

HEALTH EDUCATION AND SOCIAL ACTION

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Research and Development Projects

- Best Practice in HIV-AIDS Education
- Aboriginal Family Support Worker Training Project
- Development of training materials to accompany a health education video about women of non-English speaking background
- 'Postmodern perspectives in health and community education'
- Cardiac Patient Education
- Gender, Drug Use and Young People
- Evaluation of the Primary Schools Clusters project, which is part of the NSW component of the National School Drug Education Strategy (NSDES)
- Evaluation of Bridges - a community capacity strengthening strategy to address drug-related issues

Project: *Literature Review of Best Practice in HIV-AIDS Education*

Client: Australian Federation of Aids Organisations (AFAO)

Researchers: Griff Foley, Coleen Kelly, Nita Kambouris

Completed 1996

The paper is part of AFAO's *Best Practice in HIV-AIDS Education Project*, which has also involved compiling an annotated bibliography of articles, books and other materials on HIV-AIDS adult education, and writing case studies of six New South Wales HIV-AIDS adult education providers and programs. The paper can be obtained from the Centre for Popular Education, UTS.

The discussion paper tries to do three things: identify different theoretical positions in HIV-AIDS education, relate these to a broader body of adult education research and theory, and discuss the implications of this review for contemporary HIV-AIDS education practice.

The paper is divided into nine sections. Section 1 reviews the history of HIV-AIDS education, arguing that dissatisfaction with educational techniques which privilege the transmission of information has led HIV-AIDS educators to adult education approaches which emphasise the contextual and value-laden nature of education and learning. The second section of the paper looks more closely at this 'critical turn' in Australian HIV-AIDS education. Section 3 identifies three competing discourses in Australian HIV-AIDS education: 'Stop the Epidemic', 'individual empowerment', and 'community empowerment'. Section 4 maintains that the theoretical roots of the individual and community empowerment discourses lie in critical and popular adult education. Section 5 outlines a number of critical and popular educational methodologies, including critical pedagogy, reflection and discussion. Through examination of a case study of HIV-AIDS education in a U.S. prison, Section 6 argues that critical and popular education is a complex and contested process. Section 7 discusses a number of ways in which critical and popular educational approaches are being or could be applied in HIV-AIDS work. Section 8 discusses the concept of 'best practice' and applies it to HIV-AIDS education. Section 9 argues for a more systematic approach to research and evaluation of education and learning around HIV-AIDS.

Aboriginal Family Support Worker Training Project

Illustrated stories about family support work with Aboriginal and Torres Strait Islander families including discussion based exercises was published in 1993.

Client: NSW Department of Community Services

Project team: Rick Flowers, Louise Mulroney (NSW Family Support Services Assoc.)
Norma Ingram, and Tony Morris

Development of training materials to accompany a health education video about women of non-English speaking background

In 1994 we wrote a training package to accompany a video designed to help health professionals appreciate the issues and needs of women of non-English speaking background.

Client: Southern Sydney Area Health Service

Staff: Kate Colier and Rick Flowers

'Postmodern perspectives in health and community education'.
This is an edited book project. Commenced in 1999 and ongoing.

Researchers: Sallie Saunders and Carolyn Williams

Cardiac Patient Education

A partnership between the Centre for Popular Education, UTS and the Prince of Wales Hospital and School of Medical Education, UNSW

Commencing in 2001

Researchers: Franziska Trede, Rick Flowers, Pauline Bergin and Greg Fairbrother

Postulates and Aims

This project proposes to explore the learner-centered teaching skills of nurses and aims to produce guidelines for best practice in cardiac patient education. By learner-centered education we mean nurses being able to not simply identify what patients want to, and should learn, but being able to identify what helping and educational strategies will be most effective for particular patients. An assumption is being made that patients' learning needs are different, how patients best learn varies, and therefore good education practice requires being able to employ different facilitation skills.

Potential Significance

It is asserted that a learner-centred approach to patient education will ensure that nurses have a better understanding of, and increased ability to respond effectively to their patients' individualised needs. This in turn should result in increased patient compliance, more effective patient self-management and better long-term health outcomes.

Research Questions

How can nurses identify what technical facts and medical knowledge their individual patients need to learn? How can nurses make judgements about what facilitation strategies will best suit different patients?

