



supporting blind and
partially sighted people

London Ambulance Service

Online survey:

**How Ambulance Services can be improved for
blind and partially sighted people**

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1.0 Background

The London Ambulance Service (LAS) contacted RNIB as they would like to find out how ambulance services can be improved for blind and partially sighted people. They were interested in how people with sight loss across the UK identify paramedics when they come to the house or stop to help outside.

An online questionnaire was designed and this was emailed to around 1800 blind and partially sighted people from the RNIB membership list across the country (about 250 in London, about 450 in the surrounding London counties and about 1100 in the rest of England). The survey was open for three weeks and 95 people completed the survey, which is about a 5% return rate.

The online questionnaire covered any experiences people have had in the past when dealing with an ambulance service, and also how they work out, in other circumstances, if someone is trustworthy. The responses will help define whether a problem exists and enable the service to develop solutions.

This report details the results of the online survey that was designed for the London Ambulance Service. London Ambulance Service will share the results of this survey with other Ambulance Services across the country.

2.0 Conclusion and recommendations

2.1 Conclusions

The vast majority of people (50 out of 58 people who have had dealings with the ambulance service, 86%) had a 'very good' or 'good' experience in terms of the way the paramedics behaved towards them.

One of the main points noted was that the ambulance crew were very good at explaining what they were doing and this was very much appreciated. This was the case whether somebody was the patient, but also particularly appreciated when they were a blind or partially sighted friend or family member of the patient. It is important to realise that a blind or partially sighted family member might need more verbal explanation, as they might not be able to see what is going on.

A few times it was mentioned that the ambulance crew did not take multiple disabilities into account. For example, if somebody is in a wheelchair it can be easily forgotten that they might also have a sight and/or hearing problem and communication with a deaf-blind person can be difficult as well.

With regards to trust and identification, it was clear from the feedback that hi-visibility jackets are the easiest to see for people with a sight problem and help identify and trust people. In addition it is key for paramedics to introduce themselves on arrival especially for people with a (serious) sight problem.

A clear, easy to see and possibly tactile ID badge would be beneficial for many people with a sight problem, as well as the general public. It could be considered to add Braille to ID cards, but this will only be beneficial to people who read Braille but could include deaf-blind people for whom communication is often even more difficult.

It seems that the main factors of whether people trust somebody are; if they are expecting them, if people wear a uniform or have a branded van, have ID and the way they communicate. These are all factors that generally are already addressed with the ambulance service.

2.2 Recommendations

With regards to the Ambulance service there are not a lot of recommendations that need to be addressed immediately. No overall areas were identified that give immediate concern for blind and partially sighted people.

A few areas that would be worth looking into are; the uniform of paramedics, the design of the ID, and training on multiple disabilities. More detail is listed below.

Recommendations:

1) Assess uniforms for ease of recognition

Uniforms should ideally have some hi-visibility marks on them to be able to identify them more easily in general but in particular in a dark or dim environment. It is not recommended to have a plain very dark uniform as this is difficult to see, particularly in the dark when sight levels are often reduced.

2) Review ID

ID badges should be easy to see with good contrast and clear large text. It could be considered to add braille to the ID for people who can read braille and deaf-blind people who read braille. RNIB is able to carry out a visual and tactile design assessment of ID badges if required.

3) Training

It is important that the ambulance crew are aware of multiple disabilities and are trained in this. However, we recognise that a person also has the responsibility of making the ambulance crew aware if they have any special needs where possible.

3.0 Results

The results described in this section follow the order of the questions from the questionnaire and include some key additional comments from participants. A total of 95 people completed the survey, but not everybody filled in all the questions. The information from all the charts is described in the accompanying text (number and % of respondents where applicable).

3.1 Background information (95 people)

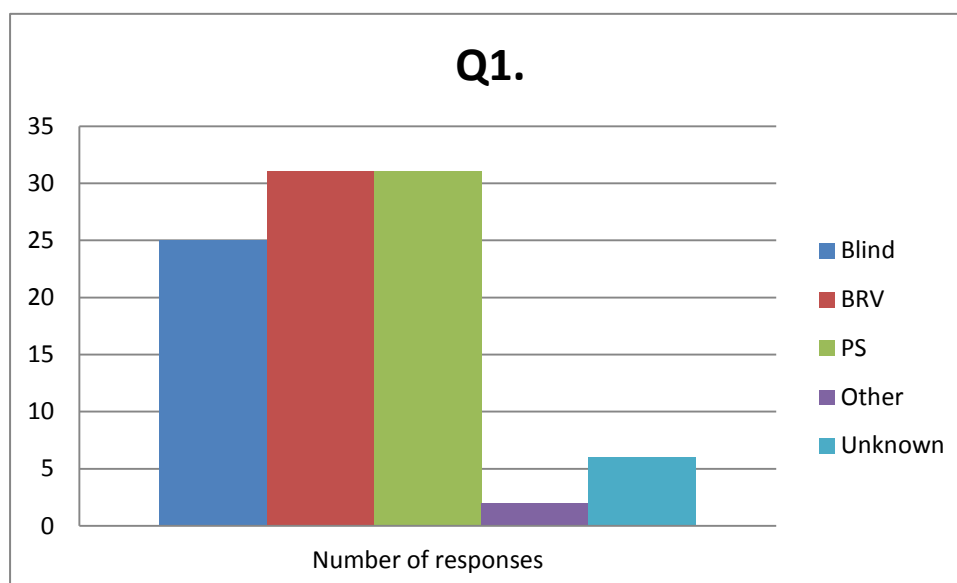
A few questions about sight level:

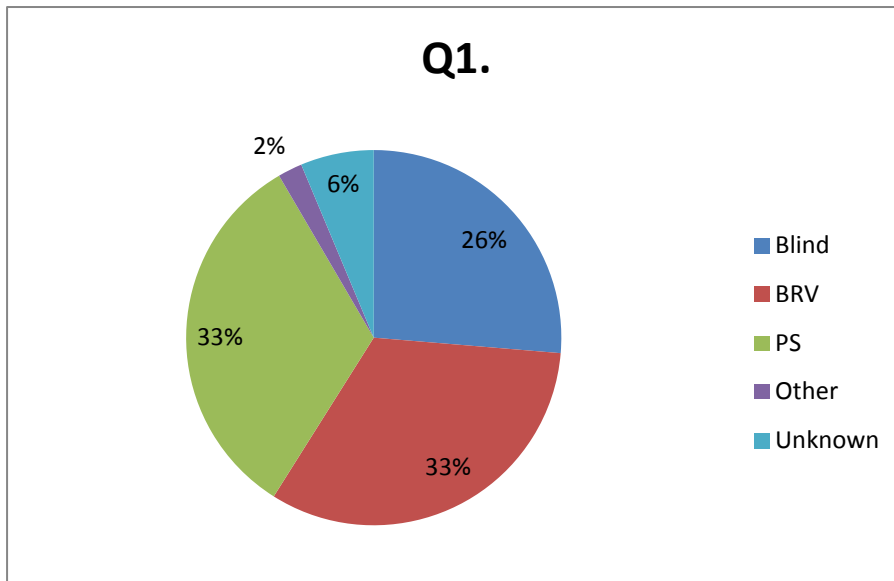
Q1: Sight level

There was a very good response with a relatively even spread of people with no useful sight (Blind), people with limited residual vision (Blind with Residual vision) and people with some useful residual vision (Partially Sighted).

Do you consider yourself to be:

- Blind (25, 26%)
- Blind with Residual Vision (31, 33%)
- Partially Sighted (31, 33%)
- Other (2, 2%). In the case of one questionnaire this was filled in by a mother of a blind teenager, and the other did not specify but did provide details of their sight loss later on.
- Unknown (6, 6%). The question was left blank but other answers indicated some form of sight loss.



