POLICY STRUCTURES USED TO FACILITATE SCHOOL BASED HIV/AIDS EDUCATION PROGRAMS IN AUSTRALIA AND CANADA : A REPORT ON THE AUSTRALIAN COMPONENT OF A COMPARATIVE POLICY PROJECT

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Introduction

In recent times, Australian educational policy makers have been attracted to the concept of national consistency as a guiding principle for the school curriculum. The reasons for this attraction have been analysed and interpreted variously (Kennedy, 1989; Macpherson, 1990; Bartlett, 1991). Arguments advanced by policy makers in support of national consistency have focussed on the need to facilitate the transfer of students across education systems, the need to reduce duplication of effort and the need to utilise scarce financial resources more efficiently. These arguments may have some social and economic validity but it has always been difficult to regard them as serious grounds for concerted national action. Such arguments also pale into insignificance when compared with genuine national priorities. All young Australian men and women, for example, should be guaranteed access to knowledge, skills and attitudes relating to HIV/AIDS irrespective of where they live or where they go to school. The need to develop school based HIV/AIDS education programs, therefore, provides a compelling reason for adopting a national approach to this aspect of the school curriculum.

Mechanisms to facilitate national approaches to curriculum have been in place in Australia since at least 1973 but particularly since 1988 (Kennedy, 1992). The support of Australian policy makers for national approaches to curriculum provided the context for the Australian component of a larger project seeking to compare policy structures used to facilitate school based HIV/AIDS education programs in Australia and Canada. The Australian study has attempted to describe and analyse the formal policy structures used in a Federal system of government that since 1983 has promoted cooperative federalism as a policy mechanism to deal with a range of educational issues. This paper reports on the outcomes of that study.

Issues Confronting Education Policy Development in Federal Systems of Government

Kee and Shannon (1992:328) in reviewing the current state of the Federal system of government in the United States have pointed out that politicians are :

driven to promise anything but severe pain..(they) have no public mandate to take highly painful but necessary corrective actions. Crises create the painful, consensus-generating mandates.

A crisis of a very particular kind was the onset of the HIV/AIDS virus, described by one US commentator as "a massive national emergency "(Slack, 1992:81) In both Australia and Canada it was seen to be a national issue that demanded a national educational response. Governments in both countries responded accordingly in the latter part of the 1980's. One part of the response was the development of school based HIV/AIDS education programs. A significant issue facing both governments was how to facilitate such programs given the historical division of powers in a Federal system.

In Australia the Federal and State/Territory governments have increasingly resorted to the use of intergovernmental mechanisms to circumvent the constraints of a federal system has been common place. The Canadian experience of federalism has been closer to that defined by Wheare (1946). He suggested that the historical allocation of powers within a federal system should be seen as the hallmark of federalism and that the independence of the different levels of government should be maintained at all costs. Governments in Australia and Canada, therefore, faced the issue of school based HIV/AIDS programs with different mind sets and different experiences of federalism. The present paper addresses this issue directly as it applies to Australia.

There remains, however, a more fundamental issue that has been raised by (Rivlin, 1992:17). Reflecting on the changing nature of federalism in the US, she has gone so far as to suggest that national approaches to educational policy may well be counter productive. The reasons she advanced are worth quoting :

There are other activities, however, for which national uniformity is a liability. They are likely to succeed only if they are well adapted to local conditions, have strong local support and community participation, and managed by accountable officials who can be voted out if things go badly. With respect to these programs, top down reform by means of a federal program with rigid nation-wide rules is likely to do more harm than good.

Improving education is a challenge that cannot be met at the national level.

Rivlin's (1992) position moves beyond the constitutional issue of whether national education policies can be formulated in a federal system to the

more significant educational issue of whether such policies are effective. While the present paper has not been able to address this issue, it remains a significant one for educational policy makers.

Policy Mechanisms - Intergovernmental Relations

The use of intergovernmental mechanisms to overcome the difficulties of reaching national consensus in a Federal system of government has been a feature of Australian federalism that has attracted recent comment (Wiltshire 1986, Galligan, Hughes & Walsh, 1991, Saunders, 1991). In particular, the use of ministerial councils has proven a popular means by which executive members of governments with similar responsibilities have been brought together to debate issues and determine common courses of action. Between 1966 and 1986 the number of these councils more than doubled (Sharman, 1991:30). It was just such a mechanism that was used to pursue the implementation of a national strategy for HIV/AIDS.

