

A Review of Current Teaching on Hepatitis C in Scottish Educational Establishments

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SUMMARY

The aim of this research was **to ascertain the nature of current teaching on Hepatitis C, including teaching within a broader Blood Borne Virus (BBV) perspective, within Scottish primary and secondary schools and how it is addressed within colleges of further education.**

As it is well-established that certain groups of young people are more vulnerable to initiation into injecting drug use, secure accommodation units and schools which cater specifically for pupils with social, emotional or behavioural difficulties (“SEBD schools”) were included along with mainstream schools.

Key Objectives:

- To review current guidance to educational establishments regarding the nature and content of teaching on Hepatitis C, including teaching within a broader BBV perspective.
- To explore what is currently taught on Hepatitis C within educational establishments and where this fits with other aspects of the curriculum. This included a review of which resources used by educational establishments, by whom current educational inputs are delivered, what external agencies are used and the source and nature of training that is currently accessed on this topic.
- To make recommendations for the future delivery of education on Hepatitis C and to comment in particular on any implications for A Curriculum for Excellence¹.

Hepatitis C is a blood-borne virus that can seriously damage the liver and affect its ability to function. The spread of Hepatitis C is a growing public health concern in Scotland. An estimated 50,000 people in Scotland have been infected with Hepatitis C virus (HCV) (Scottish Executive, 2006). The main transmission route for Hepatitis C is through blood to blood contact. By far the most common source of infection with Hepatitis C is through the sharing of needles and other injecting equipment; however transmission can also occur through the sharing of toiletries such as toothbrushes, scissors or razors or exposure to un-sterile equipment i.e. tattooing, ear/body piercing or acupuncture. There is believed to be a small risk of transmission through unprotected sex.

¹ A Curriculum for Excellence provides a framework within which learning and teaching can take place across the 3 to 18 curriculum. A phased release of all draft outcomes and experiences for all subjects including health and wellbeing is expected from Autumn 2007.

Methods:

1. Literature review of related research and current guidance provided to schools on related areas i.e. drug and sex education guidance, health promoting colleges.
2. Telephone interviews with key informants within education departments and health boards. This amounted to 30 key professionals with a school health remit in 27 (of 35) local authorities and with 16 health promotion/public health professionals with a schools remit in 11 (of 15) NHS Boards. At least one informant covering every council area took part in an interview.
3. Telephone interviews with representatives from educational establishments. This included representatives from 12 primary schools, 45 secondary schools, 3 secure units, 7 Social and Emotional Behavioural Difficulty (SEBD) schools and 10 further education colleges.
4. Expert validation interviews. Paired and individual interviews with experts in the field of Hepatitis C and further education. A total of 6 experts were interviewed.

Literature Review

To date, in studies that have looked at students' knowledge of Hepatitis C awareness of the condition, its transmission routes, and prevention methods has been demonstrated to be poor (Ingrand et al, 2004; Lindsay et al, 1999). Within secondary schools it has been demonstrated that pupils' knowledge about the transmission of Hepatitis C through injecting drug use, the severity of the condition and the lack of a vaccine increased after teaching on Hepatitis C (Ingrand et al, 2004).

There are no current guidelines or national initiatives relating to the provision of universal education on Hepatitis C in primary or secondary schools in Scotland. There are a variety of guidance documents relating to drug education and sex education which are relevant and were reviewed to ascertain if they include any references to Hepatitis C.

Within drug education guidance there are no specific references to the inclusion of messages on Hepatitis C. The majority of drug education guidance is general with no specific recommendations on the content of lessons as the guidance primarily relates to the process of teaching rather than content. One brief, informal guide to learning outcomes for drug education produced by the Scottish Health Promoting Schools Unit (2004) – the Drug Education Exemplar – is a short (2 page) source of support rather than national guidance as such. It does not mention Hepatitis C but includes two relevant topics:

- Primary 1-Primary 3 Stage - "drug-litter safety rules"
- Secondary 3 – Secondary 4 - "knowing about infections such as HIV"

and AIDS being spread by drug needles”

Of the documents reviewed relating to sex education no direct reference was made to the inclusion of prevention messages on the transmission of Hepatitis C within universal sex education programmes. Due to this there is no guidance on an appropriate age or stage for when this topic should be covered in a mainstream health curriculum. However the guidance documents do refer to the inclusion of key messages on the prevention of sexually transmitted infections and HIV and AIDS. In addition, in two instances specific reference to Hepatitis C was made in relation to working with non-mainstream or ‘at risk’ groups. This included young people who may be at particular risk of Hepatitis C due to exposure to injecting drug use, involvement in prostitution or unprotected sex and frequent partner change. In relation to information provided to ‘at risk’ groups it was suggested that preventative messages should include:

- risks associated with drug injection
- risks associated with unprotected sex
- risks associated with mother to child transmission
- risks associated with cosmetic piercing and tattooing
- spillages of blood/fluids

Current Teaching on Hepatitis C

There was little evidence of teaching on Hepatitis C in any of the settings investigated – that is in mainstream primary or secondary schools, SEBD schools, secure accommodation units or further education colleges.

Most representatives from local authorities and health boards were unaware of any specific inputs on Hepatitis C currently being taught within schools in their area. Of the eight respondents who were aware of issues around Hepatitis C being raised in secondary schools, four reported that it was covered within STI inputs as part of a broader sexual health programme and a further two reported that it was covered as part of an input on blood borne viruses also taught within a broader sexual health programme. One local authority representative was aware of Hepatitis C being raised as part of a drug education programme and another felt that it was incorporated into sex and drug education.

A similar picture emerged when schools were contacted directly. Most of the 45 secondary schools contacted reported delivering little or no teaching on the issue of Hepatitis C either within their drug education programme or sex education programme. Within the 9 schools that did include messages on Hepatitis C the majority linked this into their sex education programme. It was interesting to note that although half of the secondary schools provided some input on injecting drug use very few made explicit links to the risk of contracting Hepatitis C. This picture was echoed in secure units and SEBD schools which were even less likely to report Hepatitis C being part of the health education curriculum.

However, where Hepatitis C was included in teaching by SEBD schools, it was always linked to their drug education programme rather than sex education.

Within primary schools, all but one school were unaware of any references to Hepatitis C within their health curriculum. However six schools did make reference to non-specific “diseases that can be caught from needles”; one addressed the issue of HIV/AIDS as part of their drugs education curriculum; and, two referred to Hepatitis B in relation to infections and how they can be minimised through immunisations. Only one of the schools contacted was aware of any mention of Hepatitis C within their health curriculum, where it was briefly referred to as a disease that could be caught by sharing needles or having unprotected sex.

Within Further Education colleges there were no initiatives relating to the provision of information on Hepatitis C, however numerous techniques are utilised to engage students on wider health topics and initiatives. Many of these are sexual health related with a smaller number relating to drug prevention messages.

Across all settings few resources were in use that were specific to Hepatitis C, with the exception of a small number of secondary schools who had developed their own activities that explored risks associated with different transmission routes. In addition few staff had accessed training on Hepatitis C. Among the small number of staff that were trained this was within the context of generic sexual health courses which had briefly referred to Hepatitis C. The only additional training that had been accessed by staff was around the management of blood spillages. Across all settings teachers were most likely to deliver health education inputs, however often this was supplemented by external agencies. Many sex education inputs were supported by the schools nurse and drug education inputs by local drug prevention projects. Where external agencies were accessed there was a greater likelihood of Hepatitis C being included.

Future Inputs on Hepatitis C

Within secondary schools most respondents stated that it was appropriate for information on Hepatitis C to be incorporated into the curriculum. However for many this acknowledgement was qualified by the view recognition that Hepatitis C is not a main priority in health education and they therefore made a plea for this not to become another big initiative or overly prescriptive guidance imposed on schools. There was widespread recognition among respondents that they themselves were unaware of the relevance of or specific facts around Hepatitis C or that they had only become aware of it as an issue on having been contacted by the research team for this piece of work. As a result, some were unsure as to how important an issue it was and stressed the pressures faced by schools to incorporate ever increasing health topics and messages into their health education programmes. There was a sense that not all topics could be given priority therefore it was important for schools themselves to prioritise the issues

most relevant to the lives of the pupils (these were thought mainly to be around safer sex messages, alcohol and cannabis use).

Despite the above reservations, the majority of respondents were happy to support the inclusion of messages on Hepatitis C in their health education programmes if it was approached in a way that made clear links to existing topics, was proportional to the problem and allowed local flexibility. They felt that they would appreciate factual information and teaching notes or materials with suggestions on what should be delivered, when and how to support this approach.

Amongst respondents from primary schools, feelings were mixed as to whether or not Hepatitis C teaching would be appropriate within the health curriculum. Five of the respondents interviewed felt that it would be appropriate to cover Hepatitis C within a general health curriculum for primary school but in such a way that the emphasis was upon personal safety around needles rather than providing specific information about the disease.

Within secure units and SEBD schools respondents felt that Hepatitis C should be incorporated in the curriculum as their pupils are vulnerable; often involved in high risk activities such as unprotected sex and drug use and potentially are at risk of injecting drugs in the future. In addition, many pupils have parents or family members who are injecting drug users so could be exposed to Hepatitis C in the home. However, particularly with secure units, there was recognition of a number of barriers to the provision of health education generally including the transient nature of the young people, the mix of ages in classes and the need to include care staff in any training so that messages are consistent from education and care staff.

Within further education there was recognition that colleges are well placed to address topics like this and that they could play a role in providing information to students. Respondents felt that the only way to address issues like this in the Further Education setting is through health promotion initiatives e.g. health days, inputs to freshers' fayres and provision of health information on campus.

Across all settings although there was support for the inclusion of messages on Hepatitis C this was measured by the recognition that Hepatitis C is not a priority area. Respondents were clear that although resources on Hepatitis C would be welcome, schools should be allowed flexibility as to when they include it and how they include it. It was suggested that any new resources should make links to where they would fit into the existing curriculum and should make full use of interactive methods to engage young people.

Although the majority of respondents from schools felt that Hepatitis C should link to their sexual health programme experts in the validation interviews disagreed with this. They felt that this was misleading as the current evidence clearly states

that the main transmission route is through injecting drug use. In relation to training on Hepatitis C there was consensus that this should not be a stand alone course but should be incorporated into existing courses. This was in recognition of the current difficulties within schools for staff to access training due to finance and a shortage of supply teachers.

Discussion and Recommendations

It was accepted by most respondents that Hepatitis C should be included in health education however this was tempered by the view that that Hepatitis C is not a top priority for schools and that there should be no big initiatives or overly prescribed guidance. Prior to any initiatives aimed at pupils however, there was recognition that knowledge levels among education professionals and health board staff working with the education sector needed to be raised. These staff are not currently included in the recommendations of the existing national action plan on Hepatitis C.

1. Any large scale information campaign should include education professionals and those in health boards with a schools responsibility, however, the level of awareness raising should be proportionate to the relative importance of Hepatitis C compared to the other issues which these professionals seek to address in schools.
2. As mainstream schools do not consider Hepatitis C a priority topic - as the majority of their pupils will not be injecting drug users - it would be sensible to prioritise the awareness raising process recommended above with professionals working with or within specialist settings such as SEBD schools where some pupils may be particularly vulnerable and secure units.

The current low level of provision on this topic in schools may be related to the fact that no current local or national guidelines that support the delivery of universal education on Hepatitis C in educational establishments could be found. There was recognition that reference to the issue within national guidance would give it credibility and raise awareness of the issue.

3. Any guidance or resources developed on the issue of Hepatitis C should be placed into the context of existing drug and sex education guidance. In addition, any new guidelines on health education emerging as a result of A Curriculum for Excellence should include a reference to Hepatitis C. Guidance should include advice for schools on what age and stage to teach this topic, links to other subjects and how schools may judge what is appropriate for their pupils and when.
4. Further detail on learning outcomes and appropriate content for teaching around Hepatitis C and blood borne viruses may not be appropriate in national guidelines but could be provided by the development of resources

for schools on Hepatitis C which have an “official stamp” and therefore set a standard in terms of the content and depth of delivery that is appropriate in different circumstances.

5. Resources on Hepatitis C should be linked to existing lessons on the risks of drug use. Emphasis on Hepatitis C should be within drug education, although brief links could also be made within sex education programmes.
6. New resources should be developed to help schools to incorporate brief but explicit links to Hepatitis C within the existing curriculum. Activities that would take no more than one period (approximately 45minutes - 1 hour in duration) in addition to mentioning the topic within existing lessons would be considered by most to be sufficient.

While it was acknowledged that there was a need for staff in general to have a greater understanding of this issue, it was felt that few teachers would attend training specific to Hepatitis C. A more supported option was to adapt existing drug education/sex education training to include coverage of Hepatitis C, although it was acknowledged that this would only benefit teachers who attended training in the future and those who had already attended such courses would miss out on this new topic. While not ideal, we feel that this is the most realistic option for providing training to staff.

7. Training on Hepatitis C should be incorporated into existing training drug/sex education training. If future publicity campaigns raise the profile of Hepatitis C and demand for training increases the potential for training on blood borne viruses with a focus on Hepatitis C should be considered.

Although the use of external agencies was supported there was recognition of a number of barriers to using external agencies including capacity.

8. Consideration should be given to the potential use of external agencies and the support that current specialist Hepatitis C agencies and/or local drug awareness agencies would require to provide inputs consistently to the education sector on this topic.

There are a number of existing group work and one to one initiatives in schools which target vulnerable groups of young people and these were raised as one potential way for information on Hepatitis C to reach potentially more at risk pupils. There were however a number of difficulties raised about this approach including the ethics of how to select young people for such initiatives and whether or not to inform pupils as to why they have been targeted.

