



Educational Success, Health and Well-Being: Effective Action in Schools

Synthesis of Recommendations

INSTITUT NATIONAL
DE SANTÉ PUBLIQUE
DU QUÉBEC

Québec 



Educational Success, Health and Well-Being: **Effective Action in Schools**

Synthesis of Recommendations

*Institut national
de santé publique*

Québec 

AUTHORS

Jézabelle Palluy
Direction du développement des individus et des communautés

Lyne Arcand
Direction du développement des individus et des communautés

Charles Choinière
Direction du développement des individus et des communautés and
Commission scolaire de la Seigneurie-des-Mille-Îles

Catherine Martin
Direction du développement des individus et des communautés

Marie-Claude Roberge
Direction du développement des individus et des communautés

COLLABORATORS

Daniel Côté
Direction du développement des individus et des communautés et consultant en éducation

Sylvie Lévesque
Direction du développement des individus et des communautés

Sabine Rousseau
Cégep Édouard-Montpetit

SCIENTIFIC COORDINATOR

Johanne Laverdure
Direction du développement des individus et des communautés

PAGE LAYOUT AND REVISION

Sophie Michel
Marie-France Lepage
Direction du développement des individus et des communautés

TRANSLATION AND ENGLISH VERSION

Christine Gardner

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec Web site at: <http://www.inspq.qc.ca>.

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT – 2nd QUARTER 2012
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN: 978-2-550-58308-0 (FRENCH PDF)
ISBN: 978-2-550-63792-9 (PDF)

© Gouvernement du Québec (2012)

ACKNOWLEDGEMENTS

Our particular thanks go to Sophie Michel and Marie-France Lepage for their patience and availability when producing the page layout and distributing the document.

Our sincere thanks also go to the people who read this document at the drafting stage, and made comments on it. We are grateful to Louise Therrien from the Ministère de la Santé et des Services sociaux and Pierre Larose from the Ministère de l'Éducation, du Loisir et du Sport, who consulted other professionals in their respective departments during the revision process.

The document was revised by content experts from the education, health and social services networks. We are extremely grateful to all the people named below, who commented on the various sheets of recommendations.

The translation from the French version to this English version was done by Christine Gardner. The translation of six out of eleven information sheets was made possible through the financial support of the Agence de la santé et des services sociaux de Montréal/Direction de santé publique. Our special thanks to Ms. Gardner and our appreciation to the Agence.

ALCOHOL, DRUGS, GAMES OF CHANCE AND GAMBLING

Fallu, Jean-Sébastien	Assistant Professor, École de psychoéducation, Université de Montréal
Gagnon, Hélène	Planning, Programming and Research Officer, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Papineau, Élisabeth	Researcher, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Paquin, Pierre,	Planning, Programming and Research Officer, Programme Enfance-jeunesse, Agence de la santé et des services sociaux de la Montérégie
Payre, Marie-Thérèse	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de l'Estrie
Roberge, Paul	Planning, Programming and Research Officer, Service des toxicomanies et dépendances, Ministère de la Santé et des Services sociaux
Vitaro, Frank	Full Professor, École de psychoéducation, Université de Montréal

NUTRITION

Baril, Gérald	Planning, Programming and Research Officer, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Bertrand, Lise	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de Montréal/Direction de santé publique
Galarneau, Chantal	Consulting Dentist, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec

Mongeau, Lyne	Coordinator, Plan d'action gouvernemental sur les saines habitudes de vie et les problèmes reliés au poids, Ministère de la Santé et des Services sociaux
Paquette, Marie-Claude	Planning, Programming and Research Officer, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Ratté, Nathalie	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de Montréal/Direction de santé publique

SCHOOL-FAMILY-COMMUNITY COLLABORATION

Archambeault, Isabelle	Assistant Professor, École de psychoéducation, Université de Montréal
Beauregard, France	Assistant Professor, Département de l'enseignement préscolaire et primaire, Université de Sherbrooke
Deschesnes, Marthe	Researcher, unité <i>Développement et adaptation des personnes</i> , Institut national de santé publique du Québec
Deslandes, Rollande	Full Professor, Département des sciences de l'éducation, Université du Québec à Trois-Rivières
Larivée, Serge J.	Assistant Professor, Département de psychopédagogie et d'andragogie, Université de Montréal

SAFE ENVIRONMENTS AND BEHAVIOURS

Goulet, Claude	Associate Professor, Département d'éducation physique, Université Laval
Lavoie, Michel	Consulting Physician, unité <i>Sécurité et prévention des traumatismes</i> , Institut national de santé publique du Québec
Maurice, Pierre	Head, Scientific Unit, unité <i>Sécurité et prévention des traumatismes</i> , Institut national de santé publique du Québec
Patry, Pierre	Ministère de la Santé et des Services sociaux
Sergerie, Diane	Planning, Programming and Research Officer, unité <i>Sécurité et prévention des traumatismes</i> , Institut national de santé publique du Québec
Tremblay, Benoît	Planning, Programming and Research Officer, Direction de la promotion de la sécurité, Ministère de l'Éducation, du Loisir et du Sport
Trudeau, François	Full Professor, Département des sciences de l'éducation physique, Université du Québec à Trois-Rivières

SELF-ESTEEM

Desjardins, Nicole	Planning, Programming and Research Officer, unité <i>Développement et adaptation des personnes</i> , Institut national de santé publique du Québec
Dufour, Sarah	Assistant Professor, École de psychoéducation, Université de Montréal

Gagnon, Dominique	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de la Montérégie/Direction de santé publique
Gravel, Louise	Psychotherapist, J'écoute communication
Plouffe, Jean-Pierre	Social Worker, Centre hospitalier universitaire Sainte-Justine
Sévigny, Lise	Nurse and Adult Educator

PHYSICALLY ACTIVE LIFESTYLE

Lapierre, Lucie	Innovation Manager, Québec en forme
LeMay, Diane	Area Manager, Québec en forme
Thibeault, Guy	Researcher, Direction du sport et de l'activité physique, Ministère de l'Éducation, du Loisir et du Sport
Trudeau, François	Full Professor, Département des sciences de l'éducation physique, Université du Québec à Trois-Rivières

TOBACCO ABSTINENCE

Caux, Caroline	Planning, Programming and Research Officer, Service de lutte contre le tabagisme, Ministère de la Santé et des Services sociaux
Lalonde, Monique	Planning, Programming and Research Officer, École et milieux en santé, Agence de la santé et des services sociaux de Montréal/Direction de santé publique
Paquin, Pierre,	Programme enfance-Jeunesse, Agence de la santé et des services sociaux de la Montérégie
Rochon, Alain	Consulting Physician, Agence de la santé et des services sociaux de l'Estrie/Direction de santé publique et de l'évaluation

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

Beaumont, Claire	Professor, Département de l'enseignement au préscolaire et au primaire, Université de Sherbrooke
Florès, Jasline	Planning, Programming and Research Officer, unité <i>Sécurité et prévention des traumatismes</i> , Institut national de santé publique du Québec
Laroche, Josée	Planning, Programming and Research Officer, Direction des services sociaux généraux, de la jeunesse et du communautaire, Ministère de la Santé et des Services sociaux
Marquis, Danielle	Officer in Charge of <i>Violence in Schools</i> , Ministère de l'Éducation, du Loisir et du Sport
Patry, Pierre	Ministère de la Santé et des Services sociaux
Poulin, Serge	Ministère de l'Éducation, du Loisir et du Sport
Tozzi, Raymond	Project Leader, Plan d'action pour prévenir et traiter la violence, Ministère de l'Éducation, du Loisir et du Sport

MENTAL HEALTH

D'Amours, Geneviève	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de l'Outaouais/Direction de santé publique
Desjardins, Nicole	Planning, Programming and Research Officer, unité <i>Développement et adaptation des personnes</i> , Institut national de santé publique du Québec
Duhamel, Manon	Planning, Programming and Research Officer, Direction de la santé mentale, Ministère de la Santé et des Services sociaux
Gagnon, Dominique	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de la Montérégie/Direction de santé publique
Risi, Catherine	Consulting Physician, Agence de la santé et des services sociaux de la Montérégie/Direction de santé publique

HEALTHY AND RESPONSIBLE SEXUALITY

Campanelli, Nadia	Planning, Programming and Research Officer, Agence de la santé et des services sociaux de Laval/Direction de santé publique
Duquet, Francine	Professor, Département de sexologie, Université du Québec à Montréal
Guilbert, Edith	Consulting Physician, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Proulx, Sylviane	Education Science Expert, Direction générale de la formation des jeunes, Ministère de l'Éducation, du Loisir et du Sport

SLEEP, HYGIENE AND ORAL HEALTH

Galarneau, Chantal	Consulting Dentist, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Lavoie, Cathia	Centre québécois d'inspection des aliments et de santé animale, Ministère de l'Agriculture, des Pêcheries et de l'Alimentation
Lévy, Michel	Consulting Dentist, unité <i>Habitudes de vie</i> , Institut national de santé publique du Québec
Trudeau, François	Full Professor, Département des sciences de l'éducation physique, Université du Québec à Trois-Rivières
Veilleux, Ginette	Consulting Dentist, Agence de la santé et des services sociaux de Montréal/Direction de santé publique

TABLE OF CONTENTS

INTRODUCTION – SYNTHESIS OF RECOMMENDATIONS.....	1
1 MANDATE.....	1
2 EQUIPPING SCHOOLS TO MEET THEIR STUDENTS' NEEDS.....	3
2.1 Use of the information sheets.....	3
3 REFERENCE FRAMEWORK.....	5
3.1 The development of competencies linked to success, health and well-being	6
4 METHOD USED TO PREPARE THE SYNTHESIS OF RECOMMENDATIONS.....	9
4.1 Collection and source of recommendations.....	9
4.2 Selection criteria of recommendations	9
4.3 Synthesis and organization of recommendations.....	10
4.4 Validation of the recommendations	12
CONCLUSION	13
REFERENCES.....	15

LIST OF INFORMATION SHEETS

- School-Family-Community Collaboration
- Safe Environments and Behaviours: Prevention of Unintentional Injuries
- Self-Esteem
- Good Relationships and Prevention of Violence
- Healthy Lifestyle Habits: Alcohol, Drugs, Games of Chance and Gambling
- Healthy Lifestyle Habits: Nutrition
- Healthy Lifestyle Habits: Physically Active Lifestyle
- Healthy Lifestyle Habits: Tobacco Abstinence
- Healthy Lifestyle Habits: Sleep, Hygiene and Oral Health
- Mental Health
- Healthy and Responsible Sexuality

INTRODUCTION – SYNTHESIS OF RECOMMENDATIONS

1 MANDATE

The Ministère de la Santé et des Services sociaux (MSSS) and the Ministère de l'Éducation, du Loisir et du Sport (MELS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. This new tool is intended to help managers and staff in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Quebec schools.

The document entitled *Educational Success, Health and Well-Being: Effective Action in Schools – Synthesis of Recommendations* is one component of this tool. It presents a synthesis of the national and international scientific knowledge, in the fields of education science, social science and health, underpinning the main recommendations concerning effective health promotion and prevention practices in schools. The synthesis is presented in the form of information sheets on eleven topics that are reflected in the school reality:

- School-Family-Community Collaboration
- Safe Environments and Behaviours: Prevention of Unintentional Injuries
- Self-Esteem
- Good Relationships and Prevention of Violence
- Healthy Lifestyle Habits: Alcohol, Drugs, Games of Chance and Gambling
- Healthy Lifestyle Habits: Nutrition
- Healthy Lifestyle Habits: Physically Active Lifestyle
- Healthy Lifestyle Habits: Tobacco Abstinence
- Healthy Lifestyle Habits: Sleep, Hygiene and Oral Health
- Mental Health
- Healthy and Responsible Sexuality

It is clear from the information sheets that certain recommendations are common to several different topics, while others are specific to one topic only. Accordingly, a second document will be published to complete the decision support tool. It will present a cross-topic analysis with a common core of recommendations from preschool to the end of secondary school, and will divide the recommendations according to the students' development phases.

2 EQUIPPING SCHOOLS TO MEET THEIR STUDENTS' NEEDS

This component of the decision support tool is the result of several years of effort to improve the effectiveness of promotion and prevention practices in Québec's schools, in order to meet the needs of students. Its purpose is to promote:

- A shift from knowledge transfer and behavioural modification interventions to interventions designed to develop students' competencies. Students, in addition to changing their behaviour, must also be equipped to make informed choices conducive to success, health and well-being in the short and longer term, so that they become empowered and are able to play a role as responsible citizens;
- A better understanding of the scientific recommendations by adjusting the effectiveness criteria for promotion and prevention practices to suit the situation in schools. For example, the criteria relating to the theoretical foundations of interventions have been converted into pedagogical principles for teachers and other staff;
- Access to scientific knowledge, by bringing together, in the same document, a set of recommendations on the most effective promotion and prevention practices in schools;
- Consistency, complementarity and a judicious combination of practices. For example, the recommendations are designed to ensure that actions taken in the classroom are consistent with the support offered to parents for the development of students' competencies.

2.1 USE OF THE INFORMATION SHEETS

The information sheets present a synthesis of knowledge for education, health and social services network managers and interveners, in order to assist them with their decisions. They offer a scientific basis for the analysis of existing practices and those proposed for use in the educational community. They are not intended to serve as checklists.

The information sheets are designed to:

- Put into perspective the current practices of interveners with scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Encourage consideration of the difference between current practices and them recommendations, and of any adjustments that may be required (what should be continued, ceased, improved or added), based on the values and contexts of individual schools.

3 REFERENCE FRAMEWORK

The synthesis of recommendations is based on the reference framework used in the *Healthy Promoting Schools* approach, the foundations and components of which are described in general terms in the report entitled *Analyse des interventions de promotion de la santé et de prévention en contexte scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en santé* (Roberge and Choinière, 2009). A central aspect of the framework focuses on the development of students' competencies, and this has implications for the choice and structure of the recommendations.

The main elements of the reference framework are shown in a summary form in the following table.

Tableau 1 Theoretical and conceptual foundations and how they are translated in the choice and structure of recommendations

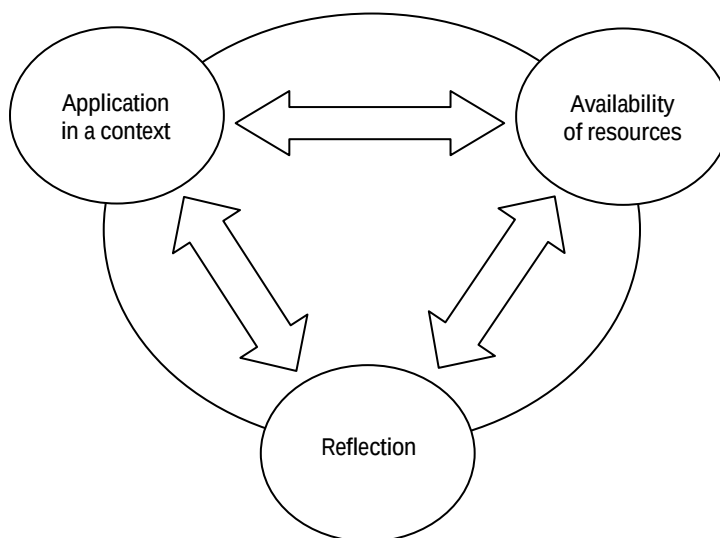
Theoretical and conceptual foundations	Examples of how they are translated in the choice and structure of recommendations
<i>Ecological approach</i>	Recommendations divided by intervention level: school, students, family, community
<i>Developmental approach</i>	Recommendations divided by elementary school and secondary school cycles
Psychopathology of development	Recommendations linked to key development factors: self-esteem, lifestyle habits, personal and social competencies, healthy and safe behaviours, school, family and social environments, preventive services
Socio-constructivist approach to competency development	- Recommendations on pedagogical principles - Recommendations on pedagogical approaches, practices and methods - Conversion of recommendations into knowledge, expertise and abilities to be developed by students
Ottawa Charter	Recommendations on the strategies to be used: - Health education, to support the development of students' competencies and help parents to play their parental role - Introduction of rules, standards and policies in schools concerning healthy and safe physical and social environments - School-family-community collaboration to support the supply of services for students and their families, and help parents to play their parental role - Introduction of preventive services

3.1 THE DEVELOPMENT OF COMPETENCIES LINKED TO SUCCESS, HEALTH AND WELL-BEING

The choice to empower students through competency development is a result of theoretical trends in the education and health-related literature. These various theoretical trends ascribe a key role to young people in the development of their own competencies. The concept of competency has received a great deal of attention from the education community, and the literature on the subject makes a positive contribution to the current state of knowledge in the fields of social sciences and health, in particular with regard to its application.

The *Healthy Promoting Schools* approach takes a socio-constructivist perspective to competency development, in line with the *Québec Education Program* (Ministère de l'Éducation, du Loisir et du Sport, 2007).

According to this perspective, three fundamental aspects interact with one another to promote competency development:



According to the education literature, a competency is a skill that requires a set of knowledge, expertise and attitudes to be applied *in a context* in order to resolve a situation (Barth, 1993; Jonnaert, 2002; Le Boterf, 1994; Tardif, 1999; Tardif, 2006; Jonnaert and Masciotra, 2004). A competency can therefore only be developed through action – in other words, in a contextualized learning situation where students are faced with a real or realistic situation drawn from everyday life, for which they must find a solution.

The *available resources* that students must use may be internal (e.g. knowledge, skills, attitudes) or external (e.g. codified knowledge (school textbooks, data banks, computers) or resource people (parents, teachers, other professionals)). Competency development is achieved by making a wise choice among these resources and combining them, rather than by using them all, one after the other.

In teaching focused on competency development, students must be actively involved in their learning and must *reflect* on how to use the resources and on learning. In addition, competency development requires time and a set of learning situations that change as the students progress in their learning.

The development of competencies related to success, health and well-being also has implications for the role played by teachers and other professionals. For example, two practices in particular need to be emphasized, namely support for students and collegiality among staff. Not only must the actors concerned transfer knowledge, they must also support the students as key players in their own learning, for example by helping them to connect what they already know and can do with what they are going to learn, helping them to think about the availability of internal and external resources, and helping them to evaluate their learning. With regard to collegiality, all the actors concerned (school staff, parents, health workers and others) must work together and cooperate, not only to ensure that they share the same vision of the actions required for students to develop competencies, but also to achieve continuity and consistency in the messages they deliver.

Competency development also has implications for the choice of pedagogical approaches, practices and methods. The focus should be on an interactive, participatory form of pedagogy that allows students to explore, manipulate, experiment and simulate through open problems as well as subject-specific and inter-disciplinary projects.

4 METHOD USED TO PREPARE THE SYNTHESIS OF RECOMMENDATIONS

4.1 COLLECTION AND SOURCE OF RECOMMENDATIONS

The recommendations were derived from a review of the scientific literature (guidelines, meta-analyses, summary documents, systematic reviews, etc.) and the grey literature¹ in the fields of health, education sciences and social sciences, on the following subjects:

- Global, integrated promotion and prevention approaches used in schools;
- The key factors in young people's development (self-esteem, lifestyle habits, healthy and safe behaviours to prevent injury, favourable environments, preventive services) and situations of concern to young people (violence, sexuality, mental health, sleep, hygiene and oral health, addiction). The survey identified eleven topics of relevance to schools;
- The development of personal and social competencies among children and adolescents;
- The connections between success, health and well-being for young people: the role of education in health and well-being, the role of health and well-being in educational success.

Various bibliographic databases were consulted for the review (Santécom, PubMed, Cochrane, Eric, Francis, Medline (OVID), PsychINFO, SocINDEX and Érudit), using keywords associated with the eleven topics identified. Documents published in French and English between **January 2000 and June 2009** were selected, although some key works prior to the start date were also retained.

Regional, provincial, national and international websites on promotion and prevention initiatives and educational success were also consulted. These sites, mostly managed by governments, universities, schools and community organizations (foundations, professional associations, health and education observatories), contributed research reports, scientific opinions and references that provided a further basis for the recommendations.

4.2 SELECTION CRITERIA OF RECOMMENDATIONS

All the recommendations for effective promotion and prevention initiatives in Québec's schools had to meet one essential criterion:

- They had to be consistent with the Healthy Promoting Schools approach reference framework.

¹ Grey literature: Documentation produced for a limited audience, which is not published or distributed commercially, and which is not indexed in major databases: study and research reports, conference proceedings, theses, dissertations, etc.

They also had to meet at least one of the following criteria:

- They had to be supported by recognized national or international organizations producing guidelines, standards or orientations, including the following: World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), National Institute for Health and Clinical Excellence (NICE);
- They had to be cited in program reviews produced for schools, and in evaluative studies to show the effectiveness of programs among young people at different development stages: for example, systematic reviews, meta-analyses, summaries;
- They had to be the subject of consensus among experts in the field (e.g. opinions of specialist working groups or international conferences, or tested by experts in Québec).

4.3 SYNTHESIS AND ORGANIZATION OF RECOMMENDATIONS

In line with the theoretical and conceptual foundations of the *Healthy Promoting Schools* approach, the recommendations were first divided by intervention level (school, student, family, community).

For each level, the recommendations were then classified under headings and sub-headings that reflected elements from the reference framework (see Table 2).

They were then summarized and translated, adjusted to the context in schools, and worded to be consistent with the *Québec Education Program*).

In addition, the recommendations were formulated to be consistent with Québec Government guidelines, to ensure that they reflected the values, principles and policies of Québec. For example, in the *Good Relationships and Prevention of Violence* information sheet, the recommendation “Involve qualified resource people” was followed by the example “regional support officers for the *Action Plan to Prevent and Deal With Violence*”. The following table summarizes the content and organization of the recommendations.

Tableau 2 Organization of recommendations in the information sheets

Level	Sections	Headings
SCHOOL	Pedagogical environment	• Values, beliefs and attitudes of teachers and staff members underlying the principles of intervention; • Pedagogical principles underlying pedagogical practices inside and outside the classroom; • Pedagogical approaches, practices and methods to be used to translate the pedagogical principles into practical terms; • Elements specific to the developmental stage, <i>in terms of content or adaptation</i>; • Organizational conditions prior to the pedagogical practices: skills upgrading, professional development, psychological support, administrative support, material, human and financial resources.
	Social environment	• School climate: atmosphere, values, social relations, sense of belonging, expected student behaviour; • <i>The school's</i> rules, standards and policies; • School organization: timetables, structures, management.
	Physical environment	• Condition and physical layout: cleanliness, building safety standards, air quality, water quality, etc., physical, chemical and biological agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout, etc.; • Material resources: recreational equipment, sports equipment, vending machines, etc.
	Services for students	• Social support to be provided or promoted: assistance, listening, self-help for students; • Preventive services to be provided or promoted: services available in the community for young people with special needs (e.g. youth clinics)
STUDENT	Knowledge, know-how, behaviour	• Conducive to the development of Personal competencies; • Conducive to the development of Social competencies.
FAMILY		• Relevant information for parents; • Advice and key actions for parents; • Family support , from the school and from the community: information, activities, services; • Ways to involve parents.
COMMUNITY		• Rules, standards and policies to be shared with the community; • Support for young people and families in cooperation with the community: resources, activities, services; • Opportunities for social participation by young people in the community; • School/family/community collaboration.

4.4 VALIDATION OF THE RECOMMENDATIONS

The members of the team responsible for preparing the recommendations were required to reach an agreement at both the selection and formulation phases, to ensure that the process was as objective and accurate as possible.

The recommendations in the eleven information sheets were also reviewed by roughly 50 experts from Québec, to limit any bias due to interpretations by their authors. The list of experts appears in the *Acknowledgements* section in the credit pages of this document.

A reading grid was drawn up to facilitate the process of collecting comments from the experts. The grid focused on:

- The adequacy of the content with the current state of knowledge in the field;
- The ranking and priority order;
- The relevance and consistency of the headings and sub-headings;
- The level to which the scientific content had been adjusted to the context in Québec's schools;
- Comments and opinions regarding incomplete, problematical or controversial recommendations.

