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Parallel C Tinto
WHO GATE Project

ADRIAN: Good afternoon, ladies and gentlemen. Welcome to this section on the World Health Organisation GATE project. I have had a brief explanation from some of the presenters in terms of linkages from the GATE project itself to the other presentations that add value in terms of assistive technology. At this moment in time, one of the second presenters we tried to contact but can't get hold of. At the moment, we have three presenters. They will run for about 15 minutes each. We will have some questions and answers from each of those presenters. Then, we will summarise at the end in terms of other things and the lessons we have to learn in terms of what we need to stop doing, what we need to start doing in terms of the theme running through the presentations.

It leads me on to the first presentation. It's by Professor Malcolm MacLachlan, Professor at Trinity College, Dublin. He does the research behind the GATE project itself.

MALCOLM MACLACHLAN: Thank you. Good afternoon, everyone. Thanks for the introduction and to the organisers for the invitation to talk about the GATE project, which is the Global Cooperation on Assistive Technology.

So I'd like to describe what it is, what it has done so far, what it hopes to do, and then hopefully how you can do something and how you can get involved. I suppose one jumping off point is the WHO global disability action plan. This refers to access to health services as a key component. It also explicitly refers to assistive technology. It goes on to talk about collection of relevant information, including the scientific data. The GATE project would particularly emphasise the access assistive technology and the sort of empirical data collection components. People with impairments are what GATE is about. It's not particularly about one type of impairment. I have used the word "disability" in inverted commas because it's a catch-all term. In terms of what the public might think in terms of disability, they might think in terms of chronic illness and in

terms of frailty. So GATE is about all sorts of impairments arising from whatever sorts of causes.

It is very cross-sectorial. It is estimated by 2050, there will be two billion people who could benefit from assistive technology and about one billion (or estimated) to be able to benefit from assistive technology presently. Of course, we're far short of providing this sort of technology because it's so expensive. The reality is that assistive technology is something that is available to the few in very well resourced countries. So GATE is particularly focusing on low and middle-income countries, but it's also relevant to high-income countries. It has some very similar challenges regardless of the sort of country or the resource base.

So what we want to do within this programme to have more people to have more assistive technology that is of good quality, based on need, not on the ability to pay. So it's, very importantly, supplied at scale and it's reliable technology and maintained effectively. It's provided by skilled personnel and that there are protections from vested interests, be they commercial or otherwise, and that it's seen to be a mediator for inclusion, so the idea of technology mediating between the aspirations of the UN's CRPD, and the actual realisation of greater access to education, justice and health, et cetera.

We want to take a systems approach and I emphasise this because a systems approach is something that really doesn't exist very well in most countries. We recently published something illustrating what this sort of system approach would look like. You can see assessment, the sort of question our skilled personnel to assess the need for and prescribe assistive products. It sets up a series of questions to do with procurement, to do with quality and affordable products, to do with technology and does it do what it is intended to do, the environment and can that actually facilitate the use of the technology, usability, sustainability and then rights, as I was stressing there. In many countries, certainly in Ireland where I live now, we would have centres of excellence in little pockets but we would have a pretty dysfunctional system. We're in an extremely rich and well-off country.

The GATE strategy is divided into four key areas. It would be pretty unrealistic to think that's going to be rolled out effectively. So by comprehensive assistive technology training, we would look at alternative cadre (?) on shortening training and perhaps doing it in very different ways. Single window provision service model. The idea that people would be able to come to one centre which would have a very broad range of different sorts of assistive technologies and then policy, I will come back to that. Those are four summary terms under which a whole range of activity is going to take place.

I guess it's very ambitious in that we want to do it globally. It's also contentious in that challenging things

like the position and power of professions is always going to be contentious. It has its pros and cons. If you are going to have a list of technology, there might be a priority list and not all technologies may be on it. We want to go for a utilitarian approach, so the most needed assistive technology is available to the greatest number of those who can benefit from it. So that's a utilitarian argument. It's not a moral argument. It's not saying one type of technology is more important than another, because we feel that's sort of morally indefensible. All technologies that can assist people have a good moral argument. However, there are some technologies that can assist a larger number of people and that can have a greater impact. So that's a sort of uncomfortable position but you'll see, I guess, why we come to that in a moment.

Most important, the assistive product list we have developed has been going for a minimum range of devices available and not a maximum. It really derives its inspiration from the essential medicines list. Back in the seventies, there was poor supply of medicines, particularly in low-income countries, and you would have pockets in urban areas of rich people being able to buy medicines and others not being able to. The essential medicines list, which was a recommendation for the sorts of medicines that departments of health should procure has dramatically changed that situation over a number of decades, not overnight but over a number of decades. There is now much broader access and the cost of drugs has come down dramatically because the supply of them has increased. It becomes a more attractive model to the manufacturers.

So we've developed the assistive product list. You might have participated in some of this work. We carried out a couple of Delphi procedures, which are expert consultation consensus procedures, where you get people to rate what are the most important assistive products. We did that 200 people. This is a massive number of people to do a Delphi procedure. We did that in three phases and we reduced it from 100 to 50 priority products. We did a global survey, which was available in 53 languages. We had very extensive sampling. Unusually, it wasn't anonymous. If you did this, you had to give your email address and you had to give your telephone number. The reason for that because we didn't want someone coming on and sort of voting a thousand times for their favourite assistive technology, not that I'm sure anyone would have done that! You could imagine the potential.

We then had a consensus conference of stakeholders earlier this year in Geneva. Through that, we have come up with the priority assistive product list, which is a list of 50 different types of assistive products. As you can see down the left-hand side, it's stressing it's for older people and for people with disability and those with non-communicable diseases and people with gradual decline in functioning. It's meant to be across all aspects, not just what people have historically thought of as the disability sector. I'm not going to go through all 50, but you can see some things like alarm signallers, Braille displays, shower chairs, foot

braces and so on. They go across the different domains within the Washington Group question domains of functioning. There's also a domain within the environment in general.