9. If vulnerable groups of pupils are targeted within mainstream settings the issue of Hepatitis C or injecting drug use must be raised sensitively so they do not feel victimised or labelled as potential future drug users.

However, it was felt to be important for them to be aware of the different transmission routes and how they can protect themselves, particularly if they have parents/carers misusing drugs.

Within Further Education colleges there was recognition that they have a role to play in the provision of information on Hepatitis C to their students. This was particularly felt to be the case due to the number of students who attend colleges who may previously have been involved in drug use and are using college as a stepping stone to change their lives and the fact that students are generally older. There was some debate over whether this should be done via the traditional routes such as health information weeks and Freshers' Fayres or whether a more fundamental shift is required in light of increasing numbers of younger students and how national guidelines such as ACE, which will be 3-18, will apply/be implemented for young people in colleges rather than school at the 16-18 stage.

10. Colleges are a key way to provide information to students about Hepatitis C and in the first instance this should be done in the traditional way such as campaigns during Freshers' week and the provision of health information.
11. There is a need for further thought at a national level as to the role of further education colleges in providing universal health education to students.

1. INTRODUCTION

1.1 BACKGROUND TO THIS RESEARCH

Hepatitis C is a blood-borne virus that can seriously damage the liver and affect its ability to function. The spread of Hepatitis C is a growing public health concern. An estimated 50,000 people in Scotland have been infected with the Hepatitis C virus (HCV) (Scottish Executive, 2006). Research shows that the risk of exposure to the Hepatitis C virus increases markedly once an individual reaches adolescence (Ingrand et al, 2004), mainly as a result of the increased exposure that young people have to the risk factors associated with Hepatitis C transmission (Ingrand et al, 2004; Rosenthal et al, 2002). As a result of this it is widely felt that one of the key targets for information campaigns relating to the spread of Hepatitis C should be students (Ingrand et al, 2004; Rosenthal et al, 2002).

Hepatitis C is spread through three main body fluids (Greater Glasgow NHS Board, 2001) including:

BLOOD (high risk)

- Sharing IV drug equipment such as needles, spoons, water and filters or sharing snorting or pipes equipment.
- Recipients of blood/organ donations prior to September 1991.
- Tattooing, ear/body piercing or acupuncture where sterile conditions are sub-standard.
- Sharing toiletries such as toothbrushes, scissors or razors which may carry traces of infected blood.
- Exposure to infected blood through work. E.g. healthcare worker to patient.
- Medical/dental treatment in a country where sterile conditions are sub-standard.

SEMEN (moderate to low risk)

- Sex (vaginal or anal) with an infected person where no condom is used.

VAGINAL FLUID

- Vaginal sex with an infected person where no condom is used.

In addition there is a very small risk of infection from mother to baby before or during birth.

The Scottish Executive (now Scottish Government) published its **Hepatitis C Action Plan for Scotland Phase 1: September 2006 – August 2008** in September 2006. The Plan for Action outlines a number of actions designed to improve the current situation in Scotland under the following headings:

1. Coordination of activity and services.
2. Prevention.
3. Testing.
4. Treatment, care and support.
5. Education, training and awareness-raising.
6. Surveillance and monitoring.

This research relates to section 5.4 of the Action Plan and action point 9 under “Actions on education, training and awareness-raising”. The results of this review will contribute to decision-making about future developments on Hepatitis C within the education sector that may be funded beyond 2008. This project is complemented by related actions in the plan including a review of existing communications materials for Hepatitis C, a review of training for NHS staff on Hepatitis C as well as a range of initiatives aimed at preventing transmission and improving information for those who have been diagnosed with Hepatitis C.

1.2 RESEARCH AIM AND OBJECTIVES

RESEARCH AIM

The aim of this research is to ascertain the nature of current teaching on Hepatitis C, including teaching within a broader Blood Borne Virus (BBV) perspective, within Scottish primary and secondary schools and how it is addressed within colleges of further education.

Given that certain groups of young people are known to be more vulnerable to initiation into injecting drug use, schools which cater specifically for pupils with social, emotional or behavioural difficulties and secure accommodation units were included along with mainstream schools.

Key Objectives:

A: Current Guidance:

- Review the nature of current guidance to educational establishments regarding the nature and content of teaching on Hepatitis C, including teaching within a broader BBV perspective.

B: What is Currently Taught?

- Investigate and describe the nature of current teaching across the curriculum in Scottish Educational Establishments on Hepatitis C, including teaching within a broader BBV perspective, identifying key messages that are provided.

- Establish where teaching on Hepatitis C fits within the current curriculum and the context in which it is presented.

C: What Resources are Currently Used?

- Ascertain which educational materials and resources are available to support teaching on Hepatitis C in schools and colleges in Scotland and the extent to which they reflect the most up to date information and best practice.
- Of those available to support teaching, investigate which are currently used.
- Of those available to support schools, highlight those which reflects best practice and where there are opportunities for this to be improved.

D: Who Delivers Current Education Inputs?

- Establish how teaching on Hepatitis C is delivered in schools and colleges in Scotland. Is it delivered/supported by teaching staff or by appropriate external organisations and to what level or standard?

E: What Training is Currently Offered & by Whom?

- Ascertain the content and nature of training on Hepatitis C, and blood borne viruses more generally, received by teaching and non teaching staff, including training on Hepatitis C within more generic or broad based training programmes.
- Ascertain who delivers this training for staff.
- Make recommendations regarding the training required by teaching and non teaching staff which will further enhance the teaching on Hepatitis C in educational establishments in Scotland, including links to or inclusion in existing training programmes.

F: What are the Implications for A Curriculum for Excellence?

- Make recommendations as to how learning from the research regarding teaching on Hepatitis C can influence and contribute to Curriculum for Excellence where appropriate.

1.3 RESEARCH METHODS

1.3.1 Key Informants

Initially, a focus group was conducted with members of the governing committee of the Scottish Guidance Association Committee². As leading practitioners with an in-depth knowledge of the delivery of Personal, Social and Health Education (PSHE) in schools, this focus group was used to contribute to the development of interview schedules for the subsequent work as well as to answering key research questions. Three committee members took part in the focus group.

² The Scottish Guidance Association is an organisation which represents guidance/pastoral care staff in secondary schools.

Telephone interviews were then carried out with 30 key professionals with a school health remit in 27 (of 35) local authorities and with 16 health promotion/public health professionals with a schools remit in 11 (of 15) NHS Boards. These individuals were identified using the publicly accessible list compiled by the Scottish Health Promoting Schools Unit as a starting point. In some cases the council and health board provided a joint response to the questions via one representative. Overall at least one person from either the council or health board was interviewed covering all areas in Scotland. Prior to contact with local authorities and health boards a letter of support from NHS Health Scotland was sent to inform all Directors of Education and Directors of Public Health about the research and request their support.

The interview itself was split into two sections. The aim of section one was to gather information on guidance or specific initiatives relating to teaching on Hepatitis C or related areas and to identify leading edge schools or colleges in the area. The responses to the questions in section one were recorded manually into an electronic framework.

Section two of the interview was qualitative in nature and explored views on the appropriate response to the issue of Hepatitis C in schools, use of external agencies in training of staff and views on training and resources required to support the teaching on Hepatitis C. It also asked for any specific recommendations for the inclusion of taught inputs on Hepatitis C in educational establishments. All qualitative interviews were recorded and fully transcribed.

Where local authorities/health boards were carrying out innovative work on Hepatitis C in educational establishments they were approached to be the focus of a case study for this research.

1.3.2 Schools & Secure Units

Interviews were carried out with relevant individuals in mainstream primary and secondary schools and in schools for pupils with social, emotional or behavioural difficulties as well as in secure accommodation units. The interview covered the following topics:

1. To find out what is taught, where, when & how on Hepatitis C (including identifying any external agencies who deliver on Hepatitis C).
2. To get copies of any specific Hepatitis C materials or activities.
3. To identify any targeted interventions on Hepatitis C for vulnerable groups.
4. To identify any schools/establishments with examples of good practice.
5. To explore if staff have attended any training on Hepatitis C.
6. To ask for comments on how this should be addressed by schools/secure units.

On completion of the interviews responses to the questions were noted into a

research framework, developed to enable cross checking and coding of responses. The extent to which Hepatitis C was covered within the health education provision was rated from 0-3 as follows:

0. Nothing taught on Hepatitis C at all.
1. Very brief mention only e.g. in list of risks from needles/drug use/STIs.
2. Brief description/explanation of what Hepatitis C is included as part of broader input.
3. Specific activity/input included on Hepatitis C or on BBVs including more than a brief mention of Hepatitis C.

Prior to any schools being contacted the Director of Education was sent a letter detailing which schools in their area would be contacted. In addition a letter outlining the research aims and the process was sent to the head teacher of each school.

Primary Schools

Each of the key informants interviewed above were asked if they could identify any primary school in their area which was covering Hepatitis C as an issue with pupils or which was generally more innovative in delivering drug or sex education and which might therefore be more likely to do so. Most key informants did not feel that any primary school in their area would be covering this issue; however, fifteen possible “leading edge” primary schools were identified.

In some cases key informants also provided the name of a contact person for the school who was then interviewed by telephone. In other cases the most appropriate individual in the school was identified by asking to speak to the teacher with responsibility for PSHE and/or drug or sex education. In total staff members in 12 ‘leading edge’ schools were interviewed.

Secondary Schools

As for primary schools, each of the key informants above were asked if they could identify any secondary school in their area which was covering Hepatitis C as an issue with pupils or which was generally more innovative in delivering drug or sex education and which might therefore be more likely to do so. 24 schools in 17 authorities were identified in this way as “leading edge” establishments. In addition a further 21 schools were included in the sample giving a total of 45 of the 385 secondary schools in Scotland (Scottish Executive website). These 21 schools were selected to maximise the variety in the sample in terms of:

- location (rural/urban balance and geographical spread)
- Size of school role (small <500, medium 500-1000, large >1000)
- Level of deprivation using school meal provision (low <15%, medium 15%-25%, high >25%)

This purposive sampling strategy was selected in order to provide a broader insight than might be the case with a random sample. Table 1 provides a breakdown of the characteristics of these schools.

Table 1: Distribution of secondary schools				
Total number of schools	Recommended as leading edge?	Location	Size	Deprivation
45	Yes= 24 No= 21	Urban= 29 Rural ³ = 16	Small=5 Medium=26 Large=14	Low=21 Medium=9 High=15

In the majority of cases it was a member of the pastoral care team (also known as the “pupil support” or “guidance” team) that took part in the interview. The interview was not recorded however the final section on their comments were written down verbatim.

Where schools were delivering specific inputs on Hepatitis C, they were asked if they were willing to be the focus of a case study for this research.

Establishments for Vulnerable Young People

There are approximately 20 schools in Scotland which cater specifically for pupils with social, emotional or behavioural difficulties (“SEBD schools”) and there are six secure accommodation units for young people. We sought to interview staff within these establishments because it is known that young offenders and those with SEBD are more at risk of initiation into injecting drug use than those in mainstream schools.

These establishments were identified primarily through the key informant interviews and some internet searching and representatives of 7 SEBD schools and 3 secure units were interviewed by telephone for the research. Where possible establishments spread geographically around Scotland were included to avoid clustering in one particular area.

The interview schedule for these establishments was similar to that used in the mainstream schools except that secure units were also asked whether they were familiar with any guidance, specific to their setting, which made reference to Hepatitis C.

³ The categorisation of urban or rural was done anecdotally based on information provided by the respondents or the knowledge of the researchers. Some schools categorised as ‘urban’ are schools situated in large towns attended by pupils living in rural areas.

1.3.3 Further Education Colleges

Representatives from 10 of the 43 further education colleges in Scotland were contacted to ascertain how, if at all, colleges address the issue of Hepatitis C prevention or education with students. All colleges identified by key informants were contacted. Some of these were referred to as leading edge establishments but the majority were just named by informants as the local further education college as key informants often had little/no knowledge of the work done on health issues in this sector.

The process of identifying the most appropriate individual to interview in colleges finding the correct person to speak with proved more problematic than in other settings. This was due to a lack of staff members with a clear remit for drug or sex education or in some cases, for health. In most instances, however, student services staff were the most appropriate individuals for interview.

The interview schedule for further education colleges covered the following topics:

1. To find out if there is any teaching on Hepatitis C (including identifying any external agencies who deliver on Hepatitis C in colleges).
2. To find out if health is promoted through any events or initiatives in colleges, and whether Hepatitis C is covered in these initiatives.
3. To identify potential areas where Hepatitis C could be addressed within colleges.
4. To identify any establishments with specific examples of good practice.
5. To explore if staff have attended any training on Hepatitis C.
6. To ask for comments on how this should be addressed by colleges.

1.3.4 External Agencies

All representatives of educational establishments who were interviewed were asked to identify any agencies involved in the delivery of educational inputs or other support on Hepatitis C in their establishment. In addition, organisations who potentially had this role (e.g. voluntary organisations with a Hepatitis C or BBV remit) were identified through desk-based research. Each agency identified was interviewed to clarify the content of their inputs to educational establishments and in some cases were asked to provide details or copies of the materials they use within schools. A total of 16 external agencies were contacted and interviewed.

1.3.5 Guidelines & Resources

Extensive desk based research was used including internet searches and scoping telephone calls to relevant individuals to explore guidance, research, resources, training and international approaches relating to taught inputs on

Hepatitis C in educational establishments. This included:

- A review of national guidance relating to drug education, sexual health and relationship education, general health promotion in schools and general health promotion in further education establishments.
- A review of national and international research and initiatives relating to prevention and awareness raising of Hepatitis C in universal education.
- Scoping of resources relevant to Hepatitis C which included assessing their potential use within schools and FE colleges.

