

First aid activities with vulnerable people

A resource pack for Red Cross and Red Crescent National Societies

Produced by a First Aid Education European Network Taskforce chaired by the British Red Cross

First edition



Centre européen de référence pour l'éducation aux premiers secours
European Reference Centre for First Aid Education

Contents

Page	
3	Introduction
5	How to use this resource pack
6	Process for activity
7	Identifying target groups
10	Undertaking a needs assessment
12	Running a pilot activity and assessing the findings
14	Planning an activity with partners
20	Publicity and marketing
22	Monitoring, evaluating and reporting
26	Sustainability
28	Changes to people's lives
30	Summary and conclusions
32	Appendix 1: Application of the process for activity
34	Appendix 2: Good practice guidelines for working with vulnerable groups
35	Appendix 3: Example of feedback form
38	Appendix 4: Themes emerging from case studies
42	Appendix 5: First aid activities with vulnerable people: case studies
43	First aid education with blind learners (Hellenic Red Cross)
45	First aid learning for the blind (Italian Red Cross)
47	Inclusive first aid for disabled people (British Red Cross)
50	Working with potential young drug users (Finnish Red Cross)
52	First aid for remote communities (Armenian Red Cross)
54	First aid for young people in inner cities (French Red Cross)
56	How to take care of a senior citizen at home (Finnish Red Cross)
58	First aid for ethnic minorities (British Red Cross)
60	First aid for industrial workers (Russian Red Cross)
62	Appendix 6: Youth education case study from Australian Red Cross
66	Appendix 7: National Society activities and contacts
68	Appendix 8: Further reading

Introduction

First aid is one of the greatest acts of humanity and is fundamental to the principles of the Red Cross/Red Crescent Movement. By building the number of people who have the capacity to save lives because of their first aid knowledge, we are contributing proactively and substantially to the resilience of society and its ability to cope with crises.

Community Based First Aid (CBFA) is undertaken by many Red Cross and Red Crescent National Societies worldwide. It is part of the International Federation's (IFRC's) health and care programme and is at the heart of its Strategy 2010 which calls upon National Societies to scale up this work in order to build resilience amongst communities and, in particular, vulnerable people. It is the manifestation of the mission statement from the 2010 Strategy *"To improve the lives of vulnerable people by mobilising the power of humanity"* because it looks to the heart of the community to find the skills and will to build a safer and healthier society.

'Vulnerable people' are those at risk from situations that threaten their survival or their capacity to live with minimum socio-economic security and human dignity. However, they (and their families and friends) might also be people who could play an active and fulfilling role in widening our reach and guiding our work so that our resources are used most effectively and appropriately. Indeed, vulnerable people who become involved in Red Cross and Red Crescent activities could not only be helped out of their state of crisis and given a voice in society, but also could benefit from the self-esteem and confidence that can come from volunteering.

Vulnerability is a relative and dynamic concept; it relates to an individual's or a community's capacity to cope with specific threats at a certain point in time. The Red Cross and Red Crescent National Societies believe that first aid can reduce vulnerabilities and build stronger communities with more solidarity. Therefore, it is necessary to offer suitable and accessible learning opportunities.

The IFRC is explicit in promoting first aid as a key element of wider community development. The guiding principles of CBFA centre on:

- > community based volunteers who are uniquely placed to mobilise their own communities to tackle problems,
- > community participation which helps increase community ownership making activities more sustainable,
- > the link between communities volunteers and other structures and systems, such as healthcare systems, and
- > partnerships between National Societies and other bodies, such as Government, other community organisations and donors.

Such links to other parts of the community are particularly relevant and important for vulnerable people who, because of their circumstances, might well be excluded from regular services and opportunities for life improvement.

European Red Cross and Red Crescent National Societies are encouraged by the IFRC to increase emphasis on this work. However, it is widely recognised within the Movement that it is not always easy to initiate activities and learning opportunities with vulnerable people. The European First Aid Education Network acknowledged this in 2005 and set

up a Taskforce to look for good practice and to set guidelines to help National Societies build this area of our work.

The Taskforce is keen to stress the important role of first aid in community development and social programmes. Not only can it be a good way in to working with different kinds of groups, it provides a wide range of competences which could be useful in a wide range of situations, at different times of life, and through different crises. National Societies should consider how to integrate first aid with other activities, such as refugee work, to strengthen the Red Cross/Red Crescent 'offer' to all who come into contact with a National Society.

National Societies should also note that first aid learning need not always involve certification: sometimes awareness raising without certification is more appropriate. Of course, where training is adapted to meet the needs of a group, National Societies should ensure that standards are assured so that certification is comparable to recognised accreditation.

Importantly, by focusing here on the needs of vulnerable people, we are not aiming to discriminate against those who are not vulnerable. Moreover, this work is undertaken in recognition of the need to make first aid learning opportunities as accessible as possible to all, and therefore to focus on making it easier to access those who, in general, find it more difficult to access services which could, by their purpose and nature, make them less vulnerable. It is not intended that this report should label certain people, but rather encourage National Societies to help to empower humanity as a whole by opening first aid opportunities to a wider audience.

This resource pack is the result of that work. It should be seen as a working document. It is not exhaustive, but does provide guidance and examples of good practice. It is intended that National Societies will be able to refer to it to gain information and to form their own networks which will help them improve the quality of their work.

National Societies are encouraged to share their learning using the European Reference Centre for First Aid Education website: www.firstaidinaction.net

Please note that, because this pack is aimed at those working in National Societies, there are instances when it refers to 'you'. This should be taken to mean you, the reader, working for a National Society.

How to use this resource pack

It is the aim of the Taskforce to help and encourage all National Societies to fulfil the mission of the Red Cross Red Crescent Movement to use first aid to build resilience of the most vulnerable. This pack sets out guidance and examples from a wide range of National Societies throughout the European Region. It directly responds to the IFRC's Global Agenda¹ which identifies as one of its four main goals:

'To increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability'.

This resource pack is a tool which is designed to help staff and volunteers to:

- > Identify target groups
- > Undertake a needs assessment
- > Identify the resources and skills needed
- > Plan a programme or activity
- > Identify how it can be made sustainable
- > Implement the programme or activity
- > Monitor and evaluate the programme or activity

It also looks at issues which will influence the effectiveness of the work, such as:

- > Links to other programmes and activities
- > Funding
- > Sustainability and capacity
- > Publicity and awareness
- > Partners

To help put all of this into context, the next section of this resource pack suggests processes which can be followed to create successful activities with identified groups. It divides the process into sections and each section is backed up by reference to part of a case study which demonstrates how a particular problem can be tackled. The case study is written up in full at the end.

It is recommended that this process is followed when a National Society is considering how to introduce first aid activity to a target group.

In addition, case studies referring to different vulnerable groups are included in Appendix 5. Appendix 7 lists all National Societies which have indicated that they are running first aid activities with particular vulnerable groups.

You are encouraged to seek further information and advice on relevant activities from the National Societies listed.

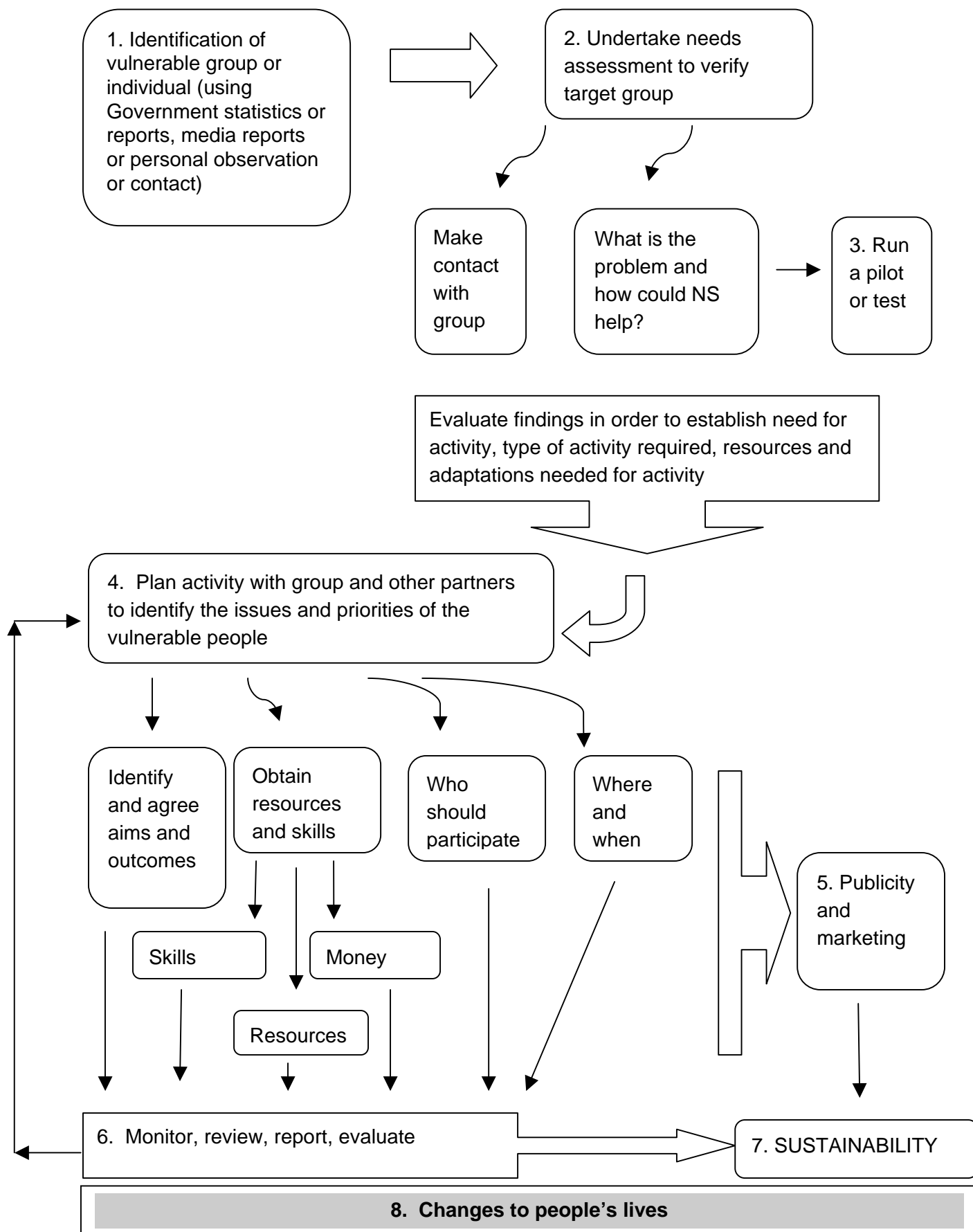
¹ The other goals are:

To reduce the numbers of deaths, injuries and impacts from disasters

To reduce the number of deaths illnesses, injuries and impact from diseases and public health emergencies

To reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity

Process for activity



1. Identifying target groups

Who is vulnerable?

The Red Cross Red Crescent Movement agrees that the more people who learn first aid and are able to use it, the more resilient society will be. However, in the same way that in an emergency it is important to treat first those who are in most need and least able to help themselves, so in our communities should we focus on the most vulnerable. National Societies are particularly urged to consider first aid activities with people as a way of reaching people whose lives could be improved by having basic first aid knowledge, skills and confidence.

The IFRC encourages this and has defined vulnerability as:

“The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of natural or man-made hazards”.

Moreover, National Societies are often in the best position to work with different vulnerable people as they do not have the same political barriers as other organisations or Governments. Indeed, it is because of the Movement’s fundamental principles that National Societies should steer their work in this direction.

National Societies are encouraged to look at the Vulnerability Capacity Assessment study by the IFRC (see Appendix 8).

Some National Societies have undertaken research projects to identify who is the most vulnerable, and while this is helpful, it can never be definitive. It is up to each National Society to work directly with communities in order to comprehensively understand who is the most vulnerable and who would benefit most from learning first aid.

A survey of first aid activities which National Societies are already undertaking identifies the following categories of ‘vulnerable people’:

- Disabled people (including sensory and physical impairments and mental health problems)
- Homeless and insecurely housed
- Prisoners
- Drug users
- Young people living in inner cities
- The elderly
- People facing a particular health risk
- Minorities and ethnic groups (including minorities within minorities)
- Rurally isolated people
- People living with HIV and AIDS

This list should not be seen as definitive as National Societies have many different interpretations of these groups, and this list is growing as National Societies become more integrated with communities and are able to identify different types of vulnerability.

Furthermore, National Societies should acknowledge the role that first aid can play as a life skill, to be used before one becomes vulnerable, while vulnerable, and after one has emerged from a state of vulnerability. For example, a homeless person might well benefit from knowing basic first aid skills in case they witness choking or over-dosing as part of their life on the street, but they will also benefit from this knowledge if they subsequently become housed and are faced with, for example, burns, cuts and other accidents in the home.

It should also be remembered that first aid will not be the solution to *all* problems associated with vulnerability and National Societies should be sensitive and alert to where first aid might not be a stand-alone course of action to take with a particular person or group. In some cases, the National Society might be better placed, for example, to work in collaboration with a health centre, or to signpost someone to a homeless shelter.

This guide refers to activities which have been based around certain groups and it is hoped that the case studies will be a useful guide for National Societies wanting to grow the support that they can offer communities by being able to engage with particular groups.

Identifying vulnerable people to work with

Government statistics, pressure group reports, national and local media are all useful sources of finding the most vulnerable people in society. Whilst it is true that in some cases this information might be skewed or incomplete, it can still be a helpful steer towards identifying particular communities and individuals who would benefit from intervention by the National Society.

