

# The Forgotten Children Prevention in School

Vilnius 26<sup>th</sup> November 2009

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# Some European health trends in pupils

The Health behaviour in School Aged Children survey (HBSC)

- 41 countries
- Self reported questionnaire
- 4 year cycle
- 200,000 pupils 11, 13 and 15 year olds
- Looks at health behaviours and health determinants

HEALTH POLICY FOR CHILDREN  
AND ADOLESCENTS, NO. 5

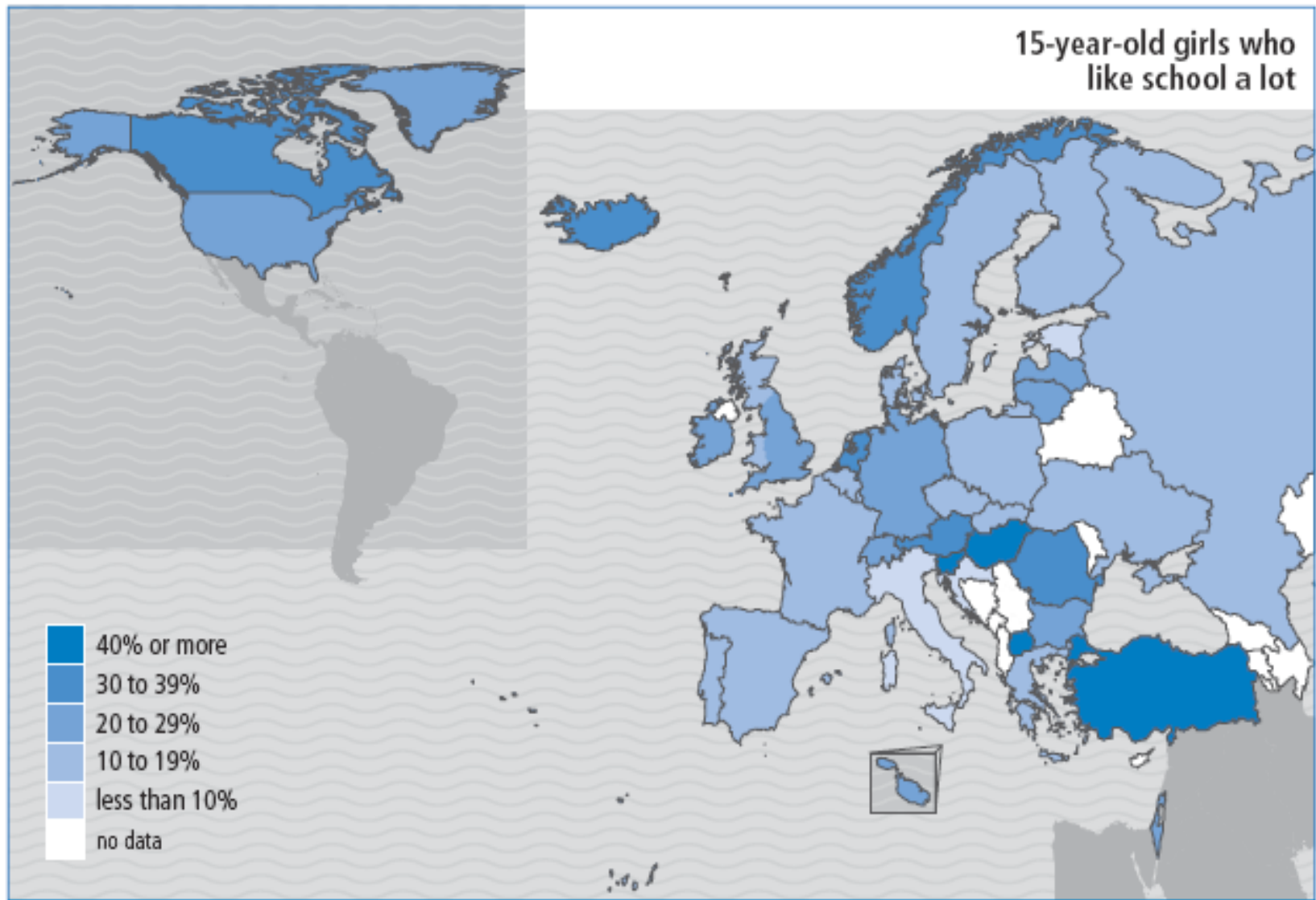


**INEQUALITIES IN YOUNG  
PEOPLE'S HEALTH**

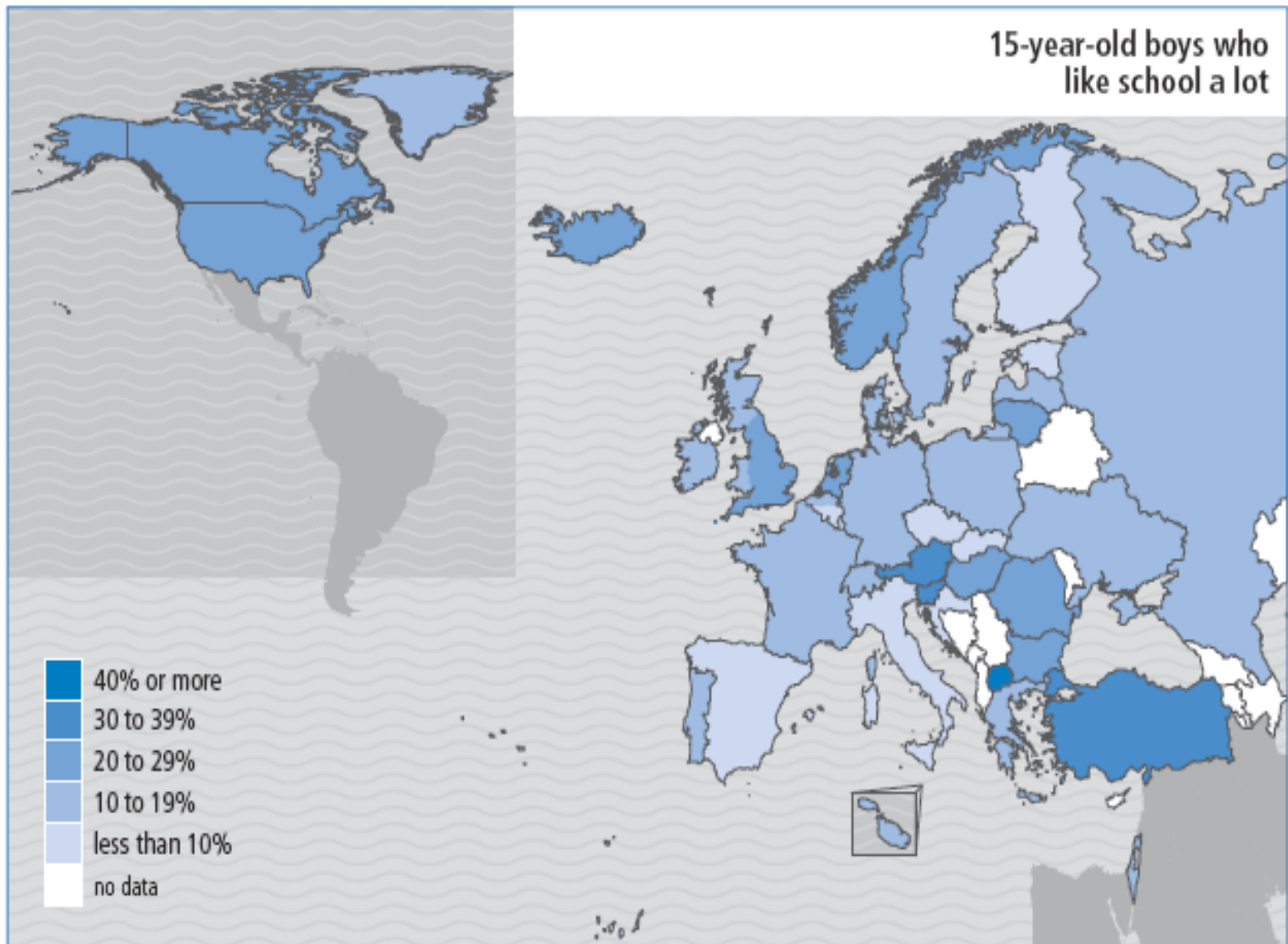
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN  
INTERNATIONAL REPORT FROM THE 2005/2006 SURVEY



