News from the Unit

W e have been pleased to welcome many visitors to the Unit over the summer, and in particular Drs Jane Thomas and Ian Macgregor who bring their respective expertise in nutrition and dentistry to bear on the investigation of our databases. Anne and David have been enthusiastically pursuing key aspects of the research and welcome any feedback from visitors.

Research

David and John have been working closely with the South Western Regional Health Authority to develop the 'Get Well' project, which aims to improve the health of the population through lifestyle changes. The project involves a range of activities, including health education, community outreach, and the provision of resources to support healthy lifestyles.

Beryl and Di are busy ploughing their way through Version 3 questionnaires from surveys in the South West, and are also working on the primary school questionnaires which have started to arrive from Chester and Surrey. A massive delivery is expected shortly, so we will have to work quickly to process this information.

International flavour

Interest in our work from European countries has been strong, with several visits from researchers and practitioners interested in our methods and approaches. We are encouraged by the positive feedback we have received so far.

Anne and David have been working closely with colleagues in Hong Kong, where they collected data as part of the Hong Kong Health Survey. The results of this study will be published soon, and we look forward to seeing the findings.

A day at the races

After a successful APASU INSET day at Taunton racecourse (June 26th) with Anne, David, John, Keith Wilson, Nigel Laycock and the participating Somerset teachers, the 'homework' was read, and typed up by Sam. Comments and additional evaluation help (where needed) were returned to the teachers. The quality of the cross-curricular work produced at this stage is very encouraging. Our next whole-group meeting will be in mid-October. George Foot, our computing consultant, is putting the finishing touches to his article on the Community Profile Service as we write, and David has been producing the support documentation for this service.

International potential users are, as always, welcome to contact us at the Unit.

Unfortunately James's mouse is not well! The poor creature keeps doing a ‘Howl’ act and therefore has to go to see the ‘doctor’ shortly. Let’s hope he makes a speedy recovery!

S.F.

Future issues

We are pleased to receive articles, letters and documents relating to all aspects of health education in primary and secondary schools, as well as in F.E.

If you would like to make a submission, just give us a ring or drop us a line!
dependency is simply a turn-off. Warmth, humour, compassion, optimism and, most importantly, honesty was the recommended brew. A few theatre groups who had approached to approach the subject saw the issue as one of chance to be dramatic, to ‘do a play about someone dying of AIDS’. ‘That will cheer everybody up,’ was one comment, while an HIV counsellor patiently explained: ‘We try to talk about people who are HIV positive or dying of AIDS’. Our course was set — we were going not to do a play about someone dying of AIDS.

Peer advocacy

We had the advantage of being a company composed of very young professional performers with some training in educational theatre. Youth is an important element. When most young people begin to engage in risky behaviours — drink, drugs, and sex — it is a period when they are taking the first steps in managing their own lives. The natural corollary is rejection of parents and authority. At this time, most people are responding to the behaviour of their peers, the infamous ‘peer pressure’. If our clients are not going to be advised by authority, well, they may listen to other people. The approach we would advise would be one of ‘peer advocacy’.

The advantage of theatre is that it can bring issues to life. We can show, for example, the problems of HIV and insurance, of prejudice and disinformation through characters. Besides, we are a theatre company — naturally we would use drama. But how to bring all this together? To be ‘peer advocates’, to avoid gloom and doom, to use drama effectively, to address ourselves to the issues, to involve the audience in the learning process and, lastly, to wrap everything in a package that is caring, compassionate, humorous and factual.

‘Alternative cabaret’ is a format that allows anything. Being involved in the emergence of alternative cabaret in the early 1970s I was disappointed at having seen the form drift slowly to locker-room infantilism, so I suggested that we call our first show simply a ‘cabaret’.

Game show

After intense research, the most important bedrock of educational theatre, we formulated our ideas around television techniques. We would use the form of the television game show. Six ‘contestants’ (some stereotypes, others not) are seen in some Brookside-style excerpts of their lifestyles, and the audience are asked to vote on which might be HIV positive. The scenes all relate to young people in typical situations, at the disco, as students, in the GUM clinic. The contest is set in a television studio and the show is called Run the Risk. The game show format allows the scenes to be inter-cut with audience participation — the ‘host’ and ‘hostesses’ take people from the audience on stage and go through various quizzes for which there are, of course, prizes. The final returns to the competition and each character speaks on the last time directly to the audience, using a ‘hot-seat’ technique. The audience vote.

