Communicating with People with a Disability: National Guidelines for Emergency Managers

Handbook 5
History of the Australian National Disaster Resilience Handbook Collection

The first publications in the original Australian Emergency Manual Series were primarily skills reference manuals produced from 1989 onwards. In August 1996, on advice from the National Emergency Management Principles and Practice Advisory Group, the Series was expanded to include a more comprehensive range of emergency management principles and practice reference publications.

In 2011, Handbooks were introduced to better align the Series with the National Strategy for Disaster Resilience. Compiled by practitioners with management and service-delivery experience in a range of disaster events, the handbooks comprised principles, strategies and actions to help the management and delivery of support services in a disaster context.

In 2015, the Australian Institute for Disaster Resilience (AIDR) was appointed custodian of the handbooks and manuals in the series. Now known as the Australian Disaster Resilience Handbook Collection, AIDR continues to provide guidance on the national principles and practices in disaster resilience in Australia through management and publication of the Collection.

The Handbook Collection is developed and reviewed by national consultative committees representing a range of state and territory agencies, governments, organisations and individuals involved in disaster resilience. The Collection is sponsored by the Australian Government Attorney-General’s Department.

Access to the Collection and further details are available at www.knowledge.aidr.org.au.


Handbook 1  Disaster health
Handbook 2  Community recovery
Handbook 3  Managing exercises
Handbook 4  Evacuation planning
Handbook 5  Communicating with people with a disability – National Guidelines for Emergency Managers
Handbook 6  National Strategy for Disaster Resilience – community engagement framework
Handbook 7  Managing the floodplain: a guide to best practice in flood risk management in Australia

  Guideline 7-1  Guideline for using the national generic brief for flood investigations to develop project specific specifications
  Guideline 7-2  Technical Flood Risk Management Guideline: flood emergency response classification of the floodplain
  Guideline 7-3  Technical flood risk management guideline: flood hazard
  Template 7-4  Technical project brief template
  Guideline 7-5  Technical Flood Risk Management Guideline - flood information to support land-use planning
  Guideline 7-6  Technical flood risk management guideline: assessing options and service levels for treating existing risk
  Practice Note 7-7  Considering flooding in land-use planning activities
Australian Emergency Management Manual Series

The most recent list of publications in the Manuals series includes 46 titles. The manuals have not been reviewed since 2011 or earlier and the Manual Series is undergoing a review which will see relevant Manuals move into the Handbook Collection. Current and past editions of the Manuals will remain available on the AIDR Knowledge Hub at www.knowledge.aidr.org.au.


Manual 2  Australian Emergency Management Arrangements (superseded by Handbook 9)
Manual 5  Emergency risk management – applications guide (superseded by Handbook 10)
Manual 6  Implementing emergency risk management – a facilitator’s guide to working with committees and communities (superseded by Handbook 10)
Manual 8  Emergency catering (2003, archived)
Manual 12  Safe and healthy mass gatherings (1999)
Manual 14  Post disaster survey and assessment (2001)
Manual 15  Community emergency planning (1992)
Manual 17  Multi-agency incident management (replaced by AIIMS)
Manual 18  Community and personal support services (1998)
Manual 19  Managing the floodplain (superseded by Handbook 7)
Manual 20  Flood preparedness (2009)
Manual 21  Flood warning (2009)
Manual 23  Emergency management planning for floods affected by dams (2009)
Manual 24  Reducing the community impact of landslides (2001)
Manual 30  Storm and water damage operations (2007) [information may not be appropriate to all situations]
Manual 34  Road rescue (2009)
Manual 36  Map reading and navigation (2001)
Manual 37  Four-wheel-drive vehicle operation (1997)
Manual 38  Communications (1998)
Manual 40  Vertical Rescue (2001)
Manual 41  Small group training management (1999, archived)
Manual 42  Managing Exercises [superseded by Handbook 3]
Manual 46  Tsunami (2010)
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FOREWORD

These guidelines have been designed to support emergency managers to better understand the varied communication needs of people with disability. They are intended to inform and complement the wide range of policies and procedures developed at all levels of government, business and the not-for-profit sector in support of incident management and the delivery of emergency warnings.