1.3.6 Expert Validation

Key professionals in the field of Hepatitis C, and further education establishments in Scotland were contacted and invited to take part in a paired or individual interview. The purpose of this was to seek the key informants' views on emerging issues from the research and ways forward. A total of 6 professionals took part in an interview from the following agencies:

- STRADA
- The Leith Agency
- Mainliners
- C-Level
- Further Education Colleges

Each of the validation interviews were recorded and transcribed. Issues raised by the experts are presented within the body of the report next to the related area.

1.4 ANALYSIS AND DATA MANAGEMENT

The data generated through this research falls into two main categories – information-based data & opinion-based data. The analysis of these categories required different approaches.

Information-Based Data

The aim of the information-based data was to seek concrete information (rather than opinions) on current teaching on Hepatitis C under a range of headings. This information gathering component was analysed using a structured framework to facilitate easy comparison between respondents and geographical areas and coherent collation of overall figures.

Specific information from key informant interviews (strand 2) collated using the framework related to local guidance, initiatives and the identification of leading edge educational establishments.

For the educational establishment and external agency interviews, the framework

related to information on what they are teaching and when (relating to Hepatitis C specifically or related areas such as BBV or injecting drug use), what resources are being used, what agencies are used and what training they have received or is available.

The framework was divided into the following sections based on the Key Objectives of the research to facilitate the analysis of different aspects as described above.

1. Reviewing current guidance on Hepatitis C teaching & related topics versus best practice & research evidence criteria.
2. Collation of data on if, where, how, when and by whom this is taught.
3. Reviewing what is taught – currently used materials & available resources versus best practice/evidence criteria.
4. Collation of data on what training is accessed & available.
5. Reviewing current training provision & available provision versus best practice/evidence criteria.
6. Reviewing available guidance & information on Hepatitis C teaching internationally to draw parallels with the Scottish experience as relevant.

Informant Views

This second aspect involved analyzing opinions on this issue and required qualitative analysis. By immersing ourselves in the transcripts to inductively identify both cross-cutting themes and any new points or issues raised in each one using NVivo as a supportive tool.

This aspect of the analysis covered part of the data from the key informant and educational establishment interviews relating to their views on Hepatitis C teaching, training and resources.

2 FINDINGS

2.1 RESEARCH ON AWARENESS OF HEPATITIS C

To date, in studies that have looked at students' knowledge of Hepatitis C awareness of the condition, its transmission routes, and prevention methods has been demonstrated to be poor (Ingrand et al, 2004; Lindsay et al, 1999). In areas where intervention strategies have been implemented within secondary schools it has been demonstrated that pupils knowledge about the transmission of Hepatitis C through injecting drug use, the severity of the condition and the lack of a vaccine increased after teaching on Hepatitis C has taken place (Ingrand et al, 2004).

In surveys that have been undertaken to determine the knowledge that UK secondary school pupils have about sexually transmitted diseases, Hepatitis C tends not to be asked about. This is probably as a result of the fact that the most prevalent route of transmission is through injecting drug use rather than through unprotected sex. Only one study was identified that asked whether pupils were aware of the existence of Hepatitis C: the Health and Lifestyles Survey of Children (Steriu, 2004), wherein it was determined that although pupils were aware of Hepatitis C, their awareness of the condition and other blood-borne viruses decreased between 2001 and 2003: a potential reasons for this was the increased focus that health and education authorities in that area had placed on Chlamydia during that period.

Rosenthal et al (2002) suggested that the role of teachers within Hepatitis C education is critical as they not only have access to a large population of young people, but young people place a high degree of trust in their teachers as providers of authoritative information and advice relating to HIV and sexual health issues. What they did note, however, is that teachers may, lack knowledge about Hepatitis C; lack confidence in their ability to cover this subject; and/or be unwilling to teach about such a socially sensitive and difficult topic. As a result of this they need support and guidance in order to be able to deliver lessons relating to Hepatitis C effectively.

In a questionnaire designed to provide an insight into the knowledge, attitudes and beliefs in relation to Hepatitis C (Rosenthal et al, 2002), teachers were asked which three topics or issues should be covered in a program for the prevention of Hepatitis C, 52% of respondents stated general prevention strategies; 51% stated that information related to modes of transmission and risk practices should be covered; and 36% stated that general awareness and knowledge of the disease should be covered.

2.2 CURRENT GUIDENCE TO SCHOOLS

There are no current guidelines or national initiatives relating to the provision of universal education on Hepatitis C in primary or secondary schools in Scotland. However, as a topic it relates to issues of sexually-transmitted infections that is covered as part of education about sexual health and also to issues of the risks associated through the sharing of injecting equipment which may be covered in drug education in some schools. Both of these areas have been the subject of much national attention in recent years and there are a number of national guidelines and examples of previous research which relate to each of these areas that were reviewed as part of this piece of work.

Drug Education Guidelines

National guidance for drug education has been provided by HMIE and Learning and Teaching Scotland over the past decade and the most recent relevant guideline is:

- Two Health Issues: Education about Drugs, Education about Responsible Relationships & Sexuality (HMIE, 2003).

This document does not specifically recommend topics for inclusion in drug education programmes as it primarily relates to the process of teaching rather than content. This document also addresses sex & relationships education in terms of process.

Other documents previously identified as constituting national advice on drug education includes 5-14 Health education guidelines (LTS, 2000), Being Well Doing Well (LTS, 2004), and How Good is Our School (HGIOS, HMIE, 2007). Each guideline has a similarly broad focus and do not mention Hepatitis C specifically.

The “HELP UP-DATE” on drug and nutrition education published by Learning and Teaching Scotland (LT Scotland Curriculum File No 9) in 1998, does offer a more specific breakdown of appropriate content for drug education lessons, however it does not mention of Hepatitis C, blood borne viruses or injecting drug use. There is no specific reference to injecting however the topic of “how to respond to a friend who overdoses on drugs” could indirectly lead to discussion of injecting. This guidance will be superseded by the A Curriculum for Excellence guidance when this is produced.

A more recent, informal and brief guide to learning outcomes for drug education produced by the Scottish Health Promoting Schools Unit (“Drug Education Exemplar”, 2004) – the Drug Education Exemplar – is a short (2 page) source of support rather than national guidance as such. It includes two relevant topics:

- Primary 1-Primary 3 Stage - "drug-litter safety rules"

- Secondary 3 – Secondary 4 - "knowing about infections such as HIV and AIDS being spread by drug needles"

Sex Education Guidance

For sex education, current national guidance is provided through Circular 2/2001 (Fraser, 2001) to local authorities from the Scottish Executive which is based on the report of the working group on sex education in Scottish schools (McCabe, 2000). In addition, similar to drug education, advice relevant to sex education is available to schools through a range of broader documents which are outlined in the document "A Summary of National Advice" (Scottish Executive, 2001). This includes documents such as HELP and How Good Is Our School as well as others.

The following documents, relating to the provision of information on sexual health and/or BBV, were reviewed:

- Circular 2/2001: Standards in Scotland's Schools etc Act 2000: Conduct of sex education in Scottish schools
- Respect and Responsibility: Strategy and Action plan for improving sexual health. Scottish Executive, 2005
- McCabe Report: Report on the working group on sex education in Scottish schools, June 2000
- SHARE: Curriculum for 13 to 15 year olds
- HIV Health Promotion Strategy Review Group, 2000
- Hepatitis C – Sexual health and blood borne virus guidance: Children in Need and Blood Borne Viruses: HIV and Hepatitis C: Department of Health, November 2004

Of the documents reviewed no direct reference was made to the inclusion of prevention messages on the transmission of Hepatitis C within universal sex education programmes. Due to this there is no guidance on an appropriate age or stage for when this topic should be covered in a health curriculum. However the guidance documents do refer to the inclusion of key messages on the prevention of sexually transmitted infections and HIV and AIDS. The McCabe Report recommends that teaching on HIV and AIDS should begin at early secondary and be developed in middle and upper secondary school. Within the context of teaching on HIV it is important to reflect on the findings of the HIV Health Promotion Strategy Review Group who stated

"It is no longer appropriate to focus effort and resources on one blood borne virus (HIV) however important. Hepatitis has become more prevalent and more easily transmitted, hence a similarly major public health issue, and we consider that a wider view should be taken of blood borne viruses in regard to health promotion and the development of 'messages'. This will require a more sophisticated set of messages and approach to the identification of target populations to be successful".

The guidance documents also recommend that sex education should be broad based with topics being presented as inter-relating issues. This refers to linking HIV prevention, prevention of STI's and prevention of unwanted pregnancy as well as links between alcohol/drug use, unsafe sexual practices and broader skill development. The McCabe report recognises that any sex education programme should build on three core platforms:

- **Knowledge and understanding:** up to date, accurate information that is appropriate to the age and maturity level of the young person.
- **Beliefs, attitudes and values:** young people need the opportunity to explore values and attitudes; this will help them clarify what they believe in and why they believe in it. Sharing these can promote an awareness of, and respect for others' views.
- **Skills:** there is a range of personal and interpersonal skills that are essential to help young people make informed choices and decisions, develop and maintain relationships and manage emotions. Assertiveness, communication, and decision-making skills are particularly relevant to social and emotional well being.

In two instances specific reference to Hepatitis C was made, in these cases this was in relation to working with specific 'at risk' groups, this included young people who may be at particular risk of Hepatitis C due to exposure to injecting drug use, involvement in prostitution or unprotected sex and frequent partner change. In relation to information provided to 'at risk' groups it was suggested that preventative messages should include:

- risks associated with drug injection
- risks associated with unprotected sex
- risks associated with mother to child transmission
- risks associated with cosmetic piercing and tattooing
- spillages of blood/fluids

When discussing the issue of Hepatitis C and BBV the majority of health board and local authority representatives referred to their local sexual health policy rather than drug education guidance. This would appear to be for two reasons:

- The Respect and Responsibility document has focused attention on sexual health and relationship education. This has led to local authorities and health boards conducting comprehensive reviews of their own policies to reflect the core aims of the national document.
- The inclusion of HIV in taught inputs is explicit in many local and national sexual health policy documents. In the absence of reference to Hepatitis C representatives referred to HIV educational inputs.

A Curriculum for Excellence

A Curriculum for Excellence represents a new, holistic approach to education in Scotland for 3-18 year olds. At its heart lies the aspiration that all children and young people should develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors. It emphasises practical skills and active learning in the classroom in achieving these goals as well as a complementary whole-school ethos and interdisciplinary inputs. Both “drugs, alcohol and tobacco” and “relationships, sexual health and parenthood” have been identified as topics within the new “Health and Wellbeing” strand of ACE. Both the ethos and specific topic guidance emerging in A Curriculum for Excellence will potentially influence recommendations arising from this research. At the time of this research, guidance for these topics within A Curriculum for Excellence was very much at a draft stage. Some implications of the findings of this study for any new national guidance are discussed below.

National/International Research

There is a large body of international research evidence on effective approaches to drug and sex education and it is beyond the scope of this research project to detail them all; however some key reviews papers are worth mentioning. For sex education, Kirby (2002) identified ten key features of more effective sex education programmes and Robin et al. (2004) reviewed effective approaches over the previous decade. A Cochrane review has now been initiated.

For drug education, Faggiano et al. authored a Cochrane review of school-based prevention in 2005 and there have been a number of Scottish based literature reviews including one commissioned by the Scottish Executive Education Department (SEED, 2007). Fitzgerald (2003) carried out a comprehensive review of literature on the effectiveness of drug education and on current practice for a PhD study. While these reviews make some mention of content of drug education lessons, they do not specify individual topics and therefore make no specific mention of Hepatitis C.

Other relevant research on sex education includes the work of Henderson and colleagues (2007) in trialling the SHARE curriculum in schools in the East of Scotland and Harper’s 2005 study of the role of evidence in the development of school sex education policy in Scotland. In 2001, Children in Scotland published a report on HIV Education and Support in Scottish Secondary Schools which was based on a survey of schools in three local authorities (Wallace et al, 2001). There have also been a number of studies of current practice in school drug education in Scotland including Coggans et al. (1991), Lowden & Powney (SCRE, 2002) and Fitzgerald (2003).

Hepatitis C Education in Further Education Colleges

Background research and current guidelines in relation to Hepatitis C education in further education colleges is greatly lacking in Scotland but some relevant

work has been done in England. The National Institution of Adult Continuing Education have published two relevant reports, one looking at the concept of the “Health Promoting College” for 16-19 year old learners (James, 2003) and the other reviewing challenges and opportunities for further education colleges in promoting health and well-being (Escolme, James and Aylward, 2002). Both these reports look at the concept of Health Promoting Schools and whether it is appropriate to develop a similar concept within further education colleges.

The Further Education Funding Council Inspectors wrote a report on ‘Further Education and Health Improvement’ (FEFC, 2000): as cited in ‘A Health Promoting College for 16-19 year Old Learners’ (James, 2003) which identified three main ways colleges can have an impact on health:

- Direct teaching about health
- Health promoting activities
- Effective partnerships which impact on community health.

This is discussed further in The ‘Healthy Colleges’ Report (Escolme, James and Aylward, 2002) which looks at whether ‘Healthy Colleges’ should be developed in line with the National Healthy School Standard (NHSS). It is acknowledged that colleges are more complex institutions than schools and as such the report discusses each element of the NHSS to assess its suitability for application to the FE setting.

In working through the areas of the National Healthy Schools Standard model it is noted that many of the areas are not easily applied to the setting of further education, e.g. curriculum planning. The main mention of health in the curriculum in further education is in relation to health and safety in vocational studies or within care courses. As there is no generic curriculum within the FE setting, health and well-being is mainly addressed through the student welfare system. This includes supports such as counselling services, health clinics and health promotion campaigns. While it is acknowledged that Colleges do tackle student health and well-being in a range of ways it is recommended that the different approaches should be pulled together to give a more comprehensive response to addressing student health and well-being.