### 15-year-old girls who like school a lot

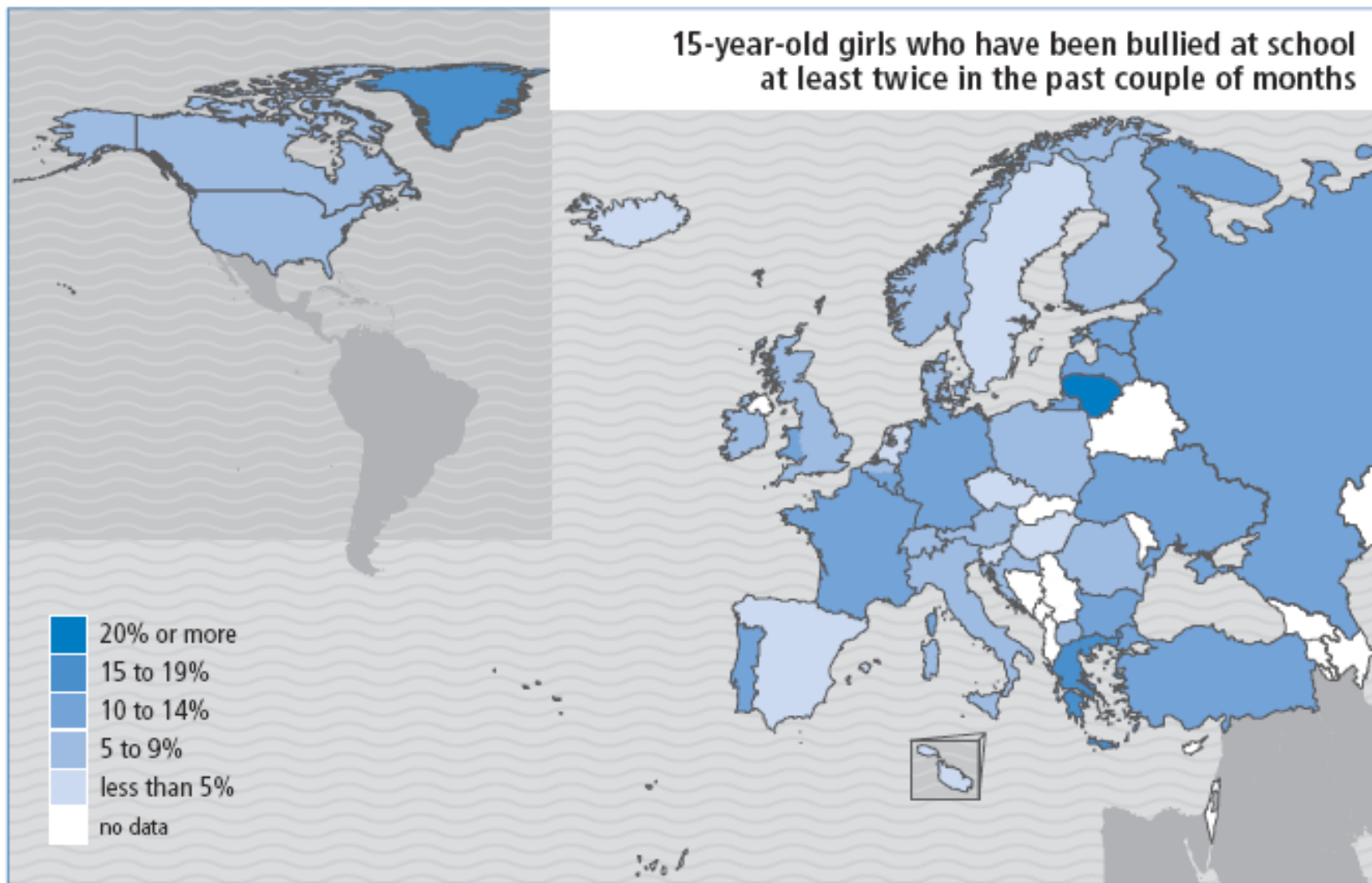


UNESCO provided disaggregated data for Belgium and the UK; these data are not shown on the map.