In addition, however, National Societies should remember that they themselves are made up of people who live and work within communities, and that individual staff and volunteers will see and be able to identify particular problems, weaknesses, lack of services and support mechanisms for others around them. They should therefore not shy away from investigating further the possibilities of helping those on their own doorstep through National Society activities.

However the group or individual is identified, it is the method of communication with these groups and individuals which is critical to understanding the true nature of vulnerability and therefore the approach which the National Society needs to take in order to be effective. In addition, it is then the ability of the National Society to listen and to be flexible enough to respond appropriately to a particular need which will influence its success.

There are numerous organisations which could help National Societies to reach the group they want to target. Try community centres, hostels, local authorities, charities, doctors' surgeries and community health centres, schools, religious institutions and housing associations. National Societies should speak to someone about their ideas and ask for opinions about joint working. Remember to be flexible and to give positive answers to questions.

Importantly:

- Do not present an idea as though the National Society needs to target this group in order to 'tick a box';

- Don't make assumptions about people's ability or interest or stereotype them according to their culture or any perception of their vulnerability;
- Offer to test out an activity so they can see what it actually means for them and then influence it if it needs changing – be sure to describe how an activity could be tailored to the specific needs of the vulnerable people;
- Do make clear the opportunities that the National Society could offer beyond the activity itself, such as raising awareness of other services that the National Society offers, peer education or other volunteer opportunities. A National Society might also be able to signpost the other organisation to a different agency which could offer the service required;
- Do be open to new ideas – look for solutions in creative ways.

Case study: first aid for disabled people

1. Identifying the group

In the UK, if a person wants to learn first aid, they can contact the British Red Cross to find out information about a course. Through direct requests from disabled people for training and through researching the market, the British Red Cross identified disabled people as a group which would benefit from access to first aid training. The first aid training offer at that time was not suited to many disabled people due to the specific competencies associated with first aid programmes which had to be demonstrated. The British Red Cross had not yet developed more flexible and accessible ways of testing such competencies.

Having contacted other organisations and first aid providers, it became obvious that there was a gap in the market, and in service provision and that most first aid training was inaccessible to many disabled people. This meant that they were excluded from learning important life saving skills, and this was unacceptable for an organisation which had impartiality as a fundamental principle.

2. Needs assessment

Undertaking a needs assessment does not have to be difficult, but if it is done well it can save time and help enormously with:

- > Identifying aims and outcomes
- > Understanding the target group
- > Planning for resources
- > Obtaining funding
- > Ensuring the project can be developed in a way that is sustainable

A needs assessment must answer the following two questions:

1. What is the need of this group? and
2. How can the National Society meet that need?

Please note that ‘traditional’ (certificated) first aid courses or service provision might not be the best way that the National Society can meet that need and reduce the vulnerability of the target group. It might be better for first aid to be combined, for example, with issues such as harm reduction, disease and accident prevention, diet and health, or disaster preparedness.

To answer these questions, a needs assessment should find out:

Information about the prospective target group	<p>Why do you think these people are vulnerable?</p> <p>Where are they?</p> <p>How many people are you including in this group?</p>
Why would these people benefit from first aid learning? What difference would this make to their lives?	<p>Are these people at a particular risk of encountering danger where first aid would help them?</p> <p>Are there circumstances that exclude these people from existing support and health care systems?</p> <p>What might first aid be combined with to make the learning experience more relevant?</p> <p>Would first aid knowledge build their resilience and reduce the need for them to rely on others?</p>
Is it feasible for the National Society to undertake first aid activity with this group?	<p>What access does it have to the group?</p> <p>Is the group interested?</p> <p>What costs are involved?</p> <p>Does the National Society have the skills, or access to the expertise required to work with this group?</p>

Case study: first aid for disabled people

2. Undertaking a needs assessment

Information about the prospective target group	Why vulnerable?	There is currently no provision for disabled people to learn first aid. Having a disability might place someone at a greater risk from accident than someone who is not disabled.
	Where are they?	Nationwide
	How many people are included in this group?	One in every four households has someone with a disability
Why would these people benefit from first aid learning? What difference would it make to their lives?	Are these people at a particular risk of encountering danger where first aid would help them?	Yes, both as any other member of society, and particularly because of their disability. Giving first aid skills (including to their families and peers) would not only build someone's resilience, but also help them to save the lives of others. It could also build self-esteem and increase independence.
	Are there circumstances that exclude these people from existing support and health care systems?	Some disabled people might find it difficult to access services.
	Would first aid knowledge build their resilience and reduce the need for them to rely on others?	Yes
Is it feasible for the National Society to undertake first aid activity with this group?	What access does it have to the group?	The British Red Cross runs training sessions for members of the public. By forming partnerships with disability organisations it could gain skills and contacts to enable it to work with this group.
	Is the group interested?	Yes. Schools and national organisations contacted were keen to be involved and to help plan activities.
	What costs are involved?	Developing trainers to work with people with disabilities and providing them with resources to do so.
	Does the National Society have the skills, or access to the expertise required to work with this group?	Not yet, but the project could involve taking measures to obtain them, by working with disabled organisations to build understanding.

3. Running a pilot activity and assessing the findings

Pilot activities can allow you to test your activity without spending lots of money and effort. They can help you achieve many things including:

- > Gaining understanding of whether your activity works and is appropriate to the target group
- > Gaining comments and feedback from the target group on how to improve the activity
- > Identifying what skills and resources you need to invest in
- > Proving the case for the activity in order to get funding and support from partners.

To run a pilot activity

Before running a pilot project, refer back to the needs assessment and plan the activity according to the lessons you have learnt and the answers to the questions you've asked.

- > Choose a group that is representative of your target group
- > If you can, offer them the activity for free in return for their contribution to shaping the bigger project. Alternatively, seek 'seed' funding for a small scale activity
- > Plan your activity as best you can (it is recommended that you refer to the next chapter on 'planning an activity' to get the most out of your pilot), and be open to changing it as you go along so that it is successful
- > Ensure that you have clear aims for the pilot, and outcomes which are SMART (see next section on 'plan an activity' on page 14) in order to track what can be learnt from the pilot activity
- > Work out how long you might need to run the pilot for in order to get useful results
- > Keep a record of everything you do
- > Collect feedback from those that took part in the activity

To assess the findings of your pilot

Make sure you talk to the partner organisation that was involved and to the participants to find out if they feel the pilot met their expectations and aims. You need to be sure that you understand what changes might need to be made in order to make it better. If something went very wrong, you need to understand why. Be honest about how well the activity worked.

From your findings, work out if the pilot could be scaled up and what implications this would have for resources, skills, capacity, time and commitment.

Case study: first aid for disabled people

3. Running a pilot activity and assessing the findings

Aim

To explore the potential for first aid education for people with a broad range of disabilities and to understand the difference that such learning could make to their lives.

Process

- > A need for first aid training was identified.
- > Links were sought with 6 organisations dealing with people with disabilities. One of the links led to a partnership with Care Shangton (known as 'Care').
- > The project trainer post was based in a Special Needs Family Support Centre.
- > 24 participants were identified as wanting to learn first aid.

Activity

Participants were divided into two groups:

- > Those involved in Care's supported employment scheme and therefore in paid employment or doing some form of voluntary work; and those other service users (also disabled) who were interested in learning first aid skills.

Feedback

- > The staff at Care felt that the practical nature of the training was effective and appropriate to the needs of the participants. One of the participants said, "*I really enjoyed it, I learnt how to put on a sling, and bandage a leg or an arm.*" Everyone who participated in the training said they would like to have further opportunities to develop their first aid skills. For many of the participants, this was the first time they had considered helping themselves, rather than calling for help from a supervisor or carer, which in itself is a great achievement for them.
- > Basing the post in the Family Support Centre was beneficial because it:
 - Provided links to organisations in the vicinity that would benefit from this kind of training in future.
 - Provided a venue where training could be delivered,
 - Provided the project trainer with the support of other Red Cross staff with specific skills and experience in the field of disability.
- > Funding proved problematic: while there is clearly a desire and a need for this kind of training, organisations appear to have difficulty releasing funding for it.

Conclusion

The need clearly exists for this and organisations are happy to participate. The learning is worthwhile. However, funding and capacity need to be reconsidered.

4. Planning an activity with partners

Once you have completed your pilot, you will be much clearer about how to run your activity. However, it is still worth working through exactly what you are going to do and establishing clear and rigorous aims and outcomes.

Aims and outcomes

Be clear and careful about what you are trying to achieve and how you define this. It will affect buy-in from partner organisations and funders if they cannot understand what it is you are trying to do or if they cannot see the benefit in what you offer. Also, ensure that you offer the opportunity to partners to influence the aims and outcomes of the project: involve them in the planning, allow them to take ownership of certain elements of it.

Also, try to make your aims SMART:

Specific

Measurable

Achievable

Resourced

Time limited

For example, your aim could be: ***To provide relevant first aid awareness to 30 homeless people during 2008.***

An aim that is not SMART would be something like: *To build our capacity to work with homeless people.*

Also, from a funder's point of view, the outcomes have to be obviously beneficial to the participant. The SMART aim above refers to the service that the homeless people will receive, whereas the non-SMART aim refers to the increased capacity of the National Society. Always make sure that your outcomes identify who will benefit from the activity.

For example: ***As a result of this activity, 30 homeless people will have enhanced knowledge of how to save a life using basic first aid techniques to treat bleeding, choking and heart attack.***

It will be of additional benefit to your activity in the future if you build in sustainability mechanisms at an early stage and put these in your project aims and outcomes. For example:

Aim: To recruit at least 2 peer educators from within the homeless group that are trained who are willing to tell their friends about what they learnt.

Outcome: First aid messages are spread beyond the group itself through a multiplier mechanism meaning that more homeless people receive first aid awareness training and are therefore more likely to be able to save a life.

Skills and resources

First aid training is clearly a well-established activity in most National Societies. However, when a new activity or audience is identified, the way in which first aid learning

is delivered will need to be reviewed. Stigma, discrimination and cultural sensitivities will need to be taken into account by all who are involved with delivering the activity. Physical changes might need to be made to the place where activities are normally run, or to the way that activities are normally explained in order to accommodate the needs of the group or individuals within it.

Importantly, it should be considered whether additional training is needed to ensure that skills and competencies, attitudes and understanding of those delivering the activity is appropriate. Tailoring what you deliver to the needs of the target group is likely to result in a far more successful outcome than applying a 'ready-made product'.

The research undertaken in preparation for this report identified that a number of National Societies have already established activities with a number of groups. In some cases, National Societies reported that to do this they adapted an existing first aid programme to meet the needs of the new group. In other cases, National Societies have developed new resources and skills in order to adequately service the group that they want to work with.

Below are listed a few reminders when considering what skills and resources you need to work with a new group. These are the questions which you need to consider asking organisations that you wish to work with so you can be better informed when you come to plan your activities.

Characteristics of the target group	<p>What language do participants speak (remember to consider dialect, colloquialism and also the age of the group as well as actual language)?</p> <p>How do participants communicate?</p> <p>Are participants used to learning and if so, in what setting?</p>
Environment and location	<p>Would participants feel comfortable in your normal training environment or would they prefer to be somewhere else?</p> <p>Are there changes that you need to make to the room to make it more accessible, less intimidating etc?</p> <p>Would the activity be more successful if it were delivered by someone familiar to the participants?</p>
Provision of resources and timing	<p>Are there factors which will affect the level of concentration, such as pictures, individual learning packs?</p> <p>Does each participant require assistance?</p> <p>How long can each session of the activity last before a break is needed?</p>
Requirement to participate	<p>Has each person chosen to participate themselves?</p>

Reward	Is certification important to participants? Would any other form of reward be more meaningful?
Follow up activity and support	What will the group require in order to maintain interest, skills and commitment to what they have learnt (e.g. volunteering opportunities, repeat or follow-up training, follow-up contact, access to a regular newsletter?)

Some of the above issues will require National Societies to consider additional investment when developing work with new target groups. However, such investment need not be financial. Consider the following:

Has another National Society run a similar project?	<p>Could they offer advice or any tips on your activity?</p> <p>Have they produced specific materials that you could use?</p> <p>Have they written their own programme which could be adapted for yours?</p> <p>Contact the European Reference Centre for First Aid Education for advice: firstaid.refcentre@croix-rouge.fr and www.firstaidinaction.net</p>
What resources could the partner organisation provide?	<p>Translations?</p> <p>Space?</p> <p>Volunteers?</p>
The most effective communicators for the group are likely to come within the group itself.	<p>Can the group nominate a spokesperson?</p> <p>Would someone from the group help in designing the activity so it is suitable for all the participants?</p>

Trainers and volunteers

An important aspect of developing first aid activities with vulnerable people is the need to develop trainers who can deliver them. There are a number of key attributes which trainers need to have to reflect good practice guidelines for working with vulnerable people:

- Flexibility and an ability to adapt to the situation in hand;
- A genuine ability to be non-prejudiced;

- Confidence to ask about particular cultural or physical aspects which might affect the delivery of the training;
- Not to be patronising or to make assumptions about the group or individual members of it.

Anecdotal evidence from the UK shows that while many trainers are willing to work with more vulnerable people, they do not currently feel they have the confidence or knowledge to do so. In addition, they would rather not work on their own, but would prefer to be paired with another trainer or receive assistance from a group leader within the community. National Societies should ensure that the development of first aid includes development of trainers to be confident to work with different groups and to be flexible enough to ensure that any delivery is effective for the audience. Don't forget, too, that trainers will need support and development while they are involved with the activity.

This work also offers exciting new opportunities to recruit volunteers from within the groups themselves. These people are likely to be highly valuable as they will be able to communicate well with the group. Recruitment of such volunteers will make it far easier to keep that activity going in the longer term and in a more sustainable manner. Consider peer support mechanisms to ensure that they are supported and plan how they might engage with development of their own skills as part of their involvement.

