CamSight Research Ready Communities
Final Report 2025-26

Research Accessibility for people with a Visual Impairment

Donna Coe
Regional Community Engagement Manager, NIHR East of England Regional Research Delivery Network

Tahmina Begum
Support and Advice Worker, CamSight
NIHR Community Research Champion

March 2026

Project Goals and Background

This project was funded through the National Institute for Health and Care Research (NIHR) East of England Regional Research Delivery Network (RRDN) Research Ready Communities (RRC) Programme 2025/26.

The RRC project was a collaboration between the RRDN and CamSight, a charitable organisation providing dedicated support to people with low vision and blindness across Cambridgeshire and Peterborough. This is often referred to as a visual impairment.

What is a Visual Impairment?

A visual impairment (VI) refers to a significant, permanent reduction in vision that cannot be fully corrected by glasses or contact lenses. It covers a spectrum from partial sight to total blindness, with over 2 million people in the UK living with sight loss that significantly affects daily life. Therefore, the level of support and accessibility requirements can vary for each individual.

During early discussions with CamSight, it became clear that, whilst people with a visual impairment are more affected by health inequalities, health services and information can be inaccessible. A lack of understanding and guidance has meant that research studies can also, at times, be inaccessible to people with a visual impairment.

The project goals were:

1. Identify a member of the CamSight team, to be trained as a Community Research Champion. The champion would be supported to lead the delivery of the RRC project.
2. Co-design and co-deliver a programme of community engagement, to raise research awareness and gather accessibility feedback from people with a visual impairment.
3. Using feedback from the RRC project, co-produce Researcher Guidance, setting out how to design and deliver research which is accessible and inclusive to people with a visual impairment.

Community Research Champion Role

CamSight Support and Advice Worker, Tahmina Begum *(pictured right)*, was trained to become a Community Research Champion for this project. Tahmina is visually impaired herself, and therefore has lived experience, as well as supporting others through her role at CamSight.

Tahmina, worked with Donna Coe, Regional Community Engagement and Inclusion Manager at the RRDN to co-design and co-deliver a

programme of engagement activities across Cambridge and Peterborough. This included in-person research sessions at CamSight Peer Support Group meetings and promoting an online survey through CamSight social media platforms.

Tahmina played a key role in facilitating the in-person sessions at the Peer Support Group meetings, encouraging and supporting people to give their feedback.

Tahmina also provided feedback on the accessibility of the NIHR's Be Part of Research website and registry, which was included in the Equality and Health Inequalities Assessment.

A listening exercise

Step 1:

Co-develop an action plan to deliver engagement activities that would enable us to raise awareness of research and gather feedback on accessibility needs for people with a visual impairment.

Step 2:

Co-design a question set to structure the collection of feedback during the engagement activities. You can access the question set using this link.

Step 3:

The question set was used to facilitate a research session at 8 CamSight Peer Support Groups across Cambridgeshire and Peterborough. At each session, a verbal presentation was delivered to raise research awareness, followed by a facilitated question and answer session. Feedback was recorded.

Step 4:

The question set was used to create an online survey, for promotion through CamSight social media. You can view the online survey using this link.

To make the online survey accessible, the questions and answers were provided in audio alongside the text. Answers were listed with corresponding letters to make it easier for those using audio to record their answers. Language was kept clear and concise. The NIHR short film "Transforming Lives Through Research" was included after question 1, to help people understand what we mean by research, before answering questions 2 to 7.

The online survey was shared by CamSight, Vision Norfolk and on the RNIB East of England Facebook Group.

Step 5:

Collation of feedback to create a document that can be used by research professionals, to help inform them on how to design and deliver research that is accessible for people with a visual impairment.

The Researcher Guidance: Making research accessible for people with a visual impairment can be accessed using this online link.

This Researcher Guidance document will be shared with the visually impaired community who gave their feedback to this project. They will be invited to comment on the guidance.

The Researcher Guidance document will be made widely available to the community of research professionals who are designing and delivering health and care research.

Results of engagement activities

A research session was delivered at 8 in-person CamSight Peer Support Group meetings between October and December 2025. This included the Sawston, Peterborough, Ely, Bourn, Whittlesey, Histon, Littleport and Wisbech Peer Support Groups.