The most relevant area of the NHSS which is central to addressing health and well-being in Further Education Settings is culture and environment. It is acknowledged that colleges provide a range of sources of health information for students but it is recommended that there needs to be more information, with a higher profile and aimed at all learners and not just the younger full-time student audience.

In relation to specific topics, Alcohol Concern and DrugScope jointly published guidance on drugs for further education institutions in 2004 which provides some suggestions as to how to provide drug education in this setting. Similar to much

of the school drug education guidance however, it does not offer specific advice on what topics to include and therefore it is not possible to tell from it what should be covered on Hepatitis C. The report identifies the main challenges colleges face in relation to managing drugs as:

- The lack of statutory requirements for drug education
- Too few trained or confident staff to deliver drug education
- Limited curriculum time and resources
- Diverse educational needs and a reluctance by students to engage in anything resembling 'school' drug education
- The need for effective partnership work with external agencies, for example, police and local drug agencies
- Achieving a balance between strict codes of behaviour and having a supportive ethos for those coping with drug related problems
- Confusion over the legal status of drugs, particularly cannabis
- Part-time status of some students.

Although the report does not give clear guidance on which topics to include it does look at how drug education can be provided in this setting. Suggestions of opportunities for drug education across the life of the college include:

- Ongoing access to information and advice, e.g. through displays, information points, booklets/posters, discreet access to electronic information and advice and information in college diaries.
- Timetabled tutorial sessions based on assessment of tutor group needs.
- Subject studies, for example, child care, sociology, media studies, etc., where objectives for drug education can be met alongside objectives for other studies.
- Citizenship activities, for example, exploring legal position of drugs.
- Focus days/weeks or events which could include dance events, debates and quizzes, health fayres', drama productions etc.
- Counselling service and/or advice drop-ins, peer education and support initiatives.
- Through preparation for work placements/workplace training.
- Encouraging student representative bodies or student unions to lead on drug education activities.

The report is clear that colleges need to focus on enhancing skills and exploring attitudes and not just provide information about drugs. It is also recommended that colleges ensure that vulnerable young people are identified and receive appropriate support through the pastoral system and targeted drug education.

2.3 CURRENT TEACHING IN MAINSTREAM SECONDARY SCHOOLS

2.3.1 WHAT IS TAUGHT?

The majority of representatives from local authorities and health boards were unaware of any specific inputs on Hepatitis C currently taught within schools. Of the eight respondents who were aware of issues around Hepatitis C being raised in secondary schools, four reported that it was covered within STI inputs as part of a broader sexual health programme and a further two reported that it was covered as part of an input on blood borne viruses also taught within a broader sexual health programme. One local authority representative was aware of Hepatitis C being raised as part of a drug education programme and another felt it was covered in sex and drug education.

A similar picture emerged when schools were contacted directly. The majority of schools contacted were delivering little or no teaching on the issue of Hepatitis C either within their drug education programme or sex education programme.

Of the 45 secondary schools contacted 18 school informants were unaware of any reference to Hepatitis C within any aspect of their health education. This was in direct contrast to inputs on HIV which each school had incorporated into health education. For the majority, messages on HIV were incorporated into their sex education programme in relation to the risk of sexually transmitted infections and the importance of safer sexual practice. A smaller number of schools discussed HIV in religious and moral education. In these instances it was part of their citizenship agenda exploring global issues. Only one school referred to the inclusion of HIV inputs within the science curriculum and one school referred to specific inputs on HIV relating to their drug education programme.

Among the schools where inputs on HIV were provided they were generally aimed at S3 pupils. Although some did refer to HIV earlier in the curriculum (from S1) they stated that more in-depth inputs were provided to S3 and older pupils.

Inclusion of Hepatitis C within Health Education

Within the remainder of the schools respondents were aware of some reference made to Hepatitis C within their health education programme. In the majority of schools this was a very brief mention of the issue i.e. level 1.

Most often Hepatitis C was referred to when delivering inputs on sexually transmitted infections where it would be listed as a potential STI alongside HIV. A smaller number of schools referred to Hepatitis C within their drug education programme where it was mentioned as a risk associated with using needles.

In schools that referenced Hepatitis C the focus tended to be on HIV which was considerably more prominent in discussions on the prevention of sexually transmitted infections. The majority of schools delivered their sexual health

and/or drug education inputs that included Hepatitis C to 3rd year pupils or older. Only three schools delivered inputs to younger pupils that made reference to Hepatitis C.

In nine schools informants were aware of specific inputs on Hepatitis C where the effects, symptoms (or lack of), transmission routes and available treatments would be discussed. As previously, the majority of these inputs were part of a larger sexual health programme. However where these inputs differed from others was the link they made to other transmission routes and/or the delivery of specific lessons focused on blood borne viruses. In two schools the inputs on Hepatitis C were linked directly to drug education with one school incorporating it as part of their science programme. The approach within science was linked to exploring the first and second lines of defence within the body and the scientific nature of viruses. HIV and Hepatitis B and C were used as examples of different types of viruses.

Case Study 1: NHS Tayside, Dundee City Council Education Department and Harris Academy.

NHS Tayside offer a twilight training session on the topic of blood borne viruses and STIs, which has been accessed by Dundee City Councils Education Department as part of the CPD training for teachers. Support staff, youth workers in schools and school nurses are also invited to attend this training course. The topics covered during the course of this programme include: an overview of infections and how they are transmitted; how prevalent such infections are; and the harm reduction strategies that can be put in place to reduce their transmission. As part of the course, attendees are provided with a copy of true or false statements relating to Hepatitis C, which has since been adapted for use within the S4 PSE curriculum as a “Hepatitis C: Card Sort Activity” in local schools.

Specific inputs on Injecting Drug Use

Each school representative was asked whether they delivered inputs on injecting drug use (IDU) as part of their drug education as the practice of sharing injecting equipment is the most common transmission route in new Hepatitis C infections. Over half of the schools did include information on injecting drug use as part of their wider drug education programme. This tended to be part of a wider discussion on the risks of drugs rather than a specific lesson. Key messages included:

- General discussion on safety around needles.
- General discussion on risks associated with injecting as a way to ingest drugs (generally following on from ‘drug kit’ input which includes syringe).

- Class discussion on rights and wrongs of needle exchanges as part of awareness raising on local services.
- Activity on classifying high risk and low risk drug use situations (IDU generally highest risk situation).
- Class discussion on the affect injecting drug use has on the lives of the users and their families and the impact on wider society. Some inputs were supported by stories from ex-drug users.

Although over half of the schools delivered some messages on injecting drug use (IDU), very few made explicit links with the risk of contracting Hepatitis C. In schools where Hepatitis C inputs were included, the issue was more likely to be raised within the context of sex education and not within discussions of IDU. Inputs on injecting drug use also tended to focus on the social impact injecting can have on a person, their family and the wider community, rather than specific health risks. In some cases these issues were discussed as part of the citizenship agenda in religious or moral education. This focus meant that Hepatitis C was less likely to be discussed.

In the schools that did not include any reference to injecting drug use this was generally because they did not consider it to be a priority topic for their pupils. All schools stated that the focus of their drug education was on the drugs that young people were most likely to use and be affected by e.g. alcohol, cannabis and pills such as ecstasy or valium. They discussed the importance of discussing all aspects of these drugs at different levels including developing knowledge, skills and attitudes of pupils.

Case Study 2: S3 Drugs Education - Westhill Academy, Aberdeenshire

This 6 week drug education unit is delivered to S3 pupils as part of a larger rolling drug education programme for S2 to S4 pupils. The unit looks at the consequences of drug use, including injecting drug use, and makes specific reference to the risk of Hepatitis C. As part of the programme an external speaker is invited into the school.

Val is a mother of a son who became a heroin user at an early age. Val explains how her son started using hash as a teenager and very quickly became a hard user of Heroin. Val's focus is to explain as a mother what drugs do to a person and their family. As part of the talk Val explains how her son contracted Hepatitis C and how it usually is a silent illness. Her son showed signs of it and was taken into hospital. Due to this it highlighted how ill he really was. Val describes the effects of Hepatitis C and the difficult treatment her son went through in hospital.

The input brings alive the issue of Hepatitis C by incorporating it into the story of a real person. It is hoped that this informs the pupils about the risks of injecting drug use in relation to a persons' health and the impact on their family.

2.3.2 WHO DELIVERS THE INPUTS?

In all secondary school interviews it was clear that teachers had a key role in the delivery of sex and drug education programmes, with many aspects being delivered by them. However in many cases, particularly for inputs on sexually transmitted infections, school nurses were referred to as key partners. It was felt that they had the clinical knowledge required to deliver these inputs. In addition schools also made reference to the use of local Blood Borne Virus nurses (two health board areas made reference to such posts) and two charity organisations Positive Steps and Caledonia Youth who deliver aspects of their sex education programme.

Schools were considerably more likely to refer to a range of external organisations that support their drug education programme. Generally these were local drug agencies that delivered aspects of the curriculum and/or input to specific health days or events.

Overall it would appear that Hepatitis C was more likely to be included as an issue when the school was supported by external agency inputs from school nurses, BBV nurses or other local and national organisations.

2.3.3 INITIATIVES FOR VULNERABLE GROUPS

Each school representative was asked whether they were aware of specific initiatives within the school which target vulnerable pupils. This was asked in the recognition that specific groups of young people within mainstream education may be at higher risk of contracting Hepatitis C. This could include pupils who engage in risk taking behaviour, those currently involved in misusing drugs and/or those who live with drug using parents.

Just under half of the mainstream secondary schools contacted have specific initiatives for vulnerable groups of pupils. The majority of these are targeted at pupils identified by guidance staff as being vulnerable or having specific behavioural issues. The focus of the majority of initiatives is working with small numbers of pupils to explore anger management and developing self esteem although some also explored specific health issues mainly relating to sexual health. Some of the initiatives are delivered in the school via the guidance team; with others accessing external agencies such as social work or local charitable organisations.

A smaller number of initiatives were specifically targeted at young people recognised as at risk because of their own drug misuse and/or parental drug use. Each of these initiatives involved the school referring to specialist agencies, including social work, local and national charities. The organisations offer 1-2-1 support to young people, family support and occasional group work. The approach by these organisations is to work with the young people on the issues they raise. Generally this is alcohol or cannabis use (if own drug use) and/or

providing general emotional support. None of the organisations provided specific support on injecting drug use and none had previously raised the issue of Hepatitis C with the young people they work with.

Case Study 3: Barnardos Gemini and Academy X

Barnardos Gemini was contacted by Academy X and a request was made to run a drug awareness group programme within the school.

The group consisted of 6 boys aged 13 years old who were regularly coming to the attention of their guidance teachers and senior management due to their difficult and disruptive behaviour within the classrooms. The boys were also finding it difficult to manage 8 Standard Grade subjects and as a result they were becoming disaffected by school. The school were unable to offer vocational training as an option at that time. Thus a separate programme with vocational themes was offered to the group. Drug awareness education was part of this pilot programme as it was felt that the possible use of drugs may be one of the underlying problems of the young people's behavioural problems.

To allow the young people to disclose their drug usage in a safe environment sufficient measures were put in place. As with all Barnardos groups, the room used for group work became the 'Barnardos room'. This meant that what was said in the room stays in the room and the member of teaching staff who co-worked with the group adopted the Barnardos confidentiality policy as opposed to their usual school drug policy. In addition to this, at Academy X the head teacher spoke personally to the group members and assured them he would not get to know of any of the discussions within the group. The benefits to this were that the young people felt confident to talk about their drug use allowing staff to better support them, and secondly, when the group ended the teacher within the school remained a link who could offer further support.

An anonymous questionnaire given to the boys at the start of the programme showed that they had all used drugs, Cannabis being the most predominant. The programme lasted for 10 meetings and included sessions on drugs and their effects, drugs and the law (including the social impact of a drugs conviction acquired under the age of 16), the Cannabis debate, you as a risk taker and reducing the risk. Attendance of the group was virtually 100% (there were 2 occasions of sickness and 1 case of school exclusion). As a result their attendance at school significantly improved for the duration of the group. There was no negative feedback from other teaching staff regarding the boy's behaviour on return to their classes. The boys managed to successfully 'de-role' from the group back into their mainstream education. The boys gave 100% positive feedback and in their evaluations described the programme as good fun, informative and 'better than school'.

2.3.4 CURRENT RESOURCES

As the majority of schools incorporate messages on Hepatitis C in a very brief way, few supporting resources are currently being used. However, a small number of schools and external agencies referred to the use of specific resources on Hepatitis C. These tended to be Hepatitis C leaflets used to stimulate discussion, or locally developed activities used to explore transmission routes, symptoms, effects and treatments.

Case Study 4: NHS Dumfries and Galloway, Dumfries Academy and Sanquhar Academy.

NHS Dumfries and Galloway offer specific teaching on blood borne viruses as part of the sexual health part of the PSE curriculum within schools. This course is delivered to pupils in S4, S5 and S6, depending upon the decision of local schools as to where this would be best placed within their curriculum, and covers an overview of blood borne infections; how they are transmitted; whether they can be treated, and how treatment can be sought; harm reduction strategies; and how to get tested. The lesson plan also includes a “risk game” designed to get students thinking about transmission routes of BBVs and how they can be prevented.

2.3.5 TRAINING

Although a number of teaching staff had attended drug education training courses and sexual health training courses few respondents were aware of any training courses that discussed or mentioned Hepatitis C. In total, six respondents were aware of training where reference was made to Hepatitis C.