Even doing that was pretty contentious but much more difficult is now that we've got a list of 50 priority devices which are a minimum, not a maximum, it's how to actually go about implementing it. So very quickly, because we don't have very much time, we've initially undertaken some work. One of our students at the centre for global health in Trinity has been working in a number of countries, to look at some of the key components that would be required to develop a framework to help countries create national policies for assistive technology. You will be aware that sometimes these are in rehab policies and sometimes they're in education or employment policies. Lots of things fall between the gaps. We want to develop an overall framework which is suggestive, not prescriptive, but highlights some of the things people can consider. You can see some of the components and some of the barriers and some of the facilitators.

There is also a research group as part of GATE, which I'm the co-ordinator of, and this is open to anyone who wants to be involved in this. Anyone can join the GATE community, by going on to the appropriate WHO web page and simply signing up. From the research prioritisation exercise we did -- there is a couple of errors in this slide and apologies for that -- this is being finalised at the moment by WHO, you can see some of the general principles that have been identified. This was through a conference in Budapest more than a year ago. Things like user involvement, a strong emphasis on sort of social and human rights perspective as opposed to a more individualised model, and then the relevant domains of functioning -- I guess these are familiar to a lot of people. This is not us saying it as some sort of abstract group saying these are the important things. This just says with the global assistive technology survey that it is us saying what people told us was important. We collated the information and summarising it and giving it back to people. Some of the research priorities, you can see there, they are of interest: Effects cost and impact of assistive technology, service delivery systems, developing new low-cost technologies, capacity building and development of standards and methodologies for the assessment of basic AT, et cetera. It will soon be published.

So GATE is a metaphor and the idea is that it's opening a passage to greater social inclusion. The web page is there. It's pretty long and difficult to memorise web page! If you just Google WHO and GATE and assistive technology, then you'll be taken to that extension.

I'd be delighted to answer questions if people have any. Thank you very much.

ADRIAN: Any questions for Malcolm directly? The World Health Organisation has this project and I know understand the difficulties in terms of assessing each country and making it affordable and it becomes affordable across the world. Taking a systems approach and looking at volume is probably the only way you're going to do it, because otherwise that access becomes limited to nations that can afford it.

MALCOLM MACLACHLAN: The really challenging problems are scale. In many low-income countries, being able to provide a technology to scale... so in other words, you might have some very good inventive local producers doing some fantastic work, sometimes for decades, and the question then becomes how to take what they're doing and make it available regionally or nationally and so there is a lot of interest from lots of countries. For instance, Germany and China are interested in terms of getting involved in producing assistive technology to scale. But I think it's probably going to be one of the most contentious issues about how you actually do that.

ADRIAN: In your presentation yesterday, there was interaction -- there was an approach to interactive systems and a question came from India saying that in India that the national wage for a monthly person is, there's no comparison to the cost of the product. Will it ever get rolled out in places like that? I suppose it's a challenge for the World Health Organisation and you...

MALCOLM MACLACHLAN: It is in an abstract way but in a real way it's a challenge for those countries.

ADRIAN: Of course, it is.

MALCOLM MACLACHLAN: It is for them to solve and find ways of making assistive technology accessible at the community level.

FLOOR: I was going to ask what were the top assistive technologies in the IT sector. Yesterday, we learned from Apple about how a lot of assistive technology is built into their products. Can we get those products more widely distributed?

MALCOLM MACLACHLAN: You will appreciate one of the challenges with this is, like, what is IT and what is assistive technology, what's a medical device and so assistive technology -- so a medical device was looked at as something which, if you like, is in or inserted to the body, whereas assistive technology is something that's sort of used by the body. So some IT, you know, falls outside of that category and this is partly a sort of political thing whereby the World Health Organisation wants departments of health to prioritise certain

types of technologies and wants other areas in the government to prioritise information technology. So there wouldn't be... there would be things like screen readers that rely on certain types of information technology and allow you to access information technology and so on, but information technology per se wouldn't be part of that list but it would be a vital component of making that list a reality, particularly in terms of follow-up and sort of tracking the success of devices and making people aware of what's available to them.

ADRIAN: Thank you. There is a question at the back.

FLOOR: Thank you for your presentation. For this to work, the WHO needs disabled people to sign up to the WHO as a minimum unit. A minimum unit is 100 cents, or £1 or \$1. This on a worldwide basis give the WHO to stand up and talk to world governments. The WHO cannot do this on its own without telling the governments what the people are saying to you.

MALCOLM MACLACHLAN: Yes, the WHO can do nothing on its own. Certainly, for this this year, civil society, in reality, is going to be the major implementer of this list, particularly in the low and middle-income countries. What the WHO can do, as you suggest, is maybe put forward a call for individuals within countries, but also governments, to prioritise assistive technology in particular ways, so to make the ethos that it's more acceptable and a more normal part of everyday life. I don't work for the WHO. I work for Trinity College Dublin. The World Health Organisation can do nothing. It's up to the rest of us to make it a reality.

ADRIAN: Absolutely.

FLOOR: Thank you. I'm the of rehabilitation centre. I have a comment to discuss now about the WHO and other stakeholders. You know, the WHO launched this idea some years ago and the idea would not have been set into place if it hadn't been for all of the other stakeholders that supported this idea. It was... it started up with a very important side event, where the government of Philippines arrived to meet the WHO in New York during a high-level meeting. They wanted to go very deep into this. My suggestion was also that the WHO had to raise this issue to the highest top political level, or to have a global summit on assistive technology. With the resources that the WHO has been able to allocate at the moment for the GATE project, I think the project has been running very well. But if we are going to materialise the ideas of the GATE and the strategies of the GATE, we need civil society in every country, in every region to push this issue politically and also on the top level at the United Nations. We need to make sure that assistive

technology will be a great part of the sustainable development goal and I think with the success the WHO has so far, which is very much due to the commitment of civil society, universities and other important stakeholders, we will be able to really do this but we need to join efforts and work together and have a strategy on how to reach there.