A question set was co-designed to enable feedback to be gathered in a structured way. 114 people gave their feedback through the in-person sessions and 12 people gave feedback through the online survey.

The following section summarises the feedback for each question.

1. Do you know what health and social care research is?

- Out of 126 people, 25 people (19.8%) knew what health and social care research is.

After answering question 1, people were provided with a verbal presentation at Peer Support Group meetings, or a short NIHR film for those completing the online survey, to explain what we mean by health and care research.

They were then asked questions 2 to 7.

2. What are your views on health and social care research in general?

This question was designed to help build a picture of people's general views and attitudes towards research.

- 23 people (18.3%) said they had taken part in a research study.
- 59 people (46.8%) said they would take part in research if it was relevant to them.
- 53 people (42.1%) said they would take part if it was in an accessible format.
- 73 people (57.9%) said they understood how important it is for people to take part in research and 61 (48.4%) thought research is important to them and their family.
- 13 people (10.3%) didn't think researchers would be interested in them.
- Trust was highlighted, with 7 people (5.6%) not trusting researchers with their health care and 22 (17.5%) with their personal data.

Summary of freetext comments:

- Accessibility plays a vital role in whether people with a visual impairment would take part in research.
- People with a visual impairment are often already attending health care clinics, and have access to vision related research. However, they don't have access to research related to other health conditions.
- Trust is important. When you are already struggling with a visual impairment, it makes it harder to protect yourself and your data.
- Older people can sometimes feel as though they are too old to be in a research study.

  "At my age I'm not sure they would be interested in me."
- More research is needed to improve treatments for the visually impaired.

  "Research has improved the treatments for macular degeneration, if this was years ago I would already be blind."
- Often, the results of health tests for people with a visual impairment aren't reflective of their needs, for example, their activity levels would be lower than a sighted person.
- Getting feedback from whatever you take part in is very important.
- People don't understand the term 'research', it needs to be demystified.

“Research is for everyone, everyone should be eligible.”

- People with a visual impairment shouldn’t be ruled out from taking part in research.

3. Is there anything that would stop you from taking part in a research study that you were interested in?

- **Accessibility**

  Researchers need to understand accessibility needs and make suitable adjustments. This might include someone to read things to the participant and explain them clearly. It might also mean accessible clinics which are easy to navigate.

  “They should understand that there are different types and levels of visual impairment.”

  Digital isn’t accessible for many people with a visual impairment, so you would need extra help to use it, although for many it would put them off.

- **Travel**

  Transport provided if you can’t get yourself to the appointment. Good public transport links, if you are able to use it. Appointments are better when closer to home.

  “Having to think about transport and parking adds another level of anxiety.”

- **Added stress**

It can be stressful going somewhere new for the first time, you don't know how to get there, you haven't met any of the staff before and you don't know if they will accommodate your accessibility needs.

"The barriers to getting to an appointment are exhausting. It's so stressful. You have to constantly plan for things going wrong."

Hospital transport can be difficult to use and stressful.

"There's a taxi outside and you don't know where they are outside the house. If something happens you can't describe the driver. The driver doesn't always come and get you."

- **Building trust**

  The researcher needs to come from a trustworthy organisation, not from one that nobody has heard of. Reassurance should be given that your data will be looked after and not shared without permission. Safeguards should be built in to protect people with a visual impairment.

  "I don't trust links on text messages as it might be a scam and it's more difficult to spot a scam when you can't see."

- **Time**

  Not having enough time to take part because of work or family commitments.

- **Carer responsibilities**

- **Lack of awareness of research**

Posters or TV screens in waiting rooms don't work if you are visually impaired. Text messages aren't very accessible if you can't see at all.

- **Negative experiences of health care**

  Past negative experiences will put you off volunteering for

  research, such as unhelpful receptionists and staff. Having to keep telling every person, team or organisation on every visit that you have a visual impairment is frustrating. Lack of accessibility, for example, using touch screens to register for your appointment.

  "Having a human connection is a more positive experience."

