

[music playing]

[Narelle] Good morning! □

And welcome to another □

Digital Access Show. □

We've been looking at different □

areas about perceivability, □

and with a couple of shows, □

we've looked at two principles □

in the Web Content □

Accessibility Guidelines. □

One being perceivability, □

and the other was operability. □

And that was episode □

three with Anita Gover, □

where we were talking about □

the effects of badly designed... □

banners, □

in particular, seizures□  
with physical effects.□

This week,□

we're actually going to join□  
those two together again,□

with a third one,□  
understandability.□

So don't forget, perceivability□  
is all about designs.□

It's all about the□  
elements that are used,□

so that people can understand□  
the information we're getting.□

Operability is□  
how you access it,□

whether it's by touch, audio,□

keyboard,□

whichever way, □

mouse. □

The third is understandability, □  
the way words are used. □

And to do this, □

I've brought along Lisa Young □  
from ieye Low Vision Services. □

Welcome Lisa, and □  
thank you for coming. □

[Lisa] Thank you very □  
much for inviting me, Narelle. □

[Narelle] Lisa, □  
you're an orientation □

and mobility trainer. □

Can you tell us a □  
bit about yourself and □

exactly what that is? □

[Lisa] Okay. So my  
name is Lisa Young.

I'm originally from  
Manchester in England.

I've been living on the Gold  
Coast now for nearly nine years.

Thoroughly enjoy it.

I came over to work for  
Vision Australia originally,

as an orientation  
and mobility specialist.

I trained in the UK,

so my qualification  
is little bit different.

I'm a rehabilitation specialist

of people who  
live with vision loss,

which means that I can do the

dual role of cooking with people,□

do full, full accessible□

assessment.□

Prior to going into□

the world of vision loss,□

I worked in housing□

for a number of years,□

doing disabled adaptations,□

that means testing people.□

So a lot of experience and□

background around disability□

and...□

how we can make life□

better for somebody□

who lives with...□

with either a vision□

loss or any other...□

disability that stops them□

from enjoying, engaging...□

in day to day life.□

So part of my orientation□

and mobility role□

is to teach people how□

to navigate environments,□

to prescribe long canes,□

to demonstrate new apps□

that might become available,□

to keep up to date□

with some of the tech,□

which is, especially□

in the cane world,□

there's lots of□

different pieces of tech□

that can assist people to□

have a better experience,□

and generally□

creating opportunities□

for people to access□

the community more.□

[Narelle] Lisa, as you're□

working with the clients,□

you've noticed a lot□

of issues with signage.□

Now today, a lot of□

signage is digital signage,□

and, you know,□

from LED lights to...□

audio to all types of things,□

and you've actually noticed□

the issues as you're□

working with clients.□

What type of issues are□

you seeing with signage,□

particular digital signage,□

and the way digital  
accessibility is either applied

or not applied to those signs?