Three intergovernmental forums have played a role in the implementation of a national strategy for HIV/AIDS. The most significant has been the Australian Health Ministers' Advisory Council comprising the Ministers of Health from the Federal, State and Territory governments. It established the Intergovernmental Committee on AIDS as a sub-committee to provide "a forum for regular Federal-State liaison on policy, finances, programs an activities related to HIV/AIDS (Intergovernmental Committee on AIDS, 1991 : 5). It is of particular interest to note that at a meeting of the sub-committee on 2 November 1989 it was agreed in relation to funding for Education and Prevention that : (Intergovernmental Committee on AIDS, 1991 :57)

the priority for the States must be to funding community organisations and members of target groups to provide community education and peer education for high risk groups.

This signalled that school based HIV/AIDS education programs were not seen as a national funding priority in the same way as community based programs were to be.

The second intergovernmental mechanism to be utilised was the Australian Education Council(AEC), the regular meeting of Federal, State and Territory Education Ministers.. It was very much a secondary mechanism compared to the Australian Council of Health Ministers. Its role came to be one of monitoring school based curriculum for HIV/AIDS although this was not explicitly stated in the policy paper announcing the National HIV/AIDS Strategy. It is of particular interest to note in terms of reviewing school based HIV/AIDS programs that the impetus came from the Health rather than the Education portfolios at the Federal level. This is perhaps natural considering the nature of the problem but it meant that from the beginning school based programs had their advocacy from health portfolios at both

Federal and State/Territory levels and health budgets.

The relative sidelining of the AEC had another significant implication. It was the AEC that developed the mechanisms for national approaches to the school curriculum and that set priorities for such approaches. This process commenced in late 1988 with certain curriculum areas being allocated resources for development. Timelines eventually were extended to 1993 to include eight major curriculum areas. The location of HIV/AIDS education outside of this process and within health portfolios meant that the policy mechanisms available for facilitating national approaches to curriculum were not directly available.

A third intergovernmental mechanism to be used was the Curriculum Corporation, a company jointly owned by the Federal and State Ministers for Education (except the NSW Minister). This is a relatively new type of intergovernmental mechanism and it had a particular brief for developing curriculum materials that could be used across State/Territory boundaries. The Curriculum Corporation was given a significant role in terms of the national strategy and one which meant that all schools would have had access to high quality educational materials about HIV/AIDS. Its success in handling this brief will be discussed later in the paper.

The national strategy for HIV/AIDS in Australia was located firmly within government policies, priorities and programs. Government funds were made available to both government and non-government groups but always through the mechanisms of a government agency. In this sense, the problems associated with HIV/AIDS in Australia were clearly owned by the Federal , State and Territory governments. In terms of the present paper, it is important to understand that it was seen as a health rather than an education initiative although education bureaucracies were not excluded. The implications of the ownership of the initiative will be discussed later .

Policy Framework - The National Strategy

In 1989 the Federal government released the National HIV/AIDS Strategy with a clear statement about the responsibilities of different levels of government:

Commonwealth and State governments have a shared responsibility in HIV/AIDS issues. In addition to specific responsibilities for the operation of health-care institutions and the delivery of health and community services, States are concerned that policies and programs reflect their priorities. The Commonwealth has the responsibility to ensure that national goals and priorities are pursued and are accessible to all Australians. (p.89)

This is almost a classic statement of responsibilities within the Australian federal system and reflects a cooperative rather than a coercive approach to federalism. It fits the tone of the introduction to the Strategy where it is declared that it is "a Strategy for all Australian

governments and all Australian people"(p.3). A national approach to HIV/AIDS issues in Australia has been one in which governments have worked together while still respecting jurisdictional responsibilities.

This partnership can be seen in the approach taken to school based HIV/AIDS programs in the Strategy. On the one hand, the role of the States was well defined :

The States can contribute to the education of young people by using curricula which are honest, explicit and comprehensive about the options available for preventing HIV infection and about the care and treatment of HIV-infected students.

Yet there was also a role for the Federal Department of Employment Education and Training (DEET) that was to :
arrange for the assessment of the curriculum, and development of teaching materials for teachers and students through the Curriculum Corporation of Australia, a jointly owned company of the Commonwealth and State Ministers of Education. .... DEET, in conjunction with DACHAS, will report on the implementation of HIV-related curricula in schools.