In five out of the six cases the focus of the training course was sexually transmitted infections. In these instances Hepatitis C was mentioned in the context of an additional risk associated with unprotected sex and other routes on transmission such as injecting drug use. In three cases the courses had been provided locally by the Health Promotion Department and in two cases it was part of the Sexual Health and Relationship Education training (SHARE). (It should be noted that other respondents had referred to attending SHARE training but stated that Hepatitis C had not been discussed as part of the course). In one instance the respondent was aware of teachers attending a STRADA course where Hepatitis C had been covered. In one local authority area although school respondents had not accessed training on Hepatitis C themselves they were aware that school nurses had received training on the topic.

Overall, there was a very low level of awareness of any training courses that included information on Hepatitis C. These findings were reflective of the information provided by health board representatives on training courses they

were aware of that teachers could access. The courses on offer tended to be generic courses on sexual health which in some cases tied into wider initiatives such as the nationally recognised Sexual Health and Relationship Education (SHARE) programme and, to a lesser degree, drug education training programmes. Very few respondents from local authorities or health boards were aware of locally available training courses that explicitly provided information on Hepatitis C. The two areas that did provide courses on Hepatitis C are featured as case studies.

Case Study 5: Blood Borne Virus Training

NHS Dumfries and Galloway as part of their infection control training are able to offer specialist training to both primary and secondary school teachers in relation to the topic of blood borne viruses. The blood borne viruses training package covers an overview of blood borne infections; how they are transmitted; whether they can be treated, and how treatments can be sought; harm reduction strategies; and how to get tested. The course is also aimed at school based nurses to aid in their teaching of blood borne viruses as part of the sexual health component of PSE.

2.4 FUTURE APPROACHES TO HEPATITIS C IN MAINSTREAM SECONDARY SCHOOLS

2.4.1 APPROPRIATENESS

Overall respondents stated that it was appropriate for information on Hepatitis C to be incorporated into the curriculum. However for many this was followed by a recognition that Hepatitis C was not a main priority in health education and a plea for this not to become another big initiative or overly prescribed guidance imposed on schools.

Many respondents noted that they themselves were unaware of the relevance or specific facts around Hepatitis C or that they had only become aware of it as an issue on having been contacted by the research team for this piece of work. As a result, some were unsure as to how important an issue it was:

“I haven’t given it a great deal of thought to be honest with you. To give you the context of my remit, its extremely broad, not just sexual health and drugs, it’s the whole spread of health promotion which is mainly for health, mental health and physical activity. So to be able to go in depth in any one area I have to say I haven’t given it a great deal of thought as to how we might take it forward” Local Authority representative.

Respondents stressed the current pressures faced by schools to incorporate ever increasing health topics and messages into their health education programmes. Often teachers expressed their anxiety at having to be experts in a number of areas. They felt it was important to recognise that there is a limit to what can be incorporated into personal and social education in a meaningful way.

“From my work with teachers it is really apparent to me, this feeling of ‘oh not another thing, what have I got to know about now, what have I got to teach, and now I’ve to be an expert in Hepatitis C as well as everything else’”. Health board representative

“PSE is chock a block, a school year is only 40 weeks and most pupils only get one lesson of PSE per week. We have to be very selective as every time we put something in we have to take something out” School representative

School representatives stressed that schools need to prioritise the issues that are the most relevant to pupils. This included information on teenage pregnancy and sexually transmitted infections – particularly chlamydia - and healthy sexual choices. Within drug education the priorities were a focus on alcohol and smoking, including cannabis misuse. These were considered to be the issues most relevant to the lives of the pupils because they were the things that pupils were likely to be engaged in i.e. unprotected sex and use of alcohol and cannabis. However it was also raised that even with these issues it was

sometimes difficult to engage pupils as they did not recognise these issues as problematic or relevant to them.

"Hepatitis C is obviously relevant but we have higher priorities such as teenage pregnancies and lower level drug use that we need to prioritise at the moment" School representative.

"I think it is a difficult one as it is on the increase and worrying but kids don't see it as a problem, they are bombarded with information on STI's and other things but don't really see it as relevant" School representative.

Some respondents were unclear as to why the research was being conducted. In many cases this was a reflection of a general lack of awareness of issues surrounding Hepatitis C, in particular the potential link to drug education. However, with others it was a measured question into the reason for exploring the potential to incorporate messages on Hepatitis C within universal education when it affects a minority of people, predominately drug users. This issue was raised most often by those working within a rural community where injecting drug use is limited to very few people, most in contact with appropriate services. Respondents stressed that they did not want to appear flippant or complacent about the issue just realistic about the current relevance to the lives of their pupils.

"I am curious as to what the scale of the issue (of Hepatitis C) is and who decided that this issue merited attention compared to others at this time" Local Authority Representative

"What I'm coming round to saying is that it's important and there is a slight danger of when, you know materials are being developed for a very laudable and worthy cause and often in a very well targeted way, what you end up with is something that is really disproportionate to what a school could ever hope to do with it" Local Authority representative.

Despite raising the above issues the majority of respondents were still happy to support the inclusion of messages on Hepatitis C if it was approached in a way that made clear links to existing topics, was proportional to the problem and allowed local flexibility. With this approach they felt that they would appreciate factual information and supporting materials with suggestions on what should be delivered, when and how.

Key comments from validation experts:

- Recognition that teachers have a number of competing priorities within the curriculum. However if teaching staff were more aware of the prevalence figures of Hepatitis C would there be less focus on why Hepatitis C should be included?
- Logically, if teachers accept HIV is a priority then Hepatitis C should be as there are more people with Hepatitis C in Scotland, it is more infectious and older pupils are approaching the main risk age group for initiating injecting drug use (hence risk of infection).
- Recognition that whilst Hepatitis C may not be a current major problem in the more rural health board areas, we live in a culture and climate of geographical movement and migration where spread of the virus throughout the country is extremely possible. Therefore rural areas should also be included in the provision of education on Hepatitis C.

2.4.2 WHERE & WHEN TO ADDRESS?

There was consensus among the respondents that Hepatitis C should not be a stand alone topic but should be incorporated into Personal and Social Education (PSE) with clear links to sexual health and drug education programmes.

"I would rather it was built into topics that are already covered like sexual health and relationships or drug education, if you were to stand at the front of the class and say today we are going to cover Hepatitis C you will immediately have lost half of the class if not more" School representative.

The majority of respondents felt that the most appropriate place to raise Hepatitis C was within their sex education programme when HIV was discussed. They felt that pupils could be made aware within this discussion of other transmission routes such as injecting drug use. It was suggested that within drug education Hepatitis C should be raised in relation to risks associated with different forms of drug use, particularly injecting drug use. It was stressed that messages on Hepatitis C needed to be incorporated into wider discussion and did not require a specific 'pack', but potentially one or two activities within different lessons at different ages and stages.

"It fitted in very nicely in sex education following on from HIV but as you could catch it by other ways, you could maybe fit it in elsewhere" School representative.

"I think we should actually look at blood borne viruses and actually think about how it's linked to things like sexual health and substance misuse" Local Authority representative.

In the discussions about drug education most respondents felt that this should be approached in relation to exploring attitudes and values as well as dangers associated with different drugs and methods. It was felt that messages on Hepatitis C could fit into discussions on risk as an additional risk of injecting

drug use. Although the majority of respondents agreed that it was important for injecting drug use to be incorporated into drug education this was measured with it not being a priority area and the danger of pupils disengaging due to not being as relevant to their lives.

“You should get away from it just being about heroin and injecting as no kid thinks they're going to be an injecting drug user so they would just switch off. Need to provide general awareness of the different ways of getting it” School representative

The extent to which harm reduction messages should be incorporated into inputs on injecting drug use was an area of debate. On one hand this was seen as important, particularly in areas where heroin use may be a problem in the community. For others they felt that schools were very wary of taking this approach and going into too much detail, particularly where it could be construed as ‘techniques’.

“You can’t do drugs without looking at injecting and particularly as there are so many diabetics around we talk about injecting quite a lot, how to keep clean and safe and how injecting drugs needn’t be a bad thing and could save your life. And a natural extension of that further up school is talking about people using these things inappropriately” Local Authority representative.

“I believe in providing knowledge, however in relation to safer injecting techniques there is always a concern that you might be leading young people who are quite blissfully ignorant” Local Authority representative.

“In terms of using clean needles I think that kind of work has to be done you know at targeted individuals and communities rather than part of the general whole school curriculum because that means you are targeting a whole lot of kids that really don’t need to know that” Local Authority representative

Many respondents stressed the move away from health topics being delivered in silos to a more coherent approach. It was felt important for links to be made across health topics (particularly between sex and drug education) to ensure that pupils also made these links. It was suggested that as Hepatitis C is transmitted through different ways prevention and protection messages lent themselves to this approach. Hepatitis C could be part of wider inputs exploring the concept of risky behaviours, placing this within the framework of responsible citizenship and making healthy choices.

“Based on my limited knowledge I would imagine if we want to be serious about this we look at the whole of our health programme, where from the very start it fits in... It’s just about doing a checklist, looking at the risk factors for Hepatitis C and where different parts of it fit into the programme” Local Authority representative.

“I think we have to move away from the lets do a session on you know sex, let’s do a session on Hepatitis C, lets do a session on you know whatever. We have to look at cleverer ways of joining things up. So it’s maybe risk taking behaviour, it’s maybe responsibility, it’s maybe about communication, it’s maybe about you know a whole facet of things” Local Authority representative.

Although many respondents were advocates of a broader approach to health education within the context of exploring risky behaviours and global citizenship, there was some apprehension around the ease to which all teachers could deliver such inputs. In particular, teachers who are less experience and/or less confident to deliver sensitive topics like sexual health or drug education.

“I think that if it’s not topic based then I think teachers would struggle with that but I think there is something about opportunities to look at risk taking and how we support teachers to do that” Health board representative

The approach taken towards HIV was put forward as a potential model. Although it was recognised that HIV education does not now have the same prominence as in previous years, the fact that it is delivered across the curriculum was seen as positive. It was felt that taking a global citizenship approach can help to make a topic relevant to pupils, even when it may not have any direct impact on their life. It can help pupils to see an issue in relation to their own relationships with other people (risks and personal safety), the environment (community safety) and wider society (social impact). It was stated that linking Hepatitis C to the citizenship agenda would help to ensure that schools that do not have specific PSE slots can still make the link to where messages on Hepatitis C would be appropriate.

Key comments from validation experts:

- Agreement that Hepatitis C should be incorporated in different areas across the curriculum however most appropriate place to raise Hepatitis C is within drug education.
- The inclusion of Hepatitis C within sex education perpetuates the myth that this is a key transmission route. This could be confusing if pupils ask about the % of the population who contract Hepatitis C through unprotected sex (as will be very low). It’s not appropriate for it to be ‘tagged onto’ inputs on HIV as Hepatitis C is essentially a very different virus.
- Agreement that the link to global citizenship is a good way to introduce Hepatitis C as would help to inform pupils about risks associated with other transmission routes e.g. domestic equipment, unclean needles abroad etc Concern that these messages will be lost if Hepatitis C is seen in the terms of an ‘injecting drug users problem’ similar to how HIV was first considered to be ‘a gay mans problem’.

When asked what age group is appropriate to incorporate inputs on Hepatitis C respondents were reluctant to be tied down to specific years for when messages on Hepatitis C should be included. However the need for all inputs to be age

and stage appropriate was made explicit. Generally this related back to respondents' desire for schools to be allowed the flexibility to link messages on Hepatitis C where they felt appropriate based on the needs of their local area. That said there was recognition that potentially middle and upper secondary was where pupils would have a good enough grounding and understanding of sexual health and drug education for specific messages on Hepatitis C to be included.

"Although I'm saying its more relevant probably in the upper school, children in S1 and S2 are aware that illegal drug use is about injecting as well as snorting or smoking. They are aware there are other routes to take drugs"
Health Board representative

"I would think senior school is more appropriate - S1, S2 & S3 would probably forget and it needs revisited. At the lower years, pupils wouldn't see it as appropriate to their lives" School representative

"Various agencies produce materials that schools can make use of, often they are brilliant but they're too big. I think lessons on Hepatitis C should be included - 4th or 5th year would be a good place within sex or drug education"
School representative.

2.5 WHAT SUPPORT IS NEEDED FOR FUTURE INPUTS IN MAINSTREAM SECONDARY SCHOOLS?

2.5.1 GUIDANCE

No consensus emerged from the qualitative research on whether national or local guidance on how best to include Hepatitis C was required, however the majority of respondents were clear that they did not want guidelines that demanded compulsory inclusion at specific age and stages. This was generally because they felt that pupils will have different needs within different areas. Most were supportive of initiatives to raise awareness of Hepatitis C among staff, the provision of resources for use with pupils (of realistic duration) and suggestions of links to the existing curriculum in an age and stage-appropriate way.

There was recognition that reference to an issue within national guidance gives it credibility and raises the awareness of it. For schools it was seen as important to place the issue of Hepatitis C into the context of documents such as 5-14 curriculum or a Curriculum for Excellence.

“we’ve just started bringing a group together to look at the future of PHSE in light of the curriculum for excellence and instead of it being compartmentalised topic based health education or PHSE what we are looking at is skills based, multi agency delivered” Local Authority representative.

“I’m pegging a lot of my hopes on Curriculum for Excellence in terms of shaking up what is delivered and how it is delivered so I suppose for me it would be looking at Curriculum for Excellence and also looking at the lever of what legislation gives us in terms of Health Promoting Schools and using that as an opportunity to challenge what’s currently being delivered thought the taught curriculum” Local Authority representative.