[Lisa] There's lots  
of, lots of different

signages we know,  
that we spoke about,

so it can be in a surgery,

where you get a number,

you go to the counsellor,  
somebody gives you a number,

and then you have to follow a  
board that's got your name on,

that's usually in  
red and moving,

which is, so you've  
got a black background,



you've got red...□

signage, digital signage□

that's actually moving,□

so it's hard to track.□

[Narelle] Yep.□

[Lisa] The colour□

contrast is really poor.□

You're removing the human□

element of somebody saying,□

you know, Lisa, you're next.□

Would you like any assistance?□

So we are just relying□

more and more on digital...□

information,□

and just to bring□

that into context,□

as we know, we've just□

gone through a cyclone,□

in the last few□

weeks in Queensland.□

Some listeners□

might not know this.□

And Cyclone Alfred affected□

where I live quite badly.□

So everything,□

all the electric was off.□

For me, it was 60 hours,□

and power lines were down.□

Traffic lights were out.□

It was a bit chaotic.□

No internet,□

so people could only accept cash□

payments for different things.□

It really highlighted□

how much we rely on...□

electricity and digital things.□

My oven, for example,□

I can't turn that on,□

because that's□

an LED, electrical.□

So all of these things,□

you know, are out□

there in the community.□

So as we just said there, we've□

got problems with GP surgeries.□

We've got digital□

information on train boards.□

We've got it on bus,□

bus information boards.□

They are getting better,□

the trains and busses□

with the talking signage,□

which is excellent,□

and a big tick for, for both□

TransLink and the busses for...□

doing that, you know, making□

sure that Queensland Rail,□

this is an accessible service,□

but there's still a□

lot of work to do,□

not just with,□

you know, with being□

out in the community,□

but as we've talked about□

before, pinpointing things...□

within,□

things that can□

be better done by...□

cafe owners,□

by just regular shops.□

[Narelle] One of the trends□  
that I'm starting to notice,□

is being able to, like, use□  
your QR code to order food.□

And sometimes□  
that works really well,□

because whoever's done□  
it's really thought about it,□

and sometimes it doesn't.□

So if you're a person□  
with a vision impairment,□

like myself,□

you can get to the table,□  
but you can't order food.□

Or the other one is□  
they use an iPad now,□

as the other trend I'm  
noticing, to order food.

What are the difficulties  
in both of those cases?

[Lisa] So if we first  
start with the QR code,

first of all is,

where is it positioned?

Is it in the centre  
of the table?

Is it on a moving...

the knife and fork box  
that people give you?

[Narelle] Yeah.

[Lisa] It's locate the  
QR code for one.

That's your first

problem, if you can do it.□

Then it links you to via a...□

yellow bar at the bottom of the□  
screen that you have to tap on.□

So that's the next□  
problem is finding...□

where do you tap...□

to open up the□  
menu, for example.□

Once you're in the menu,□

is that accessible□  
with screen readers?□

With voice over,□  
with different things?□

So that's the first□  
thing with the QR codes,□

there's just no consistency.□

Absolutely none.□

And we'll move, we'll go back□

to that in a minute□

with transport.□

The other thing□

is, with an iPad,□

you can be given an iPad to use.□

People might not have had□

any experience of using an iPad.□

You don't know where□

things are located.□

You know, have you□

got a menu bar at the top?□

Is it at the bottom?□

You know, if you put□

VoiceOver on the iPad,□

would it knock□

everything out of sync,□



so it's accessible to you as   
a blind or a low vision person.

It's not,

there's no human interaction.

If you make an error,   
the errors on you,

but they've not give you the   
correct tools to

be able to ask questions.

You know, are the colours right?

Does it need inverting?

There's just so many variables

that go with giving you   
an iPad to order your food.

It can't tell you if   
there's a queue...

of people.□

The same with the QR reader.□

It's not going to say to you,□

we've got a 30 minute□

wait for food in the kitchen.□

You don't know that.□

You might be in a rush.□

You might just want to grab□

something quickly and carry on.□

That information□

has never come back.□

There's no...□

human interaction that□

can communicate with you.□

You're talking, in□

effect, to a machine.□

So yeah, it's, it's challenging.□

And when I just said I'd

come back to the QR readers,

for other things.

So for example,

TransLink use a QR code.

So on the Gold

Coast, it's situated

in the bottom left corner,

all their bus stops.

When you click on it,

you have the yellow bar.

It takes you to the

TransLink website,

which is really good

for some people.

But if you go to Brisbane, it's

in the top right hand corner.

If you go to another   
area, it might be present,

and if it's dropped below the   
actual board, the display board,

the QR codes useless.

You know?

So it is another form   
of communication.

TransLink do back it up   
with some other features,

but just solely relying on QR   
codes is not the way forward.

Same as everything.

It works for some people.

It doesn't necessarily   
work for everybody.

[Narelle] What about   
the old-fashioned service?