Given that the Federal government has no constitutional responsibility for education, the role described here may seem unusual since it is virtually an assessment and reporting role. Yet the timing of the Strategy needs to be considered. By mid-1989, the Federal government was exerting enormous influence on curriculum policy through the intergovernmental mechanism of the Australian Education Council - the regular meeting of Federal and State/Territory Ministers of Education (Kennedy, 1991; Kennedy & Hopmann 1992). There was considerable talk of a 'nationally consistent' approach to curriculum and the role ascribed to DEET in relation to HIV/AIDS curriculum seems to fit this concept.

The national strategy for school based HIV/AIDS education was basically one in which the States/Territories retained their traditional responsibility for school programs with the addition of matched funds being available for specific initiatives. The Federal government also accepted a monitoring and evaluation role in relation to curriculum and teaching materials. How did the Strategy work out in practice?

The Context of Policy Implementation

Funding Constraints

Funding constraints were a significant problem facing all governments in the latter part of the 1980s. They are a particular problem in Australia where vertical fiscal imbalance has been identified as one of the most significant issues facing the federal system (Galligan Hughs and Walsh, 1991). It does not appear that HIV/AIDS education escaped the problem. In

reporting on their initiatives in 1991, three States /Territories (Northern Territory, New South Wales and Queensland) indicated that an important factor in facilitating HIV/AIDS education programs was funding from an external source-usually the Department of Health. The Australian Capital Territory indicated that lack of financial assistance was an inhibiting factor and South Australia indicated that a "reasonable budget" had enabled the development of resources and the provision of teacher relief days. Western Australia also relied on a Health Education Officer in the Department of Health while Tasmania appeared to be the only state with an Education Department financially committed to HIV/AIDS education (Department of Community Services, Housing and Health, 1991.

The significance of funding was also highlighted by Kidd and Rhodes(1992: 14):

It would appear that those states and territories which have had the most consistent support through the MFP[Matched Funding Program] have some of the most tangible achievements. For example, South Australia has a strongly developed program with ample print resources for teachers, strong levels of support and well documented evaluation. Tasmania has an effectively implemented health program with a very high profile in the state. Both states are however relatively small and in both there were already established programs and funding commitments before the National HIV/AIDS Strategy had been written.

The most significant issue to emerge here is that the Strategy, by leaving school based HIV/AIDS education programs to the States left it up to State Governments and their bureaucracies to find the funds for the new priority. One indication of the extent of State/Territory commitments can be seen by examining the use that was made of the Matched Funding Program where States were required to match Federal funds on a dollar for dollar basis.

Table 1 indicates the extent of support for school based HIV/AIDS education programs through the Matched Funding Program from 1989-1991 (Intergovermental Committee on AIDS, 1992:14, 26, 27):

Table 1 : Matched Funding Program[MFP] for Education and Prevention, 1989/90; 1990/1991

FUNDS		
Total	Allocations for Sexually Active Young People	Allocations for School Based Programs

1989/90			
15 663, 643	1 539 569	636 000*	
1990/91			
21 872 140	1 721 911	831 000+	

* Based on Kidd and Rhodes (1992: 36).
+ This figure is at odds with that reported in Intergovernmental Committee on AIDS (1992:27). I have relied on the more detailed data provided in Kidd and Rhodes (1992: 36).

These grants were matched with State/Territory funds. Yet not all grants went to Education Departments and not all States/Territories applied for grants since in doing so there had to be a commitment of local resources. The distribution of MFP funds across States and territories and portfolio responsibilities within these jurisdictions can be seen in Table 2 (Kidd and Rhodes, 1992 : 36) :

Table 2 : Distribution of MFP Grants 1989/1990;1990/1991

State/Territory	1989/90		1990/1991		TOTAL
	Health	Education	Health	Education	
ACT	-	-	-	-	-
NSW	-	271000		61000	332000
VIC	-	-	-	-	-
NT	39000	-	-	-	39000
SA	50000	250000	-	263000	563000*
WA	24000	-	61000	-	85000

QLD	83000	-	91000	-	174000
TAS	-	140000	-	120000	260000
NON GOVT	-	4000	-	10000	14000

* This figure is at odds with that reported in Kidd & Rhodes(1992 : 11) but is consistent with a revision of the figures provided in a personal communication relating to Kidd &Rhodes (1992 : 36).