Objectives

1. Identify restraining and driving forces for learner-centred patient education
2. Explore educational strategies that are used and could be used
3. Foster critical self-reflection in nurses

Method

This project represents formative research. As this project endorses a learner-centred approach it will adopt an action research approach to explore and develop educational strategies and skills that enable nurses to effectively apply a learner-centred approach to patient education. It is emphasised that the focus of this research is not on technical (propositional) knowledge but on practical (professional craft) knowledge.

Semi-structured in-depth interviews will be conducted with four nurses. They will be asked to identify critical incidences of patient education in their professional lives. Most nurses will recall a patient education situation that made them reflect, reassess and change their strategies in patient education. Nurses will be asked to describe (1) their experience, (2) the tension/conflict/dilemma/options they encountered, (3) what action they took, and (4) what happened as a result of their action.

Findings of the thematic analysis of these interviews will be workshopped with a group of nurses. They will be asked to listen and reflect upon the research findings and discuss how these documented experiences could be formulated into best practice guidelines.

Research Plan

The research process consists of three phases:

1. Data collection: Develop framework questions and conduct in-depth interviews.
2. Participatory Action Phase: Analyse the collected data and workshop it with the aim of drafting best practice guidelines.
3. Output: Develop best practice guidelines and writing up findings.

Time Plan:

| | |
|---------|----------|
| Phase 1 | 1 month |
| Phase 2 | 4 months |
| Phase 3 | 4 months |

Gender, Drug Use and Young People

Client: Drug Education Branch, NSW Department of Education & Training

Commenced in 2000

Chief Researcher: Lori Beckett

Researchers: Ben Henake, Betty Barnes, Celina McEwen and Michelle Rogers

Introduction

The proposed project is focussed on the impact and implications that gender may or may not have on drug use by young people. Gender is taken to mean a dynamic understanding of the social construct of masculinity and femininity, and specific forms of masculinity and femininity where gender is inflected by other social variables like class, race, ethnicity and sexuality.

The proposed research is also focussed on realistic aims for school drug education. Some of these were described by Munro (1998), and reiterated by Macdonald (1999) in the NSW National School Drug Education (NSDE) Strategy.

The concern, however, is to centre gender in school drug education. Youth population groups and students are not gender-neutral. There are sex differences understood as male and female, but gender should not be limited to the disaggregation of data and natural or innate characteristics that are taken-for-granted. The social construction of gender has been explicitly theorised and informs gender equity work in schools where gender is recognised as an educational issue. Masculinity and femininity receive considered attention in relation to the educational and social outcomes of schooling. This must be extended to school drug education. Work with and for boys and girls must take account of the complex interplay between drug use and gender, and must consider the idea of gendered patterns of drug use.

Concepts to be tested

There are two concepts to be tested in the proposed research. The first has to do with the way gender actually plays a part in girls' and boys' lives as well as in the making of women and men. The second has to do with how the complex range of historical and social factors evident in a drug-using society influence girls and boys, young men and young women to experience and express their masculinity and femininity.

This suggests that societal beliefs about gender are inextricably intertwined with social meanings of drug use. Current beliefs about masculine and feminine behaviour no doubt influence patterns of drug use, and it is crucial to explore male and female drug use and deconstruct assumptions about gender. Some boys and young men, for example, are often caught up in proving their masculinity. Salisbury and Jackson (1996) described it as living on the edge, a central part of becoming a 'real lad'. In the process of defining 'real lad' masculinity, they despise personal safety and are deliberately careless about their lives. Through risky bravado and excessive drinking, smoking and drug-taking, they identify as part of the club of 'real lads'. This example shows how gender or more specifically masculinity shapes the experience of drug use.

At the same time, it is important to consider how drug use shapes girls' and boys' gendered identity. Some girls and young women, for example, are caught up in fashioning the feminine (Gilbert and Taylor, 1989). The process that contributes to producing feminine girls is not simply a matter of these girls absorbing stereotyped messages. They actively construct their femininity in ways they see are appropriate to

compliment dominant 'real lad' constructions of masculinity. The fact that girls are more likely to smoke can be linked to the daily practices that contribute to the forging of a particular young womanly identity and certain ways of viewing what it means to partner 'real lads'. This example shows how drug use contributes to gender construction, in particular girls' sense of themselves as feminine beings.