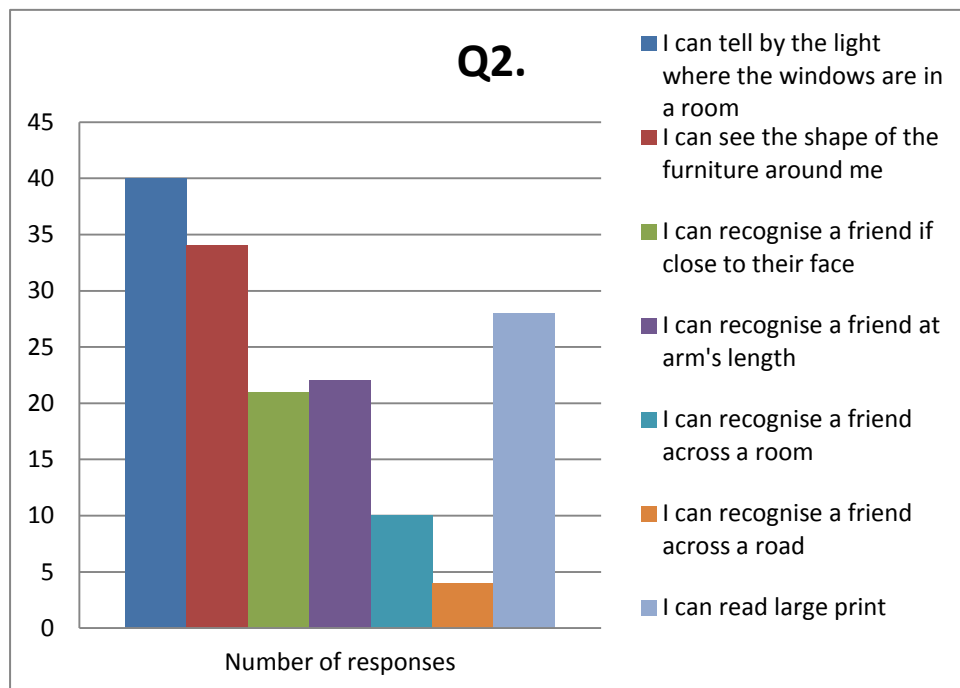


Q2: Sight examples

The examples of people's sight level showed that the vast majority was able to see something. Three people were not able to see anything from the list below and two people did not complete this question.

What can you see? People were able to tick all that applied.

- I can tell by the light where the windows are in a room (40)
- I can see the shape of the furniture around me (34)
- I can recognise a friend if close to their face (21)
- I can recognise a friend at arm's length (22)
- I can recognise a friend across a room (10)
- I can recognise a friend across a road (4)
- I can read large print (28)

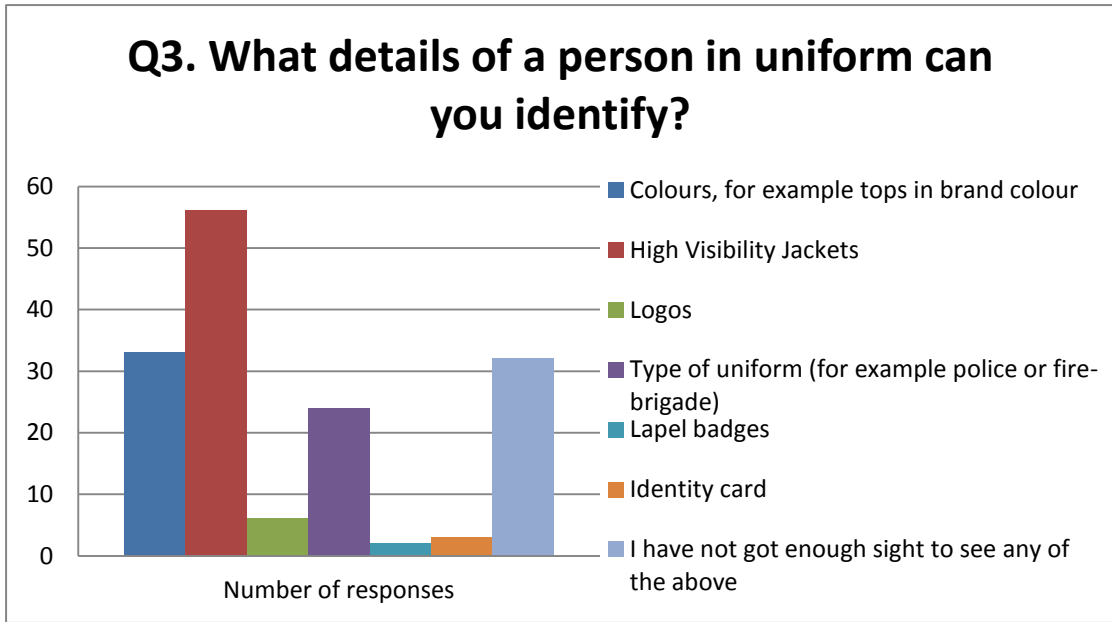


Q3: Uniform identification

It was clear from the feedback that hi-visibility jackets are the easiest to see for people with a sight problem and helps identify people. Some additional comments given by 9 people showed that some people would be able to read an ID card if it had Braille on it or when using a magnifier, while others rely on drivers identifying themselves. Dark clothing/uniform without hi-vis will make it more difficult to identify somebody, particularly in the dark when generally sight levels tend to go down.

What details of a person in uniform can you identify? People were able to tick all that applied.

- Colours, for example tops in brand colour (33)
- High Visibility Jackets (56)
- Logos (6)
- Type of uniform (for example police or fire-brigade) (24)
- Lapel badges (2)
- Identity card (3)
- I have not got enough sight to see any of the above (32)



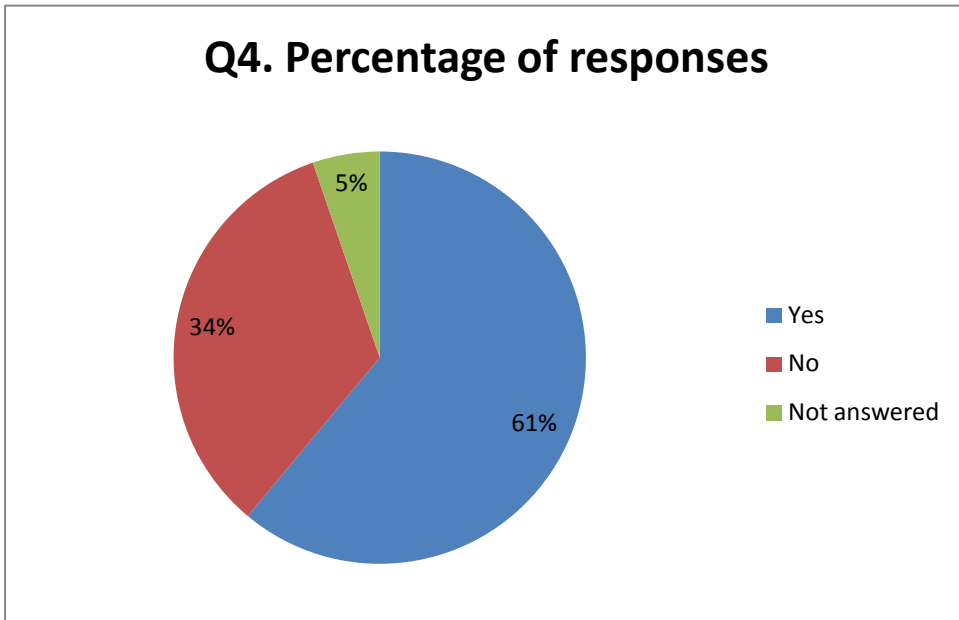
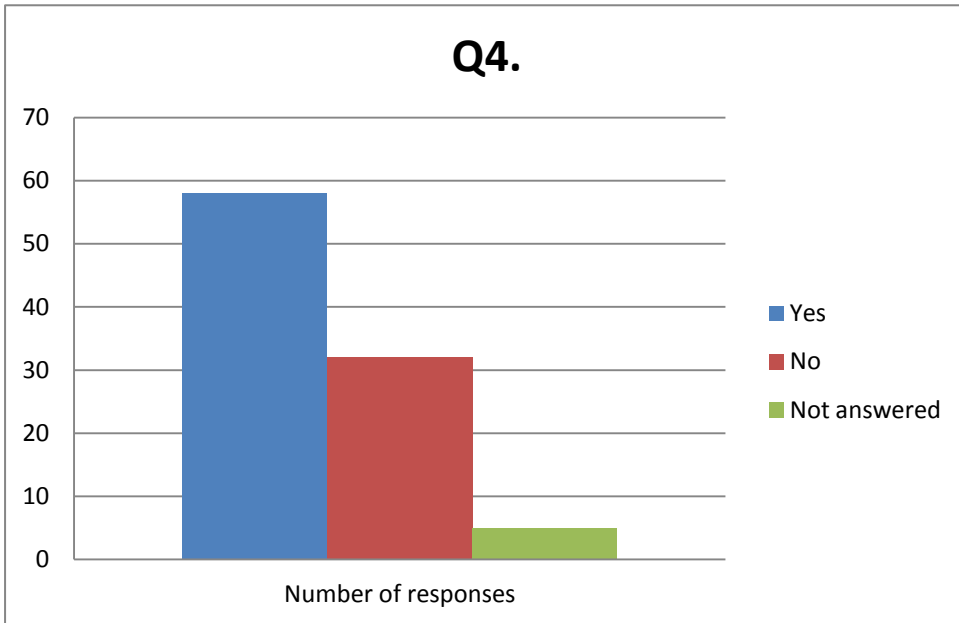
3.2 Experience with ambulance service (58 People)