4. If the research was taking place in a clinic, how could it be made more accessible to you?

- 62 people (49.2%) would like clear accessible information about the research
- 67 people (53.2%) would like transport provide to get them to the clinic
- 52 people (41.3%) would like a parking available for my companion/sighted guide
- 58 people (46%) would like a sighted guide provided during my visit
- 61 people (48.4%) said the clinic site would need to comply with accessibility requirements, eg, nosing on steps, handrails etc

Summary of freetext comments:

- **Accessibility**

  Clear signposting is important. It can be difficult to see how doors open or where to go if unable to see the signage.

  Offer to provide a sighted guide, where needed. Research teams could be trained to be a sighted guide.

  Ensure the hearing loop is available and working.

  Flagging patient records so staff are aware of people with a visual impairment and adjustments can be made to ensure the appointment is accessible.

  A visually impaired person can't tell when the receptionist or health professional is talking to them, or if their name appears on a TV screen notifying them of their appointment.

  "They come out of their office, call your name and then disappear and you don't know who it was and where they went. If it was on your notes and they read the notes before you arrived. It's important for them to know I'm visually impaired and be prepared for my accessibility needs."

  If you can't see name badges, staff members should tell you who they are when they walk into a room.

  "I was in hospital and I found it difficult because I couldn't see who was talking to me, they were too far away. I can't see people beyond the end of the bed, it's too far away. The doctors were quite good as they kneel in front of you, but nurses are talking to you from behind computer screens and medicine boxes."

Information provided about the study should include how accessibility needs are accommodated. This should include accessibility of the clinic, booking transport, parking arrangements and accessing a sighted guide.

- **Making adjustments, being flexible and accommodating individual needs**

  Having someone to show you to the toilet or to the appointment room. Offer breaks if the appointment is a long one. Help to sign in using touch screens in waiting areas.

  “It takes me longer to process information, audio is very tiring, I need to take short breaks in long meetings.”

  Help to fill in forms at the appointment. Providing transport at the weekends as well as during the week.

  “I need daylight appointments, I can still drive but not in the dark.”

  For DeafBlind people, provide a quiet environment, set up so that the participant can see your face if they lip read.

  Somebody from the study team should check to see if the participant is okay after the appointment, especially if going home alone.

  Include another layer of security when using the telephone, so participants can be sure who they are talking to.

- **Being respectful**

  Doctors and nurses should talk to the person with a visual impairment and not talk over them to their support person. Training for the receptionist, so they can accommodate their needs.

"If the clinic is running late, a member of staff should come and tell you, so you don't get really anxious and worried."

- **Named contact**

  Having a named person or point of contact is less stressful as it feels safer, you get to know them and they understand what your needs are. It is better if you see the same person for every appointment.

- **Providing parking**

  Guaranteed free parking for sighted guides. Sometimes blue badge spaces are taken up by non-blue badge holders. Parking should be close to the clinic. Using Apps for car parking can be difficult for the visually impaired.

  "Having a car parking space for a sighted guide is really important because you can't just drop a Blind person off and go and find parking."

5. If the research was online, how could it be made more accessible to you?

- 19 people (15%) would like websites to be compatible with accessibility software
- 11 people (8.7%) would like websites to provide an accessibility toolbar
- 15 people (11.9%) would like email attachments to be compatible with speech software
- 22 people (17.5%) would like links sent by email or on websites to be checked by researchers for ease of accessibility

- 31 people (24.6%) would like telephone support available to help them

Summary of freetext comments:

- **Digitally excluded**

  A large proportion of people were unable to use online due to their visual impairment and/or digital exclusion. This includes not having access to the internet or digital skills.

  “Standard practice should be nurses talking to you rather than having to go on line to fill things in or find out information.”

  A lack of trust of the internet is a barrier. It is even more difficult for people with a visual impairment to know if something is a scam.

  Information and access to services should be provided in alternative methods to digital. There are already health inequalities caused by having a visual impairment. If excluded from digital information, the inequality gap will widen further.

  “Everyone wants to go paperless, but not everyone can do internet or phones.”

- **Online accessibility**

  When using online, it is important to ensure the websites and links are all accessible or compatible with accessibility software.

“I use Voiceover on websites that are accessible and I’ve got 90% of my independence back.”

A telephone number should be provided to offer support to people using online research, forms and websites. This should include an actual person on the end of the phone, not a recording or AI. It can be difficult for someone who is visually impaired to choose numbers and options from a recorded telephone message.