Following this process, certain recommendations were re-worded and the information sheets were restructured. In addition, the process corroborated the fact that, given the current state of the scientific literature, it was generally not possible to rank the recommendations in priority order, other than stipulating that some specific environmental actions should take place before or at the same time as actions aimed at individuals.

CONCLUSION

The synthesis of recommendations prepared by the INSPQ makes an innovative contribution to the development of promotion and prevention practices in schools. It also constitutes an innovation in the field of health promotion in Québec, in that it brings together elements drawn from the literature of two broad fields (education and health/social sciences), and synthesizes and adjusts those elements to the context in Québec's schools.

As mentioned earlier, it is clear from the information sheets that certain recommendations are common to several different topics, while others are specific to one topic only. Accordingly, a second document will be published to complete the decision support tool. It will present a cross-topic analysis with a common core of recommendations from preschool to the end of secondary school, and will divide the recommendations according to the students' development phases.

The findings from the literature on practice changes and the transfer and use of knowledge suggest that interactive strategies are needed to promote the adoption, appropriation and use of the knowledge contained in the information sheets. The decision support tool is therefore a means, and not an end of itself; in other words, if favourable organizational conditions are introduced, and if school staff members are supported throughout the process, then it will be possible to develop promotion and prevention practices in Québec's schools (Lemire et al., 2009).

REFERENCES

- Barth, B. M. (1993). *Le savoir en construction: former à une pédagogie de la compréhension*. Paris: Retz.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Jonnaert, P. and Masciotra, D. (Eds), (2004). *Constructivisme - Choix contemporains*. Sainte-Foy: Presses de l'Université du Québec.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Lemire, N., Souffez, K., and Laurendeau, M.-C. (2009). *Animer un processus de transfert des connaissances. Bilan des connaissances et outil d'animation*. Montréal : Direction de la recherche, formation et développement, Institut national de santé publique du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Québec Education Program, Secondary Education, Cycle Two (version approuvée)*. Québec: Gouvernement du Québec.
- Roberge, M.-C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en contexte scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en santé*. Montréal: Direction du développement des individus et des communautés, Institut national de santé publique du Québec.
- Tardif, J. (1999). *Le transfert des apprentissages*. Montréal: Éditions Logiques.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach;
- The developmental approach;
- Developmental psychopathology;
- Competency development using a socio-constructivist approach;
- The Ottawa Charter.

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, student, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

TYPES OF SCHOOL-FAMILY-COMMUNITY COLLABORATION	1
Types of collaboration between families and schools.....	1
Types of collaboration between communities and schools	1
PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION	3
Mobilize partners	3
Share values, attitudes, roles and a vision	3
Present the different types of school-family-community collaboration.....	3
Create a connectedness to school among parents and community members.....	4
Identify and satisfy needs	5
Train and inform.....	5
Generate interest in school life	6
Establish a partnership strategy.....	7
Communicate with partners to generate and maintain collaboration.....	7
Methods for effective communication with parents.....	7
Methods to ensure effective communication with parents.....	8
Methods for effective communication with community members	8
REFERENCES	9

TYPES OF SCHOOL-FAMILY-COMMUNITY COLLABORATION

Types of collaboration between FAMILIES and schools

Play their **parental role**:

- Prepare their child for school;
- Monitor their child's success, health and well-being;
- Provide the necessary school supplies.

Communicate with the school:

- Share relevant information on their child and family situation.

For example:

- Learning contract for the child, prepared with parents, and signed by them.

Participate in **curricular and extracurricular activities** – volunteer work:

- Volunteer at school.

For example:

- Help in the school library or as an animator at mealtimes.
- Take part in cultural, sporting, scientific and social activities;
- Carry out curricular and extracurricular activities.

For example:

- Talk to the class about their job, give a conference on their hobbies;
- Organize and take part in a hockey tournament.
- Participate in classroom teaching.

For example:

- Help with reading.

Support and **monitor** their child's learning:

- Help their child with homework;
- Provide a family environment that is conducive to learning;
- Show an interest in their child's success at school:
 - Encourage their child;
 - Discuss their child's situation at school.
- Encourage their child to use the support resources available at school and in the community.

Participate in **decisions made by the school**:

- Sit on various boards and committees, including the general assembly, the school council, the parents' association and the school board parents' committee;
- Become involved in preparing, evaluating and adjusting the school's educational project, success plan and policies.

Engage in discussions with partners (school staff, other parents, community members):

- Sit on various community discussion tables and partners' tables;
- Take part in community activities with their child.

Types of collaboration between COMMUNITIES and schools

Communicate with the school:

For example:

- Share information on students who are being monitored outside school, and on the services provided to them, with due respect for confidentiality.

TYPES OF SCHOOL-FAMILY-COMMUNITY COLLABORATION

Participate in **curricular and extracurricular** activities – volunteer work:

- Volunteer at school;
- Support curricular and extracurricular activities.

For example:

- Sharing of human and material resources, or premises.
- Prepare and implement curricular and extracurricular activities.

Support and **monitor** the child's learning:

- Provide learning support services in the community.

For example:

- Homework assistance, evening centre, tutoring, mentoring, career support.
- Provide young people and families with a community environment that is conducive to learning and development.

For example:

- Youth centre, neighbourhood or village improvement.

Participate in **decisions made by the school**:

- Attend the school's general assembly and school council;
- Become involved in preparing, evaluating and adjusting the school's educational project, success plan and policies.

Engage in discussions with partners (school staff, parents, other community members).

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

Provide methods to assess the effectiveness of the elements presented below.

Mobilize partners (school staff, parents and community members)

Share values, attitudes, roles and a vision

Ensure that **school-family-community collaboration** is a **priority for the school**:

- Ensure that it is an integral part of the school's educational project and success plan.

Ensure that all **partners** (school staff, parents and community members) are aware of the importance of **having a shared vision of school-family-community collaboration**:

- **Devise and share specific promotion and prevention values, orientations and objectives** to promote academic success, health and well-being:
 - Understand the values and approaches underlying the actions of different actors;
 - Set clearly-formulated, shared objectives that will be assessed;
 - Identify partners or resources to help achieve these objectives.
- **Acknowledge and clarify the necessary and distinct roles, responsibilities and contributions** of everyone concerned at school, at home and in community organizations:
 - Acknowledge the other partners as collaborators;
 - Acknowledge the professional competencies and expertise of each partner;
 - Acknowledge that the partners complement one another;
 - Acknowledge and clarify the roles, responsibilities and contributions of different categories of school staff and other professionals;
 - Promote the removal of barriers between the various actors and professions.

Establish and maintain a relationship of trust between the partners:

- When dealing with parents and members of the community, treat them as equals instead of acting as an expert;
- Cooperate and share power between the partners:
 - Ask the partners to make suggestions and involve them in decisions.
- Take part in fun activities (e.g. meals, sports activities, cultural activities) that allow the partners to share their experience and forge positive contacts outside the problem-solving context;
- Talk to parents about the practices of the various stakeholders at school;
- Show an interest in the parents' perceptions of the school;
- In schools located in multi-ethnic neighbourhoods, make a presentation to school staff on the cultural diversity of parenting practices;
- Prepare parents for meetings with school staff (including teachers) by sending out questions beforehand, to serve as a basis for discussion.

Present the different types of school-family-community collaboration (See pages 1 and 2 of the section on *Types of Collaboration*)

Show that there are many different ways of involving parents and community members at school and at home.

Show that there are many different ways of involving students, parents and school staff in the community.

Draw up a list of the different forms of school-family-community collaboration introduced to date.

Work with the partners to identify the positive impacts of school-family-community collaboration on the students' academic success, health and well-being.

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

For the school staff

- Better knowledge and understanding of the situation and living environment of students and their families;
- Greater chances of success for students: better academic results, higher academic aspirations, more effort devoted to homework, fewer behavioural problems, fewer drop-outs;
- A supply of support to meet the students' needs effectively;
- More sharing of responsibility;
- More recognition for and appreciation of their role by parents and community members;
- New knowledge and expertise.

For parents

- Greater chances of success for their child;
- Conditions that are more conducive to their child's health and well-being;
- More effective supervision and interventions for their child;
- More support for the parental role and the parental commitment, and for the development of a sense of competency;
- A better-quality school-family relationship and a more positive image of the school.

For community members

- Better opportunities to intervene effectively with young people;
- More young people who can be reached;
- More effective promotion and prevention.

Create a connectedness to school among parents and community members

Provide parents and community members with a **broad variety of activities** in which they can become involved at school and at home (see pages 1 and 2 of the section on *Types of Collaboration*), and follow up by telephone to ensure that as many people as possible are participating.

Carry out **activities** aimed at both **parents** and **children**.

For example:

- Presentation of portfolios by the child at the end of each stage;
- A parent-child activity to mark the transition from elementary school to secondary school;
- Cooking workshops;
- Cultural and sports activities.

Create a **warm climate**:

- Develop communication skills with the various partners;
- Extend a warm welcome to the partners.

For example:

- Appropriate, sufficient signage (e.g. "Parents are welcome");
 - Attractive entrance hall with places to sit, information for parents, photographs of school life and examples of the students' work;
 - Welcoming voicemail message.
 - Introduce special reception activities and measures, based on the school timetable.
- For example:*
- A welcome card for parents at the start of the new school year;
 - Student guides for the meeting with teachers.

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

Create an **open climate**:

- Ensure a balance between student safety and parental access to school;
- Provide a place where parents can meet one another;
- Organize open days;
- Consider the parents' schedules when organizing school activities;
- Be familiar with the mandate, situation and terminology of each partner;
- Set aside a physical, temporal or representation space inside the school for members of the community.

Create a **climate of respect**:

- Treat partners with respect;
- Accept that not all parents will become involved in the school to the same extent, and acknowledge the different types of collaboration that are possible;
- Be tolerant and do not judge parental practices;
- Be aware of the cultural diversity of parental practices;
- Give priority to personal contact and ensure that everyone concerned has an opportunity to speak at parent-teacher meetings.

Improve the **contacts between the school and the cultural communities** (See the *Supporting Montreal Schools Program*, www.mels.gouv.qc.ca/colemontrealaise/ for further information):

- Set up a bank of interpreters;
- Promote personal support for students through community resources;
- Implement language twinning projects with community members;
- In multi-ethnic communities, organize discussion meetings on educational practices in the students' countries of origin.

Identify and satisfy needs*

* *Make sure parents are comfortable expressing their needs. Be aware of the potential influence of the person responsible for gathering information on needs (i.e. a teacher, the school principal or a parent from the governing board).*

Parents

Be familiar with the **parents' concerns** regarding the need for support, training and information.

For example:

- Formal or informal meetings with parents;
- Telephone survey at the beginning of the year with every member of the family;
- Questionnaire prepared by the students;
- Suggestion box;
- Visits to family organizations in the community.

Partners

Identify, discuss and clarify the **partners' needs and objectives** in connection with school-family-community collaboration (knowledge, practices, skills, etc.):

- Plan visits to and discussions between the various partners.

Train and inform

Provide the partners with **training** on school-family-community collaboration:

- Train all the partners on:
 - The profile of students and their families, the school and the community (needs and social, economic and ethnic situation, etc.);
 - The creation of good relationships between the partners;
 - Communication with the partners;
 - The collaborative process, its benefits and any obstacles to be overcome;

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

- Collaborative work and partnerships.
- In conjunction with the parents, organize parental support and learning monitoring workshops or groups (including homework assistance);
- Train parents who are members of school committees in decision-making, teamwork and how to communicate with other parents.

Introduce **methods for partners to share knowledge, expertise and innovative practices**:

- Provide training for mixed groups (staff, parents, community members).

For example:

- Professional development days with partners, focusing on partnership work.

Inform all partners **about existing** school-family-community collaboration **processes, authorities and projects** at the beginning of each school year.

Inform school staff and parents about **community resources and activities**:

- Organize community visits and information activities (meetings).

For example:

- Information booths at activities in the school to which parents are invited;
- Community day at school, with information meetings.
- At the school, distribute a directory of community organizations for young people and families.

Inform parents and the community about **the school's resources and activities**.

For example:

- Information newsletter, school website, etc.;
- Ensure that members of the school staff attend meetings or activities of community organizations.

Give priority to **personalized contacts** with parents.

Generate interest in school life

Inform parents and community members about the **school's** projects, achievements, difficulties, successes and needs.

Give students a **key role in organizing activities** for parents.

For example:

- Introduction of the activity and its content by students;
- Organization of reception activities at parents' evenings;
- Preparation of information documents;
- Invitations prepared by students.

Encourage parents and community members **to participate in school life**:

- **Make sure** participation is **attractive**.

For example:

- Provide lunch during meetings;
- Combine the handing out of grade cards with a game or event at the school.

- **Remove obstacles** to participation.

For example:

- Provide daycare services and transportation assistance for major events (e.g. carpooling);
- Offer the possibility for parents to meet with school staff outside the parents' working hours;
- Vary the timing of meetings, events and volunteer activities so that parents and community members are able to participate at home or within their organizations (e.g. repair books, prepare recipes, sew, write texts).

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

- **Acknowledge, encourage and reinforce the partners' participation** in school activities.

For example:

- Volunteer recognition evening prepared in conjunction with the child.

Establish a partnership strategy

Set up a **school-family-community partnership strategy** and **assess it annually**:

- Identify the people who will be responsible for the strategy:
 - Encourage the principal actors to participate;
 - Ensure that the people responsible are credible and demonstrate good leadership skills.
- Introduce a simple action plan;
- Keep a written record of the methods used and the results of annual assessments;
- Allow time for all the partners to grasp the principle of school-family-community collaboration;
- Use the resources made available to schools to support collaboration (e.g. Montreal Schools, International Observatory on Academic Achievement).

Focus on interpersonal relationships, **relationships of trust and frequent exchanges** between the partners:

- Create networks inside and outside the school.

Communicate with partners to generate and maintain collaboration

Methods for effective communication with parents

Warm, respectful, positive communication:

- Monitor the tone of voice and the verbal and non-verbal language used during exchanges with parents;
- Invite parents to take part in dialogue and discussion, and avoid being authoritarian;
- Listen to the parents' needs, concerns and problems;
- Prove to parents that their family, economic and cultural situation is understood and respected.

Frequent communication:

Use different communication methods to ensure that parents are able to observe and appreciate their child's development throughout the school year:

- **First** establish a positive contact with the parents; get in touch frequently to:
 - establish a contact;
 - get to know the students and their parents;
 - emphasize the students' progress and challenges;
 - inform parents of the things the school appreciates about their child.
- **Then** introduce a process to contact parents at the first sign of problems (do not contact them only when problems occur);
- As far as possible, make sure parents are aware of the intervals between communications;
- Use a daily log for communications between parents and teachers, or use the child's diaries for everyday messages.

PROMOTING SCHOOL-FAMILY-COMMUNITY COLLABORATION

Quick communication:

- Respond quickly to requests from parents;
- Introduce a process to follow up messages from parents.

Varied, attractive communication:

- Use different communication methods.

For example:

- Wall calendar with important dates and information;
 - Telephone call from the teacher;
 - Structured telephone chain;
 - Letters, prospectuses, memoranda, e-mails;
 - Personal invitations produced by the students;
 - Home visits arranged in advance with parents;
 - Visits to family organizations in the community;
 - Videos.
- Use information technologies (audio, video, computers);
 - Ask the students to write and illustrate documents.
- For example:*
- Original, funny or entertaining presentations;
 - Use of images.

Clear, easy-to-understand communication:

- Use simple terms and short sentences;
- Prepare with the parents clear communication strategies;
- Prepare with community organisations communication strategies for parents who are harder to reach due to linguistic or cultural barriers or health problems (mental health, addiction, etc.);
- Adjust the type of communication used to the family environment (e.g. underprivileged environment, cultural environment).

For example:

- Organize meetings at home with parents who have poor reading skills, and simplify the messages sent to them;

- Organize meetings at home, at the CSSS or at community organization's premises for immigrant parents and parents from ethnic minorities;
- Provide interpreters or translations;
- Contact parents who do not attend appointments.

Methods to ensure effective communication with parents

For example:

- Parents' signatures;
- Response slips;
- Telephone call or e-mail message;
- Communication via the child's diaries;
- Contacts with community organizations;
- Home visits arranged in advance with the parents;
- Evaluations with the parents.

Methods for effective communication with community members

For example:

- Special section in the school newspaper for news about community partners;
- Special section in local newspapers for school news;
- Information e-mails to community members about events at the school;
- Letters to elected representatives (school, municipal, provincial and federal);
- Local and regional partners' discussion tables.

REFERENCES

- Adams, G. R. and Ryan, B. A. (2000). *A Longitudinal Analysis of Family Relationships and Children's School Achievement in One- and Two-Parent Families*. Ottawa: Applied Research Branch, Strategic Policy, Human Resources and Skills Development Canada.
- Amiot, S., Blais, M., Labrecque, H., Prud'homme, G. and Rigaud, G. (2005). *Avis: prendre en compte la diversité des familles*. Québec: Conseil de la famille et de l'enfance.
- Aufseeser, D., Jekielek, S. and Brown, B. (2006). *The family environment and adolescent well-being: exposure to positive and negative family influences*. Washington, DC: Child Trends and the National Adolescent Health Information Center, University of California, San Francisco.
- Azdouz, R. (2000). *Consolider la collaboration entre le milieu scolaire et le milieu communautaire: une mesure clé pour la réussite éducative des jeunes. Programme de soutien à l'école montréalaise*. Québec: Direction des services aux communautés culturelles et École montréalaise, Ministère de l'Éducation.
- Azdouz, R., Béique, J., Garneau, B. and Roy, S. (2004). *Rapprocher les familles et l'école primaire: guide d'utilisation de deux instruments à l'intention des écoles primaires*. Québec: Ministère de l'Éducation.
- Azdouz, R., Béique, J., Garneau, B. and Roy, S. (2004). *Rapprocher les familles et l'école secondaire: guide d'utilisation de deux instruments à l'intention des écoles secondaires*. Québec: Ministère de l'Éducation.
- Bacon, A. and Deslandes, R. (2004). Caractéristiques familiales, ressources éducatives et réussite scolaire au niveau secondaire. *Revue québécoise de psychologie*, 25(2), 181-201.
- Baker, S. R. and Davis, B. L. (2001). Community health indicators predicting adolescent academic achievement. *Association of Black Nursing Faculty Journal*, 12(4), 83-88.
- Barnard, W. M. (2004). Parent involvement in elementary school and educational attainment. *Children and Youth Services Review*, 26, 39-62.
- Blain, F. (2004). Le programme *Famille, école, communauté: réussir ensemble*. *Vie pédagogique*, 133, 19-20.
- Blain, F. and Boudreault, P. (2004). Table ronde sur le partenariat famille, école et communauté. *Vie pédagogique*, 133, 21-23.
- Bliss, M. J., Emshoff, J., Buck, C. A. and Cook, S. L. (2006). Parents' perceptions of causes of and solutions for school violence: implications for policy. *The Journal of Primary Prevention*, 27(3), 265-280.
- Bornstein, M. H. L. (Ed.), (2002). *Handbook of Parenting*. (2nd Ed.). London, NJ: National Institute of Child Health and Human Development, Lawrence Erlbaum Associates.
- Bowen, G. L., Bowen, N. K. and Cook, P. G. (2000). Neighborhood characteristics and supportive parenting among single mothers. In G. L. Fox and M. L. Benson (Eds.), *Families, crime and criminal justice. contemporary perspective in family research*, vol. 2, (p.183-206). New York: Elsevier Science.
- Bowen, G. L., Woolley, M. E., Richman, J. M. and Bowen, N. K. (2001). Brief intervention in schools: the school success profile. *Brief Treatment and Crisis Intervention*, 1(1), 43-54.
- Bowen, G. L., Richman, J. M., Bowen, N. K. and Broughton, A. (2003). The school success profile online. *Journal of Technology in Human Services*, 21(1-2), 111-138.

REFERENCES

- Bowen, N. K., Bowen, G. L. and Ware, W. B. (2002). Neighborhood social disorganization, families, and the educational behaviour of adolescents. *Journal of Adolescent Research*, 17(5), 468-490.
- Bowen, N. K. and Powers, J. D. (2005). Knowledge gaps among school staff and the role of high quality ecological assessments in schools. *Research on Social Work Practice*, 15(6), 491-500.
- Boyle, M. H., Georgiades, K., Racine, Y. and Mustard, C. (2007). Neighborhood and family influences on educational attainment: results from the Ontario child health study follow-up 2001. *Child Development*, 78 (1), 168-189.
- Canadian Council on Learning (2006). *The social consequences of economic inequality for Canadian children. A review of Canadian literature*. Ottawa: Canadian Council on Learning.
- Canadian Population Health Initiative (2005). *Improving the Health of Young Canadians*. Ottawa: Canadian Institute for Health Information.
- Caspe, M. and Lopez, M. E. (2006). *Lessons from family-strengthening interventions: learning from evidence-based practice*. Cambridge, MA: Harvard Family Research Project, Harvard Graduate School of Education.
- Caspe, M., Lopez, M. E. and Wolos, C. (2007). Family involvement in elementary school children's education. Family involvement makes a difference. *Family Involvement Makes a Difference. Harvard Family Research Project*, 2(Winter 2006/2007), 1-12.
- Chang, L. C., Huang, S. Y. and Wu, F. L. (2005). From health promoting school perspectives to discuss the building of school-community partnership. *Hu Li Za Zhi.*, 52 (3), 76-81.
- Christenson, S. L. (2002). *Supporting home-school collaboration*. Minneapolis: Children, Youth and Family Consortium, University of Minnesota.
- Clift, S. and Jensen, B. B. (Eds), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Coren, E. and Barlow, J. (2007). *Individual and group-based parenting programmes for improving psychosocial outcomes for teenage parents and their children*. Cochrane Reviews, The Cochrane Collaboration. Website consulted in fall 2008 [online]: <http://www.cochrane.org/reviews/en/ab002964.html>.
- Couchenour, D. and Chrisman, K. (2008). *Families, schools and communities: together for young children*. (3rd Ed.). US: Thomson Delmar Learning.
- Cox, D. D. (2005). Evidence-based interventions using home-school collaboration. *School Psychology Quarterly*, 20(4), 473-497.
- Crosnoe, R. (2001). Parental involvement in education: influence of school and neighborhood. *Sociological Focus*, 34(4), 417-434.
- Deslandes, R. (2004). Collaboration famille-école-communauté: Pour une inclusion réussie. In N. Rousseau and S. Bélanger (Eds.), *La pédagogie de l'inclusion scolaire*, (p.327-345). Québec: Presses de l'Université du Québec.
- Deslandes, R., Rivard, M.-C., Ouellet, S. and Joyal, F. (Eds), (2007). *La collaboration de l'école, de la famille et de la communauté à l'apprentissage. Actes du colloque Collaboration école-famille-communauté liée aux apprentissages présentés dans le cadre du 75^e Congrès de l'Acfas, Université du Québec à Trois-Rivières, les 8 et 9 mai 2007*. Trois-Rivières: Association francophone pour le savoir (Acfas).
- Deslandes, R. (2000). Direction of influence between parenting style and parental involvement in schooling practices, and students' autonomy: a short-term longitudinal design. Paper presented at the 10th Annual International Roundtable on School, Family, and Community Partnerships, 24 to 28 April 2000. New Orleans, LA.

