

## RESULTS OF THE WORKSHOPS

### "SPECIAL REQUIREMENTS FOR THE CARE OF ELDERLY AND DISABLED PEOPLE IN EMERGENCY TEMPORARY SHELTERS" AND "KEY ISSUES FOR FUTURE GUIDELINES AND TRAINING"

#### INTRODUCTION

This report summarizes two workshops that were conducted as part of the coordinated Samets meeting Saturday 20th to Sunday 21st September 2014 in Banská Bystrica, Slovakia. Topic of workshop No. 1: "Special needs and requirements for the care of elderly and disabled people in Emergency Temporary Shelters", topic of workshop No. 2: "Activities and key Issues for future guidelines and training".

First of all I would like to thank all our participants for joining the workshops. It is their results I am able to present. Thank you very much for all the good work in such a limited time.

The first workshop started with experiential activity simulating sensory and mobility impairment of our target group. Participants spent 10min time in couples simulating emergency transportation of elderly or disabled person by caregiver. Then we discussed how they felt, what they thought and how they behave in their roles.

Important for people with sensory and mobility impairment was that caregivers were proactive, tried to establish contact and proactively offered help.

For caregivers was difficult

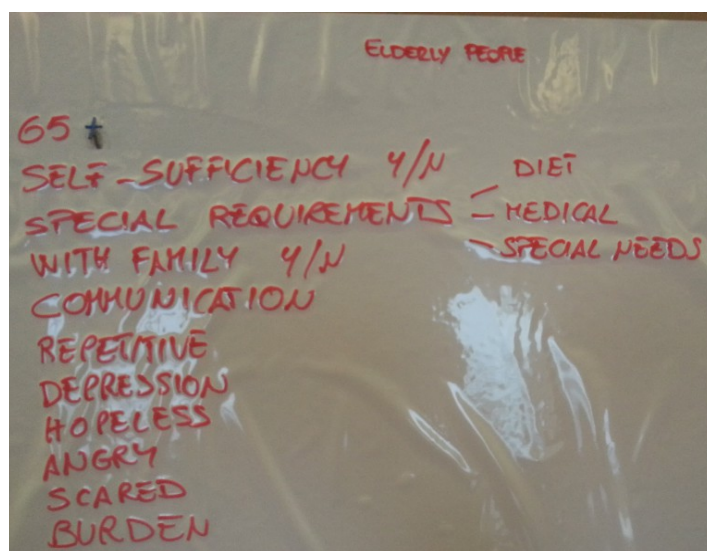
- To communicate – find harmless topic in disaster
- To adjust to the slower pace of affected person and "fast pace of disaster" on the other side.

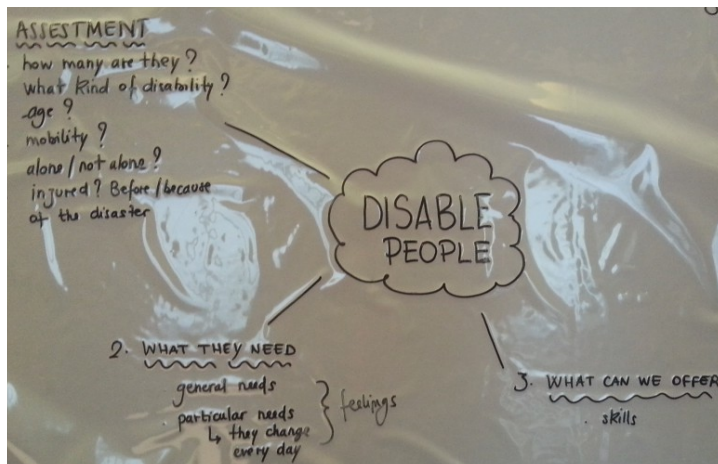
#### WORKSHOP 1<sup>st</sup> DAY

To keep guidelines simple and clear the structure of the workshop was built on the structure presented in Wiesbaden. Central questions were chosen. Answers were developed using work in small group, world-café technique and plenary discussion. For final results crucial was the discussion with "organizational" group.

