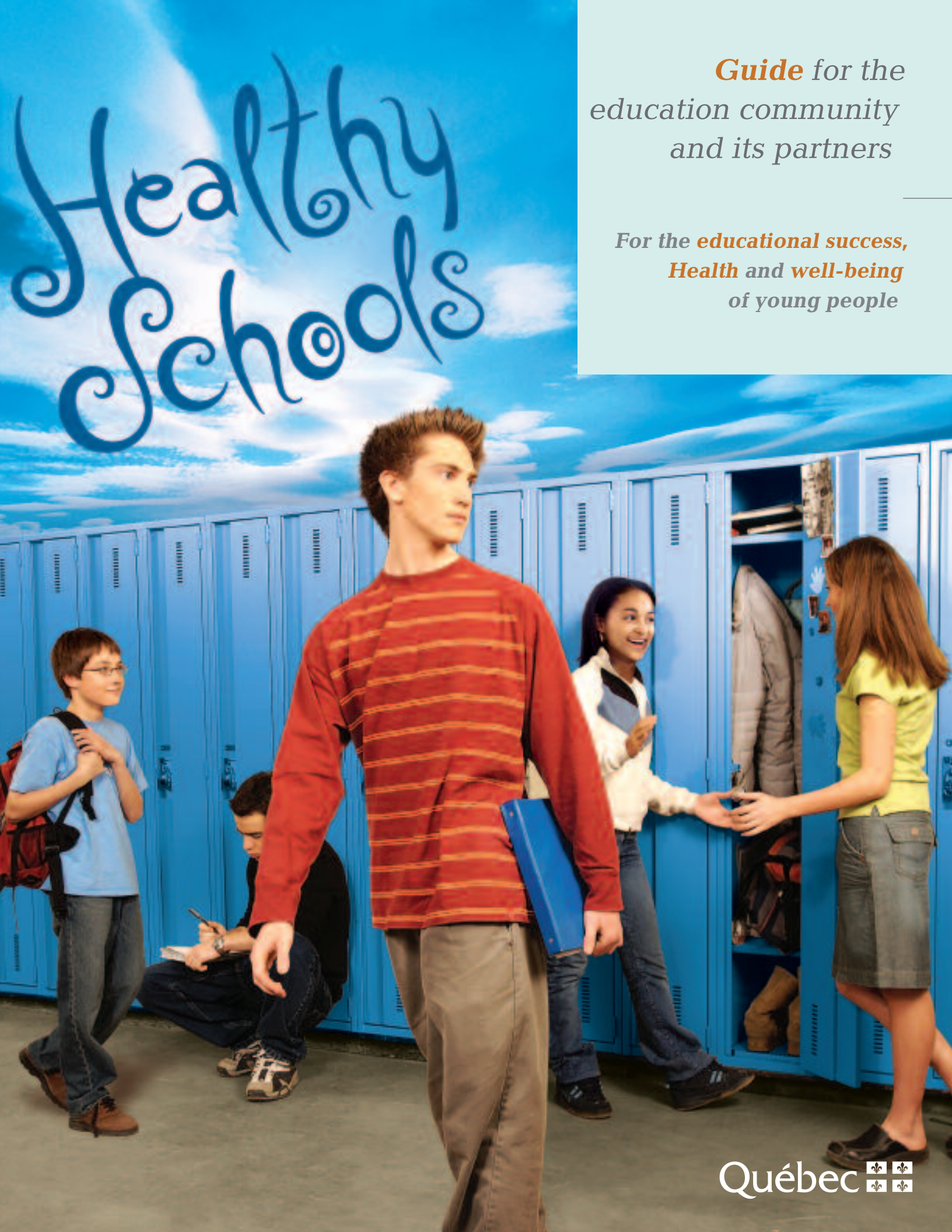




Guide for the
education community
and its partners

For the **educational success,**
Health and **well-being**
of young people

CAVEAT

Please note that, in all references to “Healthy Schools,” the word “program” should be understood to mean what the French documents refer to as an *approche*, literally “approach.”

PROVINCIAL ORIENTATION COMMITTEE AND COLLABORATORS

This guide was prepared by an orientation committee comprising representatives of the Institut national de santé publique du Québec (INSPQ), the Ministère de l'Éducation, du Loisir et du Sport (MELS), the Ministère de la Santé et des Services sociaux (MSSS), the Association des CLSC et des CHSLD du Québec (ACCQ) and the Table de concertation nationale en promotion et prévention (TCNPP).

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The authors would also like to acknowledge the invaluable collaboration of Marie-Claude Roberge, research officer with the INSPQ, Charles Choinière, education consultant with the MELS, and Louise Lefort, research officer with the INSPQ. Thanks also go to experts in fields associated with the key factors of young people's development addressed in the Healthy Schools program.



ACKNOWLEDGMENTS

This guide is derived from an initial working document that was presented at the Journées annuelles de santé publique in December 2003 and submitted for consultation to the education and health and social services networks in winter 2004. We extend our sincere thanks to the numerous individuals and groups who read this document and took the time to formulate their comments. They provided an assessment of outstanding quality.

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Educational success, health and well-being, École Lajoie: A fictional example of an educational project and success plan for a Healthy School



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LIST OF INITIALISMS

ACCQ	Association des CLSC et des centres hospitaliers de soins de longue durée (CHSLD) du Québec
CDC	Center for Disease Control (Atlanta, United States)
CHSLD	Centre hospitalier de soins de longue durée
CPE	Centre de la petite enfance
CSSS	Centre de santé et de services sociaux (health and social services centre, formerly CLSC)
DSP	Direction de santé publique (public health department)
HIV	Human Immunodeficiency Virus (which causes AIDS)
INSPQ	Institut national de santé publique du Québec
MELS	Ministère de l'Éducation, du Loisir et du Sport
MSSS	Ministère de la Santé et des Services sociaux
PAL	Plan d'action local de santé publique (local public health action plan)
PAR	Plan d'action régional de santé publique (regional public health action plan)
PPO	Parent Participation Organization
TCNPP	Table de concertation nationale en promotion et en prévention, comprising DSP, MSSS, and INSPQ managers and derived from the Table de concertation nationale de santé publique (TCNSP)
WHO	World Health Organization



Introduction

A SHARED CONCERN

Although the educational success of young people is among schools' top priorities, Québec schools have long shown concern for the health and well-being of the young people for whom they are responsible. Moreover, the reform of the education system reasserts the importance for students of acquiring competencies and developing behaviours that improve their health and well-being. It also underscores the fact that schools must provide students with a safe environment that fosters their personal and social development.

Schools share this concern with many partners, and above all, with parents, who want their children to benefit from the best possible conditions to ensure their harmonious development and success in life. In fact, all the partners involved are striving to better coordinate their efforts.

The Healthy Schools program suggests combining education and health concerns by:

- making the promotion of educational success, health and well-being and the prevention of social and health problems central to the school's educational project and success plan
- calling on partners, including parents, to combine their promotion and prevention actions with those of the school
- supporting a renewal of practices that reflects educational reform

In this document, *stakeholder* refers to anyone who works in the schools and belongs to the education community (administration staff, teaching staff, complementary educational services staff, etc.), the health and social services network or a community, municipal or socioeconomic organization.

THE GOALS OF HEALTHY SCHOOLS

The **Healthy Schools** program aims to optimize the development of young people and thereby help:

- facilitate the acquisition of competencies and develop behaviours that promote educational success, health and well-being
- promote a school and community environment that is stimulating, healthy and safe
- create harmonious relations between the school, families and the community

BACKGROUND FOR IMPLEMENTATION

For over a decade, much work has been done in Québec to enhance the effectiveness of various partners' already considerable efforts in promoting health, well-being and prevention. Such work and discussions reflect a worldwide trend toward seeking better approaches to dealing with the realities that have such a strong influence on young people today (WHO, 1997).

This guide looks at the Healthy Schools program from this particular perspective. The program stems from the *Agreement for the complementarity of services between the health and social services network and the education network* (Gouvernement du Québec, 2003) and the *Québec Public Health Program* (MSSS, 2003). Both these documents refer to the concept of the Healthy Schools program as "a global, integrated approach to promotion-prevention in the school environment."

Moreover, this guide was designed to encourage stakeholders who are committed to the educational success, health and well-being of young people to work together to achieve common goals in a comprehensive and concerted way. It conforms to ministerial orientations and takes into account the organization of Québec's health and social services network and education system.

The following document is appended to this guide:

- *Educational success, health and well-being, École LaJoie: A fictional example of an educational project and success plan for a Healthy School*

A training and discussion workshop (the Healthy Schools Workshop), a supplementary document on key factors and a toolbox are provided to support all stakeholders involved, and to promote the implementation of the Healthy Schools program. In addition, the implementation of the program in schools will be supported by resource persons from health and social services centres (CSSS) and school boards. The school boards will be supported by regional sponsors from public health departments and regional offices of the Ministère de l'Éducation, du Loisir et du Sport. These initiatives are part of a province-wide coaching process.

SUMMARY

This guide:

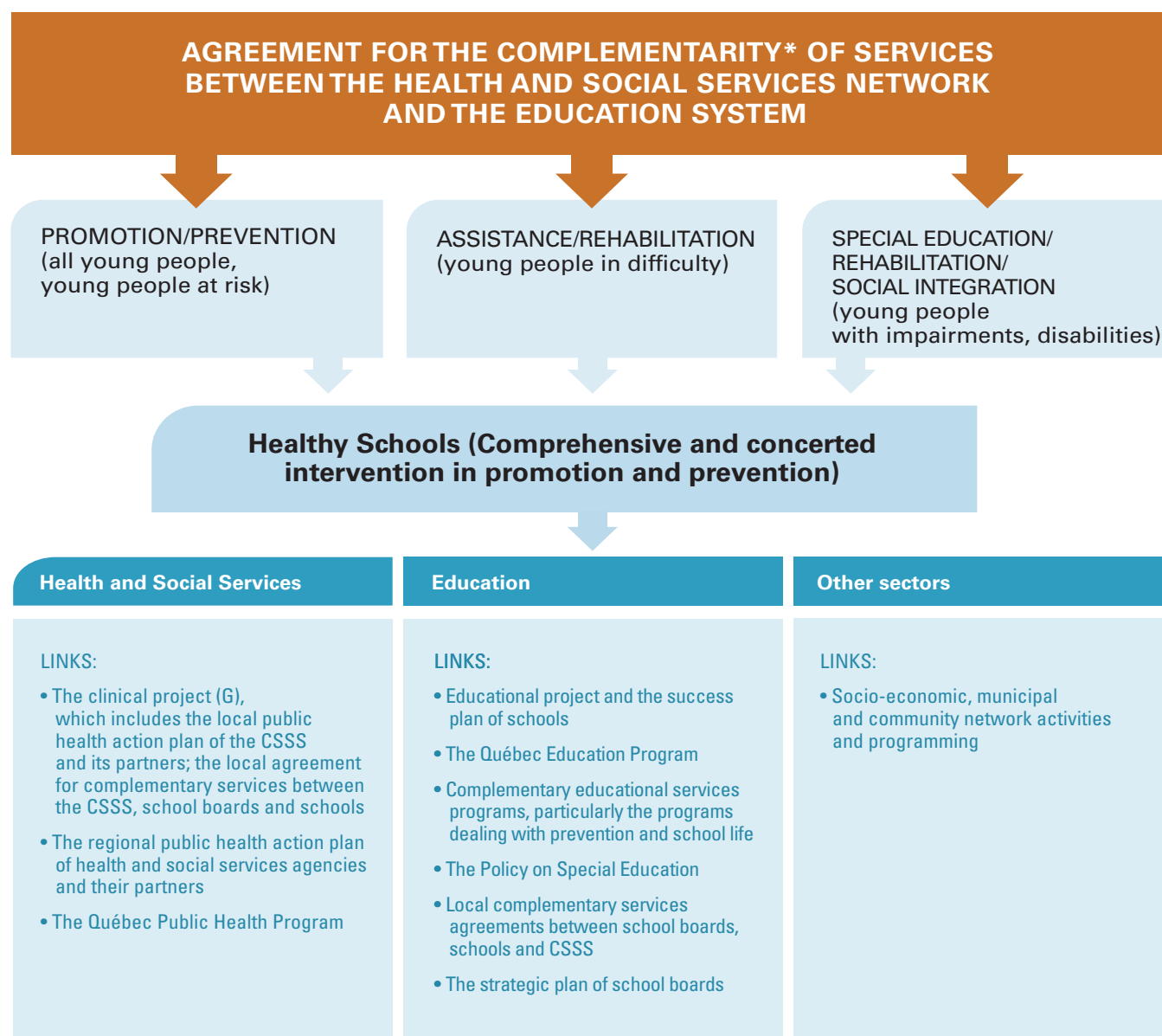
- outlines the Healthy Schools program
- clarifies the selected key development factors, levels of intervention, actions and their links
- suggests an operational procedure to implement the program in schools

It is important to specify that:

- the program is based on experience acquired in the students' environment and it involves several aspects of the life of young people, the school, the family and the community
- the program focuses on the renewal of practices
- the young person is the primary agent of his/her development
- the family plays a primary role in the overall development of the young person
- the school is the focal point for the intervention strategy
- the contribution of partners is essential
- the stakeholders require support

The principal terms, concepts, titles of policies and the names of organizations of the education and health and social services networks referred to in this guide are briefly defined in a glossary at the end of the document. Throughout the text, the letter G appears after every term defined in the Glossary.

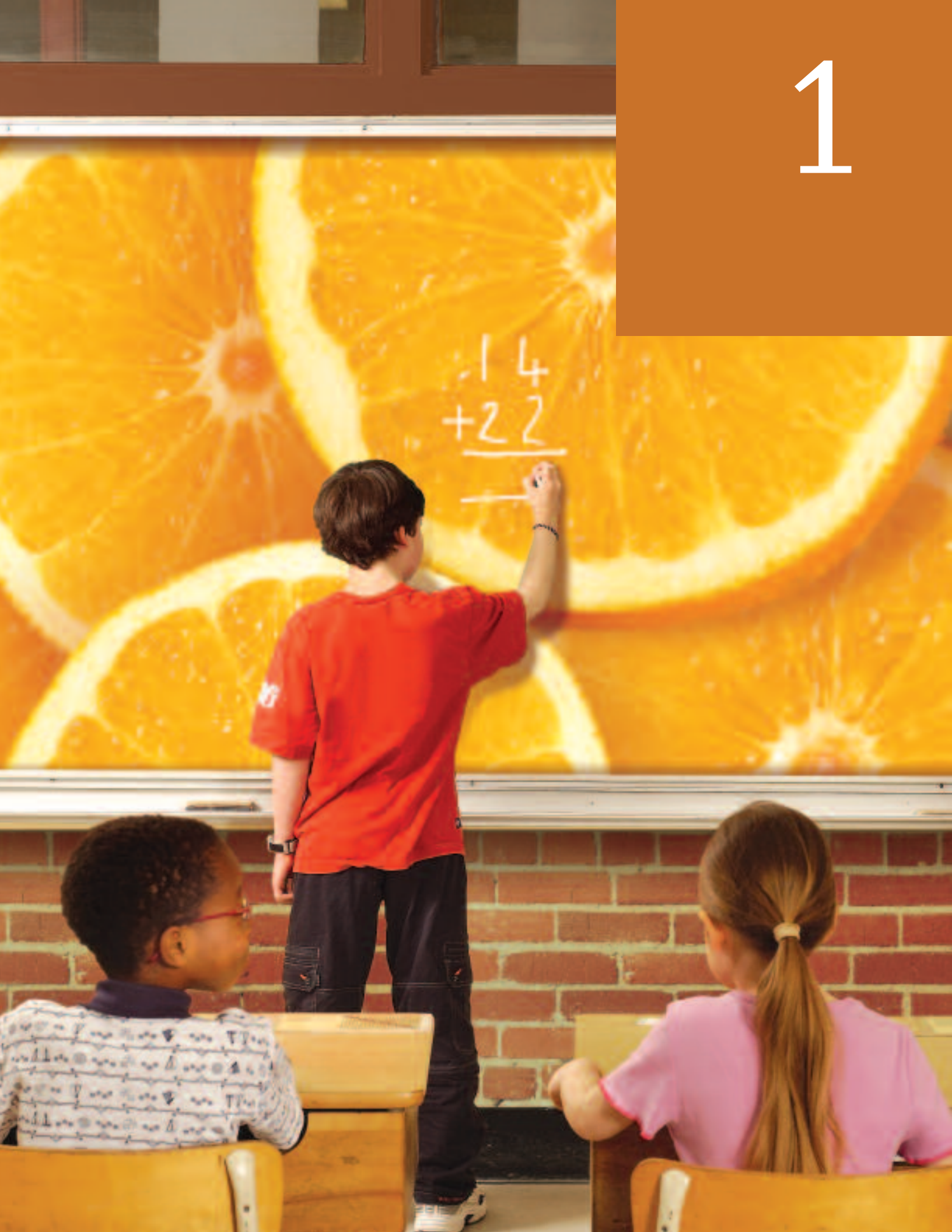
Figure 1 Background for the implementation of Healthy Schools



The Healthy Schools model was selected to make the Promotion/Prevention focus of the Complementary Services Agreement operational. This focus addresses all young people, including young people who are vulnerable because they are exposed to risks. The promotional and preventive measures developed as part of the Healthy Schools program also contribute to the development of young people who are experiencing difficulties and those who have impairments or disabilities. However, other resources that are better adapted to the needs of these young people must be implemented and are planned as part of the other two focuses of the Agreement (the Assistance/Rehabilitation focus and the Special Education/Rehabilitation/Social Integration focus).

