



UNIVERSITY OF

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HIV HEALTH AWARENESS TRAINING FOR YOUNG PEOPLE

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ABSTRACT

In 2013 the UK recorded an increase in new HIV infections in young people aged 15-24 from the previous year. The following report evaluates the health promotion service for young people delivered and offered by Sahir House. A mixed methods approach is used to gauge and evaluate the effectiveness of its HIV health awareness sessions for young people. The research also assesses the need for Sahir House to go into young person settings and deliver its educational training by outlining relevant government agendas, but also through its findings.

From the evidence generated through the report, a number of future recommendations are offered to Sahir House to help it expand its HIV health awareness training for young people. The opportunity for a government accreditation is also discussed which would add prestige to the HIV education sessions and also officially validate the work that Sahir House do with young people.

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INTERCHANGE

Interchange is a registered charity (Charity No: 1038129) which aims to link Higher Education Institutions (HEI's) with voluntary and community organisations (VCO's) in the local and Greater Merseyside area for the purpose of research and work-based learning projects (University of Liverpool, N.D). Collaboratively, The University of Liverpool and Interchange offer students the opportunity to work with a VCO, in this instance, Sahir House, to complete a research/ work based learning project.

The researcher for this research report was paired with a link worker from Sahir House, Serena Cavanagh and an academic advisor from Interchange based at the University of Liverpool, David Whyte. This enabled clear and effective communication between the university, the VCO and the student researcher which ensured all parties felt comfortable and supported throughout the duration of the project.

Interchange has proved to be an extremely rewarding and successful venture which has had positive outcomes for both students and local VCOs. Funding bids have been granted and vital skills have been gained by students who have taken part to help them with their future careers and endeavors.

Currently, other Interchange partner organisations include Liverpool John Moores University and Liverpool Hope University.



SAHIR HOUSE

Sahir House was founded in 1994 by the collaboration of Mersey Body Positive (MPV) and Merseyside AIDS Support Group (MASG) which had both been actively supporting and informing the HIV positive community in Merseyside since 1985. The non-profit organisation offers care and information for families living with, at risk of, or affected by HIV. The charity grows, develops and diversifies in line with the needs of the current HIV community and aims to increase knowledge and reduce the stigma that surrounds HIV and sexual health among the wider population (Sahir House, 2015). Sahir House has over three decades of experience of challenging HIV related stigma and awareness through public awareness and training. The charity is underpinned by five core values; empowerment, the creation of a safe, non-judgemental and welcoming space, celebrating and embracing diversity, ethical integrity and the evolution of its services

A wide spectrum of services are offered ranging from 'Support' to 'Health Promotion'. 'Support services' include counselling, health and wellbeing advice, welfare rights, complementary therapies, volunteer opportunities and peer groups/mentors representative of the people and demographics affected by HIV (Black and minority Ethnic People (BME), gay and bisexual men, young people, women, men and family and friends), asylum and immigration advocacy and services, child and family support are also available and are at the heart of Sahir House. (Sahir House, 2013) 'Health Promotions' services include HIV information, prepared resources and HIV awareness training. Sahir House is the annual regional leader for the International World AIDS Day campaign and it promotes HIV awareness and testing with third sector and public sector partners. This research report focuses on 'Health Promotion' services.

The charity has a committed loyal and dedicated team of staff and volunteers, many of whom have been with the charity for over twenty years. Sahir House runs solely on sponsors from large funding organisations and charitable trusts such as 'The Big Lottery' and 'Comic Relief'. Sahir House also works in close partnership with a number of organisations:

- Armistead Centre
- HIV Community Nurses
- Royal Liverpool Sexual Health (GUM)
- Arrowe Park (GUM clinic on the Wirral)
- Liverpool Association of Disabled People (Welfare Rights)
- Citizens Advice Bureau (Surrounding LGBT issues)
- In- Trust (Transgender Group)

Over the last 30 years, Sahir House has developed effective working relationships with local press and we have become the first point of contact for journalists regarding HIV related news.

INTRODUCTION

RESEARCH CONTEXT AND RATIONALE

There is a growing body of research evidencing an increase in high risk sexual behaviour among young people. The Centre for Public Health states; “the rate of new infections remains too high and high risk behaviour and low knowledge of HIV remains prevalent among young people globally.” (2014: 15) Young women worldwide remain at a heightened risk of acquiring HIV, more than 15% of women currently living with HIV are aged 15-24 (Centre for Public Health, 2014: 6, 15). More locally, in 2013 the UK reported 736 out of a total 5,967 new HIV infections were in the age category 15-24, an increase of 37 new infections from 2012 (Public Health England, 2014: 42). These statistics highlight the presence of HIV in young people and the continuing need to educate and support them before they are exposed to a dangerous situation. This research project evaluates the HIV health awareness training offered and delivered by Sahir House to young people.

Sahir House has almost ten years’ experience of delivering high quality and effective HIV awareness training and information sessions to students aged 12 and over in schools and young people settings across Merseyside. The not – for profit organisation is seeking to evaluate its existing HIV health awareness training and also expand its service.

RESEARCH AIMS

The main aims and objectives of this research project, as agreed collaboratively by Sahir House, Interchange and the student researcher are as follows:

- Outline and review the statutory and non- statutory guidelines stated in the National Curriculum regarding HIV health education. This will enable Sahir House to ‘infill’ knowledge gaps when delivering its HIV health information sessions to young people
- Evaluate the level of engagement by young persons in the HIV health education training sessions delivered by Sahir House professionals through observation
- Evaluate and assess the content of the current HIV health education training and highlight any areas where the young people participants were particularly disengaged / engaged.
- Create an electronic database of the contact details for all secondary schools in Merseyside
- To assess the need / want for Sahir House to go into local schools to deliver HIV information sessions whilst establishing whether teachers feel comfortable teaching and talking about HIV.

POLICY CONTEXT

THE NATIONAL CURRICULUM

The National Curriculum is the government's agenda for teaching in primary and secondary state schools which establishes the standards, skills and expected levels of understanding for each subject across England, Wales and Scotland. The implementation of the curriculum determines the assessment methods to measure children's progress and also the setting of targets (National Curriculum, N.D). Sahir House have expressed a desire to review the National Curriculum report in relation to HIV and sexual health education and information available to young people in schools. The aim is that with a deeper understanding of the National Curriculum HIV education content, Sahir House staff and volunteers can find ways to improve their own current HIV information sessions to meet the needs of young people and fill in any vital gaps in knowledge regarding HIV and sexual health which may not be covered by the National Curriculum requirements at present.