Tick boxes on online forms can be easier to navigate and complete than open text boxes.

Online surveys should convert to being read on a phone.

Ensure that any accessibility software built into websites still allows the participant’s own software to override the site's.

“The NHS App doesn’t have dark mode, the app doesn’t let my phone override it with my accessibility.”

- **Online safety**

  It is important for people with a visual impairment to feel safe online. Reassurances should be provided.

6. What is your preferred method of communication?

- 45 people (35.7%) would prefer large print paper format
- 11 people (8.7%) would prefer easy read format
- 29 people (23%) would prefer email
- 3 people (2.4%) would prefer Braille
- 20 people (15.9%) would prefer USB/audio

- 56 people (44.4%) would prefer telephone
- 56 people (44.4%) would prefer face to face

Summary of freetext comments:

- **Accessible communication**

  All information and methods of communication with the participant should be accessible and meet their individual needs. This will ensure that people with a visual impairment are able to fully understand what is being asked of them.

  “You can’t expect people to consent to something when they can’t read or understand the information.”

- **Multiple methods of communication should be offered**

  What works for one person might not work for another. People with a visual impairment have different needs, one size doesn’t fit all.

  “Some people read faster than they hear.”

  Don’t assume that all visually impaired people can read Braille, so other forms of communication should be offered.

  Some prefer text messages as they are short and to the point, whilst others cannot read a small text message.

  Offer for somebody to read inaccessible printed materials to the participant. The reader doesn’t have to be an expert, just able to read out loud.

It is important to offer information both written and audio. Printed information enables participants to take the information away with them so they can go over it again at home.

Face to face should be offered where this is preferred.

Older phones can't be used to access online links.

- **Audio is important**

  Speak slowly and clearly for people who are reliant on speech.

  "Foreign accents can make things more difficult. You've got to be able to understand what is being said to you so speaking clearly is really important."

  Staff would benefit from telephone training to help them speak clearly to people.

- **Don't complicate things**

  Shorter, concise information is important. Provide a summary of information, rather than large documents. Large quantities of information can be overwhelming to a visually impaired person.

  "A small amount of information is okay verbally, but if it's a lot then you can't remember it all, so you would need a paper copy so that you can go back to it."

  Language used should be concise, clear and in plain English.

  Written information should be followed up by a telephone call, to provide explanations and answer questions.

  Email conversations and email trails can be difficult to keep track of.

- **Be prepared**

  Professionals should read patient notes before the appointment so they understand your needs. This would avoid participants having to keep repeating themselves.

  “Once you’ve asked for large print, it should be on your records so you don’t have to keep asking”

- **Trustworthy communications**

  The communication should come from a trustworthy source, whether that is face to face, email or letter.

  Having a named point of contact makes communication less stressful and builds trust.

7. Is there anything else we can do to make it easier for you to take part in a research study?

- **Accessibility**

  Making things accessible costs more, but if it’s not accessible then it’s unfair and leaves people with a visual impairment at a disadvantage.

  “When you make things easier for the visually impaired community, it will improve accessibility for everyone.”

  Consider other accessibility needs, such as a Hearing Loop, being unable to speak, having a physical disability etc

  Using some equipment can be difficult to use, such as monitors and strips used for diabetes, if you can’t see.

  A home visit should be an option.

- **Continuous communication**

  Provide updates throughout the study and share the results at the end.

  “Has anything changed or improved as a result of my involvement?”

- **Incentives**

  Financial incentives could make it more accessible and more attractive to take part in research.

  “Confirming things that aren't hereditary is just as important as finding out it is – it can stop you from worrying about passing it on to your children.”

- **Trust**

  Provide information and reassurance on how data is being collected, how it is being stored and what it is being used for.

  Be up front about who is eligible to take part in the research and what demographic is being targeted.

  “Sharing information about research through an organisation like CamSight helps build trust and they can support you.”

Observations and Key Themes

The feedback has been sorted into key themes and observations to create a concise guidance document for researchers.

The **Researcher Guidance: Making research accessible for people with a visual impairment** can be accessed using this online link.

