

First aid learning for vulnerable groups

Report of the inaugural meeting of the European
Taskforce of the First Aid Education European Network
1-2 June 2006



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

Contents

Introduction.....	3
First aid in the community: IFRC strategy	5
Theoretical issues of working with vulnerable groups	6
Practical examples of working with vulnerable people.....	9
Who should be considered as vulnerable?.....	14
Working effectively with other organisations.....	16
Conclusions.....	18
Next Steps.....	19
Appendix 1: Good practice Guidance for Working with Vulnerable Groups.....	20
Appendix 2: Taskforce contacts and list of interests.....	21

1 Introduction

Community Based First Aid is undertaken by many Red Cross and Red Crescent National Societies worldwide. It is part of the International Federation'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 groups. As a result, European Red Cross and Red Crescent National Societies have started to increase emphasis on this work.

Purpose of the taskforce

The task force was formed following the decision made at the meeting of the First Aid Education European Network meeting in Luxembourg (October 2005) to set up a taskforce to:

- Map current activity and good practices; and
- Identify appropriate guidelines for working with vulnerable groups by adapting and adjusting the community first aid approach.

The work of a taskforce should help to reinforce the sharing of knowledge and information between National Societies in order to better deliver the fundamental principles. It would be called the European Taskforce on First Aid Learning for Vulnerable Groups.

1.1 Membership of the taskforce

All European Red Cross and Red Crescent National Societies are welcome to join the taskforce. All such National Societies from across Europe were invited to participate in the inaugural meeting of the taskforce which took place at the British Red Cross in London at the beginning of June 2006. Ten National Societies took part, all of which are already working to promote first aid learning amongst a variety of vulnerable groups in their countries such as rurally isolated, homeless or people with disabilities. The following National Societies participated in the meeting:

Albanian Red Cross

Armenian Red Cross

Austrian Red Cross

British Red Cross

Finnish Red Cross

French Red Cross/European Reference Centre for First Aid Education

Hellenic Red Cross

Lithuanian Red Cross

Netherlands Orange Cross

Norwegian Red Cross

1.2 Meeting summary

The meeting focused on the theory behind working with vulnerable groups and looked at good practice and examples from current work. Breakout groups looked at methodologies and barriers to this work and at how to integrate it into workplans and the broader work of each National Society. Presentations were given on three projects:

- Rural isolation in Armenia;
- The role of urban moderators in inner cities in France; and
- First aid for people with disabilities in the UK.

There was also a presentation from the UK Services Division which is undertaking research into vulnerability, and one from an external organisation, the Council for National Parks, which has a very successful project working with minority community groups in the UK. The presentation demonstrated that success had relied on the relationships that had been formed and the partnerships developed resulting in strong participation from the target community in the project.

1.3 Meeting outcomes

The meeting raised a number of common issues which National Societies face when developing work with vulnerable communities. In particular, despite the fact that this work is fundamental to our principles and encouraged by the International Federation of the Red Cross (IFRC), all face difficulties in funding it and in finding volunteers who have the time and the skills to support it. It is also difficult to penetrate the communities we want to work with due to lack of contacts and knowledge.

Three key issues emerged which were, to varying degrees, common to all participating National Societies. These were:

- The current lack of effective partnership working despite the proven benefits of doing so;
- A variety of barriers which obstruct a far more flexible attitude to the delivery of first aid learning;
- A clear and recognised need to work with a much wider audience than we currently do in order to properly represent and serve society in line with our fundamental principles.

At the end of the meeting the participants agreed to an initial set of good practice guidelines which could be used by National Societies and built upon as experience is gained (Appendix 1).

This report summarises the debates and discussions had by the taskforce and the outcomes that were agreed through the plenary and breakout sessions. It also summarises the presentations made on specific projects. It goes on to present an initial conclusions and suggested ways forward.