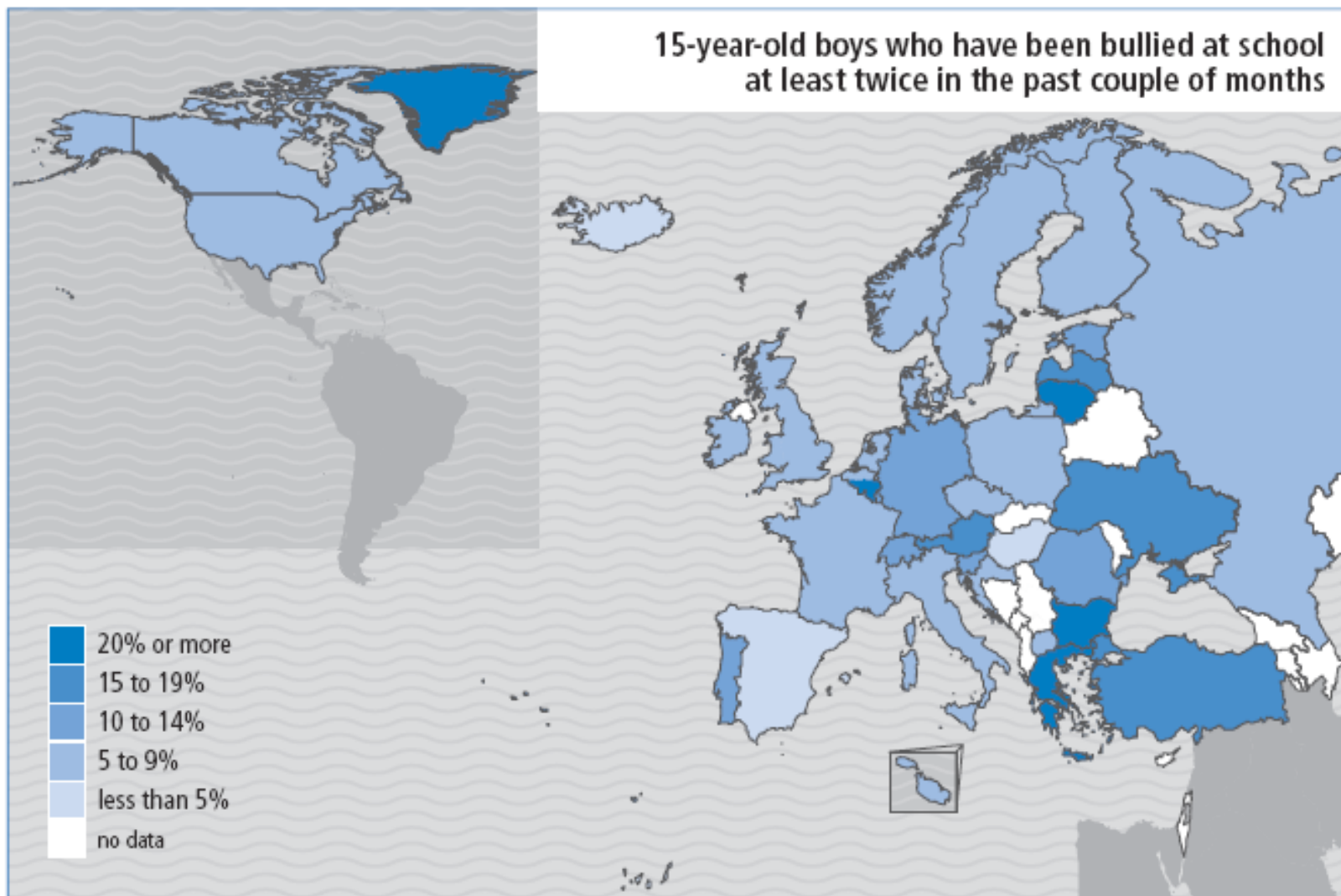
HBC teams provided disaggregated data for Belgium and the UK; these data appear in the map above

