EXSM 3929: Digital Accessibility
M2 Weekly Response

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Instructions

Make a **copy** of this document, **edit**, **export** as a **PDF** and **submit** on **eClass**.

Weekly response documents are **to be completed by Saturday evening (11:59pm)**. Each response document follows the same format; there are **four web resources** with **three talking points**.

The purpose is to help prepare you for our discussions on Tuesday evenings. To receive full marks visit each web resource, respond to the prompts, and submit on eClass.

This document will be marked out of **ten points** based on the following criteria:

DESCRIPTION	VALUE	MARK
Document is **submitted** with proper **ccid**, **name**, and **date**	2	
Document is **complete** with talking points **relevant to the course**	8	

Notes

Late submissions are received at a **reduced value**, see eClass for details.

Please **keep this cover page** attached.

Weekly Response

Models of Disability: Keys to Perspective

Link: https://www.theweb.ngo/history/ncarticles/models_of_disability.htm

- Make a list of the models of disability.

Answer:

The Medical Model

The Professional Model

The Charity Model

The Social Model

The Social Adapted Model

The Economic Model

The Empowering Model

The Religious Model

- Briefly describe each model in your own words

Answer:

The Medical Model: According to the Medical Model of disability, an individual's physical or mental impairment is the cause of their disability. It assumes that disability is caused by the impairment itself and that the primary objective of disability support and services is to treat or cure the impairment.

This model will in general focus on diagnosing and treating the weakness with clinical mediations, for example, prescription or medical procedure, to decrease or take out its belongings. However, this strategy may fail to consider the social and cultural factors that may contribute to disability as well as the significance of creating environments that are inclusive and accessible to people with disabilities.

The Professional Model: An approach called the Professional Model of Disability places emphasis on the role that professionals play in providing support and services to people

with disabilities. For people with disabilities to manage their impairment and achieve their goals, this model assumes that they require expert guidance from professionals.

Under the Expert Model, the emphasis is on giving clinical and restorative mediations, like directing or exercise-based recuperation, instead of addressing the social and ecological elements that add to handicap. The accuracy with which professionals can diagnose and treat a person's impairment is a metric used to evaluate the success of disability support and services.

The Charity Model: People with disabilities are viewed as objects of pity and charity in the Charity Model of disability. It assumes that people with disabilities are unable to contribute to society and require assistance from people without disabilities.

The Foundation Model assumes, the emphasis is on giving help to individuals inabilities through magnanimous gifts and volunteer endeavors, instead of addressing the social and financial elements that add to handicap. Instead of focusing on how much social change is brought about, charity efforts are judged by how much money is raised or how many people are helped.

The Social Model: An approach known as the "Social Model" of disability considers impairment to be a social and environmental barrier rather than an individual issue. It emphasizes the significance of establishing a society that is accessible and inclusive and enables people with disabilities to fully participate in all aspects of life.

According to the Social Model, inability isn't viewed as an individual misfortune or an ailment, but because of social and monetary rejection, separation, and obstructions to get to. By promoting universal design, accessibility, and reasonable accommodations that enable people with disabilities to participate on an equal basis with others, this model aims to remove those obstacles.

The Social Adapted Model: The Social Adapted Model is a more recent model of disability that draws on the ideas of the Social Model while also admitting some of the issues with the Medical Model. This model stresses that social and environmental variables account for the bulk of the issues that individuals with disabilities confront while simultaneously acknowledging that the medical model's impairments may have a substantial influence on a person's life.

Although this approach accepts that not all issues related to disability can be resolved, it contends that by identifying and eliminating discriminatory situations, we may increase the chances for success for those with disabilities. The Social Adapted Model acknowledges that certain persons with disabilities may find it difficult to adjust to

society's expectations while continuing to preserve their impairment is primarily caused by a failure to account for the needs of disabled citizens.

