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**Emergency Planning and Disabled  
Populations: Assessing the FNSS Approach**

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*Emergency managers face a variety of planning challenges, especially because the needs of any community are heterogeneous. One illustration of these planning challenges is the historical neglect of community members with disabilities or other functional needs. The salience of including residents with disabilities and other functional needs gained momentum in the Post-Katrina environment. Within this context, the Federal Emergency Management Agency developed the Functional Need Support Services (FNSS) approach to disaster evacuation shelter management. In this paper, we assess the FNSS model and identify several key challenges that can be expected in the development and implementation of this approach based on a social construction approach to understanding policy making. These challenges can be thought to be generally relevant to most new programmatic initiatives, but as we show in this case, are particularly applicable to community-wide hosting of evacuees. Interviews with key stakeholders with experience in evacuation hosting reveal deep seated social constructions of residents with functional needs that may constrain the possible impact of the FNSS guidance.*

**Keywords:** Functional needs, emergency planning, social construction, disability, disaster, evacuation.

## Introduction

In February 2011, a federal judge found that the City and County of Los Angeles had made insufficient efforts in accommodating people with functional needs in its emergency management planning processes.<sup>1</sup> The class action law suit targeted the city's emergency plan and its limited attention to issues of accommodation in transportation, sheltering, and other relevant services. Judge Consuelo Marshall offered a summary judgment that the existing plans' neglect of residents with functional needs represented a violation of the Americans with Disabilities Act of 1990 (ADA). The plaintiffs in the case argued that such neglect placed residents with functional needs at greater risk as well as a state of "fear, apprehension, and unease because they believe they have a right to be, but are not, included in the City's emergency preparedness program" (Communities Actively Living Independent and Free, et al. v. City of Los Angeles, et al. 2011). This neglect, the plaintiffs argued, constituted discrimination on the basis of disability.

This judgment was not a surprise. The City's Department of Disability (LA-DoD) had previously reported that the emergency plan was "seriously out of compliance" (Communities Actively Living Independent and Free, et al. v. City of Los Angeles, et al. 2011) with the ADA and local ordinances requiring accommodation of residents with disabilities. The LA-DoD recommended that the City immediately conduct a sweeping assessment of its emergency plan in relation to residents with functional needs including: (a) an assessment of all facilities used in the plan including shelters, warming centers, etc.; (b) increase coordination with the American Red Cross (ARC) on issues related to disability; and (c) an assessment of warning and notification systems.

Although the City of Los Angeles conducted an assessment of shelter sites, it failed to address the LA-DOD's other recommendations. The City's response was that the record did not indicate a policy of active discrimination. The defendant city said that it "has not taken any action which disproportionately burdens people with disabilities" (Communities Actively Living Independent and Free, et al. v. City of Los Angeles, et al. 2011, 19). This, the City had concluded, proved that it has not excluded people with functional needs by reason of those very needs from the emergency plans. But the judge in the case accepted the plaintiff's claims of neglect and found in their favor. Moreover, the judge found the evidence sufficiently convincing to offer summary judgment on the matter.

The significance of the case lies in a reality that the City of Los Angeles was not unique in being deficient in accommodating residents with functional needs. In fact, it is not unfair to consider Los Angeles as operating within the bounds of common practice. Thus, the case underscores that such common practices are insufficient.

At the same time, it is also important to recognize that with this recent legal decision, many other cities, counties, and states are currently developing plans to better protect the residents with functional needs and watching what legal standards emerge to define

reasonable accommodation. Given the challenges of accommodating residents with functional needs in emergency management, the Federal Emergency Management Agency (FEMA) has sought to provide guidance and direction to state and local government and other key actors involved in disaster response, recovery, and general relief services. An example is FEMA's Functional Needs Services System (FNSS) for evacuation hosting.

Because of the significance of this federal effort we consider three key questions. First, how is the FNSS approach designed and how will it affect emergency management practice? Second, how can we understand the social construction of the concept of "functional needs" and how is it relevant to policy and practice of emergency management? Third, what do the attitudinal dispositions of emergency management professional suggest as to the relative ease or difficulty of implementing the core principles of the FNSS approach?