### 15-year-old girls who have been bullied at school at least twice in the past couple of months



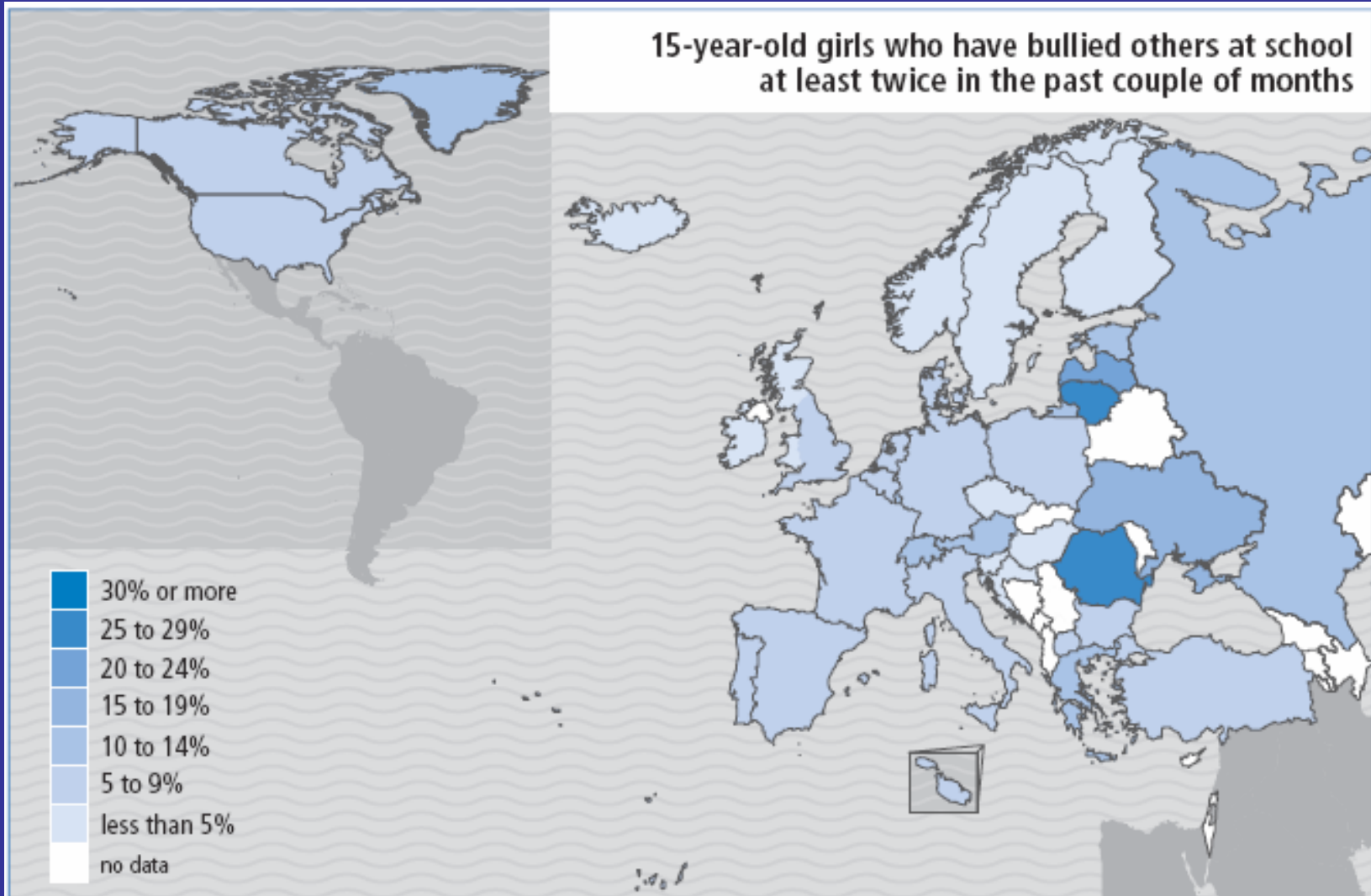
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