* Gouvernement du Québec (2003). Two networks, one objective: the development of youth. Agreement for the complementarity of services between the health and social services network and the education network.

1



Who is the guide for?

This guide is intended for the school system (elementary and secondary schools and school boards), the health and social services network (health and social services centres, public health departments) as well as the community in a broader sense, through community, municipal and socioeconomic organizations.

More specifically, it is intended for school principals and school staff. It addresses governing boards and parents. It is also intended for school partners such as the stakeholders in the health and social services centres (CSSS) in the school environment (nurses, social workers, nutritionists, dental hygienists, community organizers) and various individuals in the community who intervene with young people. All of these stakeholders are involved at the core of implementing the Healthy Schools program through an existing committee in the school or a new team set up for this purpose. Finally, this guide is designed for any stakeholder exercising a support function in the implementation of the Healthy Schools program, specifically, regional sponsors of public health departments (DSP) and regional offices of the Ministère de l'Éducation, du Loisir et du Sport.

2



What is the purpose of the guide?

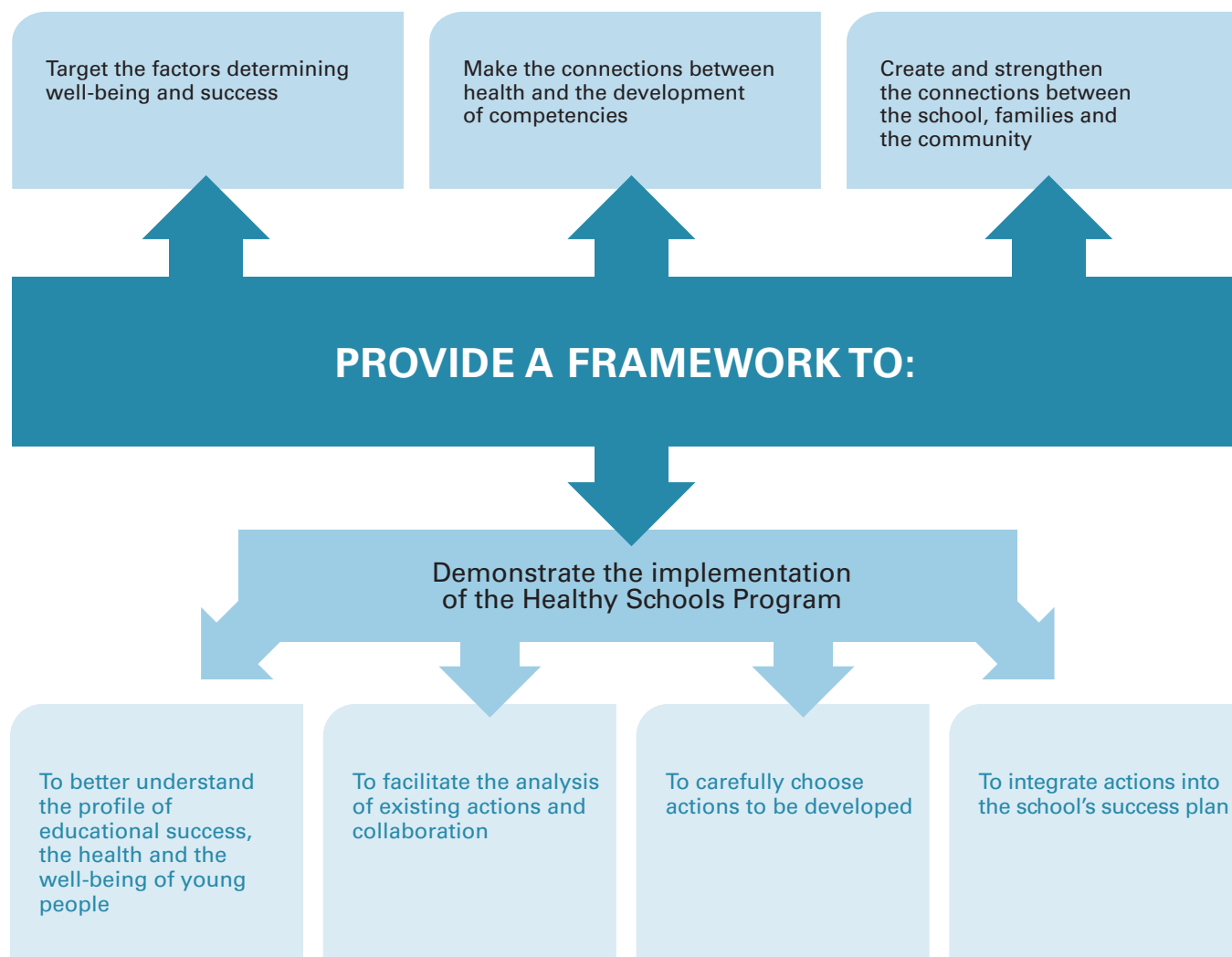
This guide suggests concrete ways of helping schools, in close collaboration with their partners, including parents, to meet young people's needs for educational success, health and well-being in a consistent and optimal way.

The goal is to provide a **framework that makes it possible to:**

- Target the factors that determine well-being and educational success
- Make the connections between health, well-being and the development of competencies
- Create and reinforce connections among the school staff (G), between the school and families, and between the school and the community
- Demonstrate the implementation of the Healthy Schools program by proposing a procedure, methods and tools to:
 - better understand the profile of educational success, health and well-being of the school's young people
 - facilitate the analysis of promotion (G) and prevention (G) actions already in place in the school and the community as well as the identification of existing partnerships
 - wisely choose measures to be pursued, consolidated, improved, dropped or developed
 - integrate the Healthy Schools program into the development or review of the school's educational project (G) and success plan (G)

Figure 2 Overview of the Guide

Objectives of the Guide

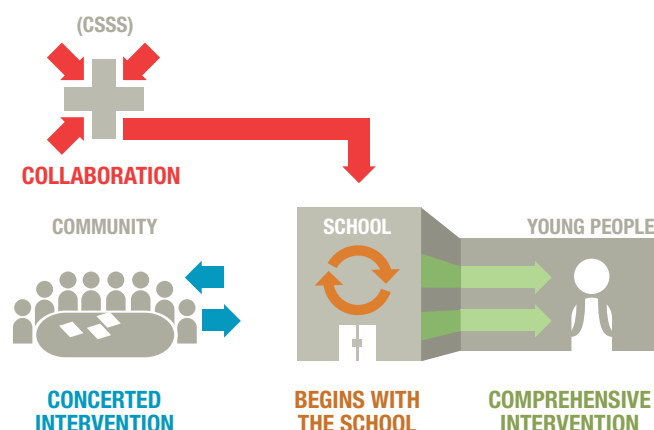




3



The healthy schools program: what does it involve?



The Healthy Schools program recommends comprehensive and concerted promotion (G) and prevention (G) intervention in schools. It consists of a set of measures developed jointly by the various partners who work together to improve the success, health and well-being of young people.



The Healthy Schools program is a **comprehensive intervention** strategy in the sense that it deals with the key factors in young people's development, at several levels at once, through a combination of appropriate actions.

- There are two levels of key factors:
 - individual: self-esteem, social skills, living habits, safe and healthy behaviours
 - environmental: the school environment, the family environment, the community environment, prevention services
- The measures are developed at different levels, i.e. with the young person, the school, the family and the community, and they must reinforce and complement one another.
- The measures are diversified. They deal with activities, services, programs, policies and rules likely to have a positive influence on the key factors of the development of young people at different levels of intervention.



In a context where one is acting on several factors and at several levels, **the intervention is concerted.**

- School principal and staff
- Governing board members
- School board administrators and professionals
- Parents
- Administrators and stakeholders in community, municipal and socioeconomic organizations
- Administrators and stakeholders in health and social services centres and public health departments

All the above are called upon to work together to plan and develop coherent action, in a coordinated and harmonious way.



The planning of the intervention begins with the school.

This means that the school assumes a central role in the implementation of the intervention while rallying the community's resources. The school is the best place for partners to work together and integrate policy instruments because:

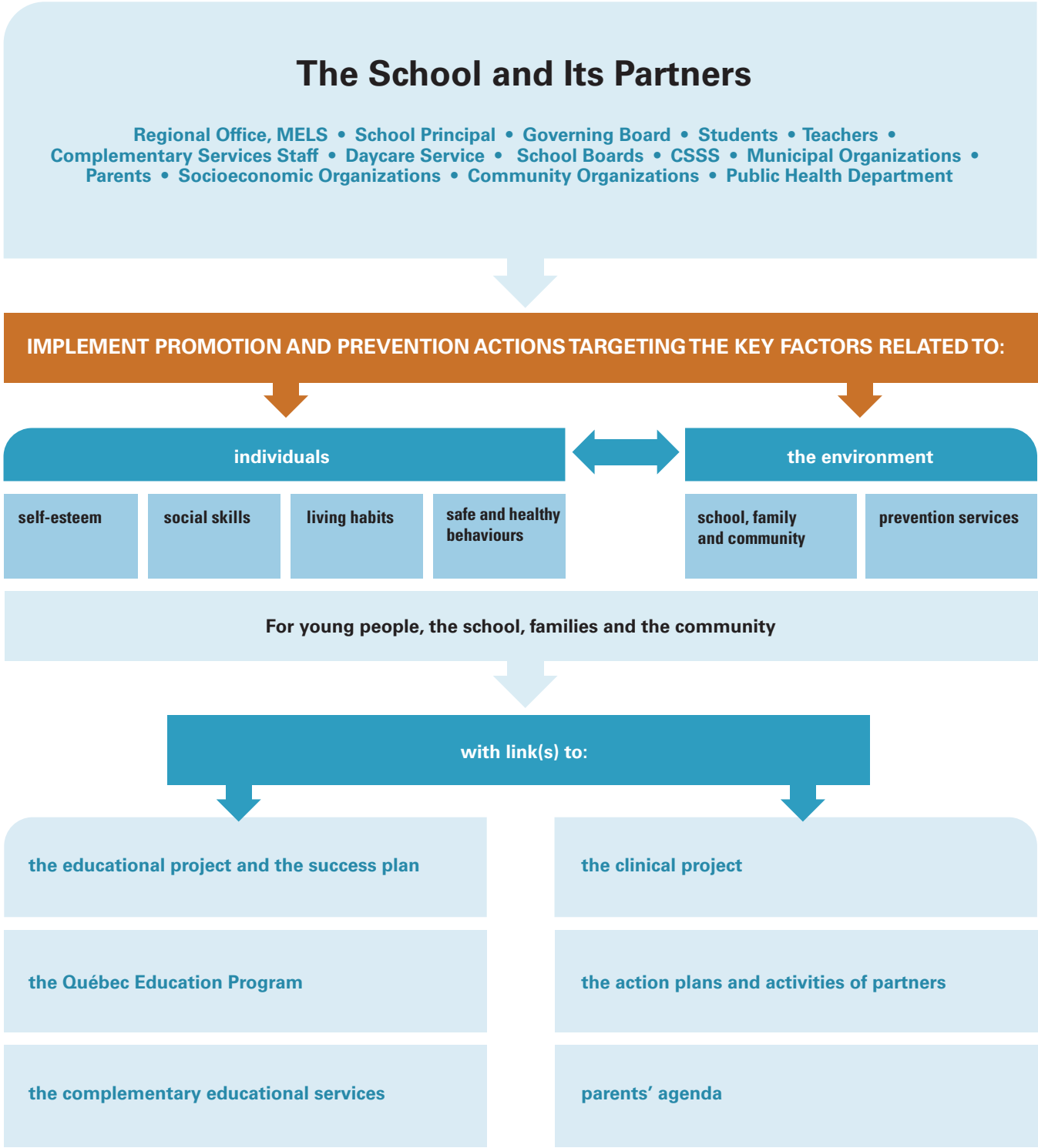
- school is the second most important environment for young people, after the family
- most young people are required to attend school throughout the critical phases of their development
- school connects with parents by inviting them to various school functions
- school provides opportunities for collaboration among several partners, particularly since many of them dispense services there
- promotion and prevention figure among the services that the school must provide to students as part of the school's educational mission, i.e. through complementary educational services (G) (e.g. the Promotion and Prevention Services Program and the Student Life Services Program) and through teaching services (via the Québec Education Program); the school carries out promotion and prevention activities, both within the classroom and the school, with the cooperation of various partners; it has the experience and the foundation on which it is important to build
- The school is the primary architect of the educational project and the success plan, which are the ideal integrative tools for planning promotion and prevention actions.



Furthermore, the school relies on the health and social services centre (CSSS),

which has the front-line mandate for health and social services for school-age children. The CSSS, in collaboration with its partners, is responsible for developing and carrying out a clinical project (G), including a local public health action plan (G) which must contain promotion and prevention activities for young people of school age. Furthermore, the planning and implementation of these activities must be subject to an agreement between the health and social services centre, school boards and the schools being served. In this context, the health and social services centre is called upon to play an essential role in implementing the Healthy Schools program.

Figure 3 Healthy Schools





Why healthy schools?

- 4.1 MEET THE NEEDS OF YOUNG PEOPLE 4.2 LINK HEALTH AND EDUCATION GOALS TO PROMOTE YOUNG PEOPLE'S SUCCESS 4.3 GIVE ADDED VALUE TO WHAT IS ALREADY BEING DONE 4.4 AVOID COMPARTMENTALIZATION AND PREVENT BURNOUT 4.5 PUT INTO PRACTICE THE RECOGNIZED CONDITIONS FOR SUCCESS

The Healthy Schools program draws inspiration from well-known principles and international research (WHO, 1997; Fetro, 1998; National Health and Medical Research Council (NHMRC), 1996; St. Leger, 1999; St. Leger, Nutbeam, 2000). In addition, it builds on productive testing conducted over several years in several Québec school environments (Deschesnes, Lefort et al., 2004).

A summary of international publications (Deschesnes, Martin et al., 2003) on comprehensive and integrative solutions for promotion and prevention identifies the leaders in this field, particularly the World Health Organization (WHO), which, during the 1980s, proposed the *Health Promoting Schools* concept (G).

A comparable approach was developed in the United States by the Center for Disease Control (CDC) of Atlanta, namely the *Comprehensive School Health Program* (G).

In Canada, the Healthy Schools program was modelled after an initiative of the Canadian Association for School Health which collaborated with the Education and Training Unit of Health Canada in the development of the Comprehensive School Health model (G) and a practical framework for implementing the model; the framework is entitled *Voices and Choices: Planning for School Health* (G).