The following questions in this section are based on the responses from the 58 people who have had some experience with the ambulance service. The number seems quite high (58 out of 95, 61%) but this might be due to the fact that of the original 1800 people emailed, some people felt the questionnaire was not relevant to them if they had not had any contact with the ambulance service and they therefore did not fill it in.

Q4: Ambulance service request

Have you ever needed to call the ambulance service for yourself or for somebody else, or received help from the ambulance service?

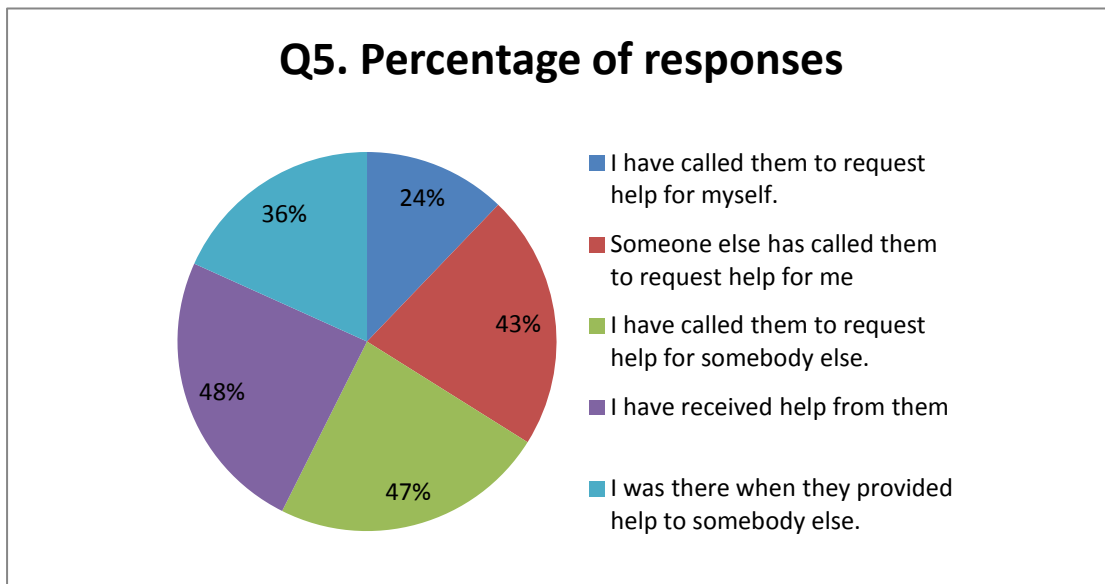
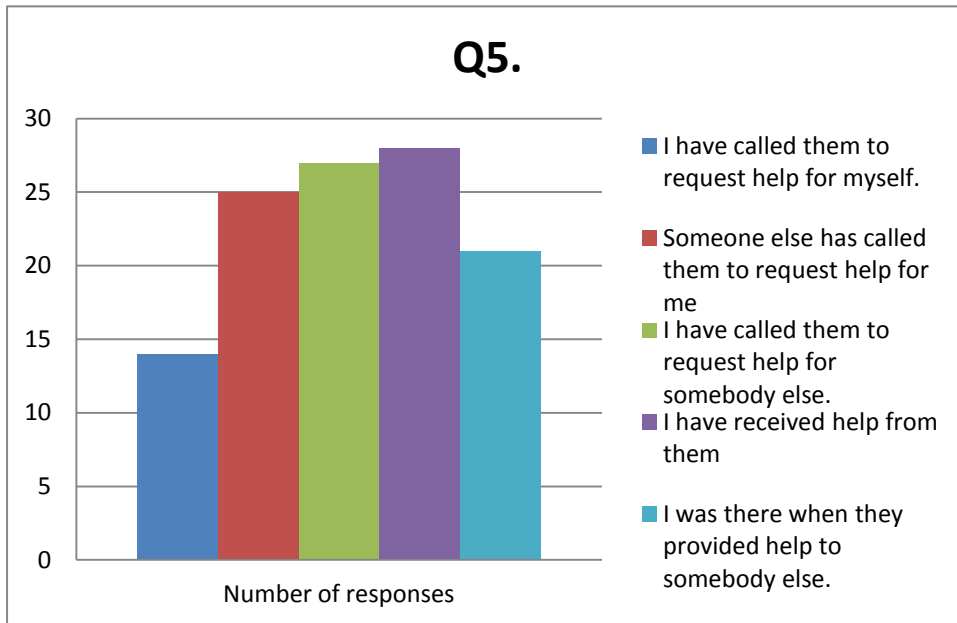
- Yes (58, 61%)
- No (32, 34%)
- Not answered (5, 5%)



Q5: Experience with ambulance service

What experience(s) have you had with the ambulance service? People were able to tick all that applied.

- I have called them to request help for myself (14, 24%)
- Someone else has called them to request help for me (25, 43%)
- I have called them to request help for somebody else (27, 47%)
- I have received help from them (28, 48%)
- I was there when they provided help to somebody else (21, 36%)



Additional comments given by 11 people who have had dealings with the Ambulance Service were overall very positive about the professionalism and friendliness of the paramedics. Sometimes the person was on their own and on other occasions they were with sighted family or friends. The following are some quotes:

- “I am 82 and have nothing but praise for all NHS workers.”
- “I found the paramedics, who helped me on two occasions extremely professional and friendly and had no doubt, that they were genuine.”

- “Whether being helped by them, requesting help for others or being present when they have helped others I have always found them to be friendly, extremely professional and cheerful.”
- “I always found them helpful, reassuring and never had any negative experiences.”
- “An ambulance brought me home from hospital - they were so kind in Swindon. Carrying my baggage and pushing the wheel chair. Then the young ambulance driver virtually carried me up the stairs and put me gently onto my bed!”

Q6: Experience with paramedics

The vast majority (86%) had a very good or good experience in terms of the way the paramedics behaved towards them. 42 of these 50 people added some additional comments. Overall, some key points that were highlighted were that:

- “We were both treated as 'normal'. The crew seemed to take it as 'normal' to say who they were and explain what they were doing or about to do.”
- The paramedics asked about level of sight loss and took comments on board, both when the patient, or when a family member or friend were blind or partially sighted. When a family member or friend of the patient was blind or partially sighted it was particularly appreciated if their sight level was also taken into account. Some comments were:
 - “They also explained how they were reassuring my wife, which meant a lot to me as I could not see her or comfort her myself. Truly faultless.”
 - “I used my cane but the crew were helpful to me even though I was not their patient. Good help at the hospital too, explaining where we were and what would happen next.”
 - “They were excellent at showing me the inside of the ambulance in which we travelled and took time at the hospital to make sure we were met and guided inside. I could not have asked for more courteousness or visual awareness.”