Adapting training to the needs of the target group

How you adapt a standard first aid course to the needs of the group needs to be considered carefully by the trainer before the activity takes place. Key things which should be considered are:

Location/setting: With a vulnerable people, a more familiar setting is likely to be far better than an unfamiliar one. Be prepared to change things like the layout of the room, the lighting etc to make participants feel as comfortable as possible.

Content: This is crucial! Ensure that the trainer has a clear understanding of the needs of the individuals in advance of the activity. For example, the course for the elderly should have a focus on falls.

Presentation and communication: If the activity is presented in a form which is not appealing to the audience, the activity will fail! Consider who would be the best person to form a rapport with the group, ensure that the language you use is familiar and easy to understand, and adopt an approach which will be respected by the group.

Case study: First aid for disabled people

4. Planning an activity with partners

Following the pilot work, relationships with national disability organisations and the funder were established for this project. They were involved in developing the aims and outcomes, as well as advising on the specific activities and the production of resources to support this project.

Aims

- > To create local plans for improving access to first aid education for people with disabilities
- > To help 5000 disabled people and 1500 facilitators (e.g. partners, carers, professionals) of disabled people build their resilience by providing access to first aid activities
- > To recruit 42 disabled volunteers as first aid educators or into other volunteering roles
- > To influence 2 national and 105 local organisations in their first aid education provision
- > To launch a new first aid website for disabled people
- > To create innovative, fully accessible first aid information materials for disabled people

Outcomes

- > Disabled people across the UK are empowered with first aid knowledge allowing them to develop more independent living and the ability to save lives.
- > 210 partnerships/links established across the UK
- > BRCS to implement good practice in the recruitment and retention for people with disabilities into volunteering opportunities
- > develop national media and PR opportunities to highlight good practice within appropriate trade press
- > promote the programme internally to the BRC so that the Chief Executive, Volunteering Department, Communications Department and other relevant staff can promote the programme through their routes.

Skills and resources

Nationally, research was undertaken by the project manager to find what resources already existed. It was found that although some staff and volunteers had experience of working with disabled people, there was not a common understanding of how activities should be run, or what resources would be required.

At a local level, before each activity was run, it was important that the trainer visited the group and undertook a pre-assessment, so that the activity they designed was most appropriate for the group.

New first aid training programmes were developed to be fully inclusive. They addressed particular issues facing people with disabilities who wish to take part in a first aid

programme. Both the new training programmes and the support materials were developed with the help of an advisory group made up of Red Cross staff with expertise in this area, disabled volunteers and representatives from other organisations with specialist knowledge in the field of disability and education.

Specific new resources developed included:

- > A new more flexible first aid programme where achievement could be obtained at different levels: indication, description or demonstration of first aid skills.
- > Inclusive First Aid Training Pack provided to all trainers to act as a reference guide on a wide range of disabilities including suggestions/recommendations for adapting training and a range of paper-based resources.
- > A candidate record book which allowed for different skills to be recognised at different levels:
 - o ability to show an awareness of a first aid skill
 - o ability to describe the skill
 - o ability to demonstrate the skill
- > A photographic resource pack to assist with learning
- > Emergency First Aid audio CDs.
- > First aid in pictures
- > A project website
- > Promotional posters and leaflets

Trainers and volunteers

For this project, local coordinators managed the delivery of the project at a local level. The coordinators needed to have relationship management skills to manage the volunteers who ran the activities, and also develop the relationships with partner organisations.

Coordinators attended a workshop at which they could learn more about the project and establish a clear understanding of how best to achieve the aims and outcomes.

Volunteers who were to run the activities were existing first aid trainers who were required to attend a two-day training course specifically about how to work with people with different types of disabilities. This training gave the trainers the chance to learn about the new, more flexible first aid programme that had been developed, to role play situations that they might come across when working with disabled people, addressing language and other communication techniques, resource development and flexible training delivery.

Importantly, trainers needed to understand the importance of valuing the ability of each student, and celebrating what they could do rather than what they could not do.

5. Publicity and marketing

Without publicity and marketing, even the best activity can be wasted if no one knows about it! Yet using effective communication tools need not be expensive, and can be linked intrinsically to your relationship with partners and activity participants.

Communicating with the target group

Make sure your target group knows about the activity: where, when and how they can join it. You can do this by putting up posters, using websites, or just talking to people and asking them to spread the word. Of course, you can also use the media, but often word of mouth is the best way of all. If possible, speak to someone within the target group and ask them for advice on how best to advertise the activity. They might be able to direct you to a newsletter, help with translation or just advise on the tone and look of the publicity material. You might also pick up important information about what would be 'taboo' and therefore what you should avoid.

Most important of all is to make your publicity specific to the audience:

- > Use pictures that relate directly to the target audience
- > Use quotations from people that will be respected by the target audience
- > Use language which is appropriate and meaningful to the target audience
- > Impress them with your offer and explain how it is particularly relevant to them

Attracting interest from partners and funders

By articulating your activity in an attractive and appealing way, partners and funders are more likely to pay attention to your calls. Remember, you need to impress them with your offer, because they need to be confident that you are competent and worth investing time and money in.

Official support

Telling local and national Government about your work could be important in getting support. They might be able to provide you with helpful links to other networks that you could use, or help to promote your activity themselves. By building a relationship with officials over a positive and proactive activity, you will be in a better position to influence policy if you decide that this is necessary for your work.

Internal publicity

Without internal support for your activity, it is unlikely to last very long. Enthuse your colleagues about the work and see where links might be made with other services and activities. Furthermore, by building the profile internally, you will be better able to:

- > Attract volunteers and build capacity
- > Convince others of the value of the work and therefore the need for it to be integrated into core workplans and budgets
- > Build support from senior staff who will be making future decisions about the activity

Case study: first aid for disabled people

5. Publicity and marketing: PR plan

Key messages

- > The Red Cross has launched a project to make first aid learning accessible to people with disabilities.
- > We have developed a new training programme and resources to enable learning and teaching.
- > The Red Cross is working with local and national disability organisations to provide learning opportunities geared towards the user.
- > The project is funded by the Big Lottery Fund.
- > The Red Cross is committed to ensuring that the vulnerable and excluded have access to first aid learning.

Tactics

- > Publicity leaflet containing key messages and contact information to be distributed to local organisations who might become partners.
- > Press release announcing the launch of the project. Aimed at securing editorial coverage as a news item in national trade press and regional media
- > Personal contact (interviews, phone calls and letters) with possible partners and other stakeholders.

Key Audience

- > Social care professionals
- > Organisations working with disabled people

Key media

- > Social care media
- > Disability press
- > Regional media
- > Charity press

6. Monitoring, evaluating and reporting

Planning an activity should not stop when the activity begins: the purpose of monitoring and evaluating at various stages through the life of the activity will not only mean that you can measure outputs and outcomes and therefore identify whether or not you have met your aims, it also allows for ongoing improvement, correction and growth of the activity.

Funders are likely to want to see a report of what they have paid for: how the money was spent, how many people were reached, whether the aims and objectives were met and so on. Partners, too, will want to know what has been achieved by an activity that they signed up to before they agree to continue their involvement.

It is therefore highly recommended that you work out what you want to measure and how you will measure it before the activity starts.

Why is this important?

The IFRC has produced guidance on monitoring and evaluation and heralds their importance as key for the development and progress of the work of the Movement. It cites the following reasons for carrying out monitoring and evaluation:

- > Managers and other stakeholders, including donors, need to know the extent to which their activities are meeting objectives set and therefore leading to their desired effects.
- > Monitoring and evaluation builds greater transparency and accountability in terms of use of resources.
- > Information generated through monitoring and evaluation provides management with a clear basis for decision-making.
- > Future planning and programme development is improved when guided by lessons learned from experience.

Creating a comprehensive report of the activity is also important, in particular for being able to replicate the activity elsewhere. That is why, in addition to quantitative monitoring, it is good to collect quotations from participants, and photographs of the activities as these can help to add spirit to a report and enthuse others of the true value of the activity.

Tips for good monitoring and evaluation

- > Always budget for monitoring and evaluation including the costs for staff, assessments, and evaluation.
- > Before you start the activity, measure and note the baseline so you can be clear about what you have achieved at the end.
- > Include monitoring and evaluation in the activity workplan, and ensure that it is integrated at all levels of the activity.
- > In your planning, match things that you can monitor to specific outcomes that you want to achieve so it is easy to see whether the activity has been a success.
- > Use simple data collection techniques which are appropriate to the abilities of the participants. For example, if participants have vision impairments, make sure feedback forms are in large script; or collect feedback by interview or informal chat.

- > Include monitoring and evaluation as a regular agenda item on meetings about the activity to ensure that everyone is clear about how it needs to work and the importance of it.
- > Include time for reporting on the activity at the end so that any lessons learned are not lost in the rush to start the next project, and so that results can be shared with beneficiaries and other stakeholders.

The most basic information that you will need to collect is given in the table below:

	What to measure	How to measure
Quantitative information	Number of participants Regularity of attendance Number and length of sessions Numbers reached through publicity Expenditure	Register of participants Simple recording by the trainer or coordinator Number of leaflets distributed, number of mentions of the activity in the media
Qualitative information	Value of the training What was learnt and retained Desire to learn more	Questionnaire to participants Focus group of participants

However, please note that different funders may have different requirements for reporting and you should ensure that you are clear about these from the start.

Appendix 4 includes an example of a monitoring and evaluation form used in the case study of first aid for disabled people.

Case study: first aid for disabled people

6. Monitoring, evaluation and reporting

For this project, specific information was required by the funder and so the monitoring and evaluation was prepared using the following form.

Outcome	How will you track the outcome?	What information will you keep?	How will this information improve the project?	What is the current level of activity?
1. 5000 disabled people will acquire practical first aid	<p>Capturing pre-course & post-course levels of First Aid (FA) knowledge</p> <p>Proportion of participants to provide post-training feedback through interviews and focus groups conducted 3, 6 or 12 months after the initial training.</p>	<p>Quantitative data</p> <p>Participant numbers including stats on disability, age, gender, ethnic background.</p> <p>Monitoring of volunteer hours.</p> <p>Qualitative Data</p> <p>Participant Records of Achievement</p> <p>Post-course evaluations</p> <p>Case studies & personal testimonials.</p>	<p>Advisory group to recommend changes in response to the data captured.</p> <p>As the project progresses, user feedback and learning will inform/improve aspects associated with:</p> <ul style="list-style-type: none"> > inclusive training resources > training approach and accreditation > volunteer support and development > Area plans > Partnership arrangements 	<p>Current sporadic, minimum and unsustainable provision.</p> <p>We intend to start the project at a zero baseline, using training already undertaken to advise and inform rather than specifically being counted.</p>
2. 42 disabled people will be recruited and supported to become volunteers, peer educators and trainers in first aid	<p>Personal development and training plans for each volunteer.</p> <p>Focus group of disabled volunteers recruited to assess and feedback .</p>	<p>Quantitative data</p> <p>Numbers of volunteers recruited including stats on disability, age, gender ethnic background.</p> <p>Qualitative data</p> <p>Volunteer development and training plans.</p> <p>Results of interviews and self-assessment questionnaires</p>	<p>Advisory group to recommend changes in response feedback from volunteers. This will be in relation to:</p> <ul style="list-style-type: none"> > Recruitment offer > Training > Support for disabled volunteers > Accreditation <p>Learning will inform wide Red Cross policy and practice on the recruitment and retention of disabled volunteers.</p>	<p>The number of disabled volunteers currently recruited as first aid trainers is zero. This will therefore represent the current baseline.</p>

Outcome	How will you use to track this outcome?	What information will you keep?	How will this information improve the project?	What is the current level of activity?
<p>3. Improved understanding amongst 107 other service providers of best practice surrounding disabled people and first aid.</p>	<p>Good practice guidance developed and peer reviewed in partnership with Advisory Group.</p> <p>Track policies and practices amongst partner organisations through questionnaires and follow-up contact where necessary.</p>	<p>Quantitative data Stats on distribution of guidance.</p> <p>Qualitative data Baseline assessment of current first aid practices/policies amongst external organisations. Written feedback and case studies in relation to the development of first aid policies and practices</p>	<p>The Advisory Groups will use the feedback from partners to:</p> <ul style="list-style-type: none"> > Inform/improve the guidance for external organisations. > Develop additional guidance and support for organisations where necessary 	<p>There is no current level of activity.</p>
<p>4. The British Red Cross will develop its learning, understanding and treatment of issues surrounding disability and use this knowledge to inform its workforce and policies.</p>	<p>Sustainable Service</p> <p>Areas and other divisions will feedback on plans to sustain the provision of first aid for disabled people.</p> <p>Inclusive Policies & Practices</p> <p>We will we track the development of our internal policies and practices by carrying out a review of new policies written after the start of the project.</p>	<p>Area Inclusive First Aid Training Plans</p> <p>Example of policies and practice informed by learning from the project.</p> <p>An independent evaluation identifying lessons learnt from the project.</p>	<p>Project Manager and Advisory Group will feed in learning from the project to support current Red Cross policy development initiatives:</p> <p>This will support the ongoing improvement of our first aid training programme for disabled people and the recruitment/involvement of disabled volunteers.</p>	<p>N/A</p>

7. Sustainability

Activities designed to build the resilience of a vulnerable group should contain specific and defined mechanisms to make them sustainable. Funding is likely to be for a defined length of time, and if the activity fizzles away when the funding runs out, it will be a big disappointment for those involved. It will also make it much harder to get further funding.

