

DEPLOYEE TIP SHEET // DISABILITY INCLUSION IN AUSTRALIA ASSISTS BY SKILL AREA

RedR Australia and CBM Australia developed this tip sheet to guide and strengthen disability inclusion mainstreaming throughout all [Australia Assists](#) deployments. RedR Australia's commitment to disability inclusion is articulated in the organisation's [Disability Inclusion Strategy and Action Plan \(DAP\)](#).

WHAT YOU NEED TO KNOW

- People with disabilities make up 15 per cent of the global population.¹
- People with disabilities are a diverse group, including people with physical disabilities, people who are blind or with low vision, people who are deaf or hard of hearing, people with intellectual impairments, and people with psychosocial disabilities.
- People with disabilities are disproportionately impacted by disasters and humanitarian crises. This vulnerability is not inherent, but is created by existing inequalities and barriers, which are compounded by crises and exacerbated by the way humanitarian assistance is traditionally designed and delivered.
- People with disabilities themselves understand best the barriers they face and possible solutions, so supporting the active participation of people with disabilities in decision-making is crucial.
- All Australia Assists deployees are required to report on how you are considering disability inclusion within your deployment.

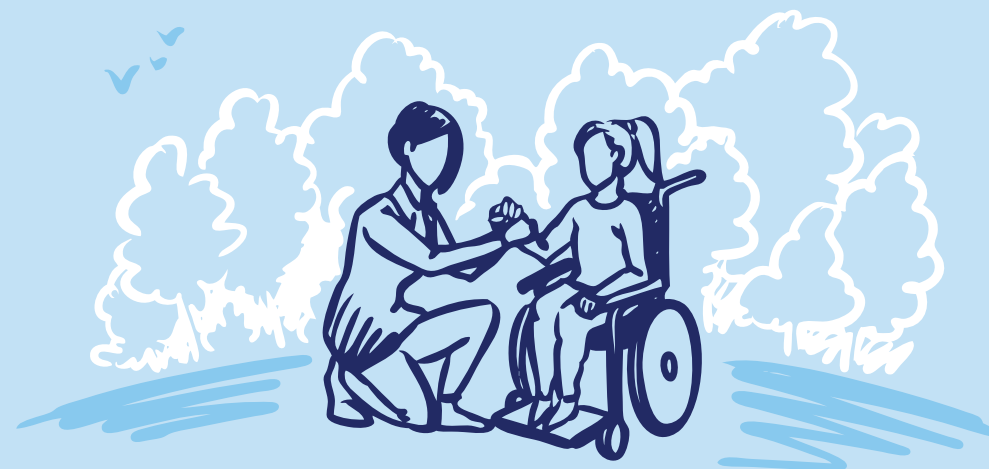
WHAT YOU CAN DO BEFORE YOU DEPLOY

- Download the [Humanitarian Hands-On Tool](#) or the [Disability Inclusive Disaster Risk Reduction Hands-On Tool](#). These tools give step-by-step practical guidance and can be downloaded as an app for use without internet connection.
- Download a copy of the [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action](#).

- Understand what commitments to disability inclusion your host organisation has made. For example, if you are deploying to a UN agency, check their commitments under the [UN Disability Inclusion Strategy](#); if you are deploying to a National Disaster Management Office, check [here](#) to see if the Government has ratified the Convention of the Rights of Persons with Disabilities.
- Request your RedR Deployment Focal Point to connect you with a Disability Inclusion Advisor at CBM Australia for a pre-deployment call.

WHAT YOU CAN DO DURING YOUR DEPLOYMENT

- Raise issues of accessibility and inclusion with your host organisation. Aim to implement recommendations from the IASC Guidelines.
- Identify and meet local disability movement actors including Organisations of Persons with Disabilities, and invite them to your host organisation. Broker relationships that will last beyond your deployment.
- Request disability inclusion mentoring support from a Disability Inclusion Advisor at CBM Australia.