If you went to a cafe,□

to order food?□

What are difficulties there,□

that people with vision□

impairment have?□

[Lisa] You mean□

with a paper menu?□

Just with a read?□

[Narelle] Paper menu. Yep.□

[Lisa] Okay. So,□

generally,□

when I'm with people,□

reading the paper□

menu can be difficult,□

especially if it's laminated.□

They're using a light, the□

light bounces off the laminate.□

So then they get glare.□

Can't always read it.□

I'm trying to think, so some□  
of the text can be really small.□

The colours are□  
very, very important.□

As we know, colour contrast□  
to somebody with low vision.□

So if, if the people are□  
using particular fonts,□

then the font might not be□  
picked up with screen readers,□

or it might be difficult to see.□

But the, the ones that□  
are really hard...□

is generally when they□  
using very fancy colours□

and things that □  
just are hard to see. □

The signage can be difficult. □

And photographs as □  
well, on food photographs, □

rather than a, a □  
verbal description, □

are also because □  
there's some places □

that just have photographs, □

and a number underneath, □

that you order. □

Well, if you don't know what, □

or you can't see □  
what you're looking at, □

and you don't know that □  
you want to order number 21, □

which is fish and chips, □

because there's no □  
description of that. □

So again, it's... □

Some people think that □  
using a visual is really good. □

It is, but you need □  
the alternative. □

So just having a few □  
alternative menus... □

would solve some □  
of the problems. □

[Narelle] One of the... □

other areas that is often an □

issue is getting round □  
shopping centres. □

[Lisa laughs] Yes. □



Yes, that's very,  
very challenging.

[Narelle] Some of  
them have digital kiosks.

Some of them don't.

You get a lot of audio overload.

So if you're using an app  
such as, say, BindiMaps, or...

anything like that, you get  
that audio overload as well.

What are the issues  
that you're aware of,

and that you work with clients  
with in navigating, say, in...

in Gold Coast, it's Pacific  
Fair that's the biggest...

shopping centre in  
Queensland, isn't it?

[Lisa] I'm not sure□  
about Queensland,□

but it is a big shopping□  
centre. Yeah, it is.□

And some parts are inside,□  
some parts are outside.□

You know, it's been□  
constantly added onto.□

So it's over different,□  
multiple levels.□

[Narelle] Yep.□

[Lisa] So some of it's□  
got Australian standard...□

tactiles where they should be,□

and some of it's not□  
as good as it should be.□

So,□

again, that's where□

your O and M comes in,□

to assist and help□

you navigate the areas.□

So it'd be looking for□

landmarks, looking for clues.□

What does the client□

recognise? And that□

might not just be visually.□

That could be□

using your, your hearing,□

your olfactory, you□

know what you can smell.□

It could be what you can□

feel, what you recognise,□

to be able to orientate yourself□

to an area, to a□

particular area.□

When you talk about the digital □  
signage, the problems that, □

there's a lot of problems □  
that go with that, □

such as, □

generally, the □  
podium is at waist. □

height. It's on a angle so □  
people can walk into it. □

Again, it's touch screen. □

Asking you, you are here, □

and it's in a little box. □

Where's here? □

If you don't know your □  
way in the shopping center, □

where is here? □

You know, better □

off using a concierge. □

So if we can find □

a concierge place, □

then that will be where □

we start the O and M from, □

to be able to navigate around. □

So you've actually got somebody □

who can, you can ask, □

Is my shop, I want □

to go to Kmart. □

Is that next to Big W or is □

that next to Woolworths? □

Whatever landmark □

it is you need. □

[Narelle] However, □

the problem is □

finding the concierge □

in the first place. □

Are there any apps that could  
be used by shopping centres?

Obviously, I'm  
aware of BindiMaps,

that can give a  
person independence,

because all things we're  
talking about are really...

ways that people are disabled.

You know, all the issues  
that you've discussed,

it takes away  
people's independence.

It takes away a person's want  
to shop and want to spend money.

[Lisa laughs] It certainly  
does. You're right.

BindiMaps was in a few

locations in Queensland,□

but it's not in as many anymore.□

They've...□

Yeah, it's just no longer□

available, which is such a shame,□

because it was a really good app□

for clients to be able□

to navigate indoors.□

The trouble is, the□

apps change so often.□

So what works one week might□

not be available next week.□

So really a lot of□

people need that□

basic fundamental□

skills of orientation□

and mobility to do□

the mental mapping.□

And then if we have apps,□

that's a secondary□

thing that we can utilise.□

So it could be that you're□

utilising Be My Eyes.□

[Narelle] Yep.□

[Lisa] That can, so you can□

take a photograph of a shop,□

and it will read the□

shop name to you.□

It could be you call a□

volunteer to just say,□

is this the shop□

I'm looking for?□

It could be using Aira□

Vision for the same thing,□

where you're calling somebody□

and you're just reconfirming,□



is this the particular shop I need?□

You don't want to be using it...□

all the time you're within□

the shopping center,□

because it's going to□

burn through your data.□

You're not using□

your O and M skills.□

You're going to be□

that busy concentrating□

on what you're listening to.□

You might actually bump□

into people, things, objects,□

something that can□

cause you harm.□

So, as you said before,□

stimulation is too much,□

so it's just using it as a   
confirmation stroke check in ...

device for helping you to   
get around and navigate.