These models were implemented in order to overcome some of the limits observed in the field of health promotion among school-age children, specifically:

- the transmission of knowledge as a traditional health education strategy, without focusing on change based on attitudes, behaviours, skills and the environment
- the fragmentation, compartmentalization and lack of integration of school health activities into all activities designed for young people
- nearly exclusive recourse to individual strategies which neglected the social and family context in which young people evolve

Moreover, the education reform reviewed several paradigms in order to address the same limits, particularly through:

- the move from the development of knowledge to the development of competencies (G)
- the move from lecture-style teaching to instruction focused on student participation, for example project-based instruction (G), cooperative learning (G), etc.
- the integration of services in the schools, particularly complementary educational services, such as promotion and prevention
- the school's openness to the community

Based on all these observations, it becomes apparent that the Healthy Schools program is the most effective way to:

- meet the needs of young people
- link health and education goals to promote the success of young people
- give added value to what is already being done
- avoid compartmentalization and prevent burnout
- put into practice recognized conditions for success

4.1 MEET THE NEEDS OF YOUNG PEOPLE

Young people are faced with many choices

Most young people experience harmonious development. Usually, they find ways of meeting their needs. However, they face many situations, possibilities, constraints and external pressures that are likely to influence their decision making.

To help them make better choices they must be supported in their efforts to achieve greater self-understanding. They need to feel that they are loved, respected and valued, and that they are capable of solving problems and finding solutions. They need to feel at ease and develop in harmony in their living environments, to see that they are esteemed by those around them and to feel safe.

Their potential and their resources must be recognized so that they can develop autonomy.

Young people are also exposed to risks . . .

Young people are exposed to risks to their health and well-being as well as to difficulties and problems that may affect their personal and social development. The main social adaptation and health problems are:

- developmental delays
- learning disabilities; dropping out of school
- behavioural problems and delinquency
- physical and psychological abuse, sexual assault, neglect
- violence; (bullying, taxing, violence in love relationships)
- psychological distress, suicide
- injuries resulting from trauma, particularly while playing sports or doing recreational activities, as well as when travelling as a driver or passenger or walking
- infectious diseases in general
- sexually transmitted and blood-borne infections such as HIV and AIDS
- teenage pregnancies
- alcohol, drug, tobacco and other dependency-related problems (e.g. gambling and games of chance)
- physical health problems including oral-dental health problems, asthma, allergies, acne, respiratory problems linked to poor air quality
- sedentariness
- obesity, overweight, excessive preoccupation with body image

Rather than target the problems, the Healthy Schools program recommends pre-emptive action on the set of key factors that influence the choices of young people and the problems that affect them. Therefore, it is important to coordinate action to develop and consolidate young people's skills and competencies, support them in the choices they make, prevent problems that may affect them and provide them with harmonious living environments.

4.2 LINK HEALTH AND EDUCATION GOALS TO PROMOTE YOUNG PEOPLE'S SUCCESS

Families, the school and the community help young people mature successfully as they grow into adults by meeting their fundamental needs. Health and education are closely linked in the pursuit of this common goal. They are an integral part of a dynamics of success: education contributes to safeguarding health, and health maintains the conditions essential for learning (Arcand, Daigle, Lapointe, Moreau, Rodrigue, Groupe interministériel sur les curriculums, 1998).

A young person who is in good health, who feels at ease and who lives in a stimulating, safe environment has a strong chance of achieving success at school; in the same way, it is known that schooling is a factor in the protection of health and well-being.

The Healthy Schools program makes it possible to take charge of health and well-being conditions that are conducive to the development of skills. In the same way, by exercising a positive influence on schooling, the Healthy Schools program contributes to maintaining conditions promoting health and well-being in the short, medium and long term.

4.3 GIVE ADDED VALUE TO WHAT IS ALREADY BEING DONE

Québec schools have been implementing activities and interventions focused on the health and well-being of young people for many years.

Schools are supported in their promotion and prevention approach by their partners, mainly the health and social services centres (CSSS) and parents, but also community, municipal and socioeconomic organizations, public health departments, various government departments and their networks. These bodies invest time and resources to assist in optimizing young people's development. Several programs have been successfully carried out and have had beneficial effects on health, well-being and educational success.

The Healthy Schools program is designed to strengthen and maximize the potential of activities already offered by the school and its partners, by ensuring that the interventions affect several key factors of development at several levels and that stakeholders work in synergy in order to reinforce actions and make them coherent.

4.4 AVOID COMPARTMENTALIZATION AND PREVENT BURNOUT

Those who intervene with young people carry out many different promotion and prevention actions to address specific problems or themes affecting the young person, the school, the family or the community.



However, the dynamism of these stakeholders is also accompanied by feelings of isolation and the sense that efforts are compartmentalized. They are not always aware of the services and activities that others are providing, nor do they necessarily understand each other's roles and responsibilities in terms of promotion and prevention. Actions are insufficiently coordinated, which too often results in overlapping and lack of complementary interventions. In this context, stakeholders have the feeling that the benefits of their actions are not always tangible. It comes as no surprise, then, that they sometimes experience a degree of burnout.

The Healthy Schools program makes it possible to prevent compartmentalization and ensure that promotion and prevention actions are integrated into a harmonious, coordinated and coherent plan with shared objectives in which everyone collaborates. In this way, each stakeholder's motivation is enhanced. The program also ensures that individuals are not overburdened with too much work.

4.5 PUT INTO PRACTICE THE RECOGNIZED CONDITIONS FOR SUCCESS

Although the Healthy Schools program is the most effective method of intervention, the constraints on implementation noted by various authors in the index of publications (Deschesnes, Martin et al., 2003) and by stakeholders in the field (Deschesnes, Lefort et al., 2004) must be taken into account. The constraints are:

- lack of common understanding and adherence to comprehensive and integrated approaches
- lack of collaboration, integrated planning, support from decision-makers, resources, training for teachers
- the complexity of this type of approach
- investment in time and resources, particularly at the beginning
- lack of sensitivity on the part of external stakeholders to the school's culture and needs
- under-funding and funding of problems by category

Although the difficulties and issues are significant, they should not deter efforts to implement more substantial promotion and prevention models. The conditions for success that constitute essential leverage have been identified in order to support implementation of such models (Deschesnes, Martin et al., 2003).

The conditions required for the successful implementation of the Healthy Schools program are:

- the adoption of a comprehensive and systemic vision of young people's needs and of the most appropriate strategies for meeting them
- systematic planning of actions in the short, medium and long term, based on a comprehensive view that goes beyond a mere selection of activities; follow-up of actions throughout their implementation
- the intensiveness of the actions implemented, through substantial and recurrent interventions, as well as their continuity throughout the course of young people's education and development
- the school's synergy with parents and community stakeholders through a rallying partnership
- organizational conditions of superior quality: liberation from other duties for the persons involved, presence of a person in charge of the process and an implementation team, flexible coordination, partnership, political and financial support, continuous support and coaching for stakeholders
- the importance of the evaluation as a means of supporting effective implementation of this type of approach

In addition, it is important that promotion and prevention actions be integrated into the school's success plan as well as into the health and social services centre's Enfance-jeunesse programs.

The Healthy Schools program requires that we review our ways of doing things (renewal of practices) in order to more effectively transform the recognized conditions fostering the success of promotion and prevention at school into coordinated action with school partners. These conditions must serve as the backdrop for the actions undertaken by the team responsible for the implementation of the Healthy Schools program as well as for the actions of all the partners affected by such actions.

Table 1 Why Healthy Schools?**SUMMARY****1. Meet the needs of young people**

by dealing with all the key factors influencing the choices young people make and with the problems that affect them and by taking consistent, complementary action.

2. Link health and education goals to promote the success of young people

by focusing on the conditions of health and well-being that are conducive to learning, which impacts positively on schooling, and which in turn is an important factor in health protection.

3. Give added value to what is already being done

by reinforcing and maximizing the potential of actions already being carried out by schools and their partners, in such a way that they will contribute even more to creating conditions conducive to young people's educational success, health and well-being.

4. Avoid compartmentalization and prevent burnout

by ensuring that all the promotion and prevention actions implemented by each stakeholder are integrated into a coherent, coordinated and harmonious plan, which boosts motivation because it reflects shared objectives that everyone works collaboratively to attain and ensures that no one individual is overburdened.

5. Put into practice the recognized conditions for success

by reviewing current approaches, by transforming the recognized conditions for the success of promotion and prevention at school into action and by involving the education community (G) with this process.

5

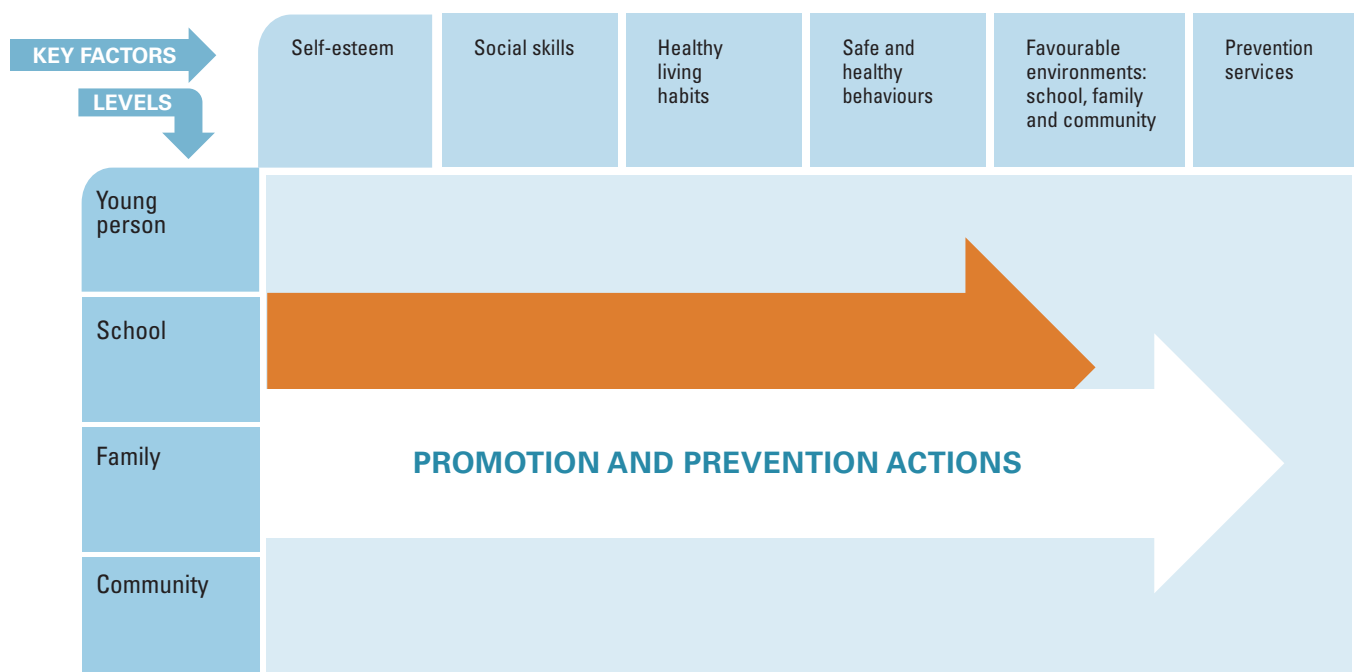


What is the focus of the Healthy Schools program?

- **5.1** INFLUENCE THE KEY FACTORS OF YOUNG PEOPLE'S DEVELOPMENT **5.2** MOBILIZE AT DIFFERENT LEVELS: YOUNG PEOPLE, SCHOOL, FAMILY AND COMMUNITY **5.3** LINK OUR ACTIONS TO THE REAL LIVES OF YOUNG PEOPLE **5.4** DEVELOP APPROPRIATE PROMOTION AND PREVENTION ACTIONS

All partners, in conjunction with the team responsible for implementation, are encouraged to work together:

- on the key factors of young people's development, which are reflected in the Québec Education Program and in complementary educational services programs
- with the young person, the family and the community
- based on actions linked to the situation of the school, parents, young people and partners
- based on a combination of appropriate promotion and prevention actions adapted to the different phases in young people's development



5.1

INFLUENCE THE KEY FACTORS OF YOUNG PEOPLE'S DEVELOPMENT

5.1.1

Action directed simultaneously toward individuals and their environment

The key factors of young people's development were selected based on recent work, consensus arrived at by experts, and research and study results (Hamel et al., 2001, including the works of Deslandes; MSSS, 2003; Vitaro et al., 2000; Conférence des régions régionales de la santé et des services sociaux, 1999). These factors are recognized for the effects they have on young people's educational success, health and well-being.

Two elements determined the classification of the key factors:

- An ecological approach forms the backdrop for considering personal factors (self-esteem, social skills, living habits, safe and healthy behaviours) and environmental factors (school, family and community environments and prevention services).
- A simplified presentation of the Healthy Schools program avoids an overly complex mosaic of factors. In this way, a specific aspect of sexuality was addressed under the *safe and healthy behaviours* factor, which deals with safe and responsible sexuality. However, it is clear that sexuality transcends the entire set of factors as an encompassing dimension of human nature.

Key factors linked to the individual



Self-esteem

or self-concept corresponds to a set of perceptions that young people have concerning different aspects of their lives and themselves—relations with parents and friends, academic and athletic life, physical appearance, their perception of their own honesty and trustworthiness—and the satisfaction they derive from this (Ayotte, 2004).

Moreover, self-esteem is based on the development of different essential facets: a feeling of security, a feeling of identity, a feeling of belonging, a feeling of academic competence and a feeling of social competence (Reasoner, 1982).



Social competence

is the ability of a young person to master a certain number of social, cognitive and emotional skills that enable him or her to maintain positive social relationships (Bowen et al., 2001). Thus, social competence is based on the mastery of different skills that young people need to develop, notably: solve problems; communicate appropriately; cooperate with others; set goals and reach them. Social competence is also observed through social acceptance, as a young person can be popular, rejected or controversial. Social competence

is also synonymous with positive social relationships. A socially competent young person will have more supportive social relationships and friendships with a certain number of peers.



Living habits

include physical activity, diet, avoiding tobacco, responsible behaviours concerning alcohol, dental hygiene, relaxation and sleep (MSSS, 2003).



Safe and healthy behaviours

covers three specific aspects: preventive behaviour in terms of sexuality, recreation and sports, and as a driver, passenger and pedestrian (MSSS, 2003).

Key factors linked to the environment



The school environment

encompasses the physical environment (Henderson, Rowe, cited in Marx et al., 1998), i.e. the condition of buildings and facilities, physical layout, the recreational and sports resources, the physical conditions (air quality, noise level, etc.), the social environment (Hamel et al., 2001; Deslandes, 2001) and the pedagogical environment (Deslandes, 2001), i.e. the climate, the quality of interpersonal relations, classroom management, pedagogical methods, school policies and rules, etc.



The family environment

refers to parents' educational practices in terms of discipline and guidance, their living conditions, the relationships parents maintain with the school, the quality of communication among family members (Hamel et al., 2001; Deslandes, 2001).



The community environment

refers to social values and norms, culture, the living conditions of all members of the community, the availability of services and resources, relations among neighbours in the community and existing policies (Groupe de travail du Conseil des directeurs de santé publique, 1999).