Key Comments from validation experts:

- Hepatitis C is a virus which affects young people first hand and therefore there is a need to educate young people and raise their awareness of the disease as an initial preventative measure. Guidance would ensure that Hepatitis C is incorporated into the curriculum in an informed and consistent way
- Concern that if Hepatitis C is not embedded in guidance schools will decide what is relevant for them and will ‘opt’ out. Many will choose what is comfortable to discuss, submit to parent pressure groups or opt out due to lack of teacher confidence/personal experience. This is understandable but defeats the purpose of guidelines which assumes that education is for all.

2.5.2 RESOURCES

Prior to the development of any new resources and/or amendments to existing resources it was stated that the most important task is to raise the profile of

Hepatitis C among teaching staff and potentially the wider population. It was recognised by many of the guidance staff involved in interviews, that their knowledge on Hepatitis C was low, with the expectation that non-guidance staff would have less knowledge on the issue. As noted above, it was also recognised that health education advisors within education departments and those with schools remits within health boards, require to know more about Hepatitis C, particularly up to date information on transmission routes and statistics on the 'local picture'.

"If you were to do an audit of staff in Scottish school I would imagine that a very small number would know about it and that would be because of a personal link so the first thing you have to do is make staff aware of it particularly as it is very serious and potentially life threatening. So it would be good to raise general awareness and you need a strategy to do that" School representative.

"Probably a lot of people in health don't know an awful lot about Hepatitis C except what comes up in the media or whatever so I think if there was going to be resources or anything that's specifying and talking about Hepatitis C there maybe needs to be a bit that goes along with that so that people really know what they're talking about" Health Board representative.

The most common theme for the development of Hepatitis C resources was for them to make clear links to other aspects of the curriculum and potentially to slot into existing resources. It was recognised that there are many sex education and drug education resources used by schools. Due to this it may be necessary to produce additional information/activities that make reference to where it could fit in a range of processes, such as sex education, drug education or the wider citizenship agenda.

"It's about ensuring variety so that there is a bank of resources that people can dip into and use in different ways and perhaps if it's appropriate to the local context for a particular school or a particular stage within the school they can beef that up and put more time onto it" Local Authority representative

In relation to sex education there was recognition that SHARE is now widely used across Scotland. Due to this it may be appropriate to develop activities that can be slotted into this programme. The SHARE currently does not make specific reference to Hepatitis C but as HIV features linked activities could be developed. In areas where the SHARE programme had been jointly funded by blood borne virus monies there was already an expectation from health boards for schools to place additional focus on HIV.

"I would look at existing resources and make sure it is actually within those. If you think of preparing packs for specifics, there are so many of them these

days, they get lost. I think it's better to put it in something that they are using... like SHARE" Local Authority representative

There was clear agreement among respondents that any newly developed activities should be produced in a user friendly format for teachers in addition to providing information in an innovative and interactive way accessible to pupils. This could include the use of role play, activities that explore the risks and transmission routes of Hepatitis C (or BBV generally) and/or activities that encourage pupils to discuss and debate the impact of Hepatitis C on society. It was felt that exploring the potential of web-based information and/or games was a good way to engage pupils. The resources need to do more than simply provide information; they require to make the issue of Hepatitis C assessable and relevant to pupils if it as a topic is to be included in universal education.

"We would welcome materials that would encourage pupils to become more involved, not just lectured at" School representative

"worksheet & DVD's and internet resources are good but what is more and more useful is interactive things like role play we sometimes get in drama groups on topics like drugs and it goes down really well" School representative

Some respondents also commented that although leaflets should not be used in isolation they can be a useful tool to stimulate discussion and/or to reinforce messages touched on in practical activities in class. If leaflets are developed it was stressed that they should be developed in an accessible format which makes use of visual information as well as written.

Key comments from validation experts:

- Agreement that schools should be offered a range of interactive resources that they can incorporate into different areas of the curriculum. Any new resources for the education setting should be developed in partnership with existing initiatives and organisations, who have built up expertise and been successful in educating about Hepatitis C in a variety of settings
- Leaflets might be seen as an initial 'starter measure' but other mediums must be adopted to make an effective impact. Potential to explore the use of a peer education approach and self-directed learning was raised as an important way to engage pupils. This includes inviting pupils to research Hepatitis C and present to other pupils.

2.5.3 TRAINING

Overall, the majority of respondents recognised that training would be helpful to support future inputs on Hepatitis C. This was largely linked to the need to raise awareness among teaching staff and ensure that they can make appropriate links to an existing drug or sex education programme. It was felt that many

teachers would not consider Hepatitis C to be a priority area, so there may be a reluctance to attend a training course specifically on the issue.

“It’s a difficult one because everybody talks about, doesn’t matter the topic or the issues, they talk about the training requirements of teaching staff. I think the practicalities of how that is applied is really difficult given the time constraints and the issues around staffing and people will throw McCrone at you until you’re blasted about it. Then there’s the other train of thought that ‘I teach maths and it’s not my place to teach personal stuff’. Hats off to anyone that ever gets the balance right” Local Authority representative.

“I think it would be very difficult to ask teachers to come out for focussed training on Hepatitis C. I think there would be a much greater willingness if it was contextualised and if they saw it within the general framework of PSE” Local Authority representative.

“Are they specifically going to attend a training event around Hepatitis C? I’m not sure. If was incorporated into PSHE or something like that and it was a small part of that or (a) module or something, yeah I think that would be fine” Local Authority representative

The majority of respondents felt that a more effective way to inform and train teachers on Hepatitis C would be to link it into the content of existing training courses. Specific recommendations included generic drug and alcohol awareness training as well as sexual health and relationship training. Many of these courses are currently offered to teachers in ways that take account of the barriers they face to access any course.

“I think if it could be linked with existing training it would be extremely helpful because there is never usually an issue in schools and teachers about something being important it’s just how do we find space to make this important as well as the last thing and as well as the next thing” Local Authority representative.

“It could feature as part of the drug or sex training. There’s a catalogue of CPD training, I think that is a good place to put it. I’m aware now that a lot of training is very effective when it is done through in-set training on the premises or in-service days” Health Board representative.

“If delivering training bare in mind that release for staff is difficult especially during September through to March. The exam times are better when S4 - S6 are out of school although twilight sessions would also be fine” School representative.

Overall some training on Hepatitis C was supported if it was presented within an existing course. However, others felt that guidance staff would only require

information on the topic as they are skilled enough to know how to make links with other parts of the curriculum and to present a topic in a way that engages pupils. This point closely relates to a wider issue that was raised on who delivers the PSE programme and the difficulty in general for schools in releasing teachers for training. There are a number of barriers to teachers accessing training such as lack of time, finance and a shortage of supply teachers. These barriers are also influenced by the number of teachers who deliver PSHE in any given school and how specialised those teachers are. If a large team of teachers (e.g. 10/20/30+ teachers) is involved in delivery of PSHE in any one school as just a small part of their overall teaching commitment, it is extremely difficult in practical terms to provide training for them. Where small specialist teams provide these inputs, it is easier for them to build up expertise over time. This issue was raised by the Scottish Guidance Association representatives.

Key comments from validation experts:

- Agreement that it would be useful to link training on Hepatitis C into other existing training courses currently accessed by teachers rather than creating a 'new' course which competes with an already busy schedule.
- Easy to make the link to Hepatitis C within the hidden harm/child protection agenda. This is an issue where there is an expectation for at least one teacher in a school to be familiar with.
- The potential to get over the barriers to physical attendance at a course by developing an on-line module or supporting website aimed at teachers – this could have basic information such as prevalence, transmission routes, treatment etc in a very easily accessible way. Potentially linked to existing education site?

2.5.4 ROLE OF EXTERNAL AGENCIES

It was recognised that there is a clear role for external agencies and partners within schools. Many respondents stated the positive response from pupils when a 'new face' comes into the school to deliver aspects of sex or drug education. In addition to that partners, like school nurses, were seen as credible sources of information that have expertise on health issues.

"PSE can provide Hepatitis C information to an extent but if it's very technical or involved we may need to hand it over to health professionals" school representative.

"Outside speakers have been great; it would be useful for them to be made aware of Hepatitis C and for them to include it" School representative.

Many respondents commented on the important role school nurses and/or locally available health staff could have in driving forward the Hepatitis C agenda. It was felt it was essential for someone to take responsibility to drive this forward,

otherwise it will not happen. This was placed within the context of the role health professionals could have in engaging schools to embed the inclusion of Hepatitis C into local health improvement plans. This should be done in the context of developing existing work such as drug education and sex education to include messages on Hepatitis C.

“If you gave it so someone specific like gave nursing services a brief to ensure it is included, give them a specific role for driving it forward it will be likely to happen...if someone drives it, it will become incorporated into our health improvement plan” School representative.

External agencies and partners were also considered to have a role in helping teachers to make the link between existing inputs and messages on Hepatitis C. This was suggested by the joint delivery of inputs and/or joint training. There was recognition that although some areas are well resources with school nurses or other support staff such as health information assistants or blood borne virus nurses other areas are not.

Key comments from validation experts:

- The use of external agencies can take pressure off internal staff resources and ensure that information delivered is accurate and quality assured.
- Recognition that resources and staff capacity are always barriers to the use of external agencies. Feeling that this issue is considerable larger than the issue of Hepatitis C.

2.6 CURRENT TEACHING IN MAINSTREAM PRIMARY SCHOOLS

2.6.1 WHAT IS TAUGHT?

Respondents from eleven primary schools were unaware of any references to Hepatitis C within their health curriculum. Of these schools, six make reference to non-specific “diseases that can be caught from needles”; one addresses the issue of HIV/AIDS as part of their drugs education curriculum; and, two refer to Hepatitis B in relation to infections and how they can be minimised through immunisations. Only one school contacted was aware of any mention of Hepatitis C within their health curriculum, where it was briefly referred to as a disease that could be caught by sharing needles or having unprotected sex.

2.6.2 SPECIFIC INPUTS ON INJECTING DRUG USE

As with the secondary schools, each respondent was asked about whether the school provided any specific input on injecting drug use (IDU) as part of their drug education. Over half of the schools did include information relating to IDU as part of their wider drug education programme, although this was normally delivered as part of a wider discussion into needle safety and the dangers of injecting drugs.

Although half of the schools delivered some messages on injecting drug use, none of them made any specific reference to Hepatitis C, choosing to focus on a more general message that needles can carry diseases and make you sick. Only one of the schools specifically mentioned the transmission of HIV by needles to their pupils.

2.6.3 WHO DELIVERS THE INPUTS?

It is clear that teachers have a key role in the delivery of the health curriculum in primary schools with support provided by either the school nurse or health coordinator for the school on specific issues.

Three of the schools use their police liaison officer to cover drugs education within the school and two schools used external health promotion agencies to cover their drugs education.

2.6.4 CURRENT RESOURCES

No specific resources were identified in the interviews that were specifically used for Hepatitis C, blood born viruses or injecting drug use. Some schools referred to the “drug box” that the police liaison officer brings into schools which contains drug paraphernalia.

2.6.5 INITIATIVES FOR VULNERABLE GROUPS

None of the primary schools interviewed had any specific intervention programs on offer to vulnerable children, although one of the schools interviewed, as a community school felt that specific topics like this might be addressed in one to one sessions that vulnerable youngsters would have with the school social worker.

2.6.6 FUTURE APPROACHES TO HEPATITIS C IN MAINSTREAM PRIMARY SCHOOLS

Amongst respondents feelings were mixed as to whether or not Hepatitis C teaching would be appropriate within the health curriculum for primary schools. Five of the respondents interviewed felt that it would be appropriate to cover Hepatitis C within a general health curriculum for primary school but in such a way that the emphasis was upon personal safety around needles rather than providing specific information about the disease:

“I think it should be from an early age. I mean that boy was only in P2 when he picked up that needle, and we need to have specific messages, especially for vulnerable children” primary school respondent.

“Yes it is appropriate to include this. We need to be realistic about their lives and in my view the more knowledge they have the safer we can keep them” primary school respondent.

“Keep in mind the relevance to primary age children. They don’t need to know the specific details of illnesses just need to know that drug misuse can lead to that” primary school respondent.

The issue of multi-composite classes in rural schools was one that was mentioned within the course of the interviews in relation to concerns about covering sensitive topics across a wide range of age ranges within the classroom.

Another issue that was of concern to respondents related to the amount of time that they would be able to devote to Hepatitis C as “the time constraints of the current health curriculum are tight enough” and that as a result of that they would not like for this to be a “huge topic”.

“There is so much being put on primary schools that this is really not a priority” primary school respondent.

Where and When to Address

Amongst respondents there was a feeling that the majority of teaching relating to Hepatitis C should be covered within the PSE curriculum at secondary school,

although some respondents felt that pupils should at least be aware of the topic prior to attending secondary school:

“I think P6 and P7 should be aware of this before going to secondary” primary school respondent.

“It would be ok to teach in primary schools within a general health curriculum and then focused on more in high school” primary school respondent.

“I don’t think that Hepatitis C is a huge priority at this time – S1 and S2 is probably time enough” primary school respondent.

Where respondents stated that they would be happy for Hepatitis C to be included in the curriculum the general consensus was that it should be included as part of the general health campaign and in relation to messages about needle safety. Respondents tended to feel that unless pupils specifically broached the topic of Hepatitis C that it did not need to be dealt with in-depth. It was also felt that parental input should be sought with regards to this topic.

“You have to consider the views of the parents” primary school respondent.

“If Hepatitis C came up we wouldn’t avoid it as an issue, but would speak with individual child and their parents to agree a response” primary school respondent.