Effective communication is essential to building the trust, understanding and strong partnerships critical to building more disaster resilient communities. The Council of Australian Governments’ endorsed National Strategy for Disaster Resilience recognises the need to ensure all members of the community have a clear understanding of their risks and what to do about them. It is also crucial that all relevant information is made available, in the right way, to reach all members of a community during the response and recovery phases of a disaster.

We all share responsibility for understanding risks and how they might affect us. To complement the release of these guidelines, it is in the interest of people with disability, their carers and representative bodies to initiate conversations with their local emergency managers to ensure they are aware of, and take account of, the different needs, interests and technology requirements that may be unique to members of the community.

Tony Sheehan
Deputy Secretary
National Security & Criminal Justice Group
Attorney-General’s Department
Effective collaborative partnerships across all areas of society are critical to enhancing disaster resilience. Many not-for-profit organisations have experience and expertise in relevant areas, including community engagement and education, and various facets of service provision to people with disability. Importantly, their existing networks and structures reach far into communities, and can effect real change.

Working together, emergency managers, emergency services personnel and people with disability will build a lasting and trusted partnership.
ACKNOWLEDGEMENTS

These guidelines were developed by the Attorney-General’s Department in collaboration with Australian Federation of Disability Organisations, Australian Communications Exchange, Commonwealth, state and territory agencies, emergency service agencies and other key stakeholders on behalf of the National Forum on Emergency Warnings to the Community. We appreciate the high level of participation and support offered during the consultation and development of this resource for emergency managers.
CHAPTER 1
Terminology

Communities: Communities come together in four different ways:

- Geographic communities have recognised geographical boundaries such as regions, towns or street. This community is likely to be affected by the same type of hazard. Many people however, do not recognise their community as the people they live near, while for some, those that live near them may not share the same concerns.

- Communities of interest consist of groups of people who interact with each other through a shared interest such as sports club, parent group, faith group or business group.

- The virtual community is a group of people primarily communicating with each other by means of information technologies, typically over the internet. These may be either communities of interest, practice or communion.

- Communities of ‘circumstance’ or impact are created when groups of people are affected by the same issue or disaster event.

Disability: in relation to a person, in line with the Commonwealth Disability Discrimination ACT 1992 means:

- total or partial loss of the person’s bodily or mental functions
- total or partial loss of a part of the body
- the presence in the body of organisms causing disease or illness
- the presence in the body of organisms capable of causing disease or illness
- the malfunction, malformation or disfigurement of a part of the person’s body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction, or
- a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour; and includes a disability that:
  - presently exists
  - previously existed but no longer exists
may exist in the future (including because of a genetic predisposition to that disability) or
is imputed to a person.

Impairment: An illness, injury or congenital condition that causes, or is likely to cause, a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace. Some people may have more than one type of impairment.

There are no “the disabled,” and there is no “one size fits all.” People that are most vulnerable have the same range of personality traits, interests, and desires as everyone else. People with disabilities are a part of the world’s diversity.¹

¹ 2002, J I Kailes, ‘Who are people with disabilities and activity limitations?’
CHAPTER 2
Context

Some people are more at risk when emergencies and disasters strike and some are frequently and mistakenly overlooked under current emergency management arrangements. Ensuring those persons most at risk become, and remain, an integral part of any emergency management arrangement requires a collaborative effort between emergency managers, service providers, carers and the community to address a myriad of complex issues in building safer and more resilient communities.

That said, people with disability are not always at risk or at greater risk in an emergency. If their impairment or limitation needs are met, they are not more disadvantaged. People with disability may be self-sufficient in their residence or community (neighbourhood or social community). However, the impacts of disabilities may be more pronounced in times of emergency if a person’s enablers (aids and equipment, personal care support, neighbourhood or social community) are unavailable.

