

# a functional needs framework for every community



planning for people with  
disabilities in emergencies  
and disasters

A TOOLKIT FOR LOCAL GOVERNMENTS  
2016

## Acknowledgements

**A Functional Needs Framework for Every Community: Planning for People with Disabilities in Emergencies and Disasters** is a **Disability Alliance BC Community Education Guide**. These Guides are available at no cost to organizations and individuals as educational tools and partnership-building resources.

DABC would like to gratefully acknowledge **Emergency Management BC** for its financial contribution to this project. We would also like to acknowledge the **Ministry of Social Development and Innovation** for its support in identifying this important issue in the Accessibility 2024 initiative.



we are all  
connected



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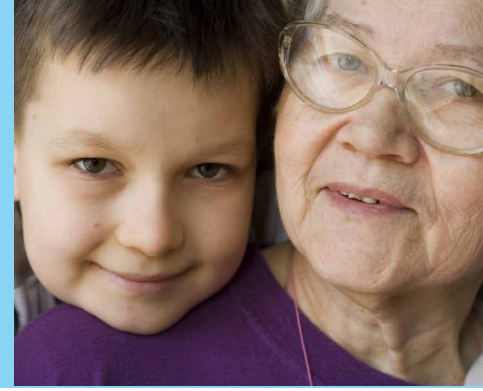
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# a functional needs framework for every community

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## DABC's Mission Statement



Our mission is to support people, with all disabilities, to live with dignity, independence and as equal and full participants in the community. We champion issues impacting the lives of people with disabilities through our direct services, community partnerships, advocacy, research and publications.

## The Purpose of this Toolkit

This toolkit was created in order to assist Local Authorities in:

- Integrating the Functional Needs Framework (FNF) into their emergency planning and response
- Increasing their local capacity to respond to the needs of people with disabilities in emergencies and disasters
- Realizing the provincial government's commitment to the Emergency Preparedness building block of *Accessibility 2024* at the local level

## Accessibility 2024

The government of British Columbia has made a commitment to becoming the most inclusive province in Canada for people with disabilities by 2024.

Emergency Preparedness is one of *Accessibility 2024's* twelve building blocks. The Province's laudable goal is for every BC community to have accommodated the needs of persons with disabilities in its emergency planning by 2024. The Province will measure the success of this goal by the number of community emergency response plans that comply with a Functional Needs Framework (FNF).

## Defining Accessibility

The word accessibility is often used when talking about certain types of disabilities, such as wheelchair accessibility. A broader definition of accessibility is required and includes those things that help or support a person with disabilities in their daily life to be independent and participate fully in community.

First, it is useful to really understand what we mean by “accessibility.” Accessibility is closer to what we want because it implies that everything that is available for us to live in our society is made available to all people.

Inclusion is the outcome of accessibility. If people have access to all the things that they need for daily living, they are included.

A service is accessible when it is:

- easy to find out about
- easily understood
- easy to get to
- easy to use

Accessibility needs can include:

- Large print documents
- Braille
- Adaptive computer technology
- Hearing devices
- Accessible washrooms
- Personal care workers
- Ramps/universal access
- Mobility devices
- Sign language interpreters
- TTY
- Communication boards
- Voice recognition software

## Part 1 | Using the Functional Needs Framework in Planning

For the purposes of emergency planning and response for all members of your community, the Functional Needs Framework looks at five categories, called CMIST: Communication, Medical, Functional Independence, Supervision and Transportation.



### Communication

People who have a limited ability to speak, see or hear; limited ability to speak, read or understand English; limitations in learning and understanding.

### Medical

People who require assistance with managing medications, medical equipment or supplies; use dialysis or oxygen; use power-dependent equipment to sustain life.

### Functional Independence

People who require equipment to maintain functional independence, such as wheelchairs, walkers or scooters.

### Supervision

People who require supervision, such as people with dementia or unaccompanied children. As well as, people with intellectual disabilities that need the support of a caregiver or attendant.