2.6.7 WHAT SUPPORT IS NEEDED FOR FUTURE INPUT IN PRIMARY SCHOOLS

Several schools commented on the fact that there needs to be greater support for teachers if Hepatitis C were to be introduced into the primary school curriculum, either through the health professionals or from external agencies.

“I think teachers would like the support of a health professional if they are to teach it” primary school respondent.

“You can use external agencies and their expertise to help set these things up but you need to build up staff confidence relating to this or it won’t work” primary school respondent.

One of the schools interviewed also felt that they need greater coverage of the issue as part of the health and safety manuals: “It would be useful for staff to have an educational leaflet on Hepatitis C – what it is, how it is transmitted – no more than ½ an A4 page or so in size, not a 50 page booklet”

“Teachers should maybe have the opportunity of a twilight session on this issue. Just for teachers who want to opt in” primary school respondent.

“We need good resources and training on the issue” primary school respondent.

2.7 CURRENT ACTIVITY & FUTURE APPROACHES IN OTHER SETTINGS

2.7.1 SEBD SCHOOLS

CURRENT ACTIVITY

From 7 SEBD schools contacted representatives from three schools were unaware of any reference to Hepatitis C within any aspect of their health education programme. Within remaining schools Hepatitis C was briefly referred to within drug education as a risk associated with injecting drug use. Within the schools that incorporate some messages on Hepatitis C, the ages these were delivered to varied from 2nd year pupils to 4th year pupils. Although teachers played a significant role in the delivery of personal and social education as with mainstream schools many SEBD units accessed support from the school nurse and local drug and sex education organisations.

As Hepatitis C tended to be raised informally as part of a discussion the schools did not access any specific resources to support inputs. Two school representatives were aware of a staff member accessing training on Hepatitis C. In one instance this had been a sexual health training course where Hepatitis C was referred to as a blood borne virus, in the other a health and safety training course of the management of blood spillages. As with secure units, the role of care staff and social workers was raised in relation to the health information they provide informally and the specialist support they give via one to one sessions with the young people.

FUTURE APPROACHES

Respondents felt that Hepatitis C should be incorporated in the curriculum as their pupils are vulnerable; often involved in high risk activities such as unprotected sex and drug use and potentially are at risk of injecting drugs in the future. In addition, many pupils have parents or family members who are injecting drug users so could be exposed to Hepatitis C in the home.

Overall, it was stated that specific resources on Hepatitis C would be welcome. As with mainstream schools the preferred approach to this was a range of activities that make clear links to relevant parts in the curriculum. The need for resources to be interactive and not rely too much on the written word was stressed, particularly due to low literacy levels and short concentration spans being more common in these schools. Specific suggestions included quizzes, video clips or interactive games to stimulate discussion.

“Resources are always useful if they are interesting and fun and not just death by worksheet...need stimulus by discussion, need something visual like video clips or short programmes or they are so computer literate these days that on-line quizzes go down well” SEBD representative

It was also recognised that teachers require to have their own knowledge and awareness of Hepatitis C raised. However, views on whether specific training on Hepatitis C was required differed. Some respondents felt that staff had the skills to deliver a topic if supporting information was provided to them. Others felt that staff would require specific training, however recognised the limitations on staff to get time to attend any course.

2.7.2 SECURE ACCOMMODATION UNITS

CURRENT ACTIVITY

Secure accommodation units provide a full curriculum of care including educational, health and behavioural programmes for young people placed into the unit as a result of being a danger to themselves or others. A number of staffing groups are included in the care of young people including teaching staff who provide education and care staff who are involved in the day to day care within the unit and will be involved in behavioural programmes. Education is generally co-located within the unit and in some instances pupils are support within classes by the care staff.

Within the three units contacted for this research none currently provide any specific inputs on Hepatitis C within their health education programme. One unit was aware that Hepatitis C was referred to but this was within a list of sexually transmitted infections, with no detail on Hepatitis C provided. As with mainstream schools, this was in contrast to HIV which was incorporated into sex education programmes.

There was an overall wariness about focusing on issues around injecting drug users or being seen to take a harm reduction approach to drug education. Generally the approach was to highlight the dangers and risks associated with drug use. In addition, although drug use was often an issue for the young people none of the units could recall injecting being the method of use. Thus, they focused on the drugs most relevant to the young people's lives which tended to be alcohol, cannabis and pills such as ecstasy or Valium.

Each of the units accessed support from the school nurse and local drug or sex education agencies. The respondents also commented on the close links between the education staff and the secure unit care staff. It was felt that the care staff also had a role in providing health education, generally informally and through their one-to-one work with the young people.

There was recognition within the units that the issue of Hepatitis C was relevant to the young people in their care because they were vulnerable and potentially more at risk of drug misuse. However, this was balanced with the issue of not wanting to stigmatise the young people as potential future injecting drug users.

FUTURE APPROACHES

Overall, it was felt that it would be useful to raise awareness of Hepatitis C among the staff. It was suggested that the information provided to secure units on Hepatitis C should be at two levels; one relating to the management of blood spillages and the protection of staff and the other to raise awareness among the young people on what Hepatitis C is ways to protect you against contracting it.

There was recognition that there are a number of issues required to be taken into account when delivering health education within a secure unit:

- The transient nature of the young people. In one unit drug education was delivered as a module at the start of term, this meant that those who come in at a later date receive no formal drug education.
- Age of young people. The age of the pupils within the unit at any time can vary between 12 and 18 years. This can make it difficult to ensure that all health inputs are appropriate to the age and stage of each young person.
- Heavy curriculum. Increasingly education within secure units is getting inspected on outcomes related to qualified courses. This is squeezing the time available for other aspects of education such as health and social skills.
- Training of staff. Teaching staff cannot be experts in everything, require the support of external agencies to input on specialist issues.
- Inclusion of care staff. Lots of health education is delivered informally by care staff, therefore it is important for any information to also be given to them.

"We can do a whole load of stuff generally but for specialist stuff we have to bring in specialists. Important to remember that the average stay here is 4 1/2 months so alot of this really has to be done in the community"
Secure unit teacher.

"Most important work doesn't get done in classroom but in the sitting room"
Secure Unit School Nurse.

Key comments from validation experts:

- Within secure units and SEBD schools it was felt that IDU and associated risks (such as Hepatitis C) should have a greater emphasis but that this must be tackled sensitively. It was suggested that it could be raised with a harm reduction agenda rather than blame approach and in the third party so students do not feel 'victimised'.
- Recognition that very recently secure units and SEBD schools are asking for training on the issue of BBV. This is from the standpoint of staff protection as well as information for pupils. Potential that this may be as a consequence of being contacted as part of this research.
- The potential for the local social worker/support officer to deliver this was supported if educational professionals felt unable to do so.

2.7.3 FURTHER EDUCATION ESTABLISHMENTS

CURRENT ACTIVITY

Current teaching of Hepatitis C in further education colleges is limited to inputs on specific courses within mainly Health and Social Care Departments where it is relevant to the content of the course. The structure of the curriculum in Further Education Colleges does not include any generic lectures or inputs and students are only involved in teaching in their own department which removes the opportunity to provide teaching on health issues to all students.

Although Further Education Colleges do not provide general teaching on health topics they do make use of events and communication systems to provide students with information on a range of health topics. All but one of the colleges identified organised a range of information events into which health information was incorporated. These events included health days/weeks (5), Freshers Fayres (4) and Induction Days (2). These events provided students with a wide range of information on a variety of health topics including, diet, physical activity, alternative therapies, sexual health, drugs awareness and mental health. Three colleges planned the topics for their health events in accordance with the NHS Calendar of Events. Five colleges provided information on sexually transmitted infections, two provided information on general drugs awareness and one provided information on HIV/AIDS. However, none of the colleges contacted provide specific information on Hepatitis C. One college has plans to incorporate information on STI's and BBV's in the future but has not yet looked at what this would include. All events were organised by Student Services and one College stated that they used student feedback to influence the content of future events.

All colleges organising events involved local agencies where appropriate. Agencies involved with colleges addressing sexual health or drug issues were local addiction services, sexual health nurses, local GUM clinics, Family Planning Services and the Police. Three colleges had formal links with local agencies which involved the operation of drop-ins or clinics in the colleges throughout the year. In one college this included 1:1 support services offered to students by a local youth health service and a local alcohol support agency. The other two colleges linked with local agencies to operate drop-in services focussing on c-card services and Chlamydia testing. One college offered additional support from a local drug and alcohol agency via a health drop-in service. Again, none of these services cover Hepatitis C specifically but one college stated that the local drug and alcohol service would be able to provide information and support on Hepatitis C if individual students required it.

Over and above the health events organised by colleges, general health promotion information is provided to students throughout the year via leaflets from student services, information centres, advice centres, occupational health centres and student unions. Two colleges made use of student intranet services, PC pop-ups and websites and two made use of student handbooks as a means

of providing students with this information.

All but one college gave examples of ways in which they supplied students with health information. This tended to focus on general health and well-being or sexual health information including protecting against sexually transmitted infections. Once again no specific information on Hepatitis C was offered to students via leaflets or posters.

FUTURE APPROACHES

APPROPRIATENESS

When asked about the way forward for addressing Hepatitis C within further education colleges respondents felt that Further Education Colleges were well placed to address topics like this and that they could play a role in providing information to students.

“I'm unaware of the threat it poses but if it will impact on young people it should be included. We have lots of vulnerable people that come to college as a first step e.g. ex drug users or ex prisoners. It's not like school, so maybe we need to be aware of what their needs might be. There is also a drive for us to take in (more) younger people from schools so we have a responsibility to protect them; you have to consider the consequences of having a broad range of clients” Student Support Service representative.

One respondent did feel that although colleges are well placed to address this issue it is not a major priority for them.

“I don't think it's a major priority - people know it's out there but when talking about BBV they tend to talk about Hep B or HIV so I don't really think it's well known. Certainly in the time I've been here I've never had anyone ask about Hepatitis C so it doesn't really seem to be an issue” Student Support Service representative.

Another two respondents made it clear that although they felt they could address issues around Hepatitis C it should be within the broader context of BBV and not just specifically focussed on Hepatitis C alone.

WHERE AND WHEN

The majority of respondents felt that the only way to address issues like this in the Further Education setting is through health promotion initiatives as identified above, e.g. health days, inputs to freshers' fayres and provision of health information on campus.

Respondents were clear that the information provided would need to be simple, user-friendly, interesting and relevant. It was suggested that it would be useful to present the information through highlighting the stresses that students may be under while studying and the temptations that this can lead to. The information

needs to capture the students attention and therefore a range of methods were suggested for presenting the information. Several colleges suggested using technology such as websites, plasma screens and TV adverts as they felt posters and leaflets were often just left lying around or dumped in bins.

Three respondents felt that something more formal than general health promotion was required in the future to increase the chance of having an impact.

“With regards to overall health promotion it would be useful to have something more formal for health included in induction or within broader curriculum.” Student Support Service representative.

“It's good that everybody should have it. I was in Malawi there where they have a huge HIV/Aids problem - they now have a compulsory module in higher education about Aids. We don't necessarily need it to be a full module but it should be compulsory - ignorance is just not helping.” Student Support Service representative.

It was acknowledged that logistically this would be difficult to implement into the curriculum as there would be issues with timetabling and course workload but it was felt that this was worth pursuing it as there would be a much better impact.

SUPPORT REQUIRED

Currently in Further Education establishments the only training provided on Hepatitis C is for staff who deliver inputs on Hepatitis C within their course and for staff who may be delivering First Aid within the college. It was suggested by two respondents that tutor staff in colleges should receive training on topics like this so that they would be better placed to support students with any issues they may have. It was acknowledged that there would be issues accessing academic staff for training, as they have very limited time without students. It was suggested that as staff would not require a great level of in-depth knowledge on individual health topics they could just access training and information on topics like this in a range of informal ways, e.g. websites, etc.

On the whole, Further Education Colleges are keen to help promote health and provide students with a broad range of health information. It was acknowledged that as Colleges often do not have someone with a specific remit for promoting health and organising health education they should increase links with local health services and promote these and other national campaigns to students.

Key comments from validation experts:

- Agreement that it is appropriate for colleges to include information on Hepatitis C as they do cater for a range of people, including vulnerable groups who may attend college as a stepping stone to turn their lives around.
- Information provision is a core role of student services and most would be happy to incorporate information on Hepatitis C. Resources which allow information to be presented in a number of ways, including the use of multi-media should be

- considered.
- The dangers of having a set health course that all students have to attend were raised for two reasons.
 - The majority of college students are adults (very few are under 16 and if so will also be attending school).
 - College is essentially different from school. This is often the appeal to students. The ethos of colleges is giving individuals the opportunity to make choices about their own learning.

3 KEY ISSUES & IMPLICATIONS

Awareness

There was widespread recognition that knowledge of Hepatitis C was low across the board including at a strategic level in local authorities and health boards and that this should be tackled in advance of any major initiatives for pupils. Respondents questioned the importance of the issue, and why it had been raised at this time however the general consensus was that if it was an issue of sufficient importance and relevance to include in universal education, that they would need more support to raise their own awareness. Some felt that leaflets sent to schools would suffice; others felt that a wider public awareness raising campaign was required. Some respondents questioned how parents would react to this issue getting greater attention in schools and it is our view that a public awareness campaign would assist with this difficulty.

The possibility of a Scottish public awareness campaign is discussed within the Hepatitis C Action Plan for Scotland Phase 1 and it notes that a large-scale campaign would be counter-productive without new resources being made available for testing and treatment. We would suggest that the same caution should be applied to including Hepatitis C within universal education as it would be both difficult and also potentially counter-productive to educate all young people about this issue without sufficient resources for testing or without sufficient levels of awareness among parents and/or those making the decisions locally about health education in schools.