ADRIAN: Thank you.

MALCOLM MACLACHLAN: Jan and Rehabilitation International have been a great support for GATE and, you know, GATE is just an idea. The realisation of it depends on civil society, as Jan has been saying. In terms of the reference to the Sustainable Development Goals, we're just about to publish a short paper, which should be able for 3rd December, which shows how assistive technology is required to achieve all 17 of the Sustainable Development Goals, even the life under sea one! So keep a look out for that!

FLOOR: My name is Beritama. We are also supporting the WHO GATE initiative. I sometimes feel that the public discussion around GATE is sometimes very much focusing on the cost, the primary cost of product and technology, and not seeing the long-term benefits for the users, and that it's not often... very often it's not a question of the products itself, it's a question of supply infrastructures and quality of care. And I think this is where we need innovation. I think there are a lot of products already available, which would be scalable, but it's a question of how to set up social security system and how to include people with disabilities into society and how to secure funding for this. It's not a primary question of technology or products from our perspective.

FLOOR: It was a very good intervention.

FLOOR: Thank you.

FLOOR: My name is Amanda Bennett; I'm a speech and language therapist here in Scotland. I'm particularly interested in assistive technology for communication, as you can imagine. I'm particularly interested when you had your presentation about the whole issue of training but not just training, and not just training in terms of for people who are using the assistive technology but a much wider issue, going back to the social model of disability, and about how you change attitudes to the whole population, that if somebody is communicating through assistive technology that that's as valuable as me being able to speak. Thank you.

MALCOLM MACLACHLAN: Thank you. It's a great point.

ADRIAN: Two questions down here.

FLOOR: I'm from India. I wanted to say two remarks. One, the WHO has done a wonderful job because among the thousands of assistive technology and brought down to 50 -- I've been involved in the particular project with the WHO -- and I think it's a great job. What we're looking at is the need for a policy for the government and how to actually implement that. If I can't give a wheelchair and we can't give... [inaudible]... to the person or to those who want the wheelchair, they want it for toilets... originally wheelchairs were not available, so every country needs a particular programme of how to deliver those 50 items. In India, the WHO had actually organised a programme in the month of March this year -- and I was there -- to see what is the way that we can actually in the Asia-Pacific to build up the policy document and the social affairs department... it is fundamental, and the 50 items, how to develop it, not only one organisation but two, and then to deliver them. It needs the policy and how to produce it, and how to deliver and how to repair it in the long-term. It is important that it has to be sensitive to the economy, as you have mentioned earlier. I really like the work that the WHO is doing. We have a job to do it in the Indian situation. Today, our minister of social affairs, the central cabinet minister responsible for the persons with disability, had a meeting here. We discussed actually with the British Government how to produce the wheelchair in a much cheaper way and deliver the whole country. The highest level of government has been there. Those 50 items are very well-known. The minister knows about it. We are on the job to see... it is not necessary to build up a big company, because India has got a cycle industry. Every village has a cycle. The majority of people are using the cycle. The cycle industry is in the village, why can't we develop the wheelchair at that level? We also have to see the quality. It is why the WHO has a lot of work to do on the quality standard and the training programme and the method of delivery. At the moment... [inaudible]... I hope that it happens very soon. Thank you.

ADRIAN: One more question.

FLOOR: Thank you. My name is Tanesh. I come from a civil society organisation in Africa. I really appreciate what the WHO and other organisations are doing on the rehabilitation process. I have been working in this area for a very long time. My situation or my comment is, you know, even though I came from civil society, my hand is very short. The other civil society organisations and hand and capability is very limited. That's why I would like to say that, like the WHO and other organisations, we need to push. There needs to be some sort of political commitment, you know, to provide assistive technology for

persons with disabilities. We are at a different stage. Having a white cane for all persons with visual impairment is very luxurious. They don't have Braille paper. There are so many issues that we need to talk if we start talking. We are in a different level. When you see the situation of persons with disability in Africa, it's very heart-breaking. There is a need, I think, by the WHO and other organisations to create some sort of political commitment to, you know, make effective the production and the provision of assistive technology and devices in different developing countries like Africa, especially Ethiopia. If you take me as a civil society, I don't have any capacity to push the government to get involved with producing the assistive devices. There must be a mechanism to do so. But I can work on that but I don't have the big hand. Thank you.

MALCOLM MACLACHLAN: Thank you. Just for your information, in May, there's going to be the launch of what is being called Africa GATE which is happening at the ISPO conference in Cape Town. It would be great if you could also attend that. One of the mechanisms for creating that political influence, there's an organisation called Africa NEED and that brings together civil society, government and research organisations. It's explicitly to create this sort of political momentum that would then allow civil society organisations better traction on the ground to seek resources. I think it's very much both from above and from below and sort of bringing these hugely complicated and disparate things together. We must be very deliberate and have good planning and policy. Unfortunately, we also need to have some patience because it's not going to happen in a year or two. It's going to happen in a decade or two.

ADRIAN: Malcolm, thank you very much. We need to allow that one to develop because it's such a wide, disparate topic that affects people in different ways, in different countries. I think it was worth airing that in terms of creating that debate. I think that's the richness in something like this, creating the debate. Thank you very much, Malcolm. (Applause)

Gary McFarlane is not here. I will move straight on to Kaz. Kaz will talk about the use of social media and the use of assistive technology. This is probably more aimed at using examples of assistive technology in terms of at a more user interface level.

KAZ LALJEE: Can you hear me at the back? Yes. Thank you very much. I've done as instructed. I've kept my mobile away from my microphone. It's actually in the hands of our next speaker, Mr Cooper, who has got us on Facebook live. Hopefully, it will generate some interest and talking points later. It's a very good way of recording your conversation.

