Handout 1

Impairment and Disability

- **Impairment**: an injury, illness or congenital condition that causes or is likely to cause a long-term effect on physiological or psychological functions.

- **Disability**: the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.

Impairment Groups

- Mobility Impairments
- Learning difficulties
- Mental health issues
- Visual Impairments
- Hearing Impairments
- Hidden Impairments / Long term health conditions

Types of Discrimination/Barriers

- Physical
- Informational / Communication
- Attitudinal
Models of Disability

The Medical Model of Disability

The 'medical model' (sometimes called the 'individual model') sees disabled people as the problem. They need to be adapted to fit into the world as it is. If this isn't possible, then they should be shut away in a specialised institution or isolated at home, where only their most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that bring out pity, fear and patronising attitudes. Usually, the impairment is focused on, rather than the needs of the person. The power to change disabled people seems to lie with the medical and associated professions, with their talk of cures, normalisation and science. Often, disabled people's lives are handed over to these professionals. Their decisions affect where disabled people go to school; what support they get; where they live; what benefits they are entitled to; whether they can work; and even, at times, whether they are born at all, or allowed to have children themselves.

"Confined" to a wheelchair
Can't climb stairs
Is sick
Needs help
Has a bitter attitude
Needs a cure

Is housebound
Can't use hands
Can't walk
Can't talk
Can't see or hear
Needs a Doctor
Needs institutional care

The Medical Model Says:
- You are the problem.
- Your disability needs curing.
- You can't make decisions about your life.
- You need professionals to look after you.

Developed and piloted by Tess McManus 2008
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• You can never be as equal as a non-disabled person.
• The Social Model of Disability

In recent years, the disability movement has advocated a different way of looking at disability, which they call the 'social model'. This starts from the standpoint of all disabled adult’s and children’s right to belong to and be valued in their local community. Using this model, you start by looking at the strengths of the person with the impairment and at the physical and social barriers that obstruct them, whether at school, college, home or work. Disabled people do not face disadvantage because of their impairments but experience discrimination in the way we organise society. This includes failing to make education, work, leisure and public services accessible, failing to remove barriers of assumption, stereotype and prejudice and failing to outlaw unfair treatment in our daily lives.

Badly Designed Buildings
Hypocrisy
No Parking Spaces
Segregated Education
Poverty and low Income
Lack of Enablers

Inaccessible Transport
Isolated Families
No Lifts
Prejudiced Attitudes
Poor Job Prospects

The Social Model Says:
• "Disability" is not an individual problem.
• We can’t compete on equal terms because there are too many barriers.
• We need to recognise that "society" (through government and its agencies) has a duty to remove these barriers.
• Disabled people have the same RIGHT to full equality as do all other citizens.

Diagrams from: http://www.selfdirection.org/
Handout 3

Royal National Institute of Blind People: See it Right Guidelines

Clear print is a design approach which considers the needs of people with sight problems.

Simply, a clear print document will find a wider audience. The solutions we propose are straightforward and inexpensive, focusing on some basic design elements, for example font, type size, contrast, and page navigation.

RNIB’s clear print guidelines are based on our experience of the issues over many years, advice from experts in the field and evidence including recent research into fonts and type size.

Type Size

The size of the type (known as point size) is a fundamental factor in legibility. We recommend a type size between 12 and 14 point (equivalent to a minimum x-height of 2mm or more ideally 2.3mm). The larger the minimum type size, the more people you will reach.

Contrast

The better the contrast between the background and the text, the more legible the text will be. Note that the contrast will be affected by the size and weight of the type. Black text on a white background provides best contrast.

Typeface

Avoid highly stylised typefaces, such as those with ornamental, decorative or handwriting styles.
Type Styles

Blocks of capital letters, underlined or italicised text are all harder to read. A word or two in capitals is fine but avoid the use of capitals for continuous text. Underlining text or setting it in italics should always be avoided and an alternative method of emphasis used.

Leading

The space between one line of type and the next (known as leading) is important. As a general rule, the space should be 1.5 to 2 times the space between words on a line.