Table 2 indicates that in only three States (New South Wales, South Australia and Tasmania) were Education Departments the recipients of MFP funds to provide school based HIV/AIDS education programs with the emphasis in all cases on teacher training (Kidd and Rhodes, 1992 : 36). In another three States/Territories (Northern territory, Queensland and Western Australia) Health Departments received MFP funds for school based programs. In Victoria and the ACT there were no funds used from the MFP programs. In all, this entailed a commitment from State/Territory governments of $1,467,000 over a two year period. Given that South Australia and Tasmania had already committed funds to HIV/AIDS education programs prior to the release of the Strategy (Kidd & Rhodes, 1992 : 14), it does not seem that the other governments altered their funding and program priorities in any significant way to take account of HIV/AIDS education. In other words, support for school based HIV/AIDS education programs had to come largely from within existing resources.

A further issue to emerge from these figures is the extent to which matched grants were overwhelmingly directed at government rather than non-government bodies for the purpose of school based programs. Given that 25% of Australia's students are educated in non-government schools this should give some cause for concern.

Constraints on Mandating Curriculum Requirements

The Strategy had reinforced the traditional division of powers between the Federal and State/Territory governments In so doing, it needs to be understood that there is no consistency in general curriculum policies across State/territory jurisdictions. This is especially the case in relation to mandatory requirements. Table 1 indicates the extent of mandatory curriculum requirements across all States and Territories and across administrative divisions . Information contained in Table 3 is based on Australian Education Council (1988: 15, 24, 50):

Table 3: Mandated Curriculum Requirements Across States and Territories

State/Territory	ACT	NT	NSW	QLD	SA	TAS	VIC	WA
Elementary	No	Yes	Yes	Yes	Yes	No	No	Yes
Junior Secondary		No	Yes	Yes	No	Yes	Yes	No	Yes
Senior Secondary		No	No	Yes	No	No	No	Yes	Yes

Table 3 indicates that the capacity of State governments to make HIV/AIDS education compulsory within their jurisdiction is limited by existing curriculum policies. Goldman and Goldman (1991: 18-19) commented on this problem with specific reference to HIV/AIDS education:

Since awareness of STDs and AIDs in particular, as a danger to the young, has developed, strong statements have been made by Ministers of Health and Education asserting the need to make Health Education available to all students. The terms "compulsory', "mandatory" and "required" have sometimes been used to support such statements as "every child has the right to a comprehensive Health Education curriculum". Beyond the rhetoric the reality is that this intent is limited by the dilution of central authority. Western Australia, with its centrally planned well structured Health Education program established over many years appears to be losing ground, particularly at the secondary school level... South Australia's Department of Education has a "strong expectation" that all students will have a comprehensive health course, and ACT makes only the minimal of "requirements". Some authorities such as Tasmania appear to have retained some effective control from the centre and use the word "compulsory"; NSW has declared HIV/AIDS Education mandatory for Year 12 students. Some authorities, however, through their officials point out that no subject is compulsory. Compulsion they assert is an alien concept in Australian education.

Thus the intention of the Strategy to reserve responsibility for school based HIV/AIDS education programs to the States has meant that at the level of central policy determination there has been a varied response in each of the States/Territories. For the most part, such programs have not become compulsory for all students (for example in Western Australia, South Australia, Queensland, Northern Territory and the Australian Capital Territory). Decisions about the mandatory nature of such programs in these jurisdictions rest largely with schools and their communities.

The curriculum policy and funding constraints in which various States operate has not prevented the development of policy statements and teaching materials to support the general principle of school based HIV/AIDS education programs. All States and Territories either had HIV/AIDS policies or were in the process of finalising them by the end of 1991. In addition, educational materials relating to HIV/AIDS education have been prepared centrally by all States and Territories with the exception of the Australian Capital Territory where there was an emphasis on teacher produced or adapted materials (Department of Community Services, Housing and Health, 1991). In spirit, at least, there was clear support for the development of school based programs although this did not extend to the mandating of those programs for all students and for the most part it did not extend to providing additional funds.

The Federal Education Effort

The Strategy gave three tasks related to school based HIV/AIDS education programs to the Federal government through the Department of Employment Education and Training (DEET) : the assessment of HIV/AIDS curriculum, provision of teaching materials, through the Curriculum Corporation, and reporting on the implementation of HIV/AIDS curricula. Kidd and Rhodes (1992 : 22) have indicated that DEET did prepare a report for the Australian Education Council on the implementation of school based HIV/AIDS education programs containing information from both government and non government school systems. Yet it has not been made publicly available so that it is not possible to draw on it for any evaluative information. The Curriculum Corporation has not produced any teaching materials and DEET has not made any assessment of existing materials or curriculum provision (Kidd and Rhodes, 1992 : 22). DEET seems to have marginalised itself in this process. Kidd and Rhodes'(1992 : 24) comment is very relevant :

DEET's reporting function appears to lack relevance and value in broad terms. In 1992 the state and territory education systems began to provide Qualitative Reports to the Commonwealth Communicable Diseases and HIV/AIDS Branch. This may be a more realistic way to proceed until 1994.