Acknowledgements

Special thanks go to:

- Tahmina Begum and the team at CamSight for co-delivering this project
- Members of the Sawston, Peterborough, Ely, Bourn, Whittlesey, Histon, Littleport and Wisbech CamSight Peer Support Groups for their feedback
- People from the wider CamSight community who took the time to complete the online survey
- Vision Norfolk for sharing the online survey
- RNIB for sharing the online survey

For more information about this document, please contact the NIHR East of England Regional Research Delivery Network

- Email: eoe.rrdn@nihr.ac.uk
- Telephone: 01603 287472
- Write to: East of England RRDN, 20 Rouen Road, Norwich, NR1 1QQ

NIHR | Research Delivery Network

US

CamSight Research Ready Communities Project 2025-26

Researcher Guidance: Making research accessible for people with a visual impairment

Donna Coe
Regional Community Engagement Manager, NIHR East of England Regional Research Delivery Network

Tahmina Begum
Support and Advice Worker, CamSight
NIHR Community Research Champion

March 2026

Researcher Guidance: Making research design and delivery accessible for people with a visual impairment

This guidance is for research professionals who are designing or delivering health and care research studies. The guidance sets out how to make research accessible for people with a visual impairment.

The information in this guidance is based on feedback from the visually impaired community, as part of the NIHR Research Ready Communities (RRC) programme. You can view the full RRC project report here.

What is a Visual Impairment?

A visual impairment (VI) refers to a significant, permanent reduction in vision that cannot be fully corrected by glasses or contact lenses. It covers a spectrum from partial sight to total blindness, with over 2 million people in the UK living with sight loss that significantly affects daily life. Therefore, the level of support and accessibility requirements can vary for each individual.

Why is it important to make sure research is accessible?

- People with a visual impairment are already faced by health inequalities, with poorer health than the rest of the population.

Research should help to reduce those health inequalities, not widen them.

- To ensure research participation is representative of the whole population and the outcomes from research work for everyone, including people with a visual impairment.
- By law, reasonable adjustments should be made to ensure people with disabilities are not disadvantaged.

Before you begin,

your first contact is really important and leaves a lasting impression

- **Make the objectives and benefits of participation in the study clear.**
  - The purpose of the research study should be clearly communicated, along with the benefit to the participant and wider community.
  - Eligibility should be clear, including why some people are deemed ineligible. People shouldn't be ineligible for research due to their visual impairment or accessibility needs.
- **It's important to build trust by making people feel safe and reassured that their accessibility needs will be met.**
  - Many people who are visually impaired have had a negative experience of accessing health and social care

services and information generally. It is really important to make your first contact a positive one.

- Include information about accessibility during your first contact. If your first contact isn't accessible, people with a visual impairment will assume the research isn't for them.
- Provide a way to register or highlight accessibility needs at the beginning of the research study. This will enable the study team to plan for adjustments throughout participation in the study.
- Be honest about what you can and can't make accessible. Talk to the participant about what their accessibility needs are and what you can do to meet those needs.
- There are different types of visual impairment, people have different accessibility needs.

→ **Naturally more cautious.**

- People with a visual impairment are less likely to trust someone they don't know. Information should come from a trusted source.
- They are at risk of missing, misreading or misunderstanding information. This makes them more likely to turn down research opportunities or take perceived risks.
- Make sure all information is completely accessible and double check they have understood.

→ **Reassurance around data management.**

- Be transparent about how data will be used, stored, shared and removed on request.
- Data management processes must be accessible.

→ **Lack of research awareness**

- Many people with a visual impairment are not aware that research is taking place.
- Don't rely on visual forms of promotion for research studies. Target people directly and provide accessible information.

Accessible information

→ **Keep information simple and concise.**

- Processing large quantities of information verbally can be difficult, especially if it's complicated.
- Provide information in the agreed accessible format, to take home. Allow enough time to process information before asking people to make a decision.

→ **Provide information in different formats.**

- There is a wide spectrum of visual impairments, and access needs. It is important to provide different methods of communication to meet people's individual needs.

- When printed information isn't available, ensure someone is available to read the information to the participant.

➔ **Provide information in advance**

- Send all text materials in advance of any appointment to allow time for screen reader users to review them, or for a reader to read them to the person.
- Word documents are preferred to PDFs as they are more compatible with screen readers.