#### 1<sup>st</sup> QUESTION

**What are specifics of elderly and disabled people?**





## SUMARISATION of the discussion

- Both group might be defined by having impairment in these 3 categories:
  - Mobility
  - Sensory
  - Cognitive
- Specific for elderly people might be
  - prevalence of chronical medical conditions, dietary conditions
  - risk of social isolation
  - risk of abuse or marginalization
  - age related stressors and cumulative stress
  - slower pace in movement and orientation, less flexible
  - a lot of life experiences
- Specific for disabled people
  - age related stressors and cumulative stress

## 2nd QUESTION

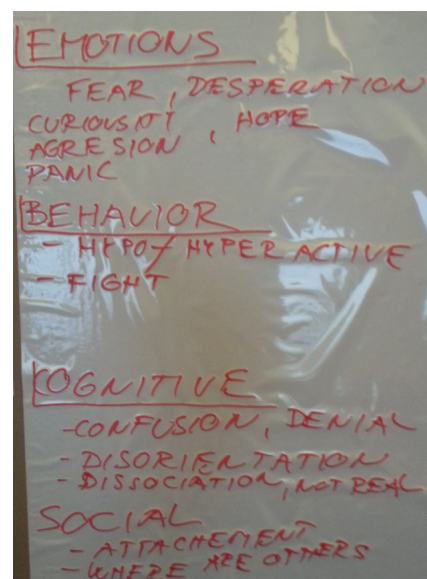
### "Normal" reactions to abnormal events

Reactions to stressful events may come as

- Physical symptoms
- Emotions
- Cognitions
- Social reactions

### What are typical symptoms in elderly and disabled people following extreme stress?

For better understanding reactions to extreme stress we first watched 5min scene from movie Fearless – how people behave after survived airplane crash. Then we discussed acute symptoms and symtoms that may last even some days after the impact, in ETS.



**What are the needs on physical, emotional, cognitive and social level of elderly and disabled people after extreme stress and what activities might be helpful?**

	needs	activities
<b>emotional</b>	<ol style="list-style-type: none"> <li>1. Safety</li> <li>2. To have an overview</li> <li>3. Psychological assistance</li> <li>4. Need to be useful to community</li> <li>5. Perspectives</li> <li>6. Not to feel a burden</li> <li>7. Go back to normality</li> </ol>	skills of the staff social media, tv psychological response to give them ne activity re-building recreate a familiar environment have a real person to give an update on the situation give them st to do daily activities structure
<b>social</b>	Psychological assistance Need to be usefull Conection with other disabled/ older people Connection to other poeple / no ghetto Interact with others Spend time with family, friends.... To be alone	Psychological response Give a chance to help each other Make meeting Group activities, all day life, activities that can link people together Social activities Create oportunities
<b>physical</b>	Medical Mobility Impairments – sensory Adequate environment Nutrition, diet... To play x security WC Other basic needs – clothing..	Mobility aids, caregivers Medical checks Basic signs, easy paths Comfy chair, cushions Social area task shedule Collect humanitarian things, clothes...
<b>cognitive</b>	Orientation Reassurance Keep busy Feeling involved Information Religion, belief, meaning, spiritual	Basic signs – clear info Psychosocial activities Entertainment Involve in ETS Infoboard Places to pray

### 3<sup>rd</sup> QUESTION

#### “Key Issues for future guidelines and training”

Using the results from previous question the participants focused on categories of different services that need consideration in further concept work.

Depending on Grade of Exposure, experienced Fear/ Loss, ability to act, previous stressors and support from relatives elderly and disabled people will need more or less support and services provided by an Emergency Temporary Shelter.

One part of elderly and disabled people show resistent response and will be able to return to their former life when receiving “**Basic services and support**” within their family or support system. Basic services and support provide shelter, play, food, hygienic facilities and basic support in terms of psychoeducation.

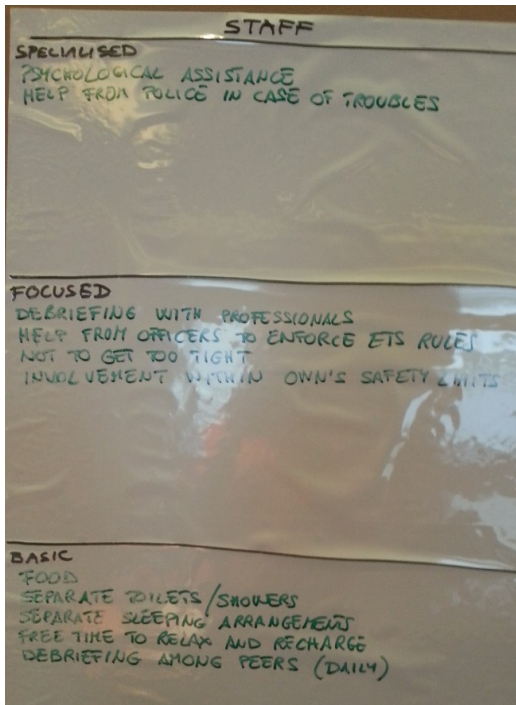
“**Focused services**” was defined as offers and activities to meet the needs of elderly and disabled people that are overly challenged by the need to adapt to ongoing changes and

need more help in coping. This includes emotional support as well as training in supporting elderly and disabled people who show signs of ongoing traumatic stress. Only a small part of target group might not recover easily from the impact of event and will need **"Specialized Services"**. These services need to be offered by professionals or specifically trained, experienced and supervised staff.

