- Improvements in deaf awareness and accessibility (8%)
- Cancer and specialist care (4%)
- Efficient referrals and treatment (4%)
- Negative or "nothing works well" or mixed sentiment (22%)

"Audiology is good, but services are stretched, and the elderly suffer. If they did hearing tests and avoid the city centre parking and stress. More community based services."

Hard of hearing, Leicester, Female 80+ years old

"Hearing service ... The repair service the doctors service (Syston med centre) is excellent."

Hard of hearing, Charnwood, Female, 80+ years old

"Positive is that iNet can still provide BSL interpreters for hospital appointments."

Deaf, Oadby and Wigston, Female, 25-49 years old

"Hospital services are fine as easy access through BSL interpreter. INet sorts that out so even easier I can video call and let them know about appointments. They sort out interpreter. GP is good but have to use daughter."

Deaf, Leicester, Female, 80+ years old

“As a cancer patient with ongoing treatment for life, I have built up good relationships with different departments and staff that I feel relaxed when go to the appointments as they know me. My treatment pathway is going well at the moment. I receive text messages with appointment reminders and appointment dates.”

Deaf, Oadby and Wigston, Female, 25-49 years old

“Hospital appointments - find it easy to contact iNet (both booking coordinators are deaf - easy to communicate) and send them letter appointment photo. They provide BSL interpreters for hospital appointments.”

Deaf, Leicester, Male, 50-64 years old

“Communication better than it was and GP appointment system working better.”

Deaf, Hinckley and Bosworth, Female, 80+ years old

“The hearing aid service is very good. I have my hearing aids serviced every 6 months locally and can get an appointment within a week and every couple of years or so, I get a hearing test and I also get free batteries from the Health Centre.”

Hard of hearing, Hinckley and Bosworth, Female, 65-79 years old

“The audiology service is excellent.”

Hard of hearing, Melton, Male

What needs to improve

When asked what could be improved, respondents most frequently mentioned:

- GP access and booking appointments (48%)
- Interpreters access/ communication support (42%)
- Deaf awareness (27%)
- Waiting times for appointments (24%)
- Communication issues (22%)
- Staffing levels and training (18%)
- Digital/ online services (15%)
- Hospital services (12%)
- Interpreter services and translation (15%)
- Mental health (3%)

“Word 360 is not great enough really and still not accessible for all deaf. It should have been local interpreters for GP appointment and need BSLi nterpreters for dentists and optician.”

Deaf, Oadby and Wigston, Female, 25-49 years old

“GP should look to improve their phone line system and make it easier for people to contact.”

Hard of hearing, Leicester, Female, 80+ years old

“GP can’t book interpreter as never available interpreter. Same with opticians and dentist. NHS Letters always say contact by phone, and I wish there was alternative e.g. email or text. Also, very heavy English and leaflet can be difficult to understand wish there was information in BSL.”

Deaf, Leicester, Female, 80+ years old

“Better services. Less waiting lists for hospital appointments and let them on record that I am deaf.”

Deaf, Leicester, Female, 65-79 years old

“Deaf understanding/ deaf needs. I.e. Knowing the person is deaf should automatically book an interpreter.”

Deaf, Leicester, Male, 50- 64 years old

“Booking an interpreter from Word360 to visit my doctor has been very poor - very hit and miss. Visiting the Doctor - receptionist does not know how to book a Word360 interpreter. A different receptionist does know - need to wait 2 weeks. Sometimes interpreter does not attend, and I’m not told beforehand then another wait for 2 weeks.”

Deaf, Leicester, Female, 50-64 years old

“Improve by training staff to be deaf aware and communicate with deaf effectively OR BOOK A BSL INTERPRETER!! Appointment cancellations - reduce. Concerned about in the future - if I have to go into a care home - will there be interpreters? Will I be the only deaf person there?”

Deaf, Leicester, Female, 65-79 years old



“More interpreters – More deafness awareness training – Use coloured cards to identify people with hearing loss and can’t hear callouts.”