REFERENCES

- Deslandes, R. and Bertrand, R. (2001). La création d'une véritable communauté éducative autour de l'élève: une intervention plus cohérente et des services mieux harmonisés. Québec: Research report submitted to the Conseil québécois de recherche sociale and the Ministère de l'Éducation.
- Deslandes, R. (2001). A vision of home-school partnership: three complementary conceptual frameworks. Paper presented at the International Roundtable Conference: *A bridge to the future: collaboration between parents, schools and communities*, 22 and 23 November 2001. Rotterdam, Netherlands.
- Deslandes, R., Leclerc, D. and Doré-Côté, A. (2001). Longitudinal studies of special education and regular students: autonomy, parental involvement practices and degree of reciprocity in parent-adolescent interactions. Paper presented at the Annual Meeting of the American Educational Research Association: *Parents Involvement Issues in National Network for Education Renewal*, 10 to 14 April 2001. Seattle, Washington.
- Deslandes, R., Rousseau, N. and Royer, N. (2001). Collaboration école-famille-communauté: étude sur la perception des connaissances et le sentiment de compétence des étudiants inscrits en formation initiale en enseignement. *Revue de la pensée éducative*, 36(1), 27-52.
- Deslandes, R. and Cloutier, R. (2002). Adolescents' perception of parental involvement in schooling. *School Psychology International*, 23(2), 220-232.
- Deslandes, R. (2003). La participation parentale au suivi scolaire: que disent les parents? *Éducation Canada*, 43(1), 8-10.
- Deslandes, R. and Bertrand, R. (2003). L'état d'avancement des connaissances sur les relations école-famille: un portrait global. *Vie pédagogique*, 126(February-March), 27-30.
- Deslandes, R. and Lemieux, A. (2005). The place of family and community in schools in Quebec. In Diana B. Hiatt-Michael (Ed.), *Promising Practices in Family Involvement in Schooling Across the Continents*, (p.93-113). Connecticut: Information Age Publishing.
- Deslandes, R. and Bertrand, R. (2005). Motivation of parent involvement in secondary-level schooling. *The Journal of Educational Research*, 98(3), 164.
- Deslandes, R. (2006). Designing and implementing school, family, and community collaboration programs in Quebec, Canada. *School Community Journal*, 16(1), 81-105.
- Desrosiers, H., Neil, G., Gingras, L. and Vachon, N. (2002). *Grandir dans un environnement en changement. Étude longitudinale du développement des enfants du Québec*. (ELDEQ 1998-2002). Québec: Institut de la statistique du Québec, vol. 2, n° 2.
- Dishion, T. J. and Kavanagh, K. (2000). A multilevel approach to family-centered prevention in schools: process and outcome. *Addictive Behaviors*, 25(6), 899-911.
- Duchesne, L. (2005). *Les familles au tournant du XXI^e siècle. Extrait de la publication annuelle La situation démographique au Québec. Bilan 2005*. Québec: Institut de la statistique du Québec.
- Duchesne, S., Larose, S., Guay, R., Vitaro, F. and Tremblay, R. E. (2005). The transition from elementary to high school: the pivotal role of mother and child characteristics in explaining trajectories of academic functioning. *International Journal of Behavioral Development*, 29(5), 409-417.
- Duclos, G. (2006). *Guider mon enfant dans sa vie scolaire*. (2nd Ed.). Montréal: Éditions du CHU Sainte-Justine, Centre hospitalier universitaire mère-enfant.

REFERENCES

- Dupont, J.-M. and Edwards, P. (2008). *Growing Healthy Canadians: A Guide for Positive Child Development*. Ontario, Canada: Sparrow Lake Alliance and Strategic Funding Task Group of the Funders Alliance for Children, Youth and Families.
- Epstein, J. L., Sanders, M. G., Simon, B. S., Salinas, K. C., Jansorn, N. R. and Van Voorhis, F. L. (2002). *School, family, and community partnerships: your handbook for action*. (2nd Ed.). Thousand Oaks, California: Corwin Press.
- Epstein, J. L. and Sanders, M. G. (2002). Family, school, and community partnerships. Dans M. H. L. Bornstein (Ed.), *Handbook of Parenting. Volume 5: practical issues in parenting*, (2nd Ed.), Mahwah, NJ: Lawrence Erlbaum Associates.
- Epstein, J. L. (2005). A case study of the partnership schools comprehensive school reform (CSR) model. *The Elementary School Journal*, 106(2), 151-170.
- Epstein, J. L. and Sanders, M. G. (2006). Prospects for change: preparing educators for school, family, and community partnerships. *Peabody Journal of Education*, 81(2), 81-120.
- Epstein, J. L. and Sheldon, S. B. (2002). Present and accounted for: improving student attendance through family and community involvement. *Journal of Educational Research*, 95(5), 308-318.
- Ertl, H. (2000). Intervention parentale et rendement scolaire des enfants d'après l'Enquête longitudinale sur les enfants et les jeunes de 1994-1995. *Education Quarterly Review*, 6(2), 41-57.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in fall 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Fédération des comités de parents du Québec (2009). *Pour se faire une bonne idée de la participation des parents à l'école*. Beauport, Québec: Fédération des comités de parents du Québec.
- Fédération des comités de parents du Québec (2009). *Pleinement partenaires*. Beauport, Québec: Fédération des comités de parents du Québec.
- Fullan, M., Watson, N. and Leithwood, K. (2003). What should be the boundaries of the schools we need? *Education Canada*, 43(1).
- Gagnon, F., Bilodeau, A. and Bélanger, J. (2006). *La collaboration école-famille-communauté et les mesures innovantes de soutien à la réussite scolaire en milieux défavorisés. Le cas Hochelaga-Maisonneuve*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Green, C. L., Walker, J. M. T., Hoover-Dempsey, K. V. and Sandler, H. M. (2007). Parents' motivations for involvement in children's education: an empirical test of a theoretical model of parental involvement. *Journal of the Educational Psychology*, 99(3), 532-544.
- Griffin-Wiesner, J. (2002). *What makes parent education programs work?* Minneapolis: Children, Youth and family Consortium, University of Minnesota.
- Grossman, J. B. et Vang, Z. M. (2009). *The case for school-based integration of services. Changing the ways students, families and communities engage with their schools*. Philadelphia: Public/Private Ventures, GroundWork.
- Guerdan, V. (2002). La formation des enseignants au partenariat avec les familles: bilan et perspectives. *Pédagogie spécialisée*, 3, 5-11.

REFERENCES

- Hair, E., Jager, J. and Garrett, S. B. (2002). *Background for community-level work on social competency in adolescence: a review of antecedents, programs and investment strategies*. Washington, DC: John S. and James J. Knight Foundation: Child Trends.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux!: les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Hanvey, L. (2006). *Issues affecting the well-being of Canadian children in the middle years –6 to 12: A discussion paper. Literature Review*. Ottawa: National Children's Alliance.
- Harvard Family Research Project (2009). *Overview of family involvement*. Harvard Family Research Project. Website consulted in spring 2009 [online]: <http://www.hfrp.org/family-involvement/overview>.
- Healthy Child Manitoba (2007). *Triple P – Positive Parenting Program*. Healthy Child Manitoba. Government of Manitoba. Website consulted in fall 2007 [online]: <http://www.gov.mb.ca/healthychild/triplep/index.fr.html>.
- Henderson, A. T. and Mapp, K. L. (2002). *A new wave of evidence. The impact of school, family and community connections on student achievement*. Austin, Texas: Southwest Educational Developmental Laboratory.
- Hiatt-Michael, D. B. (2001). *Promising practices for family involvement in schools*. Greenwich, Connecticut: Information Age Publishing.
- Hiatt-Michael, D. B. (Ed.), (2003). *Promising practices to connect schools with the community*. Connecticut: Information Age Publishing.
- Hoover-Dempsey, K. V., Walker, J. M. T., Sandler, H. M., Whetsel, D., Green, C. L., Wilkins, A. S. et al. (2005). Why do parents become involved? Research findings and implications. *The Elementary School Journal*, 106(2), 105-130.
- Howland, A., Anderson, J. A., Smiley, A. D. and Abbott, D. J. (2006). School liaisons: bridging the gap between home and school. *School Community Journal*, 16(2), 47-68.
- Humbeek, B., Lahaye, W., Balsamo, A. and Pourtois, J.-P. (2006). Les relations école-famille: de la confrontation à la coéducation. *Revue des sciences de l'éducation*, 32(3), 649-664.
- Jeynes, W. H. (2005). A meta-analysis of the relation of parental involvement to urban elementary school student academic achievement. *Urban Education*, 40(3), 237-269.
- Jeynes, W. H. (2007). The relationship between parental involvement and urban secondary school student academic achievement, a meta-analysis. *Urban Education*, 42(1), 82-110.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Jutras, S. and Lepage, G. (2006). Parental perceptions of contributions of school and neighborhood to children's psychological wellness. *Journal of Community Psychology*, 34(3), 305-325.
- Kakli, Z., Kreider, H., Little, P., Buck, T. and Coffey, M. (2006). *Focus on families! How to build and support family-centered practices in after school*. Boston, Massachusetts: United way of Massachusetts Bay, Harvard Family Research Project, Build the Out-of-School Time Network.
- Kalubi, J.-C., Detraux, J.-J. and Larivée, S. J. (2006). Participation des familles en contexte d'inclusion sociale: une contribution en faveur de la bientraitance des élèves. *Revue des sciences de l'éducation*, 32(3), 517-524.

REFERENCES

- Kan, K. and Tsai, W.-D. (2005). Parenting practices and children's education outcomes. *Economics of Education Review*, 24(1), 29-43.
- Kanoute, F. and Saintfort, M. (2003). La relation école-famille immigrante. *Éducation Canada*, 43(1), 28-31.
- Kohl, G. O., Lengua, L. J. and McMahon, R. J. (2000). Parent involvement in school conceptualizing multiple dimensions and their relations with family and demographic risk factors. *Journal of School Psychology*, 38(6), 501-523.
- Larivée, S. J., Kalubi, J.-C. and Terrisse, B. (2006). La collaboration école-famille en contexte d'inclusion: entre obstacles, risques et facteurs de réussite. *Revue des sciences de l'éducation*, 32(3), 525-543.
- Lawson, M. A. (2003). School-family relations in context. Parent and teacher perceptions of parent involvement. *Urban Education*, 38(1), 77-133.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Lee, A., Li, S. W., Au, B. M., Yuen, W. K., Loong, M. C., Ng, F. Y. et al. (2004). Parent training: experience of the New Territories West school health promotion project of Hong Kong. *Asia-Pacific Journal of Public Health*, 16. (suppl.), S22-S26.
- Lee, J. S. and Bowen, N. K. (2006). Parent involvement, cultural capital, and the achievement gap among elementary school children. *American Educational Research Journal*, 43(2), 193-218.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- Leithwood, K. and McElheron-Hopkins, C. (2004). *Parents' participation in school improvement processes. Final Report of the Parent Participation in School Improvement Planning Process*. Toronto, Ontario: Canadian Education Association.
- Leventhal, T. and Brooks-Gunn, J. (2000). The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126(2), 309-337.
- Longwell-Grice, H. and McIntyre, E. (2006). Addressing goals of school and community: lessons from a family literacy program. *School Community Journal*, 16(2), 115-132.
- Lopez, M. E. (2003). *Transforming schools through community organizing: a research review*. Cambridge, MA: Harvard Family Research Project, Harvard Graduate School of Education.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Mannoni, C. (1996). *Étude sur la participation des parents dans des activités scolaires ou parascolaires*. Montréal: Département de médecine sociale et préventive, Université de Montréal.
- Martin, L. (2005). La collaboration entre l'école, la famille et la communauté: souhait ou nécessité? Paper presented at the regional conference *Agir autrement: École-Famille-Communauté*, 16 and 17 May 2005. Bas-Saint-Laurent, Gaspésie-Îles-de-la-Madeleine.
- Maton, K. I., Schellenbach, C. J., Leadbeater, B. J. and Solarz, A. L. (2004). *Investing in children, youth, families and communities. Strengths-based research and policy*. Washington, DC: American Psychological Association.

REFERENCES

- McCall, D. (2004). *Parent involvement in school health programs. Excerpts from a research review*. Canada: Canadian Association for School Health.
- Mehaffie, K. E. (2001). Parenting 101: teaching parents to be better parents to improve child well-being. *Children, Youth and Family background, Report n° 33* (May), 1-2.
- Menna, R. and Matthews, D. (2003). Solving problems together: the importance of parent/school/community collaboration at a time of educational and social change. *Education Canada*, 43(1), 20-23.
- Ministère de l'Éducation (2001). *Québec Education Program. Preschool Education, Elementary Education (approved version)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Complementary Educational Services, Essential to Success*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2003). *Les nouvelles dispositions de la Loi sur l'instruction publique*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2003). *Le plaisir de réussir se construit avec mon entourage. Cadre de référence. Famille, école, communauté réussir ensemble (FECRE). Programme d'intervention pour favoriser la réussite scolaire dans les milieux défavorisés*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport. (2004). Dossier école-famille-communauté: des partenaires. *Vie pédagogique*, 133 (November-December).
- Ministère de l'Éducation, du Loisir et du Sport (2007). *À l'école et à la commission scolaire: des parents plus présents que jamais!* Ministère de l'Éducation, du Loisir et du Sport, Gouvernement du Québec. Website consulted in fall 2008 [online]: <http://www.mels.gouv.qc.ca/rens/banque/pages/parents.htm>.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Québec Education Program. Secondary Cycle Two (approved version)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *National Public Health Program 2003-2012* (updated in 2008). Québec: Gouvernement du Québec.
- Moisan, G. (2004). La collaboration école-famille-communauté: un thème de recherche fertile. *Vie pédagogique*, 133, 45-46.
- Moore, K. A., Guzman, L., Hair, E., Lippman, L. and Garrett, S. (2004). *Parent-teen relationships and interactions: far more positive than not. Child's trends research brief*. (2004-25.). Washington, DC: Child Trends.
- Moore, S. and Lasky, S. (2001). *Parental Participation in Education*. Toronto, Canada: Education Quality and Accountability Office (EQAO).
- National Clearinghouse on Families et Youth (2007). *Reconnecting youth and community: a youth development approach*. Silver Spring, Maryland: United States Department of Health and Human Services.
- National Network of Partnership Schools (2002). *Update data point to factors for high quality partnership programs. Research briefs. Issue N°13*. National Network of Partnership Schools, Johns Hopkins University. Website consulted in fall 2008 [online]: <http://www.csos.jhu.edu/P2000/type2/issue13/ttype2rbR.htm>.
- Normandeau, S. and Venet, M. (2003). Comment intervenir auprès et par l'entremise des parents. In C. F. Vitaro and Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome 1: les problèmes internalisés*, (p.141-188). Québec: Presses de l'Université du Québec.

REFERENCES

- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Peters, R. D., Petrunka, K. and Arnold, R. (2003). The *Better Beginnings, Better Futures* Project: a universal, comprehensive, community-based prevention approach for primary school children and their families. *Journal of Clinical Child and Adolescent Psychology*, 32(2), 215-227.
- Phipps, S. and Lethbridge, L. (2006). *Income and the outcomes of children*. Ottawa: Statistics Canada.
- Pion, S. and Brunelle, A.-M. (2007). *Regard sur les familles montréalaises*. Montréal: Comité Famille CRÉ de Montréal.
- Potvin, P., Deslandes, R. and Leclerc, D. (2000). Les liens entre l'autonomie de l'adolescent, la collaboration parentale et la réussite scolaire. *Revue canadienne des sciences du comportement*, 32(4), 208-217.
- Pushor, D. and Murphy, B. (2004). Parent marginalization, marginalized parents: creating a place for parents on the school landscape. *Alberta Journal of Educational Research*, 50(3), 221-235.
- Renaud, L. and Mannoni, C. (1997). Étude sur la participation des parents dans les activités scolaires ou parascolaires. *Revue canadienne de santé publique*, 88(3), 184-191.
- Riesch, S. K., Anderson, L. S. and Krueger, H. A. (2006). Parent-child communication processes: preventing children's health-risk behavior. *Journal for Specialists in Paediatric Nursing*, 11(1), 41-56.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Rosenzweig, C. (2001). A meta-analysis of parenting and school success: the role of parents in promoting students' academic performance. Paper presented at the *Annual Meeting of the American Educational Research Association*, 10 to 14 April 2001. Seattle, Washington.
- Sanders, M. G. (2003). Community involvement in schools. From concept to practice. *Education and Urban Society*, 35(2), 161-180.
- Sanders, M. R., Markie-Dadds, C. and Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P-Positive parenting program: a population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph*, 1, 1-24.
- Sanders, M. G., Epstein, J. L. and Connors-Tadros, L. (1999). *Family partnerships with high schools: the parents' perspective*. (Report n° 32). Baltimore: Center for Research on the Education of Students Placed at Risk, Johns Hopkins University and Howard University.
- Sanders, M. G. (2001). The role of "community" in comprehensive school, family, and community partnership programs. *Elementary School Journal*, 102(1), 19-34.
- Sanders, M. G. (2001). Schools, families, and communities partnering for middle level students' success. *NASSP Bulletin*, 85(2), 53-61.
- Sanders, M. G. and Lewis, K. C. (2005). Building bridges toward excellence: community involvement in high schools. *High School Journal*, 88(3), 1-9.
- Sanders, M. G. (2006). *Building school-community partnerships: collaboration for student success*. Thousand Oaks, California: Corwin Press.

REFERENCES

- Sanders, M. G. and Harvey, A. (2007). Beyond the school walls: a case study of principal leadership for school-community collaboration. *Teachers College Record*, 104(7), 1345-1368.
- Sheldon, S. B. (2005). Testing a structural equation model of partnership program implementation and parent involvement. *The Elementary School Journal*, 106(2), 171-187.
- Sheldon, S. B. and Epstein, J. L. (2002). Improving student behavior and school discipline with family and community involvement. *Education and Urban Society*, 35(1), 4-26.
- Sheldon, S. B. (2002). Parents' social networks and beliefs as predictors of parent involvement. *Elementary School Journal*, 102(4), 301-316.
- Sheldon, S. B. and Van Voorhis, F. L. (2004). Partnership programs in US schools: their development and relationship to family involvement outcomes. *School Effectiveness and School Improvement*, 15(2), 125-148.
- Sheldon, S. B. and Epstein, J. L. (2005). Involvement counts: family and community partnerships and mathematics achievement. *Journal of Educational Research*, 98(4), 196-206.
- Sinclair, F. and Naud, J. (2005). Soutien social et émergence du sentiment d'efficacité parentale: une étude pilote de la contribution du programme ÉcoFamille. *Santé mentale au Québec*, 30(2), 193-208.
- Smith, E. P., Atkins, J. and Connell, C. M. (2003). Family, school, and community factors and relationships to racial-ethnic attitudes and academic achievement. *American Journal of Community Psychology*, 32(1-2), 159-173.
- Spoth, R., Clair, S., Greenberg, M., Redmond, C. and Shin, C. (2007). Toward dissemination of evidence-based family interventions: maintenance of community-based partnership recruitment results and associated factors. *Journal of Family Psychology*, 21(2), 137-146.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. Sand et Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Stormshak, E. A., Dishion, T. J., Light, J. and Yasui, M. (2005). Implementing family-centered interventions within the public middle school: linking service delivery to change in student problem behavior. *Journal of Abnormal Child Psychology*, 33(6), 723-733.
- Sweet, R., Mandell, N., Anisef, P. and Adamuti-Trache, M. (2007). *Managing the home learning environment: parents, adolescents and the homework problem*. Ottawa: Canadian Council on Learning.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- The Children's Aid Society (2001). *Building a community school*. (3^e éd.). New York: The Children's Aid Society.
- Timperio, A., Ball, K., Salmon, J., Roberts, R., Giles-Corti, B., Simmons, D. et al. (2006). Personal, family, social, and environmental correlates of active commuting to school. *American Journal of Preventive Medicine*, 30(1), 45-51.
- Van der Werf, G., Creemers, B. and Guildemond, H. (2001). Improving parental involvement in primary education in Indonesia: implementation, effects and costs. *School Effectiveness and School Improvement*, 12(4), 447-466.

REFERENCES

- Velezis, M. J. and Endeshaw, Y. (2001). Learning through community participation: immunization program at an elementary school. *Academic Medicine*, 76(2), 195-198.
- Violette, M. (2005). L'école communautaire: un carrefour pour la réussite des jeunes et le développement de la communauté. Rapport de l'équipe de travail sur le développement de l'école communautaire. Québec: Gouvernement du Québec.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Watt, J., Dickey, M. and Grakist, D. (2005). *La phase intermédiaire de l'enfance: c'est important! Cadre de travail pour promouvoir le développement sain des enfants de 6 à 12 ans*. Ottawa: Le Réseau de santé des enfants et des adolescents pour l'est de l'Ontario, Centre hospitalier pour enfants de l'est de l'Ontario et Centraide/United Way Ottawa.
- Weiss, H. B. and Naomi, S. (2009). From periphery to center: a new vision for family, school, and community partnership. In S. L. Christenson and A. Reschly (Eds.), *Handbook for School-Family Partnerships*, New York: Routledge.
- Wherry, J. H. (2007). *Selected parent involvement research*. The Parent Institute. Website consulted in fall 2008 [online]: <http://www.parent-institute.com/educator/resources/research/research.php>.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics relating to different aspects of life at school. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach
- The developmental approach
- Developmental psychopathology
- Competency development based using a socio-constructivist approach
- The Ottawa Charter

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members underlying the interventions.....	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods.....	2
Elements specific to the developmental stage	3
Organizational conditions	3
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies.....	5
School organization	6
PHYSICAL ENVIRONMENT.....	7
Condition and physical layout.....	7
Material resources	8
SERVICES FOR STUDENTS.....	9
Social support	9
Preventive services.....	9
 ELEMENTARY SCHOOL STUDENTS: development of personal competencies	 11
 ELEMENTARY SCHOOL STUDENTS: development of social competencies.....	 15
 SECONDARY SCHOOL STUDENTS: development of personal competencies	 17
 SECONDARY SCHOOL STUDENTS: development of social competencies.....	 21

FAMILY	23
Relevant information for parents.....	23
Advice and key actions for parents	23
Family support.....	25
Ways to involve parents	26
 COMMUNITY	 27
Rules, standards, policies	27
Support for young people and families	28
Social participation by young people	29
School/family/community collaboration.....	29
 REFERENCES.....	 31

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

SCHOOL

Attention: Priority should be given to actions aimed at making the students' physical and social environment safer, in order to prevent injuries. Other actions will also be required to support or complement the priority actions. Generally, the actions in question will be designed to inform students, staff members or parents. When these actions are performed alone, they are generally ineffective in preventing injuries.

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying the interventions



Give priority to the following **values**:

- Respect for oneself, others and the environment;
- Mutual support.

Believe in the importance of being a **positive model** for the students.

Believe in the **beneficial effects of healthy, safe environments and behaviours**.

Pedagogical principles of interventions



Ensure that the school's rules of safety are **consistent**.

Ensure the **intensity and duration of learning** throughout compulsory schooling (from preschool to Secondary V).

Promote the **inclusion and integration** of all students:

- Be aware of the specific needs of certain students (e.g. disabled students, students with learning disabilities);
- When designing and implementing activities, be vigilant with regard to different economic and cultural realities, and gender issues;
- Be aware of different social standards in connection with risk-taking.

Actively involve students in their learning:

- Make students responsible for their choices and practices connected with healthy, safe behaviour;
- Use their existing knowledge as a starting point;
- Question students about their preconceived ideas;
- Make sure the students understand the concepts (e.g. risk, accident, trauma, misbehaviour);
- Give students ways to assess their own performance;
- Give students an opportunity to design, perform and evaluate academic and extracurricular activities connected with healthy, safe environments and behaviours;
- Encourage all students to participate in discussions and the planning of activities to promote healthy, safe behaviours and environments in the classroom and school.

Seize opportunities in everyday life, inside and outside the classroom, to help students reinvest their **safety-related skills**:

Attention: The opportunities offered by thematic events (e.g. International Youth Transportation Safety Day) are useful, but not sufficient to ensure reinvestment.

- Reinvest classroom learning in different areas of learning.