To answer these questions, we (a) review the major, recent developments in the accommodation of residents with functional needs in general population shelters, and (b) examine specific challenges to the approach related to evacuation hosting. Following this review, we discuss the social construction of disability and the forces contributing to the historical exclusion of people with disabilities.

Although most research has focused on the preparedness and disaster recovery for and of individuals with disabilities (e.g., Bricout and Baker 2010a; Bricout and Baker 2010b; Peek and Stough 2010; Spence, Lachlan, Burke, and Seeger 2007), this study examines the attitudes of emergency managers towards populations with functional needs and the implications of these attitudes for the FNSS approach. In doing so, we focus on the incorporation of non-traditional participants in emergency planning (Robinson and Gerber 2007). We draw upon original interviews with shelter managers from multiple communities across the country to support the applicability of the social construction of disability to emergency management. The article concludes with a discussion of the likely impact of the FEMA guidance in the presence of the exclusionary social forces identified earlier.

### **The Functional Needs Approach and Disaster Management**

Responding to calls to increase attention to persons with disabilities, FEMA recently clarified and improved its guidance to emergency managers through the adoption of a new model: Functional Need Support Service (FEMA 2010). This approach seems specific to the management of shelters; but the basic model provides a view of what integration practices can and should look like more generally. For example, the guidance documents include specific guidelines for the design of accessible restrooms along with general information on consulting organizations that specialize in advocacy for residents with functional needs. Further, the approach is also a bellwether of inclusion strategies

for a variety of other social service areas. That is, there is nothing inherent to a “functional needs” approach to shelter management that limits its application to matters of shelter management or, even, emergency management as a whole. Rather, social service administration from a variety of domains may see in the FNSS an example of what an inclusiveness strategy may look like.

In this section, we describe the FNSS approach and the guidance it directs to shelter managers. We start by laying out the guiding principles of the FNSS approach to provide context and then elucidate values that motivate the strategy. We follow this with deeper investigation of two components of the FNSS guidance document—stakeholder consultation and special services.

### **Guiding Legal and Operational Principles**

The FNSS guidance starts with a strong legal disclaimer. After a brief introduction, FEMA devotes the second paragraph to all of the functions the document does not serve. The document is not intended to stake a new claim to authority over shelter management (a task generally delegated to state and local levels of government) or to create new legal obligations. The FNSS approach is intended to provide support for existing obligations rather than imply new ones. In light of the recent court decision discussed above, this is an important qualifier. However, announcing a set of practices—even if said to be consistent with existing legal obligations—creates an *implicit* standard for accommodating residents with functional needs. This nuance makes the document extremely important for any emergency management official with responsibilities related to sheltering; ignoring the guidance may place one’s preparedness below an appropriate performance level. To the extent that such common management practices could shape legal definitions of reasonable expectations for the accommodation of functional needs, emergency management officials must pay close attention to such formal guidance. Furthermore, these common expectations reflect closely on FEMA’s general policy and the accommodation of residents with functional needs.

The legal environment for emergency management is complicated, particularly as related to the accommodation of residents with functional needs. The Stafford Act and the more recent Post-Katrina Emergency Management Reform Act provide a set of legal principles that guide emergency management—including shelter management. The general principle is one of non-discrimination—but there is a tremendous amount of ambiguity. To clarify this general principle, the FEMA guidance document provides more specific operative principles (FEMA 2010, 10-11). These are self-determination; no “one-size-fits-all” approach; equal opportunity; inclusion; integration; physical access; equal access; effective communication; program modification; and no charge.

Based on the belief that each person with a disability is most capable of defining his or her own needs, the approach calls for active, specific accommodation. Shelters are

required to make themselves accommodating places for people with disabilities rather than segregating these people into separate locations. Shelter planners are required to take all reasonable steps to ensure this accessibility. In practice, the process of mainstreaming people with disabilities is blurry—as our review of reports from the field will illustrate in a later section.

