

CASE STUDY

Restart a Heart 2020 (CPR Campaign)

English for speakers of other languages (ESOL)

Serving your communities

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Project Outline

Restart a Heart – Community Engagement and Advocates

The overarching aim of the Community Advocate programme is that: 'People in communities¹ gain first aid knowledge and skills, having the confidence to take action and help others'.

The programme aims achieve the above by recruiting, informing and mobilising volunteers in England from specific target areas, 'to advocate and raise awareness of the importance of first aid in their communities and share first aid skills to individuals from priority groups'.²

RSAH 2020 campaign for St John was mostly digitally-based, with the Community Engagement Team delivering targeted virtual sessions for specific groups. (BAME, high OOHCA, Faith community groups.)

Understanding our communities and the demographics is key to any campaign or activity.

The **Index of Multiple Deprivation** (IMD) is an overall relative measure of deprivation constructed by combining seven domains of deprivation. England uses the following weights for the seven domains of deprivation:

Employment Deprivation Domain (22.5%) charts the level of the population legally approved for work in an area who would like to work but are unable to do so due to lack of available jobs, chronic illness, disability, or responsibility to care for a family.

Income Deprivation Domain (22.5%) measures how much lower the income of an area is relative to other neighbourhoods

Education, Skills and Training Deprivation (13.5%) charts the skills and career training gap in the local population. The government divides this into two sub-domains: one relating to children and another relating to adults potentially gainfully employed.

Health Deprivation and Disability (13.5%) measures the level of possible risk posed by poor physical or mental health and its contribution to early death or the reduction of quality of life. This domain charts a number of health and well-being levels, but not aspects of behaviour that could lead to the same consequences.

Crime (9.3%) measures the risk posed by various forms of crime at the local level. The real and perceived crime levels affect quality of life, as well as social and economic development

¹ Summarised in the theory of change as, 'specific vulnerable communities' in England

² St John Ambulance, 21 July 2018, Nesta Second Half Fund Proposal Plan

Barriers to Housing and Services (9.3%) measures how easily residents can access housing, whether due to physical or financial barriers. The government divides these indicators into two sub-domains: 'geographical barriers,' which refer to the closeness and convenience of local services, and 'wider barriers' which includes issues affordability.

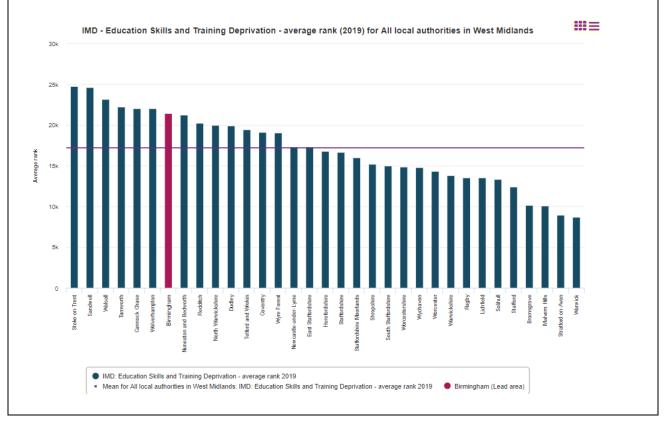
Living Environment Deprivation (9.3%) measures the quality of the local living conditions. The government recognises two sub-domains. The inside sub-domain rates the quality of housing; while the outside living conditions measure includes levels of local pollution and traffic accidents.

IMD - Education Skills and Training Deprivation district rank

The Education, Skills and Training Deprivation Domain measures deprivation in educational attainment, skills and training for children, young people and the working age population in a local area. In this case 'district' refers to all authority types other than county councils. The lower super output area (LSOA) with a rank of 1 is the most deprived. LSOAs are small fixed geographic areas encompassing a population of approximately 1,000 people.

The thought behind checking educational attainment is that the groups we are seeking to learn and share first aid skills are likely to be from a low education or those who do not have access to training, either financially, lack of personal development or logistical challenges.

Comparing the health and education data to the older population statistics, gives a strong indication there are synergies within the seven domains.