Okay. My name is Kaz. We're here to talk about the importance of social media, especially if you're disabled. If you need to contact me, the details are on the screen now. On Twitter, it's @mrkazlaljee. The reason I read that out it is just in case there are blind or partially sighted people in the audience. It is still possible to get involved in Twitter. If you need to contact me on email, it's kaz@soc-med.co.uk. The website is soc-med.co.uk. It is a bit of self-publicity! I thought I would take advantage of that!

A little bit about what we will be talking about today. Here is a quick agenda of what I will discuss. I will go through a quick introduction about myself. I will speak a little bit about what social media is and the communication, what types of social media there are, who uses the social media, why it's a great time to be disabled, and I will leave you with three important things: freedom, independence and autonomy. We will come to those in good time.

So in terms of myself, I've been studying marketing for about 20 years. I did A-level business studies and I thought I need to be part of marketing. I saw an after-shave market and it showed the cost of this after-shave bottle and it said 80% of this cost is related to marketing, and that was my choice of field then! I went on to do marketing at university. I also furthered my studies and became a postgraduate in strategic marketing in Manchester. So once again, I was very, very marketing focused. For some reason, I ended up as a HR manager for Tesco's. I don't know how that happened. Midway through my Tesco career, I was diagnosed with multiple sclerosis, which is one of the reasons why I use a scooter today. It's basically a condition that affects messages from the brain going down to parts of your body, such as your legs.

Eventually, I got retired on ill health grounds from Tesco from a senior management position. And everything I read in the newspapers, everything I read from organisations kept telling me, saying, okay, Kaz, that's the ends of your life now, you sit down and watch TV for the rest of your life. I thought, that can't be right. I created an organisation called Positive about MS. It was to tell people about playing to your strengths and taking a can-do approach to life, to work and to everything in between. At the time, the only way I could publicise this, which was six years ago, was social media. I thought I will use my marketing knowledge and use this new thing called social media and see what happens. Fast forward six years, we are an organisation that is on the cusp of becoming an NGO, or charity, whichever phrase you prefer. The skills that I'd learned over the last six years have suddenly become an important skills set with other charities, other organisations, and other people asking me to help them with social media. It is when I set up Soc Med, my social media business last year. People were asking me to do it. We are pleased to say just a couple of customers include the BBC, the British broadcasting corporation and also Manchester Business School. So, hopefully, they're impressed with what we're doing and it's very encouraging to see people like that working with us.

Okay, so for people who know very little about social media, what is social media? Social media is just a different way to... well, we have always had social interaction and social communication. It's just advanced over time. Even if you go back to biblical times, if you went around the market stall, there would be a sign advertising the products, maybe written in chalk or whatever it might be, but it's always been there. We have always communicated with each other in the market or in the bar. Now, we are developing. That communication takes place through a mobile phone, that communication takes place in a situation where it wouldn't normally be. For disabled people, it's absolutely fantastic. So these methods change and make life easier for me in a whole big way. Rather than someone saying to me, "Kaz, let's meet for a coffee shop down the road." I think, how many steps are in the coffee shop, and I'm thinking about all of the problems I might be faced with, but now from the palm of your hand, you know what you're dealing with. You can communicate, you can video, and you can do so many things just from the palm of your hand. We will touch on that later.

So even the land of software is becoming easier for disabled people. You can see the screen behind me now; it's telling you exactly what I'm saying. We might not have had that 20 years ago. We can see people across the world are watching this now. We have Facebook live. We have different people tweeting and you can say something like -- you could go on Twitter and tweet and include the hashtag inclusive work and you could say, "listening to a great speech by Kaz right now." It's because of the technology we have available now.

Don't worry; I have not put that there for you to read, because it's in tiny writing. But these are the six main social media channels. If you want a free copy of that, download it for free on my website. Drop me an email, and I will send you one. I might tweet it later. Just to give you a quick idea, before I go through it, this will sound very odd, but are there any rich American women in the audience? Right, okay. Apparently, the first one there, Pinterest is the social media for people and they generally say it's for rich, American women. I don't know why. I have a Pinterest channel for Positive about MS. I'm not a rich, American woman! But the whole point about Pinterest, it's all about story books and projects. If you were writing a recipe for a dish and you wanted to take different pictures alongside different parts of the recipe, you would probably use Pinterest. When I do World MS Day events, I use Pinterest because it's project related.

Twitter is one of my favourites. If you remember the old Nokia mobile phone, when you had written a text message, it would tell you had 140 characters -- Twitter is similar to that. You have 140 characters to get your message across. If you can't get it in 140 characters, don't do it! You can communicate with anyone across the planet. As long as they've got a Twitter account, you can talk to them. It could be celebrities,

brands or whatever it might be. One of the things I would say if you ever got a complaint against a company, put it on Twitter and they will respond in seconds. It's better than an email.

Facebook is one of my favourites. It's used by more people across the world than any other social network. In the UK alone, we have 35 million people with Facebook. If you consider the population of 60 million, you know you are going to be getting something that is very close to -- a good source of information.

Instagram is probably the fastest growing social media network. At the moment, it's level with Twitter in the UK. On Instagram, you can tell people what is going on. You take a picture and you write a comment. So basically you're taking pictures and telling people about what you are doing.

Google +, I have put that on begrudgingly, because I don't like Google +. Someone will say, okay, your website will go further up Google if you have Google + account, so people used Google + to help their website, so I'm not sure how well it works. Google own YouTube now. So YouTube is a very strong network but it's more of a search mechanism than a social media.

Finally, LinkedIn. LinkedIn is basically a professional version of Facebook. On Facebook, you tell your friends and family. But LinkedIn is more about the people you work with. If we met today, you'd send me a LinkedIn request and if you are going to send me a request, put a personal message to say, "Hi, Kaz. I heard you speak at the RI World Congress."