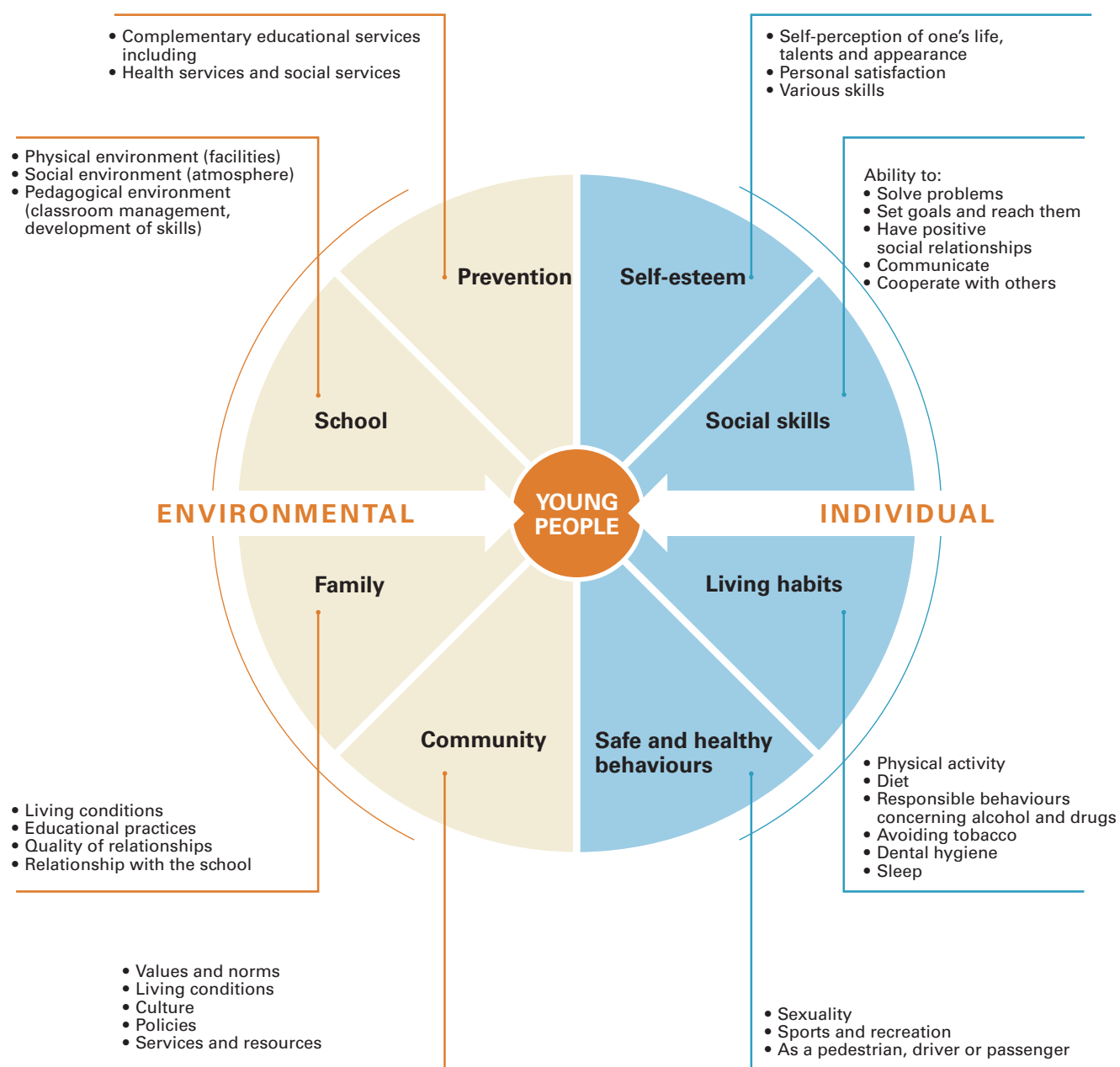
Prevention services

refer particularly to complementary educational services programs. Complementary educational services consist of four programs, including the promotion and prevention services program. The four programs cover twelve services, including psychoeducation, speech therapy, psychological services, remedial education, spiritual care and guidance and community involvement, rights and responsibilities education, sports, cultural and social activities, support for the use of the school library's documentary resources, academic and career counselling information, special education, health and social services; (*Basic school regulation*, 2004).

Health and social services reflect the range of services offered by the CSSS which include health promotion activities and services fostering the development of healthy living habits, safe and healthy behaviours and environments as well as activities and services for the prevention of health and psychosocial problems. The CSSSs also provide youth clinic services designed to prevent teenage pregnancy and sexually transmitted and blood-borne infections as well as vaccination services and dental health services (MSSS, 2004).

A more detailed description of each factor, including a definition, a description of its impacts on health, well-being and educational success and a statement of recommendations for action will be provided in a complementary document entitled *Les facteurs clés: définitions; effets sur la réussite éducative, la santé et le bien-être et recommandations pour l'intervention*.

Figure 4 The key factors of young people's development



5.1.2

Key factors in interaction

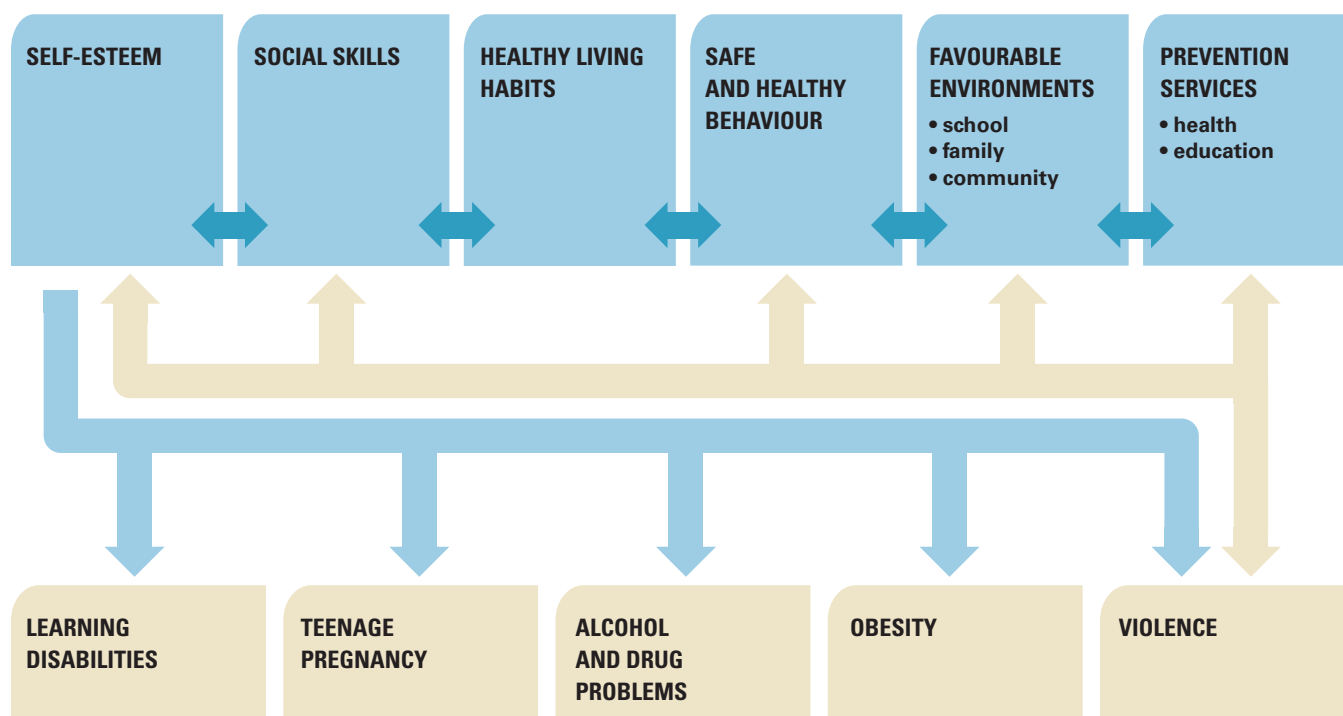
- The key factors are important and their interactions are powerful. They are recognized for the major impacts they have on the educational success, health and well-being of young people.
- **The key factors are usually interrelated.** The self-esteem factor, for example, influences social skills; in turn, social skills influence self-esteem. The family environment factor (quality of relations between parents and children and between parents and the school) influences self-esteem, which in turn influences safe and healthy behaviours, and which can in turn be influenced by the presence of prevention services (for example, youth clinics).



- **The key factors represent the common background of several aspects of the educational success, health and well-being of young people.** Self esteem, for example, is linked to young people's overall development. Solid self-esteem can contribute to the feeling of having control over one's life, of making positive choices about one's health and well-being, of properly considering the consequences of certain actions on one's health and of better resisting peer pressure. It is also an essential element for motivation at school and for mental health. Low self-esteem is associated with problems such as alcohol and drug use, depression, teenage pregnancy, learning disabilities and poor academic performance (Ayotte, 2004).
- **Various problems that affect young people arise from a combination of several factors.** A problem such as violence (bullying, teasing, violence in love relationships) is often associated with several factors including low self-esteem, difficult relations with peers (social skills), a tense atmosphere at school (school environment), deficiencies in parental discipline and guidance (family environment), or a community environment affected by crime. All these factors make young people more vulnerable to aggressiveness or may push them to commit violence against their peers, their teachers, their parents or within love relationships (Bowen et al., 2001). The analysis of several other problems, particularly teenage pregnancies, alcohol and drug abuse, sexually and blood transmitted diseases, etc. also demonstrate the involvement of several factors.

All these elements show the importance of acting simultaneously on several factors to achieve optimal results and hope for improving the educational success, health and well-being of young people.

Figure 5 Examples of key factors in interaction



Note: This figure does not show all the links between the factors and problems. Only the links between self-esteem and various problems as well as links between teenage pregnancy and factors are provided as examples.

5.1.3

Variable influence of key factors, according to the developmental stages of young people

During each of the stages of their development, young people experience emotional, cognitive, spiritual, physical, sexual and social changes. The six developmental stages are defined according to age and level of schooling:

- 4-5 years: preschool
- 6-7 years: Elementary Cycle One
- 8-9 years: Elementary Cycle Two
- 10-11 years: Elementary Cycle Three
- 12-13 years: Secondary Cycle One
- 14-16 years: Secondary Cycle Two

Each developmental stage involves particular characteristics, specifically referring to the key factors in relation to the individual. Moreover, young people may experience times of vulnerability, especially during transitional periods (starting

elementary school, moving from elementary to secondary school, transition to CEGEP or the world of work). It is important to take these vulnerable periods into account in order to determine which abilities, which behaviours or which skills should be promoted in a given stage and which priority factors require action.

The Québec Education Program was designed based on this perspective and it identifies competencies in terms of cycles and the developmental stages of young people. Preliminary work was conducted in this area (Arcand, Daigle et al., 1998).

In the same spirit, another document that complements this guide will specify the promotion and prevention measures to be implemented according to the different developmental stages of young people: *Les actions de promotion et de prévention selon les phases de développement des jeunes*.

5.2

MOBILIZE AT DIFFERENT LEVELS: YOUNG PEOPLE, SCHOOL, FAMILY AND COMMUNITY

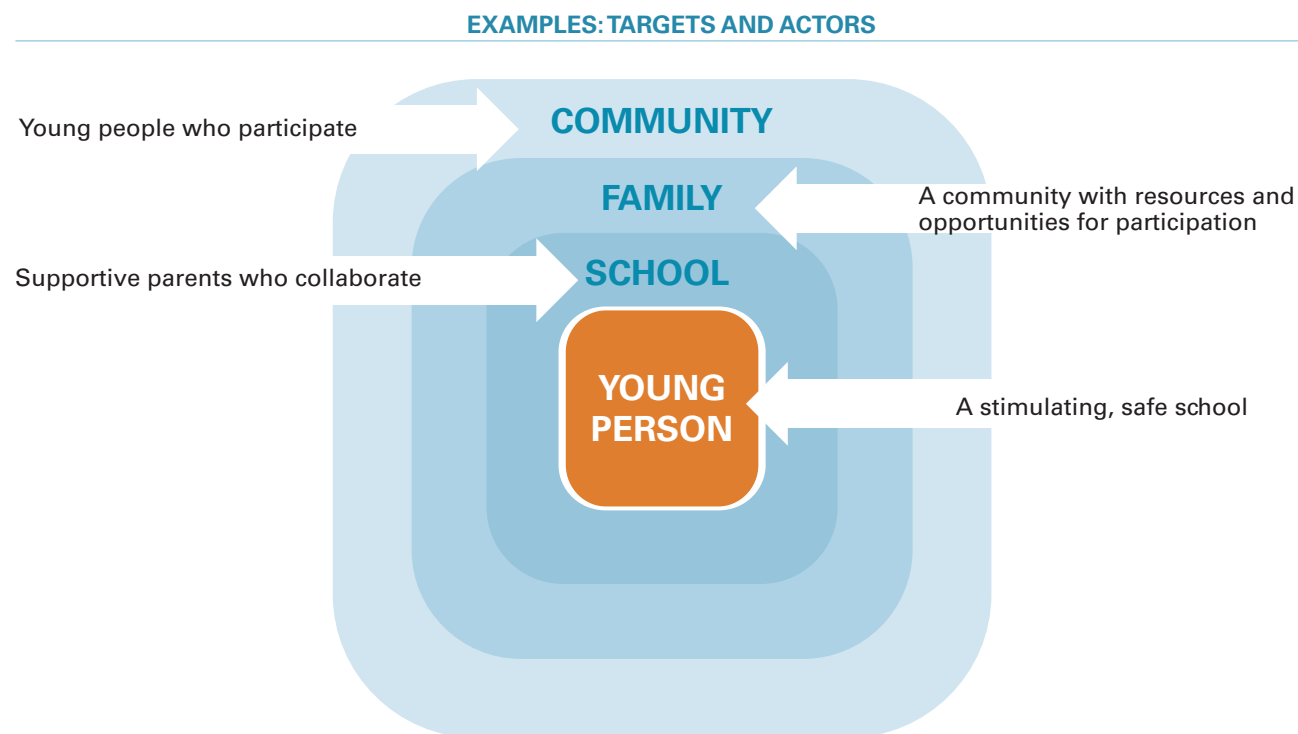
Levels of intervention

We must intervene at different levels so that the measures are mutually reinforcing and complementary. In this way, we ensure the coherence and the continuity of messages and actions. The levels of intervention are the young person, the school, the family and the community (Deschesnes, Martin et al., 2003).

At each level, there are targets and actors

At each level of intervention, people and organizations may be either actors mobilized to take action or the targets of the intervention. They are actors when they carry out actions that contribute to the development of young people. They are targets when the interventions are addressed to them. The parent-as-actor, for example, participates in school life by getting involved as a volunteer; the parent-as-target is invited to attend a workshop on parenting skills. The young person-as-actor is involved in the school's system of cooperation; the young person-as-target is the focus of policies and regulations concerning safety or healthy diet.

Figure 6 The four levels of mobilization



5.3

LINK OUR ACTIONS TO THE REAL LIVES OF YOUNG PEOPLE AND TO THEIR ENVIRONMENTS

It is in the various life contexts of young people (school, family, community), as well as in the policies and programming of community organizations and institutions, that the various actions (measures) can be linked. It is important that the selected actions correspond to the needs, the culture and the ways of doing things that are specific to the environment in which they are developed.

5.3.1

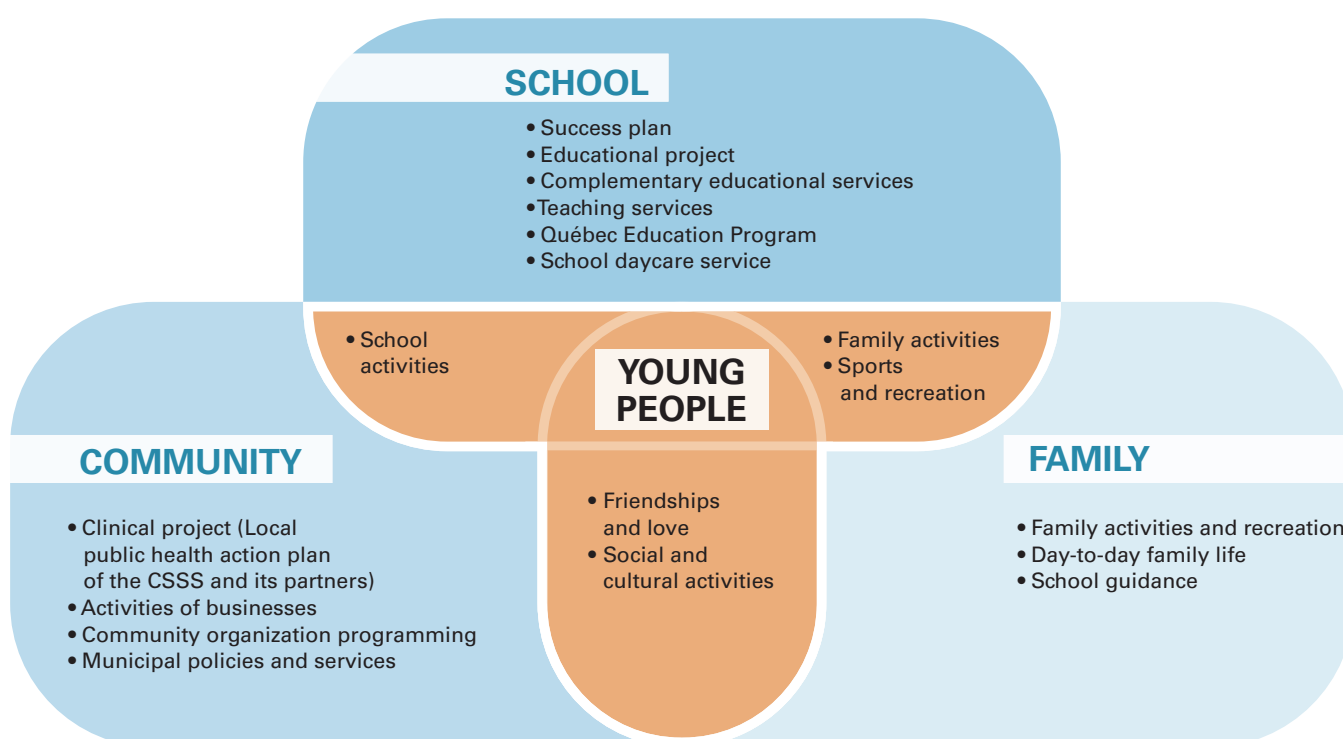
Young people

Young people need to be held in esteem, valued, loved and made to feel secure. To reach out to them in their situation, it is important to consider the main aspects of their day-to-day life: family activities, school and extracurricular activities, social and cultural activities, sports and recreation, friendships and love relationships.