Deaf, Leicester, Female, 50–64 years old

“Communication with patients. Improving communication breakdowns – doctors need to better understand. City council get interpreters from Birmingham not local to us.”

Deaf, Leicester, Female, 50–64 years old

“The waiting times. The options on the phone make it difficult for an older person who is not confident with technology to book an appointment over the phone. Plus you are waiting so long and often get cut off.”

Hard of hearing, Charnwood, Female, 80+ years old

“Who wins the tendering process to be the recognised interpreting agency providing support for Deaf people. It is a huge issue unfortunately. It involves who is the cheapest agency causing failings in providing interpreters because they do not have the budget to cover interpreter costs therefore, the Deaf community are once again neglected, and the agency make thousands in profit each year. No matter how quick the turnaround for agency staff in hospitals, no matter how experienced a consultant or GP feel that they are, there is not enough Deaf awareness. Any training given to a group of people working in NHS, it is not enough.”

Deaf, Oadby and Wigston, Male, 65–79 years old

“More staff – services are not what they used to be.”

Hard of hearing, Leicester, Male, 65–79 years old

Additional comments

When invited to share final thoughts, people raised:

- Communication and interpreter access (33%)
- GP access and appointment booking (26%)
- Positive feedback (17%)
- Hospital services (15%)
- Waiting times (13%)
- Accessibility issues (13%)

“A&E is awful. So chaotic and no visual system for alerting deaf patients who are waiting.”

Deaf, Charnwood, Male, 50–64 years old

“When a prescription is issued at the hospital, you have to collect it from the hospital pharmacy. Queues are always long. I once waited over an hour. This is ridiculous. My local pharmacy could have issued what I was prescribed. Please fix this.”

Hard of hearing, Blaby, Male, 65–79 years old

“In my GP they had a screen which let you know which patient was being called up. This was great. I am deaf and cannot hear my name being called out. They have since removed this. It’s frustrating now as I don’t hear the call my name. I have to remain vigilant and keep watch. It’s not easy.”

Deaf, Harborough, Male, 80+ years

“I should have the same access and service compared to my daughter who can receive phone consultations from her GP I cannot call to book an appointment. I have to go to the GP to do this. Before 8am. Even if I feel really ill.”

Deaf, Leicester, Female, 50–64 years old

“I think the staff in all departments are wonderful, the system is where the problem lies.”

Hard of hearing, Leicester, Male, 65–79 years old

Key insights

- **Interpreter access has improved in hospitals** but it’s still poor in GP, dental and optical services.
- **Many deaf people still rely on family members to communicate**, which can affect their independence and privacy.
- **Phone-based systems continue to be a major barrier**, making it difficult for deaf people to book appointments or get information.
- **Deaf awareness is improving**, but staff training across services is inconsistent and not always effective.
- **Overall, many feel services have become less accessible and responsive**, especially when it comes to communication support.

Recommendations

- 1. Make interpreter access consistent across all NHS settings**
Ensure every deaf patient who requests an interpreter gets one, with easy ways to book in advance like by text, email or online.
- 2. Offer better communication options**
Introduce appointment systems that use text, email, and online booking to avoid excluding people who can't use the phone.
- 3. Boost deaf awareness training**
Make deaf awareness and communication training mandatory for all staff including those in GP reception and triage roles.
- 4. Streamline interpreter booking systems**
Review current interpreter service contracts (e.g. Word360) to improve reliability and choice. Work with the Deaf community to design a regional system that meets local needs and ensures interpreters are available when needed.
- 5. Clearly register Deaf and hard of hearing patients in NHS systems**
Ensure patient records clearly indicate communication needs so staff can proactively arrange appropriate support.
- 6. Make health information more accessible**
Provide NHS materials in plain English and BSL video format. Ensure NHS websites are easy to navigate and inclusive for people with hearing loss.
- 7. Align with NHS Accessible Information Standard and Equality Act**
Review current practices to ensure full compliance with the NHS Accessible Information Standard and the Equality Act 2010. Identify any gaps and implement changes to uphold legal and ethical responsibilities.
- 8. Incorporate relevant research findings**
Consider insights from recent studies.² Use this evidence to strengthen service improvements and policy recommendations.