Okay. So who uses social media in our sector? Individuals and I use social media. Businesses selling products to disabled people sell on social media. I can't travel to the other side of the world or the other side of the country without being very difficult to see a fancy showroom you have built specifically for disabled people. However, if I have got something that's more, let's say ... if I have a got a product and a video and comments from people around the world, it gives you the social endorsement. Event organisers would use social media. You can see the hashtag for this event is #inclusiveworld. We have projects and raising awareness. We have disabled people using it to talk about problems they may have or issues or discussion points. We have charities and NGOs and humanitarian aid. It's a massive opportunity. These are the areas that are most lacking in digital skills. There are a lot of horrific things going on in the world, such as war and famine, humanitarian issues and tsunami, and we only know about them and we used to find out about them when they were on the TV, but as soon as someone takes a picture now, it's on social media. It's a great resource and a great tool for sharing what is going on.

I have to be very quick! I'm running short of time. But the reason I say it's a great time to be disabled, had I been in the eighties, I'd be sat in my living room now, staring at the wall, waiting for someone to ring the doorbell, post something through the letter box or give me a phone call. Now, due to technology, disability has turned into ability. That's what it is all about. Technology and social media has given us the ability to make decisions.

In terms of takeaways, the three important things I would say is the importance of social media. I've only given you a little bit of insight here because we're short on time. Maybe we can speak again in the Q&A. But social media has given you things you have never been able to do before. You can communicate with many, many people. The role that social media plays, people can say, okay, there are different types of social media and if you want your own privacy, you may use a different type of social media. There is an opportunity at some level, whether as an individual or whether you're as a company, there is an opportunity there for you.

Why we should be part of it? With anything in life, things move on and you get with the times -- but take advantage of the times. I remember when I was about ten or 12 years old, my father used to work away. The only way I could communicate with my father was when he used to send a telegram to the Post Office. We would have to go to the Post Office. I'd be yearning on every single word he said. He'd say "to son," because it would cost you with every single letter. Now, I can send a text message now. The technology's allowed things to become a bit more -- I don't want to use the word cheaper -- but it is more resourceful and more open to other people.

Finally, the last three things I want to leave you with are freedom, independence and autonomy. I now have the freedom to make my own choice. I don't have to wait for my carer or wait for someone to invite me. I can get on the phone and speak to whoever I want. I can contact any store I want. If I want to buy a product, it's not based on the leaflet I have been sent, it's based on my research, the videos I have seen on YouTube and anything else. I have been given power. I have been given independence. I have come up from Manchester yesterday, not as far as some of you guys, from California and Africa. But my car doesn't have pedals, I use hand controls to drive my car. My hotel has an assistive bathroom so I don't have to worry about slipping. The biggest thing for me is autonomy. I feel powerful. I don't feel disabled. Of course, I can't play football or soccer tomorrow. But there are many, many things I can do. We need to take advantage of that. Social media is so important for disabled people in this sector. You look at the statistics, it's this sector that's the most lacking in digital skills. There is something that we're missing out on and some things we could take advantage of.

Obviously, there are my details up there. Feel free to take a snap of that and we can speak later on. Before I get shown the red card, I just want to thank you for your time and look forward to your questions. Thank you very much. (Applause).

ADRIAN: Thank you, Kaz. Great for inspiration and lots of positive messages. Are there any questions for Kaz?

KAZ LALJEE: About politicians, I tweeted a politician yesterday saying I would be speaking today and she retweeted it to 50,000 of her followers, so 50,000 people found out about this talk.

ADRIAN: The power.

KAZ LALJEE: The power of it. Imagine if we all tweeted that same politician about using social media or digital skills for disabled people? They might then realise they need to do something about it. There are politicians and film stars, they all respond to you. If they see people speaking about it, they will speak about. There's a chap called Alistair Campbell, he used to be a spin doctor in this country. I kind of tweeted him about social media and stuff. I ended up having a conversation with him about social media and how it affects general elections and the way people vote. I would never have had a chance to speak to him before. Thanks to social media, I could have that conversation and it's quite interesting.

ADRIAN: My comment earlier about your reach being limited in the community. Your reach can be as wide as you want it to be, as long as your mind set and attitude changes alongside it, because if you have the technology there to be as effective as you want to be and communicate to as many people as you want to. I think that was a great follow-up to the World Health Organisation presentation. It is a great way of turning it from policy into practice.

KAZ LALJEE: Any questions through social media, I would be more than happy to accept those as well.

FLOOR: My name is Joseph; I'm part of the RI Commission on technology and accessibility. I think we all agree with you, Kaz, that the importance or the invent of these social media and what it does for people. Everybody in this world benefits from it. Would you like to elaborate a little bit more on the downside or the dangers of someone abusing that and using it for the harm or disadvantage of others?

KAZ LALJEE: It's a fair comment. With anything in life, you always get a downside. If you give your email address to somebody, you might get spammed with a thousand emails you don't want. With social media, you will get people who will send you stuff that you're not interested in, or people opening accounts or following you that are not going to benefit you. We can talk about cyber bullying and this kind of thing. To be honest, bullying has always been around. When you look at films from years ago, there has always been an aggressor or a tyrant working against somebody who probably needs a bit of justice. I think you will always get that. You just choose your... almost choose your source. If you would like things private, don't have a Twitter account. If you have a Twitter account, maybe you could give your name that's a bit obscure, like Mr Kaz or something. You can change things a little bit. With Facebook, it's quite private. You can change your privacy settings as you wish. If you came to my personal Facebook page, the only thing you can see is my profile picture or my name. However, if you are family and friends, you can see pictures that I have put up there and things I've mentioned. You can protect your privacy. I wouldn't just dismiss social media and say it's not for me. It's like a soda drink or a chocolate bar. You might have your particular favourite chocolate bar. It doesn't mean all of the other ones are wrong. It's the one you are wishing to partake in.