While not recommending a large-scale campaign at this time, the current action plan recommends “educating, informing and raising awareness of Hepatitis C among health, social care and criminal justice professionals”. We would suggest that this should also include education professionals and those in health boards with a schools responsibility, however, the level of awareness raising should be proportionate to the relative importance of Hepatitis C compared to the other issues which these professionals seek to address in schools.

The issue of the relativity of the importance of this topic for schools was a strong theme running through this research. It was accepted by most respondents that Hepatitis C should be included in health education however this was followed by a plea to be mindful that Hepatitis C is not a top priority for schools and that there should be no big initiatives or overly prescriptive guidance. It was considered important for strategists on this issue to remember that personal and social education has a very busy schedule with the issues most likely to affect the pupils given priority e.g. alcohol and cannabis misuse, safer sex messages etc.

Hepatitis C, while clearly an issue of significant importance for public health, is unlikely to directly affect pupils who do not inject drugs and as injecting drug use is more likely to affect older teenagers or those who have already left school or

who are attending specialist provision, mainstream schools would struggle to justify spending a great deal of time on it as an issue. For this reason, it would be sensible to prioritise the awareness raising process recommended above with professionals working within specialist settings such as SEBD schools where some pupils may be particularly vulnerable and secure units. We found little provision currently in either setting.

It could be argued that Hepatitis C merits attention on the basis that while many pupils may not themselves be affected, they may know someone who is infected and it would be valuable for them to have a greater understanding of the issue. This is particularly true due to the transmission of Hepatitis C via domestic equipment. However, the same argument could be made for many infections and diseases, many of which may be more common than Hepatitis C and it would be impossible to cover all of these in universal education.

Current Provision in Schools

While not a representative sample of schools, the majority of those contacted currently made no reference to Hepatitis C and where they did it was mentioned in the context of sexual health. It is worth noting that although the methods used in this research actively sought out schools who provided inputs on Hepatitis C, we could only find nine that did so. It is therefore unlikely that a greater level of provision would be found in a random or even a complete survey of schools. This low level of provision was found despite the fact that over half of the schools included aspects of injecting drug use as part of their drug education.

Guidelines

The current low provision in schools may be related to the fact that no current guidelines relating to the provision of universal education on Hepatitis C in educational establishments could be found. In addition there is no direct reference to Hepatitis C within any local drug or sex education guidance that we reviewed. This is in contrast to HIV which was referred to within both. Generally within sex education it was in reference to how messages on HIV and AIDS should be introduced and with drug education how HIV relates to drug safety and risks. Overall there was no clear consensus on whether national guidance - on how best to include messages on Hepatitis C - was required. However there was recognition that reference to an issue within national guidance gives it credibility and raises the awareness of the issue. For schools it was seen as important to place the issue of Hepatitis C into the context of documents such as 5-14 curriculum or more recently, A Curriculum for Excellence.

The development of guidance under the Health and Wellbeing topic of A Curriculum for Excellence (ACE) is a clear opportunity for the profile of Hepatitis C to be raised within education circles; however the findings of this study raise a number of issues about how best to do this.

Previous guidance on drug/sex education has often been general in nature, and has covered process issues rather than giving specific detail on what content is appropriate in lessons. A key issue for the development of new guidelines under A Curriculum for Excellence is how specific the guidance should be. It is our experience that without specific guidelines the content of the curriculum taught in schools is influenced largely by available resources (both written and agencies). While there are some excellent written resources available, they are not always directly applicable to the Scottish setting, they may not be “on message” in terms of national guidance and they are not necessarily subjected to any quality control or evaluation. Agency inputs may also vary in quality and content and if national guidance is very broad in nature, this makes it more difficult for local agencies and schools to decide on what resources or lesson content is appropriate. This difficulty is exacerbated for this topic by the acknowledged lack of awareness of Hepatitis C by both school and strategic local respondents which means they may struggle to make a good judgement on which resources to use or indeed in monitoring the quality of outside agency inputs.

On the other hand, if national guidance is very specific in nature, it could be seen as overly dictating provision to schools instead of leaving some decision-making open to individual schools to decide what is relevant to them. Some flexibility was felt by respondents to be important, particularly those respondents in rural areas who questioned the relative importance of this topic for them in the context of other issues.

An alternative to very detailed national guidelines would be the development of resources for schools on Hepatitis C which have an “official stamp” and therefore set a standard in terms of the content and depth of delivery that is appropriate. If carefully developed these could provide options for delivery at varying levels of detail and schools could then decide what was most appropriate for them. The issue of resources is discussed further below.

Context

A key issue to be resolved is in what context to discuss Hepatitis C. The majority of respondents felt that sex education was an appropriate place to raise the issue of Hepatitis C, with others feeling that as it would not affect the majority of pupils it should be raised as part of the global citizenship agenda. It is fair to point out that the link with sex education may be as a result of respondents associating Hepatitis C closely with HIV, rather than with injecting drug use and may reflect a poor understanding of the topic. It is clear that the vast majority of future Hepatitis C infections are likely to result from the sharing of injecting paraphernalia and that it therefore fits well into inputs on injecting drug use (IDU). However we found that schools did not provide inputs on IDU in any great detail and that many were wary of providing the level of detail that would be necessary to make pupils aware of harm reduction messages such as “not just needles” (i.e. that the sharing of any injecting equipment would put a drug user at risk of Hepatitis C).

This finding echoes that of Rosenthal et al. (2002) who noted that although drug education may seem to be the obvious place for the inclusion of lessons relating to Hepatitis C, schools in Australia had not managed to tackle the sensitive area of injecting drug use in any widespread or systematic way and as such the teaching of Hepatitis C may be better suited within the sexual health curriculum. Their rationale was that the experience of discussing HIV/AIDS and risk minimization strategies with pupils would set a precedent for teachers and make discussion of Hepatitis C easier. We disagree as we feel that it makes sense to mention Hepatitis C within sex education but that it is misleading to dwell on it in that context, as pointed out by the experts in our validation interviews. While we feel it should be included within drug education, we agree with many respondents that this should be linked to existing lessons on the risks of drug use and should be brief. Any new guidance from A Curriculum for Excellence should reflect these conclusions.

Resources

Very few schools accessed specific resources on Hepatitis C, although a minority had developed their own lessons. We were unable to locate commercially or publicly published teaching resources for Hepatitis C in any Scottish school: very few of the existing leaflets on the topic have been developed for use in universal education and most would be unsuitable. Most of the available literature is aimed at injecting drug users. While respondents in this study were wary of national guidelines, they were clear that they would appreciate being provided with credible and authoritative resources for the delivery of this topic.

Participants generally felt that the development of a full Hepatitis C teaching pack or a great number of teaching activities would not be helpful or necessary but that any new resources should help schools to incorporate brief but explicit links to Hepatitis C within the existing curriculum. The potential to develop resources linked to existing education packs was raised with specific reference to the SHARE programme. When asked to be specific, respondents felt that specific Hepatitis C teaching activities that would take no more than one period (approximately 45minutes - 1 hour in duration) in addition to mentioning the topic within existing lessons would be sufficient.

We would recommend this approach to resource development advocated by schools.

Training/Awareness Raising for Staff

While it was acknowledged that there was a need for staff in general to have a greater understanding of this issue, it was felt that few teachers would attend training specific to Hepatitis C. Alternatives to specific Hepatitis C training were to include key information within existing training programmes, to provide written leaflets/teaching resources to staff or to offer training on blood borne viruses in general. The difficulty in releasing staff to attend training of any kind was

raised (due to competing training needs and lack of funding for or availability of cover), and respondents in rural areas who did not perceive Hepatitis C to be a priority felt it was particularly unlikely that staff would attend.

A more supported option was to adapt existing drug education/sex education training to include coverage of Hepatitis C, although it was acknowledged that this would only benefit teachers who attended training in the future and those who had already attended would miss out on this new topic. While not ideal, we feel that this is the most realistic option for providing training to staff. If a public awareness campaign was initiated, that would probably increase the profile of this topic sufficiently to encourage more staff to attend training and in that event, it might be valuable to consider specific blood borne virus training with a large focus on Hepatitis C.

Some respondents felt that written information for staff along with any new teaching activities/resources on this issue would suffice. If Hepatitis C is clearly mentioned in new A Curriculum for Excellence guidelines and these resources are provided to schools in tandem with the launch of the new guidelines, we believe this would go a long way to increasing the level of provision on this issue in mainstream schools. The ability of teaching staff to implement new teaching activities without training will vary largely depending on their confidence and experience in delivering teaching on sensitive issues.

This issue of staff confidence and experience in PSHE teaching in general is crucial as it was noted by some respondents that good, confident PSHE specialists in schools would be able to deliver new activities on Hepatitis C without additional training if they were provided with up to date, well-designed resources and information. On the other hand, where PSHE is delivered by non-specialists in schools, a greater level of training would be needed, and this would be difficult to provide as these staff generally have less time to commit to PSHE where it is not their main subject. Thus the quality of teaching on Hepatitis C in schools (as with drug education in general) is massively influenced by the system for PSHE delivery in individual schools i.e. who teaches it, what their other commitments are and how they are selected year to year. This issue was raised by some respondents in this study and has been discussed in detail in previous research by this agency (Create Consultancy, 2006).

Agencies

Many participants discussed the key role of external agencies in delivering inputs on Hepatitis C, this included school nurses and drug education specialists. Where schools currently accessed external support there was a greater likelihood of messages on Hepatitis C being included. The role agencies can play in developing the knowledge of teaching staff was also raised where joint delivery was currently utilised. However there was recognition that resources vary from area to area, with many school nurses not having the capacity to do this. There are also a number of wider issues relating to the use of external agencies.

This includes the practicalities related to the use of external agencies such as difficulties in timetabling, consistency in the ability to deliver on a year to year basis and the often lack of discussion between schools and agencies on the key learning outcomes for the input and how this links to the wider curriculum.

However, it is our view that consideration should be given to the potential use of external agencies and the support that current specialist Hepatitis C agencies and/or local drug awareness agencies require to provide inputs consistently. This could help to raise the awareness of Hepatitis C within schools and may help to alleviate pressures on teaching staff to become 'experts' in a number of areas. The provision of good resources that could be delivered by external agencies may be useful in relation to quality control.

Initiatives for Vulnerable Groups

Within schools we found a wide variety of initiatives aimed at supporting young people in a more intensive way, either in small group work or one to one initiatives, some of which were specifically aimed at more vulnerable young people. The nature of these initiatives was extremely variable across authorities in terms of the kinds of staff (ranging from social work, to counsellors, to youth workers and others who do not fit neatly into any of these professional groups), target groups and terminology used. The number of such initiatives potentially makes these staff and projects a key route for promoting health messages including on Hepatitis C but there is no obvious national network or route of access for such staff. This lack of co-ordination nationally makes it difficult to notify such staff of training on Hepatitis C, but the general feeling was that they would be more likely than teachers to be able to attend such training were it to be offered.

One crucial point raised here was how are 'vulnerable pupils' targeted? Should they be targeted as potentially at risk of future drug use? Or do you incorporate it alongside other issues e.g. behavioural issues? Are the pupils informed about why they have been targeted and what are their parents told? There was agreement that irrespective of how pupils are targeted the issue of Hepatitis C or injecting drug use requires to be raised sensitively. This is a point we would agree with as it is important that young people do not feel victimised or labelled as potential future drug users. However, particularly in relation to young people who have drug using parents, it is important for them to be aware of the different transmission routes and how they can protect themselves.

Further Education

Within Further Education colleges there was recognition that they have a role to play in the provision of information on Hepatitis C to their students. This was raised in reference to the number of students who attend colleges who may previously have been involved in drug use and are using college as a stepping stone to change their lives and the fact that students are generally older.

One key discussion point was the way in which information is provided; currently this is via health fayres and freshers' week. However there was a question as to whether colleges require a fundamental change in the way health education is delivered with the potential provision of a compulsory health module for students to attend. This was raised in relation to the increasing numbers of younger students and how national guidelines such as A Curriculum for Excellence, which will be 3-18, will apply/be implemented for young people in colleges rather than school at the 16-18 stage. However within the validation group there was some trepidation towards compulsory courses (which students haven't chosen) as college is fundamentally different from school with a focus on treating students as adults and encouraging them to make active choices about their own learning.

In reflection it would seem that colleges are a key way to provide information to students about Hepatitis C and in the first instance this should be done in the traditional way such as campaigns during Freshers' week and the provision of health information. However, undoubtedly broader questions relating to the implementation of A Curriculum for Excellence within this setting remain and could have considerable consequences on all health education, not just Hepatitis C.

Establishments for More Vulnerable Young People

Both secure units and schools for pupils with social emotional and behavioural difficulties were even less likely than mainstream schools to provide messages on Hepatitis C. There was an overall reluctance to place too much emphasis on IDU as do not want to imply the young people will become injecting drug users. However, they were aware that many of the young people in their care are more vulnerable and potentially at risk of contracting Hepatitis C in the future (some also have injecting drug using parents). Key considerations in these settings were:

- the transient nature of the young people (often don't stay for one full year so miss 'health' module),
- health issues generally discussed informally with young people – they set the agenda and Hepatitis C doesn't come up
- in-depth discussion on Hepatitis C may be raised in 1-2-1 with social work and/or support staff not education.

Although these issues would need to be taken into account, we feel that these young people have a greater need for awareness of the risks of injecting drug use including Hepatitis C and of harm reduction messages than those in mainstream schools. In view of the fact that it is best to try to make young people aware of this issue prior to initiation to injecting, we feel it is crucial that these establishments are prioritised for future action. This action should include awareness raising for staff, incorporation into existing staff training courses and working with the establishments to develop resources that are appropriate for use in each setting.

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