Currently, the National Curriculum specifies that 'Sex and Relationship Education' (SRE) is a statutory subject in all maintained secondary schools from Key Stage 3 (Year 7) onwards. SRE is defined as:

"Lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health." (Department for Education and Employment, 2000)

Parents/ guardians have the right to withdraw their child/ young person from topics covered in SRE which are not included in Biology under the subject of Science. This means that the only compulsory information and education for school children regarding HIV is stated in the National Curriculum at Key Stage 4 (aged 14 plus) as being

classified under:

“Health, disease and the development of medicines’

- The relationship between health and disease
- Communicable diseases including sexually transmitted infections in humans (including HIV/AIDs)” (Department for Education, Science, 2014)

SRE is often taught under a much wider umbrella of ‘Personal, Social, Health and Economic’ education (PSHE) which is a non-statutory, non-compulsory subject and its delivery and content is not given a standardised framework. The Department for Education (2013) states:

“We expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions”.

The Secretary of State (2000) produces guidance and regulations in ‘Curriculum & Standards: Sex and Relationship Education Guidance’ which must be adhered to when any school teaches SRE, which as mentioned previously is normally integrated into PSHE. This guidance specifically addresses sexual health and HIV in Points 2.17 to 2.22. Although the statistics used in the guidance are a little outdated now, there is an impressive emphasis on the importance of HIV awareness and education which is demonstrated below;

“Teaching about safer sex remains one of the Government’s key strategies for reducing the incidence of HIV/AIDS and STIs” (Point 2.17)

“Information and knowledge about HIV/AIDS is vital” (Point 2.19)

HIV and sexual health have been made a priority in these guidelines, these lessons are not yet statutory or compulsory and parents/ guardians have the authority to withdraw their children from them. There are many reasons parents/ guardians may wish to withdraw their child from SRE/ PSHE such as religious, moral or cultural concerns.

However, HIV and other STIs cross religious and cultural boundaries and can affect individuals regardless of their age, sexuality, religion or culture. Currently, there is a possibility that school children may not receive any in-depth sexual health/ HIV education which could be pivotal in ensuring their own sexual health now and in the future. This means that interventions that might challenge and reduce stigma surrounding HIV, sexuality and sexual health will not be delivered to children from an early age. This can result in young people reproducing and reinforcing misinformed, old fashioned and prejudice views throughout their life. Daily, Sahir House see first-hand the damaging effects which these prejudices and stigmas have on the lives of people living with HIV.

'SEX AND RELATIONSHIPS EDUCATION- IT'S MY RIGHT' CAMPAIGN

Sahir House supports and promotes local and national campaigns concerning issues relating to its work and beliefs. The 'Sex Education Forum' founded in 1987 works and campaigns collaboratively with partner organisations to achieve quality sex and relationship education (SRE) for young people. Their work is underpinned by the belief that;

“ALL children and young people have the right to good SRE” (N.D)

And it is every young person's right to receive it. They are currently running a campaign called 'SRE- It's my right' which is fighting for;

“statutory sex and relationships education (SRE) as part of an entitlement to statutory personal, social, health and economic (PSHE) education.” (Sex Education Forum, N.D)

The 'Sex Education Forum' recognises the potential harm to young people in the UK that the current non-statutory status that SRE and PSHE holds. If their campaign succeeds and the status was to change to statutory, it will mean that SRE and PSHE will be treated the same as every other subject on the National Curriculum. Teachers will receive in-depth, professional training to ensure that they are up to date and comfortable with talking about real life issues such as sex and relationships, consent

and domestic violence to name just a few. In schools that do not already teach PSHE, timetabling will be adjusted to accommodate the new subject.

In relation to HIV specifically, the Lucy Emmerson, the Co-ordinator of the 'Sex Education Forum' stated:

"The key facts about HIV prevention and transmission have not changed in three decades but there remains no consistent level of education about the science of the virus. Our 'SRE – It's my right' campaign continues to call for commitment to make SRE statutory as part of an entitlement to personal, social, health and economic (PSHE) education." (2014)

To conclude, Hirst (2008: 1) states that evidence from UK surveys and government guidance explicitly shows "that school based sexualities and relationships education (SRE) offers one of the most promising means of improving young people's sexual competence and levels of safer sexual practice". It must be noted that statutory status of PSHE would not guarantee a decrease in the number of young people contracting HIV and other STIs. However, education and knowledge affords young people empowerment to make their own, safe decisions about life and sex and to challenge stigmas and prejudices which they may encounter surrounding issues such as HIV and sexuality (Ferguson, Vanswesenbeeck and Knijn, 2008 cited in Ingham, 2007: 2).

METHODOLOGY

METHODS

A mixed method approach to data collection was adopted in this research. After much consideration and deliberation with both Sahir House and Interchange, observations and an online questionnaire were chosen to collate the data. The term mixed methods refers to the combination and utilisation of both qualitative and quantitative research (Alasuutari et al, 2008: 15). The observations collected qualitative data; Bryman (1988) suggests that this is the most effective way to understand a specific group of people's views on a given phenomenon, at a certain time, in a certain context. The questionnaire sought mainly quantitative data by using "predetermined questions to elicit self-report data on attitudes, behaviour and beliefs, in a format amenable to numerical analysis." (Jupp, 2006: 237) These methods were chosen, as Sahir House had highlighted that they were keen to evaluate the engagement with the HIV information sessions by the pupils, but also to assess the level of demand for these sessions in schools by teachers. A reflexive approach was also adopted when collecting the data. Etherington (2004: 30) writes that reflexivity

"requires self-awareness but is more than self-awareness in that it creates a dynamic process of interaction within and between the enquirer and participants and the data and interpretations".

The active nature of this research means that acting reflexively to changes or situations which occurred was paramount to its success and completion.

OBSERVATIONS

Three observations were carried out in three different settings, with different participants, on three different days. Three observations involved complete observation and the other required observer participation in the group; this involved the observer participating in the group due to the small, intimate environment. In total 95 students aged 15-16 were observed. The aim of the observations was to record the behaviours,

interactions and conversations of the young people participating in the study to evaluate their engagement in the HIV information sessions delivered by Sahir House staff. The data was recorded in the form of field notes which were written during the observations with the aim of being as detailed and as exhaustive as possible; Jupp (2006: 101) states; “Description resides at the core of ethnography, and however this description is constructed it is the intense meaning of social life from the everyday perspective of group members that is sought”. The advantage of observation is that it allows the investigator to examine behaviour directly and link this behaviour to the attitudes of the participants (Abrahamson, 1983). Therefore eye contact and other behaviours were chosen as factors to observe which could be linked to levels of engagement and or interest. At the beginning of the observations the researcher asked three questions to illicit a ‘hands up’ response from the participants. The data was recorded as a rough percentage of participants who had raised their hand. The same three questions were asked prior to all of the observations. At the end of the observation the researcher repeated Question 2;

“Hands up if you know the three ways you can transmit HIV?”

This was used to attempt to gauge how effective and informative the HIV information training had been.

QUESTIONNAIRE

A questionnaire was deemed advantageous as the second research method due to the ease of creation, distribution and participants are often familiar with the format of a questionnaire. The online questionnaire was produced and designed using 'SurveyMonkey' and was then e-mailed as a hyperlink to schools which Sahir House had not previously had contact with.