The series of operational principles listed above enunciates some of the dimensions of accommodation. Most obviously, shelters must allow access to the physical location. However, access to the physical location is not enough. The guidance emphasizes the need for accommodation of functional needs within the shelter including communication and all of the diverse services that the shelter provides. It is in this diversity that the FNSS approach stands out compared to previous approaches.

Following vague or general pronouncements of inclusiveness and accommodation, the FNSS approach provides a strategy for emergency managers to better understand the overall diversity of functional needs present in their populations. The focus on the functional needs associated with disabilities directs attention to the specific action and accommodations required to achieve inclusion. This also provides a heuristic device to categorize needs to simplify their diversity. Focusing on functional needs transforms characterizations of disabilities into actionable descriptions. Within the FNSS approach, one may focus on how sensory limitations affect a broad range of emergency management issues. For instance, how will alert systems notify people with various sensory limitations? How will people with cognitive limitations interpret the notifications? Rather than asking emergency managers to understand the wide variety of conditions related to a variety of impairments, the FNSS focuses attention on meeting classes of functional needs, each of which results from a variety of specific conditions.

In the next sections, we will discuss two specific elements of the FNSS to illustrate the guidance offered within the document. These examples are taken as illustrations and do not represent the entirety of the FNSS guidance document. These examples, though, are each inherently important while also providing a sense of what the FNSS calls upon emergency managers to do.

### **Stakeholder Consultation**

The FNSS guidance notes that the expertise required to prepare properly for the integration of residents with functional needs seldom resides within offices of emergency management. Generally speaking, prior inattention to issues related to residents with functional needs has left emergency management offices without a long-standing history of comprehensive planning. As a result, a major resource, or perhaps the best information likely available in many communities, lies within the community itself—advocacy groups, service providers, and those other community government units serving residents with functional needs represent an effective starting point for informing planning efforts.

Tapping into this expertise requires a broad view of potential partners. For instance, government agencies primarily responsible for clients with functional needs are an important partner in the process of writing inclusive emergency plans. However, stakeholder partnerships go beyond peer governmental agencies. Key partners within any community include specific service provider organizations from the nonprofit sector (e.g., Centers for Independent Living), as well as service provider organizations from the for-profit sector (e.g. various health and congregate care facilities).

A single organization rarely possesses the expertise to include residents with needs as diverse as sensory differences and residents with mobility differences. For example, organizations serving residents with mental health functional needs have frequently little interaction with organizations serving residents with mobility differences. Emergency managers on the other hand need to seek out all relevant organizations and bring them into the planning process. The guidance document provides some examples and resources for identifying and integrating these organizations within one's community. Although vague, FEMA (2010, p. 16) provides general recommendations to coordinate with individuals requiring support services, agencies and organizations that provide those services and organizations that advocate for the rights of individuals requiring FNSS. Further, the recommendations also suggest specific attention to, and indicate practices for, managing issues related to durable medical equipment, consumable medical supplies, and communication providers. The recommendation also includes a specific example of well-developed functional need guidance (from New Hampshire) to illustrate the diversity of partners with whom one must coordinate.

### **Functional Services**

Possibly the greatest assistance the FNSS provides is its application to the specific domain of shelter management. Although some communities across the U.S. have made a transition to greater inclusiveness in planning efforts related to emergencies and hazard mitigation—a process the FNSS intends to accelerate—shelter management remains a complex undertaking and thus a challenge for effective performance. Indeed, the list of tasks associated with transitioning to a fully accessible shelter is extensive. The FNSS approach helps to simplify the complex task of including shelter residents by focusing attention on specific functional needs. This division of the complex environment of conditions into clusters of functional needs helps systematize efforts.

Consider the example of mobility-related disabilities. Mobility disabilities can take a variety of forms. One must consider access and mobility issues within a shelter for those in wheelchairs, those with walkers, or those requiring only the assistance of a cane. Each of these disabilities presents specific challenges, but grouping them together as mobility limitations aids in planning and the process of inclusion.