2 First aid in the community: IFRC strategy

In 2005, the IFRC brought out a framework to help National Societies to plan and strengthen their community first aid work. It referred clearly to the 2010 strategy which sets out the Federation's strategy for the decade from 1999. Health care is a core area and it is recognised that this will be most effective if implemented via routes of community participation, volunteers and partnerships: the key elements which make up community based first aid. Indeed, it is recognised that first aid is a strong mechanism to mobilise the power of humanity in order to improve the lives of vulnerable people.

The guiding principles that the IFRC highlights as important to the success of this work are as follows:

- > The need for community based volunteers who are uniquely placed to:
 - > mobilise communities and tackle local problems;
 - > maintain and build a strong link to the local Red Cross/Red Crescent branches;
 - > respond to emergencies and disasters; build up trust and be recognised locally;
 - > build capacity and strengthen communities.
- > Community participation in order to:
 - > increase community ownership and empowerment;
 - > make use of the skills and knowledge of the community and its environment; and
 - > add capacity and therefore effectiveness to the work.
- > Partnerships can help to strengthen community-based first aid and should be made with other organisations, local and national Government, and schools.

2.1 Relationship of the IFRC and the Taskforce

It is the intention of the Taskforce to work with National Societies in Europe to understand and develop the practice of community-based first aid both informed by and in order to inform the work of the IFRC. The First Aid Education European Network and the IFRC have supported the establishment of the taskforce and work on this issue will be done complementarily and concordantly.

3 Theoretical issues of working with vulnerable groups

Three breakout groups were formed to discuss the theory of how first aid learning for vulnerable groups can work and the difficulties it raises. Below is a summary of each of those discussions.

3.1 Methodologies of working with vulnerable groups

Group participants: Matt Overd (British Red Cross), Movses Poghosyan (Armenian Red Cross), Nelleke Den Ouden (Netherlands Orange Cross), Ismene Lymberi (Hellenic Red Cross), Nijole Cuitiene (Lithuanian Red Cross)

3.1.1 Who is vulnerable?

The group discussed how to discover who the vulnerable groups are. In some countries Government statistics are available which might relate to levels of deprivation, areas of the country most prone to natural disasters and poverty levels. However, these can both be skewed and, in some cases, partial. National Societies might need to undertake a needs analysis, possibly independently, to identify the most vulnerable.

3.1.2 How are they vulnerable?

A recurring theme which was relevant to all participants at the meeting was the desire to be better informed about the people who are vulnerable. There is a need to be much clearer about the nature of their vulnerability, to understand how best to communicate with these groups and to be able to develop techniques which tackle the issues in the most appropriate way.

3.1.3 How to find out

In order to answer the questions above it is important to have genuine and reliable routes into communities which are trusted by the communities themselves. This might be done by recruiting volunteers from within the communities, by basing staff or volunteers within the communities or simply geographically closer so they can be more accessible (such as in the community centres, on the streets etc), and by changing the requirements needed for delivering first aid learning opportunities to make it easier, more relevant and appealing, and more desirable to learn.

3.1.4 Difficulties faced

Difficulties fall primarily into two categories:

- > National government control over what first aid is delivered and who is allowed to deliver it (for example, in Finland and Greece you have to be a qualified nurse before you can teach first aid);

- > Having the means (the people, the resources, the will) to penetrate the communities in order to understand the problems and therefore be able to deal with them.

3.2 Barriers to working with vulnerable groups

Group participants: John Payne (British Red Cross), Kristina Myllyrinne (Finnish Red Cross), Yangchhen Yesi (British Red Cross), Enkel Tasho and Andon Haxinasto (Albanian Red Cross).

3.2.1 Trainers: numbers, understanding, skills

National Societies in general seem to be very good at making first aid training seem difficult! (This is unsurprising given the climate of credibility based purely on clinical competence – note point 3.1.4). Therefore all National Societies seem to suffer from a lack of trainers. However, more importantly, the trainers that we do have, although usually good and loyal, are not always geared up to be flexible enough in their delivery or confident enough to work with groups that are not regarded as ‘standard’. Some might be openly prejudiced while others might just be uneasy about training some groups. Some might simply not have the language skills or enough knowledge of the different culture to be able to work effectively with a particular group.