ELDERLY	
SPECIALIZED	<p>ELDERLY PEOPLE WHO LOST THEIR FAMILY</p> <p>MEDICAL AND SOCIAL ASSISTANCE</p> <p>PSYCHOLOGICAL SUPPORT</p> <p>PLACE TO PRAY</p>
FOCUSED	<p>MEDICAL ASSISTANCE</p> <p>SOCIAL ASSISTANCE</p> <p>PLACE TO BE ALONE</p> <p>DAILY ACTIVITIES</p>
BASIC	<p>FOOD + DRINK</p> <p>TOILET</p> <p>SLEEPING ARRANGEMENTS</p> <p>INFORMATION</p>

DISABLED	
SPECIALIZED	<p>1. PLACE TO PRAY</p> <p>2. PLACE TO STUDY</p> <p>3. PLACE TO PLAY (IN SECURITY)</p> <p>4. SPECIFIC MEDICAL ASSISTANCE / DRUGS</p> <p>→ OF COURSE THEY MUST BE BASIC, BUT THEY CAN'T BE ORGANIZED IN THE FIRST PHASE.</p>
FOCUSED	<p>1. PSYCHOLOGICAL ASSISTANCE</p> <p>2. INFORMATION → ABOUT THE CAMP LIFE → ABOUT RELATIVE/FRIENDS</p> <p>3. MEDICAL ASSISTANCE</p> <p>4. PLACE TO BE ALONE (OR WITH FAMILY)</p> <p>5. TASKS SCHEDULE → TO HAVE SOMEONE WHO HELPS US FOR THE BASIC NEEDS</p>
BASIC	<p>1 - TOILETS</p> <p>2 - FOOD</p> <p>3 - SLEEPING ARRANGEMENTS</p> <p>5 - ITEMS TO MOVE / N.F.I.</p> <p>6. ADEQUATE ENVIRONMENT LIKE BASIC SIGNS</p>