It is recommended that National Societies build the following checks into their activities to help create sustainability:

- > Devise the project so that new volunteers can be welcomed to join in the running of it and supported during their involvement.
- > Talk to the partner organisation and other stakeholders about recruiting volunteers from within the target group.
- > Break up volunteer tasks so that more people can get involved, but the commitment required from them is light. For example,
 - rather than demanding that volunteers are fully trained first aiders, ask for assistants who can act as casualties;
 - find out if any of the participants have unrelated skills which you could use – like designing a poster to advertise the activity.
- > Use internal communication methods to make others in the National Society aware of the activity and support it so that when you propose it to become a core part of the workplan, people are familiar with it.
- > Measure the impact of the activity – how is it changing the lives of those involved? This will allow you to feed back to participants, partners and funders of the value of it.
- > Link the activity to other services and programmes so that it becomes supported by other budgets and staff.
- > Inform external bodies, particularly Government, about your work: make links to current policies and issues being debated to show how your work is beneficial to the bigger policy and social agenda.
- > Look for opportunities to scale up your work, both within the existing limits of the project, and beyond it to other work streams and organisational priorities (internal and external).

Importantly, the better you plan the activity before it happens, and the more scope you have for improving it as it progresses, the more likely it is that it will gain enough momentum to continue after its funding has run out.

Case study: first aid for disabled people

7. Sustainability

All the outcomes of this project are directly linked to sustainability:

Outcome 1: In order for 5000 people to be trained in first aid, we have had to equip our trainers with the skills to deliver this. Those skills will not be lost when the project ends, but can be applied to future work with a wide range of individuals and groups.

Outcome 2: Disabled volunteers are recruited from the participating groups.

Outcome 3: Organisations are better informed about how first aid can help them to increase the independence and resilience of their clients.

Outcome 4: The British Red Cross has a much improved understanding of working with disabled people which it can apply across the organisation.

In addition, the lessons learned from the activity, and the relationships built with other organisations (local and national) help to inform future work, attitudes and possibilities for developing a broader understanding of individuals with particular needs (beyond disabled people).

8. Changes to people's lives

The purpose of working with vulnerable people is to make a difference to their lives: to build their resilience, confidence and self-esteem; to give them skills to help themselves and others; and therefore to move society as a whole to a stronger position where crisis is coped with better and therefore people's lives are improved.

The qualitative part of your monitoring and evaluation should help you to understand and articulate the value of the work to an individual, but it is also useful to understand how the work has affected the team that has led on it, the National Society and the partner organisation.

The case study below is a commentary from the project manager of the Inclusive First Aid project referred to throughout this resource pack and explains the changes to people's lives that she has registered since the project started.

Case study: first aid for disabled people

8. Changes to people's lives: commentary by the project manager

"It is still early days with the project but already the wealth of experience and knowledge gained has been immense. Early feedback from participants and local disability organisations is very positive and trainers are being allowed the opportunity to work in partnership with teachers, personal assistants and other professionals in developing their training delivery and resource development.

"The feedback from first aid trainers who are working on this project is wonderfully positive. The training itself may present new challenges but this is giving trainers the opportunity to further develop their skills, think more creatively and challenge old ways of thinking. Fundamentally trainers find the experience hugely rewarding. Following is just one of the quotes from one of our first aid trainers about the work she is doing on the project:

"If the only courses I ever taught for the British Red Cross were in this area I would get all the satisfaction I need. It is wonderful to see people really stretching their potential and achieving new skills. The most satisfying part of all, however, is when I hear that one of my students with learning difficulties has put the training into action and saved a life – what more could any trainer want than that?"

"We are yet to analyse the feedback from course participants in great detail but certainly early feedback suggests that although there are areas where we need to improve delivery and resource development, overall the training is incredibly well received and seen as hugely beneficial. This is especially with regard to allowing people who often are 'cared for' the opportunity to develop independent living skills and potentially 'care for' someone else. There will be more feedback on this qualitative type of data as the project rolls on and evaluations are analysed.

“The project is currently challenging other services within the British Red Cross with regard to accessibility. In Newcastle one of the participants on the first aid training who was registered blind expressed an interest in becoming a therapeutic care volunteer. It was acknowledged that her skills would be incredibly useful and this has forced this service area of the British Red Cross to address its accessibility in terms of training material and courses etc. At a national level the project is working closely with the volunteering team in developing policy and practice to support the development and integration of disabled people as volunteers within the organisation.”

Summary and conclusions

Community based first aid with vulnerable people is not only important to the ultimate aims and goals of the Red Cross Red Crescent Movement, it can also be an effective way of building skills, recruiting volunteers and developing relationships. This can lead to increased capacity and funds.

Furthermore it can be incredibly rewarding for all involved and an effective way of building the resilience of society as a whole. Many National Societies have embraced this work and are building projects around specifically identified vulnerable groups in their countries in order to meet a particular need. In many cases this has emerged because a group has come to the National Society having identified the need for and benefits of first aid education themselves.

Much of the focus of this resource pack is given to planning an activity with partners. This element of planning can not only identify exactly what activity is needed and how it can most benefit the participants, but also can make the implementation of the activity more efficient. It is recommended that this element of the process is given adequate attention as it can seriously improve the quality of the project by ensuring that activities are relevant and valued, and also help to build trust and ownership of the activity by all involved. This can lead to beneficial developments which can make the activity even more worthwhile.

The following key points summarise the most important issues to be aware of when planning first aid activities with vulnerable people:

Key points

- > First aid for vulnerable people is most successful when it involves community-based volunteers from within the identified group and who are uniquely placed to mobilise their own communities to tackle problems.
- > When starting to work with a group, don't make assumptions about people's ability, interest or what you perceive is their vulnerability.
- > Test out what you are doing with a small group, it will help ensure that the work meets the needs of the group.
- > Identify what the need is of a specific group and how the National Society can meet that need.
- > Plan your activity: set out aims and objectives, agree them with your partners and use the plan as a framework for the activity and for reporting on it throughout the life of the activity.
- > Your activity may be more appropriate if first aid is combined with issues such as prevention, diet and health, or disaster preparedness, or is linked to another service area such as working with refugees.
- > Build in sustainability objectives in your activity aims and outcomes at as early a stage as possible.
- > Ensuring flexibility in the first aid work that you do is likely to result in a more successful activity than simply using your regular first aid training package.

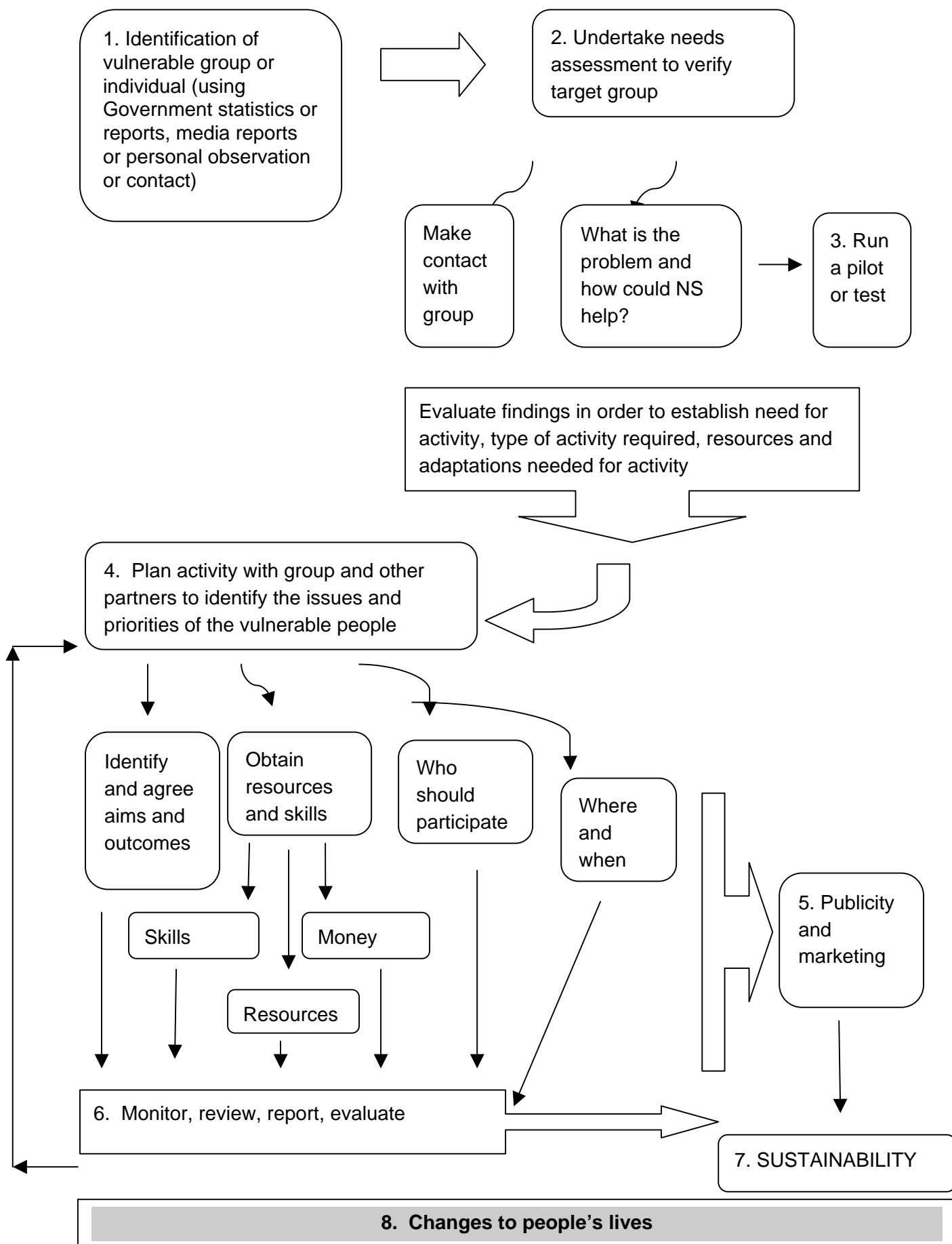
- > Work out what you want to measure and how you will measure it, in order to monitor and evaluate the life cycle of your work. This will allow for ongoing improvement, correction and growth of your activity.

And finally:

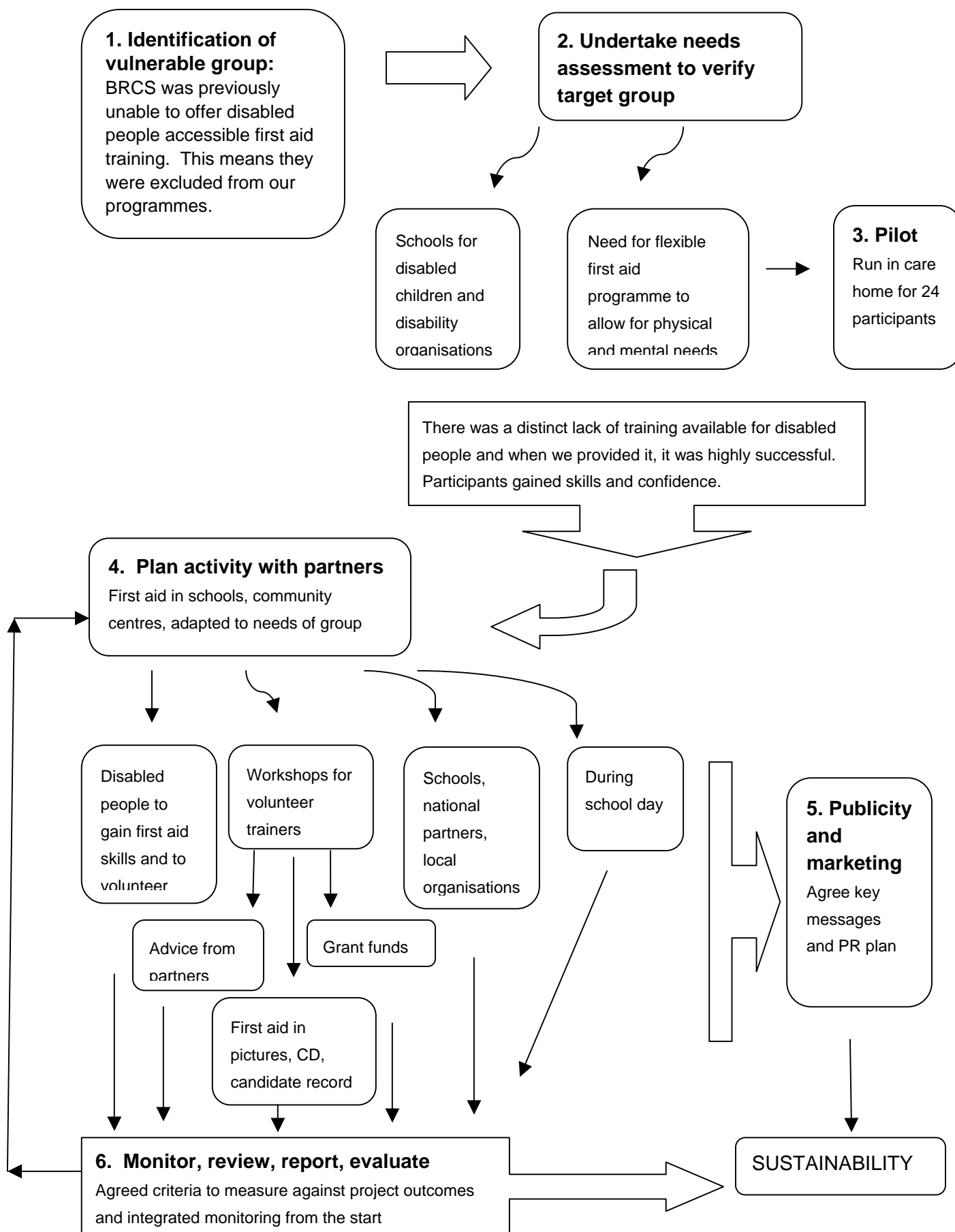
Sharing experience will help National Societies to improve this work. Please send reports of your projects to the European Reference Centre for First Aid Education so that others can learn from your experiences: www.firstaidinaction.net

Appendix 1: Application of the process for activity

N.B. This diagram is a copy of that on page 6, but is placed here for you to refer across to the case study



Case study: first aid for disabled people



Appendix 2: Good practice guidelines for working with vulnerable groups

Communication

Communication with the target group is critical if the action proposed is to be worthwhile and effective. It needs to be relevant to the group: in the right 'language', and needs to be combined with listening and responding to the needs that are presented. If the message is meaningless to the target group, the project is pointless.