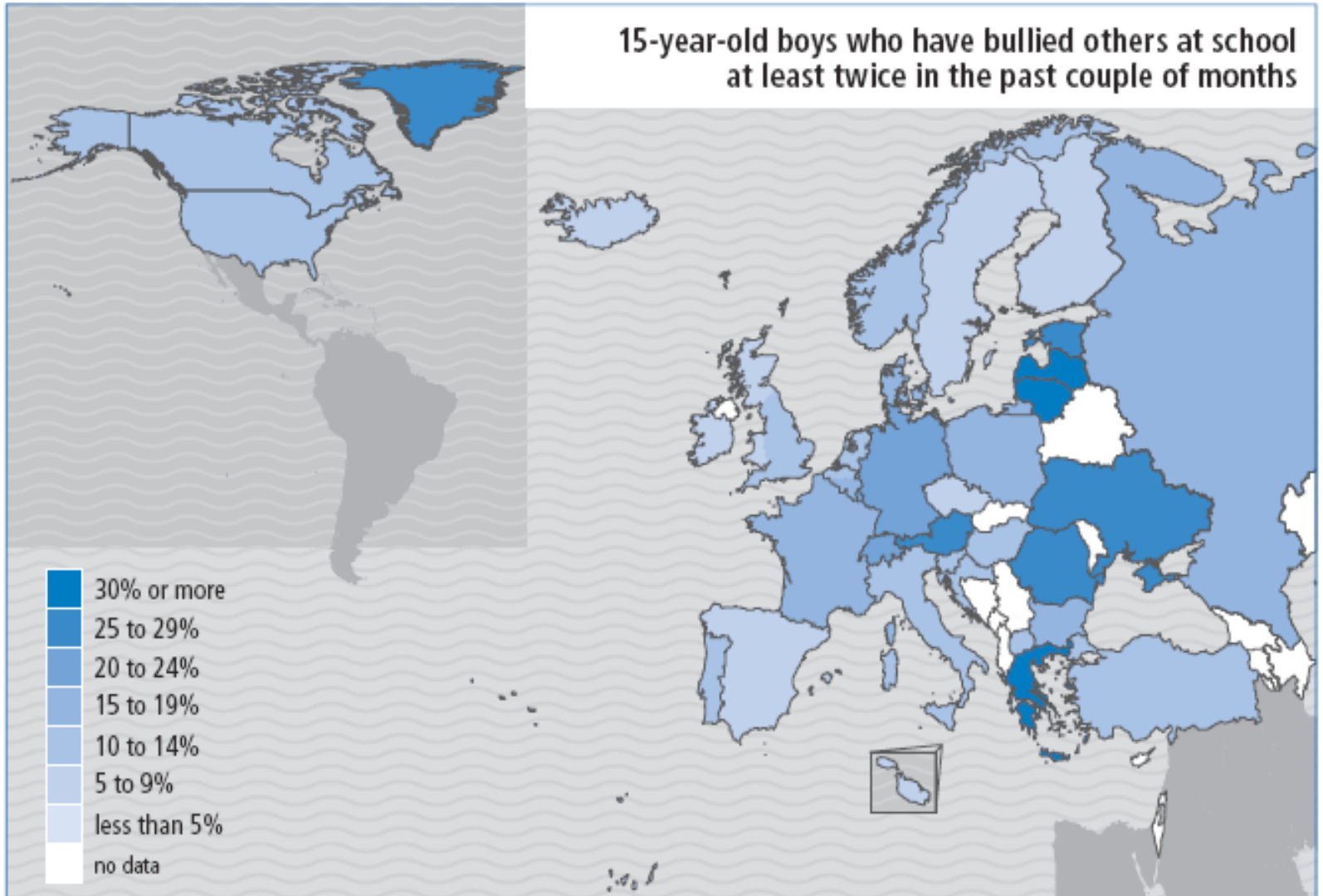
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## 15-year-old girls who have bullied others at school at least twice in the past couple of months