The formula has been hounded and worked since. Our overwhelming response has allowed us to take health education into polytechnics, universities, schools, youth clubs, prisons, art centres, care centres, a public park, street presentations, and now (an important development from one Health Authority) pubs, clubs and disco.

Our involvement with health professionals led to the choosing of our second project. This time we were responding to requests for a piece that would inform on alcohol and drug use. This subject arises, of course, in our piece — the projection to further work in this area was quite natural.

Panto

Of course, all of this incurrs costs, whilst venues catering for young people, students’ unions, and Health Authorities do not have limitless funds. To set aside a sizeable research and rehearsal needs investment. ‘Cruisad’ came to our rescue, and in August 1990 two months were set aside for Surrey, our alcoholic drug ‘panto’ — well, sort of panto! Closed Minds has been a hard act to follow. Cruisad has received excellent reviews; nevertheless, in August of this year the Company has been joined by award-winning director June Hauser to work on the project. This was made possible by a generous grant from the Mental Health Foundation. We are going to ensure the same success for Cruisad as for Closed Minds.

The benefits that have accrued by working in this way are several. We have been able to bring many agencies together, providing excellent focus. Examples of this are where a students’ union welfare officer and a community officer from Health Protection Unit have worked together to present our show and to provide students with health packs, posters, information, etc., with expert speakers, all within a health awareness. In the prison service, our shows go hand-in-hand with current class work; each prisoner has an education officer staffed by the DOE. In schools our shows are ideal vehicles for follow-up. Written national curriculum optional modules on personal and social education.

Closed Minds and Hearts looks closely at sexual practices, alcohol use and misuse, sex education, family life and personal hygiene. At a recent conference the Minister of Health was asked a question on placing sex education within a context of family life. Her reply was to suggest educating towards a notion of sex within a loving relationship. This is a helpful way of interpreting current legislation which in our case allows us to look at the question of fidelity in a general context. We have also been careful to stress the problems of transmission of HIV within a context of STDs generally. The interrelation between substance use and misuse was the original motive for our designing a show on this subject specifically. It isn’t just sharing needles, some substances can affect the immune system, being drunk or stoned can lead to other risk behaviours whilst the problem of transmissible diseases complicates an already difficult problem of substance use.

Guidelines

Scoring concentrates on the difference between substance use and misuse, and between use and addiction. It also looks at the legality of substances and how this complicates the issue of misuse. But in view of this interrelation that we have stated there is need to cover certain of the issues which are dealt within Closed Minds and Hearts, the scoring of specific diseases, other risk behaviours and goes on to look at aspects of nutrition, personal hygiene and family life. So, either show is a useful tool in gaining interest in the subjects. Some criticism has been made of the fact that the guidelines and supporting information are not specific enough. Our view is that guidelines offer flexibility and a way of dealing with the subjects in a broader and more imaginative way whilst firmly within in current legislation. Co-ordinated follow-up is important in good educational theatre practice.

Technique

Many professionals working to help young people have been able to use similar techniques and formats of chat show formats etc., in promoting their own work. Independent surveys show conclusively the effectiveness of peer advocacy and interactive learning techniques. I like to think that our own blend of outrageous humour and responsible concern has done much to bridge these dual subjects to the present audience of young people. Our achievement has been to help lower hysteria whilst promoting a positive message among the young people with whom we have worked — as one of our correspondents puts it, "Closed Minds and Hearts beats down barriers on apathy, stigma, misinformation, and can make you laugh and cry at the same time." On Scoring, it was remarked, 'The girls found it entertaining, informative, and thought-provoking — the lecturer from Narcicon was impressed with the quality of the production.'

It took a huge amount of hard work and determination to establish Educational and Eighteen months to organise our first tour booking — to date we have played to an estimated 100,000 people. It is our intention now to provide a quality professional service designed to meet the requirements of our customers. The last tour seems a funny word to me, as most of our customers are colleagues and many are our respected friends. Their support does much to offset the stress in running a small company attempting to provide a high-quality service. Perhaps there’s a show there somewhere: certainly there’s a subject.

Contact: Graham Gluck, Contagious Performance Company L.t., 29a Tarbet Road, Dulwich, London, SE22 8QX (081 259 3953)

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