A database was created using Microsoft Excel to collate the contact details of the secondary schools across Merseyside to enable the questionnaire to be sent. The name of the school, a first and second name of the member of staff responsible for PSHE, the address of the school, postcode, along with a contact number and e-mail address were all entered into the database. These contact details were subdivided into the six boroughs of Merseyside; Liverpool, Wirral, St. Helens, Sefton, Halton and Knowsley to make the database easier to navigate. This database will be a useful tool for Sahir House in the future for marketing and research purposes. The questionnaire consisted of four closed ended questions (yes / no) with a fifth 'question' in a textbox format which asked for the contact details of the recipient/ participant if they had said 'yes' to question 4 (Would you be interested in inviting Sahir House to deliver a HIV awareness information session to your student?) Closed ended or standardised questions were chosen because of the quick response and the simplicity of analysis for the researcher when dealing with the data (David and Sutton, 2011: 253).

ETHICAL CONSIDERATIONS

Before any social research commenced, full ethical approval was granted by The University of Liverpool's 'Committee on Research Ethics'. All of the research conducted in this report adheres to the relevant British Sociological Association Guidelines (2002). Considering the ethical implications of social research are paramount, it is "a matter of principled sensitivity to the rights of others." (Bulmer, 2008 cited in Gilbert, 2009: 146) Throughout the entire process of designing and carrying out the research, the limitations of harm, alongside the preservation and promotion of integrity and dignity to participants were dominant issues. In line with Sahir House policy and the safeguarding regulations of schools, the researcher had to obtain and pass a full Disclosure and Barring Service (DBS) check before being fully integrated into the charity, or being allowed to carry out observations in schools and youth settings. The ethical considerations are outlined below for each research method.

OBSERVATIONS

Due to the age of the participant population being observed (15- 16), joint consent between themselves and their parent/ guardian was required. As a rule, Sahir House does not seek consent from parents/ guardians or students prior to their visit into schools. However, as this research entailed the observation of the students it was deemed appropriate to do so. Two separate 'Participant Information Sheets' were sent to the Headteacher of the school being visited prior to the HIV education session to outline the purpose and voluntary nature of the research. One was for the attention of the parent/ guardian (See Appendix B) and the other for the attention of the student participant (See Appendix A). It was at the discretion of the Headteacher whether or not the 'Information Sheets' were forwarded. As mentioned previously PSHE is compulsory in some schools and therefore attendance of the lessons is expected unless the school have been informed otherwise.

At the beginning of the observations the student researcher introduced herself and briefly explained that participation was voluntary and should anyone feel upset or distressed at any point they should raise their hand, and a teacher would decide on the best course of action.

QUESTIONNAIRE

Participants were sent an e-mail containing the hyperlink for the questionnaire and a brief explanation of why they had been contacted to take part in this research. The participants were predominantly PSHE teachers in secondary schools on Merseyside with no previous contact with Sahir House. A 'Participant Information Sheet' (See Appendix C) was also attached to this e-mail; this clearly outlined the voluntary and anonymous nature of participation. By completing the questionnaire participants were agreeing to take part in the research. Contact details were included in the 'Participant Information Sheet' so in the unlikely case that a participant should feel distressed or wish to ask for more information about the study, they were able to do so easily.

DATA ANALYSIS METHODS

Data analysis refers to the steps which must occur between the gathering of information and the presentation of data (Abrahamson, 1983). A mixed method approach was adopted to carry out this research combining both qualitative and quantitative data. This required the appropriate selection and application of qualitative and quantitative data analysis methods.

The observations produced qualitative field notes. Open thematic coding (David and Sutton, 2011) was deemed the most appropriate method to analyse this data. Recurring themes and behaviours were identified and each time they appeared within the notes they were colour coded. David and Sutton (2011: 331) state;

“These codes allow links to be made and are a form of data reduction, the highlighting of key points within the vast majority of the overall data.”

The key points or themes were then named and discussed.

‘SurveyMonkey’ is an online survey developer and was used to design the questionnaire and analyse the quantitative data it produced. During the planning stages of the questionnaire, closed- ended questions demanding yes/ no answers were favoured as the student researcher was seeking quantitative findings. The findings were analysed through the online survey developer and presented in a bar chart format. A bar chart was appropriate for presenting the data as two variables were being compared; the bar charts were then discussed in relation to the focus of this research.

RESEARCH OUTCOMES

FINDINGS & DISCUSSION

The findings of this report are split into two sub-sections for clarity and ease of reading. The first section will address the findings for the observations. The location, date and the number of participants that were observed, along with the questions that were asked to the young people participants and their responses are included. The themes that emerged throughout the observations are discussed next. The second section will look at the findings from the questionnaire, the questions the participants were asked and their responses.

OBSERVATIONS



WIRRAL GRAMMAR SCHOOL FOR GIRLS

- **DATE:** Friday 21st November 2014
- **NUMBER OF PARTICIPANTS:** 60

Before the HIV health awareness session began, the student participants were asked three questions, they were asked to raise their hand in the air in response. The first question; **“Do you know someone who has had sex without a condom?”** received a majority response of hand raises. Over three quarters of the students raised their hand in the air indicating that a high level of the participants knows someone who has partaken in unprotected sex. It is not possible to tell who the participants were referring to or the age of that person/s, however the findings demonstrate a significant prevalence of high risk sex. The importance of SRE and HIV health information training sessions in equipping young people with sexual health knowledge and awareness is arguably reinforced in this finding.

Question 2 was asked at the start of the session and again at the end in an attempt to evaluate the effectiveness of the HIV health awareness session. **“Hands up if you know**

the three ways you can transmit HIV” received a minority response from the participants, around one quarter of the students raised their hand in the air. At the end of the session the same question received a complete majority response with every single participant raising their hand in the air. The implication of this finding is that the HIV health awareness session had been extremely effective in educating the student participants on the ways that HIV can be transmitted. This knowledge acquired through Sahir House professionals helps students to format their behaviour and attitudes to help ensure they make informed, positive health and sex choices.

Just over two thirds of the student participants raised their hand in the air in response when asked the third question; “Hands up if you think there is a cure for HIV”. It is evident from this majority finding that a large proportion of the student participants think that there is a cure for HIV. This is incorrect. Currently HIV is incurable, although there are treatments which are successful in enabling most people with the virus to live a healthy and long life if the virus is detected early (NHS, N.D). This finding indicates that the students did not have a sufficient understanding of HIV and the severity of the virus before the session was delivered. It could also reiterate the points made previously regarding the content of the statutory National Curriculum and HIV education (Pg: 11-14 of this report). The statutory HIV information taught through the discipline of biology does not appear to have been adequate.

YOUNG PERSON'S ADVISORY SERVICE (YPAS): 'gyro'



- DATE: Tuesday 25th November 2014
- NUMBER OF PARTICIPANTS: 6

The young people participants at 'gyro' were asked the exact same questions as the participants at Wirral Grammar School for Girls, and were asked to respond in the same way by raising their hand in the air. 'gyro' is an afterschool young person setting, however the findings are relevant as the participants were all aged 15/16 and were full time school attendees. Therefore they would be expected to have the same levels of SRE and PSHE knowledge as the participants from the other two school settings, the findings complement this.