## Transportation

People who cannot drive or do not have access to a vehicle due to disability, age, addictions, legal restrictions or low-income factors.

Emergency planning that incorporates the five C-MIST categories enable local governments to develop a comprehensive emergency response. The FNF includes a range of vulnerable populations—not only people with disabilities—and reduces the negative impacts of emergencies on people at-risk and the community as a whole.

## Worksheet Section

### Inclusive Communication



Use multiple methods for public emergency communications, including alternate formats for people with disabilities

#### What are Alternative Formats and For Who?

TYPE OF DISABILITY	ALTERNATE FORMAT
<p><b>Persons with Mobility Disability</b></p> <p><b>Persons with Vision Impairment (Blind)</b></p> <p><b>Persons with Intellectual Disabilities</b></p> <p><b>Persons with Developmental Disabilities</b></p> <p><b>Persons with Learning Disabilities</b></p>	<p><b>Audio Format</b></p> <p>An alternative format for people with a mobility, vision, intellectual or developmental, or learning disability, and are unable to read print. The Library has an MP3 translation software that will transcribe a Word file into an MP3 file using a synthetic voice.</p>
<p><b>Persons with Vision Impairment</b></p>	<p><b>Descriptive Video Service (DVS)</b></p> <p>DVS provides descriptive narration of key visual elements – such as the action, characters, locations, costumes and sets – without interfering with dialog or sound effects, making television programs, films, home videos and other visual media accessible for people with vision disabilities.</p>



TYPE OF DISABILITY	ALTERNATE FORMAT
<p><b>Persons with Hearing Impairment</b></p>	<p><b>Windowing</b></p> <p>Windowing enables people who are deaf to read by means of a sign language interpreter what others hear in a video presentation or broadcast. The interpreter appears in a corner or “window” in the screen translating spoken word to sign language. Windowing may include open or closed captioning.</p> <p><b>Captioning (For Movies and Visual Media)</b></p> <p>Captioning translates the audio portion of a video presentation by way of subtitles, or captions, which usually appear on the bottom of the screen. Captioning may be closed or open. Closed captions can only be seen on a television screen that is equipped with a device called a closed caption decoder. Open captions are “burned on” a video and appear whenever the video is shown. Captioning makes television programs, films and other visual media with sound accessible to people who are deaf or hard of hearing.</p> <p><b>Telecommunications for Persons with Hearing Impairments</b></p> <p>Although many people who are deaf or hard of hearing use e-mail and pagers to give and receive information, TTY (teletypewriter), is still widely used. More cell phones are now compatible with TTY and hearing aids, and as they become less expensive and easier to use, their use will be more widespread.</p> <p>Bell Canada Relay Service (BCRS) lets TTY users and hearing people talk to one another by phone with the help of specially trained BCRS operators. Users dictate to the operator the conversation, which is then relayed to the TTY phone. TTY conversation is then relayed to the regular phone user. This service is confidential and the only cost is any long-distance charges that would regularly apply. Local calls using this service are free.</p>

TYPE OF DISABILITY	ALTERNATE FORMAT
<p><b>Persons with Low Vision</b></p> <p><b>Persons with Vision Impairment (Blind)</b></p> <p><b>Persons with Learning Disabilities</b></p>	<p><b>Electronic Text</b></p> <p>Used with screen reading software that enables people who are blind, have low vision or who have learning disabilities to hear a spoken translation of what others see on the monitor. Most common type of electronic text is Word documents and PDFs.</p>

**What are Alternative Formats and For Who?** from Ryerson University - The Access Centre  
[www.ryerson.ca/student-services/accesscentre](http://www.ryerson.ca/student-services/accesscentre)

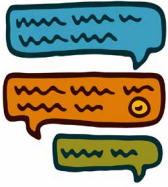
## Ensure that Information is Accessible



Any information that is distributed, discussed and shared should be accessible to people with disabilities and Deaf people. This means ensuring information is:

- ✓ In people's own language
- ✓ In plain language - If you are translating a document to plain language, you may have to decide what information is the most important to include and what can be left out. Try using the word order *subject, verb, object* and avoid sentences that start with a supporting clause.
- ✓ Layout & Presentation is important too – It is helpful to use lots of headings. The headings should be straightforward and lead the reader through the logic of the document with ease.
- ✓ Be sensitive to design issues, i.e. use pictures, not too much text on one page and not cluttered with too many confusing images. Avoid watermark (background) images.
- ✓ Check your work. One useful exercise in attempting to see if you are using accessible language is to keep asking yourselves: *“What do I really mean to say here?”* or *“How can I say that more literally and in a more direct way?”*
- ✓ Available in alternative formats, i.e. audio tapes or CDs, large print, electronic or E-Text or PDF, Braille.

## Plain Language



Language is very important for opening doors and welcoming everyone. We need to recognize that often in the work we do in the non-profit sector we may use words that keep people out – sometimes the very people that we want to open up to! Therefore we need to use plain language to ensure we are accessible and inclusive to as many people as possible.

### Using plain language when speaking

- ✓ Use language that is more universal in nature, is accessible to most communities, like people with a variety of disabilities, people whose first language isn't English, people with lower literacy levels.
- ✓ Use direct language, more literal in nature
- ✓ Avoid jargon, academic or policy language, avoid idioms, etc.
- ✓ Break down ideas, don't present too many ideas at once
- ✓ Use shorter sentences or paragraphs
- ✓ Use lots of examples
- ✓ Best to talk in the first person
- ✓ Avoid big words! Little words can de-complicate "big" ideas
- ✓ Be concise

## Worksheet: Communication



What emergency communication procedures need to be put in place before emergencies or disasters happen in order to address the communication needs of people with disabilities?

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>PUBLIC ANNOUNCEMENTS</b>			
<b>EVACUATION NOTICES AND ORDERS</b>			

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>ESS RECEPTION CENTRES AND GROUP LODGINGS (SHELTERS)</b>			
<b>EMERGENCY WARNING SYSTEMS</b>			

**Communication and Interaction Tips** uses information from: *Achieving Accessibility in the Home and Community Support Services Sector: Tips And Tool Kit*. Ontario Community Support Association. 2009.

## Worksheet: Medical



Plan for the safe storage and replacement of evacuees' medications, medical equipment and supplies.

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>DISPENSING OR REPLACING MEDICATIONS</b>			
<b>REFRIGERATION OF MEDICATIONS</b>			

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>REPLACEMENT OF ESSENTIAL MEDICAL SUPPLIES</b>			



## Worksheet: Functional Independence



Develop plans to evacuate people with their equipment and assistance animals. Plan for the temporary replacement of equipment and assistive devices for people with disabilities.

What protocols/procedures need to be developed to ensure that people with disabilities are transported with their equipment and assistive devices so they can maintain functional independence? If, for some reason, a person has to be evacuated without their assistive equipment, what procedures need to be set up to ensure the retrieval of equipment (example: wheelchair)?

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>TEMPORARY REPLACEMENT/LOAN OF EQUIPMENT AND ASSISTIVE DEVICES FOR EVACUEES</b>			
<b>REUNITING PEOPLE WITH THEIR EQUIPMENT AND DEVICES AFTER EVACUATION</b>			

## Worksheet: Supervision



Identify what procedures, protocols, agreements and/or partnerships are already in place for the following during emergencies or disasters:

1. People who are separated from their caregivers/attendants
2. People with disabilities who will need supervision: i.e., people with intellectual disabilities, people with mental illness

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>PROCEDURES FOR IDENTIFYING EVACUEES THAT WILL NEED SUPERVISION OR EXTRA SUPPORTS</b>			

## Worksheet: Transportation



Plan for coordination of accessible transportation for evacuation of transportation-disadvantaged populations