The boundaries between these functional categories are blurry. A person with sensory differences (e.g., blindness) might also have mobility differences or their blindness may limit their ability to navigate the shelter. In fact, specific conditions may lead to a variety of considerations in accommodating an individual's needs in a shelter setting. Thus, blindness has implications for mobility considerations within a mass shelter environment, to mention just one example.

Within the context of shelter management, the guidance brings attention to issues that are easy to neglect when focused exclusively on abled populations within general population shelters. Although mobility and sensory differences might be generally familiar issues, a broader range of specific challenges to shelter design and management speak to the complexity of effective performance in sheltering all members of a community. The not-so-obvious list of these considerations includes dietary needs, service animals, communication, bathing and toileting needs, quiet areas, mental health services, medical and dental services, medication, and transportation services.

Within each of these areas of functional support, the guidance provides information on standards and resources available. Consider the example of bathing and toileting needs. In this section, the focus is on creating accessible bathing and toileting facilities for people with functional needs. Specific information is offered on issues ranging from where to find Red Cross requirements on accessible and compliant toilet rooms to specific logistics related to bathroom stalls. Although the guidance document does not itself provide detailed recommendation such as full compliance requirements for bathing facilities, it provides extensive references to direct shelter managers towards available supporting information. The guidance is designed to assist shelter and emergency managers to understand the nature of a FNSS system and spotlight relevant available information.

### **Social Construction and Policy Decision Making**

The changes in policy guidance for addressing the interests of shelter residents with functional needs represent a serious and substantive policy effort. But as was stated in the introduction, a critical question to ask is: how can we understand the potential impact of the FNSS approach? One means of addressing this question is to recognize the underlying causes of historic marginalization. Indeed, the social construction theory of public policy-making provides some reason to believe that changes in policy guidance are unlikely to penetrate deep enough into administrative processes that have created and supported the historical neglect of persons with functional needs.

Social construction theories emphasize how specific policies, from both legislation and the choice of policy tools to the implementation process, are the product of the characteristics attributed to the target populations (Schneider and Ingram 1993, 1997). Schneider and Ingram focused on two dimensions distinguishing different target

population characterizations: First, target populations vary in terms of their perceived political power. For example: owners and executives of large finance firms, as affluent actors with access to political officials, are politically powerful. In contrast, homeless people have little (or more likely) no meaningful access to political power. Second, target populations vary in their perceived level of deservingness of public support. The public (and policy makers) consider military veterans to be deserving of public support. Drug addicts, on the contrary, are frequently considered to be undeserving of public support.

The conjunction of these two dimensions creates four categories of target populations: (1) Strong and deserving target populations are considered advantaged; (2) Strong but undeserving target populations are contenders; (3) Weak but undeserving target populations are deviants and (4) Weak but deserving target populations are dependents (Schneider and Ingram 1993, 1997).

Each different type of target population creates a different environment for policy formulation and implementation. The case of deviant target populations is easy to consider. Imposing costs or using punitive policy tools on members of this population is likely to be popular with most of the public. Proposing a crackdown on drug abusers or sex offenders, for example, is likely to be popular with the public because these groups are unlikely to mobilize political influence. Such a target population is a “political opportunity” for policymakers (Schneider and Ingram 1997, 114). Using similar policy tools or implementation strategies to regulate the behavior of advantaged target populations, such as financial managers, is politically “risky”.

The political incentives evoked by target population characteristics provide the context for policy development and policy implementation. This fundamental role for the social construction of target population influences the treatment of members of these groups throughout the policy process—including the treatment of residents with functional needs in their implementation of emergency management policies and the inclusion (or exclusion) from emergency planning operations. Anticipating the impact of the FNSS strategy for emergency management requires a clear understanding the social construction of residents with functional needs.