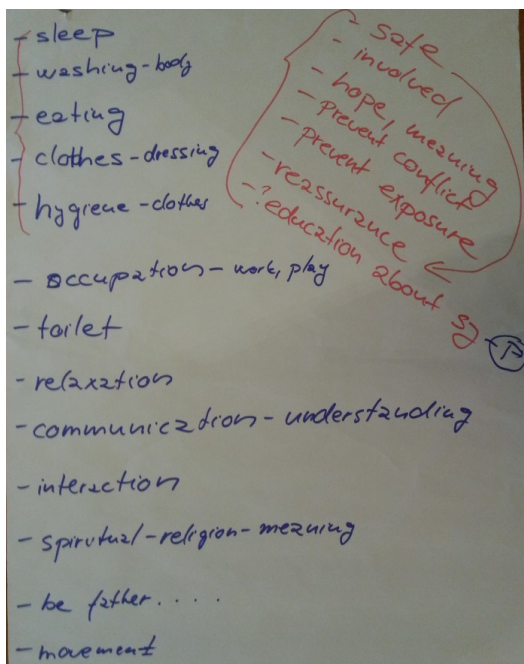


## WORKSHOP 2nd DAY

### 4th QUESTION

**Which activities in the daily routine are good for offering basic, focused and specialized services?**

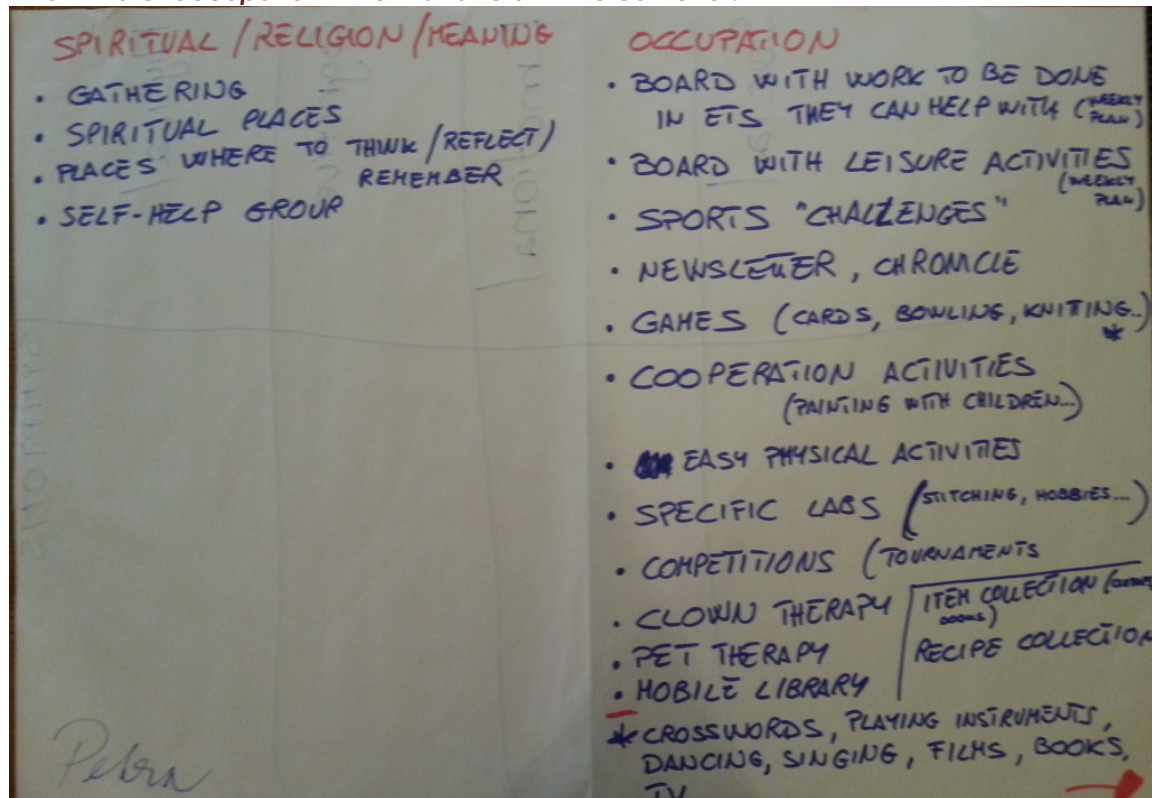
After the input from Florian we focused on general daily activities from the perspective of offering psychosocial support, stabilisation or just relax and break. We discussed which activities in the daily routine are good for offering basic, focused and specialized serviced.



Sleep, eating, hygiene of oneself and clothes are basic services.

**All interactions – daily routine activities, basic, focused and specialised services need to be provided in in generally safe and reassuring atmosphere that prevents interpersonal conflicts, unwanted exposure and help to bring hope.**

What kind of occupation – work and relax - we can offer:



#### 5th QUESTION

What are the material and personal requirements necessary for meeting the psychosocial needs of elderly and disabled people?

After the input from organization group we created following table:

NEEDS to be cover	HUMAN RESOURCES needed other than staff	STAFF skills, trainings	MATERIAL
⇒ Safety	⇒ Crisis intervention team (for psychosocial support and psychoeducation	⇒ Basic knowledge of crisis and trauma	⇒ Social room
⇒ Reassurance	⇒ Trauma therapist	⇒ Basic training of conflict management	⇒ Staff room
⇒ Hope, meaning	⇒ Other professionals who can bring reassurance and practical fact about nature of	⇒ Stress management techniques (within the staff, peer system...)	⇒ Activity guide (tips how to organize free time in ETS, how to involve people into it)
⇒ Orientation			⇒ Activity kit (material for work and relax time)
⇒ Structure			⇒ Screeninglist of
⇒ Prevention of exposure			
⇒ Prevention of conflicts			
⇒ Psychoeducation about possible			

trauma symptoms	disaster and future	trauma (checklist of traumasymptoms / if specialized care is needed)
⇒ Be involved		⇒ Psychoeducation material

Other resources and guidelines:

Guideline Addressing Older Adults - Distinct Psychosocial Issues in Emergency Situations  
 Seniors and Disasters Synthesis of Four Case Studies  
<http://www.ccsmh.ca/en/resources/emergencyPreparedness.cfm>

NATO guidelines  
 Psychosocial care for people affected by disasters and major incidents

David Hutton, WHO  
 Older people in emergencies – Considerations for action and policy developement