For example:

- In Physical Education and Health, help students learn how to behave safely.

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

SCHOOL

- Reinvest learning in other contexts outside the classroom – in other words, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services, and promotion and prevention services).

For example:

- Include a **Safety** component in sports activities and physical recreational activities at school, and in special activities (school trips, treasure hunts, Olympics);
- Include content on road and pedestrian safety in school outings and activities involving parents (knowledge and application of the rules of safety);
- Give students safety-related responsibilities (e.g. school crossing guard).

Pedagogical approaches, practices and methods



Promote **demonstration, modelling and interactive teaching methods** (debates, role playing, situational tasks, questions, discussions, etc.).

Provide **adequate supervision** for students' activities, especially during Physical Education and Health classes, in the school yard and during sports and recreational events:

- Assess the participants' physical capabilities beforehand, so as to allow for progression and regulate the intensity of the physical activity to suit each individual student;
- Offer competitive or non-competitive activities adjusted to the students' developmental phase, and reinforce sportsmanship, effort, teamwork and compliance with the rules of safety;
- Provide the students with age-appropriate information on basic motor skills;

- Allow for warm-up activities;
- Avoid excessive training;
- Pair or group students together by size and capability;
- Adjust game rules to the students' ability to apply them;
- Make sure injuries have healed before allowing injured students to take part in activities;
- Anticipate unsafe situations and respond effectively.

Involve the students as facilitators or promoters of healthy, safe behaviours: through mediation, tutoring or class animation.

Support competency development and educational success by **applying the following pedagogical practices:**

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learnings, interests, goals and successes of the students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - To become aware of what they know and establish links with what they are going to learn;
 - To choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - To transfer their learning to new contexts.

SCHOOL

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation; help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



At the elementary level:

- Take into account the fact that **the students do not yet have all the aptitudes they need to behave safely** (e.g. insufficient sense of their own vulnerability, lack of impulse control, inability to make themselves visible, inability to react appropriately to unexpected or imprudent behaviour by adults);
- Take into account the fact that **the students are not yet comfortable with abstract concepts**, by using pedagogical approaches that focus on learning through experience (e.g. demonstration and practice of safety measures such as crossing the street and using protective equipment).

At the secondary level:

- Reinforce aptitudes conducive to safe behaviour, as they are developed by the students (e.g. a sense of their own vulnerability, impulse control, better coordination, greater capacity to see the link between their own behaviour, the environment and the risk of injury);

- Be sensitive to **risk-taking associated with sensation seeking and peer pressure among teens**;
- Remember **the students' lack of experience** with certain high-risk activities, such as driving a motor vehicle and practising certain physical activities.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** with regard to:

- The highlights about student mortality and morbidity resulting from unintentional injuries;
- The risk of unintentional injury to students at home, at school, in the workplace and in the community, and the promotion and prevention strategies available at each development phase:
 - for pedestrian travel and motorized travel;
 - for sports and recreational activities;
 - for other activities at home, at school and in the community.

Clearly define the role of school staff, parents and community members in promoting healthy, safe environments and behaviours:

- Identify who is responsible for the activities, who does what, and how.

Involve **qualified resource people** depending on the context (nurses, SAAQ, responsables for real estate to the school board, safety professionals, safe environment specialists, police officers).

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote healthy, safe behaviours:

- Promote positive social standards in favour of safe, prosocial behaviour.

Create a **climate at school that fosters the sense of security and belonging**, an open mind, communication and **quality relationships** (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and friendly;
- **Promote cooperation and support** (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying these behaviours and attitudes both individually and within the school in general:
 - Take steps to reduce social isolation of students;
 - Facilitate contacts among students and between students and staff;
 - Allow the students to share their experience and forge positive contacts outside the classroom context.
 - For example:*
 - Mentoring, integration activities, staff-student games (meals, sports and cultural activities).
 - Model active listening and show students how to build it into their everyday lives.

- Promote **openness and inclusion** within the school:

- Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).

For example:

- Encourage acceptance and insertion of new members;
- Encourage community action.

- Encourage students, school staff, parents and partners to become involved in all aspects of school management, especially in connection with safety.

Rules, standards, policies



Code of Safe Conduct

Include, in the school's code governing life at school, a set of required safe behaviours adjusted to the students' ages.

- **Establish the underlying principles:**

- Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
- Take a general approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
- Promote a culture in which members of the school community try to find solutions instead of a culture of victim blaming;
- **With regard to safety**, make sure that the messages conveyed are consistent with the practices of teachers, school staff, daycare staff, physical activity supervisors and parents;
- Introduce a participatory process: involve the students, parents and staff in selecting the rules of conduct and the school rules;
- Make sure the students believe the rules and code are relevant and fair.

SCHOOL

- **Be aware of** the situation regarding safe behaviour at school:
 - Find out about the students' habits, experiences, opinions, ideas and concerns about health and safe behaviour.¹
 - Compare the various sources of information (students and adults in the school);
 - List the actions taken and methods implemented to promote safe behaviour.
- Work with the students **to establish a set of desired safe behaviours**:
 - Compliance with safety measures around the school and on the way to school (wearing a helmet when cycling, obeying school crossing guards, obeying traffic signals when crossing the street, respecting parking lots, etc.);
 - Compliance with safety measures and wearing of appropriate protective equipment in Physical Education and Health classes, in the school yard, in technical training workshops, in laboratories and in visual arts rooms where necessary.
- Inform students, school staff, parents and partners about the **importance of complying with the rules of safe behaviour**:
 - Inform them of the benefits of adopting safe behaviour and the consequences of failing to comply with the rules.

School transportation

Know and apply the rules of safety in school transportation, especially on and around school buses.

Supervision

Clearly set out the rules of supervision for responsible adults, teachers and supervisors, to draw attention to activities outside school, in the school yard, on playing fields, in swimming pools and in special classes.

School organization (timetables, structures, management)



Nothing specific.

¹ Survey data are available from public health offices.

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

SCHOOL

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological and chemical agents)



Have a **profile** of safety conditions in the school's premises and for its equipment, and assess them on a regular basis.

Provide a **safe, clean physical environment**:

- Adequate, functional lighting both indoors and outdoors;
- Regular inspections of safety aspects, cleanliness, equipment, air, water and food:
 - Proper facilities for storing and collecting garbage;
 - Adequate storage for food, and clean premises in which food can be prepared and served;
 - Compliance with standards of cleanliness and collaboration with municipal and government departments to ensure that the school's food services are inspected (cafeteria, snack bar, caterer);
 - Availability of drinking water facilities (quality, access and appropriate quantities);
 - Sufficient, adequate and hygienic sanitary facilities (paper, soap, towels, etc.);
 - Good air and an adequate ventilation system (dust, exhaust gases, smoke, pollen, mould and other allergens, pollutants and irritants);
 - Supervision of infestations or the presence of animals and insects likely to spread disease;
 - Safe storage facilities for household products, chemical products for laboratories and other chemical products (pesticides, solvents, paint);
 - Functional smoke detectors and fire extinguishers, properly installed throughout the school;
 - Safe outdoor areas (pedestrian paths, vehicle unloading points (buses and cars), school crossing guards);

- Safe flooring inside the school (floor surfaces, staircases);
- A safe location for the students' lockers;
- Indoor and outdoor playgrounds, equipment and facilities for physical activities, in accordance with the recommended safety standards.
For example:
 - Enforce and apply the Canadian standard for outdoor playground and equipment safety.
- Availability of first-aid equipment and instructions on how to use it, staff training;
- Installation of shaded areas (to protect against the sun).
- Presentation of safety measures and emergency plans to the students.

Ensure that students are able to **travel safely between their homes and the school**:

- Make sure speed reduction signs are installed around the school.
For example:
 - Traffic-slowing measures (silent policemen, signposted pedestrian paths, islands or shelters for pedestrians, etc.);
 - Visual alterations (better lighting, etc.);
 - Restructuring of traffic (one-way streets around the school, etc.).
- Introduce school safety patrols (older students, over 10 years of age), and train them:
 - Pedestrian patrols, to ensure that students are safe at quiet intersections (busy intersections should be covered by adult guards);
 - Bus patrols, to remind students of safety rules when entering or leaving school buses;
 - School patrols to assist supervisors inside the school and in the school yard.
- Ask police officers to encourage compliance with the Road Safety Code (e.g. signage and speed), especially around the school;
- Provide special protection for young pedestrians and students with special needs.

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

SCHOOL

Promote a **pleasant, attractive school environment**:

- Cleaning teams (to remove graffiti) and decoration committees;
- Displays of student art.

Promote an **environment that facilitates learning and self-development**:

- Arrange classrooms to promote a calm atmosphere and encourage participation and discussion;
- Organize the space according to the number of students;
- Monitor noise levels in the classroom and in the school as a whole.

Ensure a **safe physical environment**:

- Group professional offices together in corridors used by students and leave the doors open whenever possible;
- Ensure that locations in which violent behaviour occurs are monitored by an adequate number of adults;
- Control access to the school grounds.

For example:

- Allow access via only one road;
- Lock the school doors during classroom hours.
- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.
For example:
 - Organize the school yard;
 - Build windows into office walls, to allow for better supervision;
 - Eliminate elements from the school grounds that prevent the staff from seeing the students.
- Ensure safety during events outside the school (e.g. school trips).

Organize the premises to prevent violent behaviour:

- In the classrooms, arrange the furniture in a way that promotes interactive learning and allows the teacher to move around easily and observe the students;
- Avoid crowds of students by staggering mealtimes and recreation periods, and by organizing the school yard;
- Reduce the number of occasions on which students circulate around the school without supervision;
- Foster the creation of an adequate living space based on the children's age, particularly in the cafeteria, in the corridors and in the locker rooms.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Provide students and school staff with **appropriate protective equipment** for activities inside and outside the classroom:

- Provide free protective equipment (e.g. mouth guards) for low-income families.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain **aware of the needs of students and families, and provide suitable follow-up**:

- Pay special attention to the increased likelihood of risk-taking during adolescence.

Preventive services



Prepare and implement an **emergency intervention protocol**: situational assessment, case management, referrals to appropriate services and resources. The protocol should include:

- Written instructions indicating the services and resources to be contacted in an emergency, posted in visible locations throughout the school (e.g. near telephones).
- Different methods of contacting the emergency services (e.g. 911 emergency centre, public telephones);
- A plan to transport injured students to the appropriate resources, and to accompany them where necessary;

- Methods of contacting the parents and staff members concerned as quickly as possible;
- Organization and dispensation of first aid;
- A staff training plan;
- Emergency measures to deal with severe allergic reactions;
- Emergency rehearsals at least once a year.

Student support and assistance services¹

Where necessary, provide the following services to the **students concerned**:

- **Services** for students with **adaptation problems at school, behavioural problems, or learning difficulties**;
- **Academic support**: homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinics²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students' homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

¹ Refer to the program of complementary services established by the school board or school.

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

- **Procedures:**

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that the clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer **simple and quick access routes** for all the **physical and psychological problems** that cannot be dealt with by the youth clinic.

- **Specific services:**

As part of the work of the youth clinic, **the following services related to safe behaviour during travel, recreation and sport should be offered:**

- Counsel students about wearing safety belts in cars, and not drinking or taking drugs when driving cars or during recreational activities;
- Counsel students on safe behaviour during recreational activities.

- **General services:**

Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (see the ***Sleep, Hygiene and Oral Health*** information sheet for a list of services that should be offered).

SAFE ENVIRONMENTS AND BEHAVIOURS: PREVENTION OF UNINTENTIONAL INJURIES

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (attitudes) To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop their assertiveness		Develop self-control and self-regulation	
State opinions and explain their choices.	❶ ❷ ❸	Slow down their motor impetus, control their actions:	❶ ❷
Take responsibility for their actions.	❶ ❷ ❸	- Recognize signs of agitation; - Calm down and think before speaking or taking action: - Stop, sit down, take a deep breath.	
Resist negative peer pressure that encourages high-risk behaviour (e.g. not wearing a cycle helmet):		Listen to, interpret and comply with instructions.	❶ ❷ ❸
- Recognize the impact of other people's opinions on their behaviour and choices: - Distinguish between negative peer pressure and positive peer pressure.	❶ ❷ ❸		
- Avoid being negatively influenced by the attitudes, words and actions of peers: - Practise and analyze various ways of saying "No" and responding to pressure.	❶ ❷ ❸	Exercise critical judgment	
Identify peers who have a positive influence and spend time with them.	❸	Assess danger and give help:	
Resist negative media pressure advocating high-risk behaviour:	❶ ❷ ❸	- Recognize the sources of danger for self or for others; - Protect themselves; - Anticipate; - Analyze a situation in order to issue a warning or take action; - Issue a warning (telephone, answer questions from rescuers and physicians, describe a situation); - Administer simple first aid.	❶ ❷ ❸ ❶ ❷ ❸ ❷ ❸ ❸ ❷ ❸ ❷ ❸
Be aware of the place and influence of the media with regard to everyday life, including healthy, safe behaviour;	❶ ❷ ❸	Recognize the benefits of safe behaviour (e.g. physical and mental health, sense of safety and well-being, prevention of long-term debilitating injuries).	❶ ❷ ❸
Analyze media representations of risk: the difference between fact and opinion, and how the representations differ from reality;	❷ ❸	Recognize the consequences of unsafe behaviour (e.g. accidents, injuries, deaths, etc.).	❶ ❷ ❸
Identify the interests underlying the political, social or cultural messages.	❷ ❸		

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Solve problems		Take and assume responsibility.	1 2 3
Apply the problem solving process:	1 2 3		
1. Identify the problem and its causes;			
2. Find solutions;			
3. Select the most appropriate solution(s):			
- Identify the consequences of a problem;	1 2		
- Make a connection between the solution to a problem and the changes of its consequences.	2 3		
4. Apply the solutions;			
5. Evaluate the solutions.			
Accept their own responsibility in creating and solving problems:			
• Accept the consequences of their behaviour;	1 2 3		
• Differentiate between the notions of accident and intention.	2 3		
Ask for help			
Identify:	1 2 3		
• Problem situations;			
• The type of help needed, depending on the situation;			
• Who to ask for help.			
Develop independence and a sense of responsibility			
Realize the importance of being responsible for their behaviour.	1 2 3		
		Travel	
		Apply road safety rules:	1 2 3
		• Wear a seat belt;	
		• Wear a bicycle helmet;	
		• Enter and leave the school bus in a safe way;	
		• Cross the street at the appropriate place, at the right time, including level crossings (near railways).	
		Sports and recreational activities	
		Understand:	
		• The components of physical activity (warming up, performing the activity, cooling down);	1 2
		• Harmful exercise.	1 2 3
		Apply measures and rules with regard to:	
		• Compliance with instructions for equipment use (e.g. balls, ropes, hoops, nets, ladders, climbing equipment, other devices);	1 2 3
		• The use of appropriate protective clothing or equipment;	1 2 3
		• Compliance with correct exercise performance criteria;	1 2 3
		• Appropriate behaviour in potentially dangerous situations;	1 2 3
		• Putting equipment away after use;	1 2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		
• Compliance with the rules of safety in different contexts; • Age-appropriate levels of effort; • Compliance with the rules of safety, especially in water (e.g. safe use of flotation devices); • Sunburn protection methods.	1	2	3
			3
	1	2	3
	1	2	3
At school			
Apply the rules of ethics, safety and sportsmanship (cooperation and sporting values) in the school yard, on outside playing fields, in the gymnasium and during school trips.	1	2	3
Miscellaneous			
Apply safety rules on the school premises.	1	2	3
Apply appropriate standards for backpacks (e.g. anatomy of the back, the risks of a poorly adjusted backpack, loading a backpack properly).	1	2	3
Recognize the potential dangers of farms (e.g. machinery, animals, buildings, the type of work to be done).	1	2	3

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



Cycles

Adopt prosocial attitudes and behaviours

Respect the values of sportsmanship:

- Control themselves;
- Respect other people, equipment and the environment.

1 2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop their assertiveness			Exercise critical judgment		
State opinions and explain their choices.	1	2	Recognize the causes of injury (physical environment, attitudes and behaviours, supervision, equipment), their human and social consequences (accidents, injuries, deaths, etc.) and the practical methods of dealing with them.	1	2
Take responsibility for their actions.	1	2	Recognize the benefits of safe behaviour (e.g. prevention of debilitating injuries, the human and social cost of injuries).	1	2
Analyze the influence of other people and the media over their behaviour, attitudes, values and choices:	1	2	Understand the role of rules, and their differences in the family, the classroom, the school and society in general:	1	2
• Analyze various worrying situations;	1	2	• Understand the importance of rules and the consequences of not following the rules, for themselves and for other people.		
• Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, behaviour and health.		2	Assess the level of danger in potentially dangerous situations, and give help:	1	2
Resist negative pressure from peers and the media advocating high-risk behaviour:			• Always be vigilant;		
• Set themselves goals to resist negative pressure from peers and the media;	1	2	• Act quickly when faced with an immediate threat of an accident;		
• Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media:	1	2	• Take effective action to limit the extent of a disaster;		
- Anticipate the consequences of resisting pressure from peers or the media;		2	• Be able to remove themselves from accidental situations;		
- Negotiate, refuse, explain and communicate their own point of view;	1	2	• Be able to help victims effectively; take CPR and first aid training;		
- Justify their position.	1	2	• When involved in an accident, remain focused (stay calm, listen to instructions, etc.).		
• Assess the efficiency of their resistance strategies.	1	2			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Solve problems			Explore the role of trust and courage in asking for help, for themselves or for others.		2
Identify the issues surrounding different problem situations.	1	2			
Make choices between different needs when making difficult decisions.	1	2	Develop independence and a sense of responsibility		
Evaluate the consequences of their choices.	1	2	Make decisions independently and responsibly, and assume the consequences:		
			• Know the decision-making process (goal analysis, information collection, definition, comparison, evaluation and choice of options);	1	
			• Make informed decisions;	1	2
			• Be aware of the consequences of their actions and choices, for themselves and for others.	1	2
Ask for help			Comply with safety standards and rules		
Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others.	1	2	Travel		
Differentiate between formally requesting help and sending signals or clues.		2	Apply road safety rules (e.g. seat belt, bicycle helmet, pedestrian crossings, speed limits, etc.).	1	2
Identify strategies for requesting help, for themselves or for others:	1	2	Behave responsibly in connection with alcohol and drugs when driving a motor vehicle or other vehicle.	1	2
• Identify resources in the family, among peers, at school and in the community;					
• Involve people they trust: parents, friends, older peers, school staff.			Sports and recreational activities		
Identify the elements that make it easier or harder for themselves or others to ask for help:	1	2	Apply measures and rules with regard to:	1	2
• Regard a request for help as being positive, rather than a sign of weakness.			• Compliance with instructions for using and storing equipment after use;		
Recognize their own limits in their ability to support other people.	1	2	• Safe handling of heavy objects;		

SECONDARY SCHOOL STUDENTS

Cycles		Cycles	
• Sport and its components (warming up, the activity itself, cooling down); • The use of appropriate protective clothing or equipment for certain sports and recreational activities; • Appropriate behaviour in potentially dangerous situations; • Treatment of illness and injury; • Compliance with safety rules, especially in water (e.g. not drinking or using drugs, knowing how deep the water is before diving in, floatation devices, avoiding remote areas); • Protection from the sun.		Miscellaneous	
		Apply safety rules on the school premises (e.g. laboratories, visual arts rooms).	① ②
		Recognize the potential dangers of farms (e.g. machinery, animals, buildings, the type of work to be done).	① ②
		Prepare safety rules	
		Discuss and debate individual and collective rights, freedom and responsibility.	① ②
At school Apply the rules of ethics, safety and sportsmanship (cooperation and sporting values) in the school yard, on outside playing fields, in the gymnasium and during school trips.	① ②		

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



Cycles

Adopt prosocial attitudes and behaviours

Respect the values of sportsmanship:

- Control themselves;
- Respect other people, equipment and the environment.

❶

❷

FAMILY

Relevant information for parents



General information – Elementary and secondary school

The highlights concerning mortality and morbidity resulting from unintentional injuries among young people.

The **risk of injury to children** at home, at school, in the work place and in the community, at each developmental phase: emphasize the principle of injury and identify the available protection mechanisms (instead of listing all high-risk products, places and actions).

The **risks associated with motor vehicles** for adolescents: alcohol, speed, cell phone, driving at night, permitted number of passengers.

The **main and most effective prevention measures**:

- Legislation and its application: compliance with rules (e.g. under-16s not allowed to drive all-terrain vehicles);
- Alterations to equipment (e.g. safe handrails on stairs);
- Alterations to the environment (e.g. road infrastructures around the school);
- Safety devices (e.g. bicycle helmet, protective clothing and equipment, use of appropriate restraints);
- Education and competencies;
- Safe storage of firearms.

The influence of certain key factors on child safety:

- Family factors (e.g. the parents' conduct with respect to safety);
- Condition of the physical environment (e.g. availability of good-quality protective equipment, condition of the facilities, layout of playgrounds and bicycle trails).

Adult accompaniment for young pedestrians and cyclists

The **issues** to consider when **crossing the street**:

- From the cognitive and psychomotor standpoint (pedestrian signals);
- Traffic density;
- Safety of road layouts.

The **issues** to consider when **circulating on foot**:

- Stop at garage entrances, back streets and places with no sidewalks; do not run into the street;
- Respect for the role played by adult and student school patrols;
- Use of the sidewalk wherever possible, or face oncoming traffic when walking on the road;
- Selection of a route that minimizes the likelihood that children will have to cross the street to get to their homes;
- No play on level crossings or near trains, and use of designated pedestrian crossings to cross railway tracks;
- Stop, listening and observation before crossing a railway track.

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness and communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;
- Establish and maintain effective communication with their child;
- Establish clear rules and limits for the child (depending on their development phase), and ensure that they are understood and respected;

FAMILY

- Help their child to manage their stress.

For example:

- Help them to use a range of stress and anxiety management measures (physical, artistic and technological activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child, and ensure that their own behaviour is consistent with the message they want to convey.

Help their child to **develop basic motor skills** (running, climbing, jumping, etc.) in a safe environment.

Travel

Take young children to school, and bring them home afterwards.

Practise preventive behaviour with young pedestrians in the street (e.g. pedestrian crossings, level crossings, walking, avoiding dangerous areas) and during **sports and recreational activities** (e.g. show them how to wear safety equipment).

Practise preventive behaviour with adolescents (e.g. safe driving).

Sports and recreational activities

Go with young children to their sports and recreational activities.

Practise preventive behaviour during sports and recreational activities (e.g. show them how to use protective equipment).

Ensure that the following preventive measures are applied:

- **Sun:**

- Wear clothes that cover the arms and legs, as well as a hat with a wide brim, and sunglasses;
- Limit young children's exposure to the sun, especially during peak hours (between midday and 3 p.m.); use sun lotion and lip balm products that provide UVA and UVB protection and have a protection factor of at least 30 SPF; reapply sun lotion after swimming or excessive sweating;
- Provide access to shaded areas in playgrounds;
- Drink enough water (watch for excessive drinking);
- Watch for the preliminary signs of sunburn.

- **Playgrounds:**

- Make sure the child is properly equipped before setting out;
- Inspect the playground before allowing the child to play (e.g. broken equipment, dangerous garbage, dirty areas);
- Supervise the children carefully.

For example:

- Equipment under 1.5 metres (5 feet) in height; presence of shock-absorbent materials;
 - Signs showing the age range for which the equipment is intended.
- Advise children on safety issues:
 - Wait their turn;
 - Stand back from swings when in use, and keep away from the bottom of slides.

