



Embedding user voices in accessible digital service design – following up with the panel

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Back in November 2021, ALISS hosted a session as part of TEC's annual (currently online) Digifest conference. We heard from three panel members: Kirin Saeed, Leanne Tuckwood and Martin Robertson, about improving inclusive service design in digital health and care services. It was clear from the conversations we had that increased communication with those living with sensory loss or dementia must be done from the very beginning of service design, to be more conscious about how we improve access to digital health support. Alongside this, we heard that improved access and quality of accessibility training is essential, as is consistency of site design across services.

Following up from this session, we spoke to Kirin and Martin to reflect on some points that were brought forward from the audience on the day. Below are some of the questions asked from attendees that we didn't get a chance to cover, and we are happy to share the responses received.

Is there one website that you use to get advice about tech? Or, is it many places & people giving suggestions?

Martin lives with a form of dementia that affects his vision, and suggested a group called [ADAM, provided by Alzheimer's Scotland](#) as useful for finding feedback and suggestions on tech support and digital devices.

Kirin who is registered blind and seeks a peer style of support suggested that forums are better than websites for advice about technology. As the digital world develops so quickly, she finds that forums provide the most up to date reviews from people who are unbiased and need the devices as she does.

What about hearing loss and subtitles? There are 10 times more people with hearing loss than BSL users. I assume also that not everyone that becomes visually impaired can use Braille.

This is true. Some 3 Million people in the UK are visually impaired, and just 20-40 thousand people are braille users. Many people cannot use braille due to the conditions in which they lose their sight – people diagnosed with diabetes often lose their sight, but often cannot use braille as their fingers aren't tactile enough from repeated prick tests for blood sugar levels. Another example is that many people lose their sight as they age, and find that picking up a new tool is more challenging than a person born with sight loss or someone who develops sight loss at a younger age.

Martin points out that for some people, when their senses become overloaded easily, this is what triggers the loss of them. For Martin and for others, removing another sense requirement (for example, sound) reduces the speed at which this happens. An example of this how Martins' sight is sustained for longer when he can turn off the sound from a video and watch subtitles instead.

Does the speech software mentioned today cope with different languages?

Yes – different languages are typically accessible for speech software users. What is inaccessible however, is the way the software may interpret a text and translate it automatically. Kirin mentioned that an example of this is the use of italic font in text, which often triggers a speech software to read the text with a French accent. It is typically suggested that Arial font in size 14 is most accessible for readers with sight loss. More information on this topic can be found using this document - [RNIB text accessibility guidelines](#).

If you were able to access your healthcare data digitally, how would you like to interact with it? E.g. would you like to be able to complete an Anticipatory Care Plan digitally?

Both Kirin and Martin agreed, filling anything in online can be an issue if it is in a form or survey format – screen readers and keyboard shortcuts often trip up on some of the formatting and navigating the page can be difficult when faced with low vision. The option to submit online is great in theory, but the option to download and fill information in would be the easiest method of submission to work with.

Martin also mentioned that the greatest issue about accessing or providing digital health support online is the lack of joined up services or links between health systems. He does mention however in fairness, that this is an issue offline too. In order for digital healthcare access to be successful, communication between health services is needed. This is so that individuals aren't repeatedly entering the same information, and so that health records can be kept up to date. For people with sensory loss, this would make a huge difference to their time spent online, and the quality of health care being provided.

There are a lot of problems: cost, the connectivity, the access and training - including for people who are providing support. Do you still feel that the technologies you use are beneficial?

Resoundingly, the answer to this question was yes. However in person training is key for those with sensory loss or dementia so that they can receive the support in a person-centred way. Consistency of site quality for users with sensory loss or dementia and a standardization of navigation processes are also essential. An example of a standardized navigation process would be using the same keyboard shortcuts to mute, turn on and off camera and raise a virtual hand across all video conferencing platforms.

How can people use the Internet if they can't hear as well as not being able to see, please? You mentioned a "guide communicator". What (or who) is that?

Guide Communicators are highly skilled individuals who are essentially trained to be the eyes and ears of a deafblind person. They relay information, facilitate communication with others and ensure they are able to get about safely. Guide Communicators may often navigate a computer with the person to provide the information they are searching for. They are neutral, alert and give information, not advice. More info can be found on this Deafblind Scotland article about [Guide Communicators](#)

Aside from a Guide Communicator, it is also possible to use a braille keyboard.

How did you find out about the accessibility software (Dolphin, JAWS etc). And how do you access training and support in using this software?

[Access to Work](#) is a programme used to support people living with disabilities apply and receive resources to work, and this is where Kirin heard about Jaws. Training is available online and often good feedback or help is found through forums. Kirin noted again that more training should be available in person, and more training should be available for people who want more basic learning on how to use a digital device too, as there is often a presumption that people know the basics of using a laptop or computer where they might not.

Any more thoughts?

Covid has allowed digital health care and technology to improve rapidly in terms of generating support, but we need to continue a flexible and hybrid approach to health support to ensure everyone has multiple ways of accessing their health care. Martin said it's a big help for everyone to have options this way, especially those who live with sensory loss or other disabilities. Moreso, digital access to social health support (such as peer support groups for those living with a disability) can massively improve the social wellbeing of people who otherwise might not have been able to attend. Now more than ever, it is essential to remember that mental health and wellbeing are

also indicators of health for those with sensory loss, disabilities or long-term conditions.

Kirins' final reflection is that we must continue to listen to people and speak to those with lived experience at the beginning of service design rather than at the end. If we are to truly learn and implement lasting change, it must be considered at the initial phases of digital design, not as an afterthought or a box to check.

You can find a [link to the original session here](#).

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