FLOOR: Thanks, Kaz. I really enjoyed your presentation. I'm just -- this is a personal thing and I'm on my own personal learning curve at the moment because myself and my colleague are tweeting throughout this conference, trying to encourage people to incision what an inclusive communication nation would look like. If anybody's interested in joining us in that journey, please talk to me afterwards. I would like to raise one point. I understand about the freedom and autonomy. I work alongside a lot of people with communication support needs, for whom social media is a fantastic new development. I think we have to remember that not everybody will have access to the equipment, either the hardware or the software. I say that from a UK perspective you also from a global perspective. I think it's really important that we don't start to use communication mechanisms exclusively which actually make it harder for people to take part. For example, here in Scotland, sometimes everything is online and we have to remind service providers that not everybody can get online. It's a fantastic opportunity but it's not open to everybody. We need a sort of variety of communication mechanisms, rather than think this is the be all and end all. Thank you for your presentation.

KAZ LALJEE: You make a very valid point. The only thing I would add on to that, the work I do with disability organisations and world organisations, I know a chap who lives in the Middle East and he said to me if he wants to go out anywhere, he has to ring two guys to pick him up in his wheelchair chair and take him down four flights of stairs. He goes downstairs to his pavement, his sidewalk, and he can only use his

wheelchair to get from one side to the other because there are no ramps and no ramp access on either side. He does that for 20 minutes a day and that's his day out. But he takes pictures of these sidewalks and puts them on social media. So I think the internet is becoming quite a universal thing. I still accept that these pieces of technology are worth hundreds of pounds and if not a thousand dollars each, so it's not very cheap. But I think there are alternatives. I think there are a lot of organisations that offer grants and things like that. I think people should just know a little bit more about those. A valid point and well made.

ADRIAN: Anybody else?

MALCOLM MACLACHLAN: Thank you, Kaz. That was really interesting. It sort of links a bit with the previous point. I was at a service users meeting a couple of weeks ago and we were talking about Dublin regional transport and, if you like, the problems that people with disabilities face in using those. We had a discussion about the idea of people taking photographs of different sorts of barriers and so on and developing an advocacy project around this. Younger users were keen to get involved. But older people were not wanting to get involved. It's empowering to be involved in that. I suppose my question would be, would you have examples of, you know, that being effective and of getting older sort of service users involved in that sort of thing?

KAZ LALJEE: You make a valid point. I've had a few examples of this. One of the examples I'd kind of give is the guys upstairs, Barclay Access. They have a thing called the Digital Eagles programme. They show the older generation how to use social media and digital outlets. They do that free. The information is on their website. Some of the information is quite good and I wouldn't want to tell my clients about it, because they would stop using me! I was giving a talk at a college quite recently and I overheard a conversation between students. One said, "I will give you Facebook later. All right, mate." What do you mean, Facebook? That's so 2010. The problem was that Facebook has become that universal now and parents and grandparents are using Facebook and exchanging to see photographs of their kids and grandchildren, so now this younger generation of kids say, oh, I don't want to use Facebook, it's not cool if my grandparents are using it. I definitely understand what you're saying. I think there are opportunities for both sets of people and I think maybe we should be better at publicising. If I'm going to advertise something to someone of the older generation, there's no point in me advertising on social media because they're not on social media. We need multi-channel methods. Maybe the old leaflet or the flyer in the Post Office might just work, because it's one of those things and that's where they will find that information. Like with anything in marketing, it's product, promotion and place. The fourth one is the

people. There's an opportunity there for people to maybe consider the marketing techniques or need to see your customer. Where is your customer going to be? There's no point in using social media if they're not on there. Maybe sometimes it's the door-to-door approach. There are opportunities, but like with anything you need a strategy and make sure that you're connecting with your customer.

ADRIAN: Thanks. At a session yesterday, we were using IT and technology, and it was a similar subject, and using IT as a product for widening access. There was a company from Scotland that talked about broadening access to digital participation. They were taking groups of people with 60-odd and from different walks of life into groups of six, where they came together and they didn't use a model of learning, but they used a group model of learning where they used the topics to improve the digital experience and digital access, which invariably lend them with other technologies. It was quite interesting. A little link.

KAZ LALJEE: Thank you.

ADRIAN: Thanks, Kaz. Excellent. So, the final speaker, guys, has come across from the United States. He has travelled quite a bit. It's Chet Cooper from Ability Magazine. He is here to talk about the American approach to reasonable accommodation. When I read it to him, he said "reasonable"! Over to you, Chet.

CHET COOPER: Hello. We're trying to do Facebook as well! We will do some live streaming. Thank you to the RI World Congress and World Health Organisation GATE. A great programme. I didn't know all of the things that GATE was doing. It's really nice.

I think I was invited here to talk about more of the content that Ability Magazine is using, the assistive technology that we're using. Being a leading publication dealing with health and disability, we've had many years of looking at what to do to best accommodate as many types of situations as possible. So there's probably some areas that we're missing and we don't think so, but you never know there's always something slight difference that someone will come down to you, to say the colour contrast is an issue, or the volume or the size, and often times people with different disabilities have already have their own way of dealing with it -- we are talking mainly about the web right now in the sense of assistive technology. It is such a broad, broad term. I never heard that about the medical part of inside the body or being used by the body. I thought that was wonderful.

So what I'm going to do is talk a little bit about some of the things I will be showing you and I will go to the monitor to show you some live demonstrations. One of the projects that we looked into early on was the

videos that we produce. We produce a lot of video. Of course, you close caption, but then we started looking at, well, how we close caption for multiple languages. And we found this organisation called the Amara, a not-for-profit organisation. So with Amara, it's crowd sourcing. We work with this crowd sourcing platform and we have about 650 volunteers working with us right now that have come on board from different countries around the world, speaking different languages. Depending on which videos they've decided to work with us on, we can have a video that literally has 20 different languages and sometimes maybe there's just two languages. What I hope to show you today is something with more interesting language. It's the language of love! I just want to see if you guys are awake!