² [Still Ignored: the fight for accessible healthcare - SignHealth](#).
[Significant gaps in NHS care for patients who are deaf or have hearing loss, study finds | University of Cambridge](#)

Conclusion

Since 2014, there have been steps forward, but not enough.

Hospitals and audiology services have adapted better to Deaf and hard of hearing patients' needs, yet GP practices, dental services and information systems remain largely inaccessible.

Deaf and hard of hearing people continue to face barriers that compromise their independence, privacy and health outcomes. To make real progress, health and care organisations must move beyond awareness and implement lasting structural change.

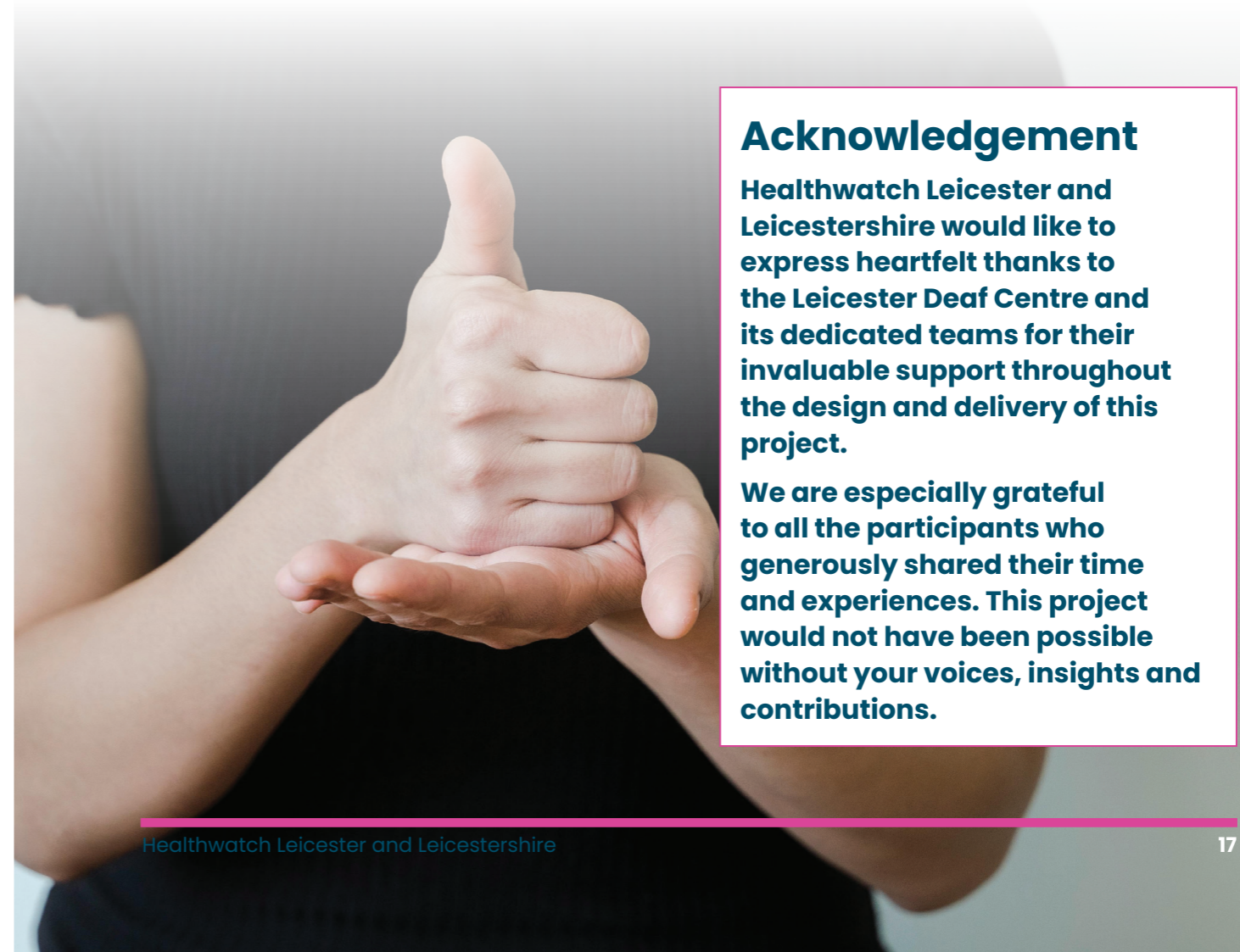
"We want equal access, not special treatment, just the same opportunity to understand and be understood."