Scholars of disability policy have long considered our dialogue about disability in society to be limited (Oliver 1986). Traditional approaches to discussing functional needs have focused on “personal tragedy” rather than on social context (Oliver 1986: 6)). This approach ignores the extent to which the isolation of people with functional needs from social life is not predetermined by biology. Instead, this isolation is also a product of social institutions. This critical understanding of functional needs requires a shift from an exclusively medical understanding of functional needs to one that embraces their social nature.

The medical view that social restrictions of disabled people are a consequence of physical dysfunctions was overturned by a radical move that argued people with impairments were disabled by a social system which erected barriers to their

participation. Disability was not an outcome of bodily pathology, but of social organization: it was socially produced by systematic patterns of exclusion that were—quite literally—built into the social fabric. The built environment, for example, was built for non-disabled people and the norms of construction are such that those with impairments may, and often do, find themselves excluded from a whole range of social spaces that non-disabled people that for granted (Hughes and Paterson 1997).

Research into the ADA of 1990 has identified the social constructions of disability as a key influence on the reaction to functional needs accommodation in the workplace (Harlan and Robert 1998). The law requires that employers make “reasonable accommodations” to allow people with functional needs to work within their organizations. The reactions of employers to this mandate reveal how our society defines and attributes characteristics to people with functional needs. Most notably, interview research into employer attitudes towards disabled employees documents resistance to ADA’s implementation (Harlan and Robert 1998).

This research literature supports the argument that social constructions of people with functional needs as a target population for legislation influences policy making and implementation. In the Schneider and Ingram (1997) framework, people with functional needs most closely fit into the dependent category. However, there are important limitations. Although the research indicates that people with functional needs possess relatively low levels of political power, the issues of deservingness is somewhat complicated. By and large, the population is considered deserving of public assistance but the use of regulatory authority to support integration through the ADA reveals that there are limits to this sense of deservingness. While deserving of some minimum level of support, there is greater resistance to more thorough forms of integration within the “reasonable accommodation” requirement. This resistance takes the form of passivity of implementation and growing resentment toward disabled people for the extra effort required to accommodate them.

Studies of ADA implementation suggest that these deeply held characterizations of disabled people may limit the influence that the FNSS approach to emergency planning will have (e.g. Harlan and Robert 1998). Schneider and Ingram anticipated this neglect and unstable protection from discrimination when they suggest that “dependent” populations are easy to ignore. The issues of dependent populations are likely to remain low on the political and administration agenda. When there is action, it is likely to quite limited, exclusionary (requiring extensive documentation of eligibility), and particularistic. This makes it easy for policymakers, be they legislators or executive officials, to announce grandiose plans to support dependent populations and then ignore or refuse to fund actual service provision.

The influence of these social constructions is likely to be all the more acute in an emergency management context. Emergency management, including emergency planning and emergency response, faces the combination of limited resources and

unlimited demand that Lipsky identifies as defining street-level bureaucracy (Lipsky 1980). These conditions lead to triage and queuing behaviors which suggests the likelihood of continued marginalization of people with functional needs. Emergencies are likely to magnify these processes as decision-makers tend to fall back on their habits and/or long-held perceptions and sense of normality—including what a “normal” resident needs (Weick 1993). When the environment is unreliable, one is likely to fall back on simplifications of one’s situation when one has to act—a response that is not unique to emergencies or disasters. This act of making sense of a catastrophic situation reinforces the considerations one thinks of as normal, typical, and habitual. Time pressures are only likely to reinforce the process of falling back on habit and simplistic constructions of one’s normal situation. All of these pressures underscore the real and significant challenges the FNSS approach faces in its goal of improving assistance to community residents with functional needs.

### **Accounts of Functional Needs Accommodation in Disaster Situations**

Social construction processes are relevant to the implementation of a broad range of policies related to functional needs and underpin an examination of whether perceptions and attitudes of public personnel reinforce the basic claims of social construction process—either in positive or negative directions. FEMA’s FNSS guidance serves as a case study of an agency whose primary responsibility is not limited to those with functional needs—even though its function involves serving these residents. Shelter management has become a particular test case for how FEMA will integrate concerns related to functional needs into emergency planning. In this regard, the FNSS guidance for shelter management provides a view into the potential trajectory for a broad range of functional needs integration strategies within and beyond FEMA.