Generally, the findings followed a similar pattern as those outlined above. Question 1; "Do you know someone who has had sex without a condom?" received a unanimous majority of hand raises from the participants. Indicating that 100% of the participants know someone who has had unprotected sex. This emphasises the need for the HIV health awareness sessions that Sahir House delivers, especially as 'gyro' provides a;

"safe, comfortable space where young people who identify as Lesbian, Gay, Bi, Trans, or Questioning their sexuality or gender identity (LGBTQ) can get to know other young people like themselves." (YPAS, N.D)

Men who have sex with men (MSM) remain the group most at risk of acquiring HIV since the first reports of HIV in the eighties and in 2013 accounted for 54% of all new HIV infections in the UK (Public Health England, 2014: 10). In 2013, MSM aged 15-24 accounted for 462 of the total 736 new HIV diagnoses in the age range 15-24 across the UK (Public Health England, 2014: 42). These statistics clearly highlight an urgent need for organisations such as Sahir House to deliver HIV and sexual health awareness

sessions in a range of young people settings. These environments are a vital platform when reaching out to and educating young people how to protect themselves from acquiring HIV and other STIs.

Participants from 'gyro' responded to question 2; **"Hands up if you know the three ways you can transmit HIV"** in a comparable manner to participants from Wirral Grammar School for Girls. Before the Sahir House professional delivered the HIV health awareness session, around one third of participants raised their hand in the air, thus indicating the majority did not know the three routes of transmission. Contrastingly, after the training 100% of the participants raised their hand in the air in response to the same question. This finding demonstrates a dramatic increase of transmission awareness and therefore can be seen as an indication of the effectiveness of the session.

In contrast to the findings from Wirral Grammar School for Girls for question 3, only one third of participants from 'gyro' raised their hand in the air when asked; **"Hands up if you think there is a cure for HIV"**. This minority response illustrates that most of the young people were not aware that there is no cure for HIV.



BROADGREEN INTERNATIONAL SCHOOL

- **DATE:** Thursday 12th February 2015
- **NUMBER OF PARTICIPANTS:** 29

Again, the participants from Broadgreen International School were asked the same three questions as participants from Wirral Grammar School for Girls and 'gyro'. The findings appeared to mimic the other two young people settings, specifically 'gyro'. Over three quarters of the students raised their hand in the air when they were asked; **"Do you know someone who has had sex without a condom?"** This majority response to question 1 underlines the prevalence of high risk sexual activity as most of the participants indicated they know someone who has had sex without a condom. The HIV

health awareness training delivered by Sahir House discusses different methods of contraception and aims to clarify and stress the importance of safe sex choices.

Question 2; “Hands up if you know the three ways you can transmit HIV” received a minority response of less than one quarter of participant hand raises before the training. A majority response of hand raises was recorded when the question was asked again at the end of the session. Over three quarters of the participants raised their hand in the air to illustrate that they knew the three routes of HIV transmission. Participants from Broadgreen International School demonstrated in a similar way to participants from the other two aforementioned young person settings that the HIV health awareness session had enhanced their knowledge regarding HIV.

Similarly to the participants from ‘gyro’, students from Broadgreen International School responded to the question “Hands up if you think there is a cure for HIV” with a minority response of hand raises. Around one quarter of the students raised their hand in the air indicating that the majority knew that HIV is incurable. This is discussed further in the HIV health awareness training sessions delivered by a Sahir House professional and aims to shed light on the issue for young people who are unsure.

Whilst analysing the observational field notes, a number of recurring themes emerged across all three of the observations. These themes are discussed below as the prominent findings of the research in relation to evaluating the level of engagement participants had with the HIV health awareness sessions. The themes have been named; Eye Contact, Giggling, Participant Questions. Finally, a notable incident that took place during one of the observations is discussed.

EYE CONTACT

Gaze has been noted to facilitate and indicate student participation, satisfaction and attention in educational settings (Kleinke, 1986). Analysis of the observational field notes generated levels of eye contact and gaze as a common theme which has been interpreted as engagement by the participants with the HIV health awareness training delivered by Sahir House. Anecdotes relayed by the Sahir House speaker confirmed eye gaze and contact from

the majority of the participants at all three of the young person settings. Anecdotes were used a number of times throughout the sessions, a notable account was used to demonstrate the indiscriminate nature of the HIV virus and referred to a 67 year old heterosexual lady. Over three quarters of the participants were looking at the speaker as they listened intently to how the 67 year old Grandma acquired her HIV through unprotected sex. This finding indicates that anecdotal evidence was an effective way of engaging the participants in information regarding routes of transmission, contraception and also dispelling stigmas attached to HIV by explaining how age, sexuality, religion and ethnicity are not barriers for HIV and it can affect anyone.

High levels of eye contact were also recorded when the Sahir House speaker showed a slide with pictures of condoms in assorted shapes, sizes and colours and a range of slang terms for condoms. All of the participants were looking at the pictures and appeared interested in the information being delivered about the wide variety of condoms available. Male condoms, female condoms (femidoms) and dental dams were all addressed by the speaker and the importance of condom usage was emphasised as condoms are the only contraceptive method to prevent against HIV and other STIs. Visual aids such as pictures and the slang terms for condoms were found to be an effective way of stimulating participant engagement in the HIV health awareness training, majority eye contact was upheld by the participants throughout these slides.

In contrast, findings indicated that that there were minority levels of eye contact and gaze by the participants with the Sahir House speaker or the presentation during slides regarding the services that Sahir House offers. Results from all three of the young person settings followed this pattern. Around one third of participants looked at the speaker and/ or slides when Sahir House services were discussed, this can be seen to indicate a lack of interest in or engagement with this section of the training. This may be because the participants felt this information did not apply to them specifically, or because it did not include socially 'taboo' words and was therefore not as interesting as the topics which received majority eye contact.

GIGGLING

This theme was the most prolific finding from all of the observations. As mentioned previously, discussing HIV requires talking about sensitive subjects such as sex, relationships, drug use and contraception. Participants from all of the settings giggled at much of the content during the HIV health awareness sessions; however the findings illustrate that specific words and themes received louder and larger levels of participant giggles than others. The words below generated majority participant giggles:



All of these words are sex – related indicating that participants may have felt embarrassed, uncomfortable or were not accustomed to talking openly about sex. The findings may also highlight a lack of understanding and knowledge of the words, reinforcing a need for Sahir House to deliver HIV health awareness sessions in young people settings. Educating young people enables them to take responsibility for their own sexual health and to actively protect themselves against STIs and HIV. Notably, during the periods of giggling, majority levels of eye contact from the participants with the speaker/ presentation were recorded.

The age of the participants (15/16) must be kept in mind when considering this finding and the fact that the participants were amongst their peers. These factors are likely to have impacted this finding.

PARTICIPANT QUESTIONS

Questions asked by participants were interesting and insightful findings from the observations. A total of three questions were asked by the participants across the three

settings. For anonymity and ethical reasons the setting at which the questions were asked will not be named in this research report. Asking a question can be interpreted as a demonstration of interest in or engagement with the content of the HIV health awareness sessions by the participants.