Trainers

Trainers are often the public face of the project, and indeed of the National Society. They need to be supported through their own learning of how to deal with different types of groups with different needs and different attitudes to learning. Ideally, they should come from within the target community itself as this will mean that they have greater understanding of the issues faced and be in a better position to communicate effectively.

Capacity

National Societies need to integrate this work into normal workplans in order to ensure sustainability and incorporation into wider strategic goals. Partners can help with this by providing openings to new networks and groups, adding sustainability and making a project more inclusive and diverse. Partners from within National Societies should not be excluded as cross-team projects can often turn out to be successful and very helpful.

Imagination and creativity

Finding solutions to barriers should not be limited to the way we currently do things. Project managers as well as staff, volunteers and participants need to be open to doing things differently in order to achieve effective outcomes.

Recognition and certification

Rewarding participants is a great way of helping them to feel proud of their achievements and willing to become more involved. It is also useful for monitoring purposes.

What not to do

- > Present your project in a way that the community feels targeted specifically in order to 'tick your boxes'.
- > Make assumptions about people's ability or interest, or stereotype them according to their culture
- > Offer short term solutions which will not develop into something more for the community

Appendix 3: Example of feedback form



DRAFT

Inclusive First Aid
Individual Service Evaluation
Feedback Questionnaire

Please give your honest opinions about each point so that we can ensure future courses are presented to the highest possible standards.
 For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

Date completed (dd/mm/yyyy): / /

Name of organisation through whom this training was arranged:

Your name: (optional)

HOW TO FILL OUT THIS FORM: Tick the box that indicates your answer (for example)

Course outcomes and content.


1. Before taking part in this training, how confident were you in your first aid abilities?
 very confident quite confident little confidence no confidence
2. Now you have completed your training, how confident are you in your first aid abilities?
 very confident quite confident little confidence no confidence
3. Were any special requirements that you needed during this programme met?
 yes - completely yes - but only partially no - the efforts did not support my needs no - I felt my needs had not been addressed

Please tell us more:

4. How would you rate the following?	Poor	Could be better	OK	Good	Very good
learning aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
handouts/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer:					
knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
organisation of session/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
producing a good learning environment (e.g. friendliness, approachability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue overleaf.

Draft



4. continued.

If you would like to, please tell us more about your thoughts on question 4:

5. Overall how would you rate the level and pace of the programme? ("Level" - how hard or easy was it to understand the information. "Pace" - how fast or slow did you feel the programme was, did it drag, was it rushed or was it about right?)

	Easy				Hard
	1	2	3	4	5
Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Slow				Fast
	1	2	3	4	5
Pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilities

6. How would you rate the facilities for this course?
(for example: training room, food, refreshments, access, etc.)

Poor	Could be better	OK	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us more:

7. How would you rate your overall opinion of the Red Cross?

Poor	Could be better	OK	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you recommend this programme to someone else?

Yes No

9. Would you be interested in further first aid training programmes from the Red Cross?

Yes No

10. Would you be interested in knowing more about volunteering for the Red Cross?

Yes No

If you answered 'Yes' to Q9 or Q10, please ensure you have entered your details on the first page of this questionnaire so that we can send you further details.

Please continue on the next page.



If you have any further comments regarding any aspect of the course - please write them below:

About yourself

Are you: Male Female

How old are you? Under 16 19 - 25 46 - 64
16 - 18 26 - 45 65+

Do you consider yourself to have a disability / impairment? Yes No

If yes, which of the following applies?

Physical disability Mobility impairment Deaf or hard of hearing Blind or visual impairment Long term illness
Speech impairment Learning difficulty Other Please specify:

To which of the following groups do you consider yourself to belong?

White - British	<input type="checkbox"/>	Mixed White/Asian	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Mixed - Other*	<input type="checkbox"/>	Black - African	<input type="checkbox"/>
White - Other*	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black - Other*	<input type="checkbox"/>
Mixed White/Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White/Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Ethnic Group*	<input type="checkbox"/>
				Prefer not to answer	<input type="checkbox"/>

* If "Other", please specify: _____

FOR OFFICE USE ONLY:

Organisation ID: Prog ID:

Thank you for your help in responding to this survey.



Appendix 4: Themes emerging from case studies

Appendix 5 includes case studies of first aid activities with a number of specific types of vulnerable people. These have been collected from National Societies. Here, an attempt has been made to summarise the key themes emerging from those case studies.

Key themes

1. Projects met a clearly identified need
2. Main focus was resilience building and using first aid to deliver other education messages
3. Flexibility was key to success
4. Beneficiaries built individual confidence and esteem through the education work
5. Delivery was via existing volunteers but National Societies are keen to develop more beneficiary involvement
6. There is a huge demand for this work
7. Capacity and funding are barriers to expansion
8. Ensuring full involvement throughout the National Society was a clear challenge
9. Close working partnerships with external organisations and beneficiaries was key to success
10. Monitoring, evaluation and project development skills needed to be developed

Summary of information provided about activities

1. Why did you choose this group to work with?

Generally, programmes took place because the National Society identified a specific need, or had been working extensively in a particular area which required further work. There were examples also of National Societies responding to an external request to deliver first aid to embrace diversity/combat exclusion.

2. What are their specific needs in relation to first aid?

National Societies consistently identify the need for certain groups to be better able to respond to accidents or emergencies. There were also strong messages about the means by which first aid education can support other key messages, which are consistent with Red Cross/Red Crescent values. These include accident prevention; combating violence; drugs and alcohol awareness. National Societies also identify enhanced first aid needs due to specific circumstances, such as remoteness.

3. How did you make contact with the group?

Responses indicated that National Societies used existing networks and contacts or made new, direct contact with beneficiary groups to progress the activities.

4. Did you run a test project with the target group? What was the result?

More than half of the case studies did carry out a pilot project, or intend to do so. Where carried out they reinforced the value of their activity and provided positive feedback. However, some work has evolved gradually from small opportunities into bigger projects, without clear definition as a 'pilot project'. This has proved successful for some National Societies.

5. What first aid activity did you do?

The Basic first aid course is the mainstay of most targeted first aid training. Courses were either heavily adapted to the target group first aid needs or particular learning style needs.

6. Where did you do it? How often? How many people?

Schools are a particularly receptive location for first aid education, as well as community centres and centres for particular groups. The location was appropriate to the needs of the group and partners were often instrumental in providing a suitable venue for the activity. There is a large variance in the numbers of participants.

7. How was the activity adapted to the special needs of the group? (e.g. did you focus on one aspect of first aid specific to their needs?)

Some adjustment was made to many courses, either in response to identified needs of the groups or to bring in other key messages (such as violence or drugs and alcohol awareness).

8. Were the participants involved in helping with the activity?

There was not a strong indication that this was the case, although some National Societies were aiming to develop this. A few had done this.

9. What were your activity aims and outcomes? (e.g. to reduce death by overdose of drug users, to recruit new peer educators etc)

The key outcomes of project work, consistent in several National Societies were:

- Building community resilience
- Volunteer recruitment
- Competent action in accidents / emergencies
- Individual confidence-building

There were also key target group outcomes of:

- Accident prevention
- Humanitarian values
- Reducing violent behaviour
- Reducing drug use & experimentation
- Home care skills

National Societies also identified wishing to:

- Develop specific resources
- Build external organisational capacities to train

10. Who or what was your partner for this project (e.g. another organisation, a funder?)

Organisations that represented target groups were significant partners in most projects.

In addition, there was what could be termed 'delivery partners', which covered organisations that were used by the target group and other people. There were some examples of professional partners who were specialists in particular areas.

11. Did the partner help you to plan this activity?

Yes, partners helped plan the activity in a high majority of projects.

12. Did the partner provide any help? (e.g. venue, support)

Partners provided a range of support that varied according to the type of partner, needs of the target group and what they were able to offer. All partners gave some help to the project.

13. Did you require extra funding for this activity? If so, where did you get it?

Some projects were able to be funded within the National Society. For others, the key partner provided 100%. In a few cases project based funding came from a funding body.

14. How did you ensure that your volunteers had the necessary skills to work with this group?

A high majority of examples used an existing pool of trainers/instructors; in some cases their skills were enhanced to meet specific target group needs. One project was delivered via a peer education route with volunteers from within the target group

15. Did you create new resources for this activity and if so, what were they? (e.g. first aid manual in Braille).

CD-Rom-Audio materials were developed in almost half of projects, meeting both disability and literary needs. Most projects developed some adaptive resources, which were varied but usually met the needs of the trainer in teaching first aid to a particular group. One project concentrated on developing tools to support the development of the project on a local level.

16. Did you monitor your activity against the aims and outcomes?

Case studies did not fully illustrate how monitoring took place against the original outcomes. Generally, feedback was collected after courses from a variety of sources of those involved in the work.

17. What did you learn from this activity?

Responses to these questions were varied. Many responses were positive about the effectiveness of the work and how there was a high demand for it which National Societies were not yet meeting.

18. What are you doing with this activity now? Does it still take place?

Many pieces of work were still taking place within the National Society.

19. Who is involved with the activity now (e.g. local Red Cross/Red Crescent, partners, volunteers from the target group)

National Societies indicate that many projects have moved towards localised delivery of the work, with an emphasis on national coordination but local delivery. Several partners remain actively involved in the project although there is one example of the work moving out of the National Society and into a private company.

20. Did you make any changes to your activity after the pilot stage?

Generally, National Societies did not make any significant changes, although it must be borne in mind that pilot work did not take place in every situation, rather a gradual growth programme was followed. However, there was illustration that some adjustments took place, mainly to further ensure that the work fully met the needs of the target group.

21. Were there any difficulties with the activity?

Strong consistencies with the majority of examples were around volunteers and trainers. There were issues over volunteer skills, levels of involvement, capacity and availability. There was also a theme around difficulties in capacity building the project at a local level after the National Society had developed the work. Funding was also a major issue.

22. Is there anything that you would recommend about it to another national Society who wanted to run a similar activity?

Working closely with the group, including volunteer recruitment was the strongest message in the responses.

Appendix 5: First aid activities with vulnerable people: case studies

- 5a. Working with blind people, Hellenic Red Cross
- 5b. First aid training for the blind, Italian Red Cross
- 5c. Inclusive first aid: first aid for disabled people, British Red Cross
- 5d. Working with young people at risk of using drugs, Finnish Red Cross
- 5e. First aid for remote communities, Armenian Red Cross
- 5f. First aid for young people in inner cities, French Red Cross
- 5g. First aid for elderly people, Finnish Red Cross
- 5h. First aid for ethnic minority groups, British Red Cross
- 5i. First aid for factory workers, Russian Red Cross

5a. First aid education with blind learners

Name	Ismene Libery
National Society	Hellenic Red Cross
Phone number	210 3613178 -
Email address	ismene_libery@yahoo.gr or nsd@redcross.gr
Needs assessment	
Why did you choose this group to work with?	We developed work with this group as we identified an increased likelihood of accidents and poor access to appropriate first aid learning opportunities. There were no learning resources and no organisational support from a Government or non-Government agency. The Hellenic Red Cross were well placed to develop this work as we have collaborated with the Blind Institute on first aid training previously, although to a limited extent.
What are their specific needs in relation to first aid?	Accidents (burns, wounds, bleedings, injuries); Prevention of accidents; Recognition of symptoms in order to evaluate patient needs.
How did you make contact with the group?	We were already working closely with them but we made direct contact with them to discuss our potential ideas and to develop an active partnership.
Did you run a test project with the target group? What was the result?	At the design stage we used our previous experience to aid in planning the project. At the implementation stage we used an initial group as a trial. The results from this identified a need to increase time allowance for practice and the development of audiovisual material (cassettes and manual).
The activity	
What first aid activity did you do?	Basic first aid course adjusted to meet the needs of blind people.
Where did you do it? How often? How many people?	Mostly we delivered it at special centres for vulnerable people, but we also delivered it in community centres and care homes. We are delivering this pilot programme for one year and to date we have trained 100 people.
How was the activity adapted to the special needs of the group?	The individual topics were selected according to the specific needs of the group and the teaching was delivered the majority of the time using touch as a substitute to sight.
Were the participants involved in helping with the activity?	Yes. In addition, people who cared for blind people also participated - in the translation of the first aid manual into Braille and in the recording and production of first aid teaching tapes.
What were your activity aims and outcomes?	Aims: To increase the ability of blind people to respond to situations that need first aid and the ability to prevent accidents. In addition, to enable blind people to develop a sense of safety and self-confidence in dealing with injuries and illnesses. Finally, to provide a first aid manual in Braille. Outcome: Blind people to be more capable of dealing with and preventing situations that need first aid.
Partners	
Who or what was your partner for this project	The only partner is the Lighthouse Blind Association who are the project recipient.