1. See [WHO and World Bank. 2011. World Report on Disability.](#)

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➔] DISABILITY INCLUSION ENTRY POINTS

- Identify organisational policies related to disability inclusion and check if there is an established Disability Focal Point.
- Investigate what previous work has been undertaken and how disability inclusion is integrated into programming.
- Look for barriers that might prevent access to programs or assistance. Take opportunities to engage people with disabilities and Organisations of Persons with Disabilities through consultations, meetings and events to overcome barriers and create opportunities.
- Use disability-disaggregated data to inform policies and programming.
- Ask questions (sensitively and considerately). For example:
 - Who might be missing from this project?
 - Are we reaching the full diversity of the affected population?
 - How can we make the project as accessible and inclusive as possible so we don't leave anyone behind?



” TERMINOLOGY TIPS

DO USE	DON'T USE
People with disabilities / Person with a disability	Disabled person, the disabled, handicapped, PWD
People without disabilities / Person without a disability	Normal person, everyone else, non-disabled, able-bodied
Person with a psychosocial disability / person with a mental health issue	Mental, mad, a mental illness, a mental disorder
Person with an intellectual disability / person with a learning disability	Mental handicap, slow, learning impairment
Person who is blind / person who has a vision impairment	The blind, visually impaired, suffers from vision loss, someone who's world is dark/black/colourless
A Deaf person (use capital D) / person who is hard of hearing	Hearing impaired, hearing impairment, deaf-mute, suffers from hearing loss, someone who's world is silent
Person who uses a wheelchair / wheelchair-user	Confined or restricted to a wheelchair, wheelchair bound
Unable to speak / uses synthetic speech	Mute, dumb

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CHECKLIST FOR EACH SKILL AREA

Find your skill area below to get practical ideas for how to integrate disability inclusion within your work. If you can't see your skill area here, please reach out to RedR for guidance – we're here to support you.

FOR COORDINATION SPECIALISTS

- People with disabilities face extra barriers and risks in humanitarian contexts, and disability inclusion is often a focus of Protection Cluster actors as a result. It is clear that all clusters must ensure their response actions are accessible and inclusive for the full diversity of the affected population. Coordination through inter-cluster processes should ensure sufficient attention is placed on disability inclusion.
- Consider ways to make accountability to affected population processes accessible and inclusive for people with various impairment types. For example, implement feedback and complaint mechanisms in a range of formats (phone helplines, suggestion boxes, community gatherings, websites, noticeboards, and house-to-house visits).

FOR PROTECTION AND LEGAL SPECIALISTS

- People with disabilities, particularly women, children and people with intellectual and psychosocial disabilities, are at risk of experiencing greater levels of abuse, violence and neglect than their peers without disabilities due to multiple forms of discrimination, lack of peer support networks, and exclusion from activities which might provide protective information.
- Vulnerability of people with a disability during emergencies is often exacerbated by the loss or separation from family members or carers, loss of assistive devices, lack of medication or health care and the inaccessibility of emergency services. This can lead to reliance on others and risk of abuse and exploitation.

FOR LOGISTICS SPECIALISTS

- Within any population affected by a disaster or humanitarian crisis there will always be people with pre-existing disabilities who are affected. This group of people has the same need for life-saving assistance as the rest of the population, but can also have additional specific needs. Often the standard set of food, shelter and NFI supplies do not consider these needs.
- Procurement and logistics specialists should adapt the delivery of goods and services to specific needs. Examples include:
 - specialised feeding implements;
 - extra soap and incontinence products
 - wheelchairs, crutches or glasses
 - medication requirements

FOR ENGINEERING AND SITE PLANNING SPECIALISTS

- Emergency shelters are often inaccessible for people with disabilities. Challenges include lack of ramps, wide doorways, accessible toilets, clear signage, pathways within collective shelters or settlements that are not flat or cleared of rubble.
- Site planning should include consultation with people with disabilities to understand their preferences and provide accessible shelter options. Settlement sites should be planned with priority locations for people with disabilities and their families or support persons close to WASH facilities, health services and distribution points.