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>LOCATING TRANSPORTATION-DISADVANTAGED POPULATIONS AND TYPE OF ACCESSIBLE TRANSPORT NEEDED</b>			
<b>POTENTIAL ACCESSIBLE TRANSPORTATION RESOURCES</b>			

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
<b>PROTOCOLS/PROCEDURES NEEDED TO ENSURE PEOPLE ARE TRANSPORTED WITH ASSISTIVE DEVICES</b>			

## Part 2 | Create Teams Trained in the FNF

### Work with health authorities and NGOs



After the Katrina hurricane in 2005, one of the recommendations of the SNAKE report was to create a team to support disability and senior issues in emergency planning and response. The report recommended that teams should consist of federal, state, and local (or regional) representatives who are knowledgeable in emergency management and disability and aging services.

What the teams would oversee is information dissemination, resource allocation and service coordination among disability and aging organizations to address accessible transportation and durable medical equipment needs. The team on the ground during an emergency would include expertise/advocacy groups who would be present in shelters, temporary housing, and other assistance centres.

Team members would need to be skilled in assessing the general health and well-being of individuals and have the ability to access support services needed by the disability and senior populations. As well, team members would orient shelter personnel and emergency managers about people's functional needs.

An example of specialized teams in action is the Functional Assessment and Service Teams (FAST), which are part of the new disability-specific plan component of the California Department of Social Services (CDSS).<sup>1</sup> FAST was tested for the first time during the October 2007 Southern California wildfires. FAST consist of government employees and NGO staff who can be deployed to disaster areas to work in shelters. The team members have expertise working with at-risk populations and have knowledge about support services such as housing, benefit programs and disaster aid programs. The team members have a range of experience with a diversity of disabilities as well as aging, substance abuse and nursing experience.

During the wildfires FAST was able to minimize the adverse impacts for evacuees. They were able to assist people with a number of disability-specific needs: obtaining alternate format access to communication and information; personal assistance services; and replacement of durable medical equipment, consumable medical supplies and medications.

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<sup>1</sup> Kailes, June Issacson, Southern California Wildfires After Action Report, 2008

The Functional Assessment and Service Teams (FAST), which were deployed during the wild fires, played a key role in getting accessibility needs met; they helped procure accessible showers and toilets and then advocated to get ramps built to the accessible, portable showers and toilets.<sup>2</sup> FAST demonstrated how it helped individuals maintain their independence, through screening and assisting with independence needs. This enabled individuals to maintain health and mobility and to successfully manage in mass shelters.

