

A local AIDS programme for staff and pupils

Peter Farley

District Health Promotion Officer
Exeter Health Authority

The current massively-funded national AIDS campaign has heightened public awareness of the danger, but the resultant anxieties increase the importance of clarifying the relevant health messages by direct informed dialogue. The writer acknowledges 'a rich experience in this partnership between education and health in enabling young people and others . . . to explore what is still an unstable and problematic set of issues'.

Exeter Health Authority approved and started a comprehensive programme of education and public awareness about AIDS last summer, before the current national campaign got under way. In this article I shall briefly describe the overall programme in its various strands, to set a context for a more detailed and reflective commentary on that part of the programme specifically addressed to young people in schools, colleges, and youth organisations within the District.

The current programme in the District consists of six major strands with, initially, some overlap between them.

1. The community programme This offers a speaker panel to interested community groups, organisations, and firms who wish to learn about AIDS and its personal and organisational implications.

2. Local collaboration This maintains a dialogue with local authorities within the District, and with those county services such as Education and Social Services which have headquarters within the District.

3. Health-care issues This strand focusses on NHS staff from a range of disciplines,

and includes attention to professional issues raised by AIDS such as policies for the control of infection, nursing procedures, and counselling, as well as seeking to ensure a good understanding of the medical aspects of AIDS.

4. The 'Healthline' service We have prompted an AIDS extension of our existing Healthline service, which provides a 24-hour telephone information facility on a wide range of health matters.

5. Local media We collaborate with our local media — press, local radio and both BBC and IBA television. News, feature, and phone-in approaches have all been used.

6. Input for young people The final strand in our programme is about working directly with our local university, HE and FE colleges, schools, YTS groups, and youth organisations. Inevitably this programme has itself on occasions become the focus of attention for participants in the other strands of the programme, or the subject of media interest both locally and further afield. Sooner or later, questions and discussion come round to young people and variations on the perennial

health education question: *What are the schools doing about this?*

The schools strategy

In looking now at the principal features of our work on AIDS with young people, I want to distinguish between direct and indirect work. By *direct work* I mean taking part in teaching and learning activities with young people. By *indirect work* I mean work with school staff and other personnel, which could be either seminar sessions intended primarily to impart information about AIDS, or workshop-style occasions intended to enhance teachers' and tutors' knowledge, confidence, and communication skills in their role within the curriculum or in pastoral care.

At the start of the autumn 1986 term, all LEA and independent schools catering for secondary-age pupils within the Exeter District were offered the following:

1. The means of conducting seminars for staff.
2. Places in a day workshop to develop a response to AIDS through the curriculum.
3. Direct teaching by a visiting speaker for the 16+ age group.

As one might expect, different establishments selected one or more of the options, guided no doubt by their current estimate of the importance of the topic and their current style of health education — to date, about one-third of the secondary schools, and all FE and HE establishments, have opted for the 'visiting speaker' approach, while the remainder have used the staff seminar or workshop option. Disappointingly, a small minority of schools initially chose not to participate. However, as the national profile of the AIDS issue has been raised and as other parts of our local programme have clearly had some word-of-mouth effects on schools, the programme continues to attract establishments.

Staff seminars

The staff seminars are intended for all staff, not excepting non-teaching person-

nel. It seems important for schools, and particularly colleges, to make an institutional response — to consider AIDS as a community, rather than to allow the topic to become a concern for those primarily involved in health or personal & social education. The notion that the school has a health-promoting role in the wider community is a congenial view to many of us who have been involved with school health education over the years. With little or no prompting, some of our local schools and community colleges have seen the need to involve parents and to use the school as a forum to support the community as a whole in its efforts to understand health matters. Locally we are seeing this particularly with AIDS, but also (lest we forget that there are other important health issues) with coronary heart disease.

The staff seminar is also a means of demonstrating, practically and symbolically, the ways in which educators and health professionals can work together in a common cause. In this regard, the role of the school nurse is both vital and welcome. The style of our seminars for staff is informal and participatory, demonstrating the value of face-to-face work in exploring a wide range of issues.

It is evident that teachers lack confidence not only in their knowledge of 'basic facts', but also in practical problems such as

What to do if a pupil has contracted the AIDS virus?

What about the risks involved in staff-pupil contact?

What First Aid precautions should be taken if loss of blood is involved?

Staff workshops

In helping teachers grapple with curriculum matters, the local partnership between education and health has been demonstrated by the active involvement of Devon's Advisory Teacher for Health Education, Sue Plant (whose post, incidentally, is funded by Exeter Health Authority). Our jointly-planned and led workshop in autumn 1986 explicitly addressed the areas of knowledge, attitudes, and skills

with teachers, and sought to provide a model, if not a blueprint, for work in school by the strategies and methods employed during the various sessions. One problem very much to the fore arose from the fact that the likelihood of 'promiscuity', or at least the chance of individuals selecting more than one partner, was implicit in the contraceptive advice.

Using outsiders

In some schools – especially those where staff both took part in the workshop and took up the offer of direct work with young people – there has been excellent use of the Active Tutorial Work 'visitor' technique in incorporating an outsider within a planned sequence of work in the curriculum.