Some people, even though they rated their experience as ‘good’ or ‘very good’, had some constructive feedback. The feedback was related to either having more than one disability or the paramedics

having limited understanding of the implications of sight loss.

Please note there were only three people who mentioned this.

- “I also use a wheelchair and am also somewhat deaf. It does seem that people see the wheelchair and assume that is my only problem. That said, this is common even in hospitals - the automatic assumption seems to be that people only have one type of health problem.”
- “They were friendly and supportive but didn’t really understand the limitations of sight (I struggled to get my seat belt on for example and had to ask to be secured).”
- ““I am deafblind and on three out of five occasions had someone with me who could interpret into deafblind manual. The paramedics were quite good at allowing time for the interpreter. On one other occasion I was alone and had to get the paramedics to communicate using a braille/print alphabet card, which they did and took their time and made sure I understood what they were saying. On one other occasion, paramedics and police were hopeless - I did not even know they were there until after the incident and someone else told me they had been there. On that occasion neither the police or paramedics had a clue how to interact with a deafblind person.”

Only 3 people (5%) answered ‘neither good nor bad’ but 2 did not describe any details. One person said:

- “They have usually been fine for me, though some can be patronising when they realise one has poor vision. When they came for my father, they were extremely patronising”.

One person had a bad experience [also from a medical point of view] and said:

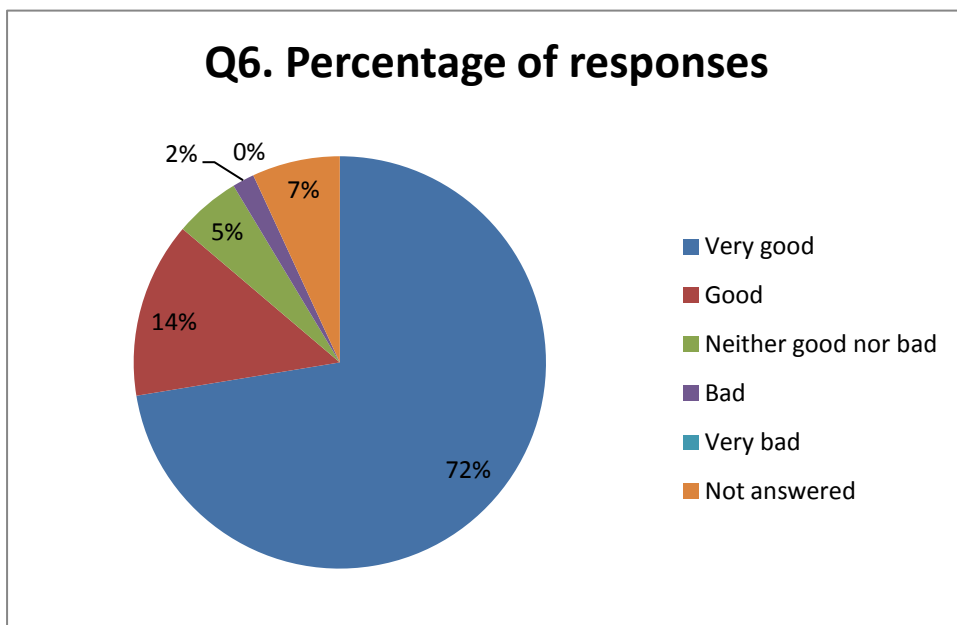
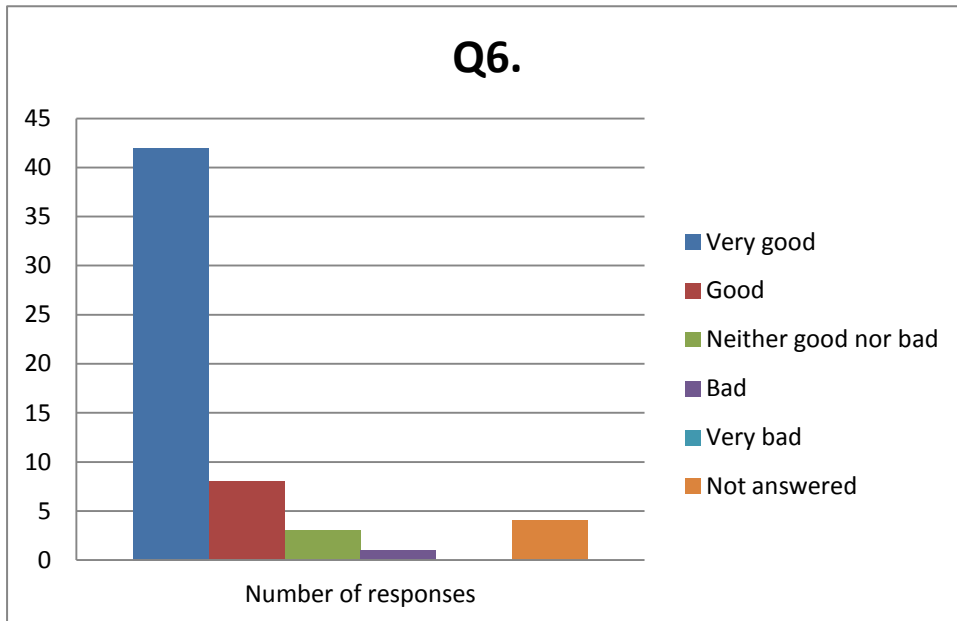
- “I had just had a miscarriage and was in a lot of distress lying in my bed. It was quite difficult having two strangers (one of whom was a large male) coming into my safe place”.

It might be that circumstances were also part of the experience rather than just the behaviour of the paramedics.

What was your experience in terms of the way the paramedics behaved towards you?

- Very good (42, 72%)
- Good (8, 14%)
- Neither good nor bad (3, 5%)
- Bad (1, 2%)

- Very bad (0, 0%)
- Not answered (4, 7%)



Q7: Individual needs

The vast majority (81%) felt that the ambulance crew took account of their needs. 35 of these 47 people left additional comments. One of the main points that was noted was that the crew were very good at explaining what they were doing and this was very much appreciated. This was the case whether somebody was the

patient, but also particularly appreciated when they were a blind or partially sighted friend or family member of the patient. Patients, and again family members or friends, were also guided into the ambulance or a wheelchair was provided where appropriate.

Some quotes from people are:

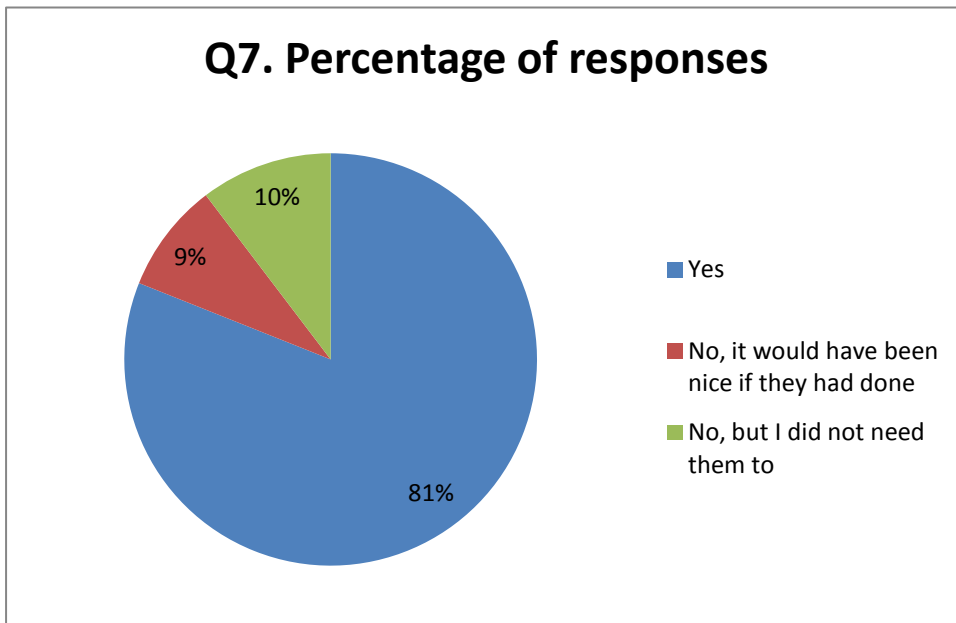
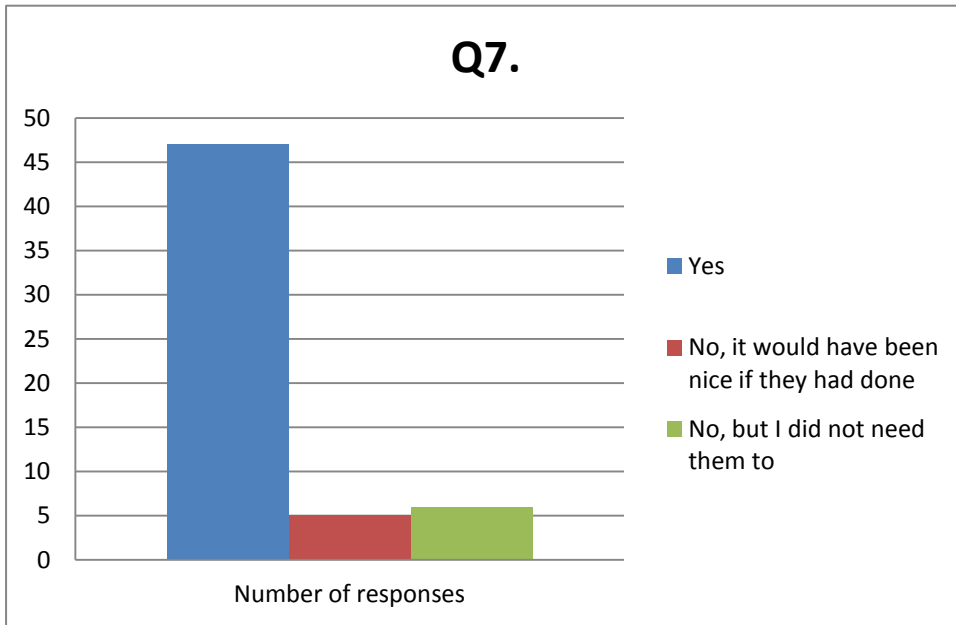
- “The situation called for the 'patient' to be carried to the ambulance. I was asked if I was OK to follow them to the ambulance, or would I like help. I was fine following!”
- “They explained what they were doing for my friend who was “unwell.”
- “They told me what they were doing with the family member and what was going to happen, provided me with hospital details etc where other family went to check up on the taken ill family member.”

Five people (9%) said that the ambulance crew did not take account of their needs and it would have been nice if they had done. Two people provided some additional comments.

- “It's not the ambulance crews fault as [Name of child] would not understand but talking to us parents is good although could always improve.”
- “[I would have liked] more communication about who they were when standing in my room.”

Did the ambulance crew take account of your needs? For example, did they explain what they were doing, or help you to the vehicle?

- Yes (47, 81%)
- No, it would have been nice if they had done (5, 9%)
- No, but I did not need them to (6, 10%)



Q8: Assistance

The vast majority (79%) felt that they were able to ask for any assistance.

Common words to describe the ambulance crew were:

Understanding, kind, thoughtful, calm, and it was appreciated if time was given for patients or family or friends to ask questions.

Some quotes from people are:

- “The paramedics were calm, explained what was going to happen, and gave me time to ask questions and orientate myself in the ambulance before we set off for hospital.”
- “They were so nice that it never occurred to me not to ask for what I needed.”
- “They were very communicative and friendly and always talked to me rather than at me, which is a common fault demonstrated by many health care professionals I'm sorry to say.”
- “The crew were very friendly and professional. They quickly asked what kind of sight I had but didn't go into irrelevant detail. I kept my answers factual and practical, such as "I cannot see my daughter's eye colour or if she has a rash etc.”
- “On the four out of five occasions where they managed communication, they were patient and communicated clearly. On the other occasion, I did not even know they were there so obviously couldn't ask for any assistance!”

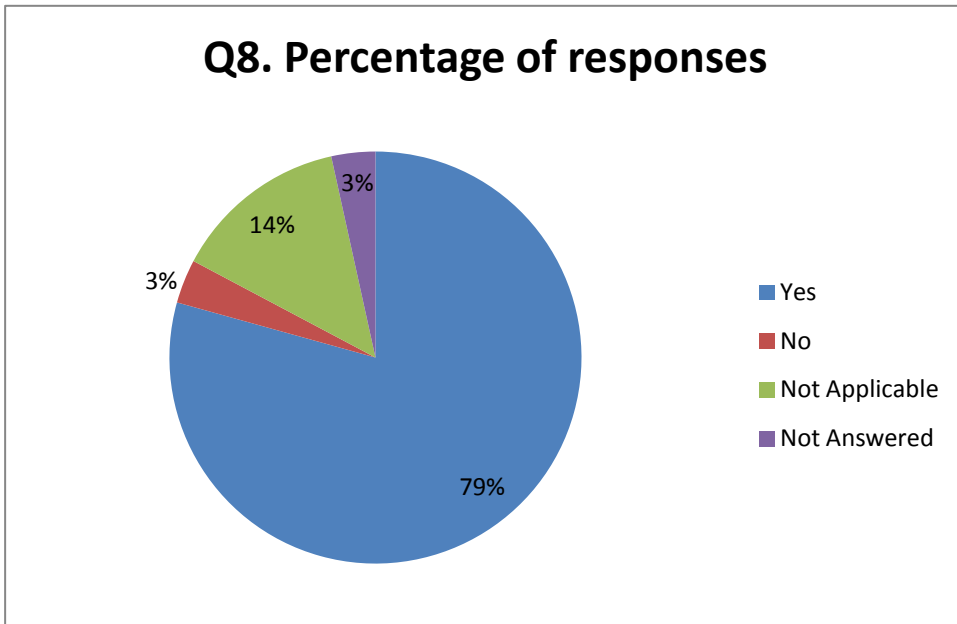
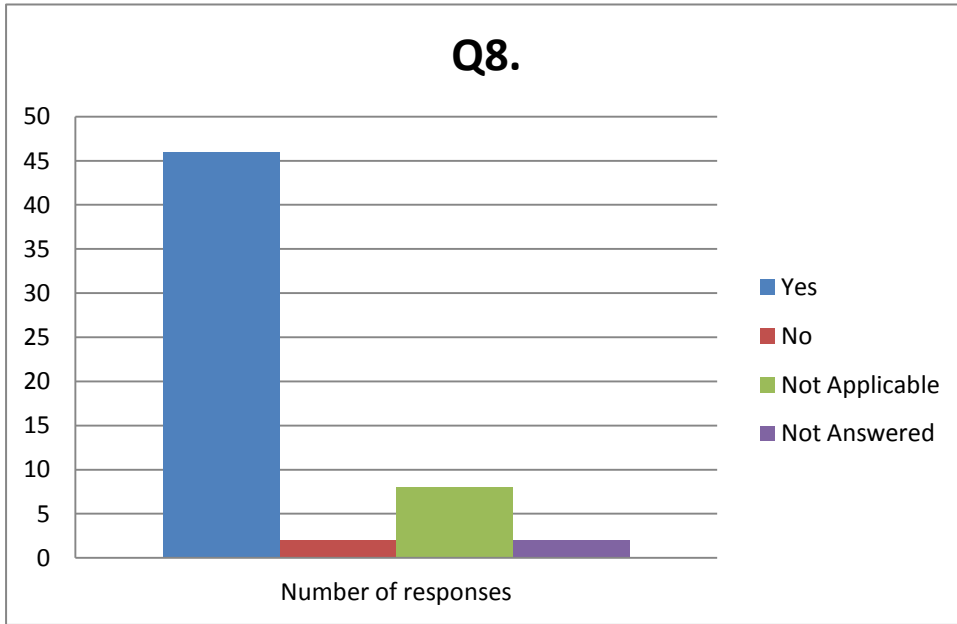
Two people didn't feel that they were able to ask for any assistance and they described the following:

- “They were busy securing the person who the ambulance had been called for - my needs were incidental.”
- “Felt scared and uncomfortable, just wanted them out of my room.”