And again. I don't know   
if we've touched on this, but...

using things like lifts.

The lift doesn't always   
announce what floor it's on.

So you can get, your first   
thing is locating where the...

touch screen button is,

where the button is to   
get to the floor you want.

So assuming you've   
managed to do this,

if it doesn't announce   
what floor you're on,

you just don't□  
know where you are.□

You can come out and be,□

you could be in offices or□  
somewhere completely unfamiliar,□

because it's not□  
announced where you are.□

Also, those doors can□  
close on you pretty quick,□

which happened to□  
me last week in Sydney.□

[Narelle] Yeah.□

And lifts are a good point,□

because the other trend in□  
the lift areas, touch screens,□

and also having no□  
buttons within lifts.□

You actually have to...□

pick where you're going□  
from outside the lift.□

Again, that is, could be touch□  
screen. There's no audio on it.□

Sometimes there's braille,□  
and sometimes there's not.□

[Lisa] And that it. It goes□  
back to that consistency.□

There's no consistent□  
lifts where they place the...□

button, or they□  
call the lift button,□

in the same place□  
at the same height,□

on every lift in every city.□

It just doesn't happen.□

One time it'll be on the left,□  
the next time it'll be on the right.□

Sometimes it's touch screen.□

Sometimes it's not.□

It's a bit of a lottery, really.□

And it's the same□

with Braille signage.□

It's never in the same place.□

So how do we teach people...□

where to go?□

Male from female□

toilets, things like that.□

areas.□

[Narelle] And□

this is it. I know.□

A couple of weeks ago,□

I was in Sydney,□

and at the building I was in,□

it was all touchscreen lifts,□

so I actually could not get□  
myself off or on the floor,□

to the level I needed.□

I was completely□  
dependent on other people.□

And again, it's just a□  
lack of digital accessibility.□

No, it's not a computer□

Actually it is, because it's□  
all controlled by computers.□

It's just another area of□  
accessibility that needs work.□

[Lisa] Definitely, definitely.□

I mean, there are...□

On the train stations□

there's generally the lift just□  
goes up and down to the station,□

you know?□

But there are some,□

some of the newer ones,□

where you've got three levels.□

So I do know that QR,□

Queensland Rail have worked□

with the accessibility groups.□

So they're improving all the□

time with their announcements.□

And I think people could learn□

off what they're actually doing,□

because they've used the□

user reference groups,□

to try and make it□

inclusive for everybody.□

However, the new bus...□

the new M2 bus□

route, I think it is,□

from QT□

to the Royal Wisdom, Royal□  
Brisbane Women's Hospital.□

Their signage is...□

It's not Braille.□

It's just print on, on onto a board.□

So if you, if you□  
are a Braille user,□

it's a hospital at□  
the end of the day.□

You don't know if you've□  
reached where you're going.□

The only time you know□  
is once you get into the lift.□

But you don't know□  
where the lift is,□



because the signage□  
is not accessible again.□

So it's not great that,□  
it needs looking at.□

[Narelle] That was□  
going to be my next,□

hospitals are another□  
issue aren't they?□

And they're really important one.□

[Lisa] Yeah. Yeah, they are.□

I know there's a few hospitals.□

Sorry, I'm going to□  
switch countries now.□

And go back to Manchester,□

and they've got□  
coloured lines on the floor.□

So it might be you're□  
travelling the green line,□

which is great if□

you've got low vision,□

but it's not so good if□

you've got no vision.□

[Narelle] St. Vincent's□

Hospital here in□

Chermside have that as well.□

Green walls.□

You've gotta find the□

green wall for the right lift,□

And I'm thinking,□

okay, yeah, good.□

[Lisa] It's better.□

It's better than everything□

being completely□

white with a really light...□

floor, white ceiling,□

white lights that bounce...□

light around,□

and cause glare for a lot of□  
people who live with low vision.□

[Narelle] Yeah.□

[Lisa] So,□

that could be a start to□  
think along those lines.□

[Narelle] Yep.□

Lisa,□

in all the years□  
you've been doing this,□

you would have come up with some□

ideas on how things could be...□

made better. What is some□

advice you can give□

anyone that's building,□

putting in a building,□

a commercial building,□

or...□

you know, even□

around their home.□

What's some advice□

you could give?□

[Lisa] So if we're starting□

with commercial buildings,□