➔ **Be respectful**

- Talk directly to the visually impaired person, not their sighted guide or support person.

Consider offering the following communication formats:

➔ ***Telephone or face to face***

- This is the most popular method for communication, particularly with people who have little to no sight.
- It is important to speak clearly, so that people can capture all of the information being conveyed. Heavy accents can be difficult to understand. Consider telephone training for staff.
- Avoid using recorded telephone messages asking you to choose different options through the key pad. This is difficult when you can't see.
- Printed information should also be offered to support verbal communication.

→ Large print paper format

- Documents should be plain text, a minimum of font size 16.
- Include options for different coloured paper.

→ Email

- For people who are confident with digital communication, particularly those who use ‘pinch and zoom’ or have accessibility software on their devices.
- Lengthy email conversations can be difficult to keep track of.
- Use Word when sending documents rather than pdfs to enable the use of screen readers.
- Use clear sans-serif fonts such as Arial, Calibri or Verdana and avoid excessive italics, underlining or all-capital letters.

→ USB/Audio

- Audio communication for people who are unable to read written materials.
- Audio recordings can be made using a USB stick, CD or can be electronically set as a sound file.

→ Easy Read format

- Some people find the simple language used in this format to be more accessible, both for reading and when converted to audio.

→ Braille

- It is invaluable for those who read Braille.
- However, although this is often the first thing offered to people with a visual impairment, in fact, less than 1% of people questioned are Braille users.

→ **For further guidance, visit:**

- The RNIB website: How to make health care information accessible
- NHS England website: Accessible Information Standard - implementation guidance

Travel

→ **Offer travel assistance.**

- Travel for people with a visual impairment can be challenging and stressful. Reduce travel distances by delivering research locally and support with travel arrangements.
- Consider offering to book and pay for a taxi. This was the most popular, and least stressful option for public transport.
- Some sites offer hospital transport, but this isn't always a great service and can put people off. It can be particularly challenging to navigate this service if you have a visual impairment.

- Ensure travel costs are fully reimbursed, if you are not providing the transport. Travel costs should be paid up front for those who are on a low income.

→ **Support with onsite parking.**

- Provide parking, as close to the clinic as possible for those who have friends/family to drive them.
- Offer reserved parking where possible. It is not always easy for a visually impaired person to be dropped off at the entrance and left until the driver has parked the car.
- All parking charges should be reimbursed.

→ **Public transport**

- Good public transport links are essential.
- It would help to have someone meet them at the bus drop off point to help navigate the hospital site.

Clinic space and accessible appointments

→ **All information about the clinic and appointment should be accessible**

- Providing accessible information about how to get to the clinic and what will happen during the appointment will help people feel confident in attending.

- Ensure patient notes are flagged with accessibility needs so that all appointments and interactions during the study are accessible.

→ Clinic spaces should be accessible

- Clinic appointments should be fully accessible, or additional support offered where they are not.
- Accessible spaces should include
    - Use of high contrast colour for surfaces such as walls, floors, door frames, chairs, handrails and light switches.
    - Use of bright white or yellow non-slip paint in stairways, with textured or bright nosing on steps
    - Use of tactile markers on floors to indicate change of direction, stairs, doorways etc.
    - Improved lighting to maximise remaining vision and enhance safety, through glare reduction and reducing shadows etc.
    - Use of large clear signposting on doors and walls.
    - Keeping walkways clear and free from clutter, reducing trip hazards.
- Where venues are less accessible, you could provide a sighted guide to help.
- Further guidance on making buildings accessible: RNIB See differently, Building Sight, Design principals and

practical recommendations for accessible buildings and environments

➔ Sighted guides

- Train a member of the research team, receptionist or volunteer to be a sighted guide.
- When participants are accompanied by their own sighted guide, they should be able to decide which appointments they attend with them.
- Visit the Guide Dogs website to find out more about Sighted guide training
- Visit the RNIB website for more information on Guiding a blind or partially sighted person