- **Water:**

- Ensure safety in the back yard pool: adjustments to bring equipment into line with the standards recommended by public health departments; installation of a safe fence to limit access (the fence around the pool should have a gate that closes and locks automatically);
- Teach children how to swim and make sure they know the safety rules for water-based games;

FAMILY

- Supervise the children; make sure they wear water safety equipment when sailing (e.g. personal flotation devices - PFDs);
- Talk to adolescents about the dangers of swimming and sailing in remote areas, away from authorized zones, the dangers of drinking and using drugs, the potential dangers of swimming and diving (make sure they know how deep the water is); make sure they wear water safety equipment when sailing.
- **Physical fitness:**
 - Ensure that the children perform warm-up exercises before beginning any physical, sporting or recreational activity.
- **Supervision:**
 - Give the supervisor (trainer, teacher) all relevant information about the child in case of an emergency, along with details of any specific medical condition or allergy;
 - Make sure the supervisor knows what to do in an emergency and has taken first aid and CPR classes;
 - Make sure the trainer has the necessary qualifications and is respectful of the child's integrity;
 - Supervise children at all times and help them to follow the rules, for their own safety and so that they learn how to play the game.

Safety in the countryside

Understand the risk of being exposed to pesticides and other chemical products used on farms.

Encourage the use of protective equipment (e.g. ear protectors, safety boots, goggles, gloves).

Facilitate access to safe locations and buildings (e.g. farms with animals; milking parlours).

Suggest age-appropriate tasks that the children are able to perform.

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations to help parents play their expected role:

Attention: *Help parents to understand the overall development of children by emphasizing certain themes, depending on their needs and developmental stages, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - Refer families to community resources (e.g. sale or loan of protective equipment).
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to promote a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and child, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with key factors for development);

FAMILY

- Involve their child in family activities;
- Manage the schedule, activities, life at school and transitions (e.g. family, school).

Ways to involve parents¹



Establish a **relationship of trust with the family**.

Pay **special attention to the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask the parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the parents to **participate** in school life by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work:
 - Encourage parents to become involved in preparing and organizing activities.

For example:

- Inspections of child restraint devices at the daycare service;
- Volunteer supervision;
- Safety subcommittee.
- Organize a “walking school bus” (a group of volunteer adults who take the same pedestrian route to and from school every day);
- Invite parents to conferences and activities at school, with their child (e.g. conferences/sketches prepared by the children, walking clubs, sports events).

- Participate in decisions made by the school;
- Work with preventive services at school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors for students**, and to **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite parents **to take part in community activities with their child**.

Invite parents **to use the services offered** by the school and the community.

¹ Refer to the *School-Family-Community Collaboration* information sheet.

COMMUNITY

Rules, standards, policies



Travel

Help to introduce **rules, standards and policies** to ensure that the children are safe in the vicinity of the school premises.

For example:

- Make sure alcohol is not sold to minors, and limit the students' access to establishments that sell alcohol;
- Raise awareness of and enforce the rules governing driving when under the influence of alcohol or drugs;
- Ensure that signs are posted to show speed limits, one-way streets and unloading areas around the school;
- Enforce railway safety rules;
- Make sure right turns on red lights are not permitted at junctions used by students to get to school.

Help to introduce **technical measures aimed among other things at reducing speed and ensuring safety** on the street where the school is located, and in the vicinity of the school.

For example:

- Measures to slow down traffic;
- Traffic diversion away from the school (especially just before and just after school hours);
- Parking limitation just before and just after school hours;
- One-way streets;
- Signs indicating the presence of a school in the sector;

- “Bubble” zones encompassing two or three streets around the school, which are closed to cars for 20 minutes before school starts and after school ends;
- Adult school patrols in collaboration with municipalities, police forces, school authorities, the SAAQ and the Ligue de sécurité du Québec;
- School bus loading and unloading areas;
- Proper safety measures for children who must cross railway tracks on the way to and from school.

Sports and recreational activities

Make sure **playgrounds are safe, and that they are included in urban plans**.

Help to introduce **rules, standards and policies to ensure that the children are safe during recreational activities and sports**:

- On a volunteer basis, ensure compliance with the Canadian safety standard for outdoor public playgrounds and equipment, including school yards, municipal parks and early childhood centre yards (See *School – Physical Environment*).

Make sure the children are **properly supervised**:

- Ensure that supervisors (monitors, trainers, supervisors, teachers, first-aid workers) know and apply the principles of safety;
- Choose people who are certified and qualified, or allow them to obtain training as quickly as possible;
- Identify safety promotion and injury prevention resources who are able to support and oversee the work of supervisors (e.g. public health department, health and social services centre).

COMMUNITY

Emergency intervention protocol

Establish a **cooperative agreement for the preparation and application of an emergency intervention protocol and plan** for emergencies and disasters (e.g. fires, floods, storms, death or serious injury of a student or staff member, terrorism, epidemic, chemical poisoning). The plan should cover:

- Roles and responsibilities;
- The help that may be available from partners, the municipality, other schools or other appropriate organizations;
- The school's potential role as a shelter or service centre during a community emergency;
- Strategies to send students and staff home early, to evacuate the school and to cancel courses;
- Communication strategies;
- Measures to identify suspect parcels or envelopes and to notify the police and legal authorities;
- Measures to prevent firearms from being brought to school.

Involve the local media in relaying information about the school's promotion and prevention activities in connection with healthy, safe environments and behaviours.

Support for young people and families (resources, activities, services)



Carry out projects **to create healthy, safe environments and behaviours** both generally and during travel (on foot and by car) and during sports and recreational activities, for young people and families, outside classroom hours:

- Assess, remedy or alter safety measures in locations used by students and staff, both inside and outside the school and in the community;

- Make sure students, staff members, parents and partners are aware of any changes made to the physical and social environment in order to improve safety.

Establish **cooperation agreements for the sharing and use** of facilities, equipment and human resources by the school and the community, including a set of safety rules to be publicized and enforced.

For example:

- Promote a system to lend out sports and protective equipment during activities.

Help to offer **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Provide free admission or incentive pricing for activities and loan equipment to low-income families.

Help to set up **support groups and training workshops for parents** on positive parental practices and the development of healthy, safe behaviours by children.

Promote the **involvement of families in decisions** concerning the services to be introduced in the community.

Circulate information in the community on the services offered to promote healthy, safe behaviours and environments.

Take part in the work of inter-sector youth authorities.

COMMUNITY

Social participation by young people



Encourage **young people to become involved in creating a healthy, safe environment** in the community.

For example:

- Organize meetings between young people and elected representatives, to promote environments conducive to active, safe transportation in the sector (e.g. representations by students to local government authorities).

Promote and highlight the involvement of young people and families through participation:

- In the design and implementation of activities to promote healthy, safe behaviours and environments;
- In the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities);
- In various community authorities;
- In improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- In various activities offered by the community;
- In the revitalization of their physical and social environment (e.g. cleaning of parks, recycling, etc.).

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Encourage community partners **to become involved in organizing the school yard.**

Make sure **the school, families and the community work together to provide active, safe transportation** for students.

For example:

- Marked routes;
- Choice of quieter streets with less traffic;
- Use of bicycle paths;
- Preparation of a neighbourhood travel plan (identification of obstacles to safety around the school, and proposed solutions) with students, parents and community partners;
- Layout and maintenance of sidewalks, paths, trails and pedestrian crossings in the vicinity of the school;
- Training for school transportation officers on active transportation methods.

Promote **participation by dedicated community** road, pedestrian and bicycle safety specialists in **activities organized by the school and the community.**

In collaborative projects, involve **members of the community who are important** to young people and their families.

REFERENCES

- Bantuelle, M., Van Bastelaer, M.-C. and Levesque, A. (2007). Plan communautaire opérationnel – Prévention des traumatismes et promotion de la sécurité. *Éducation Santé*, 229, 1-7.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Agence de la santé publique du Canada.
- Centers for Disease Control and Prevention. (2001). School health guidelines to prevent unintentional injuries and violence. *Morbidity and mortality weekly report*, 50 (RR-22).
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Duperrex, O., Roberts, I. and Bunn, F. (2002). Safety education of pedestrians for injury prevention (Review). *Cochrane Database of Systematic Reviews*, 3, 1-47.
- EDUCA SANTÉ (2004). *Programme de prévention des traumatismes et de promotion de la sécurité en communauté française*. Charleroi: EDUCA SANTÉ.
- Eisen, M., Pallitto, C., Bradner, C. and Bolshun, N. (2000). *Teen risk-taking: promising prevention programs and approaches*. Washington, DC: Urban Institute.
- European Association for Injury Prevention and Safety Promotion (2006). *Child safety. Good practice guide*. Amsterdam: European Association for Injury Prevention and Safety Promotion.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in the fall of 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Fortier, D. (2005). *Guide des aires et des appareils de jeu*. Québec: Institut national de santé publique du Québec.
- Fortier, D. (2008). *Prévention des blessures associées à l'usage des aires et des appareils de jeu*. INSPQ, Injury prevention media kit. Website consulted in spring 2009 [online]: www.inspq.qc.ca.
- Gagné, M., Leduc, S., Maurice, P. and Patry, P. (2009). *Les traumatismes chez les enfants et les jeunes québécois âgés de 18 ans et moins: état de situation*. Québec: Institut national de santé publique du Québec.
- Gardner, G. H. and the Committee on Injury Violence and Poison Prevention (2007). Office-based counseling for unintentional injury prevention. *Pediatrics*, 119(1), 201-206.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale, February*, 1-6.
- Gresham, L. S., Zirkle, D. L., Tolchin, S., Jones, C., Maroufi, A. and Miranda, J. (2001). Partnering for injury prevention: evaluation of a curriculum-based intervention program among elementary school children. *Journal of Pediatric Nursing*, 16(2), 79-87.
- Guyer, R. L. (2001). Backpack = back pain. *American Journal of Public Health*, 91(1), 16-19.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux!: les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Hartling, L., Brison, R. J., Crumley, E. T., Klassen, T.P. and Pickett, W. (2004). A systematic review of interventions to prevent childhood farm injuries. *Pediatrics*, 114(4), e483-e496.

REFERENCES

- Holder, Y., Peden, M., Krug, E., Lund, J., Gururaj, G. and Kobusingye, O. (2004). *Lignes directrices pour la surveillance des traumatismes*. Geneva: World Health Organization Centers for Disease Control and Prevention.
- Hunt, C. (1998). *Aller-retour actif et sécuritaire pour l'école*. Ottawa: Institut canadien de la santé infantile, Vert l'action.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes canadiens*. Ottawa: Institut canadien d'information sur la santé.
- Joint Committee on National Health Education Standards et American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2nd ed.). Brussels: De Boeck.
- Lavoie, M., Maurice, P., Gagné, D., Sergerie, D. and Goulet, C. (2004). *Les traumatismes non intentionnels. Document de travail pour soutenir la production du rapport national sur l'état de santé de la population du Québec: produire la santé*. Québec: Institut national de santé publique du Québec.
- Lavoie, M., Maurice, P. and Rainville, M. (2008). *Prévention des traumatismes: une approche pour améliorer la sécurité des enfants*. Québec: Institut national de santé publique du Québec.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Lee, B. and Marlenga, B. (Eds.), (1999). *Professional resource manual: North American guidelines for children's agricultural tasks*. Marshfield, WI: Marshfield Clinic.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd ed.). Montréal: Guérin Éditeur.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Maurice, P. (2006). L'approche par milieu de vie: particularités et avantages. Montréal. Paper presented at the 10th Annual Public Health Day in Québec, Symposium entitled *Promouvoir la sécurité, prévenir la violence: quand les réseaux font équipe*, October 23-27, 2006.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise: éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires: essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (approved version)*. Québec: Gouvernement du Québec.
- Ministère de l'éducation nationale, ministère de l'Équipement et Association prévention MAIF (2008). *La sécurité routière dans les disciplines au collège. Livret de préparation à l'utilisation scolaire de sécurité routière 2008-2009*. Paris: Direction générale de l'enseignement scolaire du ministère de l'Éducation nationale.
- Ministère de l'éducation nationale, ministère de l'Équipement et Association prévention MAIF (2009). *La sécurité routière à l'école primaire*. Paris: Direction générale de l'enseignement scolaire du ministère de l'Éducation nationale.

REFERENCES

- Ministère de la Promotion de la santé (2007). *Stratégie ontarienne de prévention des traumatismes. Travaillons ensemble pour un Ontario plus sûr et en meilleure santé*. Toronto: Ministère de la Promotion de la santé.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012* (mise à jour 2008). Québec: Gouvernement du Québec.
- Peden, M., Scurfield, R., Sleet, D., Mohan, D., Hyder, A. A., Jarawan, E. et al. (2004). *Rapport mondial sur la prévention des traumatismes dus aux accidents de la circulation*. Geneva: World Health Organization.
- Peden, M., Oyegbite, K., Ozanne-Smith, J., Hyder, A. A., Branche, C., Rahman A.F. et al. (2008). *Rapport mondial sur la prévention des traumatismes chez l'enfant*. Geneva: World Health Organization and Unicef.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Pickett, W., Dostaler, S., Craig, W., Janssen, I., Simpson, K., Shelley, S. D. et al. (2006). Associations between risk behavior and injury and the protective roles of social environments: an analysis of 7235 Canadian school children. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 12(2), 87-92.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Scanian, A., MacKay, M., Reid, D., Olsen, L., Clark, M., McKim, K. et al. (2001). *Sports and recreation injury prevention strategies: systematic review and best practices*. Vancouver and Ottawa: BC Injury research and prevention unit, Children's Hospital of Eastern Ontario.
- Schieber, R. A. and Vegega, M. E. (2001). *National strategies for advancing child pedestrian safety*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and control.
- Schieber, R. A. and Vegega, M. E. (2007). *Reducing childhood pedestrian injuries: proceedings of a multidisciplinary conference*. Atlanta, GA: Centers for Disease Control and Prevention; National Center for Injury Prevention and Control.
- SecuriJeunes Canada (2004). *La voie de la sécurité ferroviaire. Ressource communautaire*. Toronto: SecuriJeunes Canada (national injury prevention program, Toronto Hospital for Sick Children).
- SécuriJeunes Canada (2004). *La sécurité des piétons: en faire une réalité. Guide à l'intention des collectivités*. Toronto: SécuriJeunes Canada (national injury prevention program, Toronto Hospital for Sick Children).
- Société canadienne de pédiatrie (2007). *Enfants en sécurité*. Société canadienne de pédiatrie, Soins de nos enfants, Enfants en sécurité. Website consulted in spring 2009 [online].
- Soubhi, H., Parminder, R. and Kohen, D. (2001). *Effects of neighbourhood, family, and child behaviour on childhood injury in Canada*. Ottawa: Direction générale de la recherche appliquée, développement des ressources humaines Canada.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.

REFERENCES

- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in spring 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school. (Information series on school health. Document 9). Newton, MA: World Health Organization.

SOME BACKGROUND INFORMATION...

Mandate The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools. Nature and purpose The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools. The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists. The information sheets are designed to: • Put current practices into perspective, based on scientific recommendations; • Question certain beliefs, knowledge and methods; • Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school. Reference framework All the recommendations are based on the reference framework from the <i>Healthy Schools</i> program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*	• The ecological approach; • The developmental approach; • Developmental psychopathology; • Competency development based using a socio-constructivist approach; • The Ottawa Charter. Methodology and presentation of recommendations The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the <i>Healthy Schools</i> program AND satisfy one of the following criteria: • They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.). • They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses). • They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts). In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the <i>Synthesis of Recommendations</i>). Next steps Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	5
Organizational conditions	6
SOCIAL ENVIRONMENT	7
School climate.....	7
Rules, standards, policies	8
School organization	9
PHYSICAL ENVIRONMENT	11
Condition and physical layout	11
Material resources	12
SERVICES FOR STUDENTS	13
Social support	13
Preventive services.....	14
ELEMENTARY SCHOOL STUDENTS: development of personal	
and social competencies	17
SECONDARY SCHOOL STUDENTS: development of personal	
and social competencies	23
FAMILY.....	29
Relevant information for parents.....	29
Advice and key actions for parents.....	29
Family support	31
Ways to involve parents.....	32

COMMUNITY	35
Rules, standards, policies	35
Support for young people and families	35
Youth social participation	36
School/family/community collaboration	36
REFERENCES.....	37

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Empathy;
- An open mind;
- Tolerance;
- Respect for oneself and for others;
- Mutual support;
- Cooperation;
- Autonomy;
- Accountability;
- Effort;
- The importance of personal and social development.

Believe in the importance of being a **positive model** for the students.

Pedagogical principles of interventions



In every intervention, take into account the process of building self-esteem:

1. Development of oneself as an individual (sense of security and sense of identity);
2. Development of oneself in relationships with other people (sense of belonging);
3. Autonomous development of competencies (sense of academic and social competency).

Promote the development of:

- **A sense of security;**
- **A sense of identity:**
 - Assist the students with the **development of their personal competencies** (e.g. self-regulation, identification and management of emotions, ability to adapt, stress management, self-assertion, positive body image, etc.);
 - Seek to **understand place of students in different academic and extra-curricular contexts**;
 - Emphasize individual progress.
- **A sense of connectedness:**
 - Assist the students with the **development of their social competencies** (e.g. socialization, prosocial behaviours, empathy, effective communication, etc.);
 - Promote the **inclusion and integration** of all students:
 - When designing interventions, consider the elements and differences associated with gender and with ethnic, religious and social background;
 - Consider the students' likes and dislikes, interests, needs and motivations;
 - Accept the students for who they are, and respect them.
- **A sense of academic and social competency:**
 - Encourage the students to be **independent and accountable** in the competency development process;
 - Allow the students to experience success in a range of situations adjusted to:
 - Different learning styles;
 - Physical and psycho-social developmental phases.

Actively involve students in their learning:

- Make students responsible for their choices and practices;
- Use their existing knowledge as a starting point;
- Question the students about their preconceived ideas;

- Give students an opportunity to design, perform and evaluate academic and extracurricular activities;
- Give students ways to assess their own performance;
- Encourage all students to participate in discussions and the planning of activities in the classroom and school;
- Give the students an opportunity:
 - To express and explore their ideas;
 - To make choices;
 - To make decisions;
 - To solve problems.

Work on the development of their self-esteem **throughout their education** (from preschool to Secondary V).

Seize opportunities in everyday life to help students **reinvest their skills**, thereby allowing them to develop self-esteem:

Attention: *The opportunities offered by thematic events (such as International Day for Tolerance) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different subject areas;
- Reinvest learning in other contexts outside the classroom – in other words, at school, in the home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services, and promotion and prevention services).

Pedagogical approaches, practices and methods



Sense of security

Establish a **friendly, respectful and positive climate in the classroom**.

- Forge friendly contacts with the students:
 - Take the time to put the students at ease before beginning an activity;
 - Use simple language and a calm voice when talking to the students.
- Accept the students for who they are and respect their differences;
- Encourage the students to ask questions and express their needs, opinions and ideas;
- Help the students to respect themselves, respect others and build their self-confidence:
 - Listen to the students and encourage them to listen to one another;
 - Use respectful language;
 - Introduce a process to resolve conflicts;
 - Organize periodic class meetings to discuss issues such as problems between individual students and the climate in the classroom.

Establish a **clear, structured routine** in the classroom:

- Present the program for the day (preschool and elementary school) or for the period (elementary and secondary school);
- Give a clear description of the work to be done, using precise terms;
- Present the expected outcomes and instructions for the activity (e.g. when students can speak, the signal that will be given to start and end a task).

Establish and apply, in collaboration with students, **classroom rules of conduct** (regulations, code of conduct¹):

- Formulate clear, realistic, explicit rules of conduct that will prevent problems;
- Limit the number of rules to five or less, and use positive language to express them;
- Apply the rules fairly, consistently and coherently, but in a flexible way, taking care to adjust the consequences to each individual case;
- Display the rules in the classroom;
- Explain the rules in clear, concise terms, using role plays and situational tasks:
 - Clarify the scope of each rule so that the students know exactly what it covers.
- Explain that the rules of conduct may differ according to the location or activity (e.g. in the cafeteria, corridor, school bus or school yard).

Encourage **positive classroom discipline**.

- Give preference to positive feedback rather than punishment (positive feedback should be three times as frequent as negative feedback).

For example:

- Thank students who raise their hands and wait until they are given permission to speak;
- Congratulate students who start work immediately, rather than blaming classmates who are late.
- Explain appropriate behaviour;
- Give immediate feedback when a student exhibits appropriate behaviour;
- Use elements of positive feedback:
 - Use positive behaviour reinforcement techniques by the peer group.

- Criticize unacceptable behaviour but not the student responsible for it, and redirect the behaviour appropriately;
- Be careful not to fix attention on problems, at the expense of abilities and qualities;
- Avoid terms such as “always” and “never”, which do not leave room for subtlety;
- Use both verbal and non-verbal feedback (e.g. smile, nod, hand on shoulder);
- Give regular positive feedback on each student’s strengths and talents.

Support conflict resolution:

- Quickly review the incident;
- Practise active listening:
 - Avoid preconceived ideas and attempts at interpretation;
 - Adopt a physical posture that expresses availability;
 - Let the other person express himself or herself without interrupting;
 - Question the other person (use open questions);
 - Encourage the person to clarify his or her thoughts if they are vague or too general;
 - Give the person many visual and verbal indications of interest;
 - Reformulate the person’s remarks in his or her own terms, and then in one’s own terms;
 - Allow for periods of silence;
 - Express empathy;
 - Remain neutral and kind.
- Use non-threatening questions: ask questions that begin with “how” and “what”, rather than “why”.

¹ Code of conduct: A charter setting out and illustrating the basic principles and rules with which everyone must comply, and explaining how they will be applied.

Sense of identity

Encourage the students to identify their **needs, progress, strengths and challenges** in different areas of their lives, both inside and outside school, and depending on the circumstances, invite them to accept or exceed them:

- Work with the students to plan **a range of systematic reviews** of their characteristics.

Help the students to **recognize and manage their emotions**:

- Teach the students to use relaxation, calming, stress management and anger management techniques.

Avoid comparing the students with one another, or denigrating them individually or in front of others:

- At elementary school: Identify a positive characteristic that is unique to each student, and tell the student about it.

Encourage **constructive responses and comments** by students:

- In the classroom, develop a set of vocabulary and principles for discussions about oneself and others.

For example:

- Circle Hour activities (the class sits down together to discuss themselves and others);
- Cooperation council;
- Encourage chatting.

Offer the students **media awareness activities** that will allow them to make a critical analysis of:

- Messages conveyed by the media on body image, identity (e.g. gender, sexual orientation, ethnic identity, weight, disability), risky behaviour and substance use;
- Unrealistic ideas and stereotypes.

Sense of belonging

Encourage **cooperation and collaboration**:

- Encourage academic and social support by classmates (support supervised by a trained adult);
- Help the students to develop a positive form of interdependency;
- Foster collective accountability, integrity and a sense of citizenship.

For example:

- Give the students responsibility for certain aspects of classroom activities (e.g. time, who should speak, spokesperson to summarize discussions).
- Set shared academic and social goals;
- Give the students opportunities to practise their social competencies: empathy, listening skills, asking for help, giving help.

For example:

- Student assemblies, group meetings (class or school);
- Availability of large rooms for projects and interdisciplinary work;
- Cross-level projects;
- Include the possibility of volunteering or taking part in community life in schoolwork and school projects;
- Tutoring by peers, reading assistance.
- Encourage the students to form heterogeneous groups.

Sense of academic and social competency: develop commitment and autonomy

Help students to **use their personal resources**:

- Quickly help students to set learning objectives that contain realistic challenges, and to devise means of attaining their objectives:
 - Help students to assess the requirements of a task accurately;
 - Help students to break down a complex task into a series of simple tasks;
 - Teach students different decision-making and problem-solving techniques;

- Encourage students to seek out different working strategies and methods, and select those that are most effective;
- Help students to plan their strategies;
- Involve parents or other significant adults in the process of setting objectives and planning strategies.
- Encourage students to perceive the effort as an essential element of success;
- Encourage students to perceive their mistakes, difficulties and failures as elements of their personal development:
 - Help students to learn from their mistakes.