A participant asked the speaker;

“What is a femidom?”

The Sahir House professional responded concisely that a femidom is a female condom. This question may indicate that femidoms are not as well-known, or widely discussed as male condoms. A femidom is another protective barrier against STIs, HIV and pregnancy when used correctly and therefore it is important to educate young people about its use, the speaker did this effectively.

The second question asked by a participant was;

“Where does HIV come from?”

Theories behind the origin of HIV are greatly contested and the speaker explained this to the participants. The participant that asked this question can be seen as engaging with the session and also thinking beyond its content.

The third question by a participant was

“Can you have a baby with HIV?”

In this research report this question was interpreted as “If you have HIV can you have a baby?” The member of staff from Sahir House delivering the session explained it is possible and the outlook is optimistic. The Centre for Public Health (2014: 21) reported that between 2003 and 2013 in the UK, only 2% of the 11,885 babies born to HIV positive mothers are thought to be infected with the virus. The speaker also mentioned the possibility of sperm washing for potential HIV positive fathers. This question

demonstrates that the HIV health awareness session was effective in provoking wider thinking amongst the participants about the implications of HIV.

NOTABLE INCIDENT

During one of the observations a participant fainted. Again, for anonymity and ethical reasons the setting at which the incident took place will not be disclosed in this research report. The discussion at the time was centred on the transmission of HIV through the route of unprotected sexual intercourse, at this point it should be noted that the participant has reported feeling faint in previous sex related discussions. However, this reaction may be used to argue a need for more comprehensive and frequent sex education to help young people feel confident and competent when talking about sex to ensure that they make safe sex choices and protect themselves.

QUESTIONNAIRE

QUESTION 1

Do you currently deliver HIV awareness information to your students?

Answered: 10 Skipped: 0

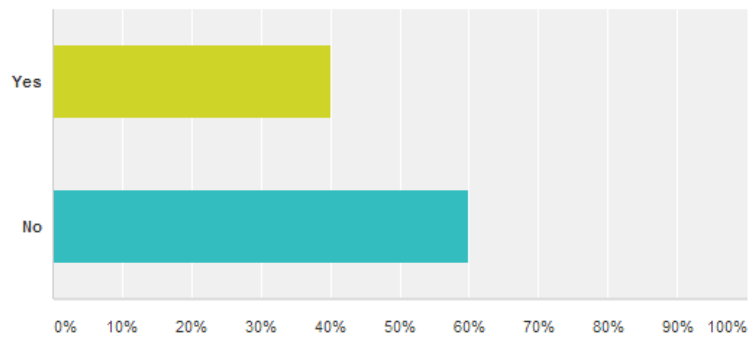


Figure 1: Bar chart representing the number of questionnaire respondents who currently deliver HIV awareness to their students.

This graph indicates that the majority of respondents do not currently deliver HIV health awareness to their students at their respective schools. From this result it can be inferred that there may be a lack of HIV education in schools and that there is an opportunity and a necessity for Sahir House professionals to deliver and expand its HIV health awareness sessions in school settings. Schools play a crucial role in providing HIV education and awareness to young people. AVERT charity (N.D) state;

“Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning information.”

Moral, religious and cultural beliefs endorsed by schools may oppose educating its pupils about HIV and this may account for the difference in the findings for this question. However, it seems logical that the more schools that provide comprehensive HIV information to young people, the better equipped our young people will be in protecting themselves from acquiring and transmitting HIV. Schools impact heavily on shaping the opinions and attitudes of young people, this makes it the ideal setting to dispel and clarify myths and reduce stigmas, prejudices and discrimination surrounding the virus.

QUESTION 2

Are you confident talking about HIV to your students?

Answered: 10 Skipped: 0

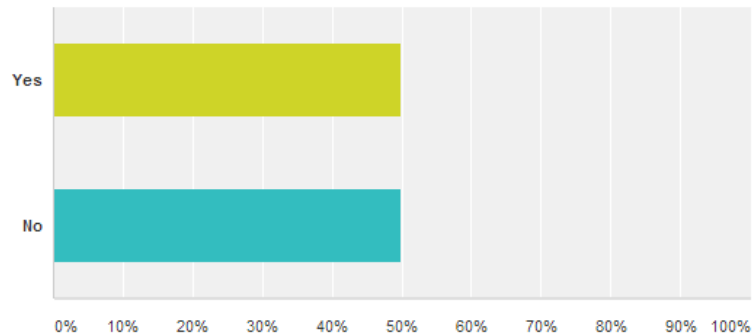


Figure 2: Bar chart showing the number of questionnaire respondents who feel confident talking about HIV to their students.

The findings for Question 2 show an even split between respondents who feel confident talking about HIV to their students and respondents who do not. There are many reasons why teachers may not feel confident talking about HIV; discussions about HIV involve addressing sensitive subjects such as sex and drug abuse and teachers may not feel comfortable or appropriately trained to do so. The informative HIV sessions that Sahir House deliver can take the responsibility away from teachers who do not feel they are confident or comfortable teaching about the subject, and therefore may be extremely useful and beneficial for the respondents who answered 'No' to this question. Sahir House also offer training sessions that teachers and other professionals can attend to increase their own knowledge, this may in turn empower them to talk openly about HIV to others.

Furthermore, there are many reliable and accessible resources and guidance notes available to aid teachers when teaching about HIV. The 'Curriculum & Standards: Sex and Relationship Education Guidance' (Secretary of State, 2000), AVERT website and also the Sahir House website to name a few can all be consulted for accurate, contemporary HIV information, lesson resources and plans designed to help teachers feel more confident talking to students about HIV.

QUESTION 3

Are you confident talking about safer sex to your students?

Answered: 10 Skipped: 0

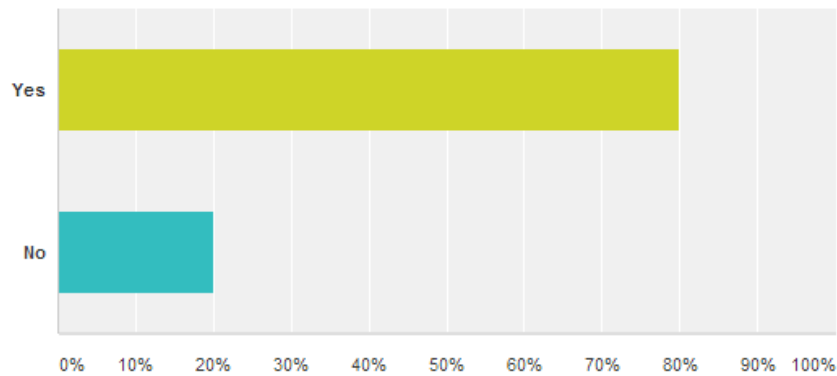


Figure 3: Bar chart representing the amount of questionnaire respondents who feel confident talking to their students about safer sex.