તમારું સ્વાગત છે Community First Aid Workshop

લોકલ સેશન - ફર્સ્ટ એડ

Free for All ही हीर ओव

Fun and friendly workshop ફન ઇન્ફોર્મલ – no practical's, no tests નો ટેસ્ટ્સ Learn skills, increase confidence, help others લેઅર્નિંગ – કોન્ફિડેન્સ – હેલ્પ ફેમિલી ફ્રેંડ્સ

More information? Email Claire.maynard@sja.org.uk Call or text 07813 369607

Creating an invitation with translated text in a community groups native language will increase the likelihood of participants feeling this is relevant and exclusive for them.

This results in a greater engagement in terms of number but also active participation.

The value this provides to the community group leads is also appreciated and allows them to feel confident that we are inclusive and striving to meet the needs of communities.

Initial Assessment - Language in England 2011

Using data from the 2011 Census, we take a closer look at language within England 4.2 million people (7.7 per cent) reported another main language. Polish was the most popular 'Other' main language with 546,000 people reporting this as their main language (1.0 per cent of the total population). London had the highest proportion with another main language (22.1 per cent).

Two questions⁴ on main language and proficiency in spoken English were included for the first time in the 2011 Census. The questions provided information on the main language of UK residents, and their proficiency in English if English was not their main language.

Question 19 on the census form offered respondents the choice to classify their proficiency as being able to speak English 'very well', 'well', 'not well' or 'not at all'. The 2011 Census classified 88 main languages⁴ (excluding sign languages) other than English.

<u>Top 10 largest populations for main languages other than English ¹ by proficiency in English,</u> 2011

Main language	Total population aged 3+	Proficient (2)	Non- proficient (3)	% Proficient (2)
Polish	546,174	395,556	150,618	72.4%
Panjabi	273,231	184,627	88,604	67.6 %
Urdu	268,680	205,449	63,231	76.5%
Bengali (with Sylheti & Chatgaya)	221,403	154,067	67,336	69.6%
Gujarati	213,094	162,680	50,414	76.3%
Arabic	159,290	131,248	28,042	82.4%
French	147,099	138,767	8,332	94.3%
All other Chinese (4)	141,052	106,362	34,690	75.4%
Portuguese	133,453	107,807	25,646	80.8%
Spanish	120,222	107,729	12,493	89.6%

Notes:

1. English or Welsh in Wales.

2. This includes people who selected 'very well' or 'well' for question 19 on the 2011 Census form. This is grouped as 'Main language is not English: Can speak English very well or well' within published tables.

3. This includes people who selected 'not well' or 'not at all' for question 19 on the 2011 Census form. This is grouped as 'Main language is not English: Cannot speak English or cannot speak English well' within published tables.

4. This includes all Chinese languages other than Cantonese Chinese and Mandarin Chinese.

³ Source: 2011 Census of England and Wales, Office for National Statistics

Health and ESOL

The 2011 Census asked people to rate their general health as 'very good', 'good', 'fair', 'bad' or 'very bad'. For the purposes of this analysis, we have dichotomised people's general health into the following groups:

'Good' health – encompassing those who rated their general health as 'very good' or 'good'

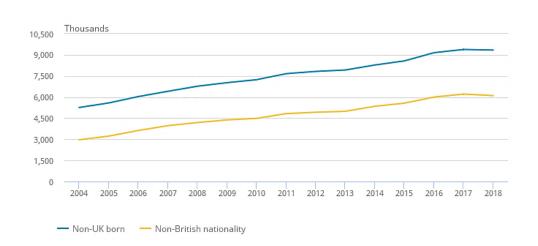
'Not Good' health – encompassing those who rated their general health as 'fair', 'bad', or 'very bad'

Those in 'Not Good' health who are 'Non-proficient³' in English may require translation services to effectively communicate the details of their health concerns to healthcare providers. Whether these translation services are provided in the form of a friend or relative, or by the local service provider, they could be necessary for the provision of quality healthcare to the 'Non-proficient³' patient.

Around 300,000 usual residents in England and Wales had 'Not Good' health and were 'Non-proficient³' in English.

A further potential challenge for healthcare providers is that some of those 'Non-proficient³' in English who are in 'Not Good' health, may have difficulty in making initial contact in order to seek medical help.

This is 1.86% based on 2011 data. Given the increase in migration and ethnic diversity this figure is likely to be slightly higher. In 2018, the non-UK born population was 9.3 million and non-British was 6.1 million, which were both similar to 2017 levels, following continual increases since reporting began in 2004.