Over the past two years, we have completed interviews of 23 emergency management officials in six communities focusing specifically on the subject of evacuation ingress and hosting. The interviews took place in four communities along the Gulf Coast (Lakeland, FL; Shreveport, LA; Birmingham, AL; College Station, TX) as well as Riverside, CA and Tulsa, OK—all of which had recent experience in hosting evacuees. Each site visit included semi-structured interviews (Weiss 1995) of local government officials and nonprofit organizations involved in emergency management and evacuation hosting. Interviews averaged between 45 minutes and 2 hours involving multiple research team members.<sup>2</sup> Interviews were recorded and transcribed to ensure accuracy beyond the research team’s interview notes.<sup>3</sup>

As part of these semi-structured interviews, we devoted time to issues related to functional needs ingress and sheltering. These interviews revealed perspectives similar to those expected from the social construction theory of policy development and implementation. Despite careful case selection of interview respondents, the data do not

permit inference to the proportion of emergency management officials in the population with similar views. Instead, these interviews revealed the existence of various opinions consistent with social construction theories of policy implementation. We leave investigation of proportions and frequencies of these views to future research designs better suited for such questions. In matters of the inclusion of disabled people in emergency planning, we find evidence of social construction emerging in two areas: (1) the distinctiveness of disabled populations and (2) the expense and demand for inclusion.

### **The Distinctiveness of Disabled Populations**

The most noticeable pattern among emergency management professionals was the compartmentalization of people with functional needs—especially as defined by presence of a disability. The formal requirements of evacuation sheltering accentuated this compartmentalization by creating special shelters for evacuees with specific medical needs.<sup>4</sup> The justification for such specialized shelters makes sense: evacuees with some medical needs may require access to specific medical technologies or assistance. It would be difficult to accommodate these needs within a general population shelter. Simply put, these evacuees require much more assistance services than is available within general population shelters.

The difficulty in implementing this strategy is presence of a tremendous grey area in distinguishing between medical needs and non-medical disabilities. This ambiguity is particularly the case with chronic illnesses such as diabetes and conditions requiring dialysis. The guiding principles of the FNSS include “equal opportunity,” “equal access,” and “integration.” These principles work at cross-purposes to the strategy of establishing separate medical special needs shelters. The result is a strategy that segregates medical special needs while mainstreaming people with functional needs. In addressing this issues, the FNSS guidance document only says that there is no “one-size-fits all” solution.

Several clear patterns emerged from the interviews. The contradiction between integration of functional needs and differentiation of medical needs frustrates many emergency management professionals as well as advocates (and self-advocates) of disabled people. Shelter managers are asked to integrate people with functional needs to the maximum possible extent while those with specific needs (medical special needs) require direct accommodation in specially managed facilities. These medical special needs shelters involve strict regulation including limitations of who can accompany an evacuee requiring assistance. This policy, which is necessitated by the dramatically limited space available within the medical-special needs shelters, commonly leads to dividing families between separate sheltering facilities.

The dilemmas associated with these sorts of management practices accentuate the distinctiveness of people with functional needs. Shelter managers must screen people to determine whether to send them to medical special-needs shelters. Those who are

included in mainstream shelters must be accommodated (within the mandate of there being no “one-size-fits-all” approach) based on their specific functional needs. As a result, emergency managers and related personnel must know a great deal about the nature of functional needs as well as accommodative technologies and strategies.

Within this environment of contradictions and tensions, emergency management professionals consistently reported being overwhelmed by, and under-informed about, the needs of people with functional needs. Some interview subjects asserted that they cannot keep up with the various functional needs and associated accommodations relevant to their work. What becomes clear in these statements is that the accommodation of people with functional needs is considered an additional responsibility distinguished from accommodating “normal” residents and evacuees. This distinction between the service of the “normal” and the “other” residents and evacuees amplifies existing or prior marginalization of the disabled and other functional needs populations.