### Feasibility of a Functional Needs Assessment Team

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE

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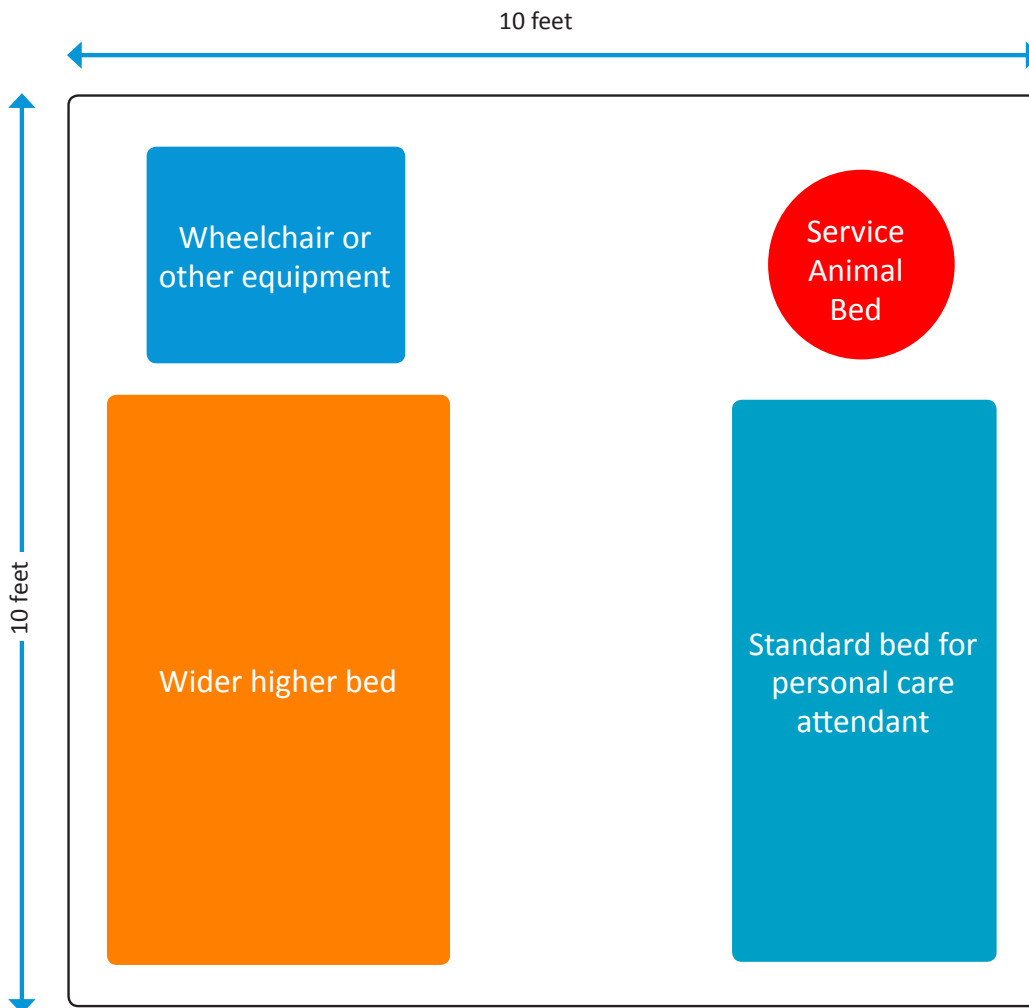
<sup>2</sup> Kailes, June Issacson, *Southern California Wildfires After Action Report*, 2008

## Part 3 | Universal Access in Group Lodgings

### Group lodgings should accommodate a range of limitations

It is important to assess the space needs that would be required to shelter people with disabilities, their personal care assistants, service animals, and personal care equipment in reception centres and group lodging situations.

### Evaluating accessibility space requirements within a group shelter



Sheltering People with Disabilities, Draft space and layout considerations, Universal Access Committee, February 2007

## Part 4 | Build Community Capacity



It is imperative that municipal emergency management programs engage population groups who have a higher level of disaster vulnerability in order to ensure that emergency plans are inclusive of the entire community. Support the involvement of community-based organizations in planning, response and recovery.

Identify community-based organizations in your community that work with people with disabilities and other high-risk populations.

TASKS	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE



## Appendix | Communication and Interaction Tips



### Visual Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· the blind</li> <li>· the visually impaired</li> </ul>	<ul style="list-style-type: none"> <li>· a person who is blind</li> <li>· a person with vision loss</li> </ul>

Visual disabilities reduce a person's ability to see clearly.

There are many degrees of vision loss. Few people with vision loss are totally blind. Many have limited vision.

Vision loss can restrict a person's ability to:

- read signs
- locate landmarks
- see hazards

People with vision loss may use a service dog or a white cane. Others may not. You may not always be able to tell if a person has vision loss.

### Tips on how to interact

- Identify yourself when you approach the person and speak directly to them.
- Speak normally and clearly.
- Never touch the person without asking permission, unless it's an emergency.
- If you offer assistance, wait until you receive permission.
- Offer your arm (the elbow) to guide the person and walk slowly.
- Don't touch or address service animals — they are working and have to pay attention at all times.
- If you're giving directions or verbal information, be precise and clear. For example, if you're approaching a door or an obstacle, say so. This includes giving directions to the location of your agency i.e. we are 2 metres from the bus stop on the north side of the street.