Did the partner help you to plan the activity?	Yes.
Did the partner provide any help? (e.g. venue, support)	The partner provided the venue, the translation of the Hellenic Red Cross first aid manual in Braille and the production of the audiovisual material (cassettes and manuals) within their own budget.
Resources	
Did you require extra funding for this activity? If so, where did you get it?	As above. The Lighthouse Blind Association funded the translation and publication of the first aid manual in Braille.
How did you ensure that your volunteers had the necessary skills to work with this group?	We are not currently using volunteers.
Did you create new resources for this activity and if so, what were they?	As above. Braille first aid manual and recorded tapes for first aid learning.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	The project is still ongoing and evaluation will occur after the completion of project delivery.
Please give 3 things you learnt from this activity.	The necessity of first aid training programmes adapted to meet the needs of vulnerable people. To develop volunteer involvement in the project.
Sustainability	
What are you doing with this activity now? Does it still take place?	The training is being continued, and it will continue throughout 2008.
Who is involved in the activity now?	The Health education unit of the Hellenic Red Cross and the Lighthouse Blind Association.
Did you make any changes to your activity after the pilot stage?	We reduced the theoretical part of the training to the minimum and gave emphasis to the practical parts by increasing the hours allocated to the practical exercise.
General	
Were there any difficulties with the activity? Please name 3.	1. Funding the production of the Braille first aid manual. 2. Expanding the project into other regions of Greece. 3. Recruit volunteers from the beneficiary group.
Is there anything that you would recommend about it to another National Society?	It is essential to include in planning the recruitment of volunteers from the beneficiaries.

5b. First aid training for the blind

Name	Alessandra Diodati
National Society	Italian Red Cross
Phone number	0039 06 4741645
Email address	alessandra.diodati@cri.it
Needs assessment	
Why did you choose this group to work with?	The Association <i>Unione Italiana Cechi</i> proposed the project to the Italian Red Cross.
What are their specific needs in relation to first aid?	Blind people have a need for Basic first aid education so that they can respond to emergencies.
How did you make contact with the group?	The group made contact with the Italian Red Cross.
Did you run a test project with the target group? What was the result?	No. The first phase of the project was to research how to give the blind people first aid training and how to develop more user-friendly tools. The second phase will be to run a pilot project.
The activity	
What first aid activity did you do?	We have not yet carried out specific activities.
Where did you do it? How often? How many people?	
How was the activity adapted to the special needs of the group	A working group has been set up with members of the Association and volunteers from the target group as well as Red Cross First Aid trainers to develop this.
Were the participants involved in helping with the activity?	Yes. As above.
What were your activity aims and outcomes	The aim is to give blind people the possibility to be active First Aiders and to enable them to respond to emergency situations.
Partners	
Who or what was your partner for this project	The Association <i>Unione Italiana Cechi</i> .
Did the partner help you to plan the activity?	Yes.
Did the partner provide any help? (e.g. venue, support)	Experience and know-how. The organisation helped the needs of the target group be clearly identified and illustrated to the Red Cross first aid trainers.
Resources	
Did you require extra funding for this activity? If so, where did you get it?	No, not in this first phase of the project. The costs have been entirely covered by the Italian Red Cross and by the partner organisation.
How did you ensure that your volunteers had the necessary skills to work with this group?	Red Cross first aid trainers were selected to work on the project on the basis of their experience and preparation.
Did you create new resources	The first phase of this project consists in preparing new tools for the

for this activity and if so, what were they? (e.g. first aid manual in Braille).	training of blind people, e.g. A Braille first aid manual, a recorded first aid manual on CD and access to information on the Italian Red Cross website.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	The Italian Red Cross will monitor the project when the pilot project takes place.
Please give 3 things you learnt from this activity.	Emergency situations can frighten those who have no training; there a very few tools for disabled people who want training.
Sustainability	
What are you doing with this activity now? Does it still take place?	We are still at the stage in which the tools for the training are being prepared.
Who is involved in the activity now?	Members of the Association <i>Unione Italiana Cechi</i> , volunteers from the target group as well as Red Cross first aid trainers.
Did you make any changes to your activity after the pilot stage?	N/A
General	
Were there any difficulties with the activity? Please name 3.	There have been difficulties in implementing the project at a local level; difficulties in finding Red Cross volunteers with specific training; difficulty in finding information on similar projects.
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	The need to work closely with the target group so as to fully understand the needs of the blind. We take a lot of how we communicate for granted. Many simple actions need to be taught using a different approach.

5c. Inclusive first aid for disabled people

Name	Emma Rand
National Society	British Red Cross
Phone number	020 7877 7373
Email address	erand@redcross.org.uk
Needs assessment	
Why did you choose this group to work with?	The British Red Cross was previously unable to offer disabled people accessible first aid training. This means they were excluded from our programmes.
What are their specific needs in relation to first aid?	Basic first aid training, but delivered in a way which is flexible enough to allow for their physical or mental needs.
How did you make contact with the group?	We contacted a number of schools for disabled children and worked with disability charities.
Did you run a test project with the target group? What was the result?	Yes: there was a distinct lack of training available for disabled people and when we provided it, it was highly successful. Participants gained skills and confidence.
The activity	
What first aid activity did you do?	First aid in classrooms of disabled people
Where did you do it? How often? How many people?	Mostly in schools, but also in community centres and care homes. We are aiming to reach 5000 people over 3 years.
How was the activity adapted to the special needs of the group?	We trained trainers to be flexible: they could change the layout of the room, use different resources (such as first aid in pictures), and set a pace that took account of any needs of the group (e.g. a break every hour).
Were the participants involved in helping with the activity?	The participants were assessed before the activity and therefore the trainer was prepared to adapt the course according to their needs. Advice was also sought from the teacher or care worker.
What were your activity aims and outcomes	For disabled people to obtain recognised first aid skills and knowledge. To develop the capacity and sustainability of first aid training in external disability organisations. To sustain a national programme throughout the BRC of inclusive first aid training. To support disabled people as volunteers within the BRC.
Partners	
Who or what was your partner for this project (e.g. another organisation, a funder?)	Local partnerships have been established. These range from schools for children with special needs, specialist disability organisations i.e. RNID (Deaf), Mencap (Mental illness), social services and small voluntary support groups. On a national level partnerships have been formed with SCOPE and Mencap.
Did the partner help you to plan the activity?	National partner organisations have provided ongoing support for many elements of the project i.e. trainer workshop development, monitoring and evaluation procedures. At a local level partnerships have helped provide the BRC with advice on training delivery, resource development and volunteer support.
Did the partner provide any help?	Please see above.

Resources	
Did you require extra funding for this activity? If so, where did you get it?	The project was funded externally to the British Red Cross by the Big Lottery Fund.
How did you ensure that your volunteers had the necessary skills to work with this group?	Training workshops were piloted and developed to support the volunteer first aid trainers working on this project. All trainers working on this project will have either attended a workshop or have been mentored by a trainer who has attended the workshop.
Did you create new resources for this activity and if so, what were they? (e.g. first aid manual in Braille).	Resources were developed for the first aid trainers to support a more flexible delivery style. These include; a new more flexible first aid programme, a trainers resource pack, a photo resource pack. For the participants the following resources have either been developed or are in development; candidate record books, certificates that indicate competency, first aid in pictures book and an audio CD of first aid techniques.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	We have just embarked on the training part of the programme and we will be monitoring all the training activity based on individual learner feedback and partner organisation feedback. We monitored our pilot project which demonstrated that we were achieving our aims and outcomes
Please give 3 things you learnt from this activity.	Our current first aid programme was not flexible enough for learners with disabilities Our existing first aid education resources were inadequate Trainers needed to develop new skills for this work
Sustainability	
What are you doing with this activity now? Does it still take place?	The pilot phases were completed by 2004 and the national roll-out is now underway. This will continue until 2009. During that time, all teams within the British Red Cross will be considering how to keep this work sustainable for the future.
Who is involved in the activity now (e.g. local Red Cross/Red Crescent, partners, volunteers from the target group)?	All BRCS Areas of the UK will participate in the programme. Local disability organisations will also help deliver the programme.
Did you make any changes to your activity after the pilot stage?	Resources needed to be simpler, not full of lots of information and use clear simple language wherever possible Traditional first aid learning techniques (e.g. showing the wrong way) can cause complications for learners with some disabilities
General	
Were there any difficulties with the activity? Please name 3.	Current trainer availability and capabilities A lack of funding to cover all the costs in delivering this training at a local level Difficulties in implementing effective project planning at a local level.
Is there anything that you would recommend about it to another National Society who wanted to	It has allowed the BRC the opportunity to develop different ways of recruiting and developing first aid trainers. I.e. working with trainers from disability organisations, giving them first aid knowledge to then impart to

run a similar activity?	their members or other organisations. It has also helped with re-engaging current BRC trainers who find working with disabled people more inspiring and rewarding than traditional public first aid. It is forcing the BRC to review its first aid training programmes and to become a more inclusive and flexible organisation.
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5d. Working with potential young drug users: “Don’t leave your friends alone!”

Name	Kristiina Myllyrinne
National Society	Finnish Red Cross
Phone number	+ 358 40 543 7672
Email address	kristiina.myllyrinne@redcross.fi
Needs assessment	
Why did you choose this group to work with?	We had a partner who wanted to fund some first aid training for teenagers.
What are their specific needs in relation to first aid?	Young people might need to perform first aid on a friend, particularly an issue when they are engaging in risky behaviour such as use of drugs or alcohol
How did you make contact with the group?	We made contact with schools.
Did you run a test project with the target group? What was the result?	Yes. The pilot showed us that there was a definite need for this activity.
The activity	
What first aid activity did you do?	We taught them in 2 areas; emergency first aid and under a prevention theme around the use of drugs and alcohol.
Where did you do it? How often? How many people?	We delivered at schools in almost every district. On average, there were 30 people in a class.
How was the activity adapted to the special needs of the group?	We focused the training to the needs of teenagers
Were the participants involved in helping with the activity?	
What were your activity aims and outcomes?	The aim was to educate them of the danger of using drugs, and to reduce experimentation with drugs.
Partners	
Who or what was your partner for this project	Through a Finnish ‘Tivoli’ (carnival), which visits many districts during the summer.
Did the partner help you to plan the activity?	No.
Did the partner provide any help?	Advertising the course and funding.
Resources	
Did you require extra funding for this activity?	We did and it came from the partner.
How did you ensure that your volunteers had the necessary skills to work with this group?	With first aid training we use Finnish Red Cross instructors and for the drugs awareness issues we used specialised volunteers who have specialised knowledge with this theme.
Did you create new resources for this activity and if so, what were they?	We developed a new education programme and teaching materials. We also developed special types of practical exercises for this group.

Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	No
Please give 3 things you learnt from this activity.	It is a new and active way to reach young people who do learn how important it is to say no for drugs.
Sustainability	
What are you doing with this activity now? Does it still take place?	Yes, it is ongoing.
Who is involved in the activity now?	The headquarters is responsible of it, and our districts arrange the courses.
Did you make any changes to your activity after the pilot stage?	No.
General	
Were there any difficulties with the activity? Please name 3.	It took quite a lot of work to find the right schools. We don't have very many volunteers who know enough about drugs issues, so the course was vulnerable if this person could not attend.
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	Pupils are not drug users, so this programme was prevention focussed. It is very important to ensure that the information on drugs doesn't encourage experimentation.

5e. First aid for remote communities

Name	Movses Poghosyan
National Society	Armenian Red Cross Society
Phone number	037410 538340
Email address	drk_bw_eriwan@xter.net
Needs assessment	
Why did you choose this group to work with?	Remote communities are more vulnerable as a result of delayed response by Emergency services and the inaccessibility of public education.
What are their specific needs in relation to first aid?	Basic first aid training, but taking into account that ambulances will arrive after a delay and consequently the person administering first aid has to be able to carry out a lot of different techniques in first aid, such as inducing vomiting, etc.
How did you make contact with the group?	The Armenia Red Cross branch or partner organisations recruited the groups. We also worked with medical staff within remote communities.
Did you run a test project with the target group? What was the result?	Yes.
The activity	
What first aid activity did you do?	Basic first aid training courses; Workshops for youth in remote villages
Where did you do it? How often? How many people?	We mostly delivered it in Red Cross branch centres, but also in schools, camps and community centres. In 2006 we trained 680 people. In 2007 we hope to train more than 1000 people.
How was the activity adapted to the special needs of the group?	We adjusted our course to ensure people knew what first aid to do when the ambulance arrives with delay (more than 1 hour after the accident).
Were the participants involved in helping with the activity?	
What were your activity aims and outcomes?	For people within remote communities to have first aid skills and knowledge. To develop the capacity of remote communities responding to emergencies. To involve new volunteers within the Armenian Red Cross.
Partners	
Who or what was your partner for this project (e.g. another organisation, a funder?)	Academy of Educational development, American University in Armenia, Fund of Armenian Relief
Did the partner help you to plan the activity?	Partners were mainly responsible for recruiting groups, coming to agreements with local authorities, monitoring and evaluation procedures.
Did the partner provide any help?	
Resources	
Did you require extra funding for this activity? If so, where did you get it?	The project did require funding and the German Red Cross, ICRC delegation in Armenia and USAID funded the project.
How did you ensure that your	All trainers working on this project will have attended special workshops or

volunteers had the necessary skills to work with this group?	have been mentored by a trainer who has attended the workshop.
Did you create new resources for this activity and if so, what were they?	Resources were developed for the first aid trainers. These included; a new more enlarged first aid programme, a trainer's resource pack and demonstration materials.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	The head of First Aid training methodological centre, the project coordinator and head of methodological group constantly monitor the implementation of the project based on visits to training sites and individual participant's feedback. The results of monitoring clearly demonstrated that we were achieving our aims and outcomes
Please give 3 things you learnt from this activity.	Our involvement with people in remote villages through the training project was insufficient. Medical staff of remote communities are in high need of training how to act in emergency situations. Trainers are needed to develop this work.
Sustainability	
What are you doing with this activity now? Does it still take place?	We will continue the first aid training activity in remote communities at least until 2008.
Who is involved in the activity now?	All branches of the Armenia Red Cross participate in the programme. Local organisations interested in the dissemination of first aid skills and knowledge will also be involved in the programme.
Did you make any changes to your activity after the pilot stage?	
General	
Were there any difficulties with the activity? Please name 3.	Current trainer availability and capabilities A lack of funding to cover all the costs in delivering this training at a local level Difficulties in recruiting groups at a local level.
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	This experience would probably be useful for countries with a similar level of development and with similar problems to Armenia, for example NIS countries (Newly Independent States from former Soviet republic)