3.2.2 Awareness of the Red Cross /Red Crescent and the services available

Some groups would not consider the Red Cross Red Crescent to be relevant to them because of their perception of the organisation. For example, the British Red Cross has difficulties reaching Muslim groups because of the symbol (perceived as Christian). Other groups have difficulty accessing services generally and so would not necessarily differentiate between the RCRC and any other national service (such as health care or education). As such, public awareness of the Movement amongst groups that are vulnerable is more likely to be low. In addition, first aid itself is sometimes misconstrued as something more complicated or less relevant to everyday life than it actually is.

3.2.3 Overcoming the mystery

National Societies represented in this group had undertaken a number of initiatives to overcome these barriers. All involved an element of promoting self-help. For example, in Albania, work with pregnant women and old people, refugees and immigrants aimed to build resilience and increase levels of self-awareness; in Finland, projects had focussed on people with hearing and sight disabilities and relied on partnerships with other organisations; and in the UK a project to teach South Asian women first aid was about empowerment and confidence building as well as learning a new and important skill. Another interesting initiative in Finland involved the creation of a national helpline which someone could phone and be talked through how they should help in a particular emergency.

3.3 Integrating work with vulnerable groups into workplans

Group participants: Carol Leeds (British Red Cross), Diane Issard (European Reference Centre for First Aid Education/French Red Cross), Monika Meyer-Stickler (Austrian Red Cross), Olav Aasland, Norwegian Red Cross)

3.3.1 Time, expertise and resources

Whilst the will usually exists within National Societies to work with vulnerable groups, it is no doubt the case that they can take longer and cost more to establish relationships with. In addition, the extra work that is involved, such as finding different types of trainers and volunteers, or producing different types of resources, can mean that National Societies are reluctant or unable to invest much in reaching these groups. It might also be the case that despite one part of the organisation (such as the first aid department) prioritising vulnerable groups, another part, such as Communications, might not and therefore the production of particular types of resources and materials might be prevented without even more funding.

Some National Societies have 'Social Welfare Departments'. This was found particularly interesting by those who did not and seems a useful way of ensuring that work with vulnerable groups is kept high on the agenda.

3.3.2 Governance

The lack of expertise amongst trainers to work with people from different backgrounds and with different needs is not the only barrier to delivery. Leadership from the top seems to be an issue too. This might reflect the concern for income generation, but fundamentally, if there is not support for a project from a senior level, it will not go ahead.

3.3.3 Fundamental principles

There is a 'red herring' issue which seems to crop up from time to time and that is around the fact that if we single out groups for special attention we are seeing as defying our fundamental principles of neutrality and impartiality. To overcome this, National Societies need to be careful about how they market their work with a particular group and ensure that there is a clear justification for working with them. Of course, National Societies also should work with the most vulnerable and if identifying them means 'singling them out' then this should not be seen as a bad thing, rather as a mechanism for being effective.

4 Practical examples of working with vulnerable people

4.1 Integrating this work into Red Cross/Red Crescent plans for humanitarian action

Presenter: Matt Overd, Humanitarian Action Strategy Development Manager, British Red Cross

The British Red Cross has a corporate priority to promote support for humanitarian action and provide opportunities to give time, money and active support. It has committed to do this by promoting humanitarian values and international humanitarian law, through public awareness campaigns to promote practical and impartial help and by contributing to the development of the voluntary sector in the UK.

In order to do this strategically, a project is underway to define what we mean by humanitarian action, and then to create credibility and enthusiasm for it and to find ways of integrating it into our work more holistically. The vision is that humanitarian action can be better understood and therefore better embraced by the organisation and by the public particularly through our disaster preparedness, management and response work, and through health and community care work.

First aid is widely agreed to be the ultimate humanitarian action, and we can use first aid to help the public understand how to be a humanitarian citizen. Given that one of the most difficult things about humanitarianism is the intangibility of it, and therefore the possibility of getting people to actually engage with it, first aid can be a helpful illustrator of what we mean and how we want people to act. It also offers the opportunities to explore exactly what it is that prevents a person from being a humanitarian citizen, such as fear, lack of confidence, prejudice etc. Once we can understand what the barriers are, we can start to break them down.