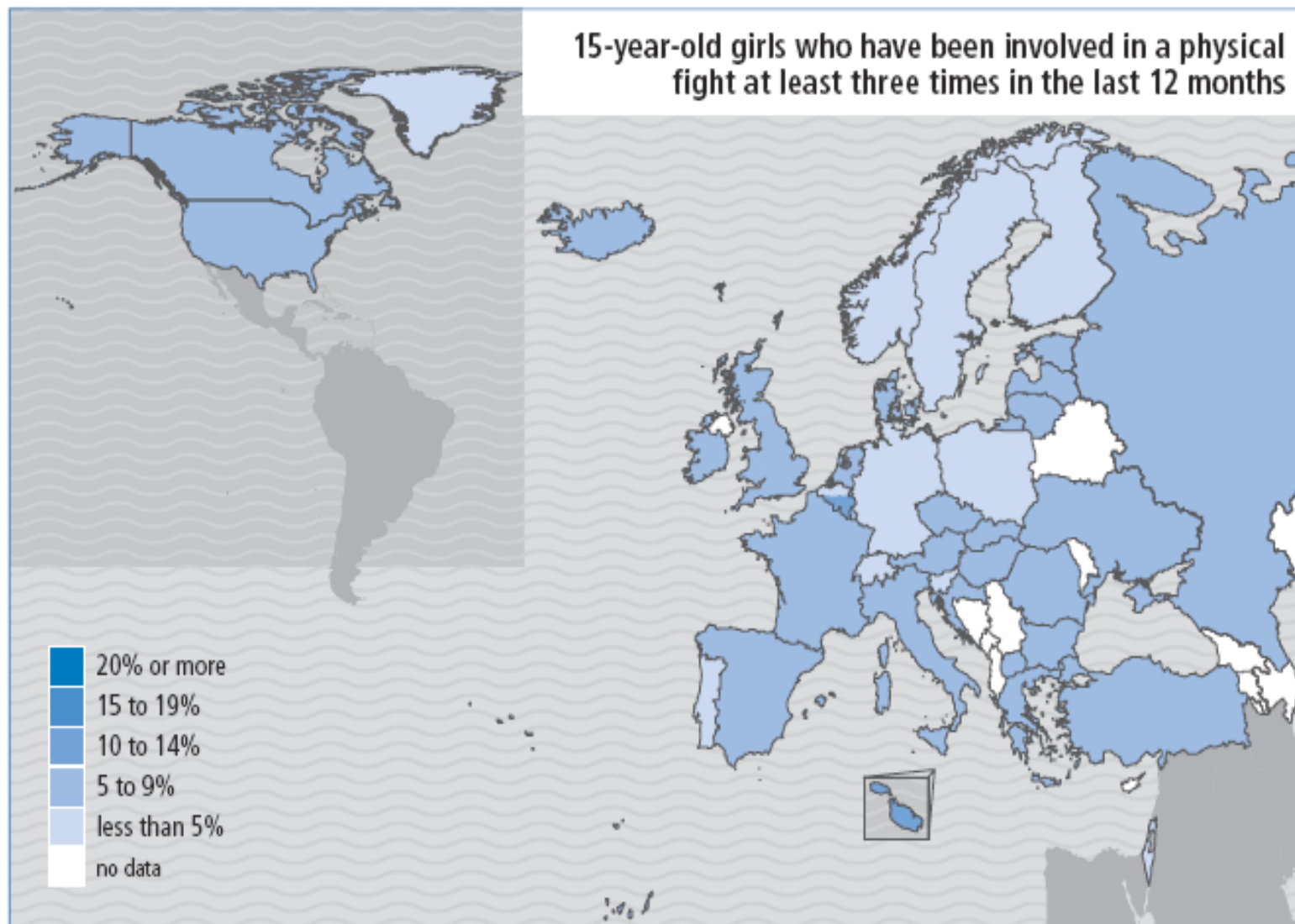
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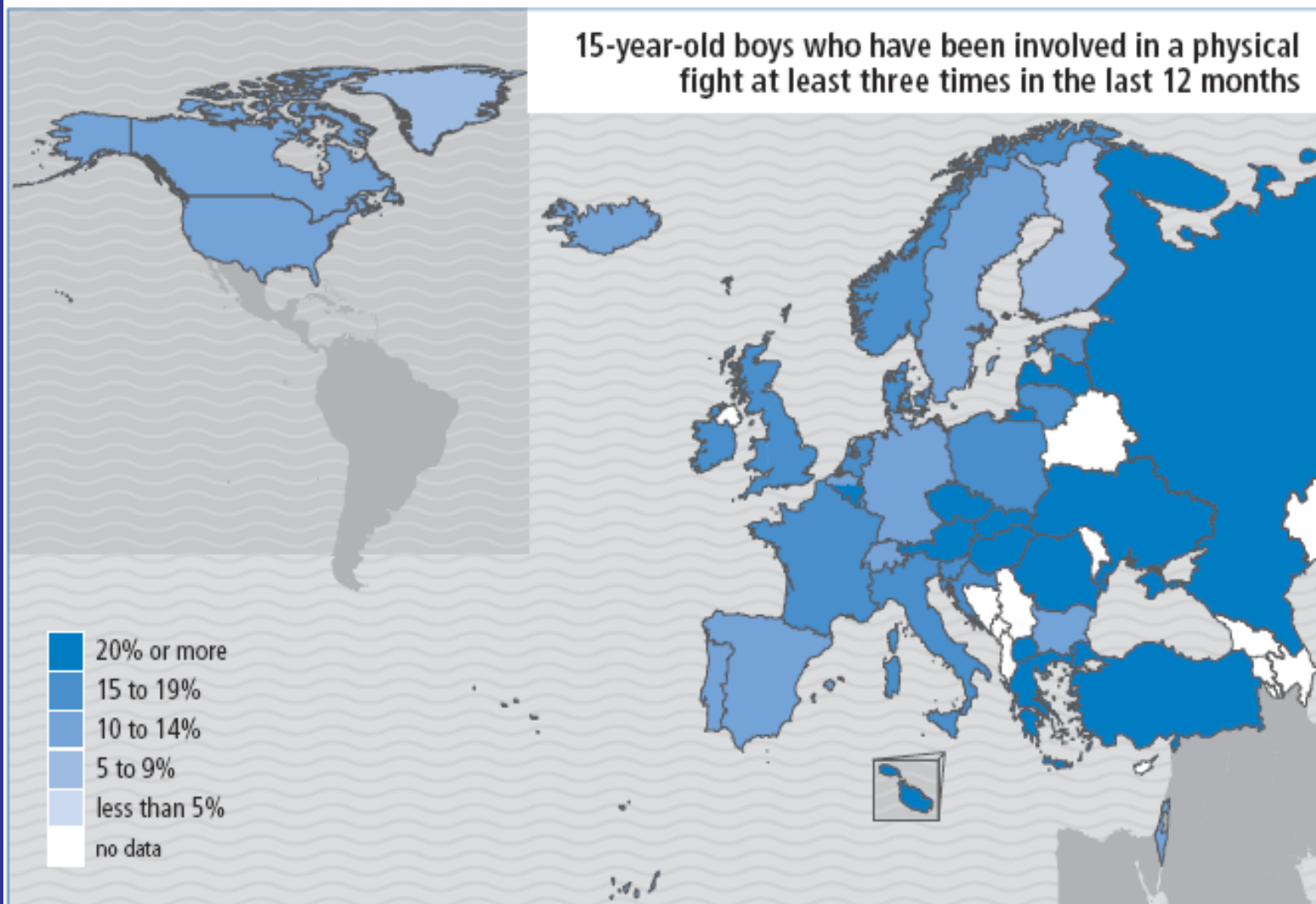
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## 15-year-old girls who have been involved in a physical fight at least three times in the last 12 months