➔ Receptionists play an important role

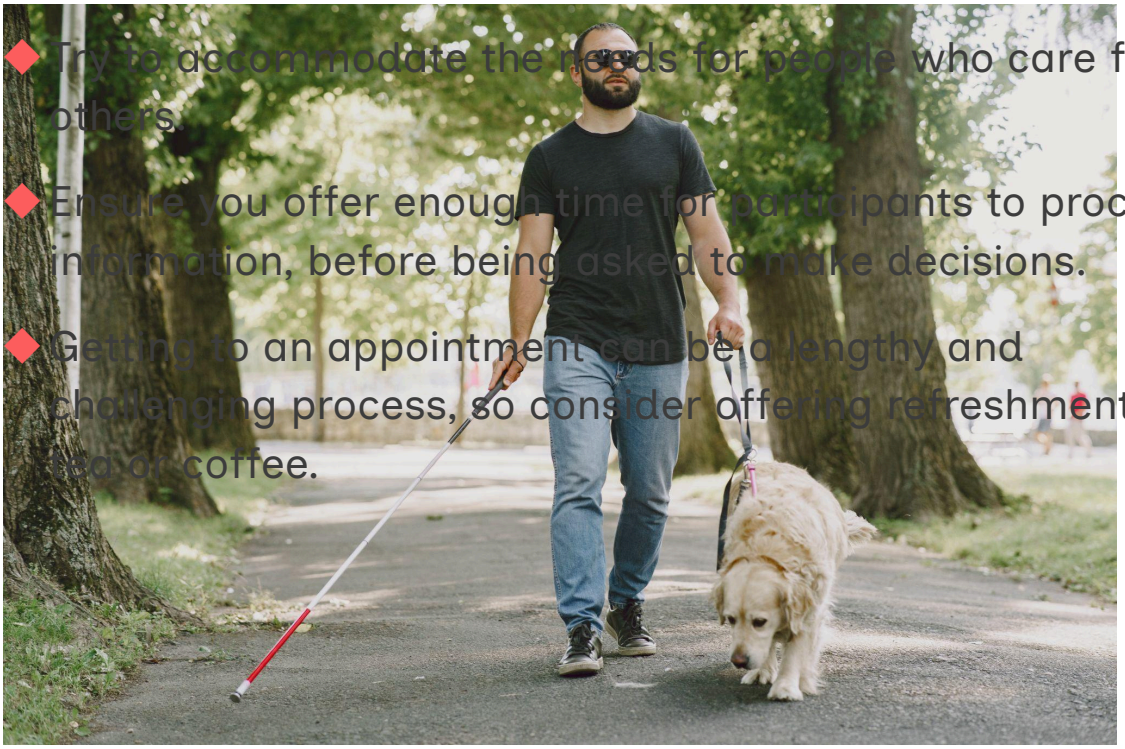
- The receptionist is the first point of contact, so it's important that they understand how to support the needs of the visually impaired person.
- They should act in an appropriate, friendly and professional manner. This is often not the experience of people with a visual impairment, with receptionists not understanding their accessibility needs.
- Offer support with touch screen registration and ensure the health professional collects the participant form the waiting area.
- Provide guidance to facilities, such as the bathroom, where required.

➔ Telling people who you are

- Introduce yourself each time you speak, because a visually impaired person can't see your name badge. Make it clear who you are, what your role is and who you are talking to.
- Ensure you step closer to the participant, to help them see you and/or hear you more clearly.
- Seeing the same person for all appointments is helpful, as they get to know the participant and develop an understanding of their needs.

➔ Offer flexible appointments

- Offer breaks for long appointments. Having communication challenges can be very tiring.
- Flexibility around time of appointments, to accommodate people who can't drive in the dark and need daylight appointments, around bus timetables, school runs, work and other health appointments etc.
- Try to accommodate the needs for people who care for others.
- Ensure you offer enough time for participants to process information, before being asked to make decisions.
- Getting to an appointment can be a lengthy and challenging process, so consider offering refreshments, eg tea or coffee.



Digital services, websites and Apps

→ Digital services

- Research is increasingly using digital methods to promote, recruit to and deliver research studies. This includes the use of emails to communicate, websites to provide information and Apps to gather and record intel.
- Digital services use a range of devices, including smartphones, tablets, laptops and other online technology. People use different devices, depending on their individual accessibility needs.
- Online content isn't favoured by many people with a visual impairment and might be a barrier to accessing research.
- Provide an offline alternative for those that can't access research online, for example, face to face or telephone.
- It is important that all digital services are accessible to people with a visual impairment, and where they are not, alternative methods should be provided.
- Provide telephone or in-person support for people who are struggling to use digital services. This might include help to complete online forms.
- For more help, visit NHS England's website for the Digital Accessibility Standards.