5f. First aid training for young people living in inner cities: “Saving lives and preventing violence”

Name	Diane Issard
National Society	French Red Cross
Phone number	+33 (0)1 44 43 12 96
Email address	firstaid.refcentre@croix-rouge.fr
Needs assessment	
Why did you choose this group to work with?	Even before the huge crisis that took place in some inner cities in France in 2005, the French Red Cross had developed programmes in inner cities, targeting first aid education as a tool to tackle social issues and to prevent violence.
What are their specific needs in relation to first aid?	There was no need to adapt the first aid course itself; first aid training was used as a tool to work on the violence issue with young people living in inner cities.
How did you make contact with the group?	Using structures/people which have existing contact with young people in the target group and are established in inner cities.
Did you run a test project with the target group? What was the result?	This activity was started using salaried ‘Urban moderators’; the experience gained has since been used to implement activity within French Red Cross local branches and using volunteers. With the ‘Urban moderators’ scheme, themes of work included addictions and STD’s.
The activity	
What first aid activity did you do?	<ul style="list-style-type: none"> - Short first aid course (1 hour) - Basic first aid course (10 hours) - Course to become a first aid trainer
Where did you do it? How often? How many people?	Schools, leisure centres, community youth centres.
How was the activity adapted to the special needs of the group?	<p>In addition to the first aid training, a workshop with the theme “preventing violence” was organised. This workshop lasted approximately 2 hours and was an opportunity for the participants to express themselves. A specialist in violence issues was responsible for delivering the workshops. Examples within the first aid courses related to violence and the consequences of violence allowing participants to testify to their experiences.</p> <p>At the end of the first aid sessions, there were diploma ceremonies that very often were the first times these young people had receive an official diploma or recognition of what they have done.</p>
Were the participants involved in helping with the activity?	The French Red Cross started this activity 7 years ago with ‘Urban moderators’ who were paid staff and who came from this target group. Now the activity is based on volunteers, and the participants after the basic first aid training are invited to become a first aid trainer; which then allows a peer education route.
What were your activity aims and outcomes?	<ul style="list-style-type: none"> - To defend values and to encourage respect for other human beings; - To create the willingness to work together to find solutions to community problems; - To improve self-esteem; - That first aid is altruistic, the inverse of violent behaviour.

Partners	
Who or what was your partner for this project (e.g. another organisation, a funder?)	<ol style="list-style-type: none"> 1. Institutions where the young people were already engaged (Schools, leisure centres...) 2. Association which is an expert in the field of violence prevention 3. Partner for funding: currently, this is Canon
Did the partner help you to plan the activity?	This activity was coordinated together with all the partners
Did the partner provide any help? (e.g. venue, support)	<ol style="list-style-type: none"> 1. The institutions used helped by providing the venue and contacting young people 2. The association expert in the field of violence played a main role in the workshop session 3. Canon gave financial support
Resources	
Did you require extra funding for this activity? If so, where did you get it?	This activity required extra funding because usually participants pay for training, which was not the case here thanks to the sponsorship.
How did you ensure that your volunteers had the necessary skills to work with this group?	We took a Peer Education approach, taking volunteers from within this target group.
Did you create new resources for this activity?	Yes, a guide for the French Red Cross local branches to use as a tool to set up the activity locally
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	<p>We used several questionnaires:</p> <ul style="list-style-type: none"> - Questionnaire for the participant - Questionnaire for the partner institution - Questionnaire for the Red Cross team <p>A summary of the questionnaires and the session were made. The activity is assessed at national level using feedback from local branches.</p>
Please give 3 things you learnt from this activity.	<ul style="list-style-type: none"> - Using first aid education is a positive way to speak about violence - Learning something concrete (i.e. first aid procedures) gives another dimension and a real interest
Sustainability	
What are you doing with this activity now?	The activity has evolved from using paid staff to using volunteers.
Who is involved in the activity now?	Local partner organisations (as above) and branches are involved
Did you make any changes to your activity?	We only adjusted the theme into first aid and violence
General	
Were there any difficulties with the activity? Please name 3.	- Young people in inner cities were not used to being gentle with other young people when administering first aid (eg the recovery position)
Is there anything that you would recommend about it to another National Society ?	Partners are really important, particularly the institution where the programme's beneficiaries are.

5g. How to take care of a senior citizen at home

Name	Kristiina Myllyrinne
National Society	Finnish Red Cross
Phone number	+ 358 40 543 7672
Email address	kristiina.myllyrinne@redcross.fi
Needs assessment	
Why did you choose this group to work with?	We have had this programme in existence for a long time. The majority of the population in Finland is old and they need a different kind of help and assistance to stay at home instead of going into hospital.
What are their specific needs in relation to first aid?	Older people's needs are both about their care but also they are at a risk of accident in the home and both prevention education and first aid for carers is needed.
How did you make contact with the group?	We have been able to deliver this programme as part of our standard package of first aid.
Did you run a test project with the target group? What was the result?	Yes we did run a pilot and the feedback was very good.
The activity	
What first aid activity did you do?	Our normal first aid training
Where did you do it? How often? How many people?	The programme was delivered by Finnish Red Cross districts and branches and they offered it to different organisations locally e.g. those who take care of their relatives at home.
How was the activity adapted to the special needs of the group?	
Were the participants involved in helping with the activity?	
What were your activity aims and outcomes?	The aim was to prevent home accidents, ensure carers had simple instructions in how to act in the case of an emergency and guidance around how to take care of a patient at home.
Partners	
Who or what was your partner for this project?	None.
Did the partner help you to plan the activity?	
Did the partner provide any help?	
Resources	
Did you require extra funding for this activity? If so, where did you get it?	No.
How did you ensure that your volunteers had the necessary skills to work with this group?	We use our existing first aid instructors and other individuals with health profession backgrounds.

Did you create new resources for this activity and if so, what were they?	We had originally created a new programme and teaching materials.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	We only collected feedback from those attended the course.
Please give 3 things you learnt from this activity.	It is really needed in our society. The need is bigger than we can answer / help / give courses. It should be free.
Sustainability	
What are you doing with this activity now? Does it still take place?	Yes, it is ongoing.
Who is involved in the activity now?	The headquarters is responsible of it, and our districts arrange the courses.
Did you make any changes to your activity after the pilot stage?	No.
General	
Were there any difficulties with the activity? Please name 3.	To find instructors to hold the courses. It should be free.
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	

5h. First aid for ethnic minorities: South Asians in London

Name	Matt Overd
National Society	British Red Cross
Phone number	020 7877 7266
Email address	moverd@redcross.org.uk
Needs assessment	
Why did you choose this group to work with?	Death from coronary heart disease of South Asians in the UK is at least 50% above the average.
What are their specific needs in relation to first aid?	Culturally appropriate emergency life skills training and confidence to call for an ambulance.
How did you make contact with the group?	Through local health workers, community and religious leaders.
Did you run a test project with the target group? What was the result?	The whole project was a test project for a national programme of community based first aid. It began with a survey conducted in four community centres to examine levels of knowledge and interest in learning first aid. All expressed an interest in learning.
The activity	
What first aid activity did you do?	3-hour CPR and healthy lifestyles training, initially using translators, then recruited and trained local volunteers.
Where did you do it? How often? How many people?	Community centres, mosques, local colleges and schools. 575 people were trained over 2 years.
How was the activity adapted to the special needs of the group?	Emphasis was on how to deal with heart disease and resuscitation, particularly heart attacks and cardiac arrest. The community delayed calling '999' due to cultural reasons, so the chain of survival was an important part of the training. Also the training included information on healthy lifestyles (eating and exercise) Translators were used where necessary and attention paid to requests for single-sex courses.
Were the participants involved in helping with the activity?	A community worker from within the target community was recruited to the project. He developed relationships with individuals and groups and informed the delivery of the project. Volunteers were recruited directly from the local community.
What were your activity aims and outcomes?	To provide simple emergency life skills training To build confidence to call an ambulance in an emergency To provide training which was culturally sensitive To recruit and skill trainers from within the target community To provide health education To work in partnership with relevant groups To build long-term sustainability and provide relevant resources
Partners	
Who or what was your partner for this project (e.g. another organisation, a funder?)	Barts City Life Savers (BCLS) – a London based medical charity Greater London Authority (The Mayor of London) National Health Service
Did the partner help you to plan the activity?	Yes, BCLS helped to plan the training. Partners that emerged from building relationships with the community also advised on activities

	and on the approach of the project.
Did the partner provide any help?	The Red Cross and BCLS had complete joint management of the project. Local community groups provided venues for training.
Resources	
Did you require extra funding for this activity? If so, where did you get it?	The project was funded by the Greater London Authority and the National Health Service (£100,000 over two years)
How did you ensure that your volunteers had the necessary skills to work with this group?	Volunteers were recruited from the community itself. Training was given to ensure that they had the skills and confidence to deliver what was required. They were supported by an experienced trainer until they were competent to train alone
Did you create new resources for this activity and if so, what were they?	Yes: a first aid audio tape was produced. There is a strong tradition of oral learning within this community. A leaflet to promote the scheme was also produced to leave in public places.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	Yes
Please give 3 things you learnt from this activity.	Partnership working was very important. Listening to the needs of the community shaped the activity. Refresher training helped to consolidate knowledge.
Sustainability	
What are you doing with this activity now? Does it still take place?	This project has been handed over to the community. However, similar BRCS projects are being developed elsewhere in the UK as a result of it.
Who is involved in the activity now (e.g. local Red Cross/Red Crescent, partners, volunteers from the target group)?	Volunteers from the local community and the local health authority.
Did you make any changes to your activity after the pilot stage?	The project remained flexible throughout and was continually developed in response to need.
General	
Were there any difficulties with the activity? Please name 3.	Reaching the community itself: it was important to link with other organisations that already had a relationship with the community. Ensuring that the products were appropriate and accepted by the community. Often consultation was inconclusive –attempts to encourage the community to lead the project had limited success. The project required a significant cultural change within BRCS as it was a new (less formal) type of education.
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	Make use of people from within the community to advise and run the activity. Try new things, but test these on the beneficiaries.

5i. First aid for people with a particular health risk: industrial workers

Name	Anatoli Mejevitinov
National Society	Russian Red Cross
Phone number	#7 916 692 70 20 (mob)
Email address	anatoli@paramedikru
Needs assessment	
Why did you choose this group to work with?	The group consisted of employees of businesses and manufacturers with high traumatism risk. Due to the lack of trained instructors at the enterprises, most of the workers were not trained to provide first aid.
What are their specific needs in relation to first aid?	In general, these industrial workers are aged 40-60 years. They are particularly at risk from respiratory diseases, warm-pulmonary diseases and asthma.
How did you make contact with the group?	Contact is carried out through labour safety departments of the businesses with higher traumatism risk. Presentations are given of first aid courses and relevant information is placed on the intranet.
Did you run a test project with the target group? What was the result?	Yes. Three test groups of ten people were arranged. Participants asked numerous questions related to their professions and hobbies. Courses were conducted by professionals and specialists. Case studies helped to make course bright and interesting. Experts who assisted in developing the courses became instructors.
The activity	
What first aid activity did you do?	Educational activity has been implemented. Every year the first aid training covers about 3000 people. Instructors have also been trained. The course includes modern training methods such as situational role-plays etc.
Where did you do it? How often? How many people?	This has been carried out in practically all RRC regional branches. For example, in Kuban, future workers of the fire-fighting service got training at the Emercom Training Centre.
How was the activity adapted to the special needs of the group?	During the training course real life situations have been considered. Professionals use their local knowledge and experience to brighten courses and make them vivid, so increasing their effectiveness.
Were the participants involved in helping with the activity?	Yes, they assisted in organisational and informal aspects.
What were your activity aims and outcomes?	The purpose was to raise awareness of people from risk groups to the necessity of being able to provide first aid, and consequently to generate a community of people ready to render first aid to any victim at any time or place.
Partners	
Who or what was your partner for this project (e.g. another organisation, a funder?)	Our partners were various organisations working in the field of first aid which helped us with methodical grants and advised us on the specific issues for different risk groups.
Did the partner help you to plan the activity?	No, we planned the activity ourselves, but our partners helped us to correct our actions.
Did the partner provide any help?	Yes, our partners provided us with information about the specific issues for the risk groups. They also provided us with transport.

