Games on inclusion of age, disability and gender in preparedness and humanitarian response

Building resilience with assistive products for older people including older people with disabilities



Game title: Building resilience with assistive products for older people including older people with disabilities

Overview: Players work together to retell stories in which people receive appropriate assistive products so as to live more independently and are more resilient when disasters occur.

Learning objectives:

By the end of the game players will be able to explain the impact of assistive aids in normal times and in building resilience for older people including older people with disabilities.

Who should play the game?

People working in DRR who want to understand the important role of assistive aids in building the resilience of older people, including older people with disabilities.

Number of players: 4 or more

Materials required:

Resource 1: Print two copies of the case study for each team Resource 2: Print two copies of mapping questions for each team (Print more copies of each if teams are more than 4 people)

Estimated time required: 45-60 minutes

Facilitator instructions:

Step 1: Explain to players that the overall objective of the game is to read the story they are given, decide what type of product may have prevented or improved the scenario and then re-write the story. They will then be asked the share the new stories.

Step 2: Brainstorm (or mindmap) type of age-assistive products

Arrange players into teams of two or three. Ask players what they understand by assistive products for older people (sometimes referred to as age-assistive devices or aids). Ask them to brainstorm or mindmap in teams as many things that they can think of which can help older people live safely and independently. If they get stuck provide a few prompts or examples from Resource 2 worksheet or from below:

- · Reading glasses
- Reachers for picking up things from the floor without bending
- Hearing aids,
- Communication aids (sometime this can be a phone or other technology)
- Bed and stair rails
- Handles in the bathroom
- Wheelchair
- Walking sticks
- Walking frames
- Button hook and shoe horns (to help with dressing)
- · Toilet chair

- Urinal pots
- And many more

Give participants a time limit of two minutes. After the two minutes has passed ask everyone to stop writing and invite the team with the most on their list to read out what they have written. Invite other team(s) to add any item they have on their list that was not already mentioned. Invite questions and clarify anything that is not clear.

Step 3: Create stories

When all players are clear on the types of products we are considering as assistive (the types of aids possi ble is quite expansive and also context dependant), hand out a different story to each team. Also hand out copies of worksheet Resource 2 and explain it can be used as a reference, it is taken from the WHO's categorisation of assistive products (but be aware there are also other assistive products which can also be used). Explain that the story is about a person who did not receive any assistive aids. They must read the story and first decide on an assistive product that could have had a positive impact on the individual(s). They must then work in their teams to re-write the story, imagining that the person was given the product and how it might have changed the scenario. Give a time limit of 20-30 minutes and explain that after they have finished they will read the stories out to the other teams.

Step 4: Share stories

Sit in a circle and invite each group to nominate one person to share their two stories, first the original story and then their own version. After each pair of stories has been shared, invite any questions or clarifications on the story.

Step 5: Debrief

After everyone has shared their stories, ask players the following questions to reflect on the activity:

- 1. How did gender affect and impact an individual's experience?
- 2. What did you learn from the stories?
- 3. How do assistive products help in building resilience and capability?
- 4. Are your programmes factoring in age-assistive aids, is there an opportunity to improve or advocate for the inclusion of age-assistive aids

Level of facilitation required: Medium

Possible adaptations to game:

You can collect images of the assistive products that are available in your context and discuss these before the scenario. You can also adapt the stories to your context. You can also invite someone who uses an assistive product to speak about their experiences with and without the device.