The majority of participants stated that they do feel confident talking about safer sex to their students. If Question 2 is taken into consideration it can be deduced that it is the HIV aspect of sex education specifically that respondents do not feel confident talking to their students about. Teaching safe sex is crucial in enabling young people to protect themselves from acquiring HIV through unprotected sexual intercourse and therefore it is positive that the majority of participants feel comfortable discussing the subject.

However, AVERT (N. D) note;

“Young people are often particularly vulnerable to sexually transmitted HIV, and to HIV infection as a result of drug-use.”

HIV is transmitted through sex fluids, blood (drug use) and breast milk. Inviting a professional from Sahir House into schools to deliver an in-depth HIV health awareness session would ensure all three routes of transmission are covered and give students a wider understanding of the health and social implications of HIV.

QUESTION 4

Would you be interested in inviting Sahir House to deliver a HIV awareness information session to your students?

Answered: 10 Skipped: 0

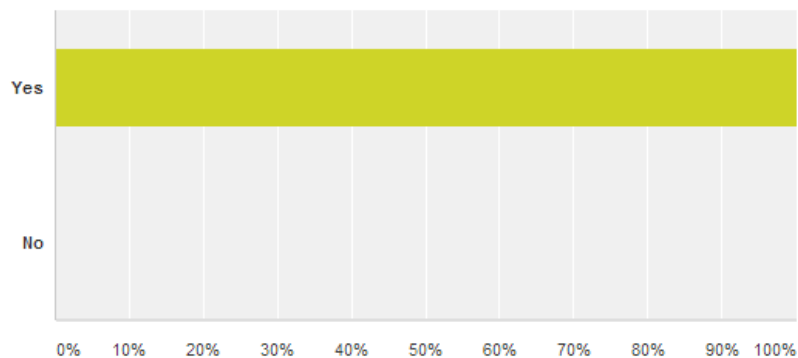


Figure 4: Bar chart indicating the amount of questionnaire respondents who are interested in inviting Sahir House into their school to deliver a HIV awareness information session to their students.

100% of the questionnaire respondents stated that they would invite Sahir House into their secondary school to deliver a HIV health awareness session to their students. This small scale research indicates a strong demand in secondary schools across Merseyside for the HIV educational sessions delivered by Sahir House. It can be inferred from these findings that there is an awareness of the importance of educating young people about HIV and that there is a gap for Sahir House to expand its services. All of the respondents who left their contact details have been contacted by a member of staff from Sahir House.

CONCLUSION

REFLECTION

There were a number of aims for this small- scale research which were set against a backdrop of statistical and theoretical evidence. Reports of an increase in high risk sexual behaviour amongst young people, coupled with the findings of a modest increase of new HIV infections in the age category 15- 24 were the incentive for an evaluation of the HIV health awareness session delivered by Sahir House. The National Curriculum guidelines regarding HIV and sex education were outlined to highlight the absence of crucial HIV and safe sex knowledge. This will allow Sahir House to format its existing HIV health awareness session content and incorporate the missing information to infill these knowledge gaps. Observations were used to evaluate the effectiveness of the educational sessions and to evaluate the levels of engagement with the content by young people participants. Finally, an attempt to establish the requirement of Sahir House was achieved through the method of an online questionnaire.

It became evident throughout the data analysis stage of the research that the patterns in the observational findings were very similar across the three young person settings. Three significant themes emerged through the data, these were; Eye Contact, Giggling and Participant Questions. These themes were common behaviours that recurred in all three of the observations and were used to gauge levels of participant engagement in the HIV health awareness sessions delivered by a member of staff from Sahir House. The behaviours were used to signpost discussions, PowerPoint slides and visual resources that generated majority participant engagement. By the same token, the behaviours also indicated topics which the participants appeared to find disengaging.

The questionnaire provided concise findings in relation to assessing the need / want for Sahir House to deliver HIV health awareness in local schools. 100% of the teacher participants stated that they would be interested in Sahir House delivering an HIV awareness session in their school. This demonstrates the demand of for its health

promotion services. In relation to whether or not Sahir House are 'needed' to deliver its HIV awareness sessions to young people, it should be noted that only half of the respondents stated that they felt confident talking about HIV to their students. Furthermore, the majority of respondents recorded that they do not currently deliver HIV awareness information to their students. It can be seen from these findings that there is a definite need for Sahir House to deliver its HIV awareness sessions to educate young people on how to make safe sex and life choices to prevent themselves against HIV and STIs.

This research seeks to help any future research or projects on HIV health awareness promotion among young people.

RECOMMENDATIONS

Question 4 of the online questionnaire asked participants; **“Would you be interested in inviting Sahir House to deliver a HIV awareness information session to your students?”**

The findings established a unanimous response, every participant answered 'yes' to this question and the majority left their contact details in the text box below. It is recommended that Sahir House stay in contact with these participants, with the aim of organising an awareness and information session in the near future.

As part of the preparation for the online questionnaire, a database was created listing all of the secondary schools across Merseyside and sub-divided into boroughs. This is a useful tool for Sahir House to keep and utilise as it contains the contact details for the schools and therefore could be used for marketing its HIV health awareness sessions.

The final recommendation for Sahir House is to apply for an accredited 'You're Welcome - Young People Friendly' status. 'You're Welcome' is a government initiative which strives to make health services across the UK more accessible and welcoming to young people (Department Of Health, 2007). Sahir House would need to complete a self-review to demonstrate that they adhere to the 'You're Welcome' quality criteria.

The quality criterions cover ten topics and the Department of Health (2007: 2) state that these are;

“based on examples of effective local practice working with young people aged under 20. They should be applied to general and acute health problems, chronic and long-term disease management (such as specialist care for asthma and diabetes) and health promotion.”

This small scale research report produced findings indicating that Sahir House should be eligible, through its work with and training of young people, for the accreditation of ‘You’re Welcome- Young People Friendly’ status. This status would prove beneficial for Sahir House as it would validate the charity as a necessary and effective young person friendly service on Merseyside.

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APPENDIX

- **APPENDIX A:** Learning Agreement
- **APPENDIX B:** Young Person Participation Information Sheet
- **APPENDIX C:** Parent/ Guardian Information Sheet
- **APPENDIX D:** Questionnaire Participant Information Sheet

APPENDIX A

INTERCHANGE

Interchange Portfolio: work-based learning

AGREEMENT FOR RESEARCH/WORK PROJECT

The following is the outcome of a meeting on 07/11/2014 between David Whyte, Academic Supervisor, and Beth Callaghan, student at the School of Sociology, Social Policy & Criminology, University of Liverpool and Serena Cavanagh of Sahir House, 2nd Floor, 151 Dale Street, Liverpool L2 2AH, (t) 0151 237 3989 & (f) 0151 237 3991.

(All parties may comment on the agreement and if any section needs to be altered, a fresh agreement will be issued. Please contact Louise Hardwick or David Whyte, the Project Supervisors, with any comments at the School of Sociology, Social Policy & Criminology, University of Liverpool, Bedford Street South, Liverpool L69 7ZA: Tel 0151 794 2994 or 9989, Fax 0151 794 2997).