The primary aim is to record and analyse the youth voice.....which should highlight differences between girls' and boys' patterns of use but also differences between groups of girls and groups of boys along class, race, and ethnic lines etc. The secondary aim is to record and analyse the ideas of teachers' and school counsellors.

Evaluation of the Primary Schools Clusters project, which is part of the NSW component of the National School Drug Education Strategy (NSDES)

Client: Drug Education Branch, NSW Department of Education & Training
Commenced in 2000

Chief Researcher: Lori Beckett

Researchers: Ben Heinecker, Betty Barnes and Celina McEwen

Introduction

UTS welcomes the opportunity to submit a quote for a contract to evaluate the Primary Schools Clusters project, which is part of the NSW component of the National School Drug Education Strategy (NSDES). The Faculty of Education is well placed to undertake the proposed evaluation. In research terms, it has the knowledge and expertise built from successful experience in project evaluations, which are central to its work especially as they feed back into the twin processes of learning and teaching in both adult education and teacher education. Drug education project evaluations feed back into drug and alcohol training in adult education, and into Personal Development, Health and Physical Education (PDHPE) in teacher education.

More importantly, project evaluations help make explicit the basic theoretical commitments shared by staff working on projects like the Primary Schools Clusters project. We are interested in technical mastery of process and product evaluation, but also the issues surrounding evaluation like the general complexity of the field. We are interested in the recommendations that arise from evaluation, and the way evaluation is geared towards practical action. We are also interested in the knowledge-base upon which evaluations are made, and participants' understandings of what it is they are trying to do which leads to more successful program implementation.

Terms of reference

This deliberative and reflective approach to evaluation sits well with the terms of reference, where the proposed evaluation includes:

- process evaluation concerning the implementation and progress of the first round of clusters;
- outcome evaluation of the clusters' effects with respect to their individual objectives and "deliverables", and the objectives of the Primary School Drug Education focus area of the NSW component of the NSDES;
- recommendations for further implementation and monitoring of primary school clusters based on the findings of the evaluation.

The process evaluation aims to develop a descriptive analysis of the settings, circumstances and work being done by the clusters, and to identify possible sources of weakness and failure. The descriptive analysis should explicate the details of each cluster's plans, proposals, and projects, including what they are doing and how they are progressing. Preliminary investigations indicate that schools are interested in teacher training packages, planning drug education, working on scope and sequence, developing teaching programs and units of work, and developing student workbooks as well as school policies, Aboriginal drug education and parent education, for example.

The intention of the process evaluation is to put together an information profile in order to increase the understanding of the work of the individual clusters as well as the Primary Drug Education Focus area. This is based on the premise that schools are

critical in the education of harm from drug misuse¹. The information profile is for the benefit of the principal stakeholders, particularly the NSDES management group, but it is also for the benefit of the teachers and others who live inside these settings or clusters. The people who make decisions about the Primary School Clusters project can use the information profile. At the same time, it will be useful to those teachers and others who are deeply immersed in the clusters, and who need to develop different degrees of understanding about what they are doing to deliver drug education.

The outcomes evaluation is concerned with a critical analysis of the products of the Primary School Clusters project and relates to the achievement of pre-specified outcomes. These can be the clusters' outcomes and "deliverables" on the one hand, and the outcomes of the Primary School Drug Education focus area, on the other. They are the measurable aspects of drug education, and span both intended and unintended consequences. They include the purposes, goals, aims and objectives as well as observable indicators of achievement. For example, the objective might be to support the development of safe school environments for Australian school students. The outcome is to have drug education policies and programs, which contribute to safe school environments. The performance indicators are the increased proportion of schools that introduce, review and/or refine drug policy and procedures, and the increased satisfaction of the school community, including parents, that quality policy and programs are in place. Both of these performance indicators contribute to and ensure a school environment safe from potential drug harm².

The intention of the outcomes evaluation is to inform decisions about (a) the clusters' work as well as the Primary School Drug Education focus area, with a view to deciding on needed changes to better meet/achieve objectives and deliver drug education; (b) the people involved, their professional development and capacity for self-renewing the clusters; and (c) the administration of the clusters, with an eye to judging their effectiveness and making recommendations.