### **The Expense and Demand for Inclusion**

An explicitly acknowledged view held by some of the interviewees was that accommodation of people with functional needs is not simply an administrative burden but also represents a significant financial burden. A general theme within the interviews was that increased accommodation of functional needs in general population shelters is associated with an increased cost burden on local communities managing those shelters. This view can be summarized as stating an opportunity cost concern; local authorities report being resource constrained so additional obligations reduce their ability to meet other key functions.

At one level, this reaction to the expense of functional needs accommodation seems to indicate the marginal position of people with functional needs within emergency preparedness processes. Just as many emergency managers distinguished the accommodation of people with functional needs from the accommodation of the needs of “normal” residents, the expense of accommodating the functional needs is seen as an additional burden rather than a part of the core mission of managing community needs during emergencies and disasters. Instead, some emergency management professionals interviewed see accommodating functional needs as an additional (and novel) requirement imposed on them during already lean and demanding times. This adds to the cost generally associated with bringing in new partners to emergency planning processes (cf. Robinson 2011).

It is important to note that only a small number of interview subjects gave a sense that calls for inclusion of disabled people are overly demanding. Those that did, however, gave subtle indication that accommodating functional needs might not be considered a core function. Instead, a fair characterization of the view stated by several interview subjects is that accommodation is seen as an admirable goal and a legitimate use of slack

resources—but that it remains an add-on obligation rather than a routine element of preparedness for the whole community.

### **Discussion and Conclusion**

The social construction theory of policy development (particularly, in this case, as applied to implementation) indicates the challenges associated with anticipating a positive impact for the FNSS strategy. The forces that have historically led to the marginalization of people with functional needs are still present and cannot be altered dramatically simply through the issuance of policy guidance. Longstanding preconceptions of people with functional needs as aberrant (as opposed to “normal”) and the perception that these demands on local government for integration and accommodation are excessively costly are fundamental challenges to meaningful integration and accommodation.

This is not to say that the FNSS is not an admirable step forward. Recognizing the presence of a range of functional needs as a core feature of a community—not as a tertiary consideration—is an important part of the process of changing deeply seated social constructions. This process of change will be slow but has to begin somewhere. Raising awareness of functional needs is a vital first step toward initiating positive change.

The second contribution of the FNSS guidance is the strong set of recommendations (and tools) for the more direct involvement in shelter management of service provider and advocacy organizations serving the interests of people with functional needs. One view of any policy guidance document such as the FNSS is that its impact is almost destined to be limited. Guidance documents such as the FNSS tend to be static and limited in scope (in this case, confined to issues of shelter management) and, as such, may easily find its way to a shelf to be neglected. However, integrating organizations that serve residents with functional needs may build a voice for people with functional needs into the process itself. This presents the opportunity to start a long-term process of integration and inclusion. In the end, the pressure must come from within each community and be present within each emergency management network if it is to be effective at inducing inclusion. A guidance document from a federal agency, particularly one that takes great pains to make clear that the document should not be interpreted as creating new responsibilities, will have very little effect in displacing the complex of social forces that have created and perpetuated exclusion. Only by building countervailing forces for inclusion is there likely to be any change. The tools within the FNSS to assist in the integration of disability service organizations may serve to do just this.

Engagement can take on many forms but should be a priority for emergency managers. It will be through the slow process of engagement and mutual education that

attitudes related to residents' functional needs will change. This will involve engaging organization not traditionally associated with emergency management (Robinson and Gerber 2007) but need not be disruptive. Engagement and inclusion can be selective and limited at first. Partners with experience providing services to residents with functional needs do not need to be involved in every meeting at first. Inclusion can emerge slowly, starting with limited (low opportunity cost) communication and meetings before moving to (higher opportunity cost) formalized relationships (cf. Robinson and Gaddis 2012). However, FEMA directives such as the FNSS guidance document cannot replace these engagement and inclusion activities.