These guidelines have been developed in the context of:

- Australia’s comprehensive and integrated emergency management arrangements
- Commonwealth Disability Discrimination Act 1992
- National Strategy for Disaster Resilience (2011)
- National Disability Strategy
- National Disability Agreement
- National Compact with the Third Sector
- Social Inclusion Principles for Australia
- National Principles for Disaster Recovery
- United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol, and

(Refer to Appendix B for full references and hyperlinks).
National Disability Strategy

The National Disability Strategy (the Strategy) was endorsed by the Council of Australian Governments (COAG) in February 2011. It sets out a ten year national plan for improving life for Australians with disability, their families and carers.

The policies and practices below developed by governments under the Strategy, including in mainstream areas, will reflect and reinforce the following approaches:

*Involvement of people with disability* – the views and specific needs of people with a disability are central to the design, funding, delivery and evaluation of policies, programs and services which impact on them, with appropriate support and adjustment for participation.

*Community engagement* – a whole-of-community change effort is required to remove barriers and support inclusion of people with disability in the life and future direction of their communities.

*Universal approach* – products, services, environments, facilities and communities are accessible and usable by all people to the greatest extent possible without the need for specialised modification.

*Life course approach* – takes into account a person’s likely needs and aspiration over their life time, paying particular attention to milestones and times of transition.

*Person-centred* – policies, programs and services for people with disability are designed to respond to the needs of each individual.

*Independent living* – the provision of services and equipment that facilitate the greatest level of independence and the enjoyment of a lifestyle that reflects the choices of people with disability.

*Interconnectivity* – governments work together to ensure interconnectivity of policies and programs.

*A rights based approach* – people with a disability have the same rights as other people in relation to emergency management. A focus on the rights of people with a disability will help to ensure they are not unduly disadvantaged during emergency situations.²

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National Strategy for Disaster Resilience

The National Strategy for Disaster Resilience was also endorsed by COAG in February 2011. It recognises that the application of a resilience based approach is not solely the domain of emergency management organisations. Rather, it is a shared responsibility between governments, communities, businesses and individuals.

Section 3.3 of the National Strategy for Disaster Resilience ‘Communicating with and educating people about risks’, recognises that:

*Risks can be mitigated or reduced but they cannot be eliminated. Risks should be openly discussed in order to anticipate and manage emergency situations.*

*For Australia to become more resilient to disasters, a clearer understanding of our risks and what to do about them is needed, particularly at the community level. Information on disaster risk should be communicated in a manner appropriate to its audiences, and should consider the different needs, interests and technologies used within communities. Knowledge, innovation and education can enhance a culture of resilience at all levels of the community and should contribute to a continual cycle of learning.*

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CHAPTER 3
People with Disability

According to the results of the ‘Survey of Disability, Ageing and Carers’, in 2009, four million people in Australia reported having a disability. Disability is not limited to people who use a wheelchair and people who are blind or Deaf. Individuals with a disability also include those with one or more activity limitations, such as a reduced ability or inability to walk, speak, learn, remember, manipulate or reach controls, and/or respond quickly. Some disabilities are quite visible, while others may be hidden, such as heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing and cognitive disabilities.

Disability should not be thought of as a condition that affects the “special” or “unfortunate few”. Disability is a common characteristic and occurrence within the human experience.

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CHAPTER 4
General Communication Principles

Communication is the lifeline between emergency management and people with disability. Everyone needs to have good access to information to better prepare for disasters and warnings when disasters are imminent. However, when communicating with people with disability, appropriate means of communication must be considered. For example, people who are Deaf, deafblind, or hard of hearing may have difficulty receiving radio, television, sirens, or other audible emergency information or warnings. Similarly, individuals who are blind or who have low vision may not be aware of visual cues, such as flashing lights and scrolling emergency information on television. People with communication disabilities, such as those with stroke, brain injury, cerebral palsy, intellectual disability, or other conditions affecting their speech or language, may struggle to understand information conveyed in spoken or written language.

Thus, people with disability may have individual communication needs. Multiple communication channels and formats should be available for use by individuals and organisations involved in disaster prevention, preparedness, response, and recovery. If appropriate methods of communication are not available, or information is not accessible, people with disability will be at risk of not receiving vital information and knowing what actions they need to take in an emergency.

Always put the person first and the disability second. For example, ‘person with a disability’ rather than ‘a disabled person’.