Discussion

A video was shown of a news clip from the UK in which a woman lying in the road was ignored by drivers and left there as numerous cars drive around her. A bus driver eventually stopped to see if she was alright.

- > What makes people so indifferent? Humanitarianism and indifference can't go together.
- > It's easier to take action if you're with someone else

- > People are scared of interfering – especially if a child is involved. They don't want to be accused of child abuse even if they are actually trying to help the child.
- > Is it a lack of compassion, knowledge of what to do, or fear of the implications?
- > It might just be selfishness: you might be late for work. Once you stop to help you take on a responsibility that you might not want.
- > When you see big disasters on the TV, everyone wants to help, but if it's a small, local issue involving one person, no one wants to be involved.
- > We live in a blame culture.
- > When we ask 'what's wrong?' we might get an answer we don't want.
- > In Finland, the Finnish Red Cross was asked to promote humanitarian action in the form of first aid. Now they give a prize if someone gives first aid spontaneously and it's promoted on TV.
- > We all need to remember that if no one does anything, in fact it is the whole population which becomes vulnerable; if you don't stop to help, why should anyone else?
- > A humanitarian act need not be complicated, it's just about checking that people are alright. Maybe we should be promoting an "Are you OK?" campaign.

4.2 French Red Cross Urban Moderator Scheme

Presenter: Diane Issard, Manager of the European Reference Centre for First Aid Education, French Red Cross

Crime, violence and racist attacks are growing issues in inner city areas all over France. This project, part funded by the Government is to take concerted action within communities in order to promote dialogue and facilitate social integration. This in turn will lead to opportunities for individuals and communities to re-establish values, generate respect within the community and encourage a willingness to work together to improve daily life.

The project involves contact with young people through leisure centres and sports facilities, social welfare bodies and the Army. Basic first aid training is given through workshops which also deal with health and social issues. Group discussions are encouraged, especially in order to air views about violence. At the end of a session the ideas generated are shared with the community through either a play or a photographic exhibition. Participants are recognised for their contribution at an official ceremony where they each receive a 'diploma'.

The French Red Cross has been developing this programme for six years. About 1,000 people coming from underprivileged areas are trained each year. The French Red Cross

does not find that there is a problem finding participants. In fact they even receive spontaneous requests from communities to attend the training.

Important to remember :

- > The diploma ceremony is very important for the participants because it is a recognition of their achievement.
- > The workshop takes more time than a basic first aid course.

For further information about this project, please contact :

Emmanuel Beux : emmanuel.beux@croix-rouge.fr +33 1 44 43 11 87

Diane Issard : firstaid.refcentre@croix-rouge.fr +33 1 44 43 12 96

4.3 Armenian Red Cross First Aid for Remote Communities

Presenter: Movses Poghosyan, Head of First Aid Training, Armenian Red Cross

The existing political struggle between nations, the high probability of the occurrence of man-made and different natural disasters, the large number of refugees, the poor social and economic conditions, and the prevalence of poverty in Armenia underline the importance of preparedness of population to respond in case of accidents and disasters.

In Armenia, people in remote areas are particularly vulnerable because of: inaccessibility to public education; low level of income, high unemployment; delay of Emergency Services reaching remote areas due to bad roads and long distances; lack of medical provision in villages.

Skillfully rendered first aid is what often makes the difference between life or death, rapid recovery or long hospitalization, temporary injury or permanent disability.

For these life saving capacities to be in place when they are needed requires public education and training that is of high quality and that can be delivered to large numbers of the general public in the remote regions.

The main problems currently limiting the dissemination of first aid in the regions by staff and volunteers of Armenian Red Cross Branch Organizations (BO) are as follows:

- > lack of training materials, such as mannequins, dressing materials, manuals, video materials, overhead projectors, white boards and other resources for demonstration
- > lack of corresponding specialists; e.g. first aid specialists
- > lack of organized community activity

In order to help to resolve these problems and promote the dissemination of first aid skills we have implemented several projects.