HBSC teams provided disaggregated data for Belgium and the UK; these data appear in the map above

## 15-year-old boys who have been involved in a physical fight at least three times in the last 12 months


















HBSC teams provided disaggregated data for Belgium and the UK; these data appear in the map above



# Summary evidence relating development to health outcomes

| Health-risk behaviours  | Factors* that lessen involvement in health-risk behaviours   |
|---|--|
| <p><b>Depression &amp; suicide</b></p>  | <ul style="list-style-type: none"> <li>•Sense of purpose</li> <li>•Positive sense of self</li> <li>•Positive peer influence-friends model responsible behaviour</li> <li>•Feeling safe at home &amp; in community</li> <li>•Social skills (empathy, sensitivity, friendship)</li> <li>•Family connectedness (presence of parents at key times during day; shared activities; high expectations)</li> <li>•School connectedness</li> </ul>                                  |
| <p><b>Sexual behaviour</b></p> <p>Adapted from: Kirby D, Leffert N et al., Resnick M et al</p> <p>* does not include individual/ demographic measures</p> | <ul style="list-style-type: none"> <li>•Positive peer influence-friends model responsible behaviour</li> <li>•Ability to exercise behavioural restraint in difficult social situations (ie skills to exercise their values)</li> <li>•Constructive use of time at home</li> <li>•Parental support/connectedness (shared activities with parents)</li> <li>•Neighbourhood monitoring by adults</li> <li>•Religiosity</li> <li>•Commitment to school and learning</li> </ul> |

# Evidence of Common Roots\*

| Risk & Protective factors for adolescents            | Early Sex  | Substance Use   | Depression  |
|--|--|---|---|
| A positive relationship with parents                 |    |    |    |
| Conflict in the family                               |  |    |    |
| A positive school environment                        |    |    |    |
| Friends who are negative role models                 |    |    |   |
| A positive relationship with adults in the community |  |   |   |
| Having spiritual beliefs                             |  |  |  |
| Engaging in other risky behaviours                   |  |   |   |

# The Health Promoting School

A whole school approach to health in schools

- The formal curriculum
- The “hidden” curriculum
- A safe and supportive school environment
- Engagement of parents and communities

# Two paradigms in school health

Traditional health  
education

health promoting  
school

- ✓ Health concept
- ✓ Pedagogical approach
- ✓ Settings approach
- ✓ Evaluation

# Two paradigms in school health

## Health concept

Traditional health education      health promoting school

✓ Behaviour/lifestyle

✓ Disease-oriented

✓ Health as a closed

concept

✓ Living conditions and lifestyle

✓ Wellbeing and absence of diseases

✓ Health as an open concept

# Two paradigms in school health

## Pedagogical approach

Traditional health education      health promoting school

✓ Aim: behaviour  
changes

✓ Didactic/directive

✓ Healthy school

✓ Aim: action competence

✓ Democratic/participatory

✓ Health promoting school

# Two paradigms in school health

## Settings approach

### Traditional health education      health promoting school

- ✓ Teacher as role model
- ✓ The school environment  
(smoking forbidden etc.)
- ✓ School/society:  
professionals come to the  
school

- ✓ Teacher open, democratic,  
listening, cooperative etc.
- ✓ The school environment  
(pupils' council etc.)
- ✓ School/society: schools  
exchange experience with  
society

# Two paradigms in school health

## Evaluation

Traditional health education      health promoting school

- ✓ Measurement of pupils' behavioural changes
- ✓ Measurement of pupils' competencies (thinking, visions, action capacities etc.)

# Schools as educational institutions: What Schools can do for health

## Overcoming alienation by:

- Providing opportunities for students for **meaningful contribution** to school/community life
- achieving more **participatory approaches** to teaching/learning
- reinforcing **personal and social responsibility** through school organisation
- raising awareness of **economic exploitation**
- Providing an “**anchor**” for students in difficulties

# Schools as educational institutions: What schools can do for health

## **Creating a supportive environment for health by:**

- Providing integrated health education programme
- Adopting organisational practices which complement the teaching program
- Offering a supportive social environment
- Fostering links with health in the community,
- Creating a safe and secure physical environment