When we intervene with young people, we have to take into account the following different elements that are specific to their situation:

- Their educational path calls for major commitment. Learning and methods used at school constitute a vast area. The styles of girls and boys are highly varied and their motivation is different. Despite efforts to ensure success for everyone, some experience difficulties at school.
- Young people are exposed to a wide range of recreational activities, from video games to sports, cultural and social activities, as well as gambling and games of chance and recreational activities that they share with friends and family.

Figure 7 Links for Healthy Schools



- Many young people must deal with the unstable living conditions of their parents, or they live in poverty, come from cultural communities that are very gradually integrating into our society, or are experiencing challenging living conditions (divorced or separated parents, single-parent or blended families, parents with health problems, etc.).
- Many young people are thinking about intimacy, friendship, love and sexuality. Some experience love relationships very early in their lives. All too often they are not familiar with birth control methods or do not consider such knowledge in their day-to-day decision making. Finally some young people become caught up in violent or aggressive relationships.

5.3.2 School

Next to family, school is the second most important living environment for young people. It is therefore crucial that promotion and prevention measures be harmonized with the actual situation of the school.

The programs, activities, services and regulations that make up the actual situation of the school both during and outside classroom hours all provide levers and opportunities to integrate promotion and prevention actions. In addition, these methods are within reach of all school staff, and the health and social services centre personnel. On reviewing these links, it is obvious that the school is already doing a great deal in terms of integrating promotion and prevention.

Education reform has provided further support for this situation. In fact, the new Québec Education Program aims to ensure that the student “constructs his/her world view, structures his/her identity and develops empowerment.” To do so, the Program specifically builds on the development of the young person’s cross-curricular competencies. There are nine: use information; solve problems; exercise critical judgment; use creativity; adopt effective work methods; use information and communications technologies; construct identity (Elementary level) or achieve potential (Secondary Cycle One), cooperate with others; and communicate appropriately. These competencies transcend the limits of specific subjects. The development of these competencies is the responsibility of all school staff.

The Québec Education Program also builds on the development of subject-specific competencies linked to various subject areas, including languages, mathematics, science and technology, social sciences, the arts and personal development.

In addition, the broad areas of learning (health and well-being, citizenship and community life, media literacy, environmental awareness and consumer rights and responsibilities, personal and career planning) propose a set of educational intentions and focuses of development that structure collective action in the school. These interdisciplinary areas allow students to make connections between what they learn from situations in their day-to-day life and current social experience.

5.3.3 Family

Parents are the primary people responsible for their children’s development. They influence each of the key factors of young people’s development through the relationships they sustain with them, recreational activities, guiding them in their schoolwork, and the role they are called on to play at school and in the community.

One of the major focuses of comprehensive and concerted intervention must be to reach out to parents in their context, grasp their concerns and the components of their role, as well as to influence them and work together with them.

Many families are living in situations that interfere with parental responsibilities (challenge of balancing work and family life, difficult living conditions, family breakdown and joint custody, blended families, or belonging to a cultural community with different values, etc.). It is important to take the reality of such situations into account in the organization of services and activities that are designed for them.

Table 2 Links at School – Educational Project and Success Plan

TEACHING SERVICES: QUÉBEC EDUCATION PROGRAM	
Cross-curricular competencies (G) Cross-curricular competencies are a set of skills that are developed through different subject areas and that must be transferred to concrete life situations. They are intellectual, methodological, personal and social as well as communication-focused. Intellectual: • Use information • Solve problems • Exercise critical judgment • Use creativity Methodological: • Adopt effective work methods • Use information technologies Personal and social: • Structure one's identity (Elementary level) • Achieve one's potential (Secondary Cycle One) • Cooperate with others Communication : • Communicate appropriately	Subject areas The subject-specific competencies are acquired in the following subject areas: • Languages • Mathematics, Science and Technology • Social sciences • Arts Education • Personal development (including physical education and health) Broad areas of learning (G) The broad areas of learning propose a set of major educational intentions and focuses of development that structure collective action in the school. These interdisciplinary areas allow students to make connections between what they learn from situations in their day-to-day life and current social experience. • Health and well-being • Citizenship and community life • Media literacy • Environmental awareness and consumer rights and responsibilities • Personal and career planning
COMPLEMENTARY EDUCATIONAL SERVICES	
Student Life Services Program: This program concerns the development of autonomy, responsibility, morality and spirituality, interpersonal relations, a feeling of belonging to the school and to the community. Examples of actions: sports, cultural and social activities; spiritual care and guidance and community involvement Support Services Program: This program aims to ensure conditions that are conducive to learning. Examples of actions: training of teachers on new pedagogical approaches; documentary resource centre in school libraries	Promotion and Prevention Services Program: This program aims to provide the young person with an environment that is favourable to the development of healthy living habits and skills that will have a positive impact on his/her health and well-being. Examples of actions: actions to influence school cafeterias or on concerning the availability of school facilities for physical activities; preventive clinical services Assistance Services Program: This program aims to guide the young person in his/her educational path, his/her academic and career counselling, and in seeking solutions. Examples of actions: academic and career counselling information
DAYCARE AND LUNCHTIME SERVICES	
Entertainment and pedagogical activities, snacks, animation, supervision, connections with parents, understanding and learning of rules, etc.	

5.3.4 Community

The real situation of a community is the combination of the general living conditions of its members, the social norms and values that are conveyed within it and the policies and institutions that comprise it. In the Healthy Schools perspective, the CSSS are considered as community stakeholders. The principal links of the Healthy Schools program in the community are the clinical project, which includes the local public health action plan of the health and social services centre and its partners; the programming of community organizations; municipal policies and services; and activities of businesses.

5.4 DEVELOP APPROPRIATE PROMOTION AND PREVENTION ACTIONS

5.4.1 Objectives for young people

The primary purpose of promotion and prevention measures is to support young people in their overall development and to contribute to their educational success at all levels.

The purpose of these actions is to lead young people to:

- take responsibility for their educational success, their health and their well-being; be active agents of their own development
- adopt values linked to fairness, respect and justice, mutual aid and solidarity, tolerance for differences, perseverance, willingness to make an effort, self-respect, respect for others and for the environment
- enhance their sense of personal worth and their academic, personal and social skills
- adopt healthy living habits and healthy and safe behaviours
- play an active role in society (involvement in sports, social, cultural and community activities)
- develop in a stimulating, harmonious, safe, secure and healthy environment

5.4.2 Actions

Some actions are more appropriate than others to achieve these objectives. They may involve programs, services, activities, policies or rules. Appropriate **actions** are interventions considered to be effective or promising in fostering educational success and advancing health and well-being.

The procedure proposed in the Healthy Schools programs makes it possible to:

- ensure that the actions developed (implemented) are appropriate
- coordinate all actions implemented, make connections between actions and partners, give meaning to the actions, ensure cohesiveness
- recognize the strengths of different actions and potential problems in applying them
- consolidate or improve the actions implemented
- facilitate the renewal of practices

5.4.3 The key: renew practices

The Healthy Schools program proposes a new approach to transforming the orientations of the success plan into concrete action. The school actors must aim for the educational success, health and well-being of students while taking into account the key factors of young people's development, by intervening at four levels, in partnership with the other actors concerned. This approach involves renewing practices while complying with the orientations of education reform.

Essentially, the renewal of practices involves:

- Choosing and developing, in partnership, the most integrative actions possible, that is, actions likely to simultaneously influence several factors, foster the development of young people's skills and be reinforced at several levels of intervention
- Making these actions a part of learning situations, projects and activities that are meaningful to young people

Combining several actions, because no single action can be effective on all factors and at all levels at once

Combining certain *integrative* actions wisely avoids the need to implement numerous projects; in fact, by developing actions linked to the educational project's orientations and taking into consideration the key factors and the four levels of intervention, one project can be used to achieve several objectives.

5.4.4

Tables: A resource bank of integrative actions for Healthy Schools

The following tables suggest a set of preferred appropriate promotion and prevention actions to foster young people's educational success, health and well-being all at the same time. These tables should not be viewed statically. What first appears to be a series of isolated actions should be viewed as a resource bank from which specific actions can be selected and combined.

The actions are to be included in various projects and learning situations that will be developed in compliance with the success plan, the Québec Education Program and the complementary educational services programs (see suggested points of references in section 6.3.2). The choice of actions to be combined will be made based on the results of suggested procedure for implementing the program in the school in section 6 of this guide.



Actions to be developed:

- Management measures
- Training for school staff
- Educational activities for students
- Support and coaching for parents
- Prevention services for young people and their families
- Policies, rules and standards

Table 3 Management measures

Actions	Main factors affected	Examples of application
Ensure cohesion between the management method and the values conveyed by the educational project	– Social skills – School environment (social and pedagogical)	• Include the adoption of desired values in the educational project and in the school's rules of conduct and safety (code of conduct) • Refer to models (people or fictional characters) who are recognized for putting the desired values into effect • Officially recognize the individual effort, commitment and perseverance of students in the educational project and the success plan • Carry out activities that make young people feel responsible for the atmosphere in the classroom (e.g. participatory classroom management) • Set up a cooperative council (G) in the class and a student council in the school
As school principal, establish a harmonious atmosphere and a stimulating pedagogical environment through policies, rules, measures and feedback mechanisms; foster a participatory management process with the school staff	– Self-esteem (of students, staff and parents) – Social skills – School environment (social and pedagogical)	• Recognize the qualities of students and all staff members and any improvements they have made, for example, at assemblies, school staff meetings, meetings with parents, in the report card or on the school radio program • Thank parents who have volunteered at school in various ways, for example during meetings with parents or assemblies • Help staff members define their own winning strategies, for example with respect to pedagogy, or supervision • Provide staff members with material and moral support • Monitor progress and give the required feedback at staff meetings • Encourage concerted action and the sharing of expertise with parents and school staff, for example, with respect to an individualized education plan

Table 4 Training for school staff

Actions	Main factors affected	Examples of application
Implement training activities for all school staff, particularly for: • Participatory classroom management focused on leading students to take responsibility • Dynamic pedagogical methods and facilitation strategies: project-based instruction; cooperative learning, differentiated instruction (G) • The integration of health and well-being promotion in learning situations based on the Québec Education Program • Relations with parents • Approaches to multicultural environments and disadvantaged environments	– School environment (social and pedagogical) – Social skills – Family environment – Community environment	• Organize discussion forums to encourage teachers to share ideas on teaching methods • Offer workshops or training sessions and work sessions with experts • Carry out coaching activities, particularly for new teachers (e.g. sponsorship of new teachers by more experienced teachers) • Foster participation in seminars, symposia, or training sessions

Table 5 Educational activities for students (projects, learning situations, other activities, etc.)

Actions	Main factors affected	Examples of application
Plan and implement projects, learning situations (G) and other activities linked to the orientations of the educational project and that make it possible to affect several key factors, at several levels at the same time; the situations must be varied, stimulating, intensive and continuous, and be spread out over the entire year, from kindergarten to Secondary V	– Self-esteem – Social skills – Living habits – Safe and healthy behaviours	• Draw on the points of reference in section 6.3.2 of the guide during the preparation of projects and learning situations • Use pedagogical methods such as project-based instruction; (G), cooperative learning (G), peer-tutoring, etc.

Table 6 Support and coaching for parents

Actions	Main factors affected	Examples of application
Collaborate with partners in the exercise of their role (Epstein, 2004), particularly in terms of: • Basic needs (e.g. diet, safety, health) • Parental skills for all age groups (e.g. discipline and supervision) • Support for help with school work (e.g. help parents to help their children; help parents to understand the Québec Education Program) • Information on any topic related to self-esteem, social skills, living habits and safe and healthy behaviours	– Self-esteem – Social skills – Family environment – Community environment – Prevention services	• Disseminate information in local media about parents' role and child development at all ages (Deslandes, 2001) • Collaborate in setting up support groups to help parents in terms of health, housing, diet, safety and parenting approaches (e.g. discipline, peer pressure, drug use prevention, career planning) (Deslandes, 2001) • Organize workshops on the different ways of reading out loud (Deslandes, 2001) (elementary level) • Offer workshops for parents, for example, on how mathematics are taught to the students (Deslandes, 2001) (elementary level)

Table 6 Support and coaching for parents

Actions	Main factors affected	Examples of application
Develop appealing and regular communications to reach parents (Normand et al., 2000 cited in Vitaro et al., 2000)	– Family environment – School environment (social and pedagogical)	• Make appealing invitations to parents for school activities or meetings, particularly by calling on children and children's participation in the activity or meeting, through letters, circulars, local media, translate messages into different languages where necessary • Increase personal contact with parents • Hold an interview with each parent; seek out ideas to improve the design and the content of the main forms of communication • Re-issue invitations, remind people, call them back (e.g. organize a phone tree) • Plan on support mechanisms for participation (e.g. flexible schedules, daycare, transportation, snacks or meals) • Pay a great deal of attention to the needs of parents (e.g. flexibility, simple objectives, accessible vocabulary, etc.) • Make the information accessible by adapting it, translating it, or recording it on voice mail when required • Stress the quality of reception • Whenever possible, provide a place for parents, that has at least one bulletin board. Ideally, it should be in an inviting room. • Have children present their portfolio (G) to their parents • Send positive messages (e.g. informative notices about school events, activities for students, programs) • Phone the student's home to say that things are going well • Suggest that students write a letter to their parents, articles on topics touching on diet, the promotion of a favourable physical environment • For children of separated or divorced parents, make sure to reach both parents

Table 6 Support and coaching for parents

Actions	Main factors affected	Examples of application
Develop and consolidate the means, mechanisms and opportunities for parents to participate in school life, projects, in volunteering, in extracurricular activities, in decision making processes as guest speakers, mentors, helpers, motivators, monitors, tutors, leaders (Epstein, 2004; Deslandes, 2001)	– Family environment – School environment (social and pedagogical)	• Conduct an annual survey to determine the interests, needs, talents and availability of parents, consult them, and hold forums • Make a room available to parents, with the support of the governing board, so that they have a place to meet, discuss and obtain information • Create occasions to allow parents to participate in school life even if they cannot directly take part in the school's activities, recognize their participation and give them the chance to do things at home (e.g. repair books, prepare activities, write messages, or newsletters, prepare recipes, sew, etc.) • Provide volunteers with training, for example, training on the governing board, the parent participation organization, parents committee, the individualized education plan (G), the individualized service program (G), etc. • Provide parents with opportunities to carry out activities at school (e.g. help at the school library, facilitating or supervising in the school yard, facilitating at breakfasts provided at school) • Set up means of recognizing the volunteer work of parents at the school (e.g. organize a party, ask students to make a work of art for the volunteer parents, send them a note of thanks and recognition, etc.)