The main objectives are:

- > to improve training facilities by establishing first aid training centers and providing these centers with the resources necessary to conduct training;

- > to provide high quality first aid training in remote regions of Armenia and to increase the level of awareness of volunteers and members of local communities about the ways to respond correctly to emergencies and to prevent accidents;
- > to involve the members of local communities in dissemination of first aid skills in their regions;
- > to form first aid groups (disaster early responding teams) in the remote communities, that will be able to organize and provide first aid in case of emergency.

This project has resulted in:

- > established first aid centers, equipped with necessary materials
- > first aid specialists (Early Responders) - participants of training courses
- > members of local communities with increased level awareness of first aid - participants of workshops.

For further information about this project, please contact :

Movses Poghosyan, movses@redcross.am, # 374 10 538 340

4.4 British Red Cross First Aid for People With Disabilities

Presenter: Emily Oliver, Capacity Development Unit Manager, British Red Cross

4.4.1 Background

The British Red Cross currently has very little capacity or ability to offer first aid learning opportunities to people with disabilities. This is particularly worrying since one in four households in Great Britain has at least one member with a disability. A UK-wide survey revealed that there are no current or planned national or local schemes for providing special needs first aid education for disabled people in the UK. It was therefore our aim to introduce a sustainable national programme of accessible first aid learning in order to build the resilience of disabled people in the UK.

4.4.2 Pilot projects

From July 2002 to August 2004, research was undertaken with other organisations and disability groups to understand the issues that would affect this work and to establish partnerships with groups that could be approached as pilots. Different strategies for delivering effective first aid training were developed and tested through 10 pilots. The length and content of the training was negotiated with each pilot group with regard to the specific needs and abilities of the participants. Each project involved a pre-assessment of the need of each individual in the group.

- > Over 100 disabled people were trained in first aid skills directly.
- > 30 staff/carers/family members from the pilot sites participated in the training. Two of these who were previously untrained in first aid, received BRCS basic first aid certificates.

- > 28 Red Cross trainers and volunteers worked directly on the pilot projects and many others were involved in supporting their work and the work of the project

4.4.3 Evaluation

It was important to collect as much information as possible from the pilots in order to inform the rest of the project. Consequently, all participants were given a questionnaire prior to and after they received the training. Staff members from the pilot sites completed a post-training questionnaire. Red Cross trainers and volunteers were also asked to complete an evaluation questionnaire.

4.4.4 Results and learning

- > A comparison of pre and post-training questionnaires revealed that most of the participants felt that training would be OK, but then found the training to be fun.
- > Comparison of the participant feelings of confidence in their everyday activities prior to the training and post-training showed an increase in every participant.
- > The most important element of teaching was found to be ensuring that participants achieve a level of success. This involves ensuring that accreditation is available in a range of formats and at different levels.
- > Before attempting to teach first aid, it is important to make a judgement about each individual's needs and ability to achieve the task.
- > Adaptations can range from simple changes in the training environment, such as seating a young person who lip-reads at the front of the group, or it may mean dyeing bandages bright colours to make it easier for someone with a visual impairment to see what they are doing. Being flexible in the content is essential in working with people with particular needs.

4.4.5 Next steps

The BRC has been fortunate to receive funding to run this project for three years. During this time, each of our 21 Areas will participate in order to ensure that first aid learning for people with disabilities is embraced by the whole organisation and confidence and skills are built up at each level. We aim to train over 5000 disabled people and over 1000 family members or carers. We will recruit at least 2 disabled volunteers in each Area to ensure sustainability for the project.

For further information about this project, please contact:

Emma Rand, errand@redcross.org.uk, # 44 20 7877 7373

Emily Oliver, eoliver@redcross.org.uk, # 44 20 7877 7265

5 Who should be considered as vulnerable?

5.1 Rethinking vulnerability

Presenter: Margaret Lally, Head of UK Services, British Red Cross

The British Red Cross is committed to helping the most vulnerable. It is 10 years since the organisation as a whole did a thorough review of who are the most vulnerable. We already help a wide variety of vulnerable people through our short-term crisis support, but can we say clearly who is most vulnerable, and explain why our services reach some people and not others?