The recommendations and monitoring part of the proposed evaluation will combine descriptive and critical analyses to (a) ascertain the effects of the Primary Schools Clusters project and present this in a form that will help the NSDES management group determine its future directions; (b) describe the strengths, weaknesses and failures of the clusters' operations so that the NSDES management group can understand more fully what the clusters are doing to deliver drug education; (c) describe the work of the participants in the clusters in terms which would help the NSDES management group to weigh the value of their investment and determine more precisely the framework of support, guidance and control; (d) make a contribution to drug education by clearly articulating the problems, recording experiences and publicising errors; and (e) contribute to the review and evaluation of the NSDES.

Expected output

The results of the proposed evaluation will be presented in the form of a report, in hard copy and on disk, on the implementation process and the outcomes of school clusters. The report will also include recommendations for future implementation and monitoring of primary school clusters to maximise the ability of clusters to achieve their designated outcomes.

¹ Flier: New South Wales component of the National School Drug Education Strategy.

² Department of Education, Training and Youth Affairs (1999) *National School Drug Education Strategy*.

Focus

The proposed evaluation intends to build its report based on interviews and questionnaires administered to a subset of the clusters, and the data analysis. We understand each cluster is comprised of four to ten teacher representatives and principals from different schools one of which is the coordinating school, a DET Drug Education Consultant or CEC Diocesan Advisor, District Superintendents and/or Student Services and Equity Coordinators, and DET Drug Education Unit staff.

At the time of writing this quotation for the evaluation of the Primary School Clusters project, it was school holidays with school and DET personnel on leave for the Olympics. We were unable to talk to Ms Evalynn Mazurski. However, we acknowledge the need to work with Ms Mazurski and the NSDES management group to develop the form and content of the interviews and questionnaires, and for the NSDES management group to provide final clearance for the items in the interviews and questionnaires. We accept the responsibility to administer, collect, and analyse the data and produce the report.

We agree that the specific aims of the evaluation are to:

- determine the appropriateness and quality of the implementation process of the clusters
- determine factors that contribute to clusters achieving their outcomes
- determine if the clusters met their objectives, and identification of the barriers to meeting those objectives
- determine the number and range of professional development activities
- determine the number and range of resource materials developed
- assess the capacity of clusters to be self-renewing and how that process can be maximised
- produce recommendations to maximise the effectiveness of the clusters (regarding implementation and monitoring) which are currently underway and those yet to be established.

We also agree that the specific issues to be addressed include:

- the resources necessary to implement and sustain the clusters
- specific issues related to urban or rural location, classification of schools, and educational sectors
- the extent to which the clusters encourage intra- and inter-school interaction on drug education and other issues (professional dialogue).

Our interpretation of these aims and the specific issues suggests a commitment to illuminative evaluation. That is to say, we acknowledge the complexities of drug education, the importance of the issues arising from the proposed evaluation, and the need to be sensitive to both decision-makers and participants. We intend to take an analytical approach and illuminate the Primary School Clusters project. We will concentrate on the information-gathering and provide a comprehensive understanding of the complex realities of the sub-set of clusters in the project. We aim to sharpen discussion of drug education and the efforts that are being made to educate young people about the harm of drug misuse. In doing so, we will articulate the complexities of instituting drug education and draw attention to what is being done to combat the growing threat to our school students of unsanctioned drug use. We will separate those issues that are significant and those that are trivial in the arguments about abstinence from illicit drugs and healthy lifestyle choices. We will contribute to both professional and community debate about drug prevention and the role of the schools in realising the

commitment by governments to the consistent national message of “no illicit drugs in schools”³.

³ Flier: New South Wales component of the National School Drug Education Strategy.

Evaluation of Bridges - a community capacity strengthening strategy to address drug-related issues

In partnership with Blacktown Alcohol and Other Drugs Family Service and Western Sydney Area Health Service
Commencing in 2000
Researchers: Rick Flowers and Celina McEwen

There are three broad evaluation tasks. They are:

- (a) *Provocative mirroring*
- (b) *community interviewing and reporting*
- (c) *participatory analysis and presentation.*

PROVOCATIVE MIRRORING

Evaluation activities will be built into the process of project planning and action. We will do this by documenting, observing, questioning and reporting on project activities on an ongoing basis. It is intended that this will help project members set priorities, sharpen definition and understanding of goals and strategies, validate planning decisions and record achievements. We call this work 'mirroring' because we are seeking to hold up reflections of your work. But it is not simply a process of passive documentation and presenting. We will provoke project members to sharpen their thinking about project activities. This, in turn, will help us define useful evaluation criteria. This process of provocative mirroring probably becomes most apparent when considering the evaluation checklists. They pose many questions that are intended to help members simultaneously appraise and document project activities and decisions.