Table 7 Prevention services for young people and their families

Actions	Main factors affected	Examples of application
Facilitate access to and development of prevention services	– Prevention services – Community environment	• Facilitate the organization of services (e.g. schedules, facilities for stakeholders) • Provide services in the school (e.g. smoking cessation program for young people, youth clinics, etc.) • Promote prevention services among students, parents and the community • Facilitate links with parents (e.g. for prevention of infectious diseases, prevention of dropping out)
Collaborate in joint projects with the community in order to meet the needs of young people and families and to provide mutual support in providing services to young people and families	– Community environment – Prevention services – School environment (social and pedagogical)	• Identify and integrate community resources and services into the school (e.g. tutoring for vulnerable young people, clothing or sports equipment bazaars) • Provide information on school and community programs and services (e.g. open house day, information booths, feature stories) • Set up joint projects (e.g. an improvement project for the school, neighbourhood or municipality, a community meals project with neighbourhood or village schools) • Make documentary, sports and recreational resources, equipment and facilities available to community organizations

Table 8 Policies, rules and standards

Actions	Main factors affected	Examples of application
Extend knowledge of and apply policies and rules, particularly concerning living habits, safe and healthy behaviours and the layout of safe and welcoming facilities	– School environment (physical, social and pedagogical) – Living habits – Safe and healthy behaviours – Prevention services	• Provide a healthy nutritional environment, particularly by offering healthy menus in the cafeteria and nutritious products in vending machines • Apply a smoke-free policy • Apply safety rules at sports and recreational activities (e.g. the wearing of protective equipment and sunscreen) • Conduct regular safety checks on equipment in the school yard • Carry out improvement projects • Reduce classroom noise (e.g. put tennis balls on chair legs) • Make the rules of conduct and safety (code of conduct) known to all and apply them accordingly

Actions to be developed:

- Parental participation
- Support and academic coaching for young people

Table 9 Parent participation

Actions	Main factors affected	Examples of application
As parents, find out what contributes to children's development, become familiar with: • ways of developing children's self-esteem and social skills • the key stages of development • effective supervision and discipline • healthy living habits and safe and healthy behaviours • school and community resources, specifically with respect to meeting basic needs (housing, health, diet, clothing, security) • ways of improving learning at home (homework assistance, family reading activities, etc.)	– Family environment – Community environment – Prevention services – Living habits – Safe and healthy behaviours – Self-esteem – Social skills	• Consult newsletters, local newspapers and resource guides to find out about community resources • Participate in conferences, parents' assemblies and information workshops organized by the school or the CSSS • Participate in a support group on parenting skills • Read school communiqués and documentation provided by the school

Table 9 Parent participation

Actions	Main factors affected	Examples of application
Participate in school life	– Family environment – School environment (social and pedagogical)	• Attend special school activities (e.g. performances, receptions, exhibitions) • Provide one's opinion on consultations and surveys • Commit as a volunteer (e.g. at the library, at organized activities) • Do things at home for the school (e.g. write up communiqués, repair books for the library) • Join the parent participation organization (PPO) (G) • Be a member of the governing board
Cooperate in the prevention services provided at the school and in the community	– Community environment – Prevention services	• Fill out and sign the forms and health records required to monitor children • Reinforce prevention messages conveyed at school and in the community (e.g. messages linked to the promotion of peaceful relations based on confidence and respect) • Participate in individual consultations to monitor the health and well-being of children
Use school and community resources	– Family environment – Community environment – Prevention services	• Take advantage of consultations at the CSSS, workshops and activities offered by community organizations • Participate in workshops and mutual aid groups that support parenting skills related to supervision and discipline, for example, or support for monitoring schoolwork, reading, literacy, tips and recipes for maintaining a healthy diet on a low budget, etc. • When necessary, turn to community kitchens, food cooperatives; learn about food safety measures, low-cost rental of sports and safety equipment; seek job-search assistance, support for social and vocational integration; allow children to take part in school breakfasts, etc.

Note: Some parents will need special support. In the Healthy School approach, actors in the school and in the community ensure that they reach these parents through appropriate strategies (see the At School and In the Community tables).

Table 10 Support and school guidance for the young person

Actions	Main factors affected	Examples of application
Support children in achieving success by giving them attentive guidance, by asking about their progress, by being there and by showing interest in what they do	– Family environment – School environment (social and pedagogical) – Self esteem – Prevention services	• Help one's child with school work, check to see he or she is doing well; when the need arises, contact school staff and when necessary, seek help • Seek the support that is required if one is experiencing difficulty helping one's child with schoolwork • Attend parent-teacher meetings, become involved at report card time, participate in meetings required to set up an individualized education plan, should the child be experiencing difficulties

Actions to be developed:

- Support, services and coaching for young people and their families
- Social participation of young people
- Policies, rules and standards
- Support for concerted action

Table 11 Support, services and coaching for young people and their families

Actions	Main factors affected	Examples of application
Implement coaching activities or support services in the community, particularly for families in difficulty	– Family environment – Prevention services – Community environment	• Mobilize people in the community who can impact young people and get them involved in activities for young people in their community (e.g. mentoring, tutoring) • Offer parents support workshops to monitor their children's academic progress and encourage them to recognize children's efforts and progress • Provide community resources such as mutual aid groups for separated and divorced parents, blended families, community kitchens, food cooperatives, assistance centres, literacy groups, parenting skills education and mutual aid groups, respite and help centres, etc. • Regularly update a directory of community resources and use the CSSS Info-santé service to inform the public about these resources • Ensure the dissemination of information relevant to young people and families in difficulty throughout childcare centres, elementary and secondary schools, youth centres and the CSSS, and develop gateway tools between the settings and the various levels of intervention
Offer sports, cultural, social and environmental activities on school days from the end of classes until dinner-time, during school breaks, professional development days, weekends and summer vacation	– Self-esteem – Social skills – Living habits – Community environment	• Organize and strengthen sports clubs, competitive activities and hold performances, museum visits, poetry evenings, visual arts clubs with young people and their parents • Conduct a feasibility study on making changes to municipal transportation, school bus transportation or other ways of facilitating access to activities held at the school in the evenings or on weekends • Include on municipal agendas environmental protection days, with cleanup of parks, tree and flower planting, recycling activities • Organize a community garden, a community kitchen at school, community meals in a community centre • Organize, in cooperation with seniors, historical workshops for school holidays, where seniors come to tell the story of their neighbourhood or village • Offer preferential rates to encourage disadvantaged parents and young people to take part in municipal cultural and recreational activities

Table 11 Support, services and coaching for young people and their families

Actions	Main factors affected	Examples of application
Facilitate access to and development of CSSS prevention services at school and in the community, particularly youth clinics	– Prevention services – Healthy living habit – Safe and healthy behaviours – Self-esteem – Social skills	• As a CSSS, inform the schools concerned of the priority services to be developed (implemented), the (easily accessible) location of these services and the (flexible) schedules making it possible to reach young people easily • Offer quality health and social services, for example, immunization, public dental health prevention services, control of infectious diseases and sexually transmitted and blood-borne infections, contraception, and health monitoring
Collaborate in the school's implementation of complementary educational services and facilitate harmonization of these services with community projects	– Self-esteem – Social skills – Living habits – Safe and healthy behaviours – Environments – Prevention services	• Seek the involvement of community leaders in the school and in extra-curricular activities, and involve school staff in community projects • Set up joint projects, specifically as part of school life services and promotion and prevention measures (e.g. music group, drama, draft agreement between municipalities and the school on the use of the school and recreation yard outside classroom time) • Provide official recognition, both at school and in the community, of young people's individual efforts and commitment (involvement) in community life (volunteering, mutual aid), for example at award events, in the media

Table 12 Social participation of young people

Actions	Main factors affected	Examples of application
Offer young people opportunities for social participation: involve them in concrete activities that are valued by community members	– Self-esteem – Social skills – Community environment	• Park cleanups, recycling, involvement in media campaigns on environmental protection; civic activities and neighbourhood revitalization, political involvement; responsible citizenship, etc.

Table 13 Policies, rules and standards

Actions	Main factors affected	Examples of application
Put in place and apply policies and rules to foster young people's optimal development	– Self-esteem – Social skills – Living habits – Safe and healthy behaviours – Environments – Prevention services	• Establish policies and standards to offer safe and healthy environments that favour the adoption of healthy living habits, civil, healthy and safe behaviours, for example on topics such as smoke-free places, air quality in public places, safe access to parks and play areas • Fit out attractive public places, geared to the interests of young people and families and that have the appropriate recreational equipment • Establish and implement measures favouring reconciliation of work/family life or measures aimed at improving the financial situation of families • Involve the school staff and parents in the development and implementation of rules to monitor parks neighbouring the school during and outside classroom time • As businesses, establish protocols that limit the number of hours young people can work during the school year

Table 14 Support for concerted action

Actions	Main factors affected	Examples of application
Consolidate local intersectoral decision making bodies dealing with young people	– Self-esteem – Social skills – Living habits – Safe and healthy behaviours – Environments – Prevention services	• As leaders taking charge of concerted action for young people, foster the development of young people's sense of belonging to the school and of their parents to the community by participating in joint projects with the school and parents, for example, such as holding intergenerational family activities • As local concerted action decision-making bodies (e.g. Table de concertation jeunesse), ensure the planning and coordination of activities, liaison with schools, training of stakeholders, communication between schools, families and community organizations • Raise awareness in the various activity sectors and the local media about collective responsibility for young people's education and for the financial, social, cultural, political, educational, and other resources that each sector can contribute to get involved

6



Suggestions on how to proceed

■ 6.1 RALLY THE EDUCATION COMMUNITY AND PROMOTE CONCERTED ACTION 6.2 ANALYZE THE SITUATION
6.3 IMPROVE THE SUCCESS PLAN 6.4 IMPLEMENT A SUCCESS PLAN FOR HEALTHY SCHOOLS 6.5 CRITICALLY
EXAMINE THE ACTIONS

The Healthy Schools program is integrated into the school's success plan and involves the same steps. In the event that the school is beginning to develop its success plan, and in keeping with the spirit of its primary mission (to provide instructions, to socialize, to provide qualifications), the key factors and levels of intervention proposed in this guide must be taken into consideration and integrated into planning. Where the success plan has already been developed, it should be reviewed, and the recommended Healthy Schools program targets and methods incorporated as needed.

Although the steps in the process appear to be traditional, they take on new meaning in the way that they are implemented. The process makes it possible to adopt a common vision of educational success, health and well-being, translate it into objectives to be pursued and develop actions and mechanisms to evaluate them.

Tools are suggested for each step. They are included in the toolbox that will be distributed at the Healthy Schools Workshop provided as support for the program's implementation.

Education reform calls on stakeholders to move away from a teaching model to a learning model. The Healthy Schools program takes this shift into account by putting into practice four principles stemming from the orientations of the Québec Education Program:

- coaching
- collegiality
- differentiation
- adaptation

The **coaching** of stakeholders involved in the implementation of the Healthy Schools program is primarily based on a perspective of making people autonomous. The stakeholders are the primary agents of changing practices in this program. Coaching them to carry out this change involves:

- leading them to recognize their strengths in terms of promotion and prevention, their limits and the resources available to help them

- linking their prior experience to what they want to develop
- fairly and realistically judging their capacity for development
- abandoning an expert's approach to adopt a more collaborative approach

The implementation of the Healthy Schools program calls for **collegiality**, in which the principles of harmonious and effective teamwork acquire their full meaning, both within the school and with partners. The nature of collaboration between school, family and community must be based on reciprocal relations. In this way, parents are not merely users of school services; they can take part in the decision making at the school, be actors and play their role in establishing reciprocal relations with teachers. Partners are not merely service providers in the school, they are also collaborators with whom joint projects for young people can be developed (Deschesnes, Martin et al., 2003).

The Healthy Schools program builds on a practice of **differentiation**, i.e. the consideration of diverse nature of any group, respect for different learning styles and paces, the resources and prior experience of each individual, taking into account different personal, social and family contexts. This practice draws on diverse elements from which relevant activities and interventions can be developed to meet everyone's needs.

The implementation of the Healthy Schools program is also based on the practice of **adaptation**, i.e. on the ability to identify the strengths and problems associated with action, to make adjustments and to value progress, however great or small. The people responsible, like all actors involved in the program's implementation, are active participants, since they regularly review the progress they have made and the effectiveness of their interventions.

Figure 8 An operational procedure for a Healthy School



6.1

RALLY THE EDUCATION COMMUNITY AND PROMOTE CONCERTED ACTION

6.1.1

Foster the participation of the main players

An initial core group

After having appropriated the process and presented it to the governing board, the school principal invites interested persons to become involved and to form an initial core group.

6.1.2

Set up the team responsible for the process

Recruit members

These members call on other representatives with diverse roles and functions to participate. The school principal can choose to entrust the mandate of implementing the Healthy Schools program to an existing committee (e.g. educational project committee) or to set up a committee dedicated to this task. Experience with implementing the Healthy Schools program in some school environments shows that the second method often proves to be the most promising.

Who should be on the team?

- staff members
- parents
- young people (at secondary school; at the elementary level, children can be involved in various ways, for example, by consulting the student council or committee or one student representative per class)
- the physical education and health teacher should be involved with the process, in light of the role entrusted to him/her by the Québec Education Program
- a representative of the school daycare service
- whenever possible, a CSSS stakeholder (if not, provide for a form of coaching depending on the availability of resources)

- partners interested in committing to a process focused on a common goal, who have leadership, the ability to work as a team, particularly stakeholders from community, municipal and socioeconomic organizations

Adopt a common vision and operating procedure

The team responsible for the implementation process must share a common vision of the situation of young people as well as of the major issues involved in their educational success, health and well-being. The process will guide members on the preferred orientations to be adopted in terms of promotion, prevention and educational success and on the major actions to plan.

Common vision refers to the idea that team members have of the ideal situation that they would like their action to result in.

In order to give form to the vision that motivates them, it is important the team members adopt an operating procedure that will make it possible to:

- clarify roles and share responsibilities (coordination, frequency of meetings; facilitate meetings; follow up; liaison between school, family and community, etc.)
- choose decision-making mechanisms
- implement the conditions required to involve the stakeholders, for example, by recognizing their participation on the responsible team or in specific activities, by releasing stakeholders at specific times, by sharing costs and responsibilities where necessary

Ensure follow-up as a team

A list of questions may help to verify and maintain a satisfactory operating procedure throughout the process, for example, through questions on the regularity and effectiveness of meetings, the communication of information within the school, among parents and among partners, clarification of roles (Health Canada, 2003; Bastien and Risler, 2003).



6.2 ANALYZE THE SITUATION

In order for the team to choose preferred actions, it is important that it thoroughly understand the issues, the needs of young people and the possibilities of the environment.

6.2.1 Review the situational analysis

Most schools have already developed their educational project and their success plan. As part of this procedure, they have completed a situational analysis documenting the various aspects of the environment and the success of young people. A review of this situational analysis is recommended in order to add a number of elements linked to health and well-being, if they have not already been integrated (key factors, levels of intervention, etc.).

Aspects to be documented

The main points to document are:

- the school's characteristics: number of students, of groups, staff profile, school climate, the state of the building's facilities and service areas, the scope of students' underprivileged environment, etc.
- the academic success profile: overall level of success, the percentage (proportion) of students aged 12 years and under who graduate to secondary school, etc.
- the environment's characteristics: urban or rural setting, living conditions of families, physical, cultural environment, etc.
- the state of students' health and well-being: basic needs, living habits, safe and healthy behaviours, self esteem, etc.
- existing resources and activities: actions already developed to collaborate with parents, interventions and projects by community organizations, etc.

How to proceed?

Different methods can be combined to carry out a situational analysis:

- consultation of local and regional data (school and school board registers, data from public health department inquiries, neighbourhood or village portraits conducted by the CSSS or community and municipal organizations)
- consultation of key individuals (teachers, staff working in complementary educational services, stakeholders from CSSS and community organizations, parents, young people)
- use of existing information gathering tools; even if no tool specifically developed for the Healthy Schools program exists, there are various validated tools, including the following:
 - School Socio-Educational Environment Questionnaire (Janosz, 2003)
 - Questionnaire *Rapprocher les familles et l'école secondaire*, for parents. Inventory of school practices (MEQ, 2004)
 - Student Needs Assessment Questionnaire from *Voices and Choices: Planning for School Health* (Health Canada, 2003)
 - Outils d'analyse de la situation de la santé, du bien-être et de la réussite éducative dans l'école (DSP de Laval, 2003)
 - Outils d'analyse de la situation de la Commission scolaire des Affluents (Commission scolaire des Affluents, 2003)
 - Other public health departments and other school boards have perfected their own tools that may be useful to consult

Summarize the situational analysis

A summary of the situational analysis requires that the main observations linked to young people's educational success, health and well-being be identified. The following table may serve as a tool to summarize the situational analysis.

