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| INTERNATIONAL TELECOMMUNICATION UNION**TELECOMMUNICATIONSTANDARDIZATION SECTOR**STUDY PERIOD 2009-2012 | **Joint Coordination Activity on Accessibility and human Factors (JCA-AHF)** |
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| **Title:** | Accessibility Engineering with User Models, Simulation and VR |

This is a summary report of my attendance at the Veritas Forum.

Veritas – 2nd Pan-European User Forum, “Defining simulation task models for everyday solutions” 20th September 2011, Nottingham, UK. From 1.00pm to 5.00pm.

 Christopher FG Jones attended the above forum as a representative of ITU JCA-AHF.

Two BSL interpreters were provided for him. The forum was attended by a total of 26 participants including people who are involved in the Veritas project. I thought the numbers attending was on the small side.  I was the only deaf person there. The concept of the Veritas project is an interesting one. It involves two users groups, one for the designers/developers and the other is end users. The core is to conduct research and development of an open framework for providing built-in accessibility support at all stages of realization of mainstream ICT and non-ICT technologies.

For designers and developers, they are provided virtual reality testing

Platform where they see avatars taking up a specified task such as putting the

handbrake in a car. This is an example of how it works:

 - Showing a simulation of an avatar pulling handbrake, this involves many

Different subsets of muscles and movements.

 1. Grip the handbrake.

2. Depress the button.

3. Lift the handbrake.

4. Push down the lever.

The simulation highlights the different groups of muscles being deployed and where the arm, elbow, hand and fingers are involved.

Then the simulation is repeated through a series of different accessibility criteria such as a person with a bad back or an elderly person with weak muscles. The designer/developer can see for himself/herself how his/her design is showing up weak or positive points in order to allow the specified task to be used by as many people as possible regardless of their disability etc.  I hope that this makes sense.  The same principle can be applied to all kinds of different tasks.

As the number of tasks is numerous, it will take years to develop, for

this project they are concentrating on 5 different areas which are:

1. Automotive (Car interior design, In-vehicle Information Systems,

Advanced Driver Assistance Systems) and Motor cycle.

 2. Smart living spaces (Buildings, Construction, Interior Design and

Domestic).

 3. Workplace (Workspace, Design, Collaborative Tools).

 4. Personal Health Care and Wellbeing (Remote Patient Monitoring, Education & Motivation of the patient and Mobile devices as interface for elderly People.

 5. Infortainment (Social networks and Collaborative Games for

mental/physical training).

 We were split into two discussion groups to provide feedback into the project.  Several of people with disabilities including myself provided appropriate feedback.

 Examples:-  positioning of inbuilt sat navs in cars is crucial.  In Toyota,

this is positioned towards the bottom of the console which meant deaf

people who are unable to hear the audio instructions are not able to look far

down to read the directions.  In a Mercedes Benz, they are positioning their sat navs as a pop up on the top of the console which would enable deaf people to use it much more effectively but at the same time it benefits EVERYONE.

 This was followed up by a plenary session thus ending the meeting.

 One  paraplegic mentioned his problems of communicating and I spent

Sometime. Afterward the meeting talking to him about the need for speech to speech relay services in the UK.  It turned out that he could type and therefore suggested that he uses HCO (Hearing Carry Over) with BT’s Text Relay

service.  He did not know that there was such a facility.  He was furious

at the big organisations including the NHS who have said to him that email is the best way!  His main frustration is that emails to banks etc. are NEVER returned! These organisations insist that he uses the telephone but he has to rely on people to make the calls for him.

Estimating his age, he could have been using HCO for at least 20 years!  A MISSED opportunity!  I told him to call social services the next day for a free loan of a text telephone and start using the telephone independently.

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