Resources	
Did you require extra funding for this activity?	The minimum funding has been received from our partners.
How did you ensure that your volunteers had the necessary skills to work with this group?	Volunteers are selected from the risk groups and got training as first aid instructors.
Did you create new resources for this activity?	A first aid manual (in Russian) has been developed considering the changes in first aid standards.
Monitoring and evaluation	
Did you monitor your activity against the aims and outcomes?	Yes. At present a lot of volunteers trained by the Russian Red Cross are ready to provide first aid to those in need in daily life.
Please give 3 things you learnt from this activity.	<ol style="list-style-type: none"> 1. We have understood specific requirements of doctors which could not render first aid without medicines. 2. We have understood that most people who passed first aid training needed psychological training as well. 3. We attracted attention of educational institutions and medical professional societies to first aid issues and received their counselling and proposals.
Sustainability	
What are you doing with this activity now? Does it still take place?	We continue training and advocacy activity concerning the importance of first aid. The community of people who have learnt first aid from this project continue to work and involve new participants.
Who is involved in the activity now	Partners and volunteers from target groups, and RRC local branches actively participate in this activity.
Did you make any changes to your activity after the pilot stage?	The teaching methods of the course have been constantly improved and changed considering psycho-physiological and age factors, national mentality and perception features. We pay more attention to psychological preparedness of the target group.
General	
Were there any difficulties with the activity? Please name 3.	<p>Difficulties were:</p> <p>The absence of the for aid definition in the legislation of the Russian Federation, its level and rules of rendering, and responsibility of the employer to arrange first aid training for all employees .</p> <p>Getting participants to have the confidence to be first aiders .</p> <p>The large territory of the country which requires control of the strict conformity with course standards. It is necessary to hold supportive training seminars for instructors to exchange experience, learn any changes to standards and maintain high standards of training that would require additional funding.</p>
Is there anything that you would recommend about it to another National Society who wanted to run a similar activity?	We recommend organising groups of volunteers who are ready to render first aid. Such groups help participants of target groups to receive new knowledge and skills about rendering assistance as well as being legally protected.

Appendix 6: An example from outside Europe: Youth education case study from Australia

The Australian Red Cross save-a-mate (SAM) Program

“Look Out For Each Other”

Overview

Save-a-mate (SAM) works to promote the health and wellbeing of young people by providing education, service and support on key current and emerging health issues, particularly those related to alcohol and other drug use and mental health.

SAM provides training, education, first aid services and health promotion initiatives that seek to build the skills and knowledge of young people to look after themselves and provide support to their peers.

SAM operates within a harm minimisation framework and draws on current research and best practice to deliver outcomes.

Background

SAM began in Australia in 1999. The program was originally designed to address the disturbing rise in heroin overdoses that were occurring in young people. In the late nineties heroin overdoses became one of the largest killers of young people. Australian Red Cross adapted its considerable first aid expertise into a training course that addresses a contemporary issue. The marriage of alcohol and other drug education with first aid training has proven to be highly successful and extremely popular with young people.

The program has developed considerably over the years and now delivers training and services on a range of alcohol and other drug use issues. Most recently a youth mental health peer education course has been developed and is also being delivered around the country.

Scope

- > SAM delivers training to more than 7,000 young people each year.
- > SAM attends more than 200 youth events and festivals each year, where more than 400,000 patrons attend.
- > The program has over 300 volunteers nationally who deliver training courses and attend youth festivals and events conducting first aid and health promotion.

Service Components

The service has three major components:

1. Education and Training Initiatives
2. Festivals and Events Initiative
3. Health Promotion and Advocacy Initiatives

1. save-a-mate Education and Training Initiatives

SAM delivers a range of innovative training courses to young people and those that work with or care for them. The courses are generally delivered by volunteer or paid peer educators but are also undertaken by paid staff and professionals not necessarily within the peer group (e.g. Red Cross First Aid Health and Safety officers). The sam Training Courses can be delivered in flexible formats and include;

- > **The sam Alcohol and other Drugs (A&OD) Emergencies Course** – preventing, recognising and responding to emergencies resulting from alcohol and other drug use, including first aid training. Delivered either with accredited CPR/first aid training or in an unaccredited workshop format. The course is between 2 hours to 2 days in length depending on the level of first aid training utilised.
- > **Alcohol and other Drug Peer Education** – builds the skills and knowledge of young people to provide support to their peers on these issues aiming to build resilience, increase support networks and to prevent the uptake of harmful behaviours. The course is approximately 16 hours in length.
- > **Mental Health Peer Education (Talk Out Loud)** – builds the capacity of young people to provide education and support to their peers on these issues, also seeks to reduce stigma and encourage professional assistance seeking. Delivered in partnership with beyond blue, *the national depression initiative*. The course is delivered in 6 hours.
- > **SAM 'Our Way'** – A peer education training and support program that focuses specifically on indigenous communities in remote locations. The training holistically addresses emotional and social well-being and aims to reduce the impact of Alcohol and other drugs and mental health issues.

2. save-a-mate Festivals and Events Initiative

Youth volunteers attend festivals and events to perform health related activities to their peers. There are two major components to this initiative;

- > **First Aid Units** provide first aid services at youth focused events (such as music festivals) and promote health and service referral information. The teams are made up of young people and work with a non-judgemental approach in treating and supporting young people.
- > **save-a-mate Crew Team** encourages 'safer celebrating' through health promotion and peer education so that young people can educate their friends. At times the 'Crew' also provides first aid support to the official first-aid unit on-site.

3. save-a-mate Health Promotion and Advocacy Initiatives

Sam engages in a range of health promotion initiatives including PR, Web-based strategies (www.saveamate.org.au) and direct peer-based activities to name a few. The sam team are also engaged in advocacy through various streams including participation on steering and advisory bodies, through key relationships with decision-makers and stakeholders and through the course of our service delivery.

Target Groups

Young people recruited to deliver the service are usually aged 18-30 years. Generally, the service targets young people aged 12 – 25 years who may be at risk of the harms associated with substance use, although some work is done with groups outside this age range.

Target Groups include any youth groups that may be impacted by the issues SAM addresses. They include but are not limited to:

1. School Youth
2. Youth-at-Risk
3. Juvenile and correctional facility detainees
4. Rural and remote youth
5. Indigenous Groups
6. Culturally and Linguistically Diverse Groups (the program is delivered in Vietnamese and Arabic)
7. Homeless people
8. Injecting Drug Users
9. Sex Workers
10. Those within the club and dance party scene

Considerable work is targeted to those who work or care for these age groups eg. staff in Pubs, Clubs Venues, Youth and Community Centre staff, teaching staff and families/ carers of young people at risk.

SAM Program Aims

The program aims to:

- > Promote the health, safety and wellbeing of young people, particularly around alcohol and other drug use and mental health.
- > Reduce the uptake and incidence of harmful alcohol and other drug use and the incidence of alcohol and other drug related harms specifically first aid emergencies (overdoses) and other associated health risks
- > Support early intervention to mental health conditions, particularly anxiety, depression and suicide by raising awareness, building knowledge and skills, reducing stigma and encouraging access to professional assistance amongst young people
- > Develop the skills, resilience and coping skills in young people and those who work with or care for them to prevent and reduce harms.
- > Increase the skills of young people to support & educate their peers on harms impacting them in contemporary society
- > Engage young people into the save-a-mate program and the Red Cross
- > Build a youth attractive brand and marketing strategies that young people want to be associated with and respond to
- > To encourage a safe environment at community and corporate activities and events attended by young people by providing first aid services and health promotion to participants.

- > Contribute to the industry and public landscape on effective strategies to address alcohol and other drugs and mental health issues in young people through on-going research, evaluation of service activity and engagement within the professional field.

SAM Program Outcomes

The following are some of the broad outcomes of sam encompassing the three major components of the initiative, Education and Training, Festivals and Events and Health Promotion:

1. A positive impact on the levels and patterns of alcohol and other drug use by young people
2. Reduces the likelihood of emergencies resulting from alcohol and other drug use and builds the capacity and skills of young people to recognise and effectively manage emergencies resulting from alcohol and other drug use.
3. Builds resilience in young people through the development of stronger and more capable youth peer support networks
4. Raises awareness in the community of the risks of alcohol and other drug use and promotes strategies to address those issues.
5. Raises awareness and understanding of mental health issues and co-morbidity, reduces stigma and encourages early intervention and professional assistance seeking
6. Increases the capacity of families, carers, youth workers and other services staff to manage alcohol and other drug and mental health issues, particularly among young people.
7. Raises the profile of ARC as a youth focused organization by addressing issues of key relevance to young people.
8. Develops employment and personal development opportunities for young people as both benefactors and service providers.
9. Develops the ability of and opportunity for young people to respond to the needs of vulnerable young people in their community.

Contact details for further information

National Manager: # (02) 9229 4204

shazeldine@redcross.org.au

Or visit www.saveamate.org.au

Appendix 7: National Society activities and contacts

Key: Y=Yes P=Pilot

National Society	Contact	Email	Blind	Deaf	Disabled	Homeless	Prisoners	Drug users	Young in inner cities	Elderly	Specific health risk	Ethnic minority	Rurally isolated
Andoran Red Cross	Anna Vives Tarres # 00 376 808 225	creuroja@creuroja.ad					Y			Y			
Austrian Red Cross	Monika Mayer-Stickler # 43 1 589 001 67	Monika.Mayer-Stickler@roteskreuz.at	Y	Y	Y						Y - Cardiac Arrest		
British Red Cross	Emily Oliver #44 20 7877 7265	eoliver@redcross.org.uk	Y	Y	Y	P		Y				Y - South Asian	P
Bulgarian Red Cross	Dr Chavdar Yankulov # 359 281 64808	ch.yankulov@redcross.bg									Y-Firemen, Police		
Czech Republic Red Cross	Pavel Štajer # 251 104 237	stajer.pavel@cck-cr.cz											
Danish Red Cross	Jane Petersen # 45 35 93 84	jpe@drk.dk											
Estonian Red Cross	Ellen Sternhof # 725210141	ellen.sternhof@mail.ee		Y	Y								
Finnish Red Cross	Kristiina Myllyrinne # 358 40 543 7672	Kristiina.Myllyrinne@redcross.fi	Y	Y	Y		Y						
French Red Cross	Diane Issard # 33 1 44 43 12 96	firstaid.refcentre@croix-rouge.fr	Y	Y	Y		Y		Y	Y			Y
German Red Cross	Stefan Osche # 49 30 85404 367	OscheS@drk.de			Y					P		Y	
Lithuanian Red Cross	Nijole Ciutiene # 370 85 262 80 37	international@redcross.lt											
Luxembourg Red Cross	Fernand BLEY #00352 45 02 02 - 1	therese.leuko@croix-rouge.lu											
Hellenic Red Cross	Ismene Liberi #210 822 7438	ismene_libery@yahoo.gr	Y		Y	Y			Y	Y	Y	Y	
Icelandic Red Cross	Gunnhildur Sveinsdóttir # 352 570 4031	gunnhildur@redcross.is										Y	

National Society	Contact	Email	Blind	Deaf	Disabled	Homeless	Prisoners	Drug	Young in inner	Elderly	Specific health risk	Ethnic minority	Rurally isolated
Irish Red Cross	Beryl Kelly # 86 851 3677 or Diarmaid Scully # 353-1-642-4629	dscully@redcross.ie					Y				Y	Y	
Italian Red Cross	Alessandra Diodati # 39064741645	alessandra.diodati@cri.it	Y	Y									
Kazakhstan Red Crescent	Sholpan Ramazanova #7327 293 8503				Y			Y	Y	Y	Y		Y
Kyrgyzstan Red Crescent	Aida Estebesova # 996312 663 954		Y			Y		Y			Y	Y	Y
Malta Red Cross	Joseph Micallef # 21 222 645												
Netherlands Red Cross	Patrick Logister # 31 70 44 55 768	PLogister@redcross.nl											
Norwegian Red Cross	Olav Aasland # 47 22054103	olav.aasland@redcross.no											
Portuguese Red Cross	Ricardo Almeida # 351 218 459 435	ralmeida@cruzvermelha.org.pt											
Russian Red Cross	Anatoli Mejevitnov # 7 916 692 70 20	anatoli@redcross.ru						Y			Y-Factory workers	Y	
Serbian Red Cross	Ljubica Dragisic # 381 11 30 32 125 ext. 108	gordana@redcross.org.yu											
Spanish Red Cross	Carlos Urkia # 34 91 335 44 71	cum@cruzroja.es											
Swedish Red Cross	Camilla Johansson # 46 90 71 69 88	camilla.johansson@redcross.se											
Tajikistan Red Crescent	Dilorom Mirova # 992372 24 03 74												Y
Turkish Red Crescent	Elif Taskin # 90 312 244 06 44												
Turkmenistan Red Crescent	Ata Boppyev # 99 312 395 512				Y			Y		Y			Y
Uzbekistan Red Crescent	Shukhrat Yusupov # 998 71 150 81 17						Y	Y	Y	Y			Y

Appendix 8: Further reading

The following list contains documents which might be of interest in developing understanding and insight to working with vulnerable people. All are available from the IFRC.

1. Red Cross Guidelines on Working with Vulnerable Roma and other Marginalised Groups in Europe; 2006; Belgrade Delegation and Budapest Regional Delegation. Consultants on text: Zoran Ostojic and Stevan Popovic.
2. Working with Communities: a toolbox; 2006; IFRC. Written by Stephanie Bouris.
3. First aid in the Community: a framework for National Society programming; 2005; IFRC.
4. The power of one – the power of 100 million: Positioning the International Federation of Red cross and Red Crescent in health in a global environment; 2005; IFRC. Written by Ilona Kickbusch.
5. Monitoring and evaluation in a nutshell; 2007; IFRC.
6. Initiating a vulnerability and capacity assessment; IFRC.

This document was created by the Taskforce for First Aid Learning for Vulnerable Groups which is a working group of the European First Aid Education Network. It was written and edited by the British Red Cross.

British Red Cross
44 Moorfields
London EC2Y 9AL
Tel: 0870 170 7000
Fax: 020 7562 2000
www.redcross.org.uk/firstaid

September 2007