Main observations linked to educational success, health and well-being (difficulties or success with respect to the key factors, for example, lack of social skills, inadequate or insufficient diet, positive school climate, low participation of parents in school life, dynamic school team, etc.):



6.2.2

Ask questions and draw conclusions

Ask questions

- Do the actions make it possible to meet the basic needs of all students?
- Are projects carried out in the school linked to the educational project and the success plan?
- Are all the key factors being addressed in young people's educational success, well-being and health? At all levels?
- Do the actions address the development of diverse competencies (skills) in young people, such as cooperate with others, use information and communications technologies, communicate appropriately, etc.?
- Are recognized effective and promising actions being used? Are actions being implemented with adequate frequency and continuity? (See section 5 on conditions for effectiveness and recognized means. You may also consult public health stakeholders.)

- Are the required connections being made between the actions developed (implemented)? Between the actors concerned?
- Are we making sure that all the possible links are being utilized?
- Do the actions implemented involve the participation of young people?

This involves relating what is being done with what the Healthy Schools program recommends. (See sections 5.4.3 and 5.4.4)

Draw conclusions

The analysis identifies avenues for developing the action plan:

- what must be continued
- what must be improved
- what must be stopped
- what must be added
- what must be developed

6.3

IMPROVE THE SUCCESS PLAN

The educational project and the success plan contain the orientations and the actions to which the school, young people, families, the CSSS and the other partners have chosen to **rally together** as a priority, regardless of the role or the functions they fulfill. "The result of consensus, it [the educational project] is the tool that brings all parties together around the same work goals." (Fédération des comités de parents du Québec, 2002). Furthermore, the school staff works in accordance with the Québec Education Program and complementary educational services programs. Thus, various key factors that may not be the focus of a specific orientation of the educational project may be approached through the curriculum (broad areas of learning, subject areas, cross-curricular competencies) at the appropriate moment in the young person's development.

6.3.1

Agree on priorities

Since it is impossible to accomplish everything during the first year of implementation of the program, it is important to agree on priorities in terms of a number of criteria. The school's primary mission is to provide instruction, to socialize and to provide qualifications. Since, at this stage, it is a matter of improving the success plan, the promotion and prevention actions should be expressed:

- according to the hierarchy of needs of all individuals
- according to the criteria of relevance, significance and feasibility

First: basic needs

Above all, physiological needs are the priorities (e.g. eating, drinking, resting, being appropriately dressed according to the weather, etc.). Although we live in a privileged society, there are sectors of it in which these basic needs are not met. Thus, if the situational analysis reveals deficiencies at this level, they must be dealt with as a priority. From the outset, actions to meet these needs must be planned.

Second: the need for physical and psychological safety

If students' safety is compromised, actions must be undertaken to ensure their physical safety (e.g. reduce or eliminate risks of disease, accident, or exposure to dangerous environments, that jeopardize the individual's integrity or life) and their psychological safety.

Third: a proper diet and physical activity

A proper diet and physical activity are fundamental in many respects:

- for the young person's development (e.g. growth, dental maturation, bone density)
- for the young person's health (e.g. immune system resistance, protection from several types of cancers, prevention of cardiovascular diseases, diabetes, obesity)
- for the young person's well-being (e.g. energy, vitality, physical condition)
- for the young person's educational success (e.g. effects on motivation, self-esteem, cognitive performance, concentration)

There is a consensus on the relevance of taking concrete action from early childhood if we want to favour the adoption and maintenance of healthy living habits throughout a lifetime. The Québec Education Program and the complementary educational services programs support this consensus.

Other needs

It is recommended, in other situations of concern at the school, such as bullying, violence (including violence in love relationships), drugs and teenage pregnancy, to determine priorities based on the criteria of relevance, significance and feasibility, such as:

- the scope of the situation
- the significance of the impacts on educational success, health and well-being, based on the literature and expertise

- the significance that the situation holds for young people, the school, and the community
- the scope of the potential impacts of the situation if no action is taken
- the capacity for taking action (actions underway, existing effective resources, feasibility in terms of financing, availability of human resources, time, etc.)
- the mobilizing nature of the situation (which energizes and triggers the desire to take action)

Each situation should be analyzed in terms of these criteria. It should also be remembered that the Healthy Schools program suggests approaching problems from the perspective of the key factors underlying them. In this way we can take pre-emptive action on several problems with common determining factors.

Prevention services

The services to be developed as priorities are chosen according to the complementary educational services programs of the school board, the strategic plans of school boards and the local complementary services agreement between the school board, the schools and the CSSS. The choice of priorities is based on the clinical project which encompasses the local public health action plan of the CSSS and its partners.

6.3.2

Determine the objectives and actions for Healthy Schools

Determine the orientations and the objectives of the educational project over a three-year period.

Taking into account the results of the situational analysis and priorities chosen in light of the Healthy Schools program parameters, it is important to:

- establish realistic objectives in terms of feasibility (e.g. skills required of stakeholders, human and material resources required, existing effective measures, time required to take action)
- identify the nature of the desired improvement (e.g.

increase the time allocated to physical activity for all students, expand the use of information and communications technologies in learning situations, raise the success rate)

- identify the timeframe and the targeted population (e.g. all students; students experiencing difficulties in their educational path)
- confirm the attainment of objectives using appropriate means (e.g. observation checklist, survey, questionnaire) and follow-up indicators (e.g. number of teachers trained in project-based instruction; number of parents who have attended workshops). (See the document appended to this guide: *Educational success, health and well-being, École Lajoie: A fictional example of an educational project and success plan for a Healthy School.*)

Choose actions

At this point, it is important to choose the actions that are most likely to lead to achieving the objectives of the success plan. A few points of reference are suggested for choosing and developing *integrative actions*. The choices are made on the basis of recognized effectiveness criteria for learning, promotion and prevention. The choices must demonstrate concern for taking action before problems occur.

The resource bank of actions presented in section 5.4.4 comprises actions associated with the different levels of intervention (young person, school, family and community) that must be combined to achieve a Healthy School. Several of these actions may be developed within a single project or even a learning situation, as explained in section 5.4.3.

Points of reference for choosing and developing integrative actions

The same points of reference apply regardless of the concerns of the environment or the needs to be met and orientations to be followed.

When the actors choose and develop *integrative* actions and include them in projects and learning situations, they must ensure that the combination of these actions:

- engages the participation of young people (development, implementation, evaluation, etc.)
 - begins with the knowledge, questions and concerns of young people
 - leads young people to consider the entire set of environmental and individual factors (including their interdependency) that come into play as well as the different levels involved
 - calls on diversified pedagogical tools and means of expression so that every individual can find his or her own way of learning and communicating
 - enables young people to recognize the learning they are involved in, the limits they encounter and the means that enable them to overcome these limits
 - aims to develop the various competencies (e.g. cooperate with others, use information and communications technologies, learn to communicate appropriately)
 - is developed by the different stakeholders and partners in the environment in order to integrate several subject areas (e.g. languages, arts education, social sciences, personal development, mathematics, science and technology) and complementary service programs (e.g. school life, promotion and prevention) in order to facilitate links with families and the community
 - is developed by choosing the most appropriate actions for promotion and prevention, according to conditions for effectiveness and continuity, recommendations and consensus (consult section 5.4.4 of this document)
- is developed with concern for acting on several key factors, for example:
 - self-esteem, by exhibiting the productions of young people as related to activities in the school, in a public place, in a recognized community organization in the neighbourhood newspaper or at any recognition event
 - social skills, particularly through teamwork
 - family environment and school (social) environment, through collaboration with the school and families (e.g. through relevant information for parents published in a newsletter prepared by young people; information workshops held at school; the involvement of parents in the preparation of activities held at the school)
 - the community environment, by making services, resources and equipment available to families and young people (e.g. prevention services of the CSSS; available facilities for regularly practised physical activities; food safety activities such as community kitchens for families that require them; workshops to support parenting skills)

6.4

IMPLEMENT A SUCCESS PLAN FOR HEALTHY SCHOOLS

6.4.1

Continuously support the mobilization and concerted action of all individuals and groups involved in the action

The development of the educational project and the success plan is not a goal in itself. These tools acquire their full meaning when they are updated, and this is why it is so important to support the mobilization of actors throughout the entire implementation phase. It is important as well to attain concrete, measurable gains on a regular basis that match the interests of the targeted actors. Concrete means and resources must therefore be planned for this purpose. In this regard, below are the recognized ways and means to be taken into consideration to support mobilization:

- Establish a climate of trust and mutual respect in the school, with parents and with partners in the community, for example: be welcoming, attentive, provide conditions that foster the involvement of partners (e.g. adapt meeting schedules, use an accessible level of language); clearly present the planned objectives and the means that are a part of the Healthy Schools program; make the premises accessible, friendly and conducive to concerted action.
- Develop a feeling of belonging and reinforce it (e.g. recognize and welcome the skills of everyone; support interest and enthusiasm by quickly involving people in concrete actions; highlight accomplishments on a systematic and regular basis).
- Reinforce the abilities of actors (e.g. offer upgrading sessions to teachers; support the participation of the different actors in training sessions based on need; invite experienced stakeholders to share their experience).

6.4.2

Assume the duties of coordinating and supporting actions

At the implementation stage of the Healthy Schools program, it is important that the team responsible for the implementation process:

- clarify the roles and responsibilities of everyone
- determine the tasks linked to each action (e.g. management, facilitation, coordination)
- identify the available resources (human, financial, material)
- identify potential collaboration (school staff, governing board, young people, parents and partners in the community)
- establish a calendar

6.5

CRITICALLY EXAMINE THE ACTIONS

Evaluation is a process that makes it possible to learn from what one is already doing in order to improve the planning and management of action. It is also a way of ascertaining the extent to which established objectives and desired results have been attained. Finally, it is a process designed to produce information to facilitate decisions concerning the choice of preferred actions (D'Amours et al., 2000).

The evaluation must not be perceived as an insurmountable burden or become more important than the intervention itself (Health Canada, 2003). It is a means for improving interventions and monitoring progress on their implementation and not an obstacle to carrying them out. When an evaluation process is undertaken, it is not necessary to answer all the questions listed above. Priorities must be established according to what we wish to know about the intervention, the time and resources we have and the accessibility of data.

The evaluation of certain objectives may require the contribution of outside experts. The Healthy Schools program will also be evaluated province-wide.

Clarify what needs to be evaluated, how, by whom and when

It is important to determine the goals of the evaluation (i.e. what we want to evaluate) and to determine who will take part in the evaluation, how, and when. Two levels of evaluation are possible, either the evaluation of the implementation process or the evaluation of the program's impacts (D'Amours et al., 2000).

The **evaluation of the implementation process** makes it possible to determine whether the planned objectives have been attained, and how, as well as the gaps that exist between what was planned and what has been accomplished. In addition, it must be determined whether targeted individuals are being reached. Therefore we want to understand:

- to whom we are addressing our action (describe the population that has been reached and determine whether it matches the targeted population)
- how we take our action (describe the actions carried out and determine whether they conform to actions planned)
- to what extent the actions fit with the established objectives (determine whether the actions mesh with identified needs, available resources and targeted objectives)
- which conditions have contributed to or undermined the implementation of the action (e.g. number of resources, ability to rally, ability to work through concerted action, recognition of respective jurisdictions, adjustment of practices according to the Québec Education Program, etc.)
- to what extent participants are satisfied (know the reactions of participants and ascertain whether the actions have met their expectations)

The **evaluation of impacts** makes it possible to judge the results, i.e. measure the changes and determine whether they can be attributed to the actions. In addition, this type of evaluation makes it possible to determine whether the interventions must be pursued with or without changes. Therefore we want to understand:

- to what extent the targeted objectives have been attained (do we see changes in the practice of stakeholders, changes in opinions and attitudes, changes in behaviour or changes in terms of the health, well-being or educational success of young people, etc.)

- to what extent the actions have caused unexpected impacts (positive or negative)

A set of data must be collected based on the objectives chosen for evaluation in order to answer the questions raised. To do so, various existing measurement instruments should be used (e.g. approved questionnaires, a summary of interviews) or instruments designed by the evaluators to suit the needs at issue. The data collected will be subjected to an analysis whose results will be used to review the actions. The evaluation procedure is facilitated by several reference guides, including the guide by D'Amours et al. (2000) or that of Beaudry and Gauthier (1992).



Conclusion

According to the agreement for the complementarity of services between the health and social services network and the education system, as well as the *Québec Public Health Program* (G), schools and their partners are called upon to support the implementation of the Healthy Schools program. The objective of this program is to ensure better conditions in order to foster the educational success, health and well-being of young people.

The Healthy Schools program is intended to rally partners and support schools as they carry out their mission. Moreover, it is part of the real context and brings together the concerns of actors involved in ensuring young people's educational success, health and well-being. It also requires that practices be renewed in keeping with education reform as well as with the *Québec Public Health Program* (G).

This guide was therefore designed as a tool that brings people together, fosters commitment on the part of the school and its partners and facilitates the development of healthy schools in Québec.

Healthy Schools...

Renewing our practices together so that young people can fulfill their potential and succeed

GLOSSARY

Broad areas of learning

The areas of learning included in the Québec Education Program that deal with the problems that young people must face in the various significant areas of their lives. The areas are: health and well-being; personal and career planning; environmental awareness and consumer rights and responsibilities; media literacy; citizenship and community life. They encompass important issues for individuals and communities. The purpose of their integration into the Québec Education Program is to lead students to make connections between what they learn at school, situations in everyday life and current social experience (MEQ, 2003).

Clinical project

The clinical project guides the action of the 95 new local health and social services development agencies constituted under the *Act respecting local health and social services development agencies*, adopted in December 2003.

The health and social services centre (CSSS), consisting of one or several local community service centres (CLSC), long-term care centres (CHSLD) and, when possible, general and specialized hospital centres (CHSGS), assumes leadership in the local network of services. Its mandate is to organize, in conjunction with the various sectoral and intersectoral partners of the local network and in collaboration with regional and provincial officials, the health and social services within its territory so that it meets the needs of its entire population. Specifically, its intersectoral partners include stakeholders in the education, municipal and community environments.

The clinical project is designed to assist in attaining the objectives of improving the health and well-being of the population and to ensure access to integrated services. It is based on two principles, namely professional responsibility and a hierarchy of services. It consists of meeting the needs of the entire population of its territory in terms of health and well-being through adjusted methods of service delivery that are coordinated and encompass the entire set of interventions: promotion and prevention, diagnosis, intervention and treatment, follow-up, adaptation and support for social integration rehabilitation and end-of-life support.

In particular, the CSSS must agree with all of its partners with regard to the components of the services offered, parameters that must be stipulated in the service agreements, as well as methods to ensure information-sharing and complementarity of roles and responsibilities. The CSSS and its partners also have the obligation of accountability.

Competency

Practical knowledge based on the effective mobilization and use of a range of resources (MEQ, 2001; MEQ, 2003).

Comprehensive approach to health in the school

Approach developed by the Canadian Association for School Health, in collaboration with the Education and Training Unit of Health Canada in 1987, based on four main areas: education (complete program from kindergarten to the end of secondary school, encompassing the physical, emotional, psychological and social aspects of health); support services (health, guidance and social services); social support (school climate, peer groups, mentoring); physical environment (safe and healthy) (Canadian Association for School Health, 1987).

http://www.phac-aspc.gc.ca/vc-ss/bg_e.html

Comprehensive school health program

Educational approach developed in the United States that stresses an integrated, coordinated, planned and multi-dimensional intervention and the involvement and the collaboration of various members of the community, including families and community agencies. It includes eight key features: health education; school health services; social services; school-community integration; promotion of staff health and well-being; dietary services; physical education; school environment (Marx, E., S. F. Wooley and D. Northrop, 1998).

Cooperative council

A group consisting of students and their teacher that is created to manage relations among the students and between students and the teacher in a fair, respectful and democratic manner, as well as to give students power over their classroom life. The teacher learns to share his or her power with young people so that they may gradually learn to exercise power. Together, students and the teacher discuss classroom life and find solutions to problems encountered with respect to work organization, responsibilities, activities, projects or the management of interpersonal relations.

Cooperative learning

Learning method that stresses small work groups (team-work) where students with different abilities and talents work toward reaching a common goal. The work is structured, and each student participates in achieving the suggested task. The cooperative method includes components such as positive interdependence and individual responsibility.