It seems that one person did not feel they were able to ask for assistance as the priority was the patient in the first instance. It is important to realise that a blind or partially sighted family member might need more verbal explanation, as they might not be able to see what is going on. In the other case, it seems that circumstances were also part of the experience rather than just the behaviour of the paramedics (based on other comments from the same person).

Did you feel you were able to ask for any assistance you might have required?

- Yes (46, 79%)
- No (2, 3%)
- Not applicable (8, 14%)
- Not answered (2, 3%)



Q9: Identification of ambulance staff

How did you know that they were the ambulance staff?

People often mentioned a combination of the following list below, but it was clear that identification by the crew member, help from a sighted person or recognition of the uniform played an important role. Additional aspects that helped in the identification were the fact that people were expecting them and that the ambulance staff knew any additional information that made it clear they were who

they said they were, for example they said “you need help for your dad?” or they had been informed that the patient was visually impaired.

The following points were mentioned by people filling in the survey when asked ‘how did they know that they were ambulance staff?’:

- They identified themselves when they arrived (24)
- This was confirmed by a sighted person (bystanders, family) (19)
- I have enough sight to recognise ambulance staff uniform or hi-visibility clothes (19)
- I recognised the ambulance with flashing lights and/or siren (14)
- I expected them (11)
- They knew our names or other information from the emergency call (e.g. you need help for your dad?) (5)
- I trust in the situation that they were who they said they were (2)
- They showed their ID (1)
- They had radio communication which made it obvious (1)
- They had a stretcher (1)
- It was clear from the verbal comments that had been made (1)

3.3 Experience when asking for assistance in general (95 people)

The questions in this section are based on the responses from all 95 people.

Q10: Who can you trust

If you need to ask somebody for help when you are out in public on your own, how do you know who you can trust? For example; do you ask a stranger for help? A shop assistant?

A large proportion of people preferred to contact a member of staff (shop, station etc) or somebody of authority or in uniform when asking for help in the first instance (36). Some of these would also be happy to ask a stranger if there was no member of staff around, but some people do not feel comfortable asking a stranger.

However, just as many people are happy to ask a stranger (36). Some people have absolutely no problem with this and other people commented that they rely on strangers all the time but that

if the person appears to be drunk or in any other way seems less honest then that would influence whether to progress or keep it short. Some people mentioned that they prefer to ask help from somebody of the same sex, an older person or somebody with children, but others mentioned that they would not have a choice and just have to accept help from the first person that offers. People also mentioned that they ask a stranger and accept the risk as unavoidable and mentioned that most times people are happy to help. No real negative comments were made in regards to this apart from one person that said:

“No chance, the majority of people do not want to know. An old man with dementia collapsed outside our flats, the pizza delivery man who saw him calmly stepped over him and ignored him.”

A few people (13) do not go out alone or are housebound and will always have somebody with them if they go out. An additional three people said that this is not something they have had to do.

One person mentioned that they have a guide dog and that most people ask them if they need any help.

Overall it can be concluded that people in the first instance would prefer to ask a member of staff, somebody in a shop, or somebody with authority or in uniform, but that many people are also happy to ask a stranger, especially in public places. For the ambulance service it is key to remember that an easy to identify uniform will help with identification and trust.

Q11: What do you rely on to trust somebody

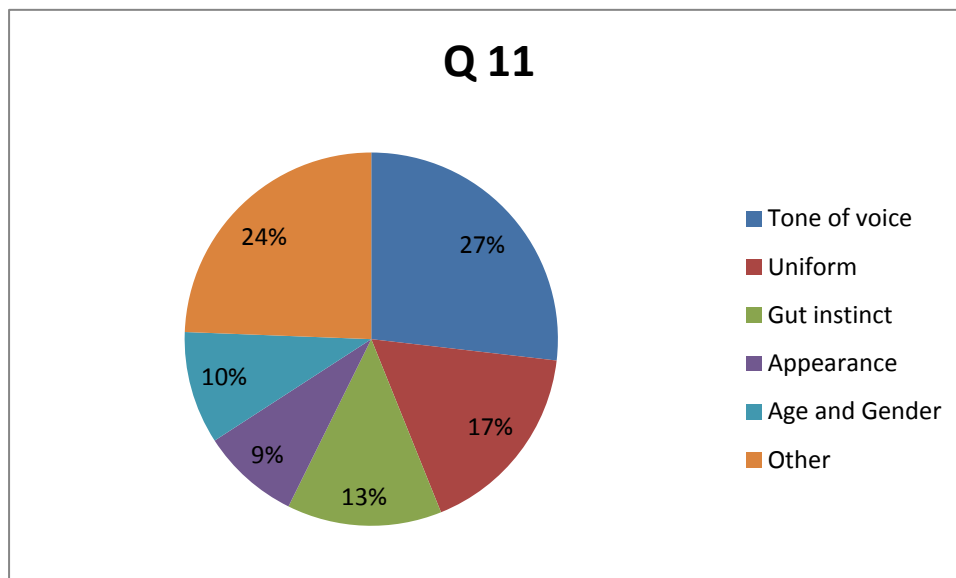
What sort of things do you rely on to decide if you can trust somebody?

A total of 81 people completed this question. The majority felt that they relied on somebody's tone of voice and the way they speak to decide if they could trust them (22, 27%), followed by if they were wearing a uniform (14, 17%). Gut instinct (based on behaviour and attitude of the other person) was also mentioned (11, 13%) and general appearance played a role as well (7, 9%). Some people mentioned that you just have to ask for help and hope for the best (5). It was also mentioned that people relied on gender (5) and age (3) and they were more likely to trust women and older people.

How the conversation went was also a determining factor related to trust (4) as well as manner (4) and general demeanour (2). How people walk (3) (aggressive people walk aggressively) and whether somebody smelled of alcohol (2) also made a difference as to trust or not trust somebody.

One person mentioned that police now have braille on their ID, which is good and this added to the feeling of trust.

For the ambulance service it is key to remember that the tone of voice is important as well as wearing easy to distinguish uniforms. This is already the case and no negative feedback was received on this. In addition it could be considered to add Braille to ID cards, but this will only be beneficial to people who read Braille which is only a relatively small group. Easy to see and a clear contrasting visual design of the ID badge will benefit a large proportion of people. The ID badge of ambulance staff has not been assessed, and is not part of this research.



Q12: Verification

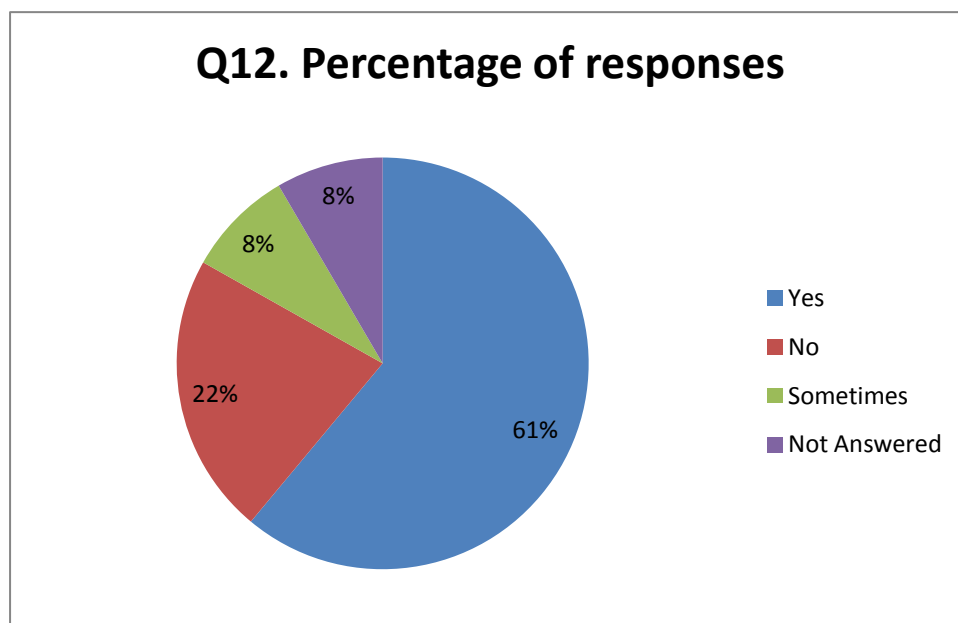
Overall it can be concluded that the majority of people verify that somebody is who they say they are (58, 61%). Additional comments were mainly to highlight that they would not let anybody into their house that they don't know and that they arrange passwords or make sure they have the name of the person who is calling (on a business need, e.g. meter reading) before letting them in.