Of course we cannot do everything - so where we need to make choices, are we sufficiently clear on the grounds on which we do so? And are we sure of our ability to adapt our services to the needs and aspirations of a changing society? We need to be able to answer these questions with a confident 'yes', and this exercise should enable us to do so.

The project enables us to consider afresh the types of vulnerability we meet in our local areas, and the ways in which we are best able to address them. We might consider:

- > The *groups* of people whom we serve. It may be that we shall discern a pattern or theme in these groups.
- > The *localities* which have a high incidence of vulnerability – how these are defined, where they might be, and the practicalities of working in them.
- > The *action* the British Red Cross should take to address the needs we identify. Can we refine our existing services to ensure they reach more excluded people? Should we consider a new service if there a compelling case to do so?
- > The *skills* we have to do all of this, what other skills the organisation needs and how we can realistically develop them.

5.1.1 Engagement – phase 1

First and foremost this project is about engaging with volunteers, staff, other stakeholders, and, crucially, the communities we serve. This might be through: inquiry groups; volunteer councils and forums; an Intranet discussion forum.

5.1.2 Inquiry in action – phase 2

Pilot projects will explore the key questions from the engagement exercises to see how they fit with local needs and possibilities and the views and thoughts of local communities. We want to be sure that all the outcomes of this project are tested, and are workable and practical.

5.1.3 A practical end product – phase 3

This project is not intended to result in simply a big report on the shelf. Building on what we have learned we intend to develop 'tools' which can be used at local level to identify

vulnerability and work out practical responses with local communities. There will be an emphasis on integrating this into what we do already – rather than allowing it to become another burdensome process to carry out.

For further information about this project, please contact:

Nick Starkey, nstarkey@redcross.org.uk; # 44 20 7877 7278

Margaret Lally, mlally@redcross.org.uk. # 44 20 7877 7271

6 Working effectively with other organisations

The Red Cross/Red Crescent Movement is a big and powerful organisation, but it is important to remember that other organisations often have the skills and expertise that can inform our services. We need to develop the skills to form more effective partnerships if we are to benefit from these and to undertake our work in a more worthwhile way. This is particularly important with working with vulnerable groups since often it is our approach which prevents us from being as effective as we might be.

In this context, an external speaker was invited to the meeting to describe how his organisation works with partners and penetrates communities which would otherwise be very difficult to reach.

6.1 The Mosaic Project: Success in partnerships

Presenter: Stuart MacLeod, Mosaic Project Manager, Council for National Parks

The Mosaic Project aims to encourage Black and Ethnic Minority community groups to make more use of National Parks in the UK. National Parks were created in the 1950s in the UK when industrialisation was reducing the amount of public land where people could go for recreation and quiet enjoyment of nature. They are now predominantly used by white, middle-class people.

The first phase of the Mosaic Project involved understanding the audience and the barriers that they faced in accessing the Parks. It piloted visits to the Parks by targeted community groups, arranged in partnership with the Youth Hostels Association. Research showed a lack of awareness of the parks themselves, and uncertainty about how to get to them and what you could do once you get there.

Once the initial visits had taken place, phase two was developed. This involved having much closer links with key people in the target communities in order for longer lasting links to be formed. It was also recognised that more needed to be offered beyond visits to the Parks if relationships were to last: volunteering opportunities needed to be developed, and Park Authorities and local businesses needed to play a role in making employment opportunities more attractive to a more diverse range of people.

People within the communities who were representative of them, trusted within them and widely respected by them were asked to become Community Champions. Their role was to provide useful information, introduce people to the project, widen the reach of the project and help with training and external representation. They offered opportunities for mentoring and shadowing, and provided support, both to the communities and the partners who were involved.

The Community Champions provided a key element of sustainability to the project: they were part of wider networks so were able to spread the message of it beyond the initial contacts made by the Council for National Parks, and they were able to represent the 'service user' and thus influence the project itself in order to improve it for participants.