With the encouragement of other developments such as the GCSE towards the use of outsiders as resources for learning, as well as the developing sophistication in school health education over the last decade, I believe we can see locally a welcome blend of the insider and outsider in partnership within the curriculum for health. A similar approach to enhancing staff confidence and skills is running in FE locally, with Health Authority support.

Obviously, not all learning situations can be ideal, and the demands of courses and timetables inevitably militate against the kinds of planning and curriculum development we might wish to see. Some sessions with young people have, for want of a better alternative, been close to being one-offs, with little or no preparation or follow-up for the pupils. It may be heretical to say so, but far better than nothing! Certainly the attentiveness of the many young people with whom I have now worked, and the seriousness with which they appear to take the subject of AIDS, leads me to suspect strongly that a straightforward dialogue or question-and-answer session, not necessarily a lecture, with someone from outside the particular institution is no bad thing provided the means and will are there for proper follow-up and further information. To clear the ground for questions and dialogue, I find the video

from Churchill Films/Boulton-Hawker Films (Hadleigh, Ipswich, Suffolk IP7 7BG) entitled *AIDS – what everyone needs to know* particularly helpful.

What questions do pupils ask?

The questions that have come my way during my sessions with young people are many and various, but they tend to form common clusters.

1. The first and most basic cluster concerns the disease of AIDS itself. For example: *How long is the incubation period?* [Up to 5 years, or more]; *Why do some people apparently remain unaffected or experience the milder form of AIDS (AIDS Related Complex or Condition)?* [Not yet known]; *Can an infected person pass the virus to others without contracting AIDS itself?* [Yes].

2. The second cluster focusses on non-sexual transmission of the HIV (Human Immune Deficiency Virus), questioning for example *the safety of blood transfusions and asking what the blood test actually looks for* [the presence of antibodies as evidence of infection]. Sometimes, this area of questioning goes on to quite bizarre speculations with complicated scenarios of how blood might be transferred from one person to another, which highlights a need to distinguish between what may be possible, given a particular configuration of circumstances ingeniously imagined, and what is likely or known to be the case with reasonable confidence.

3. A third cluster of questions concerns links with similar viruses in animals, which may also reflect the circumstances of largely rural communities – for example *Can you get it from sheep?* [Not as far as we know!] As with many other health education topics, fresh media coverage, however speculative, can skew questions and perceptions.

4. A fourth cluster asks about risk, and whether risk can be calculated. This question may also reflect the situation in the South West, where experience of AIDS in the community is substantially less than in some other regions (11 cases

and nine deaths, of which there have been two deaths in the Exeter District so far). AIDS is therefore, understandably, not yet seen as a salient fact in community life when compared with, say, road accidents, the effects of cigarette smoking, or heart disease.

5. A fifth cluster is concerned with the advocacy of the use of the condom as a preventative measure: *Is it really safe?* [It is 'safer']; whose responsibility their use might be, and the consideration of other approaches to personal relationships (sticking to one partner, not assuming that everyone 'sleeps around').

6. Finally, there are questions about blood tests – *Will they be compulsory? On what basis are they available?* [At present voluntary, with informed consent], and *how are they available?* [Through a GP, through genito-urinary/STD clinics, and, in the Exeter District, the ABC centre in the Health Promotion Department].

It is not possible to go into greater detail here, and I do not wish to suggest that other questions are not raised, nor that some very few questions are not try-ons (*Have you got AIDS?*). The justification for such a face-to-face way of working may lie ultimately in the opportunity that can be created for questions and discussion, the ability of the visitor to reflect issues and concerns raised in different groups and settings and so develop, however imprecisely, a feel for the way the story is unfolding and how people are responding to it. Very few groups report that they have yet had satisfactory opportunities to discuss or explore AIDS prior to these sessions.

AIDS and PSE

The school is well placed to provide a forum for a much richer educational process, moving beyond essential information and clarification into the domain of (for example) attitudes, and providing the complementary and contrasting perspectives of a variety of courses and disciplines (biology, RE, history, geography, or lifeskills) in a developmental

context. As with other health education themes and topics, there is a continuing need to enable learners to internalise knowledge that might otherwise remain remote, inaccessible, or of little personal relevance.

One factor distinguishing AIDS from other 'killer' diseases featured in the school curriculum is that hardly any pupils have any experience of it closer than media reports. Therefore, the 'conditioning' leading to attitudes towards AIDS is being generated inside the 'knowledge' base. If it is possible to be dispassionate about so serious a potential epidemic, I find the situation extremely interesting. The subject of AIDS, without any particular prompting, is a catalyst for discussion about some extremely sensitive social behaviours, and becomes a PSE course in itself. Therefore, as a teacher, I find a rich experience in this partnership between education and health in enabling young people and others to ask questions, to engage in dialogue, to explore what is still an unstable and problematic set of issues. After all, you can't ask questions of a leaflet through a door. As the US Surgeon-General says, "Education is currently the only vaccine against AIDS".

Peter Farley was Director of the Schools Council/Health Education Council 13-18 Project and of the HEC 12-19 Project before taking up his present post. Readers interested in more details about the work described are welcome to write to him at Exeter Health Authority, Dean Clarke House, Southernhay East, Exeter EX1 1PQ.