

Every day, thousands of people die and many more suffer unnecessarily due to a lack of preparation to face an emergency or because they are not provided with adequate and timely assistance. Moreover, some groups of people are considered more vulnerable than others. These two facts stated, first aid education represents a solution because it enables to protect and save lives, alleviate suffering, reinforce solidarity between communities and reduce inequalities. Through a unique network of National Societies and volunteers, the International Red Cross and Red Crescent Movement is a major player in this field (this commitment being written in the Strategy 2010).

One concrete example of the activities of the Red Cross and Red Crescent National Societies is the World First Aid Day: this event aims at teaching first aid skills at a large scale. The 2005 edition focused on vulnerable people, who have sometimes hard living conditions.

Who are the priority groups? Which methodology can be used? How to develop training programmes appropriate to these vulnerabilities? Factual examples will help to answer these questions.

Building stronger communities

For the International Federation of Red Cross and Red Crescent Societies, “vulnerable people” are those at risk from situations that threaten their survival or their capacity to live with a minimum socio-economic security and human dignity. 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 training programmes.

In Europe, people identified as being more vulnerable than the general population are amongst the following groups (this list is not exhaustive, children will be considered at a later stage):

- people living isolated and in the country,
- youth from inner-city areas,
- people living in insalubrious conditions and homeless people,
- people with disabilities,
- the elderly, people facing a particular health risk,
- minorities and ethnic groups.

Key principles: taking into account the types of vulnerability and the local capacities

The key issue is the prevention of suffering by informing people in order they avoid exposure to situations that can increase their vulnerability but also giving them the ability to act in case of accident or disaster.

The challenge of reducing vulnerability and enhancing capacity requires an intimate knowledge and understanding of the local reality. This enables to develop appropriate and responsive programmes.

The key principles in developing training programmes for vulnerable people are:

- targeting the communities and defining their vulnerability,
- clearly identifying the needs,

- taking into account the cultural differences,
- establishing a training programme appropriate to the identified needs, the abilities and the knowledge of people,
- compiling the local resources,
- using key people as entry points into the communities,
- involving local branches as they are close to the communities,
- working in partnership with specialized organisations,
- training instructors to the specific needs of the community,
- recruiting people from the vulnerable group (as trainers for instance),
- building long-lasting plans,
- ensuring necessary funds to set up a programme,
- raising awareness of public authorities and corporate leaders,
- tackling health topics through first aid education.

Developing appropriate first aid training programmes

Training for people living isolated and in the country

While there are many advantages to live in the country, rural life can also present significant health dangers partly due to isolation. A straightforward visit to the doctor can become problematic if the nearest practice is miles away. And if something does go seriously wrong, the response time of emergency services will certainly be slower.

During first aid trainings, the focus will be on: the skills enabling individuals to act in case of emergency whilst waiting for the emergency services and the ability to deal with minor injuries, saving on a visit to the doctor.

Even more than in an urban environment, the concept of “bridge-citizen” is totally appropriate to life in rural places: the idea is to train “resource citizens” who will represent the first link in the survival chain. These people, known within the community for their knowledge of the first aid techniques, could be called up in case of problem by a neighbour, a friend or a member of the family. Moreover, they can play a role in term of prevention by encouraging further thoughts on this issue.

Training for youth coming from inner-city areas

In a world with increasing tension and violence, the Red Cross and Red Crescent National Societies defend both the individual and community values which encourage respect for other human beings and a willingness to work together to find solutions to community problems. The first aid education can go further than the altruistic framework of first aid and becomes a tool to tackle social issues. This is what the French Red Cross has been developing for six years in the inner-city areas through a training which corresponds to the European First Aid Certificate. This civic training is a trigger for dialogue.

When learners live in inner-city areas, the French Red Cross suggests implementing a “first aid and prevention” workshop which deals with global health issues (violence, drug, HIV...). The first aid instructor becomes an activity leader and encourages participation. An expert is sometimes invited to throw light on the debates. At the end of the session, a synthesis of the discussions is drawn and shared with everybody. For example, in the framework of violence prevention: through the examples used during a first aid course, violence consequences are

discussed, participants can testify which opens a dialogue. A sociologist, an emergency doctor may be invited to speak about their experiences and provide the group with new ideas. At the end of the session, the group gives feedback through a photographic exhibition or a play shown to the neighbourhood. The diploma ceremony is then organized in order to increase the standing of the learners. Very often, this is the first time they receive an official diploma.

For six years, this training has benefited to several thousands of people. In addition to the promotion of citizenship and the professional opportunities offered by the first aid training (some jobs or activities require this kind of training), the Red Cross contributes to address global health issues with inhabitants of the inner-city areas through participative activities.

Training for people living in insalubrious conditions and for homeless people

It has been recognised that accidents, particularly domestic ones, are more common in low income households living in insalubrious conditions and whose health is worst due to these life conditions. As for rough sleepers – living without shelter, not always having enough food, they face an increased risk of physical and mental health problems, all ties with their family are often cut and they have to deal with issues relating to drug, alcohol and violence.

Any intervention in this community must be well prepared: the educational programmes must be delivered at suitable times, located in an accessible place, using an appropriate language and respecting addictions, lifestyles and circumstances. A “classic” volunteer would not necessarily adapt easily, it is therefore recommended to use peer education methods which will enable to include members of the community within the programme.