And then we have several things that we do for the web that deals with people with low vision, people that are blind and we use one organisation called Read Speaker. I believe they're out of the Netherlands and we use another organisation called Ai Squared, which is out of the States. They have each ways of dealing with different types of content that is on the web. We have something coming out of South Korea that we're working on and it's the first software... their slogan is World in a Dot. I think we all know what QR codes are these days. So this is something like that, but extremely dense. Not dense as in not very intelligent, but dense as in a very small number of dots. Each of the pages of our magazine, the print magazine, actually we put this code and this voice code in the bottom of each printed page, with any smartphone you download a free app, you hold it over the magazine and it will pick up that dot pattern and read out loud. You can now hear a print magazine. Hearing a print magazine is quite novel! That's without the web. If you are connected to the web, then it picks up Google Language and you could listen to it in 58 languages. Not all at the same time though.

It's a tough audience with the jokes! I'm going to demonstrate a couple of these things. I know time is relatively short. So I'm going to go over now. Here I go... we're not doing live stream. Technology! We need better technology! I don't have to worry about leaning over here. Okay, folks. I'm going to go first to an article in the magazine.

>> Engineer Hugh Hare knows what it's like to lose a limb. He knows what it is like to have reliable prosthetics to get you back in the game. Hugh heads the biometric group at the MIT. MIT Hugh Hare.

CHET COOPER: Thank you, Leah. You can see what it's doing. It's doing a few things. It's picking up the HTML, but it's also highlighting the words as you're going through. So I think it's great because it's not only great for people with low vision or blind to hear the content, but if you are learning a language, what a great tool to follow along as you're trying to learn a certain language. That was called Read Speaker.

This is Ai Squared. If you hold it over, it just simply goes over the mouse and you can increase to a very large view. This also has a speech recognition, which I won't go through. Just a quick fun fact! You love fun facts. We have a partnership with China for a couple of years now. It's a really great relationship. They've got a publication similar to Ability Magazine and apparently they've been watching us for some time and we met with some of the work we do with the United Nations at the CRPD. I went to Beijing and met with them. They still have apparently a difficult time with the way they deal with the stories that they have, so they're still a little bit medical and a pithy model of their content, and they know they're trying to change. One of the reasons they wanted to work with us is the way we cover our stories is just a matter of fact. Disability is a fact of life. On average, everyone will experience one to 13 years of disability in their own lifetime. What it really means in the layman's term is that if you look at life as a bell-shaped curve and you hear them saying, "go over the hill" and you go down the hill, the further down the hill you go the more disabilities you start to pick up as a faster pace as well. And so almost if you think of it as a baby who can't speak or walk, et cetera, and at the end of life we come to that as well. Unless you die instantly from an accident, you will experience years of disability in your own lifetime. The population doesn't use the word disability as much, oh, my hearing is going, I broke my hip and I can't walk, they don't think of that as a definition or the term disability. At the moment, we call the magazine ability and we focus on abilities that we all have, whether you have something that is limiting or not.

Next. Let's see what we have. Okay, here I'm going to show you Amara. We're actually on Amara's site. You could take this code if you worked with Amara and embed it into your own website so you can use the different languages and you can build a team with this crowd sourcing. It might be buffering. This is a young man we met in China who has severe Tourette's. It might be a little violent to see this. He has probably the worst that I've known and I've known a lot of people with Tourette's. He used to pound himself in the face. He talks about how bruised and broken his skin would be. Now, he's hitting himself in the groin, which I literally asked him, "Do you wear a cup?" He says, "No." So I can't even imagine the pain he goes through on a regular basis. It's pretty violent. Okay, I might be making that up! Maybe it doesn't exist!

Thank you. So what you should have seen is a video, but the captioning underneath the video rather than your language of choice is another language that a volunteer or teams of volunteers have put together to and to give that access to the world basically. As Leah is saying, you could see the list of languages per...

You can see the different interviews we have edited. Most people know the name Marriott, a big hotel company. Different celebrities, et cetera. If you ever want to go to Amara, this is their home page. You've

heard of TED talks, so the TED talks use Amara to use the same thing we're doing. It's a really wonderful organisation. If you would like to volunteer and join and look at the multiple videos that we have produced over the years and maybe contribute with the language that might not already be on that particular video, so I'd like to see about... oh, so something else we do... how many people know Habitat for Humanity? So maybe a third of you. So Habitat for Humanity, maybe you have already seen images of President Carter building homes for the poor. That's Habitat for Humanity. So we partnered with Habitat for Humanity years ago and we build homes in partnership with them and they are accessible and universal design. We have done some smart homes, where a person who was shot in the neck and was a paraplegic, and you wanted to move out of his family home and live independently, and we worked with HP to build a smart home, technology home so he could have all of these assistive devices to live independently. Beyond that uniqueness for the ability house is that Habitat for Humanity is all volunteer based. We access volunteers with disabilities to build the homes. It changes that paradigm of what a disability really means. The first house we built was in Birmingham, Alabama, a poor area, and we had 250 volunteers with disabilities come out and build a house in seven days. If you have a Habitat for Humanity in your area, we could work with that habitat and bring an ability house to your area.

Before we leave, I will close with a little entertainment. I hope I can find it. I might have to go up here. Can you see this person? Ha-ha! Do you recognise anybody in here? Would you rather have an Armenian classical music or Mozart? So Mozart.

I will answer your questions in one moment.

CHET COOPER: Anyway, that was Leah. So that was the first -- the website went up a couple of days ago -- so now she's international and people are hearing her music. I'm done. If you have any questions...

ADRIAN: Any questions, guys?

KAZ LALJEE: Het, that was great. I wanted to talk to you about the dots on the bottom of the page, is there any way you are tracking that or is there an ability to track that? I'm assuming it would be very difficult to do that. Can you see how many people are using it on the paper magazine?