Deaf community respondent, 2025

Acknowledgement

Healthwatch Leicester and Leicestershire would like to express heartfelt thanks to the Leicester Deaf Centre and its dedicated teams for their invaluable support throughout the design and delivery of this project.

We are especially grateful to all the participants who generously shared their time and experiences. This project would not have been possible without your voices, insights and contributions.



Service provider response

iNet Interpreting Ltd welcomes the publication of this report and thanks Healthwatch Leicester and Leicestershire and the Deaf community for sharing their experiences.

iNet Interpreting Ltd currently provides British Sign Language (BSL) interpreting services for University Hospitals of Leicester NHS Trust (UHL) under a formal service level agreement. We are encouraged by the positive feedback within this report regarding hospital interpreting services and the recognition that access to interpreters within secondary care has improved over the last decade.

Our role within UHL includes coordinating and delivering qualified BSL interpreters for outpatient appointments, inpatient care and specialist services. We work closely with hospital departments to support compliance with the NHS Accessible Information Standard and to ensure Deaf patients can understand, participate in and consent to their care.

However, it is important to clarify that iNet Interpreting Ltd does not hold responsibility for interpreting provision within GP practices, dental services, opticians or other primary care settings. These services commission interpreting support separately, through different providers and contractual arrangements.

As such, challenges reported by Deaf patients in primary care fall outside the scope of iNet's current contractual remit. iNet does work closely with, and supports, Leicester Deaf Centre.

The report highlights the ongoing confusion among patients about who is responsible for booking and funding interpreters, particularly across these different NHS settings.

We believe that clearer communication and greater consistency across the system would significantly improve patient experience and confidence.

We support the report's recommendations for:

- Consistent interpreter access across all NHS settings
- Clear identification of Deaf patients' communication needs
- Improved booking systems and proactive interpreter arrangements
- Greater Deaf awareness training for frontline staff

iNet Interpreting Ltd remains committed to working collaboratively with NHS partners, commissioners and the Deaf community to share learning from secondary care and support wider system improvements where possible

Leicester Deaf Centre response

Leicester Deaf Centre welcomes this report and thanks Healthwatch Leicester and Leicestershire for amplifying Deaf people's voices.

The findings in this report strongly reflect what Deaf people have been telling us for many years: while some progress has been made, particularly in hospital settings, Deaf people continue to face unacceptable barriers to accessing healthcare—especially within GP, dental and optician services.

Too many Deaf people are still:

- Unable to book appointments independently
- Forced to rely on family members to interpret
- Expected to use telephone-based systems that exclude them
- Left without interpreters or with last-minute cancellations

These barriers undermine Deaf people's privacy, dignity, independence and safety, and contribute to poorer health outcomes.

We are particularly concerned that many Deaf patients are still unaware of their rights under the Equality Act 2010 and the NHS Accessible Information Standard, and that responsibility for booking the communication support is too often shifted onto the patient rather than the service.