These comments apply equally to DEET's curriculum assessment and materials development role as well. The Strategy simply provided DEET with a role it could not fulfil. The problem may have been one of financial resources since very few funds were provided for portfolios other than Health ($250,000 for DEET/DILGEA/HREOC in 1988/89 rising to $500,000 per year for each successive financial year until 1992/1993 : p.93). Without financial resources it could not be a priority and does not seem to have been made one.

National Curriculum - the Way for the Future?

Although HIV/AIDS education itself did not become the subject of national curriculum development, one of the eight priority areas for development was Health and Personal Development. Kidd and Rhodes (1992 : 28) seem to place

considerable faith in this development. By June 1993 there will be a National Curriculum Statement in Health and Personal Development and this will be accompanied by Assessment Profiles that will be designed to enable achievement across State/Territories to be compared. Kidd and Rhodes(1992 : 28) comment that :

Education departments need to maintain HIV/AIDS education focus until 1994 when he National Collaborative Health Curriculum will become a priority for schools across Australia...Continued involvement with the National Collaborative Curriculum is essential to ensure the health Brief, Profiles and Statement contain essential elements in structure ,concept and content.

The assumption here is that a national curriculum will mandate the teaching of HIV/AIDS, But will it? It is not at all clear that national curriculum statements will mandate anything (Kennedy, 1992). A recent report on the implementation of the National Curriculum Statement on Mathematics indicates that while considerable professional effort goes into dissemination of the documents, that State/Territory education authorities have not yet seen fit to give up their own mathematics curriculum and adopt the National Statement (Stephens and Reeves, 1992). Thus there seems little reason to hope that the development of National Curriculum Statement in Health and Personal Development will either lead to making HIV/AIDS education mandatory or that it will in any way increase funding to the area. It will simply be another encouragement rather than a tool for compulsion.

A more significant national initiative appears to be the National Schools Indicators Project (Kidd and Rhodes, 1992 : 22). This has the potential to provide data on the activities of all schools and provide a measure that will indicate the extent of implementation of HIV/AIDS programs at the school level. The advantage of such an approach is that it has the potential to provide data on all school whereas to date the non government sector seems to have been excluded from consideration. This is not to say nothing is happening in that sector (Kidd and Rhodes (1992) indicate that there is) but any national strategy should include all Australians - including the 25 % of students who attend non-government schools.

Conclusion

The National HIV/AIDS Strategy declared the HIV/AIDS epidemic to be in need of national action. In terms of school based programs in Australia this has meant relying on existing financial resources and existing curriculum policy structure in States/ Territories to implement the strategy at the school level. There is evidence that progress has been made in terms of local policy development and the production of teaching materials. Yet the teaching of HIV/IDS education in schools is mandatory in only two Australian states(New South Wales and Tasmania). While increased financial resources have been made available to some States/Territories, they have not been made available to all of them. What has been achieved has been

done so within existing financial resources and priorities. It does not appear that Australian education authorities have taken the epidemic as seriously as the Australian press made it out to be in the period leading up to the publication of the Strategy (Lupton, 1992).

There are no guarantees that all Australian students have access to information about HIV/AIDS education as we approach the mid-1990s. School education developments can only be described as haphazard and fragmented. This might be expected within a federal system, but it seems counterproductive to the notion of a national strategy designed to promote national action in an area of considerable community concern. It also runs contrary to strong support at policy level for national approaches to curriculum. The mechanisms developed to facilitate national approaches to curriculum in Australia have not been used in relation to HIV/AIDS except in as much as the topic will be incorporated in the National Curriculum Statement on Health and Personal Development. Could it be that the National HIV/AIDS Strategy, at least as far as school based programs are concerned, is just another act of political symbolism the purpose of which has been described so well by Weiler (1988). The creation of a political symbol eliminates the need for action and there certainly has been no nationally consistent action in relation to school based HIV/AIDS education.

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