Restart a Heart Case Study ESOL

THE IDEA

Create CPR posters, video and resources in another language to reach seldom heard or communities at risk of Cardiovascular disease and whom are likely to not engage in mainstream English training or local healthcare provision.

The proposal would be for St John Ambulance to create first aid resources in a key language to ensure information and skills reach communities we may not have engaged with previously. With an ageing society it is crucial we provide resources to those who may be second generation ESOL.

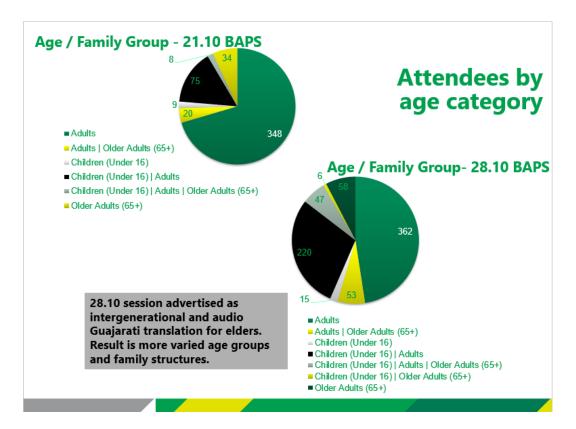
Utilising the Community workshops as an opportunity to engage with and provide people with basic First Aid skills has been important to ensure we are reaching those 'hard to reach' groups the project had originally intended to. Within these communities, parents and grandparents (predominantly the women) are often care givers; who are seen as trusted and knowledgeable people. Equipping them with basic knowledge and signposting to further grow their skills has given them a means of sharing wider with families and other community members which is the beginning of their social action pledge. They are often those with less education and ability to read their native language, predominantly relying on spoken word. Printed and video resources will increase their confidence in literacy as well as the first aid skills.

Being inclusive and proactively reaching out to these groups may also increase our ability to grow volunteer numbers within these networks. In the future they may deliver sessions in their native languages which would be a great development in the project. ESOL workshops could then be provided, at no additional cost, reaching greater numbers of people. In turn, these sessions will have a greater influence on those attending where growth of confidence, social cohesion and first aid knowledge will be demonstrated. First Aid delivered by the local community, for the local community.

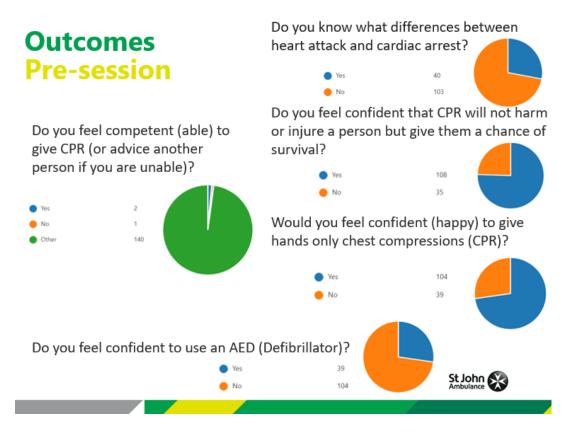
Understanding the myths and cultural barriers for community groups not engaging in first aid or CPR will provide insight into how we can use imagery and myth busting information to educate and empower people.

By increasing our activity and range of resources in other languages, our charity aims of community impact will be exceeded and St John Ambulance will see an increase in diversity for engagements and volunteers.





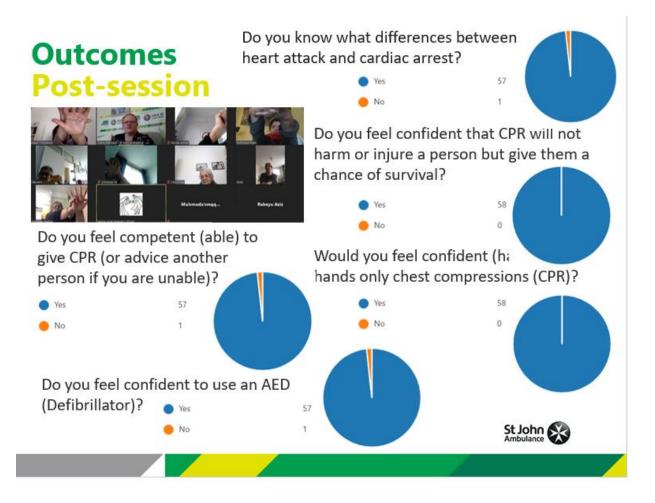
Data from BAPS Hindu Temple group (143 participants)



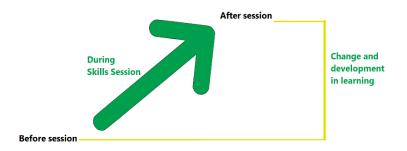
The data post session showed around **67% increase** in confidence to act, either giving or instructing CPR.