It is important to note that the development of a strategy for including people with functional needs is not unique to emergency management and FEMA. Although medical and health care organizations have long faced difficulties related to providing access to persons with functional needs, many social service organizations are only recently starting to come to grips with this demand. The FNSS guidance provides a view into one policy domain's attempt to grapple with these issues, but may provide a preview of what similar approaches can or should look like in domains as diverse as education, transportation, housing, or nutritional support. In the end, all service areas will have to face this issue. Only time will tell the extent to which other areas adopt an approach similar to the FNSS.

### Notes

1. The Federal Emergency Management Agency no longer uses the term "special needs" in part because it was too broad and lacked descriptive utility. As a result, the term "functional needs" is used as a means of greater descriptive precision; accordingly we use that term throughout this paper.
2. The interviews were on the subject of evacuation hosting generally. Within the semi-structured protocol there were specific questions related to the organization of and experience with sheltering of people with functional needs.
3. We read the interview transcripts and reviewed interview notes to collect references to functional needs and related terms/concepts. The comments came disproportionately from the questions directed at issues related to functional needs – but not exclusively so. It is important to note that a majority of the interviews took place before the FNSS report was released and responses were not unduly influenced by the existence of a FEMA guidance document on the issue.
4. There are, in fact, a variety of specially designated shelters but we will use the simple distinction between medical special needs and general population shelters to motivate this discussion.

## References

- Bricout, J. and P. Baker. 2010a. "Online Social Networks in Emergency Communications and Recovery: an Inclusive Model for People with Disabilities." *Journal of Emergency Management* 7(1):59-74.
- 2010b. "Leveraging Online Social Networks for People with Disabilities in Emergency Communications and Recovery." *International Journal of Emergency Management* 7(1):59-74.
- Communities Actively Living Independent and Free, et al. v. City of Los Angeles, et al. 2011. No. CV 09-0287 CBM (RZx) (C. D. of Cal.).
- FEMA. 2010. "Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters." Available at <http://www.fema.gov/pdf/about/odc/fnssguidance.pdf>.
- Harlan, S.L. and P.M. Robert. 1998. "The Social Construction of Disability in Organizations." *Work and Occupations* 25(4):397-435.
- Hughes, B. and K. Paterson. 1997. "The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment." *Disability & Society* 12(3):325-340.
- Lipsky, M. 1980. *Street-level Bureaucracy*. New York: Russell Sage Foundation.
- Oliver, M. 1986. "Social Policy and Disability: Some Theoretical Issues." *Disability & Society* 1(1):5-17.
- Peek, L. and L.M. Stough. 2010. "Children with Disabilities in the Context of Disaster: A Social Vulnerability Perspective." *Child Development* 81(4):1260-1270.
- Robinson, S.E. 2011. "School District Partner Choice in Emergency Management Collaboration." *Risk, Hazards & Crisis in Public Policy* 2(2):4.
- Robinson, S.E. and B. J. Gerber. 2007. "A Seat at the Table for Non-disaster Organizations." *The Public Manager* 5:4.
- Robinson, S.E. and B.S. Gaddis. 2012. "Seeing Past Parallel Play: Survey Measures of Collaboration in Disaster Situations." *Policy Studies Journal* 40(2):256-273.
- Schneider, A. and H. Ingram. 1993. "Social Construction of Target Populations: Implications for Politics and Policy." *The American Political Science Review* 87(2):334-347.
- Schneider, A.L. and H. Ingram. 1997. *Policy Design for Democracy*. University Press of Kansas.
- Spence, P.R., K. Lachlan, J.M. Burke and M.W. Seeger. 2007. "Media Use and Information Needs of the Disabled during a Natural Disaster." *Journal of Health Care for the Poor and Underserved* 18(2):394.
- Weick, K.E. 1993. "The Collapse of Sensemaking in Organizations: The Mann Gulch Disaster." *Administrative Science Quarterly* 38(4).
- Weiss, Robert S. 1995. *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.