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FOR COMMUNICATIONS SPECIALISTS

- Information and communication barriers are perpetuated when information is only provided in one format or via one channel. For example, information that is provided auditorily (planning discussions, sirens, loudspeakers, voiced instructions) will not be accessible to deaf and hard of hearing people.
- Communication barriers can be eliminated by providing information in multiple accessible formats (written, pictorial, visual, and auditory), and through multiple channels such as:
 - SMS,
 - radio,
 - TV with captions or sign language interpretation,
 - billboards,
 - meetings,
 - house-to-house information dissemination.

FOR RESILIENCE AND DRR SPECIALISTS

- Information and communication barriers are perpetuated when information is only provided in one format or via one channel. For example, information that is provided auditorily requiring individuals to be able to hear (planning discussions, sirens, loudspeakers, voiced instructions) will not be accessible to deaf and hard of hearing people.
- People with disabilities are the experts in their own lives and are experienced at overcoming risks on a daily basis. They have important contributions to make to community-level disaster preparedness and risk reduction.

FOR WASH SPECIALISTS

- People with disabilities have the same needs for water and sanitation as the general population, but can face a range of barriers that prevent their equal access. Barriers to WASH can be:
 - physical (long distances to facilities or tapstands that are too high to be used independently by wheelchair users),
 - attitudinal (stigma and discrimination leading to people with disabilities being reluctant or unable to use communal facilities),
 - communication-based (hygiene campaigns without information in multiple formats including pictorial, sign language, spoken).
- People with certain types of impairments may need more drinking water due to greater susceptibility to dehydration. Some people have specific hygiene needs, particularly if they have difficulty with movement and/or if they use their hands to move, navigate or communicate. Certain types of impairments may cause incontinence, requiring greater WASH needs, such as support products, safe waste disposal and up to five times as much soap and water for washing and laundry.

FOR RECOVERY SPECIALISTS

- To ensure recovery for people with disabilities, the specific needs that people with disabilities may have in addition to basic needs should be considered. Remember the extra costs associated with:
 - medical or dietary needs,
 - transport to reach cash distribution points and markets,
 - replacement of lost or damaged assistive devices.
- Cash for work programmes offer people an opportunity to contribute to community recovery and cover individual/household losses. To make cash for work programs more inclusive, ensure adaptations can be made to allow all community members to participate in the work they want to do.

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FOR HEALTH SPECIALISTS

- In an emergency setting, supply of required medications (e.g. for epilepsy, or mental health conditions) may be interrupted, putting people with pre-existing conditions at risk.
- Disasters and conflict can also result in injuries, psychological distress, and malnutrition that may lead to long-term disability. People with newly acquired disability will require access to rehabilitation and training in the use of assistive devices to increase their function, as well as psychosocial support.
- Trauma experienced during humanitarian emergencies may provoke mental health conditions such as depression, anxiety, post-traumatic stress disorder and even psychosis. Persons with disabilities may be at heightened risk of developing such conditions due to systemic exclusion pre-and post-emergencies. Humanitarian emergencies often further exacerbate pre-existing mental health conditions and psychosocial disabilities because of the distress of the event and breakdown of support mechanisms.

FOR INFORMATION & TECHNOLOGY SYSTEMS SPECIALISTS

- Sex, age and disability disaggregated (SADD) data is becoming a minimum requirement in information management in disaster risk reduction and humanitarian contexts.
- For the disaggregation of data on disability, the emerging consensus is to use appropriate and broadly tested methodologies like the **Washington Group short set of questions** and the **UNICEF/Washington Group module on Child Functioning**.

2. See http://training.unicef.org/disability/emergencies/downloads/UNICEF_Education_English.pdf

FOR EDUCATION SPECIALISTS

- Barriers to education for children with disabilities during emergency response and recovery include:
 - negative attitudes from teachers, peers and parents;
 - lack of teachers including those with an understanding of inclusive education or specialised support for those with particular impairments (e.g. vision or deafness);
 - lack of accessible transport to schools or temporary learning facilities;
 - loss of assistive devices if displaced in an emergency situation.²
- Take action to identify children with disabilities within displaced populations and provide reasonable accommodations to facilitate their access to education in emergencies.
- Support educators to implement child-friendly inclusive pedagogy and use a variety of learning materials and communication methods.
- Support children with disabilities and their families through individual assistance including volunteers or peer support.