I've just been to a new□

school that's had a new wing,□

and they've got blended curbs.□

So there's, with drop offs...□

[Narelle] Yep.□

[Lisa] So that's, straight□

away, that's a hazard, a risk,□

because everything's grey.□

You can't see where the□  
curb ends and the road starts,□

and the ramp access.□

So it needs to be□  
done in the planning,□

in the architectural,□  
the early stages,□

before it's even,□  
anybody's got on site.□

When they're doing the drawings,□

they need to be including□  
the Australian standards,□

but not putting tactiles,□

so people are going to walk into□  
the middle of a road, on a corner.□

That is, that's ...□

really frustrating□

for an O and M.□

It's probably more□

frustrating for the□

person who we're teaching,□

because they can□

sometimes line up□

to go diagonally across a road.□

Straight away,□

that person's at risk.□

So if planners can□

think along the lines of,□

let's get this...□

back to the planner□

stroke architects,□

it's got to be accessible.□

We've got to have□

the tactiles around.□

We've got to make sure□  
we've got good colour contrast.□

We've got to ensure that our,□  
our signage works for everybody.□

So if one option doesn't□  
work for one group,□

then, then there's an□  
alternative option.□

And if that means having□  
a couple of signs, then that...□

that's what it has to be.□

Continuity.□

Everything in this building,□

if the lift is on the□  
right hand side,□

where we press the lift button,□

that goes the□  
same on every floor,□

and it's duplicated in□  
every lift shaft, for example.□

They're little ways□  
that could help.□

Don't do everything that's,□

I see a lot of...□

places where they□  
just use no colour.□

They want everything to just□  
be either all grey, all white,□

or all natural.□

And it just doesn't□  
work for some people.□

It's really difficult.□

Don't use the digital displays,□



with the black and red,□

as we spoke before,□

and especially moving signage.□

That can cause lots of triggers,□

not just for people□

with vision loss,□

but for other people□

who might suffer,□

you know, epilepsy□

or things like that.□

So that's things...□

externally at planning.□

Within our own homes,□

well, most people have probably□

adapted to things anyway,□

and they'll have their□

own way of doing things,□

although I do spend □  
time in people's homes, □

looking at how we can □  
make things accessible. □

For example, □

if your microwaves touch screen, □

then I might use a tactile □  
marker to put just under or... □

above where that person needs □  
to press for the start button □

or for the two minute button. □

So they've then got a clue as □  
to how to use their microwave, □

and that then... □

goes from somebody being □  
dependent to independent. □

They can do that for themselves. □

They no longer need to ask.□

Buy a very tiny bump,□

dot or piece of Velcro.□

And that's a small thing you can□

do. Same with washing machines.□

You know, with dishwashers.□

Just put some markers on,□

some tactile markers,□

and that then□

becomes accessible.□

[Narelle] It is, really is the□

simple things, isn't it?□

We couldn't have covered everything.□

Like I said, airports□

are another one.□

There's just so many instances...□

where digital accessibility□

really can be improved,□

and you know, ensuring□  
that things are predictable,□

and using the same words□  
everywhere is another place.□

If it's parking, it's parking.□

It's not...□

something else. Just□  
using the same words.□

Thanks, Lisa. Thanks very□  
much for your time today.□

Lisa, how can people□  
keep in contact with you?□

[Lisa] Okay, they□  
can email me at,□

Lisa, L-I-S-A,□

@ieye.com.au.□

Telephone on 0468-897-262,□

or look at my fully  
accessible website,

which is ieye.com.au.

[Narelle] Lisa, thanks again.

It's, you know, you and I have a  
few conversations about this.

And I can just  
encourage everyone,

if you see something,  
you think, hang on.

How will a person,  
a person just getting older.

How would they navigate this?  
Is it going to be an issue?

You have the right  
to ask the store...

on how to do that.

There are so many areas,□

anywhere out in the, out□  
in the community, actually.□

You'll find it everywhere.□

Like digital accessibility□  
and signage.□

It's a massive problem.□

So,□

if you like what□  
we do, please like,□

subscribe, review,□

share.□

I'd love you to share,□

and we will see you next week□  
on The Digital Access Show.□

See you later.□

[music playing]