- Don't just assume the person can't see you.
- Don't leave the person in the middle of a room. Show them to a chair, or guide them to a comfortable location.
- Identify landmarks or other details to orient the person to the environment around them.
- Don't walk away without saying good-bye or informing the person you have left even if you are planning on returning shortly.
- Be patient. Things may take a little longer.

## Hearing Loss

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· the deaf</li> <li>· the hearing impaired</li> </ul>	<ul style="list-style-type: none"> <li>· a person who is deaf</li> <li>· a person who is deafened</li> <li>· a person who is hard of hearing</li> </ul>

There are many degrees of hearing loss.

People who have hearing loss may be:

- Deaf (a person with profound hearing loss)
- Deafened (a person who has become deaf later in life)
- Hard of hearing (a person who has some hearing loss)

People with profound hearing loss may communicate using sign language. Other people may use assistive devices, such as hearing aids, to communicate.

### Tips on how to interact

- Always ask how you can help. Don't shout.
- Attract the person's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand.
- Make sure you are in a well-lighted area where the person can see your face.
- Look at and speak directly to the person. Address them, not their interpreter.
- If necessary, ask if another method of communicating would be easier, for example a pen and paper.
- Don't put your hands in front of your face when speaking.
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood.
- Don't touch or address service animals — they are working and have to pay attention at all times.
- Be patient. Communication for people who are Deaf may be different because their first language may not be English. It may be American Sign Language (ASL) or Langue des signes québécoise (LSQ).
- If the person uses a hearing aid, try to speak in a quiet area. Background noise can be distracting.

## Deaf-Blind

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· deaf and dumb</li> <li>· deaf mute</li> <li>· the deaf-blind</li> </ul>	<ul style="list-style-type: none"> <li>· a person who is deaf-blind</li> </ul>

A person who is deaf-blind has a combined loss of vision and hearing. This makes it difficult for people to access information.

Most people who are deaf-blind are accompanied by an intervenor, a professional who helps with communicating.

### Tips on how to interact

- Don't assume what a person can or cannot do. Some people who are deaf-blind have some sight or hearing, while others have neither.
- A person who is deaf-blind will probably give you a card or a note explaining how to communicate with them.
- Speak directly to the person as you normally would, not to the intervenor.
- When you approach a person who is deaf-blind, make sure you identify yourself to the intervenor.
- Don't touch or address service animals — they are working and have to pay attention at all times.
- Never touch a person who is deaf-blind suddenly or without permission unless it's an emergency.

## Physical Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· the cripple</li> <li>· crippled</li> <li>· lame</li> <li>· physically challenged</li> <li>· confined to a wheelchair</li> <li>· wheelchair bound</li> </ul>	<ul style="list-style-type: none"> <li>· a person who with a disability</li> <li>· a person with a physical disability</li> <li>· a person with arthritis</li> <li>· a person who uses a wheelchair (or a walker or a scooter)</li> </ul>

There are many types and degrees of physical disabilities. Not all physical disabilities require a wheelchair.

People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting.

It may be difficult to identify a person with a physical disability.

### Tips on how to interact

- Speak normally and directly to your customer. Don't speak to the person who is with them.
- People with physical disabilities often have their own ways of doing things. Ask before you help.
- Be patient. People will tell you what they need.
- Don't touch assistive devices, including wheelchairs, unless it's an emergency.
- Tell the person about accessible features in the surrounding area (automatic doors, accessible washrooms, etc.).
- Remove obstacles and rearrange furniture so they have clear passage.

## Speech or Language Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· stutterer</li> <li>· mute</li> </ul>	<ul style="list-style-type: none"> <li>· a person who stutters</li> <li>· a person who is non-speaking</li> <li>· a person with a communication disability</li> </ul>

Some people have problems communicating. It could be due to cerebral palsy, hearing loss or another condition that:

- makes it difficult to pronounce words
- causes slurring or stuttering
- prevents someone from expressing themselves or understanding written or spoken language

Some people who have severe difficulties may use communication boards or other assistive devices.

