

Situation

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- Individuals with disabilities are at an increased risk of preventable harm, avoidable death and reduced life expectancy.
- There are false societal assumptions or stereotypes about people with disabilities. Despite disability rights laws such as the Americans with Disabilities Act (ADA), people with disabilities are often presumed to be helpless, unable to care for themselves, and unable to make their own decisions. They are often denied opportunities to be educated in aspects of safety. The result is that people with disabilities are often not empowered or prepared in safety situations and are more prone to injury.
- Approximately sixty-one million adults in the United States have some type of disability (CDC, 2020) and more than seven million students receive special education services (National Center for Education Statistics, 2021). Yet, people with disabilities are typically not considered in community and personal safety education and planning.

Background

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- Caregivers and service providers may assume that disabled people are unable to contribute to their own safety, or that they will be supervised at all times and do not need to know how to keep themselves safe. Safety education is often provided to parents, caregivers, and service providers rather than directly to people with disabilities. When safety education is provided directly, the content is often irrelevant or not understandable for those with disabilities.
- People with disabilities may not recognize safety hazards and as a result are at a higher risk for injury and abuse. According to our recent safety needs survey, people with disabilities and caregivers of people with disabilities identified several topics where more education is needed. Educators identified areas where they need more information/resources in order to provide safety education.
- Educational safety resources are not designed to reach the broadest range of individuals thereby denying universal access.
- Current events, life experience, and social media have contributed to negative community perceptions of law enforcement and emergency responders as helpers, especially for those from specific racial, ethnic, language, income, and/or gender identities. This may influence whether to disclose one's disability to emergency responders.

Assessment

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- Aged and disabled people are often ignored and are underestimated with regards to their ability to understand and learn.
- While emergency planners and providers want to help keep all people safe, they may have difficulty identifying and engaging with the disabled community members as well as determining their safety needs. There is inadequate support for first responders who serve to educate the community inclusively.
- Provision of inclusive safety education includes school programs and offerings provided by local, state and national emergency providers. Topic areas include community safety, personal safety, emergency preparedness and response, fire safety, health and health care, home safety, internet and technology, law enforcement, recreation safety, school safety, transportation safety, water safety, and workplace safety.
- The effectiveness of safety education is difficult to measure.
- People learn in different ways, including reading, presentations, videos, role playing, experiential learning, practice, and the use of technology such as augmented or virtual reality. The availability of functional safety education in multiple formats is uncommon.
- Adapted safety education is rarely built into the individualized education plan for students with special education needs. Best practice of universally-designed safety education is not commonly established. When inclusive or adapted community safety education is available, it may not be widely publicized or accessible.

Recommendations

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- In order for change to occur socially, legally, and environmentally, those with disabilities need to be involved at every level of planning. Don't assume or generalize the safety needs of disabled people.
- Municipal managers and planners must engage and partner with disabled residents to remove barriers to safety in tangible ways. Structure these partnerships to inform and execute community safety education.
- Identify those in the community who provide services to the disabled community like faith leaders as way to bring in the traditionally marginalized. The Centers for Independent Living are potential partners.
- Safety education for those with disabilities and safety training for emergency providers should ideally occur together in order to build relationships, promote communication, and best inform educational content. Consider presenting safety education in a practical manner related to activities of daily living. Determine meaningful outcomes for all safety education.
- Formalize inclusive safety education for the entire community, including those in licensed facilities, schools and workplaces. Education can take place in accessible locations such as municipal centers, fire stations, recreation centers, places of worship, group homes, day programs for people with developmental disabilities, and other public settings. Ongoing community education is instrumental in reducing bias and developing safety support structures.
- School systems must review school safety plans to ensure full inclusion of disabled students and those with access and functional needs. It is critical to educate students as well as staff. Individualized Education Plans and 504 plans should include individualized safety plans as well as student safety goals.
- Businesses should review workplace safety education and resources to ensure universal applicability for employees and volunteers. Partner with disabled employees and advocates to identify aspects in workplace settings that uniquely impact safety of those with disabilities.