Support competency development and educational success by applying the following pedagogical practices:

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learnings, interests, goals and success of the students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - to become aware of what they know and to establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts;
 - to give an account of their learning.

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation; help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



Intensify interventions during **transitions from preschool to elementary school**, from **elementary school to secondary school** (especially for girls), and at the **end of secondary school**.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



Make sure the school staff is **aware of**:

- The connections between self-esteem and educational success, health and well-being;
- The impacts of positive self-esteem: educational success, further education, protective element against stress, better physical and mental health;
- The impacts of negative self-esteem: anxiety, sadness, sleep disorders, academic problems, lack of energy, lack of interest, difficulty making friends;
- The factors that influence the level of self-esteem among young people: gender, family influences, stressful events, family and school transitions, puberty, level of physical activity.

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, connectedness, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Create a climate at school that fosters a sense of security, identity, belonging and competency, as well as communication and an open mind.

Sense of security

- Ensure a general climate that is **open, helpful and friendly**;
- **Extend a friendly welcome to every student:**
 - Use pivotal times during the year (e.g. at elementary school, call each student the day before term starts);
 - Ensure that members of the school staff are aware of the importance of forging friendly contacts with the students (e.g. greeting them as they enter and leave the classroom);
 - Respect the pace at which the students are able to adjust (e.g. on the first day of school, the first day of a new school year).
- Introduce **conflict resolution methods**:
 - Invite students to intervene if there is a problem or conflict, and encourage them not to tolerate the rule of silence.
- Promote **cooperation and support** (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying them both individually and within the school in general:
 - Take steps to reduce social isolation of students;
 - Facilitate contacts among students and between students and staff;

→ Allow the students to share their experience and forge positive contacts outside the classroom context.

For example:

- Mentoring, integration activities, staff-student games (meals, sports and cultural activities).
- Model active listening and show students how to build it into their everyday lives.
- Restructure peer groups to avoid the formation of **cliques** (e.g. when forming class groups).

Sense of identity

- **Allow the students to make choices** in their lives at school, depending on their abilities and interests, and support their efforts:
 - Offer a variety of attractive sporting, artistic, recreational and cultural activities.

Sense of belonging and competency

- **Value every member of the school staff, as well as parents and members of the community;**
- Give **students** an opportunity to **feel important**:
 - Consult students and call on their expertise;
 - Publicize successes by students, adults in the school and the school itself, both at school and in the community.
- Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical);
 - Encourage acceptance and insertion of new members;
 - Encourage community action.

- Cultivate the **school's links with its own historical and cultural roots**:
 - Highlight the personalities who gave their names to the school or the surrounding streets.

- **Make students accountable** and develop their **sense of citizenship** by encouraging them **to become involved in school life**:

- Give the students an opportunity to be responsible for school life, to become involved and to play an active role (especially at the end of elementary school and the end of secondary school);
- Give students the opportunities, time and infrastructures they need to participate.

For example:

- Involve the students in the school's orientations and decisions, and in the preparation and application of its rules and policies;
- Offer and participation in attractive, stimulating and motivating extracurricular and recreational activities, both structured and non-structured, taking into account the families' living conditions (e.g. sporting, artistic, cultural and recreational activities);
- Offer and participation in special, ritualized activities in accordance with the school calendar and the educational project (e.g. corn roast at the beginning of the school year, production of a collective book for the *Salon du livre*, group meal for Intercultural Week).

- Devise shared projects and physical symbols.

For example:

- Sports teams and improvisation teams;
- Activities at school outside classroom hours (e.g. overnight camp);
- Breakfast at school;
- Original classroom mural;
- School shirt or pin;
- Creation of a logo.

Rules, standards, policies



Adopt **fair, equitable, appropriate** rules governing school life that reflect the conduct expected of students:

- **Define** the underlying principles:

- Encourage respect and positive relationships among all members of the school (school management, teachers, support staff, students);
- Take a global approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
- Introduce a participatory process: involve the students, parents and staff in selecting the rules of conduct to be included in the code of conduct;
- Promote a culture in which members of the school community seek solutions instead of apportioning blame;
- Ensure that the students believe in the relevance and fairness of the rules or code of conduct.

- **Be aware** of the situation concerning the **school environment**:

- Be aware of the perceptions of students and staff concerning the sense of security, identity, belonging and competency;
- Compare different sources of information (students and adults in the school);
- Identify the actions taken and methods introduced to promote self-esteem.

- Work with the students to introduce fair, equitable, relevant **rules or a code of conduct** governing school life:

- Word the rules positively (e.g. ask students to walk rather than not to run);
- Devise a limited number of general rules rather than a large number of specific rules.

- **State how misbehaviour will be addressed:**

- Use rectification and redemption.

For example:

- Ask students who have misbehaved to rectify the situation through positive action (e.g. cleaning, painting, help, service);
- Give students who have lost privileges through their behaviour the opportunity to redeem their privilege on certain conditions.

- Apply consequences quickly, consistently and coherently;
- Congratulate and reward students who comply with the rules.

For example:

- Note in the diary, awarding of certificates, raffle tickets.

- **Publicize and circulate the code of conduct, policy and rules.**

For example:

- Publicize the rules in the diary, in the staff notebook, and on posters produced by the students and presented at parents' meetings.

- **Apply the rules consistently and coherently:**

- Make sure all adults in the school enforce and comply with the rules;
- Make sure the school code of conduct encourages students to adopt the values set out in the educational project, with special attention to inconsistencies (e.g. encourage an active lifestyle but prohibit students from cycling to school).

School organization (timetables, structures, management)



Organize the **school yard and recreation periods** so as to promote **social inclusion of all students**.

Adjust lunchtime and recreation periods to the number of students.

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Provide a **safe, clean physical environment**:

- Sufficient, functional lighting both indoors and outdoors;
- Regular inspections of safety aspects, cleanliness, equipment, air, water and food (see the *Safe Environments and Behaviours* information sheet);
- Presentation of safety measures and emergency plans to students.

Ensure that students are able to **travel safely from home to school** (see the *Safe Environments and Behaviours* information sheet).

Promote a **pleasant, attractive school environment**:

- Cleaning teams (to remove graffiti) and decoration committees;
- Displays of student art.

Promote an **environment that facilitates learning and self-development**:

- Arrange classrooms to promote a calm atmosphere and encourage participation and discussion;
- Organize the space according to the number of students;
- Monitor noise levels in the classroom and in the school as a whole.

Ensure a **safe physical environment**:

- Group professional offices together in corridors used by students and leave the doors open whenever possible;
- Ensure that locations in which violent behaviour occurs are monitored by an adequate number of adults;
- Control access to the school grounds.

For example:

- Allow access via only one road;
- Lock the school doors during classroom hours.

- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.

For example:

- Organize the school yard;
- Build windows into office walls, to allow for better supervision;
- Eliminate elements from the school grounds that prevent the staff from seeing the students.

- Ensure safety during events outside the school (e.g. school trips).

Organize the premises to prevent violent behaviour:

- In the classrooms, arrange the furniture in a way that promotes interactive learning and allows the teacher to move around easily and observe the students;
- Avoid crowds of students by staggering mealtimes and recreation periods, and by organizing the school yard;
- Reduce the number of occasions on which students circulate around the school without supervision;
- Foster the creation of an adequate living space based on the children's age, particularly in the cafeteria, in the corridors and in the locker rooms.

SELF-ESTEEM

SCHOOL

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Make available the materials required to facilitate learning and self-development.

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between** families, the school and the community.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Be **aware of behavioural changes**.

For example:

- Absenteeism, declining participation, lack of concentration, poor results, etc.

Be **aware of the needs of students and families** (in particular with respect to their gender, sexual orientation, ethnic and religious background and standard of living) and **provide suitable follow-up**:

- Watch for signs of declining self-esteem: for example, fear of new challenges or new learning, a sense of being rejected or abandoned, blaming others for one's difficulties or mistakes, showing indifference, inability to tolerate frustration, denigrating one's talents and abilities, being easily influenced;
- Pay special attention to students who find it difficult to develop their psychosocial competencies;
- At the secondary level, pay special attention to homosexual students or those who question or experience problems with their sexual orientation;

- Pay special attention to students who are going through family changes (mourning, separation or divorce, moving), especially those who tend to be isolated or excluded.

Facilitate the transition between levels and cycles:

- Listen to the students' concerns and expectations for the transition.

For example:

- Grade 5 or Grade 6 teacher who remains in contact with his or her students during their first year at secondary school.

- Work with the students to identify, explore and find solutions for sources of stress relating to the transition;
- Allow parents and students to visit the new school and become familiar with their new environment.

For example:

- Meeting with future teachers and current students, and visiting the classroom.

- Promote stable class groups.

For example:

- At the secondary level, develop a homeroom system (where the same teacher teaches several subjects), tutoring (where a teacher is responsible for a group of students), family groups by level and by cycle (the same group of students always takes its courses together).

- Make sure new students know and understand how the class and the school as a whole function;
- Distribute information;
- Starting at elementary level, give students an opportunity to develop adjustment and problem-solving skills;
- Reinforce the social support available to students.

For example:

- At the elementary and secondary levels, pair younger students with older students who act as "big brothers" or "big sisters" (or sponsors).

Ensure that social and emotional support is available from qualified adults at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school.

For example:

- Introduce mentoring (*school staff, parents or community members who help a student to achieve personal development goals or academic goals*), with training on behaviour management, especially in underprivileged areas;
- Assign an adult to a specific group of students;
- Offer a teacher-advisor program in which students are paired with a teacher who gives them advice and support;
- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
- Give students opportunities to express their feelings, and pay special attention to boys (more opportunities should be offered at the end of cycles at both elementary and secondary level);
- Give students an opportunity to work together and help one another, and reinforce social support from fellow students **with adult supervision**.

For example:

- Mediation team composed of students and school staff;
- Sponsoring or mentoring of young students by older students, or of new students by fellow students, teaching buddy teams.
- When necessary, encourage students to consult qualified adults in the school, who can help without judging;
- Facilitate the integration of students in difficulty;
- Facilitate the integration of immigrant and refugee students.

For example:

- Be aware of cultural and language differences;
- Direct students towards community support groups;

- Introduce a system where immigrant and refugee students are sponsored by Québec students, with support from qualified adults.

Preventive services



Student support and assistance services¹

Provide **services** for students who find it **difficult to adjust to changes at home or at school**:

- Quick, early intervention (intervention plan, individualized service plan);
- Referrals to proper support and professional assistance sources;
- Support for students in mourning, students whose parents have separated, and those whose parents have mental health problems.

Provide **services** for students with **adaptation problems at school, behavioural problems, or learning difficulties**:

- Quick, early intervention (intervention plan, individualized service plan);
- Referrals to proper support and professional assistance sources;
- Tutoring, mentoring;
- Remedial services.

Provide **academic supervision**.

For example:

- Homework assistance program;
- Catch-up periods;
- Timetabled study periods;
- Teaching buddy teams (older students helping younger students under the supervision of an adult).

¹ Refer to the programs of complementary services established by the school board and school.

Provide **social supervision and psychological follow-up**.

Youth clinics²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students' homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

• Procedures:

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that the clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.

• General services:

During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the information sheet *Sleep, hygiene and oral health* for a list of services that should be offered**).

² Recommendations made under the *Québec public health program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL AND SOCIAL COMPETENCIES

17

ELEMENTARY SCHOOL STUDENTS

- 2 3

- ① ② ③

2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		
• Explore positive techniques for managing stress:			
- Stay calm: breathing and relaxation techniques, relaxation exercises;	1	2	3
- Exercise: walking, dance, sport;	1	2	3
- Develop healthy lifestyle habits;	1	2	3
- Practise an artistic activity that involves self-expression and creativity;	1	2	3
- Manage their time and schedules: place tasks in order, establish priorities, delegate, delay, anticipate, set time aside for themselves, establish a daily routine.			3
• Use stress management techniques that work for them.		2	3

Sense of belonging

Identify with positive role models in their family, circle of friends or community.

2 3

Become involved in a positive way in the classroom, at school and in the community.

1 2 3

Socialize

- Recognize the importance of having friends and why people need them;
- Identify what they need to do to make and keep friends;
- Recognize the characteristics of a group and its members, and accept and respect them;
- Assume the responsibilities associated with group membership (e.g. role-sharing, right to speak, leadership).

1 2

1 2

1 2 3

1 2 3

Develop empathy

- Understand the views and opinions of others:
 - Recognize other people's emotions and their intensity, based on verbal and non-verbal signs (e.g. facial expressions, body language).
- Recognize the impacts of their actions and words on other people.

2 3

1 2 3

2 3

Adopt pro-social attitudes and behaviours

- Share;
- Help others:
 - For example:*
 - Identify ways of helping their friends.
- Be open to others, accept and respect their differences:
 - Forge and maintain contacts that are respectful of differences;
 - Respect the needs and feelings of other people;
 - Choose their own behaviour with due respect for their own and other people's emotions.
- Wait their turn and attract attention appropriately;
- Develop their ability to **cooperate**: e.g. work with others, take advantage of cooperative work, interact with an open mind in different contexts:
 - Take part in activities conducive to complicity and teamwork:
 - Take part in meaningful, motivating activities;
 - Take part in extracurricular activities.
 - Congratulate fellow students whose behaviour helps create a positive team climate.

1 2 3

1 2 3

1 2

1 2 3

1 2 3

2 3

1 2

1 2 3

ELEMENTARY SCHOOL STUDENTS

Cycles

- ① ② ③

- ① ②

- 3

① ② ③

① ② ③

- ① ② ③

- ① ② ③

2 3

- ① ② ③

① ② ③

- ① ② ③

- ① ② ③

- 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Solve problems		Solve conflicts	
• Apply the problem-solving process: - Identify the problem and its causes; - Find solutions; - Choose the most appropriate solution(s): → Identify the consequences of a problem; → Make a connection between the solution to a problem and a change in the consequences. - Apply the solutions; - Evaluate the solutions. • Accept their own responsibility in generating and solving problems; • Accept the consequences of their own behaviour; • Distinguish between the notions of accident and intention.	1 2 3 1 2 2 3 1 2 3 1 2 3 2 3	• Anticipate sources of conflict and conflictual situations; • Apply the various problem-solving steps to interpersonal conflicts: - Stop the conflict and calm down; - Identify the problem and the feelings involved; - Accurately interpret words and non-verbal signals; - Agree on a shared goal; - Find solutions; - Identify the consequences of the solutions; - Choose the best solution; - Establish a plan to solve the conflict; - Test the plan; - Evaluate the plan and the learning.	2 3 2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL AND SOCIAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Sense of security			- Be involved in establishing and changing rules for different environments; - Develop their own life rules and ethical rules.		
Understand the role of self-confidence and confidence in others , and the development of trust in interpersonal relationships.	❶	❷			
Anticipate different solutions to everyday problems. <i>For example:</i>	❶	❷			
Manage their time and equipment.					
Understand the role of rules in family life, in the classroom, at school and in society, and why different rules apply to different environments			Sense of identity		
- Think about and discuss the principles of group work and the effective and respectful functioning of a team or society: - Understand the consequences of not complying with rules, for themselves and for other people. - Think about the content and functions of rules at school and in society; - Discuss and debate individual rights, collective rights, freedom and responsibility.	❶	❷	Develop a positive self-image	❶	❷
			Students must learn about and accept themselves, and develop a positive self-image, including body image , by becoming aware of:	❶	❷
			- Their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs and feelings: - Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by sexual roles, and their cultural, social and religious background, in building their identity; - Recognize the diversity of body shapes and representations of physical beauty; - Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media: → Become aware of the existence of stereotyped female and male images produced for marketing and consumer purposes; → Analyze the negative effects of stereotyped and idealized body models on the acceptance of their own body image;		
Develop their responsibility and involvement in maintaining a warm and safe climate in the classroom and at school	❶	❷			
Comply with classroom and school rules and safety measures;					

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
→ Find out how images are created and manipulated.					
• The growth and development of their own body, including puberty:	1	2		1	2
- Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty;				1	
- Express their feelings about these changes;				1	
- Gradually get to know and accept their changing body image:				1	
→ Understand the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes.					2
• The importance of allowing themselves to make mistakes ;	1	2			2
• Their life projects and aspirations .	1	2		1	2
Develop their assertiveness	1	2	Manage their emotions and behaviours		
• Resist peer pressure;			• Become aware of the connection between satisfaction of needs, expression of feelings and behaviours;		
- Negotiate, refuse, devise and communicate their own point of view;			• Manage anger effectively:		
- Justify their position.			- Recognize anger, its physical effects and its numerous consequences;	1	
			- Identify the causes of anger;	1	
			- Improve their knowledge of anger management techniques;	1	
			- Assess their own anger management.		2
			• Identify their negative automatic thoughts;		2
			• Identify ways of negatively distorting reality and perceiving reality more objectively;		2
			• Explore how the arts and transforming emotions into words and images can help them to express their emotions.	1	2
Critically examine how they are perceived by others	1	2	Manage stress and anxiety		
• Analyze any compliments and criticisms received;			• Recognize stress and anxiety, their physical, psychological and emotional effects, and the risk and protection factors:	1	2
• Identify the words and gestures that other people appreciate;			- Define the notions of stress and anxiety.	1	
• Determine what others expect of them, and to what extent these expectations are realistic.			• Recognize the main stress and anxiety factors in their own lives;	1	
			• Apply a range of stress and anxiety management methods (e.g. physical activity, art, visualization and meditation techniques):	1	2
			- Distinguish between the positive and the negative management and management of stress and anxiety;	1	

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
- Manage their time and schedules: place tasks in order, establish priorities, delegate, delay, anticipate, set time aside for themselves, stick to their daily routine. • Evaluate their stress and anxiety management.	1	2	Become involved in a positive way in the classroom, at school and in the community • Become involved to help solidify the class as a group: - Identify fellow students who have a positive influence, and interact with them; - Identify, think about and discuss negative interpersonal behaviours in the classroom and at school. • Promote social competencies (e.g. listening, respect, support) among the people they know.	1	2
Communicate effectively • Develop their mastery of communication rules: - Issue and receive messages constructively; - Avoid misunderstandings and misconceptions: → Clarify what they say and be precise; → Develop active listening (ask questions, reformulate what others say, use open questions). - Use an appropriate level of communication for each situation: → Distinguish between the different levels of communication (familiar, superficial, formal, informative, emotional). • Evaluate the effectiveness of their own communications.	1	2	Develop a social network • Identify fellow students and adults who share their values and fields of interest; • Work with new people, including some who do not share their values, fields of interest and ideas; • Manage their interpersonal relationships effectively: - Negotiate constructively; - Divide and assume responsibility; - Practise new communication techniques.	1	2
Sense of belonging			Develop empathy • Accurately recognize other people's feelings, based on real-life experience, situational reconstructions and non-verbal language; • Understand and appreciate other people's points of view, and be sensitive to their feelings and needs; • Understand the consequences of their own behaviours; • Develop their ability to provide emotional support for others.	1	2
Identify with positive role models in their family, circle of friends or community • Recognize and value collective, sports and cultural heroes who provide positive role models.	1	2			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Sense of academic and social competency					
Become involved and become increasingly independent in their academic and social learning	1	2		1	2
• Make independent, responsible decisions and assume them: - Understand the decision-making process (analysing the purpose, collecting information, defining, comparing, assessing and selecting options); - Make informed decisions based on their own values, opinions and views; - Become aware of the consequences of their actions and choices for themselves and for others. • Consider the implications of involvement: - Differentiate between approving of an idea and becoming involved with others. • Undertake and complete projects for the future (self-achievement and social insertion) related to their ideas, fields of interest and abilities: - Set academic and social goals that include realistic, age-appropriate challenges for the short, medium and longer term; - Give themselves the means of achieving their objectives: → Clarify their personal expectations for their learning; → Incorporate their skills and knowledge into their activities; → Select strategies, plan stages, use appropriate means and master the working methods required to achieve the objectives;	1	2	→ Discover and test new planning tools and strategies; → Make decisions and solve problems. - Evaluate their accomplishments and efforts, and then alter or adjust their strategies accordingly: → Recognize their progress, successes, difficulties and failures; → Recognize and accept mistakes; → Recognize their own limits and either accept or move beyond them, depending on the circumstances. - Identify the factors that may compromise or foster the achievement of their objectives: → Accurately assess the requirements of a task. → Assess the energy and time needed. → Understand the utility of the activities and find related sources of pleasure. Develop their ability to adjust to transitions, change and elements of stress: • Develop their ability to use their internal and external resources in order to adjust; • Understand the protection factors that facilitate adjustment and the risk factors that hinder it: - Explore the role of positive thinking and hope in adjusting; - Explain how individuals can adjust to a change of culture or society.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles
Solve problems	❶ ❷

- Identify the issues surrounding different problem situations;
- Make choices between different needs when making difficult decisions;
- Evaluate the consequences of their choices.

	Cycles
Solve conflicts	❶ ❷

- Identify the harmful consequences of inadequate conflict resolution and violence towards the self or others;
- Identify and analyze sources of conflict;
- Apply effective strategies to prevent conflicts from escalating;
- Identify and analyze sources of conflict;
- Apply the various problem-solving steps to interpersonal conflicts (see *Elementary School Students*):
 - Negotiate, compromise and build consensus.
- Acknowledge that some conflicts may not be solved:
 - Accept that solving some conflicts is beyond their control.

FAMILY

Relevant information for parents



Connections between **developmental stages** and **development of self-esteem** in child.

The short-term and long-term **influence of good self-esteem** on their child's educational success, health and well-being.

Connections between certain **educational practices by parents and the development of good self-esteem** in their child:

- A secure, warm parent-child relationship;
- Warm, consistent supervision;
- Democratic parenting style (firm discipline but sensitive to needs);
- Incentive-based discipline, as opposed to coercive discipline: clear, concrete, constant, consistent rules of conduct with consequences, acknowledgement of good behaviour, and opportunities for the child to redeem and repair mistakes.

Risks associated with family and academic transitions, particularly the transition from elementary to secondary school.

Educational activities and measures at school to foster the development of students' self-esteem.

School and community resources available:

- Adequate, relevant resources for the child's development, including self-esteem.

Advice and key actions for parents



Pay more attention to the child's self-esteem during family transitions (e.g. moving, separation, divorce, sickness, death) and **school transitions**, especially the transition from elementary to secondary school.

Consult specialists if the child exhibits the following signs or symptoms: repeated academic failures, isolation, behavioural or attention disorders, anger tantrums, loss of appetite, sleep disorders, rebellion against authority, drug or alcohol use, loss of interest and self-esteem, object destruction, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, self-mutilation, violence, morbid or suicidal ideas.

Advice for **requesting help**:

- Talk to the child;
- Note the child's behaviours, attitudes and worrying symptoms;
- Consult someone they trust, a mental health professional (ask the family doctor, Info-Santé or the Local health and social services centre).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child, ensure that his behaviour is consistent with the message they want to convey.

Sense of security

- Provide a safe physical environment;
- Provide a warm and loving family environment:
 - Make the child feel part of the family and include the child in the parents' activities.

FAMILY

- Promote stability and routine in the child's life (in terms of lifestyle and meeting the child's needs);
- Be consistent, coherent, honest and fair to their child, and keep promises;
- Establish consistent rules of conduct that foster their child's sense of security, set clear limits and ensure that they are upheld:
 - Apply logical consequences for failure to comply with the rules.
- Develop self-discipline:
 - Vary the time between expression and satisfaction of the child's wants.
- Express positive feelings towards their child;
- Use *positive feedback* rather than punishment (see the *School* section).
 - Reward, encourage and compliment their child for specific behaviours and efforts.
- Avoid all forms of physical and psychological violence (ridicule, blame, emotional blackmail, bullying, etc.) when punishing their child;
- Avoid threatening and violent behaviour in front of their child.