The continued reliance on family members, clearly evident in this report, is not an acceptable solution. Family members are not trained interpreters and should never be placed in the position of interpreting medical information, consent, diagnosis or treatment.

Leicester Deaf Centre strongly supports the report's recommendations, especially:

- Making interpreter access consistent across all NHS settings
- Ensuring Deaf patients' communication needs are clearly recorded and acted upon
- Improving GP access and removing phone-only contact systems
- Providing health information in BSL and plain English
- Making Deaf awareness training mandatory for all staff, including reception and triage teams

It is vitally important that Deaf people must be involved in designing and monitoring access to services intended for them. Without meaningful co-production, systems will continue to fail the communities they are meant to support.

We urge commissioners and NHS providers to treat the findings of this report as a call to action. Deaf people are not asking for special treatment, only equal access to healthcare.

Demographic Data

Where do you live?

Blaby		7%	7
Charnwood		18%	18
Leicester City		44%	44
Harborough		3%	3
Hinckley and Bosworth		7%	7
Melton		2%	2
North West Leicestershire		5%	5
Oadby and Wigston		14%	14
Rutland		1%	1
Out of Area		0%	0
Total:			101

Please select your age category:

25 to 49 years		10%	10
50 to 64 years		25%	25
65 to 79 years		37%	37
80+ years		28%	28
Total:			100

Are you?

A woman		58%	58
A man		42%	42
Total:			100

Is your gender identity the same as the sex you were assigned at birth?

Yes		93%	92
No		1%	1
Prefer not to say		6%	6
Total:			99

Please select your sexual orientation:

Bisexual		1%	1
Heterosexual / Straight		8%	79
Lesbian / Gay woman		1%	1
Prefer not to say		15%	14
Total:			95

Please select your ethnicity:

Asian / Asian British: Bangla-deshi		1%	1
Asian / Asian British: Chinese		1%	1
Asian / Asian British: Indian		26%	26
Black / Black British: Caribbean		3%	3
Mixed / Multiple ethnic groups: Black Caribbean and White		1%	1
White: British / English / Northern Irish / Scottish / Welsh		65%	65
White: Irish		1%	1
White: Any other White back-ground		2%	2
Total:			100

Do you have a disability? (For example, physical or mobility impairment, sensory impairment, learning disability or difficulties, mental health condition, long-term condition etc.)

Yes		77%	78
No		20%	20
Prefer not to say		3%	3
Total:			101

Do you have a long-term condition? (For example, asthma, COPD or respiratory condition, blindness or severe visual impairment, cancer, cardiovascular condition (including stroke), chronic kidney disease, deafness or severe hearing impairment, dementia, diabetes, epilepsy, hypertension, learning disability, mental health condition, musculoskeletal condition etc.)

Yes		78%	78
No		20%	20
Prefer not to say		2%	2
		Total:	100

Are you a carer?

Yes		15%	14
No		83%	79
Prefer not to say		2%	2
		Total:	95

How much money do you have?

I have plenty to spend on things I need, and plenty left for extras I want		5%	5
I have enough to spend on things I need, and a small amount for extras I want		28%	27
I have enough to spend on things I need, and not much else		13%	13
I don't have enough for things I need and sometimes run out of money		7%	7
I don't know		2%	2
Prefer not to say		44%	43
		Total:	97

healthwatch

Leicester and
Leicestershire

Healthwatch Leicester and Leicestershire

9 Newarke Street

Leicester

LE1 5SN

www.healthwatchll.com

☎ 0116 257 4999

✉ enquiries@healthwatchll.com

✂ @HealthwatchLeic

📘 HealthwatchLL

📷 HealthwatchLL

Healthwatch Leicester and Leicestershire is looked after and managed by Voluntary Action LeicesterShire (VAL)

Voluntary Action LeicesterShire is the trading name of Voluntary Action Leicester registered charity (No. 509300) Company Limited by Guarantee (No. 1357513) Registered in England and Wales.