The Economic Model: The Economic Model of Disability is a viewpoint that regards disability as a burden on society and the economy. This approach emphasizes the financial expenses of disability, such as medical care, rehabilitation, and disability reimbursement, and views disability as a problem to be handled through cost-benefit analysis and economic efficiency.

This model, however, has come according to question for encouraging a limited perspective on disability that ignores the experiences and contributions of individuals with disabilities. The Economic Model can lead to policies and practices that put economic interests ahead of the rights and well-being of persons with disabilities by reducing disability to a set of economic costs. This could lead to stigmatization and marginalization of disabled people.

The Empowering Model: The Empowering Model of Disability is a relatively new perspective that emphasizes the significance of empowering people with impairments to live as freely and autonomously as possible. This model recognizes that people with disabilities frequently face significant social and environmental barriers that prevent them from fully participating in society, and it seeks to address these barriers by providing support and resources that enable disabled individuals to achieve their goals and aspirations.

The Empowering Model contrasts with prior disability models, such as the Medical and Charity Models, which tended to see individuals with disabilities as passive receivers of care and support. Instead, the Empowering Model acknowledges disabled people's autonomy and self-determination and tries to empower them with the tools and resources they need.

The Religious Model: The Religious Model of Disability is a viewpoint that considers disability to be a divine punishment or a test of faith. This concept is based on religious beliefs that attribute disability to moral shortcomings or the will of a higher power. Disability may be considered as a method of spiritual growth or a challenge to be conquered via prayer and religious practice in some situations.

This concept has the potential to have both beneficial and bad consequences for people with impairments. On the one hand, it can give individuals who find meaning and purpose in their religious beliefs comfort and support. On the other side, it can contribute to the stigmatization and marginalization of disabled people, especially if they are perceived as deserving of their impairment.

The Social Model

Link: https://ukdhm.org/what-is-ukdhm/the-social-model/

- What are models of disability?

Answer:

The Medical Model and The Social Model of Disability.

- Can you explain the difference between the two main models in your own words?

Answer:

The Medical Model of Disability and the Social Model of Disability are two independent perspectives on disability. The Medical Model views the individual's impairment or condition as the source of disability and seeks to treat or correct it through medical procedures. This concept assumes that disability is a personal issue that must be handled rather than a social one that must be addressed. The Social Model, on the other hand, sees disability because of society's failure to accommodate and involve persons with impairments. It acknowledges that social, environmental, and behavioral barriers prohibit disabled persons from fully participating in society. Rather than seeking to heal the individual's handicap, the Social Model focuses on reducing these barriers to build a more inclusive society.

In other words, while the Medical Model focuses on healing the individual's impairment, the Social Model recognizes the role of social and environmental elements in molding people with disabilities' experiences. The Social Model aims to address these larger concerns to create a more equitable and inclusive society for all.

- How does understanding the models of disability impact our efforts as designers?

Answer:

Understanding disability models can have a big impact on designers' efforts. Designers play a critical role in making accessible and inclusive products, services, and environments for individuals with disabilities. Designers can obtain a better understanding of the unique needs and experiences of people with disabilities by identifying the many models of disability and developing solutions that are more effective, inclusive, and respectful by acknowledging the different models of disability.

The Medical Model, for example, stresses individual solutions and medical interventions to alleviate disability, whereas the Social Model emphasizes the necessity of eliminating societal barriers to inclusion. Designers that apply the Social Model can prioritize accessibility and inclusion by producing products or services that are simple to use and navigate, or by removing physical and mental barriers.

Furthermore, the Social Model emphasizes the significance of involving and appreciating persons with disabilities in the design process. Working closely with people with disabilities allows designers to obtain a better understanding of their requirements, preferences, and obstacles, allowing them to create more meaningful and effective solutions.

Assistive Technology and Adaptive Strategies

Link: https://accessibility.pearson.com/resources/accessibility-fundamentals/assistive-technology/index.php

- Do you have any experience with assistive technologies?