Sense of identity

- Accept and respect their child as he is, value his efforts, and avoid comparing him to other child:
 - Use respectful language;
 - Express positive feelings towards their child, and value the child's personality, likes and interests;
 - React positively to the child's learning and progress;
 - Avoid labelling (e.g. slow, lazy), and terms such as "always" or "never".
- Help the child to become aware of and express his feelings and needs;
- Help the child to discover, accept and overcome their strengths and limitations:
 - Teach their child to judge himself positively.

- Demonstrate empathy towards their child;
- Take time to play with, talk to and learn with their child;
- Listen to what their child feel is important;
- Encourage the development of a positive self-image:
 - Help their child become aware of his uniqueness: characteristics, qualities, etc.;
 - Help their child understand the growth and development of his body, including puberty;
 - Emphasize that all body shapes are normal;
 - Provide positive reinforcement for their child's body image: positive messages about his body, abilities and skills;
 - As parents, avoid making negative comments about their own weight, height, diet or regimen;
 - Help their child develop a critical understanding of stereotyped and idealized representations of the male and female body in the media;
 - If their child is overly concerned about his weight, refer them to a competent health professional to assess the situation;
 - Remain aware of the prejudice that may be conveyed inadvertently about body image or attitudes and beliefs about food, exercise, weight control, etc.

Sense of belonging

- Establish and maintain effective communications with their child:
 - Listen;
 - Share ideas, opinions and information.
- Help their child to maintain good relationships within the family, at school and in the community:
 - Help them to enter into contact with others, and to socialize:
 - Supervise their choice of friends and where they go outside the home;
 - Invite friends home.
 - Help their child to develop social skills by giving positive feedback:
 - Help him to control his emotions and solve problems and conflicts.

FAMILY

- Encourage their child to be proud of his culture and to forge contacts with members of the community in which he lives, or his community of origin;
- Plan family activities (e.g. family meals, games) and take part in school and community activities as a family:
 - Value these activities as a source of pleasure.

Sense of social and academic competency

- Show confidence towards their child;
- Give their child the opportunity to succeed:
 - Help their child to set high but realistic goals;
 - Support and supervise new experiences that will help their child's development;
 - Encourage their child to dream and look forward to the future;
 - Respect their child's learning pace;
 - Provide positive reinforcement of their child's learning;
 - Emphasize the pleasure and utility of their child's learning;
 - Remind their child of past successes;
 - Help their child to become independent and responsible:
 - Provide opportunities to take responsibility for their actions;
 - Support their child in his decisions; help him to clarify his problems, identify and select solutions, and evaluate the results;
 - Help their child to set his own competency criteria;
 - Help their child to recognize his successes and mistakes, and to correct the mistakes.
 - Help their child to develop attitudes that are conducive to success: attention, motivation, independence and responsibility;
 - Establish positive contacts with the school;
 - Watch for signs of diminishing self-esteem.

For example:

- The child is afraid of new challenges or new learning, feels rejected or abandoned, blames others for his or her problems or mistakes, seems indifferent, is unable to tolerate frustration, denigrates his or her own talents and skills, is easily influenced.

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations **to help parents** play their expected role:

Attention: *Help parents to understand the overall development of their child by emphasizing certain themes, depending on his needs and developmental stages, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use them;
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide supervision) and parental supervision;

FAMILY

- Manage problems and conflicts with their child.
- Provide support for their child in his school work; create a positive learning environment;
- Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
- Involve their child in family activities;
- Manage the schedule, activities, school life and transitions (e.g.: family, school).

Ways to involve parents¹



Pay special attention to **the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask the parents to play their parental role at school:
 - Prepare their child for school;
 - Monitor their success, health and well-being;
 - Provide the necessary materials.
- Facilitate communications with the school:
 - Share relevant information about their child and family situation.
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning:
 - Help their child with homework;
 - Provide their child with a home environment that is conducive to learning;

¹ Refer to the *School-family-community collaboration* information sheet.

- Show an interest in their child's success at school;
- Encourage their child;
- Discuss their child's situation at school.
- Emphasize their child's learning and successes:
 - Attend presentations and activities;
 - Look at the child's school work (e.g. portfolio).
- Encourage their child to use the support resources available at school and in the community;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents to participate in school life** by involving them in the school's various committees and activities:

- Participate in curricular and extracurricular activities – volunteer work:
 - Volunteer work, mentoring, tutoring;
 - Prepare, dispense and take part in curricular and extracurricular activities (e.g. cultural, sporting, scientific or social activities);
 - Participate in classroom teaching activities;
 - Accompany students on school outings.
- Participate in decisions made by the school.
For example:
 - Sit on various boards and committees, including the general assembly, the school council, the parents' association and the school board parents' committee;
 - Become involved in preparing, evaluating and adjusting the school's educational project, success plan and policies.
- Help with the preventive services provided at the school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and to **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

SELF-ESTEEM

FAMILY

Invite parents **to take part in community activities with their child.**

Invite parents to **use the services offered by the school and the community.**

For example:

- Workshops, training, group kitchens, purchasing clubs, etc.

COMMUNITY

Rules, standards, policies



Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

Involve the local media in relaying information on the school's promotion and prevention activities to help students develop self-esteem.

Work with **local media and businesses to adopt positive messages that are respectful of young people's body images**.

Support for young people and families (resources, activities, services)



Facilitate access to and provision of preventive services at the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular for family support services and services for young people at risk of or dealing with addiction:
 - Stipulate the terms of confidentiality agreements (non-disclosure of personal information).

Work with the community to **strengthen or complete the supply of complementary educational services** and promote the integration of these services with community projects.

For example:

- Homework assistance;
- Extracurricular activities;
- Mentoring or tutoring by people from community organizations or businesses.

Collaborate in providing **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Offer workshops to help parents with their parental role: youth development (including self-esteem), parenting skills;
- Provide free admission or incentive pricing for sports activities and loan equipment to low-income families.

Promote the **involvement of families in decisions** concerning the services to be introduced in the community.

Offer **stimulating and attractive sporting, artistic and cultural activities** that meet the students' needs and reflect their interests outside the classroom:

- Training on youth development (including self-esteem) for community trainers and animators.

Establish **cooperation agreements for the sharing and use of cultural, sporting and recreational equipment and resources** by the school and the community (municipalities, community centres, private clubs, etc.):

- Facilitate access to community, cultural and sports centres outside class hours;

SELF-ESTEEM

COMMUNITY

- Promote a system to lend out sports and protective equipment during activities.

Circulate information on the promotion and prevention services available in the community that will help build self-esteem.

Take part in the work of **intersectoral youth authorities**.

Help to **organize** safe, welcoming and stimulating **parks and playing fields**.

Youth social participation



Promote and highlight the **involvement of young people and families** through participation:

- in the design and implementation of activities to promote self-esteem;
- in the preparation, planning and implementation of stimulating, meaningful community activities;
- in various community authorities;
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in various activities offered by the community (sports, cultural, artistic, social and political activities, festivals);
- in the revitalization of their physical and social environment;
- in projects designed to fight against poverty and violence.

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Implement, promote and encourage **projects designed to foster youth development** in the community.

For example:

- Projects designed to generate a sense of belonging to a neighbourhood or village;
- Projects with the media on representations of self-image;
- Projects with seniors in the community (as the bearers of traditions), especially in multi-ethnic, new immigrant and Aboriginal communities.

Organize collaborative projects involving community members who are regarded as important by young people and families.

REFERENCES

- Ayotte, V. (1995). *Évaluation d'un programme visant à développer chez les jeunes une estime positive d'eux-mêmes*. Montréal: Direction de la santé publique. Régie régionale de la santé et des services sociaux de Montréal-Centre.
- Ayotte, V., Djandji, H. and Asselin, H. (2000). *Le sac à dos : faire face aux défis scolaires avec confiance... Oui, mais comment?* Montréal: Direction de la santé publique. Régie régionale de la santé et des services sociaux de Montréal-Centre.
- Baldwin, S. A. and Hofmann, J. P. (2002). The dynamics of self-esteem: a growth-curve analysis. *Journal of Youth and Adolescence*, 31(2), 101-113.
- Baumeister, R. F., Campbell, J. D., Krueger, J. I. and Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1-44.
- Bear, G. G., Minke, K. M. and Manning, M. A. (2002). Self-concept of students with learning disabilities: A meta-analysis. *School Psychology Review*, 31(3), 405-427.
- Beauregard, L.-A., Bouffard, R. and Duclos, G. (2000). *Programme Estime de soi et compétence sociale chez les 8 à 12 ans*. Montréal: Les éditions de l'Hôpital Sainte-Justine, Centre hospitalier universitaire mère-enfant, Université de Montréal.
- Bérubé, F. (2004). *Développement et renforcement de l'estime de soi et de la compétence sociale chez les enfants de 6-11 ans : une étude de services offerts en CLSC*. Dissertation presented to the Faculté des études supérieures for a Master of Science degree, Faculté des Sciences infirmières. Université de Montréal.
- Birdthistle, I. (2003). *Creating an environment for emotional and social well-being*. (Information series on school health. Document 10). Genève: World Health Organization.
- Birndorf, S., Ryan, S., Auinger, P. and Aten, M. (2005). High self-esteem among adolescents: longitudinal trends, sex differences and protective factors. *Journal of Adolescent Health*, 37(3), 194-201.
- Biro, F. M., Striegel-Moore, R. H., Franko, D. L., Padgett, J. and Bean, J. A. (2006). Self-esteem in adolescent females. *Journal of Adolescent Health*, 39(4), 501-507.
- Boden, J. M. and Horwood, J. L. (2006). Self-esteem, risky sexual behavior and pregnancy in a New Zealand birth cohort. *Archives of Sexual Behavior*, 35(5), 549-560.
- Botvin, G. J. (1999). *Life skills training: promoting health and personal development. Sample lessons, level one: grades 3/4, student guide*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2000). *Life skills training: parent program*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Teacher's Manual 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Student guide 1*. Princeton, NJ: Princeton Health Press.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Healthy settings for young people in Canada*. Ottawa: Public Health Agency of Canada.
- Brook, J. S., Ning, Y., Balka, E. B., Brook, D. W. and Lubliner, E. H. (2007). Grandmother and parent influences on child self-esteem. *Pediatrics*, 119(2), e444-e451.

REFERENCES

- Canadian Mental Health Association (2009). *Children and Self-Esteem*. Canadian Mental Health Association. Website consulted in the spring of 2009 [online]: http://www.cmha.ca/bins/content_page.asp?cid=2-29-68etlang=2.
- Brook, J. S., Ning, Y., Balka, E. B., Brook, D. W. and Lubliner, E. H. (2007). Grandmother and parent influences on child self-esteem. *Pediatrics*, 119(2), e444-e451.
- Canadian Mental Health Association (2009). *Children and Self-Esteem*. Canadian Mental Health Association. Website consulted in the spring of 2009 [online]: http://www.cmha.ca/bins/content_page.asp?cid=2-29-68etlang=2.
- Canadian Population Health Initiative (2005). *Improving the Health of Young Canadians*. Ottawa: Canadian Institute for Health Information.
- Centers for Disease Control and Prevention (2009). *School connectedness: strategies for increasing protective factors among youth*. Atlanta, GA: Department of Health and Human Services.
- Child Development Institute (2007). *Helping your child develop self-esteem*. Child Development Institute. Website consulted in January 2008 [online]: http://childdevelopmentinfo.com/parenting/self_esteem.shtml.
- Clift, S. and Jensen, B. B. (Eds), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Coatsworth, J. D. and Conroy, D. E. (2006). Enhancing the self-esteem of youth swimmers through coach training: gender and age effects. *Psychology of Sport and Exercise*, 7, 173-192.
- Crocker, J. and Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review*, 108, 593-623.
- Duclos, G., Laporte, D. and Ross, J. (2002). *L'estime de soi des adolescents*. Montréal: Les Éditions de l'Hôpital Sainte-Justine, Centre hospitalier universitaire mère-enfant.
- Duclos, G. (2000). *L'estime de soi, un passeport pour la vie*. Montréal: Éditions de l'Hôpital Sainte-Justine; Centre hospitalier universitaire mère-enfant.
- Ekeland, E., Heian, F. and Hagen, K. B. (2005). Can exercise improve self esteem in children and young people? A systematic review of randomised controlled trials. *British Journal of Sports and Medicine*, 39, 792-798.
- Elbaum, B. and Vaughn, S. (2003). For which students with learning disabilities are self-concept interventions effective? *Journal of Learning Disabilities*, 36(2), 101-108.
- Éducation formation professionnelle et jeunesse Manitoba (2001). *Cap sur l'inclusion. Relever les défis : gérer le comportement*. Winnipeg: Éducation formation professionnelle et jeunesse Manitoba.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in Fall 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Fortes, M. (2003). *La dynamique de l'estime de soi et de soi physique. Un regard nouveau sur la variabilité et le fonctionnement des modèles hiérarchiques*. Ph.D. thesis, Faculté des sciences du sport et de l'éducation physique. Université de Montpellier I.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale, February*, 1-6.

REFERENCES

- Guay, F., Marsh, H. W. and Boivin, M. (2003). Academic self-concept and academic achievement: developmental perspectives on their causal ordering. *Journal of Educational Psychology*, 95(1), 124-136.
- Guillon, M.-S. and Crocq, M.-A. (2004). Estime de soi à l'adolescence : revue de la littérature. *Neuropsychiatrie de l'enfance et de l'adolescence*, 52(1), 30-36.
- Hamel, M. (2001). Le concept de soi ou l'estime de soi. In M. Hamel, L. Blanchet, and C. Martin (Eds.), *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*, (p.133-168). Sainte-Foy, Québec: Les Publications du Québec.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Haney, P. and Durlak, J. A. (1998). Changing self-esteem in children and adolescents: a meta-analytic review. *Journal of Clinical Child Psychology*, 27(4), 423-433.
- Harter, S. and Whitesell, N. R. (2003). Beyond the debate: why some adolescents report stable self-worth over time and situation, whereas others reports changes in self-worth. *Journal of Personality*, 71, 1027-1058.
- Highland Council Education Culture and Sport Service (2007). *Learning and teaching should meet the needs of the whole learner: self-esteem*. Highland learning and teaching toolkit, Highland Council Education, Culture and Sport Service, UK. Website consulted in Fall 2008 [online]: http://www.highlandschools-virtualib.org.uk/ltt/whole_learner/esteem.htm.
- Huang, J. S., Norman, G. J., Zabinski, M. F., Calfas, K. and Patrick, K. (2007). Body image and self-esteem among adolescents undergoing an intervention targeting dietary and physical activity behaviors. *Journal of Adolescent Health*, 40(3), 245-251.
- International Council for Self-Esteem (2008). *Nurturing of self-esteem*. International Council for Self-Esteem. Website consulted in January 2008 [online]: <http://self-esteem-international.org/Aboutse/4-nurturing.htm>.
- Jendoubi, V. (2002). *Estime de soi et éducation scolaire. Unpublished document*. Geneva: Département de l'instruction publique, Service de la recherche en éducation.
- Jewish Family Services (2004). *Self-Esteem. A Support Resource Promoting Healthy Child Development*. (5th Booklet). Montréal: Jewish Family Services, Baron de Hirsch Institute.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Karcher, M. J., Kuperminc, G. P., Portwood, S. G., Sipe, C. L. and Taylor, A. S. (2006). Mentoring programs: a framework to inform program development, research and evaluation. *Journal of Community Psychology*, 34(6), 709-725.
- Katz, L. (1995). *How can we strengthen children's self-esteem?* KidSource on line, ACCESS ERIC and ERIC Elementary and Early Childhood Education. Website consulted in spring 2009 [online]: http://www.kidsource.com/kidsource/content2/strengthen_children_self.html.

REFERENCES

- Krueger, J. I., Vohs, K. D. and Baumeister, R. F. (2008). The allure of self-esteem: a miracle after all? *The American Psychologist*, 63(1), 64-66.
- Laible, D. J., Carlo, G. and Roesch, S. C. (2004). Pathways to self-esteem in late adolescence: the role of parent and peer attachment, empathy, and social behaviours. *Journal of Adolescence*, 27(6), 703-716.
- Laporte, D. and Sévigny, L. (2002). *L'estime de soi des 6-12 ans*. Montréal: Éditions de l'Hôpital Sainte-Justine, Centre hospitalier universitaire mère-enfant.
- Lawrence, D. (2006). *Enhancing self-esteem in the classroom*. London: Paul Chapman Publishing. Sage Publications.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- MacPhee, A. R. and Andrews, J. J. W. (2006). Risk factors for depression in early adolescence. *Adolescence*, 41(163), 435-465.
- Mangrulkar, L., Vince Whitman, C. et Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Mann, M., Hosman, C. M. H., Schaalma, H. P. and de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-372.
- Marsh, H. W., Ellis, L. A. and Craven, R. G. (2002). How do preschool children feel about themselves? Unraveling measurement and multidimensional self-concept structure. *Developmental Psychology*, 38(3), 376-393.
- Marsh, H. W., Trautwein, U., Ludtke, O., Koller, O. and Baumert, J. (2006). Integration of multidimensional self-concept and core personality constructs: construct validation and relations to well-being and achievement. *Journal of Personality*, 74(2), 403-456.
- Martin, G., Richardson A.S., Bergen, H. A., Roeger, L. and Allison, S. (2005). Perceived academic performance, self-esteem and locus of control as indicator of need for assessment of adolescent suicide risk: implications for teachers. *Journal of Adolescence*, 28(1), 75-87.
- Martinot, D. (2001). Connaissance de soi et estime de soi: ingrédients pour la réussite scolaire. *Revue des sciences de l'éducation*, 27(3), 483-502.
- McVey, G. L., Davis, R., Tweed, S. and Shaw, B. F. (2004). Evaluation of a school-based program designed to improve body image satisfaction, global self-esteem, and eating attitudes and behaviors: a replication study. *International Journal of Eating Disorders*, 36(1), 1-11.
- Media Awareness Network (2009). *Media Education*. Media Awareness Network, Canada. Teachers' section. Website consulted in Spring 2009 [online]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index.cfm.
- Michaud, J., Bégin, H. and McDuff, P. (2006). Construction et évaluation d'un questionnaire sur l'estime de soi sociale destiné aux jeunes adultes. *Revue européenne de psychologie appliquée*, 56 (2), 109-122.
- Ministère de l'Éducation (2001). *Québec Education Program: Preschool Education, Elementary Education (Approved Version)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Complementary Educational Services: Essential to Success*. Québec: Gouvernement du Québec.

REFERENCES

- Ministère de l'Éducation, du Loisir et du Sport (2007). *Québec Education Program, Secondary Education, 2nd Cycle (Approved Version)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Québec Public Health Program 2003-2012* (updated in 2008). Québec: Gouvernement du Québec.
- Mruk, C. (1995). *Self-esteem: research, theory and practice*. New York: Springer Publishing Company.
- National Institute for Health and Clinical Excellence (2008). *Promoting young people's social and emotional wellbeing in primary education*. (NICE public health guidance 12). London, United Kingdom: National Institute for Health and Clinical Excellence.
- National Institute for Health and Clinical Excellence (2009). *Promoting young people's social and emotional wellbeing in secondary education*. (NICE public health guidance 20). London, United Kingdom: National Institute for Health and Clinical Excellence.
- Nesdale, D. and Lambert, A. (2007). Effects of experimentally manipulated peer rejection on children's negative affect, self-esteem, and maladaptive social behavior. *International Journal of Behavioral Development*, 31(2), 115-122.
- Ninot, G., Delignières, D. and Fortes, M. (2000). L'évaluation de l'estime de soi dans le domaine corporel. *Revue STAPS*, 53, 35-48.
- O'Dea, J. (2007). *Everybody's different. A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Camberwell, Australia: ACER Press.
- Ostrosky, M. M. and Jung, E. Y. (2002). *Building positive teacher-child relationships*. (What Works Briefs 12). Washington, DC: Center on the Social and Emotional Foundations for Early Learning, United States Department of Health and Human Services.
- Park, J. (2003). *Adolescent self-concept and health into adulthood*. (Supplement to Health Reports, 2003). Ottawa: Statistics Canada.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Prescott, A. P. (2006). *The concept of self in medicine and health care*. New York: NOVA Science Publishers.
- Reasoner, R. W. and Dusa, G. S. (1991). *Building self-esteem in the secondary schools. Teacher's manual*. Palo Alto, California: Consulting Psychologists Press Inc.
- Reasoner, R. W. (2000). *Review of self-esteem research*. National Association for Self-Esteem. Website consulted in Fall 2007 [online]: <http://www.self-esteem-nase.org/research.shtml>.
- Regner, I. and Loose, F. (2006). Relationship of sociocultural factors and academic self-esteem to school grades and school disengagement in North African French adolescents. *British Journal of Social Psychology*, 45(4), 777-797.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Robins, R. W. and Trzesniewski, K. H. (2005). Self-esteem development across the life span. *Current Directions in Psychological Science*, 14(3), 158-162.
- Salazar, L. F., Crosby, R. A., DiClemente, R. J., Wingood, G., Lescano, C. M., Brown, L. K. et al. (2005). Self-esteem and theoretical mediators of safer sex among African American female adolescents: implications for sexual risk reduction interventions. *Health Education and Behavior*, 32(3), 413-427.

REFERENCES

- Schmitz, M. F. (2006). Influence of social and family contexts on self-esteem of latino youth. *Hispanic Journal of Behavioral Sciences*, 28(4), 516-530.
- Sheslow, D. (2008). *Developing your child's self-esteem*. KidsHealth, Nemours Foundation. Website consulted in Spring 2009 [online]: http://kidshealth.org/parent/positive/talk/self_esteem.html.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School Health Promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Taylor, L. D., Davis-Kean, P. and Malanchuk, O. (2007). Self-esteem, academic self-concept and aggression at school. *Aggressive Behaviour*, 33(2), 130-136.
- Trzesniewski, K. H., Donnellan, M. B., Moffit, T. E., Robins, R. W., Poulton, R. and Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental Psychology*, 42(2), 381-390.
- Trzesniewski, K. H., Donnellan, M. B. and Robins, R. W. (2003). Stability of self-esteem across the life span. *Journal of Personality and Social Psychology*, 84, 205-220.
- Tucker Burgo, J. (2007). *Kids and self-esteem*. Building strong families, Interdisciplinary Program of Human Environmental Sciences, University of Missouri Extension. Website consulted in Fall 2007 [online]: <http://extension.missouri.edu/bsf/selfesteem/index.htm>.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in Spring 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: Developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Wild, L. G., Flisher, A. J., Bhana, A. and Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 45(8), 1454-1467.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- Young, E. L. and Hoffman, L. L. (2004). Self-esteem in children: strategies for parents and educators. In *Helping children at home and school II: handouts for families and educators*, (p.87-89). Bethesda, US: National Association of School Psychologists.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach;
- The developmental approach;
- Developmental psychopathology;
- Competency development based using a socio-constructivist approach
- The Ottawa Charter.

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members underlying the interventions.....	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods.....	2
Elements specific to the developmental stage	5
Organizational conditions	5
SOCIAL ENVIRONMENT	7
School climate.....	7
Rules, standards, policies.....	8
School organization	9
PHYSICAL ENVIRONMENT.....	11
Condition and physical layout.....	11
Material resources	12
SERVICES FOR STUDENTS.....	13
Social support	13
Preventive services.....	15
ELEMENTARY SCHOOL STUDENTS: development of personal competencies	17
ELEMENTARY SCHOOL STUDENTS: development of social competencies.....	21
SECONDARY SCHOOL STUDENTS: development of personal competencies	23
SECONDARY SCHOOL STUDENTS: development of social competencies.....	27

FAMILY	29
Relevant information for parents.....	29
Advice and key actions for parents	29
Family support.....	30
Ways to involve parents	31
COMMUNITY	33
Rules, standards, policies	33
Support for young people and families	33
Youth social participation	34
School/family/community collaboration.....	34
REFERENCES.....	35

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

This Synthesis of recommendations is consistent with the content of the *Action Plan to Prevent and Deal with Violence in the Schools, 2008-2011*.