Type Weight

People with sight problems often prefer bold or semi-bold weights to normal ones. Avoid light type weights.

Numbers

If you print documents with numbers in them, choose a typeface in which the numbers are clear. Readers with sight problems can easily misread 3, 5, 8 and 0.

Word spacing and alignment

Keep to the same amount of space between each word. Do not condense or stretch lines of type. We recommend aligning text to the left margin as it is easy to find the start of the next line and keeps the spaces even between words. We advise that you avoid justified text as the uneven word spacing can make reading more difficult.

Columns

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.
Reversing type

If using white type, make sure the background colour is dark enough to provide sufficient contrast.

Setting text

Avoid fitting text around images if this means that lines of text start in a different place, and are therefore difficult to find. Set text horizontally as text set vertically is extremely difficult for a partially sighted reader to follow. Avoid setting text over images or textures as this will affect the contrast.

Forms

Partially sighted people tend to have handwriting that is larger than average, so allow extra space on forms. This will also benefit people with conditions that affect the use of their hands, such as arthritis.

Navigational aids

It is helpful if recurring features, such as headings and page numbers, are always in the same place. A contents list and rules to separate different sections are also useful. Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

Printing

Avoid glossy paper because glare makes it difficult to read. Choose uncoated paper that weighs over 90gsm. As a general rule, if the text is showing through from the reverse side, then the paper is too thin.

Link:
http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_seeitright.hcsp
Sign Design

Signage that is effective benefits everyone. It also enables people with visual impairments, deaf people and people with learning difficulties to use the environment as independently as possible.

It is within your best interests to adopt ‘good practice' when replacing any signs, therefore fulfilling your obligations under the Disability Discrimination Act to provide auxiliary aids.

Visual impairment is one of the most common impairments that people in the UK face. It is estimated that there are around 2 million people with some significant level of visual impairment. We need to ensure that the environment that we provide is as accessible as possible, which includes providing signage in a form that visually impaired people can use.

It is of little consequence to sighted people what colour a sign is or whether it is embossed or contains Braille. However it makes the world of difference to a visually impaired person.

What you see at the top of the page is an illustration of a well-designed sign. (Minus Braille or embossing)

- In a sans serif font
- Large enough to see at a distance
- Ranged left for ease of reading (if a directional arrow pointed left it would be ranged right)
- Directional arrow near enough to follow easily
Good colour contrast

It would work well in black and white or reversed:

**Sign Design**

Blue and white or reversed:

**Sign Design**

For signs to work they have to be clear, concise and consistent. They should be only used when necessary. Think about what information you need to convey. Could some of it be on a notice board and just have the important information that is needed on a set of clear well thought out signs? Or could other information be given further along the route to make the initial sign clearer?

Here is a poorly designed sign:

**SIGN DESIGN**

The colours are not good for some people with visual impairments and it has poor colour contrast. The typeface is too fancy and the arrows are not easy to see.

There are four types of signs:

**Information Signs**

These are the signs that people use to orientate themselves when they first reach a building: name sign, car park, entrance and the main locations within the buildings.
**Directional Signs**
Enable people to find destinations and often include arrows or other directional text. In large buildings they may contain more than one location and care should be taken to ensure that the directional arrows are easily read.

**Identification Signs**
These are used for individual locations and usually indicate a particular room or service.

**Mandatory Signs**
These include the essential signs such as fire exits, warning signs etc. They are covered by British Standards and the correct prescribed sign should always be used.
**The Language of Signs**
What is said on a sign and how it appears is very important.

- Use words that are readily understood;
- Avoid abbreviations which are difficult for visually impaired people and people with learning difficulties;
- Be consistent with the terminology;
- Only give as much information as is needed at that point in time – supplementary signs can be used further along the route if necessary;
- But also ensure that the meaning is conveyed and not mislead through trying to make the sign too concise.

