

FOCUS GROUPS REPORT

THE VERONA EXPERIENCE

Aim of Focus Groups:

Assessment of persons with disabilities' perceived needs in case of river flooding/catastrophe

Target:

- Persons affected by sensory, motor, cognitive, disabilities (or learning difficulties)
- Significative persons (family members, professional caregivers, volunteers, etc.)

Characteristics of Focus Groups:

- 3 Focus Groups were held between 29 January and 10 February 2009 in Verona

FOCUS GROUPS DESCRIPTION - 1

FOCUS GROUP 1 – 29 January, 2009

Place: CEOD “*Il Sentiero*” (*Daytime Education and Employment Centre*)

Number of Participants: 7 Persons with cognitive disabilities
3 Female professional caregivers

Duration: 52 minutes

FOCUS GROUP 2 – 4 February 2009

Place: CEOD “*La Sorgente*” (*Daytime Education and Employment Centre*)

Number of Participants: 9 Persons with cognitive disabilities
2 Female professional caregivers

Duration: 41 minutes



FOCUS GROUP 3 - 10 February 2009

Place: *Service Centre for Students with Disabilities,
Via San Francesco, 22 - Verona*

Number of Participants: 6 Persons with physical disabilities

Duration: 75 minutes

The three groups were characterized by a non-homogeneous character, combined with a marked homogeneous composition within them.

Therefore, the first two groups were considered together, while the third one was analysed separately.

DESCRIPTION OF FOCUS GROUPS 1&2

- Participants from both meetings were mainly affected by cognitive disabilities
- Only a few of them were suffering from some mild motor difficulties
- The results of FG reflects the strong homogeneous character of the disabilities
- The envisaged conduction style was amended as follows:
 - * *questions were simplified and repeated more frequently*
 - * *caregivers' comments were accepted*
 - * *participants were reassured about the relevance of their comments*



•Leadership configuration

A two leaders' configuration was observed in both groups (*see frequency and relevance of comments made by two participants*).

A three-people leadership configuration emerged in the FG 2: it was based on a specific knowledge about the procedures to follow in case of natural disaster.

•Frequency and intensity of comments

Participants' involvement was at its highest when discussing who to call for help and the procedures to follow.

The members of FG1 have had a previous meeting with Fire Brigade Dept. some years before: they knew what numbers to call and the procedures in the event of earthquake or flooding.

•Specific nature of replies

Participants' replies appeared much more specific when they had taken part in simulation in the past (FG 1).



- None of the participants had ever experienced any real catastrophic situation
- Some more precise knowledge was associated with having participated in simulations or practice sessions
- Judging from participants' comments, it seems that they trust rescue services
- Family members and neighbours were often identified as the main source of immediate help
- It would be preferable to hold several short simulation sessions (max 40 minutes), because of participants' short attention span
- It should be kept into account that emotions are generally felt quite strong



- Participants were mainly affected by physical disabilities.
- In that case no modification in the conduction style envisaged in the protocol
- **Leadership configuration**
No leadership, either formal or informal, was observed within the group
- **Frequency and intensity of comments**
Emergency situations were unanimously considered more threatening in a public setting (e.g. University); on the contrary, they seemed more controllable in a private one (e.g. at home).
The University environment is generally perceived as little interested in FG participants' needs: the same lack of attention is expected to exist also in the event of disasters.



Specific nature of replies

Specific replies were often associated with episodes where participants needed help (e.g. hospital setting).

Some examples were provided where medical and paramedical staff showed a lack of specific knowledge and training when dealing with patients with physical disabilities.

Participants voiced their doubts with regard to rescuers' knowledge of specific protocols to be adopted for persons with disabilities.

Participants didn't appear well informed about procedures to be enacted in case of emergency (e.g. numbers to call)



- None of the participants had ever experienced any real catastrophic situation
- A significant mistrust about rescuers' knowledge was detected due to previous experience in hospital (generalization of experience)
- Participants didn't mention the possibility of calling rescue services in case of emergency
- Mapping: a map of disabled locations within the territory was suggested
- Guide for families: a guide containing procedures and useful numbers could be useful
- Phone cards: telephone companies could provide cards for emergency calls
- Life-saving devices: proposals for special devices to be provided in order to facilitate disabled identification or to find out the specific escape routes