Cross-curricular competencies

Competencies that can only be developed if they are the focus of interventions in all subjects and action at the school. The subject-specific competencies only partially cover the skills essential for reaching the objectives of the Québec Education Program; the cross-curricular competencies are also required (MEQ, 2001; MEQ, 2003).

Cycle team

Team comprising educators, primarily from teaching staff and complementary educational services staff, who take charge, as a team, of the learning flow of students for the duration of a cycle; specifically, this involves the teachers of the cycle (Conseil supérieur de l'éducation, 2002).

Differentiated instruction

Instructional process that consists of implementing a diverse set of teaching and learning methods and procedures to enable students of varying ages, aptitudes, competencies and skills to reach common objectives through different paths and ultimately achieve educational success (Conseil supérieur de l'éducation, 2002; cited in MEQ, 2004).

Education community

A school that rallies all its stakeholders both within the school and in the surrounding community and that builds on the sharing and the quality of their relations to carry out its educational mission (Conseil supérieur de l'éducation, 1998).

Educational project

Document that specifies the school's orientations, taking into account the school's specific circumstances, shared values and objectives to improve the educational success of students. The educational project is a rallying project that places the many components of a school's life into a coherent, meaningful whole. It is developed, implemented and periodically evaluated with the participation of students, parents, the school principal, teachers, other school staff members, representatives of the community and the school board.

It is the architectural blueprint for the school's choices and educational interventions. The *Education Act* specifies that the school pursues its educational mission within the framework of an educational project implemented by means of a success plan (*Education Act*, ss 36 and 37; Ministère de l'Éducation, 2002).

Health Promoting Schools

Educational approach proposed by the World Health Organization in the early 1980s and adopted by various systems around the world, particularly by the European and Australian networks of Health Promoting Schools. Three key features characterize this approach: the health curriculum (competencies, safe behaviours, living habits); school environment (physical, organizational, social); the school-family-community partnership and services (National Health and Medical Research Council (NHMRC), 1996).

Individualized education plan

Concerted action approach that plans coordinated action to help a student with impairments or a student experiencing difficulties at school. The individualized education plan is part of a process providing dynamic aid to a student that is carried out with and for the student (MEQ, 2003).

Individualized service program (ISP)

Instrument to coordinate and integrate services provided by stakeholders from various institutions. The individualized service program is used to cover all the needs of an individual in all areas of intervention. It also constitutes a process that is established with the young person and his or her parents (MEQ, 2003).

Learning situation

Situation in which the student is placed to accomplish a task. The learning situation is planned based on elements of the Québec Education Program. The planning of the learning situation depends on the scope, duration and continuity of the situation with previous work and requires first and foremost that the following aspects be determined:

- an educational aim associated with a broad area of learning and a favoured focus of development (data that the student is informed of)
- one or more cross-curricular competencies and their key features that are specifically elicited and developed
- one or more subject-specific competencies and their key features that are specifically elicited and developed through a determined subject content, including cultural references and relevant strategies

The authentic learning situation poses a real, concrete problem. It speaks to the concerns and interests of students. It rallies the student's cognitive or socioaffective activity. It requires the student to create a production and become aware of his or her ways of learning. It also supposes that the student is able to engage in self-evaluation in the course of learning in order to constantly make adjustments.

Local public health action plan

Organization plan for public health activities on the territory of a CSSS, developed and carried out under its responsibility in collaboration with its partners, and including prevention services, services focused on the promotion of public health, as well as health protection activities.

Parent participation organization (PPO)

Group of parents formed following a general assembly of parents held at the beginning of the school year. The PPO's purpose is to encourage the collaboration of parents in developing, implementing and periodically evaluating the school's educational project and their participation in fostering their child's success. This group of parents may give its opinion to the parents of the Governing Board on any matter concerning parents or on any matter for which parents of the Board may consult it (*Education Act*, sections 96, 96.2 and 96.3).

Portfolio

Portfolio or binder that contains a record of the students' learning (e.g. school work), reflection on strategies used and progress observed, students' work (drafts and final work), all in connection with the competencies previously stressed. This learning and action evaluation tool facilitates communication and fosters autonomy because learners have the primary responsibility for inserting samples of their learning in their portfolio (Bélair, 1999). The portfolio may be used for the purposes of presentation, learning (working portfolio) or evaluation (Lafortune and Deaudelin, 2001).

Prevention

Set of activities that allow the earliest intervention possible to reduce risk factors associated with illness, psychosocial problems and injuries as well as their consequences in order to detect early warning signs of problems in order to counter them. Prevention concerns the entire population or vulnerable groups, as applicable (MSSS, 2003).

The Ministère de l'Éducation, du Loisir et du Sport recognizes the importance of acting early to ensure the success of all students. The first line of action in the *Policy on Special Education* (MEQ, 1999) calls on the entire education community to create an environment that is conducive to learning and success, to recognize the first signs of difficulties and to intervene quickly (MEQ, 2002).

Project-based instruction

Instructional approach where the achievement of a real, concrete project becomes for the student an opportunity to learn by being placed at the core of the action. The project is then guided by the teacher who coaches the student, keeping in mind an educational aim so that the project is a way of developing the student's competencies according to the provisions of the Québec Education Program.

Project-based instruction, or project learning, consists of viewing projects as a preferred way to foster learning. Completing projects places students in complex, meaningful, stimulating and real learning situations that enables them to give meaning to their process and that fosters the transfer of learning to real life. This pedagogical approach is based on the fact that knowledge is constructed rather than transmitted and that learning motivation is stronger when the learning activity derives meaning as a response to questions that the learner has asked, or as a project that reflects the learner's self (Raynal and Rieunier, 1997; Legendre, 1993; Lafortune and Deaudelin, 2001).

Project-based instruction is an instructional approach that allows students to become fully involved in the construction of their knowledge, in interaction with their peers and their environment. It calls on the teacher to act as a favoured pedagogical mediator between the students and the knowledge objects or the knowledge to be acquired (Arpin and Capra, 2001).

Promotion of health and well-being

"All actions intended to have an impact on health determinants so that individuals, groups and communities can gain more control over their health through the improvement of their living conditions and living habits" (MSSS, 2003).

Québec Public Health Program

Priority public health activities plan for Québec, 2003 to 2012. This program strives to change the determinants of health and well-being, enhance health and well-being, and reduce health or psychosocial problems and injuries (p. 5). The activities relate to one of the following public health functions:

- ongoing surveillance of the population's health status
- promotion of health and well-being
- prevention of diseases, psychosocial problems and injuries
- health protection

The activities are part of six areas of intervention (program areas):

- Development, social adjustment and integration
- Living habits and chronic diseases
- Injuries
- Infectious diseases
- Environmental health
- Occupational health (MSSS, 2003)

School team

Team comprising the entire school staff, i.e. the principal, teachers and complementary educational services. Although they do not belong to school board staff, CSSS stakeholders work with the school team in the spirit of the Healthy Schools approach.

Success plan

Instrument for implementing the educational project. The success plan comprises the measures to be taken based on the aims and objectives of the educational project, in particular, those relating to the supervision of students. It calls for the contribution of all potential partners of the school board and of the school to create conditions that will foster educational success, i.e. students themselves, parents, community groups, the business community, and municipalities, etc. The implementation of the success plan is evaluated annually (*Education Act*, s. 37.1; Lemieux and Dion, in *Vie pédagogique*, 2002).

Voices and Choices: Planning for School Health

Initiative developed by Health Canada in collaboration with the Ontario Addiction Research Foundation, as a practical way of helping schools and school boards to implement the Comprehensive School Health model. An online version of this initiative was finalized by Health Canada in collaboration with the Canadian Association for Health, Physical Education, Recreation and Dance, and the Canadian Association for School Health. It contains the following components: a data base, a school health profile, computer software and online resources, including the Student Needs Assessment Questionnaire and the Guide to Implementation (Health Canada, 2004).

REFERENCES

- Arcand, L., J.-Y. Daigle et al.** *Les compétences essentielles liées à la santé et au bien-être à intégrer au curriculum des enfants de l'éducation préscolaire et jeunes du primaire et du secondaire au Québec*. Québec: Groupe interministériel sur les curriculums, 1998.
- Arpin, L. and L. Capra.** *L'apprentissage par projets*. Montréal: Chenelière/McGraw-Hill, 2001.
- Ayotte, V.** Texte sur l'estime de soi destiné au présent guide. Unpublished document, 2004.
- Beaudry, J. and B. Gauthier.** "L'évaluation de programme." In *Recherche sociale: De la problématique à la collecte des données*. Edited by B. Gauthier. Québec: Presses de l'Université du Québec, 1992, chapter 17, pp. 425-452.
- Bowen, F., N. Desbiens, C. Martin and M. Hamel.** "La compétence sociale." In *6-12-17 Nous serons bien mieux! Les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Edited by M. Hamel, L. Blanchet, C. Martin. Québec: Les Publications du Québec, 2001, chapter 2, pp. 51-99.
- Canadian Association for School Health, Health and Welfare Canada.** *Making the Connections. Comprehensive School Health: A Guide for Presenters and Facilitators*. Canada: Health and Welfare Canada, 1993.
- Commission scolaire des Affluents.** "Outils d'analyse de la situation." Unpublished document. Terrebonne: Service des ressources éducatives, 2003.
- Conseil des directeurs de santé publique, groupe de travail.** *Agir ensemble pour la santé et le bien-être des enfants et des adolescents*. Québec: Conférence des régions régionales de la santé et des services sociaux du Québec, 1999.
- Conseil supérieur de l'éducation.** *L'organisation du primaire en cycles d'apprentissage: une mise en œuvre à soutenir*. Québec: Gouvernement du Québec, 2002.
- . *L'école, une communauté éducative: voies de renouvellement pour le secondaire*. Québec: Gouvernement du Québec, 1998.
- D'Amours G., et al.** *Guide d'évaluation des interventions*. Document préparé dans le cadre du projet Écoles-Milieus en santé de l'Outaouais. Hull: Direction de santé publique de la R.R.S.S.S. de l'Outaouais and Université du Québec à Hull, 2000.
- Deschesnes, M., L. Lefort et al.** *Portrait des initiatives québécoises de type École en santé au niveau primaire*. Québec: Institut national de santé publique du Québec, 2004.
- Deschesnes, M., C. Martin, A. Jomphe-Hill.** "Comprehensive Approaches to School Health Promotion: How to Achieve Broader Implementation?" *Health Promotion International*, vol. 18, no. 4 (2003): pp. 387-396.
- Deslandes, R.** "L'environnement scolaire." In *6-12-17 Nous serons bien mieux! Les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Edited by M. Hamel, L. Blanchet, C. Martin. Québec: Les Publications du Québec, 2001, chapter 7, pp. 251-276.
- Direction de santé publique de Laval.** *La santé, le bien-être et la réussite éducative: Quelle est la situation dans notre école? Studies of the elementary and secondary levels*. Unpublished documents. Laval: Direction de santé publique, 2000.
- Esptein, J. L.** *Partenariat école, famille et communauté: une approche basée sur la recherche*. Lecture presented during the Journée Collaboration École-Famille-Communauté. Trois-Rivières: Université du Québec à Trois-Rivières. Trans. Rollande Deslandes, of the Observatoire international de la réussite scolaire du CRIRES (June 2004).
- Fédération des comités de parents.** *Le projet éducatif: Une voie vers la réussite pour chaque école*, Fascicule 4. 2002.
- Fetro, J. V.** **Implementing Coordinated School Health Programs in Local Schools.** In *Health is Academic: A Guide to Coordinated School Health Programs*. Edited by E. Marx, S.F. Wooley and D. Northrop. New York: Teachers College Press, 1998, chapter 2, pp. 15-42.
- Gouvernement du Québec.** *Two networks, one objective: the development of youth. Agreement for the complementarity of services between the health and social services network and the education network*. Québec: Gouvernement du Québec, 2003.

Hamel, M., L. Blanchet and C. Martin. 6-12-17 *Nous serons bien mieux! Les déterminants de la santé et du bien-être des enfants d'âge scolaire.* Québec: Les Publications du Québec, 2001.

Health Canada. *Voices and Choices: Planning for School Health. A Guide to Implementation* [Web site]. <http://www.phac-aspc.gc.ca/vc-ss/guide_e.html> (October 15, 2004).

Henderson, A., D.E. Rowe. "Healthy school environment." In *Health Is Academic: A Guide to Coordinated School Health Programs.* Edited by E. Marx, S.F. Wooley and D. Northrop. New York: Teachers College Press, 1998, chapter 5, pp. 96-115.

Janosz, M. *L'environnement socio-éducatif de mon école* (for students). Montréal: Université de Montréal, École de psychoéducation, 2003.

———. *L'environnement socio-éducatif de votre école* (for personnel). Montréal: Université de Montréal, École de psychoéducation, 2003.

Lafortune, C. and C. Deaudelin. *Accompagnement socio-constructiviste: Pour s'approprier une réforme de l'éducation.* Québec: PUQ, 2001.

Legendre, R. (ed.). *Dictionnaire actuel de l'éducation.* Montréal: Guérin, 1993.

Lemieux, E. and D. Dion. "Le plan de réussite pour une école en action!" *Vie pédagogique*, no. 125 (November-December 2002).

Marx, E., S. F. Wooley and D. Northrop (ed.). *Health is Academic: A Guide to Coordinated School Health Programs.* New York: Teachers College Press, 1998.

Québec. Ministère de l'Éducation. *Adapting Our Schools to the Needs of All Students, Policy on Special Education.* Québec: Gouvernement du Québec, 1999.

———. *Québec Education Program: Preschool Education and Elementary Education.* Québec: Gouvernement du Québec, 2001.

———. *Complementary Educational Services: Essential to Success.* Québec: Gouvernement du Québec, 2002.

———. *Learning Difficulties: Reference Framework for Intervention.* Québec: Gouvernement du Québec, 2003.

———. *Québec Education Program, Secondary School Education, Cycle One.* Québec: Gouvernement du Québec, 2004.

———. *Rapprocher les familles et l'école secondaire: Guide d'utilisation de deux instruments à l'intention des écoles secondaires.* Québec: Gouvernement du Québec, 2004.

———. *Individualized Education Plans: Helping Students Achieve Success. Reference Framework for the Establishment of Individualized Education Plans.* Québec: Gouvernement du Québec, 2004.

Québec. Ministère de la Santé et des Services sociaux. *Québec Public Health Program 2003-2012.* Québec: Gouvernement du Québec, 2003.

———. *Projet clinique : Cadre de référence pour les réseaux locaux de services de santé et de services sociaux* (excerpts from principal document and summary). Québec: Gouvernement du Québec, 2004.

National Health and Medical Research Council (NHMRC). *Effective School Health Promotion: Towards Health Promoting Schools.* Canberra: Australian Government Publishing Service, 1996.

Normand, C. L., et al. "Comment améliorer la participation et réduire l'attrition des participants aux programmes de prévention." In *Prevention des problèmes d'adaptation chez les enfants et les adolescents.* Edited by F. Vitaro et al. Québec: Les Presses de l'Université du Québec, 2000, vol. 1, chapter 3, pp. 101-187.

Raynal, F. and A. Rieunier. *Pédagogie: dictionnaire des concepts-clés.* Paris: ESF, 1997.

Reasoner, R. W. *Building Self-Esteem: Elementary edition.* Palo Alto, California: Consulting Psychologists Press Inc, 1982.

Risler, J.-A. and N. Bastien. *L'outil d'analyse du fonctionnement des consortiums* [CD-ROM]. Montréal: Centre 1, 2, 3 Go!, 2003.

St. Leger, L. "The Opportunities and Effectiveness of the Health Promoting Primary School in Improving Child Health: A Review of the Claims and Evidence." *Health Education Research*, 14 (1999): pp. 51-69.

St Leger, L. and D. Nutbeam. "Health Promotion in Schools." In *The Evidence of Health Promotion Effectiveness: Shaping Public Health In a New Europe* (report for the European Commission by the International Union for Health Promotion and Education). Brussels: 2000, chapter 10, p. 110-122.

Vitaro, F., C. Gagnon et al. *Prévention des problèmes d'adaptation chez les enfants et les adolescents*, vol. 1 and 2. Québec: Les Presses de l'Université du Québec, 2000.

World Health Organization. *Promoting Health through Schools: Report of the WHO Expert Committee on Comprehensive School Health Education and Promotion*. Geneva: WHO Technical report series 870, 1997.

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