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6 Etiquette of Communicating with People with a Disability website, 17 November 2009
General principles to consider when communicating with a person with disability

- Avoid using patronising or demeaning phrases such as “crippled” or “wheelchair bound”.
- Do not use labels or stereo types such as “the Deaf” or “the blind”.
- Provide relevant information in a range of formats, such as Easy English, pictures, video and audio visual.
- Face and speak directly to the person rather than through the companion, attendant or sign-language interpreter who may also be present. For example do not say “tell her...” or “can he...”.
- Never speak about the person as if they are invisible, cannot understand what is being said or cannot speak for themselves. If a person requires an interpreter or carer to assist them in conversation, make sure there is enough time for the person to absorb information and respond on their own.
- Do not put people with a disability on a pedestal or talk to them in patronising terms as if they are performing normal or everyday activities exceptionally.
- Always respect the person’s dignity, individuality and desire for independence. If help is required in a given situation, do not assist without asking first.
- Refer to adults with a disability in the same way you would refer to any other adult. Do not refer to them by their first name where in similar circumstances with a non-disabled interviewee you would use a title such as Mister, Ms or Doctor.

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CHAPTER 5
Resources To Assist With Communication

The following resources can be used to assist with communication in prevention, preparedness, response, and recovery phases of an emergency:

**Teletypewriter (TTY)** – a TTY is a device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate, by allowing them to type messages back and forth to one another instead of talking and listening. TTY’s can interact with non-TTY through the National Relay Service. Some TTY’s are not portable, and are reliant on electricity, and thus may not be usable in an emergency.

**106 TTY Emergency Service** – the 106 service is the world’s first national text-based emergency service. It provides access for TTY users to fire, police and ambulance services and is available 24 hours a day, every day. A person, who relies on TTY to make calls, can dial 106 in an emergency. 106 calls have priority over other TTY calls.

**Auslan** – is the recognised name of “Australian sign language”. Auslan is the most commonly used sign language of the Australian Deaf community. National Accreditation Authority for Translators and Interpreters (NAATI) or University qualified interpreters should be used for emergency communications. Please consult with recognised Auslan Interpreter Services on appropriate use of interpreters.

**Hearing Loops** – are an aid for the hard of hearing. They are a loop of cable around a designated area, usually a room or a building, which generates a magnetic field picked up by a hearing aid. People use ‘T switch’ on their hearing aid or cochlea Implant to use the hearing loop. Fixed hearing loops can be found in many places including conference rooms, churches and reception desks. Portable hearing loops can travel with a person or can be carried by emergency and relief personnel. Portable hearing loops can look like a small transmitter which can be placed on a table or held by a person. It is recommended that emergency managers work with councils to have portable hearing loops available for community meetings and relief centres.

**Tactile indicators** – can assist a person with vision impairment to physically navigate. These include tactile ground surface indicators which are raised dots and lines along pathways indicating direction, start, stop and change. There may also be Braille and raised tactile indicators on buildings, such as numbers on lifts and toilet doors.
Braille – is a reading and writing method used worldwide including by a small proportion of Australians who are blind or vision impaired. Documents on computer file can be converted into Braille using Braille conversion software and printed out by a Braille embosser.

Audio description and live audio description – are ways of describing visual information on a television screen, or conveying visual actions and expressions. For example, an audio description would say that “a car is driving into a fire zone”, or would verbally describe the items shown on a screen in an emergency kit. It is available in many public places including cinemas and theatres. YouTube or video which includes audio description will assist people with vision impairments to receive the intended information. It is best to use an organisation that specialises in the production of audio material for people with a print disability.

Easy English – simplifies complicated ideas into short sentences, often accompanied by pictures or images. It was primarily used by people with an intellectual disability but has grown in wider application, and is especially suitable for people with low or no literacy. Documents have to have been edited through an Easy English process which includes consumer testing.