The key learnings from this project which are relevant to the work of this conference were:

- > Information must be really clear and preferably choices offered to potential participants so they do not feel it's 'all or nothing';
- > Using an existing network can be an incredibly useful way of tapping into a large number of people through a medium with which they are already familiar and therefore comfortable with and trusting of;
- > Partners can provide support, expertise and a range of opportunities for participants which could help to make the project more interesting and more sustainable.

7 Conclusions

First aid learning for vulnerable groups is not only crucial to the achievement of the Fundamental Principles of the Red Cross/Red Crescent Movement, it is also worthwhile and highly rewarding. Furthermore, the sharing of experiences across National Societies has proved to be helpful and enriching as well as confidence building.

Barriers to the success of this work were found to be reasonably consistent across National Societies involved in the meeting. These were:

- > Lack of awareness amongst the target communities
- > Lack of resources and capacity to support this work
- > Difficulties in penetrating the target communities
- > Prejudice and reluctance amongst staff and volunteers
- > Lack of skills to work with particular kinds of groups

However, successful projects also had areas of consistency and these included:

- > Clearly identified needs of the target community and understanding of the issues they face
- > Skilled trainers who had the confidence and where-with-all to work with the target group
- > Good communication between the target group, partners and the national society
- > Willingness from all parties to learn as the project proceeded
- > Imagination and willingness to be creative to find solutions
- > Providing a form of recognition for participants
- > Building sustainability into projects

8 Next steps

8.1 Guidelines for good practice

Guidelines were discussed as being a potentially useful tool for National Societies to use when developing their work on first aid learning for vulnerable groups. A draft and initial version of this has been prepared as an output from the inaugural meeting of the group. This is given in Appendix 1 but should be read as a working document to be added to by national societies at the next meeting of the taskforce.

8.2 Database of projects and people

Participants at the meeting agreed to form a database of contacts within National Societies who were working on projects and who had specific interests and/or expertise. This has been started in Appendix 2. It is hoped that it can go on the Reference Centre website and people can add information to it and use it to contact others about projects and to share information.

8.3 Future of the taskforce

Any National Society is entitled to join the taskforce. The British Red Cross has been chairing it during 2006-06 and has agreed to continue to do so, but the chairmanship will be discussed at each meeting of the Network to allow other National Societies to take on this role. The European Reference Centre for First Aid Education will provide support in the form of informing people about meetings, advising on agendas and helping to share information amongst National Societies through its website. The taskforce will aim to meet annually, and it is likely that the meeting will be linked to the European Network meeting in order to make it more accessible to more National Societies.

Appendix 1: Good practice guidelines for working with vulnerable groups (working draft)

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 2: Taskforce contacts and list of interests

Name	National Society	Email	Phone	Job title/areas of interest
Emily Oliver Chair	British Red Cross	eoliver@redcross.org.uk	#44 (0) 20 7877 7265	Head of Capacity Development Disabilities, rural isolation, South Asian groups
Diane Issard	French Red Cross Reference Centre Contact	firstaid.refcentre@croix-rouge.fr	#33 (0) 144 43 12 96	Manager of the European Reference Centre for First Aid Education
Movses Poghosyan	Armenian	movses@redcross.am drk_bw_eriwen@xter.net poghosyanm@hotmail.com	# 374 10 538 340 # 374 10 537 862 # 374 91 420 139	First aid national coordinator. Head of First Aid Training Methodological Centre
Andon Haxhinasto	Albanian Red Cross	ahaxhinasto@kksh.org.al	# 355 425 75 32	First aid for communities
Enkel Tasho	Albanian	Enkelt6@yahoo.com	# 355 692 339 749	First aid education
Kristina Myllyrinne	Finnish Red Cross	Kristiina.myllyrinne@redcross.fi	# 358 40 543 76 72	Planning Office, first aid programmes for education Interests: research into vulnerable groups, developing teaching materials
Nijole Ciutiene	Lithuanian Red Cross	international@redcross.lt	# 370 5262 80 37	Planning and developing first aid learning programmes
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