1. **Project agreement** between Beth Callaghan and David Whyte of the School of Sociology, Social Policy & Criminology, University of Liverpool and Serena Cavanagh of Sahir House.

2. **Duration of project:** The project will run from October 2014 to May 2015: fieldwork/activity to be completed by February/March 2015.

3. **About the organisation.** Sahir House is “the support, information and training centre offering a wide range of services to individuals and families living with or affected by HIV on Merseyside.” (Sahir House, 2014) Sahir House was established in 1985 and “aims to recognise the stigma and prejudice that surrounds HIV and works in partnership towards a greater understanding of HIV amongst the general public, media and health and social care.” (Sahir House, 2014) It is managed by Tommy McIlravey with the assistance of paid workers and volunteers, and is funded by Heritage Lottery Fund, National Lottery Reaching Communities.

4. **Issues identified:** Sahir House has identified a need for research on their existing HIV awareness training delivered to young people in order to evaluate the student’s engagement with the content, to assess the effectiveness of the training and to suggest any improvements which could be made. Existing funding also runs out in January 2015 and my research project could potentially be used as a bid.

5. **Proposed project:** To

- ② Evaluate the level of engagement by young persons in HIV health education training sessions delivered by Sahir House
- ② Design an online questionnaire for schools which have had no previous contact with Sahir House to gauge the want/ need for Sahir House to go into schools and deliver HIV health awareness training

By means of observation and questionnaires, and to report on findings with recommendations.

6. **Project outcome:** Beth Callaghan will produce a report to be available in draft form by Easter and in its final form in May. The report will be word-processed. Sahir House will receive one copy of the report and have the right to use and copy the report as it wishes, with due acknowledgement being made to the students and to the University of Liverpool.

7. **Permission to reproduce the report:** The students and supervisor will have the right to use the report for academic publication, provided the [name of organisation] is first consulted, and has no objections.

8. **Attendance:** Beth Callaghan will commit the equivalent of one day per week to the project for fieldwork/activities, analysis and writing reports. We have agreed on Fridays.

9. **Training:** Beth Callaghan will attend a HIV awareness and stigma reduction training course on Wednesday 3rd December 2014.

10. **Expenses:** The payment of travel expenses from the University to 151 Dale Street will be provided by Sahir House. Beth Callaghan will be responsible for keeping accurate records of all fieldwork journeys.

11. **Supervision:** David Whyte will be available weekly for supervision throughout the course of the project. Sahir House will be available for consultation by appointment during the fieldwork, and will expect to be consulted over questionnaires and interview schedules, and to be kept informed of progress. Beth Callaghan and Serena Cavanagh will also met for supervisions on 06/02/2015, 06/03/2015

12. **Confidentiality:** Beth Callaghan will work to the British Sociological Association guidelines on ethics and will respect the confidentiality of all information given and abide by the confidentiality procedures of Sahir House. Due attention will be given to the anonymity of informants, and the students will conduct the research in a sensitive manner.

13. **Health and Safety:** The health and safety of students on placement is of paramount importance. Beth Callaghan will on placement abide by and be covered by the health and safety procedures of Sahir House and the students will complete a safety assessment for fieldwork with the supervisor before engaging on their research.

14. **Assessment:** Beth Callaghan will submit the client report to the Department of Sociology, Social Policy & Criminology as part of the assessment for their degree, along with separate individual policy or reflective analysis. Sahir House will be invited to comment on the draft report, and to offer an evaluation of the final report (though this will not affect the academic assessment).

15. **Acknowledgements:** At any time when the report or any part of it is used, proper acknowledgement should be made to the students by name, to the School of Sociology, Social Policy & Criminology, University of Liverpool and to Interchange.

SIGNED _____

(Organisation)

SIGNED _____

(Student)

SIGNED _____

(Academic Supervisor)

DATE _____

A copy of this agreement will be sent to Interchange

APPENDIX B

Young Person Participant Information Sheet

Evaluation of Sahir House's HIV Health Awareness Training for Young People

You have been invited to participate in a research project. Before you decide whether to give consent, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information with care and feel free to discuss it with your family/ guardian and friends. If there is anything that is unclear or you would like more information please ask. I would like to stress that your participation is not compulsory and that you do not have to accept this invitation if you do not want to.

Thank you for reading this.

Who am I?

My name is Beth Callaghan, and I am a third year student at the University of Liverpool. This project has been organised collaboratively by myself, Interchange- a University based charity which enables students to work with local voluntary and community organisations to carry out small scale research and Sahir House- a centre for HIV offering support, information and training for families and individuals across Merseyside who are living with or who are affected by HIV. My academic advisor at the University of Liverpool is David Whyte and my link worker at Sahir House is Serena Cavanagh. I have enclosed both of their contact details and my own at the end of this Participant Information Sheet.

1. What is the purpose of this study?

This collaborative study aims to evaluate the HIV awareness training for young people delivered by Sahir House to evaluate its effectiveness and student engagement in the training.

2. Why have you been chosen to take part?

You have been chosen to participate in this collaborative research because Sahir House has been invited into your school to deliver HIV health awareness training.

3. Do I have to take part?

No. Your participation in this research study is voluntary and you are free to withdraw consent at any stage before the end of February. You may ask me to stop observing the HIV awareness training at any time during the session.

4. What will happen if I take part?

If you give permission to take part in this collaborative research, your participation will involve being observed by me during the HIV awareness training session. I will be evaluating the content of the training and also how students engage with the information. I will be using my findings to suggest new and more engaging/creative methods of delivering Sahir House's awareness training, but also to contribute to a new bid for Lottery Funding as current funding will stop in January 2015.

At the end of the HIV awareness training session Serena Cavanagh will be available to de-brief you if you have any queries or questions.

5. Expenses and / or payments

There are no expenses and / or payments involved in this collaborative research.

6. Are there any risks in taking part?

Any potential risks in this research are minimal day to day life risks. If you felt any did occur Serena Cavanagh would be happy to de-brief you and answer any queries or questions you may have. You can also contact David Whyte.

7. Are there any benefits in taking part?

Observing the HIV awareness training and how young people engage with the content will help Sahir House to deliver improved, more creative awareness training sessions in the future.

8. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting David Whyte 0151 7942989 or Serena Cavanagh 0151 2373989 and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

9. Will my participation be kept confidential?

If you consent to participate in this collaborative research your participation will be confidential and your identity will be anonymised in my research report. Any data will be stored safely and securely on the University's 'M' drive. At the end of this project, any stored data will be destroyed.

10. What will happen to the results of the study?

The results of this collaborative research study will be written into a report which you can request access to through the University of Liverpool and Sahir House.