Closed Captioning - is available on all free to air Television programs shown between 6.00pm-10.30pm, and on news and current affairs programs, on the primary channels of all free-to-air networks. Many programs are also captioned outside of prime time. Captions are ‘closed’ if a person has to use the menu options on a television to switch them on. Closed captions can be pre-recorded or sent live. Live captions, which are more likely to be used in an emergency, have a higher error rate and can be harder to read at speed. Media Access Australia has information on required levels of captioning on television.9 Captioned programs are usually indicated by ‘CC’ (closed captions) in television program guides.

Open Captioning – provides real-time captioning of what is said on screen. Open captions do not need to be switched on by the viewer as they appear automatically on the screen. It is essential in emergency broadcasting for all who cannot hear the broadcast, or those

9  www.mediaaccess.org.au
who may have English as a second language. Open captioning can also be provided in interactive communication, including community engagement and meetings, through captioning services that provide services to meetings, conferences and education settings.

**Large print text** – text can be produced in a variety of sizes to meet an individual’s needs. Consider printing material in large print, ideally 16 point or larger. A text colour that contrasts with the background should be used. Red and green type should be avoided as they have poor contrast and make it difficult for people to read. Black type on a white or off-white background is optimal. Style devices such as underlining, italics and hyphenation should be used sparingly.

**Family, carers and support organisations** – many people with disability are supported by family members, carers or support organisations. These support networks facilitate communication with people with disability in a familiar context and therefore may be a more effective means of communication than through “strangers”. In the case of an emergency, the use of such networks greatly increases the certainty of warnings reaching and being better understood by all members of the community. In addition, a person with a disability may require assistance during an emergency, and these networks, working with emergency managers, will enable such assistance to be planned.
CHAPTER 6  
Tips for Communicating with People who have a Specific Type of Disability

People with a physical disability

Approximately four million Australians (18.5%) have a physical disability of some kind.\textsuperscript{10}

This includes people with respiratory disorders such as asthma, people with neurological disorders, for example multiple sclerosis, cerebral palsy and epilepsy, people with musculoskeletal disorders including arthritis and spinal injuries and people with immunological disorders such as Lupus, as well as people with other disorders like diabetes, kidney disease or cancer.

Some points to consider:

- People with a mobility disability, including those with a temporary disability, may find their access to mainstream information limited. They may be unable to travel to local meetings or may encounter difficulties with inaccessible buildings. They may prefer to receive information via the Internet, radio, audio podcast, video/DVD or disk.

- People with a physical disability may have difficulty holding and/or moving objects as a result of nerve injuries, arthritis or amputation. They may find it difficult to use telephones, hold books or papers and turn pages. When providing information for this audience, formats to consider include the internet, disk, audio, video/DVD and radio.

- People with a physical disability may hear standard alarms and voice announcements and can see activated visual notification appliances such as strobe lights that warn of danger and the need to evacuate. Medication and aids, for example a wheelchair, must accompany the person when being evacuated.

- A person with impaired mobility needs information about usable evacuation routes from the building they occupy. If there is not a viable evacuation route that caters for mobility requirements, alternative methods of evacuation will be required.

• Not all people with mobility impairments use wheelchairs, walking frames or crutches. People with mobility impairments may be able to go up and down stairs easily but have trouble opening door locks, latches and other devices due to impairments of their hands or arms. The evacuation plan for these people should address alternative routes, devices, or specific provisions for assistance.

People who are Deaf or hard of hearing

Approximately four million Australians have some degree of hearing loss ranging from mild loss to profound Deafness; around 30,000 have profound Deafness.

There is no ‘one size fits all’ for people with various degrees of hearing loss as the experiences and needs of someone born Deaf and someone who acquired Deafness later in life, gradually or suddenly and traumatically, are quite different.

Those with mild hearing loss may use devices, such as hearing aids, to assist them to hear surrounding sounds. However, these devices may not provide sufficient clarity, due to background noise, when listening to spoken messages or warnings.

Those with profound Deafness may not be able to decipher speech and sounds, even with listening devices, and may have difficulty communicating verbally.

People who use Auslan are not exclusively those who are profoundly Deaf. They can have mild hearing loss through to profound hearing loss.

Regardless of the level of hearing loss, some people use lip reading to communicate. When someone is lip reading it is important to face the person and keep your head still while talking. Ideally this should be done in a well-lit area.