The people who do not verify that somebody is who they say they are (21) give reasons such as:

- Nine people said that they can't see the ID (9). One person mentioned that they did not want to appear vulnerable and they would glance at the ID even though they cannot really see it.
- Five people said that if they expected somebody from a company they would let them in without checking who they were.
- Five people mentioned that there is always somebody else there (e.g. carer or husband or wife).
- Three people said that they just trust the person is who they say they are and let them in, although two people mentioned that they really ought to verify them now they think of it.

If you are expecting a representative from a company, such as somebody coming to do a meter reading, do you verify that they are who they say they are?

- Yes (58, 61%)
- No (21, 22%)
- Sometimes (8, 8%)
- Not answered (8, 8%)



Q13: What makes you trust somebody

What makes you trust or not trust somebody at the door?

The majority of people would trust somebody at the door if they are expecting them (25) or if they have a previously agreed password (5). Another reason to trust somebody is if they have ID (21) and people also rely on how the person communicates and tone of voice (12), if they are wearing a uniform, have a branded van or official paper work (6) and they judge their attitude and manner (7). Seven people mentioned that they rely on their gut feeling and common sense.

Some people mentioned that they don't trust anyone (11), don't trust cold callers (9) and don't open the door at all or let strangers in (8). Some individuals also mentioned that it depends on their clothing, if they are patronising or if they don't have a uniform or ID then they don't trust them.

It seems that the main factors that determine whether people trust somebody are if they are expected, if they wear a uniform or have a branded van, have ID and the way they communicate. These are all factors that most times are already addressed with the ambulance service. The paramedics all wear a uniform and have ID, an ambulance is a clearly branded vehicle and paramedics are (from previous responses) very good at communication.

3.4 Final questions – Demographics (95 people)

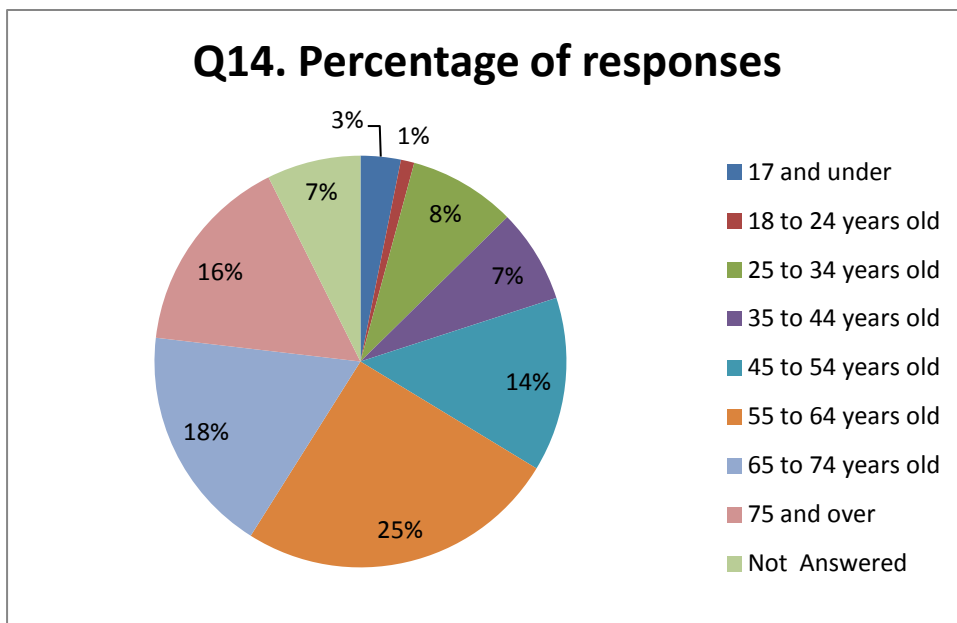
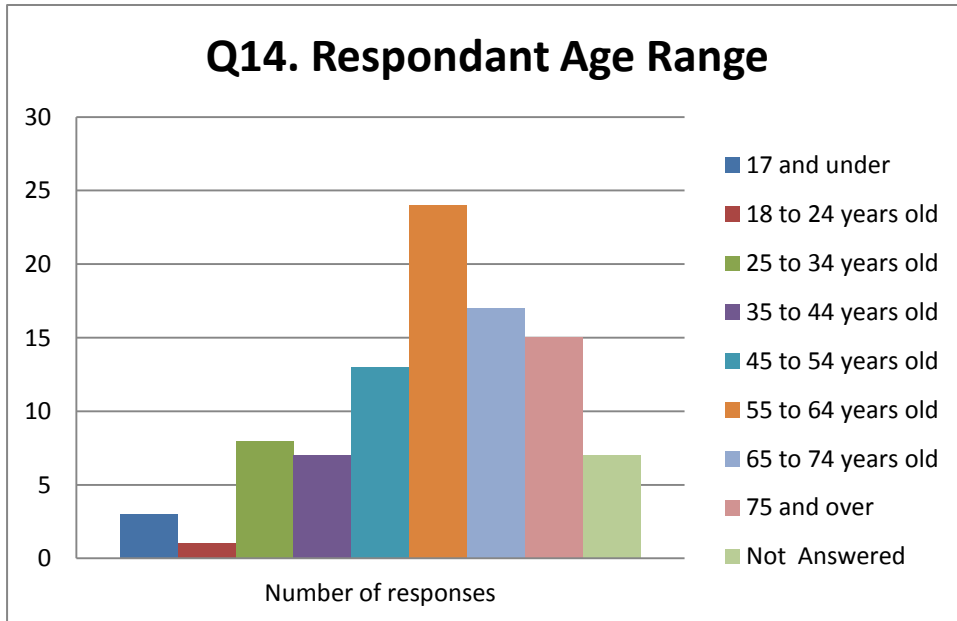
These questions will help us identify areas or age groups that have more difficulty than others. These questions were optional and participants did not have to answer them if they did not want to.

Q14: Age range

The majority of respondents were over the age of 55 (59%). This is in line with expectations as older people are more likely to have a sight impairment and therefore more likely to be on the RNIB membership list.

- 17 and under (3, 3%)
- 18 to 24 years old (1, 1%)
- 25 to 34 years old (8, 8%)

- 35 to 44 years old (7, 7%)
- 45 to 54 years old (13, 14%)
- 55 to 64 years old (24, 25%)
- 65 to 74 years old (17, 18%)
- 75 and over (15, 16%)
- Not answered (7, 7%)



Q15: Postcode area

Please enter the first 3 or 4 characters of your postcode. This will help us identify any areas where there is particular good practice.

All but 6 people provided the first characters of their postcode. The following is a list of where people are from. There were 22 people from the London Area and 67 people from the rest of England.

As there was only one person who had a 'bad' experience with the ambulance service, and three who had a 'neither good nor bad' experience it is not possible to draw any conclusions about which areas have particularly good practice as overall the feedback was very positive.