Suggested games to play **before** this game:

- Why inclusion matters
- Rights-based model to programming

Suggested games to play after this game:

Recognising disability in older people

Resource 1: Four stories (one story per team)

1. Maria

Maria's ability to climb steps or walk long distances started to decline in her early seventies. She accepted it was part of ageing. She started to avoid going to places if there was a steep climb or steps. At the beginning she managed to get by, but gradually it became more difficult as she lived in a hillside with lots of steep paths and steps. Her daughter would help her and bring her food and hygiene items when she needed them. Gradually, Maria relied more and more on her daughter. Her daughter had five children of her own and was busy caring for them as well as her husband. Due to social norms in their society, men did not share childcare or care for the older relatives. The burden on her daughter increased and Maria's mental health also started to decline as she felt she was becoming increasingly burdensome for her daughter. The less Maria exercised the harder it became to walk at all. One-day heavy rains came and people started to leave their houses due to the risk of mudslides. Maria knew she should leave, but without her daughter (who was busy caring for her own children) she couldn't leave the house. Maria's house was one of the many affected by the mudslide that year.



3. Ibrahim

Ibrahim's hearing started to decline as he reached 60 years old. It wasn't so bad at first as he would heavily rely on his right ear, which was much better than his left. As time progressed his hearing affected him more and more and he stopped going out and socialising because he would struggle to have a conversation with people, especially when there was background noise. He began to rely more heavily on his wife to organise everything he needed and communicate on his behalf. He knew they were in a flood prone area but he had survived all the other floods and, anyway, he knew his wife would help him if the time came when they needed to evacuate. One day, when his wife was at the market doing her usual shopping activities, the flood warning began and announcements where broadcast on the radio and television. A car with a loud speaker drove around the streets telling citizens to evacuate immediately as severe flooding was expected. Ibrahim was unaware of all the announcements as he couldn't hear them. He had also become quite isolated having come to rely more and more on his wife, so no one came to tell him what was happening. His wife didn't return from the market and Ibrahim was unable to evacuate before the flood hit.



2.Nour

Nour was always a strong independent woman who used to be the School Principal and was always very vocal in the town hall. As she reached 80 years old, she found it increasingly difficult to stabilize herself as she bathed. Sometimes she even found it hard to get out of bed without falling. Nour began to avoid bathing as she feared she would fall over and not be able to get up. Not bathing affected her dignity as she felt ashamed that she might smell. She didn't know anyone whom she felt able to ask for help with such an intimate issue; instead she slowly stopped going out to avoid the feeling of shame. Nour also began sleeping in her chair, finding it easier to get up from a chair than a bed. In turn, that brought on more severe back pain. Nour slowly felt her independence slipping away. One day she decided it had gone far enough and she had to bathe. That day a large explosion occurred nearby which shook her whole building. Nour fell over and hit her head quite badly. She couldn't get up from where she was and lay there for many hours hoping someone would come and help her although she was not expecting any visitors.



4. David

David is 72. Without enough money to retire, he had, until recently, run a market stall where he sold tomatoes that his partner grew in their garden. David enjoyed being in the market; it provided him with a lot of social activities as he got to know many of his customers. It also gave him enough money to buy the food and other items he and his partner needed. However, as he approached 70, his eyesight started to diminish. He found it hard to see details of things when they were close. Some of his customers started to complain that they were receiving the wrong change and in time stopped coming to buy his tomatoes. David couldn't read the bank notes any longer and therefore was guessing the amount people had given him for the tomatoes. Sometimes he would ask the customer what denomination the note was, but he often felt embarrassed doing so. Eventually, he stopped selling tomatoes at the market. His partner couldn't care for the garden, complete all other caring chores and also sell the tomatoes. After a few months, David and his partner didn't have enough money for their basic needs. Sometime neighbours would give them rice and some meat to help. David and his partner grew increasingly weak, David started to suffer from incontinence and they had no money to buy any hygiene items. He stopped going out as he didn't want to soil himself in public. David and his partner are now more isolated and destitute.



Introduction to assistive technology



¹ Hearing aids include: pre-programmed, behind-the-ear hearing aids and personal sound amplifiers

² Specific products have not yet not been selected

³ Walking aids include: sticks, quadripods/tripods, elbow crutches, axillary crutches, walking frames and rollators

Source: World Health Organization, Training in priority assistive products: report from the first pilot, The Gate Initiative, 2018, p.5