→ Website accessibility

- All web content should meet accessibility guidelines.
- You could provide an accessibility toolbar on your website for people who do not have their own accessibility software available.
- Ensure websites are compatible with accessibility software. Sometimes website design doesn't allow an individual's accessibility software to overwrite the websites.

→ Emails

- Keep in mind that lengthy email conversations can be confusing. Consider starting new email conversations for different topics or when including new people.
- Consider removing email signatures, logos, links, adverts and additional information often sent at the bottom of organisation emails. This will make the content of the email easier to read and more succinct for screen readers.
- Use clear sans-serif fonts such as Arial, Calibri or Verdana and avoid excessive italics, underlining or all-capital letters (as mentioned in the accessible communication section).
- Email attachments should be compatible with speech software.
- Links sent by email should be checked by researchers for ease of accessibility.

The importance of feedback

→ Don't underestimate the importance of providing feedback

Members of the public and research participants consistently tell us how important it is to them to find out the results of the research they took part in.

- Provide regular updates on how the research study is progressing. This is particularly important where the results won't be available for a number of years.
- Ensure the results of the research are made available to the participants who took part in the study. This feedback must be in an accessible format.

For more information about this document, please contact the NIHR East of England Regional Research Delivery Network

→ Email: eoe.rrdn@nihr.ac.uk
→ Telephone: 01603 287472
→ Write to: East of England RRDN, 20 Rouen Road, Norwich, NR1 1QQ

Accessibility Check List

Please use this link to access [a printable check list for designing and delivering research to people with a visual impairment.]

Accessibility check list

for designing and delivering research for people with a visual impairment

1. Clearly communicate (in an accessible format) the following to the participant:
    a. Study objectives
    b. Benefits of taking part
    c. How accessibility needs will be met
    d. Being visually impaired doesn't make you ineligible to take part part
    e. How the participant and their data will be kept safe
    f. That you work for a reputable and trusted organisation

2. Establish a way to identify and record participant accessibility needs and adjustments required (during first contact)

3. Study information and ongoing communication should be provided in a range of different formats:
    a. Telephone
    b. Face to face meetings/appointments
    c. Large print paper format

    d. Email
    e. USB/Audio
    f. Easy Read format
    g. Braille
    h. Reader to read documents to participant

4. Information provided in advance of the appointment and the participant given adequate time to process it

5. Plan for accessible travel arrangements:
    a. Up front reimbursement for travel and parking
    b. Reserved parking spaces
    c. Arrange for hospital transport or taxis
    d. Ensure public transport is accessible

6. Clinic space is accessible and meets accessibility standards
    a. Use of high contrast colour on all surfaces
    b. Bright white/yellow in stairways and on steps
    c. Use of tactile markers on floors
    d. Good lighting
    e. Use of large clear signposting on doors and walls
    f. Walkways kept free from clutter and trip hazards

7. A plan for additional support to be provided, should clinic space not be fully accessible (could include Sighted Guidance)

8. Accessible information provided about how to get to the clinic and what will happen at during the appointment

9. Member of each team trained as a Sighted Guide or understands accessibility needs of a visually impaired person (including reception staff)

10. Plan for the same member of staff to see participant where possible

11. Offer flexible appointments:
    a. Plan for breaks during long appointments
    b. Offer enough time for processing needs
    c. Flexible times, to fit around daylight, and other commitments and responsibilities
    d. Offer a cup of tea during appointment

12. Where research is online:
    a. Provide an accessibility toolbar on websites
    b. All web content should meet Digital Accessibility Standards
    c. Ensure websites are compatible with participants accessibility software
    d. Provide telephone or in-person support for online research
    e. Provide an 'offline' alternative for those who are digitally excluded
    f. Links to documents or websites have been checked for accessibility

13. Plan to provide participants with regular updates on the progress of the study and a way to feedback the results at the end

For further information, please use this link to access the **Researcher Guidance: Making research accessible for people with a visual impairment**