### Tips on how to interact

Just because a person has one disability doesn't mean they have another. For example, if a person has difficulty speaking, don't assume they have an intellectual or developmental disability as well.

- If you don't understand, ask the person to repeat the information.
- If possible, ask questions that can be answered 'yes' or 'no.'
- Be patient and polite. Give the person whatever time they need to get their point across.
- Don't interrupt or finish the person's sentences. Wait for them to finish.
- Patience, respect and a willingness to find a way to communicate are your best tools.

## Mental Health or Psychosocial Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· crazy</li> <li>· insane</li> <li>· lunatic</li> <li>· psycho</li> <li>· mental</li> <li>· mental patient</li> <li>· maniac</li> <li>· neurotic</li> <li>· psychotic</li> <li>· unsound mind</li> <li>· schizophrenic</li> </ul>	<ul style="list-style-type: none"> <li>· a person with a mental illness</li> <li>· a person with a mental disability</li> <li>· a person with a mood disorder (for example, a person with bipolar disorder)</li> <li>· a person with a personality disorder (for example, a person with an antisocial personality disorder)</li> <li>· a person with an anxiety disorder (for example, a person with obsessive-compulsive disorder)</li> <li>· a person with schizophrenia</li> </ul>

Mental health disabilities are not as visible as many other types of disabilities.

Some people with mental health disabilities may have:

- hallucinations (hearing voices or seeing things that aren't there)
- difficulty concentrating or remembering
- acute mood swings

Other people may not show any signs. You won't know that a person has a mental health disability unless you are told.

Here are some examples of mental health disabilities:

- schizophrenia
- depression
- phobias
- bipolar, anxiety and mood disorders.

## Tips on how to interact

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be confident and reassuring. Listen carefully and work with the person to meet their needs.
- If someone appears to be in a crisis, ask them to tell you the best way to help.



## Learning Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· the learning disabled</li> <li>· the learning disordered</li> <li>· the dyslexic</li> </ul>	<ul style="list-style-type: none"> <li>· a person with a learning disability or people with learning disabilities</li> <li>· a person with dyslexia</li> </ul>

Learning disabilities are information processing disorders. They can affect how a person acquires, organizes, expresses, retains, understands or uses verbal or non-verbal information.

Here are some examples:

- dyslexia (problems in reading)
- dyscalculia (problems in mathematics)
- dysgraphia (problems in writing and fine motor skills)

People with learning difficulties may have problems communicating.

You may not know that a person has a learning disability unless you are told.

### Tips on how to interact

- Patience and a willingness to find a way to communicate are your best tools.
- When you know that someone with a learning disability needs help, ask how you can best help.
- Speak normally and clearly, and directly to the person.
- Take some time — people with some kinds of learning disabilities may take a little longer to understand and respond.
- Try to find ways to provide information in a way that works best for them. For example, offer to give instructions in writing, use diagrams, or demonstrate a process.
- If you're dealing with a child, be patient, encouraging and supportive.
- Be courteous and patient. The person will let you know how to best provide service in a way that works for them.

## Intellectual or Developmental Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> <li>· mentally retarded</li> <li>· idiot</li> <li>· simple</li> <li>· retarded</li> <li>· feeble-minded</li> <li>· imbecile</li> <li>· mongoloid</li> <li>· mongolism</li> <li>· Downs</li> </ul>	<ul style="list-style-type: none"> <li>· a person with an intellectual disability</li> <li>· a person with a developmental disability</li> <li>· a person with Down Syndrome</li> </ul>

People with intellectual or developmental disabilities may find it hard to do many things most of us take for granted.

These disabilities can mildly or profoundly limit their ability to learn, socialize and take care of their everyday needs.

You may not be able to know that someone has this disability unless you are told, or you notice the way they act, ask questions or use body language.

### Tips on how to interact

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- Make sure the person understands what you've said.
- If you can't understand what's being said, don't pretend. Just ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the person, not to their companion or attendant.





## **A Functional Needs Framework for Every Community: Planning for People with Disabilities in Emergencies and Disasters**

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