London Area		Outside London	
Croydon	1	Birmingham	4
Dartford	1	Bournemouth	1
East London	3	Brighton	1
Enfield	1	Bromley	1
Ilford	1	Chelmsford	6
Kingston upon Thames	1	Colchester	2
North London	3	Canterbury	2
North West London	2	Coventry	1
Romford	1	Crewe	2
South East London	5	Derby	3
Sutton	1	Dudley	2
West London	1	Exeter	3
Western Central London	1	Gloucester	2
Total	22	Ipswich	2
		Leicester	3
Not known	6	Lincoln	1
		Luton	1
		Rochester	1
		Milton Keynes	1
		Nottingham	1
		Northampton	2
		Norwich	4
		Oxford	1
		Peterborough	2

		Plymouth	1
		Portsmouth	1
		Reading	2
		Sheffield	1
		Stevenage	1
		Swindon	2
		Southend on Sea	1
		Stoke on Trent	2
		Taunton	1
		Tonbridge	3
		Truro	1
		Worcester	2
		Total	67

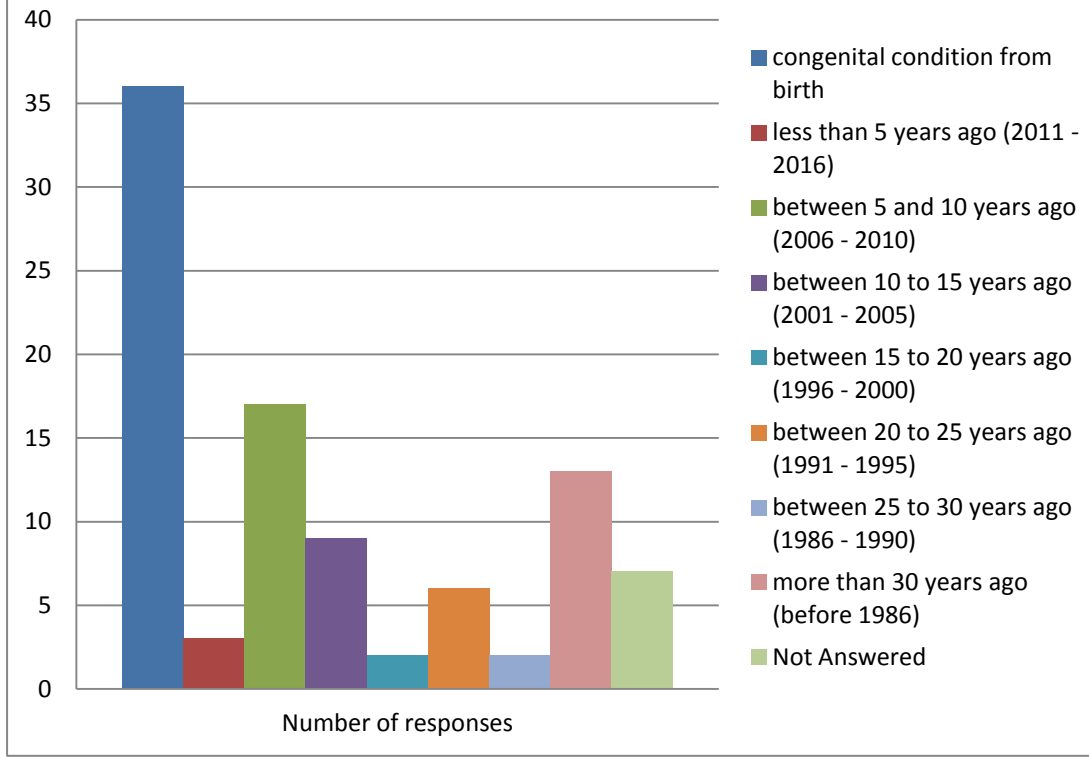
Q16: Onset of sight loss

The vast majority has lost their sight more than 15 years ago (62%), including people who had congenital sight loss (38%). A smaller group lost their sight in the last 15 years (30%).

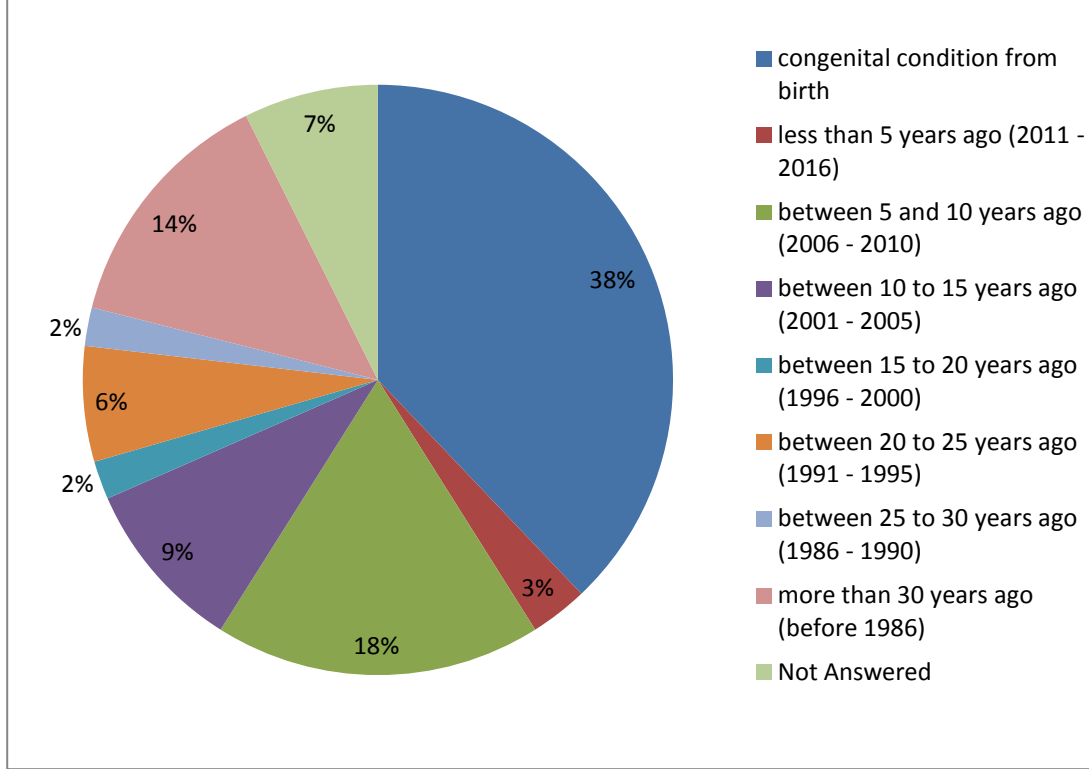
When did you start losing your sight?

- Congenital condition from birth (36, 38%)
- Less than 5 years ago (3, 3%)
- Between 5 and 10 years ago (17, 18%)
- Between 10 and 15 years ago (9, 9%)
- Between 15 and 20 years ago (2, 2%)
- Between 20 and 25 years ago (6, 6%)
- Between 25 and 30 years ago (2, 2%)
- More than 30 years ago (13, 14%)
- Not answered (7, 7%)

Q16.



Q16. Percentage of responses



Q17: Future contact

If you are willing to be contacted further regarding this survey, please detail your name, contact phone number and email address.

About half the people who completed the survey (48) would be happy to be contacted further regarding this survey and completed their contact details. The details of the people who are willing to be contacted can be forwarded on request but the following are the broad areas they are located.

London Area		Outside London	
		Birmingham	2
Dartford	1	Bournemouth	1
East London	2	Bromley	1
Enfield	1	Chelmsford	4
Kingston upon Thames	1	Colchester	1
North London	3	Coventry	1
North West London	1	Crewe	1
Romford	1	Derby	1
South East London	3	Dudley	2
Western Central London	1	Exeter	1
Total	14	Ipswich	2
		Leicester	1
		Lincoln	1
		Rochester	1
		Nottingham	1
		Norwich	2
		Oxford	1
		Portsmouth	1
		Reading	1
		Stevenage	1
		Swindon	2
		Southend on Sea	1
		Taunton	1
		Tonbridge	2
		Worcester	1
		Total	34