Answer:

Yes, I have a college friend who is helped by assistive technologies in many way. Here is an example of my experience: John, who is blind and uses assistive technologies to access information and complete a research paper on the Civil War. He uses a screen reader to access multiple sources of information on his computer, a refreshable braille display to read and edit his work, speech recognition software to take notes, and a proofreading software to ensure the accuracy of his paper. These assistive technologies enable John to complete his assignment just like any other student in his class.

- Do you have any experience with adaptive strategies?

Answer:

Yes, the person let me have the experience with adaptive strategies.

John is a college understudy who is outwardly impeded and has restricted portability because of cerebral paralysis. He navigates his academic and social life with the assistance of a variety of adaptive strategies:

— In order to navigate the internet and read digital text aloud, John makes use of screen reader software on both his laptop and smartphone. He also uses a braille display that can be refreshed to read braille text and digital information.

— To explore the campus, John utilizes a portability help like a wheelchair or a walker. He also uses a smartphone app to get real-time information about campus elevators, accessible routes, and restrooms.

— John accesses the course materials in the classroom by utilizing audio recordings in addition to braille materials. His teachers furnish him with open renditions of course books and presents ahead of time, and now and again use sound or video accounts of talks.

— John uses text-based and audio-based communication to participate in group work and discussions. In addition to dictating his responses aloud using speech-to-text software, he uses a keyboard to type messages in real time.

- What can we learn by sharing our experiences?

Answer:

Sharing our experiences with one another can be an effective method to learn from one another. We can obtain insights into other viewpoints and approaches to circumstances by sharing our experiences. We can also learn from each other's accomplishments and failures and come up with new ideas and techniques for dealing with problems. Sharing our stories can also aid in the development of empathy and understanding among people from various backgrounds and experiences. It has the potential to build a sense of community and a supportive atmosphere in which people may learn and grow together. Sharing our experiences, in the end, can help us become more informed, resilient, and productive in our personal and professional lives.

Different Types of Disabilities

Link:

- What are the differences in the design needs of someone who is blind and someone who has partial vision?

Answer:

The design requirements of someone who is blind and someone who has low vision can be very different.

Design considerations for the blind should center on creating an environment that is accessible through non-visual means such as audio explanations, tactile signals, and Braille. For example, in a public setting, it may be necessary to provide audible directions and tactile maps to assist a blind person in navigating the environment. In terms of technology, screen readers and refreshable Braille displays can assist the visually impaired in accessing digital content.

Someone with low vision, on the other hand, may benefit from design considerations that emphasize on the visibility and contrast of visual features. For example, high-contrast color schemes, larger text sizes, and changeable lighting may be beneficial to someone with low vision. Additionally, technologies such as screen magnification software and changeable font settings can assist someone with low vision in accessing digital information.

- Is it possible for a design to achieve perfect accessibility?

Answer:

Perfect accessibility in design is challenging, if not impossible. This is because accessibility requirements vary substantially based on the individual and their handicap. What works for one person might not work for the next. Furthermore, accessibility is determined not only by the design but also by the context in which it is utilized, such as the user's environment or the technology they are using.

However, designers may aim to make their designs as accessible as possible by adhering to recognized accessibility rules and best practices, doing user testing with people with disabilities, and being open to criticism and iteration. Designers may build more inclusive and useable designs by prioritizing accessibility from the start of the design process.

- What are your greatest concerns thinking now about your current or past designs?

Answer:

The greatest concerns thinking about my current or past designs are following:

1. Ensuring that the design is inclusive and accessible to people with different disabilities.

2. Making sure that the design is user-friendly and easy to navigate, even for people with limited technology skills.

3. Ensuring that the design is responsive and compatible with different devices and assistive technologies.

4. Addressing potential barriers that might make it difficult for some people to access the design, such as language barriers or limited internet connectivity.

5. Regularly testing the design with people with disabilities and being open to feedback and iteration to improve accessibility.

_____**Thank You.**