A bilingual session (English / Gujarati) was delivered to different community group (Sewa Day) with 58 participants.

There was a marked increase in session engagement and an overall increase of around **84% increase** in confidence.



The feedback process was designed using an education outcome approach, we aim to measure a change in a learner. Outcomes for first aid education could include improving learners': skills, knowledge, confidence and willingness to help.



Communities engaging in CPR via Social Media

Claire Maynard @ClaireM85 · Oct 21

000

This is **#mysjaday & #RestartAHeart** moment of the week! What a fantastic photo demonstrating how easy **#HandsOnlyCPR** is ***** I notice **#Ganesh** is joining in as well! **#stjohnambulance #CommunityEngagement**

Mitz @TweetingMitz · Oct 21 @stjohnambulance @BAPS @ClaireM85 Thank-you so much for your web session on how to perform CPR... my parents are learning to save lives!

#CPR | #StJohnsAmbulance | #RestartAHeart | #FirstAid



Claire Maynard @ClaireM85 · Oct 16

Today is #RestartAHeartDay but sharing #CPR skills & myth busting #firstaid #AED is vital every day! #stjohnambulance supports #InclusiveEducation & #Diversity You need to know how to #RestartAHeart Excited to host #NeasdenTemple #CommunityEngagement sessions #HappyNavratri

🝘 Neasden Temple @NeasdenTemple · Oct 16

Today is World Restart a Heart Day. #NeasdenTemple is collaborating with @stjohnambulance to provide free online CPR training. Anyone, of any ability or age, is able to register at eventbrite.co.uk/e/baps-communi You could save a life!

WORLD RESTART A HEART DAY

BAPSCHARITIE

00

#restartaheart #stjohnambulance

ONLINE CPR SKILLS SESSION

Wednesday 21 October 8.30pm & Wednesday 28 October 4.00pm

Appropriate for all ages and abilities

Please register at

baps-restartaheart.eventbrite.co.uk

St John Ambulance

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Learn skills, increase confidence, help others Heart attack, Cardiac arrest, CPR, Defibrillators... सीखना - आत्मविश्वास - परिवार के दोस्तों की मदद करना

दिल की धड़कन रुकना पुनः प्रवर्तन डिफ़िब्रिलेटर्स (No previous knowledge needed and no physical activity)

हमसे जुड़ें

Community First Aid Workshop सभी के लिए प्राथमिक चिकित्सा





We found the session really informative and the kids enjoyed taking part. Thank you very much for the important work you are doing to raise awareness and save lives!

Alpa Panchal

Thank you VERY much. Very, very kind of you. Wonderful session. Suhrad Jethwa

Thank you and St John Ambulance for this wonderful training. It has given the community confidence. Feedback has been very good. Kishor, Sewa Day

Fhank you Claire for a very useful and informative session. Mamta

Thank you Claire for such a useful CPR Session me and my children learnt so much and now feel more confident that we may be able to save someone's life. This session was so useful. Ela Jagatia

> Thank you for delivering such clear, concise and potentially life saving skills - I found it extremely interesting and am grateful to you and our Mandir for providing the training. Urvashi Jani

Comments

Thanks ever so much for the online session. You did a fantastic job and presented it so well. Daksha Parekh

> Really pleased to see lots of people registered. Thanks very much for the session yesterday. It was very well received. Sejal Saglani. BAPS

We would like to thank you for giving us the opportunity to share CPR skills. Meena

> Good information and refreshed everything. Saryu

St John

Really worthwhile CPR session. Was useful to recap for our

daughter who is part of Badgers

and for us it was very helpful to learn and be aware of what to do

to help save someone else's life.

Usha & Sunil

Example of follow up engagement and signposting to St John resources.



साइन अप करें Become a Community Advocate! For you, for your family and community.