11. Who can I contact if I have further questions?

My details: Beth Callaghan

E-mail: hsbcalla@student.liverpool.ac.uk

Academic Advisor: David Whyte

(t) 0151 7942989

E-mail: whyted@liverpool.ac.uk

Link worker: Serena Cavanagh

(t) 0151 2373989

E-mail: Serena@sahir.uk.com#

12. Disclosure and Barring Service (DBS) check

To ensure the safety and protection of participants I will obtain a voluntary DBS check. Please feel free to request evidence of my DBS check from my academic advisor.

APPENDIX C

PARENT/GUARDIAN PARTICIPANT INFORMATION SHEET

Evaluation of Sahir House's HIV Health Awareness Training for Young People

Your child/ young person is invited to participate in a research project. Before you decide whether to give consent, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information with care and feel free to discuss it with others if you wish. If there is anything that is unclear or you would like more information please ask. I would like to stress that your child's participation is not compulsory and that you do not have to accept this invitation if you do not wish to.

Thank you for reading this.

Who am I?

My name is Beth Callaghan, and I am a third year student at the University of Liverpool. This project has been organised collaboratively by myself, Interchange- a University based charity which enables students to work with local voluntary and community organisations to carry out small scale research and Sahir House- a centre for HIV offering support, information and training for families and individuals across Merseyside who are living with or who are affected by HIV. My academic advisor at the University of Liverpool is David Whyte and my link worker at Sahir House is Serena Cavanagh. I have enclosed both of their contact details and my own at the end of this Participant Information Sheet.

1. What is the purpose of this study?

This collaborative study aims to evaluate the HIV awareness training for young people delivered by Sahir House to evaluate its effectiveness and student engagement in the training.

2. Why has your child/ young person been chosen to take part?

Your child/ young person has been chosen to participate in this collaborative research because Sahir House has been invited into your child's/ young person's school to deliver HIV health awareness training.

3. Does my child/ young person have to take part?

No. Participation in this research study is voluntary and you are free to withdraw consent for your child/ young person at any stage before the end of February. The attendance of your child/ young person at the HIV awareness training session shows your consent for their participation in this collaborative research.

4. What will happen if my child/ young person takes part?

If you give permission for your child/ young person to take part in this collaborative research, their participation will involve being observed by me during the HIV awareness training session. Before the session begins a Participant Information Sheet similar to this one will be handed to the participants outlining what their participation will involve. Their joint consent to participate is important. I will be evaluating the content of the training and also how the students engage with the information. I will be using my findings to suggest new and more engaging/creative methods of delivering Sahir House's awareness training, but also to contribute to a new bid for Lottery Funding as current funding will stop in January 2015.

At the end of the HIV awareness training session Serena Cavanagh will be available to de-brief the student participants and answer any questions or discuss any concerns which may arise.

5. Expenses and / or payments

There are no expenses and / or payments involved in this collaborative research.

6. Are there any risks in your child/ young person's participation?

Any potential risks in this research are minimal day to day life risks. If any did occur Serena Cavanagh would be happy to de-brief the participant and answer any questions they may have. You can also contact David Whyte.

7. Are there any benefits in your child/ young person's participation?

The research aims to contribute to the improvement of Sahir House's HIV training and awareness for the future.

8. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting David Whyte 0151 7942989 or Serena Cavanagh 0151 2373989 and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

9. Will the participation of my child/ young person be kept confidential?

If you consent for your child/ young person to participate in this collaborative research their participation will be confidential and their identity will be anonymised in my research report. Any data will be stored safely and securely on the University's 'M' drive. On the completion of this project, any stored data will be destroyed.

10. What will happen to the results of the study?

The results of this collaborative research study will be written into a report which you can request access to through the University of Liverpool and Sahir House.

11. Who can I contact if I have further questions?

My details: Beth Callaghan

E-mail: hsbcalla@student.liverpool.ac.uk

Academic Advisor: David Whyte

(t) 0151 7942989

E-mail: whyted@liverpool.ac.uk

Link worker: Serena Cavanagh

(t) 0151 2373989



E-mail: Serena@sahir.uk.com#

12. Disclosure and Barring Service (DBS) check

To ensure the safety and protection of participants I will obtain a voluntary DBS check. Please feel free to request evidence of my DBS check from my academic advisor.

APPENDIX D

QUESTIONNAIRE PARTICIPANT INFORMATION SHEET

Evaluation of Sahir House's HIV Health Awareness Training for Young People

You are invited to participate in a research project. Before you decide whether to give consent, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information with care and feel free to discuss it with others if you wish. If there is anything that is unclear or you would like more information please ask. I would like to stress that your participation is not compulsory and that you do not have to accept this invitation if you do not wish to.

Thank you for reading this.

Who am I?

My name is Beth Callaghan, and I am a third year student at the University of Liverpool. This project has been organised collaboratively by myself, Interchange- a University based charity which enables students to work with local voluntary and community organisations to carry out small scale research and Sahir House- a centre for HIV offering support, information and training for families and individuals across Merseyside who are living with or who are affected by HIV. My academic advisor at the University of Liverpool is David Whyte and my link worker at Sahir House is Serena Cavanagh. I have enclosed both of their contact details and my own at the end of this Participant Information Sheet.

1. What is the purpose of this study?

This collaborative study aims to evaluate the HIV awareness training for young people delivered by Sahir House to evaluate its effectiveness and student engagement in the training.

2. Why have I been chosen to take part?

You have been chosen to participate in this collaborative research because Sahir House has previously been invited into your school to deliver HIV health awareness training to pupils.

3. Do I have to take part?

No. Participation in this research study is voluntary and you are free to withdraw consent at any stage before the end of February. If you do not wish to participate do not answer the questionnaire. By answering and e-mailing back the completed questionnaire you are giving consent to participate.

4. What will happen if I take part?

If you consent to take part in this collaborative research, your participation will involve completing a short questionnaire which should take you no longer than five minutes to complete. You will be asked questions on whether or not you have heard of Sahir House prior to this study, or if you are aware of the services and information they provide. You will also be asked if you think their HIV health awareness training would be useful in your school and also to outline your current HIV awareness training. If you have any queries or questions after completing the questionnaire please feel free to contact Serena Cavanagh and she can discuss them with you further via e-mail or over the phone.

5. Expenses and / or payments

There are no expenses and / or payments involved in this collaborative research.

6. Are there any risks in taking part?

Any potential risks in this research are minimal day to day life risks. If any do occur Serena Cavanagh would be happy to de-brief you and answer any questions or queries you may have. You can also contact David Whyte (see contact details below. No.11).

7. Are there any benefits in taking part?

The research aims to contribute to the improvement of Sahir House's HIV training and awareness for the future.

8. What if I am unhappy or if there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting David Whyte 0151 7942989 or Serena Cavanagh 0151 2373989 and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

9. Will my participation be kept confidential?

If you consent to take part in this collaborative research your participation will be confidential and your identity will be anonymised in my research report. Any data will be stored safely and securely on the University's 'M' drive. On the completion of this project, any stored data will be destroyed.

10. What will happen to the results of the study?

The results of this collaborative research study will be written into a report which you can request access to through the University of Liverpool and Sahir House.

11. Who can I contact if I have further questions?

My details: Beth Callaghan

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