In 2002, the British Red Cross teamed up with the ‘Big Issue’ magazine to train vendors. For most of them selling the newspaper is their only income. The first training took place during the ‘Health Week’ launched by the foundation of the magazine. Two volunteers and the project manager went to the ‘Big Issue’ offices and met the vendors where they come to purchase their copies. On a normal weekday, between 50 and 200 vendors come in this place, amongst them 40 stopped at the “first aid” stand. The training was more informal than usual and none of the sessions - which lasted approx 15 minutes - were the same. The most interested vendors spent nearly one hour talking with first aid trainers. The ‘Big Issue’ magazine offered incentives to those who took part in the ‘Health Week’ activities which motivated some of the vendors, others just wanted to learn. Instead of performing a rigid training, the volunteers tried to initiate a dialogue by using the experience of participants to provide explanations and make demonstrations. Simple questions were asked such as “What would you do if you found someone lying on the back in the middle of the street?”. Some of the participants had dealt with similar situations before and only required confirmation that their actions were correct. On the other hand, others did not know what to do in such a situation. It was found that developing a good dialogue was a key to the success of the session. In order vendors obtain a diploma equivalent to the European First Aid Certificate, it was suggested that regular sessions could be implemented, for example every Mondays at the same time. The experience showed that it was essential that the trainers should be good communicators with a sensitive, flexible and non-judgemental approach.

“It is hard and dangerous living in the streets. Knowing first aid techniques can make the difference between life and death.” One ‘Big Issue’ vendor said.

Training for people with disabilities

People with disabilities are often excluded from programmes designed for the general public. In addition to the barriers created by the handicap, they have to face preconceived ideas reducing their sphere of activity.

Is a deaf or a blind person able to help a victim? Definitely YES. What a victim needs is a quick and appropriate action. Therefore, the idea is to provide disabled people with a training suitable to their disability, enabling them to achieve the same objectives than everybody else and giving them confidence. This concept corresponds to a training methodology used by numerous Red Cross/Red Crescent National Societies (the Competence Based Approach).

A handicap can also increase certain risks. Through first aid training, disabled people will be made aware of dangers and therefore able to prevent them.

At present, several Red Cross/Red Crescent National Societies have developed training programmes for disabled people.

→ In September 1994, in one of its centres, the French Red Cross started offering courses to blind people. The programme is the same as the one designed for the general public with some adaptations: it lasts 18 hours instead of 10, the teaching method combines touch and words, uses the idea to involve a witness who will be able to describe the scene and guide, the life-saving techniques manual is available in audio tape and CD, written in large characters and in Braille. From the logistic point of view, the premises are adjusted in order participants find their marks.

→ Whatever the disability of the participants, the trainer should be well prepared and adaptable. The Belgian Red Cross provided courses for deaf people involving an instructor who knew sign language. On the educational level, adaptations were defined, for example to give the alert, as the participants were not able to make a call, they learnt to fill in a fax and send it to the emergency services. The operator deals with the document in the same way as a phone call and sends back a fax telling that the emergency services are on their way.

Training for the elderly, for people facing a particular health risk

Europe has an increasing number of elderly sometimes living in isolation. Getting old, some risks appear: troubles of vision, loss of balance, ankylosis of joints... In France, every year, among people of more than 65 years old, nearly one person out of three is victim of a fall.

In the United Kingdom, evidence suggests that some communities suffer from disproportionately high rates of illness. For example, the death rate from coronary heart disease for people coming from South Asia is notably above the national average. This is due to a range of cultural and environmental factors such as high fat diets, smoking, lack of exercise...

To answer special needs and particular risks, specific programmes can be developed. A course for the elderly can help providing advice to prevent falls and when it occurs to learn how to get up alone.

The British Red Cross, through its project THELSP (The Tower Hamlets Emergency Life Skills Project) addresses communities suffering from one of the highest rates of coronary

heart diseases. The aim is to give the skills to act in case of cardiac arrest but also to disseminate prevention messages. The course lasts three hours and focuses on the cardio-pulmonary resuscitation and on the changes to make in the consumer habits.

Training for minorities and ethnic groups

Shifts in population were numerous during the last century. Several countries in Europe present a wide range of races and cultures. Some ethnic groups suffer from discrimination, exclusion and poverty. Certain communities live in areas affected by social deprivation, they have to cope with high unemployment rates, language barriers and reduced access to health services. The integration of these people is essential and partly takes place through education.

The above-mentioned project (THELSP) addresses more particularly the Bangladeshi community living in Great Britain, following the evidence of high risk of coronary heart diseases. The training was therefore developed around this risk but also for a community suffering from discrimination and a reduced access to care. The cultural aspect is very important: for example, the British Red Cross and the partner organisations have noticed that the choice of the place could play a role – a mosque increases the participation of men, schools helps involving mothers and children; it is also essential to perform the training in the mother tongue, with a trainer from the community and without mixing sexes. The communication aspect was also essential for the achievement of the project: the name of the project was chosen to emphasise that it was a local project, the leaflets, the audio-tapes were published in English and in the language of the community, media were go-betweens (newspapers, TV channels, local radios...), stakeholders such as the Imam promoted the training.

In addition to this project, with the idea to widely disseminate first aid skills, the British Red Cross printed leaflets in 25 different languages.

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