Some points to consider:

• Signage for alerts and announcements need to be visually accessible at all times.
• Use visual cues to communicate instructions i.e. hand gestures, demonstrations or pictures.
• If the individual is unable to speak, give them a way to communicate by using flash cards [picture exchange communication] or pen and paper.
For post-evacuation communication, ensure that the person has access to one or more suitable communication method(s). This may include an Auslan interpreter, SMS updates on a mobile phone, or someone assigned to relay information when they cannot hear.

Many people can read and follow standard exit and directional signs and use any means of egress from a building. However, some may need assistance in areas of low or no light where their balance could be affected without visual references.

**People who are blind or vision impaired**

Around 300,000 Australians have substantial low vision (not correctable by glasses), and around 20,000 are totally blind. People who use guide dogs, white canes, dark glasses and other forms of assistance may not be totally blind, but may have some usable functional vision. This may include the ability to perceive light and dark, shapes or colours. Some people may be able to read large print.

**Some points to consider:**

- Information should be supplied in large print text or audio versions. It could also be made available in Braille where appropriate. Emergency information which is rarely updated and in simple form, such as a quick evacuation guide or a list of emergency contact organisations, could be provided this way.

- It is important that auditory announcements giving instructions include some descriptive information to orient someone who is vision impaired or blind. For example: “Please move towards the fire exits, which are located opposite the lifts on each floor.”

- When escorting a person who is blind or vision impaired, if the person is uncomfortable moving alone, a guide can offer the person an arm or allow the person to place a hand on their shoulder. A person who is blind or vision impaired may also need assistance to calm or transport their guide dog if it has been affected by an emergency.

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11 Australian Government, National Disability Strategy 2010-2020
• Give verbal guidance to the individual when you are guiding them so they know what obstacles are ahead, for example, rocks, water, stairs etc.

• Indicate the presence of stairs, doors, narrow passages and ramps etc. Rough mats can be used at starting and ending points. Assist the person when sitting down by placing his/her hand on the back of the chair.

People with a cognitive impairment or learning disability

A cognitive impairment is a disability that affects a person’s ability to process information. This may be due to an intellectual disability a person was born with or it may be due to an acquired brain injury, such as through a stroke or injury to the head. People with a cognitive impairment or learning disability vary greatly in their abilities, so always respond to the individual’s needs rather than making assumptions about their abilities.12

Some points to consider:

• In many circumstances such individuals will be attended by carers, so when communicating, ample time must be provided for interpretation or translation.

• Provide a picture book of drill procedures (Easy English).

• Colour code fire doors and exit ways.

• Implement a buddy system.

People with disability affecting speech, language, voice and fluency

Many people with various forms of disability affecting the brain or body structures involved in speech might struggle with spoken communication. Difficulties in producing movements needed for speech, expressing or understanding language, using their voice, or speaking fluently can impact upon their communication in emergency situations. They might have mild, moderate, severe, or profound difficulty, and some with ‘complex communication needs’ might rely upon non-spoken communication methods.

12 Etiquette of Communicating with People with a Disability website, 17 November 2009

www.disabilityconsultants.com.au
Augmentative and alternative communication methods include the use of communication picture boards, alphabet displays, speech generating devices, natural sign and gesture systems, behaviours, and actions to communicate. There are many ways to communicate. The person with disability and/or a familiar caregiver or family member will be able to tell you the best way to communicate with the person. Adaptive techniques and strategies are available to suit the individual, and a range of generic communication aids are also widely available to help support communication with any person who struggles with speech.

Some points to consider:

- In situations where warning information is provided in person, for example door knocking rather than using an automated warning alert, emergency managers must be aware that people with speech impairments may use electronic or non-electronic communication aids.
- Provide a quiet space or somewhere with limited background noise to enable the person to focus.
- Identify a person who understands their communication needs.