**Sign Style**

- Capitals and lower case should always be used. The use of all capitals can cause difficulty in reading quickly for many people. (The exception of course is for the traditional well recognised: EXIT, TAXI etc);
- Typefaces should always be sans serif: such as Helvetica Medium, Ariel, Avant Garde, Futura;
- Try not to use full stops or commas, if you have names on signs print them out as: Mr D Right
- Colour can be used to divide signs into different departments but be aware that this can cause confusion, as it needs a level of understanding to work out what the sign is telling you;
- Sometimes symbols can be used instead of words: for first aid, no smoking, and recognised symbols for disability;
- Arrows are always useful but ensure they are the right type; ISO 7001 recommend using arrows whose ends are parallel with the main stem. Avoid arrows that have a short tail, are thin so making them difficult to see and shaped arrows that are not immediately recognisable;
- Numerals are better to recognise than using words and take up less space;
- The spacing between lines is very important. Visually impaired people need more clear space to read something easily so ensure that text is not too close together;
Museum of London Volunteer Training Bank: Disability Awareness

- Colour should be chosen that contrast well with the background and is good for visually impaired people to read (as the suggestions at the start of this guide);
- Highly polished or reflective material should be avoided to reduce glare;
- Braille and embossed signs for visually impaired people should be provided;
- Care should also be taken with arrows to ensure that there is not too much space between the words and the arrow, which would make visual alignment difficult.

Always avoid:

- Italics or scripts;
- Exaggerated typefaces;
- Very bold typefaces where the white space inside letter disappears
- Too much information on a sign;
- Lots of different typefaces on a sign.

What size should they be?

The size of the character depends on the distance the sign will be read.

**Long distance reading**: entrances etc, 150mm

**Medium distance reading**: identification signs, corridors etc, 50-100mm

**Close-up reading**: directories, information signs etc, 15-25mm

**Symbols**: if space permits, 100mm

**Embossed signs**: these signs are always read close up and it is essential that they are clear, brief and unambiguous. They should be positioned between a height of 1400mm and 1700mm. The text should be embossed within a range of 1 – 1.5mm and never engraved.

(For more instructions regarding embossing and the use of Braille in signs and the general design of signs please refer to the Sign Design Guide by Peter Barker and June Fraser, available from RNIB Customer Services 0845 702 3153)

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Where should they go?

General directional signs: these should be placed within a range of 1400mm from bottom of the sign to 1700mm to top of sign. They should be repeated along any long lengths of travel and at any intersection.

Hanging signs: signs that are placed at right angles to the wall or hanging from the ceiling, the bottom of the sign should be 2300mm from the floor level.

Floor Level indicator signs: these should be placed 1400mm from bottom of the sign, opposite lifts, on stairwells and opposite doors from stairwells.

Reception desks: these should be preferably on the front of the desk for wheelchair users and either suspended from the ceiling or at 1400mm from floor level.

Lifts/toilets etc: in a large building it is useful if signs immediately outside the facility is placed a right angles to the wall for easy recognition. This is supplementary to the signage leading to the facility and the usual signage on doors.
**Handout 5**

**Some Disability Facts**

A “disabled person” is legally defined in the Disability Discrimination Act as someone with “a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities”.

The Act can also cover people with progressive conditions such as HIV, cancer or Multiple Sclerosis, and those with “hidden” disabilities like dyslexia, heart disease, depression, diabetes, asthma and epilepsy, when those conditions mean that they experience some effect on their ability to undertake normal day-to-day activities.

- Around 10 million people in Great Britain have a disability or long-term health condition.
- One in five people of working age has a disability or long-term health condition.
- The UK has an ageing population and so more and more of us will be living and working with a disability or health condition.
- By 2006, 45-59 year olds will form the largest group in the labour force.
- By 2010, 40 per cent of the UK population will be over 45 - the age at which your chance of living with a disability of health condition sharply increases.
- Over 1 million disabled people are not in work and on benefits but keen to work.
- Under the Disability Discrimination Act 1995 (DDA), it is unlawful for an employer of any size to discriminate against someone defined as disabled for a reason that relates to disability (the DDA only covers paid employees not volunteers).
- Discrimination against disabled people is not just unlawful; it’s also unfair and a huge waste of human potential.

Facts and figures from the Disability Rights Commission Website: www.drc.org.uk

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