We propose to prepare a first draft report (or discussion paper) by the end of April. It will have the following headings.

Report structure

- (a) Aims
- (b) Project strategies - Community gatherings
- (c) Why community gatherings were chosen as a strategy
- (d) The guiding beliefs about the role of strengthening social capital and community capacity to address drug issues
- (e) What are some drug issues in Blacktown?
- (f) Measuring social capital and community capacity
- (g) Evaluating if members of the community have learnt or done useful things to better address drug issues

We intend to prepare several more drafts as the project proceeds. We hope that, as each draft is prepared, the level of collective ownership by project members of the report will grow. We will gather information for this report using the following methods and sources.

- (a) Participating in core group meetings, wider group meetings, and the first gathering in March 2001 being convened for practitioners - observing, note taking and discussing
- (b) Reviewing literature about community capacity strengthening for health
- (c) Project documents analysis
- (d) Administer evaluation checklists. See appendix 1 for the checklists and how they will be administered.
- (e) Interviews with core inter-agency team members. See appendix 2 for the interview schedule.
- (f) Interviews with young people and workers at and after the community gatherings.
- (g) Consultation with project co-ordinator and management committee.

COMMUNITY INTERVIEWING AND REPORTING

It is important that we gather information about the impact of the project's activities directly from a representative, or at least indicative, sample of community members. Celina and I will do this largely by interviewing people at and after the community gatherings. We will also try and engage youth workers, and TAFE youth work students, to conduct additional interviews.

We will ask:

- (a) What did you learn, or get out of this, gathering (meeting)?
- (b) What do you think other people learnt or got out of the gathering or meeting?
- (c) What do you reckon the purpose of the gathering or meeting was?
- (d) Is it a worthwhile and feasible purpose?
- (e) Can you tell us about any action (at gathering - you plan to take) / (after gathering - you did take) as a result of this gathering or meeting?
- (f) What criteria do you think should be used to make judgements about the achievements of the Bridges project? (We'll use the fourth evaluation checklist as a prompt).

Celina and I will take notes. The youth workers will use tape recorders.

There are several reasons why it is proposed to engage youth workers to also conduct interviews. It will:

- (a) increase the size of the sample
- (b) likely generate different data than that would otherwise be collected by the UTS researchers and thereby help to cross-validate the interviews to be conducted by Rick and Celina

- (c) likely spur and encourage the youth workers to engage in other Bridges project activities.

We propose to conduct the first round of interviews at the end of the community gatherings. We're anticipating there will be lunch or dinner and people will stay for food. It may be useful if we seek permission for, and line up, the interviews at the commencement of each gathering. The purpose of doing a small number of second round interviews two months after the gathering is simply to identify if new learning or action has taken place.

The sample of people to be interviewed should include people under and over 20, male and female, health workers, youth workers and parents.

PARTICIPATORY ANALYSIS AND PRESENTATION

Drawing on the interviews and other information sources we will present several iterations of the evaluation report to the management committee and core inter-agency team between April and September. As already mentioned the idea is that collective ownership of the report will grow. With this in mind, we propose to support leading project members to engage in discussion with external 'experts' drawing on the evaluation report. We will do this by organising a seminar. The intention is to strengthen the validity of the evaluation findings and analysis. The 'experts' will be invited to critically examine the evaluation findings and present their critiques at the seminar.

The proposed seminar date is Monday, 10th Dec. 2001. It is proposed that the seminar be given the title: *Bridges : Strengthening the capacity of the community to address drug issues in Blacktown.*

The forum is intended for policy makers, managers, academics, practitioners and consultants. The Centre for Popular Education can manage the registrations, catering, publicity, nametags etc. But it can only do this by recovering costs through registration fees.