People with Psychosocial Disability

The impact of mental illness within the Australian population has become increasingly apparent. The 2007 National Survey of Mental Health and Wellbeing conducted by the Australian Bureau of Statistics found that an estimated 3.2 million Australians (20% of the population aged between 16 and 85) had a mental disorder in the twelve months prior to the survey. The ‘Burden of Disease and Injury’ in Australia study indicated that mental disorders constitute the leading cause of disability burden in Australia.13

Previous large natural and man-made events have shown that the social impact on people and communities can be significant, long lasting and variable. This impact can be compounded by the duration and/or re-occurring threat of another disaster on the community.

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Personal support following emergencies assists with the social aspects of recovery. It aims to lower stress, help people to understand their reactions to the event, prevent division within the affected community and link people back into their normal social support networks. Community Development Officers are required to actively engage with communities through information provision and health promotion, and by encouraging individuals and families to access services to assist their recovery and to undertake community wellbeing activities within these affected areas.

**Some points to consider:**

- Only provide or send necessary, relevant information.
- Keep information consistent, accurate, short and sharp.
- Use clear language and uncomplicated sentences.
- Use positive or value-neutral language wherever possible, for example use ‘survivor’ or ‘affected person’ rather than ‘victim’.
- Allow for short breaks if a person needs extra time to process information.
- Provide information in various formats, including printed material, such as maps and images that people can refer to later.
- Repeat information as required, for clarity.
- Should people want more information, provide a contact point [website, hotline, contact details] rather than providing too much information at the one time.
- Offer several different options for further contact. Some people may feel more comfortable with face to face interaction while others may prefer the telephone or email.
APPENDIX A
A Quick Guide

The following A3 poster has been developed to immediately aide emergency managers in identifying ways to address the communication needs of community members at each stage of the Prevention, Preparedness, Response and Recovery (PPRR) cycle.
## COMMUNICATION PRINCIPLES

- Always put the person before the disability
- Avoid using patronising or demeaning phrases, labels or stereotypes
- Provide relevant information in a range of formats (e.g., Easy English, pictures, video and audio visual)
- Face and speak directly to the person, even if they have an interpreter or carer
- Make sure there is enough time for the person to absorb information and respond on their own
- Always respect the person’s dignity, individuality and desire for independence
- Always ask before providing assistance

### PHYSICAL
- People with a mobility disability (inc. temporary), may find access to information and/or travel limited
- Provide information in multiple formats, for example:
  - the Internet
  - radio
  - audio podcast
  - video / DVD or disk
- Consider accessibility issues, including at community meetings, before a disaster, and evacuation / recovery centres

### HEARING
- Signage alerts, announcements and instructions need to be visually accessible and in well-lit areas
- Provide information in multiple formats, for example:
  - Auslan interpreters
  - SMS phone updates
  - Easy English versions
  - demonstrations
  - pictures
  - flash cards
  - picture exchange
  - communication whiteboards

### VISION
- Provide auditory announcements and instructions with some descriptive information to orientate someone who is vision impaired or blind, for example:
  - “Please move towards the fire exits. These are located at the opposite end of the main corridor to the lifts on each floor.”
- Provide information in Large Print versions

### GENERIC
- Only provide or send necessary and relevant information
- Use multiple formats
- Verbalise visual information, including phone numbers and web details
- Keep information consistent, accurate, short and simple
- Use clear language and uncomplicated sentences
- Use pictures or simple photos to support written information
- Use positive or value-neutral language
APPENDIX B
Additional Resources

**Relevant Documents and Legislation**

Australian Emergency Management Arrangements
Plansandarrangements/Pages/AustralianGovernmentEmergencyManagementPlans.aspx

Disability Discrimination Act 1992

National Strategy for Disaster Resilience
http://www.coag.gov.au

National Disability Strategy
government-international/national-disability-strategy

National Disability Agreement
government-international/national-disability-agreement

National Compact with the Third Sector

Social Inclusion Principles for Australia

National Principles for Disaster Recovery
http://www.fahcsia.gov.au


World Health and World Bank Report on Disability and Health (2011)
Organisations to contact for more information

Australian Federation of Disability Organisations

Australian Communications Consumer Action Network
http://accan.org.au/

National Relay Service

Australian Human Rights Commission

Australian Communications and Media Authority