CHET COOPER: That's a great magazine. There must be a way....

KAZ LALJEE: We can talk about it later.

CHET COOPER: It's voice eye. You go to our printed magazine and then have an app. The answer is no, now that I think about it. Are you could track the number of times it's used but it could be used in different places. In South Korea, the government is using this now for government departments. Eventually, all governments to make printed material more accessible should be using a voice eye system.

KAZ LALJEE: The app could use how many times it's used.

CHET COOPER: By the number of things it's picking up but not by what it's picking up.

KAZ LALJEE: I see. Thank you.

CHET COOPER: Where can you buy her CD? I'm not sure, Leah?

FLOOR: My name is Mila. I'm Brazilian. I'm so delighted with what I see here! Sorry for my English, it's not so good. But I can't speak in English very well. I have MS, like you. I'm a positive person, too. I work within marketing in Brazil. I have a project to incentivise and to motivate people with disability. I've had MS for 20 years and I use a scooter today. My project, like I said, it is to motivate and to incentivise people with reduced mobility to travel and to live, no. In my country, it's not so easy to live because the access, it's very difficult. I did a TED talk about access in my country. Access can make things difficult for people with disabilities in my country. My question for you -- both of you -- is about the barriers... some support financial to do a communication or agency communication, or magazine, or social market for people with disability, or is it a private initiative? I would like to work with people with disability but financially it's very important for me, this is my question. Is there any support financially for that?

CHET COOPER: Where do we send the cheque? I don't know of any place specific. There are some foundations that you could look up, like in any country. We have a not-for-profit and we look for funds to build the Ability House and the magazine is a social enterprise for-profit business. It's similar when you look at -- you should look at the model of Shaw Trust -- Sean Trust and they do things that are typically business related but it's a non-profit doing it. So what you're saying is that you almost would have to go out and try to become a consultant and try to find companies that would pay for your services as a writer or a blogger. I don't know any that would work. If you needed grant money, you would have to go after foundations and see if they'd be willing to do that. Did I answer that question?

FLOOR: I will try to do that.

FLOOR: That was really interesting. It's nice to meet the people behind the magazine. It's a great magazine. It's doing a really important job. I suppose my question is about -- there are two questions. One is about how do you balance up the idea of giving information and making it entertaining and advocating? Those are the three things. And then also, just picking up on Kaz's question, it would be really powerful if you could show geographically where people are reading it and where they're not reading it. That in itself could be an advocacy tool and a tool for getting financial support to access other markets, et cetera. There are two questions there.

CHET COOPER: We have a... when you talk about where the magazine is going, we have only looked at two markets that we really care about demographically wise, people with disabilities reading it and people without disabilities reading it. Anybody! So it is interesting. We have gone very, very deep into the digital world these days, as most magazines have had to do. We have a magazine that looks like the printed version, you haven't seen the printed version maybe, so the digital version is that shall the pages flip, et cetera, and what's so fun about the digital part is that you can embed the video and embed moving images, et cetera. Our challenge is that we have a lot of things that then become more challenging for the convict component. There are certain things that are built in Flash, for example, and even HTML5 is having issues with certain readers, so we still have challenges. The reason way to get our content out there is the digital form and mobile. As you know -- I don't know if you know that -- but over 50% of the world now is accessing content mobile-y rather than on the desktop. These are some of the challenges we have been working with different groups in WC3. We talk to a lot of G3 and ICT -- do you know who they are? We are trying to get as much out there. The question was how much is happening with the voice eye and that's strictly the print version. Getting back to the question of balance, great question, I don't think people realise how difficult it really is, of having something... if our magazine is trying to change attitudes in the world, how do you engage people to read content that typically they wouldn't want to read? We use high-profile personalities and celebrities. Getting them is not the easiest thing. Even Stevie Wonder, I think I talked to him five times in different courses of meeting him in different venues. He was a good friend of Christopher Reeve, and I would meet other celebrities. This is a typical answer: Love Ability Magazine, know about it, let's do it... you go to try to find their PR people and schedule it, but it's crickets! So it's really difficult to get even people -- once you think that is low-hanging fruit, people like Stevie Wonder, but it is still difficult. So we do, we do it and it's a hard thing to do, to get these celebrities on a regular basis. We condition to do it. And then the balance is, okay, what are we putting it on there? We have a celebrity on the cover but how do we keep them engaged once they open up the magazine and we

how do we change attitudes. It's a dance we just kind of intuitively do. We don't calculate it as much as you would think. We do it from a sense of what we would want to read, I think, and most of our editors have a sense of humour anyway. It's almost like have you seen Ouch? Ouch at the BBC. They do a great job of mixing humour and serious content. It's something we have strived for from the beginning. You have heard of the National Lampoon films. I used to publish those magazines back in the day. I'm not that old! But it has always been part of my nature, using humour as part of a way to get through to critical issues.

ADRIAN: Thank you very much for your time. Thanks, Chet. Thank you to all of our speakers. I think that I tried to capture the content of the three sessions overall. Cost should not be a reason for access... and it should not be teamed as an excuse as a way we can influence people that drive policy and that drive change, so I think that's the first thing that I picked up and will continue. Driving this whole thing as a system, not as a problem in isolation, as a whole system, regarding cost and supply so that if we're going to affect policy change we have to treat it as a whole system approach. For me, it has to start at a local level, as we said earlier in the starter session. It should drive policy and strategy towards assistive technology. When Kaz came up straight after the first speaker and he started to talk about attitude. I think his attitude to where he was at to where he is now is a massive... he was a massive driver of change in his own life. The other IT session I did yesterday to the one I did today, I think there is a need for IT revolution almost. If we're going to change people's access and ability to access we have change people's attitude towards an IT revolution. Thank you to all of our speakers. A really rich debate. Thank you for your input as an audience as well. Thank you, cheers.