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying the interventions



Give priority to the following **values**:

- An open mind;
- The ability to listen;
- Empathy;
- Respect for oneself, others and the environment;
- A culture of peace;
- Mutual support;
- Cooperation.

Believe in the importance of being a **positive model** for the students.

Pedagogical principles of interventions



Promote individual and collective academic success (effort, perseverance), and be **aware of gestures or activities that may foster unhealthy competition** (e.g. physical activities focusing on being the best, tables showing examination results).

Ensure that **interventions are coherent and consistent**.

Encourage positive behaviour and **avoid negative reinforcement** (e.g. punishment, isolation, expulsion) that may enhance anger and withdrawal.

Encourage contacts between students at different levels, and between students and adults.

Help to prevent violence among students by **developing their personal and social competencies** (self-assertion and self-esteem, management of emotions, empathy, pro-social behaviours, social involvement, conflict resolution, requesting assistance, critical judgment).

Ensure the **intensity and duration of learning** throughout compulsory schooling (from preschool to Secondary V):

- Maintain interventions designed to promote harmonious, egalitarian interpersonal relationships and to prevent violence **until the end of secondary school**;
- Throughout the students' education, work continuously on their self-esteem (sense of security, sense of belonging, sense of identity and competency), personal and social competencies, and compliance with the rules (self-regulation, self-control).

Seize opportunities in everyday life to help students **reinvest their skills**, thereby allowing them to develop harmonious, egalitarian interpersonal relations and preventing violence:

Attention: *The opportunities offered by thematic events (such as International Day of Peace and Crime Prevention Week) are useful, but not sufficient to ensure reinvestment.*

SCHOOL

- Reinvest classroom learning in different subject areas.

For example:

- In history, resolution of major conflicts and peace missions; in activities related to the general areas of learning, discussion of loving relationships, gender equality and racism; in English, discussions based on texts about violence against or between young people (e.g. from youth literature, etc.).
- Reinvest learning in other contexts outside the classroom, at school, in the home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services and promotion and prevention services).

For example:

- At lunchtime, at daycare, during extracurricular activities, etc.

Actively involve the students in their learning:

- Encourage students to become involved and take action to prevent violence and intervene in situations of violence;
- Make students responsible for managing conflicts;
- Use their existing knowledge of interpersonal relationships as a starting point;
- Question the students about their preconceptions regarding the causes of violence;
- Give students an opportunity to design, perform and evaluate violence prevention activities;
- Give students ways to assess their own performance;
- Involve the students in preparing, applying and evaluating rules applicable to classroom life and school life.

Pedagogical approaches, practices and methods



Provide the students with **information and rules of conduct concerning the role played by witnesses and peers, and concerning the case report.**

Establish a **warm, respectful and positive climate in the classroom:**

- Forge friendly contacts with the students:
 - Take the time to put the students at ease before beginning an activity;
 - Use simple language and a calm voice when talking to the students.
- Accept the students for who they are and respect their differences;
- Encourage the students to ask questions and express their needs, opinions and ideas;
- Help the students to respect themselves, respect others and build their self-confidence:
 - Listen to the students and encourage them to listen to one another;
 - Use respectful language;
 - Introduce a process to resolve conflicts;
 - Organize periodic class meetings to discuss issues such as problems between individual students and the climate in the classroom.

Working with the students, establish and apply **classroom rules of conduct** (regulations, code of conduct¹):

- Formulate clear, realistic, explicit rules of conduct that will prevent problems;
- Limit the number of rules to five or less, and use positive language to express them;

¹ Code of conduct: A charter setting out and illustrating the basic principles and rules with which everyone must comply, and explaining how they will be applied.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

- Apply the rules fairly, consistently and coherently, but in a flexible way, taking care to adjust the consequences to each individual case;
- Display the rules in the classroom;
- Explain the rules in clear, concise terms, using role plays and situational reconstructions:
 - Clarify the scope of each rule so that the students know exactly what it covers.
- Explain that the rules of conduct may differ according to the location or activity (e.g. in the cafeteria, corridor, school bus or school yard).

Encourage **positive classroom discipline**:

- Give preference to positive feedback rather than punishment (positive feedback should be three times as frequent as negative feedback).
For example:
 - Thank students who raise their hands and wait until they are given permission to speak;
 - Congratulate students who start work immediately, rather than blaming classmates who are late.
- Explain appropriate behaviour;
- Give immediate feedback when a student exhibits appropriate behaviour;
- Use elements of positive reinforcement:
 - Use positive behaviour reinforcement techniques by the peer group.
- Criticize unacceptable behaviour but not the student responsible for it, and redirect the behaviour appropriately;
- Be careful not to fix attention on problems, at the expense of abilities and qualities;
- Avoid terms such as “always” and “never”, which do not allow for subtlety;
- Use both verbal and non-verbal feedback (e.g. smile, nod, hand on shoulder);
- Give regular positive feedback on each student’s strengths and talents.

Help the students to recognize and manage their emotions:

- Teach the students to use relaxation, calming, stress management and anger management techniques.

Use pedagogical practices conducive to the development of **empathy**.

For example:

- Teaching based on personal experience and current events;
- Situational reconstructions and analysis of violent acts and the feelings of the victims, witnesses and aggressors.

Support conflict resolution appropriately, both inside and outside the classroom:

- Quickly review the incident;
- Practise active listening:
 - Avoid preconceived ideas and attempts at interpretation;
 - Adopt a physical posture that expresses availability;
 - Let the other person express himself or herself without interrupting;
 - Question the other person (use open questions);
 - Encourage the person to clarify his or her thoughts if they are vague or too general;
 - Give the person many visual and verbal indications of interest;
 - Reformulate the person’s remarks in his or her own terms, and then in one’s own terms;
 - Allow for periods of silence;
 - Express empathy;
 - Remain neutral and kind.
- Use non-threatening questions: ask questions that begin with “how” and “what”, rather than “why”;
- Give personal follow-up to the students involved in the conflict;
- Help the students to recognize and manage their emotions:
 - Teach the students to use relaxation, calming, stress management and anger management techniques.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

Encourage **cooperation and collaboration**:

- Encourage academic and social support by classmates (support supervised by a trained adult);
- Help the students to develop a positive form of interdependency;
- Foster collective accountability, integrity and a sense of citizenship.

For example:

- Give the students responsibility for certain aspects of classroom activities (e.g. time, who should speak, spokesperson to summarize discussions).
- Help the students to set shared academic and social goals;
- Give the students opportunities to practise their social competencies: empathy, listening skills, asking for help, giving help.
For example:
 - Student assemblies, group meetings (class or school);
 - Availability of large rooms for projects and interdisciplinary work;
 - Cross-level projects;
 - Include the possibility of volunteering or taking part in community life in schoolwork and school projects;
 - Tutoring by peers, reading assistance.
- Encourage the students to form heterogeneous groups.

Give **quick feedback** in the classroom following an act of violence.

Promote demonstration, modelling and interactive teaching methods (debates, role playing, situational tasks, questions, discussions, etc.).

Attention: Do not promote negative leaders.

Support **competency development and educational success** by applying the following pedagogical practices:

- **Differentiated pedagogy:**

- Take into account the difference in a group of students;
- Use the knowledge, prior learnings, interests, goals and successes of the students as a starting point;
- Respect the students' cognitive styles, learning types and pace of learning;
- Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
- Focus, throughout the activities, on discovering the students' points of view and assumptions.

- **Support:**

- Give the students regular opportunities to use their competencies;
- During learning situations, help the students:
 - to become aware of what they know and to establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts.

- **Regulation:**

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation; help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

SCHOOL

Elements specific to the developmental stage



In Elementary Cycle Three, raise student awareness of sexual harassment, sexism, racism, bullying and teasing.

At the secondary level, address violence in general and its various forms: physical, psychological and verbal violence, violence among friends and within couples, racism, bullying, teasing, street gangs, sexism, sexual harassment, heterosexism (homophobia), cyberbullying, etc.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest, **raise awareness, train, supervise and support school staff members and volunteers** with regard to:

- Risk factors and protection factors;
- The connections between violence and academic success, health and well-being;
- The current status of violence in the school;
- Prevention of all forms of violence;
- Promotion of peaceful behaviour and friendly environments;
- Proper class management;
- Peer mediation and conflict resolution techniques;
- Unprejudiced strategies to identify violent behaviour (actions and remarks);
- Quick, effective management of acts of violence and crises;
- Strategies to recognize signs of distress in victims, and manifestations of antisocial behaviour;

- Minimal intervention strategies for acts of violence: protocols and procedures;
- The importance of reporting acts of violence (based on the definition shared by the school community).

Clearly define the role played by the school staff, parents and members of the community in promoting good relationships and preventing and addressing violence:

- Identify the people responsible for different activities, who does what, and how.

Involve qualified resource people depending on the context (social workers, special education teachers, regional support officers for the *Action Plan to Prevent and Deal With Violence*, police officers).

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, connectedness, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Make sure all members of the school community (students, staff, parents), and the school management in particular, **clearly support a culture of friendly, non-violent interpersonal relationships** within the framework of the success plan, the educational project and the *Action Plan to Prevent and Deal With Violence*:

- Make sure the members of the school community share a similar view of the values to be conveyed, and of the concepts of “friendly interpersonal relationships” and “violence”, and that they agree on which actions should be given priority.

Carry out **awareness campaigns** based on a realistic profile of violence at school, addressing the different forms of violence (e.g. bullying, cyberbullying, teasing, racism, sexism) and their consequences:

- Emphasize the fact that all forms of violence are damaging and unacceptable.

Provide students with **a range of different opportunities to be active** in the schoolyard and outside classroom hours:

- Organize the schoolyard and play areas, and provide animation.

Value the role played by pro-social classmates or older, positive role models as a means of devaluing acts of violence.

Create a **climate at school that fosters a sense of security and connectedness**, as well as communication and an open mind (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and warm;
- Extend a warm welcome to every student;
- Introduce conflict resolution methods:
 - Invite students to intervene if there is a problem or conflict, and encourage them not to tolerate the rule of silence.
- **Promote cooperation and support** (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying them both individually and within the school in general;
 - Take steps to reduce social isolation of students;
 - Facilitate contacts among students and between students and staff;
 - Allow the students to share their experience and forge positive contacts outside the classroom context.
 - For example:*
 - Mentoring, integration activities, staff-student games (meals, sports and cultural activities).
 - Model active listening and show students how to build it into their everyday lives.
- Give students an opportunity to feel important, and to see that the school is taking care of them;
- Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical);
 - Encourage acceptance and insertion of new members;
 - Emphasize the benefits of a plural, multicultural society;
 - Encourage community action.

SCHOOL

- **Make students accountable** and develop their **sense of citizenship** by encouraging them to **become involved in school life**:
 - Give the students an opportunity to be responsible for school life, to become involved and to play an active role (especially at the end of elementary school and the end of secondary school);
 - Give the students the opportunities, time and infrastructures they need to participate.

Rules, standards, policies



Adopt a **local strategy to prevent and address violence**, anchored in the educational project and success plan and based on the 2008-2011 *Action Plan to Prevent and Deal With Violence in Schools*, which reflects the characteristics of the school's population:

- Ensure that the **school management is involved in and committed to the strategy**;
- **Define** the underlying principles:
 - Encourage respect and positive relationships among all members of the school (school management, teachers, support staff, students);
 - Take a global approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
 - Provide clear and visible expressions of expectations regarding positive, appropriate behaviour and remind students, school staff and parents of what the term "violent behaviour" means;
 - Introduce a participatory process: involve the students, parents and staff in selecting measures to ensure non-violent behaviour (rules of conduct and code of conduct);
 - Promote a culture in which members of the school community try to find solutions instead of a culture of victim blaming;
 - Ensure that the students believe in the relevance and fairness of the rules or code.

- **Be aware** of the situation concerning violence at school:
 - Be aware of perceptions concerning security and any manifestations of violence in the school, and describe the circumstances in which violence occurs (e.g. information on the number of victims, type of bullying, frequency of victimization, percentage of acts of violence that are reported, percentage of witnesses)¹;
 - Compare different sources of information (students and adults in the school);
 - Identify the actions taken and methods introduced to prevent and deal with violence.
- Work with the students to introduce fair, equitable, relevant **rules and codes** governing school life (see the *Self-Esteem* information sheet, particularly the section entitled *Rules, standards, policies*);
- State how misbehaviour will be addressed:
 - Use positive reinforcement, not just the application of sanctions.
- **Publicize the local strategy to prevent and address violence** (rules, code of conduct) and post the consequences of failure to comply with the code in every classroom, adjusting the content to suit the age of the students;
- **Apply** the rules and code consistently and coherently;
- Introduce **support and assistance conditions and measures** for victims, witnesses and aggressors (see the section entitled *Services for students*):
 - Encourage the students to help victims of violence and report cases of violence, in an atmosphere conducive to respect, confidentiality and trust.
For example:
 - Methods of denouncing acts of violence;
 - Report box;
 - Telephone line or e-mail address.

¹ Survey data are available from public health offices.

SCHOOL

- At the beginning of each school year, reinforce the prevention and intervention strategies, especially for new students and new staff members.
- Establish and publicize the **procedures** applicable to **acts of violence in the school**:
 - Identify cases of indirect violence (e.g. rumours, isolation, exclusion, harassment) and direct violence (e.g. physical or verbal attacks, sexual aggression, psychological violence, racism, sexism, homophobia, vandalism, theft), and deal with them quickly;
 - Publicize individual rights, legislative frameworks and the school's legal responsibilities;
 - Publicize the procedure for denouncing and reporting incidents (Youth Protection, police);
 - Publicize the emergency intervention plan and the situations in which the police will be called to the school for prevention or intervention purposes or to deal with emergencies;
 - Establish and publicize the complaints processing procedure.
- Establish **clear rules and procedures concerning violence towards students by adults in the school** (e.g. staff screening, monitoring of volunteers' criminal records);
- Provide **means to assess the actions taken** to prevent and deal with violence;
- Develop and implement a **safety plan**;
- Develop an emergency intervention plan

School organization (timetables, structures, management)



As far as possible, **reduce contacts between violent students or students in hostile relationships**:

- Structure peer groups so as to avoid the creation of "cliques":
 - Maximize contacts with pro-social students (supervised and supported by adults);
 - Make sure that aggressive students are in the minority in schoolgroups.

SCHOOL

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Identify the places, times, activities and circumstances in which acts of violence occur most often, determine the causes, and make the necessary changes.

Organize the environment for students with behavioural problems, pervasive development disorders, psycho-pathological disorders, etc.

Provide a **safe, clean physical environment**:

- Adequate, functional lighting both indoors and outdoors;
- Regular inspections of safety aspects, cleanliness, equipment, air, water and food (see the *Safe Environments and Behaviours* information sheet);
- Presentation of safety measures and emergency plans to students.

Ensure that students are able to **travel safely from home to school** (see the *Safe Environments and Behaviours* information sheet).

Promote a **pleasant, attractive school environment**:

- Cleaning teams (to remove graffiti) and decoration committees;
- Displays of student art.

Promote an **environment that facilitates learning and self-development**:

- Arrange classrooms to promote a calm atmosphere and encourage participation and discussion;
- Organize the space according to the number of students;
- Monitor noise levels in the classroom and in the school as a whole.

Ensure a **safe physical environment**:

- Group professional offices together in corridors used by students and leave the doors open whenever possible;
- Ensure that locations in which violent behaviour occurs are monitored by an adequate number of adults;
- Control access to the school grounds:

For example:

- Allow access via only one road;
- Lock the school doors during classroom hours.

- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.

For example:

- Organize the school yard;
- Build windows into office walls, to allow for better supervision;
- Eliminate elements from the school grounds that prevent the staff from seeing the students.

- Ensure safety during events outside the school (e.g. school trips).

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

Organize the premises to prevent violent behaviour:

- In the classrooms, arrange the furniture in a way that promotes interactive learning and allows the teacher to move around easily and observe the students;
- Avoid crowds of students by staggering mealtimes and recreation periods, and by organizing the school yard;
- Reduce the number of occasions on which students circulate around the school without supervision;
- Foster the creation of an adequate living space based on the children's age, particularly in the cafeteria, in the corridors and in the locker rooms.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Provide the students with **the equipment they need for active games** in the school yard and outside classroom hours.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between** families, the school and the community.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Take steps to **reduce social isolation** by facilitating contacts between students.

Be **aware of the needs of students and families** (in particular with respect to their gender, sexual orientation, ethnic and religious background and standard of living) and **provide suitable follow-up**:

- Watch for signs of distress and symptoms of mental health problems, and direct students quickly to appropriate services for their needs.

For example:

- Repeated academic failure, isolation, absenteeism, behavioural problems or attention deficits, angry outbursts, rebelling against authority, loss of interest, destruction of objects, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, visual or auditory hallucinations, self-mutilation, violence, morbid or suicidal ideation.
- Pay special attention to students who find it difficult to develop their personal and social competencies:
 - Introduce support and assistance measures in the classroom (e.g. temporary isolation, thinking time, short release exercises).

- Pay special attention to students who are going through family changes (mourning, separation or divorce, moving, etc.), especially those who tend to be isolated or excluded;
- Pay special attention to gender differences:
 - Separate the boys and girls to address specific subjects related to sexism, violence in the couple and sexual harassment, or to organize related activities.

Give priority to interventions aimed at **promoting healthy, responsible sexuality**:

- (See the *Healthy and Responsible Sexuality* information sheet).

Facilitate the transition between levels and cycles:

- Listen to the students' concerns and expectations for the transition:

For example:

- Grade 5 or Grade 6 teacher who remains in contact with his or her students during their first year at secondary school.
- Work with the students to identify, explore and find solutions for sources of stress relating to the transition;
- Allow parents and students to visit the new school and become familiar with their new environment.

For example:

- Meeting with future teachers and current students, and visiting the classroom.
- Promote stable class groups.
 - For example:*
 - At the secondary level, develop a homeroom system (where the same teacher teaches several subjects), tutoring (where a teacher is responsible for a group of students), family groups by level and by cycle (the same group of students always takes its courses together);
- Make sure new students know and understand how the class and the school as a whole function;
- Distribute information;

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

- Starting at the elementary level, give students an opportunity to develop adjustment and problem-solving skills;
- Reinforce the social support available to students.

For example:

- At the elementary and secondary levels, pair younger students with older students who act as “big brothers” or “big sisters”.

Ensure that **social and emotional support is available** from qualified adults at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school.

For example:

- Introduce **mentoring** (school staff, parents or community members who help a student to achieve personal development goals or academic goals), with training on behaviour management, especially in underprivileged areas;
- Assign an adult to a specific group of students;
- Offer a teacher-advisor program in which students are paired with a teacher who gives them advice and support.
- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
- Give students opportunities to work together and help one another, and reinforce social support from fellow students, with adult supervision.

For example:

- Mediation team composed of students and school staff;
- Sponsoring or mentoring of young students by older students, or of new students by fellow students, teaching buddy teams.
- When necessary, encourage students to consult qualified adults in the school, who can help without judging;
- Facilitate the integration of students in difficulty;

- Facilitate the integration of immigrant and refugee students.

For example:

- Be aware of cultural and language differences;
- Direct students towards community support groups;
- Introduce a system where immigrant and refugee students are sponsored by Québec students, with support from qualified adults.

ATTENTION: *The support measures proposed below apply mainly to cases of bullying and may not be suitable for other acts of violence (e.g. sexual aggression, parental violence). If in doubt, direct the students to a qualified professional.*

Support the victims:

- Create a climate of trust and good faith during interventions with victims;
- Explain to victims how they should react to violence;
- Provide victims with as much protection as possible against new bullying incidents:
 - Provide a safe respite room at school;
 - Do not allow the victim to resolve the conflict with the aggressor(s) alone.
- Provide victims with as much protection as possible against retaliation:
 - As far as possible, obtain the victim's consent before approaching the aggressor(s);
 - Ensure frequent collaboration between the school and the victim's parents.

Support witnesses:

- Create a climate of trust and good faith during discussions with witnesses;
- Teach witnesses to face up to violent behaviour directed at other people, and to intervene;

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

SCHOOL

- Provide witnesses with as much protection as possible against retaliation:
 - Try to obtain the consent of the witness before approaching the aggressor(s).

Provide adequate supervision for aggressors:

- Inform them in clear terms that violence is unacceptable;
- Adjust interventions to the aggressor's age and gender, and the severity of the violent behaviour;
- Adjust interventions to the aggressor's circumstances and needs (e.g. students with handicaps, pervasive developmental disorders, psycho-pathological disorders, etc.).

Provide students who have been suspended or expelled with pedagogical and psychosocial support to help them reintegrate life at school (e.g. work on their attitudes and behaviours, bring them up to date with their school work):

- Include this process in the code of conduct.

Invite students to **intervene, and not to tolerate the rule of silence**:

- Provide support to witnesses and play the role of confidant for victims, witnesses and aggressors.

Preventive services



Monitor at-risk cases (psychologist, social worker, complementary service personnel).

Ensure that victims, witnesses and aggressors are **referred to a qualified organization or resource person**:

- Follow-up provided by complementary service personnel;
- Telephone hotline services;

- Youth clinic at the school;
- Bridge to the CSSS (family violence);
- Police interventions.

Student support and assistance services¹

Where necessary, provide the following services to the **students concerned**:

- **Services** for students with **adaptation problems at school, behavioural problems, or learning difficulties**.
- **Academic supervision**: Homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinics²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students' homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

¹ Refer to the programs of complementary services established by the school board and school.

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

- **Procedures:**

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that the clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer simple and quick access routes for all the physical and psychological problems that cannot be dealt with by the youth clinic.

- **Specific services:**

As part of the work of the youth clinic, the following services related to violence should be offered:

- Question students about their sexual health and be alert to signs and symptoms of violence in the couple.

- **General services:**

Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (see the ***Sleep, Hygiene and Oral Health* information sheet for a list of services that should be offered**).

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1 2 3	- Do not allow themselves to be negatively influenced by the attitudes, remarks or actions of their classmates: - Practise and analyze different ways of saying “no” and dealing with pressure. - Identify peers who have a positive influence, and spend time with them.	1 2 3 3
Develop self-knowledge Accept themselves as people, by becoming aware of: - Their strengths, limitations, needs and feelings; - Their uniqueness, based on their characteristics, qualities and competencies; - The importance of allowing themselves to make mistakes.	1 2 3	Learn to resist negative pressure from the media that encourages violence: - Be aware of the place and influence of the media with regard to violence; - Analyze media representations of violence: the difference between fact and opinion, and how the representations differ from reality; - Identify the interests underlying the political, social or cultural messages.	1 2 3 2 3 2 3
Develop their assertiveness State opinions and explain their choices. Take responsibility for their actions. Learn to resist negative peer pressure that encourages violence: - Recognize the impact of other people’s opinions on their behaviour and choices: - Distinguish between negative peer pressure and positive peer pressure.	1 2 3 1 2 3 1 2 3 2 3	Develop self-control and self-regulation Slow down their motor impetus, control their actions: - Recognize signs of agitation; - Calm down and think before speaking or taking action: - Stop, sit down, take a deep breath. Listen to, interpret and comply with instructions.	1 2 1 2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Manage their emotions and behaviours		Develop a sense of humour and humility to play down situations that trigger emotions.	
Understand their emotions:	1 2 3	Share their emotions appropriately.	1 2 3
Develop an understanding of the terminology used to describe emotions, and use it properly;	1 2 3		
Recognize simple emotions (e.g. joy, sadness, fear, anger);	1 2	Solve problems	
Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);	2 3	Apply the problem solving process:	1 2 3
Recognize the intensity of their emotions, and fluctuations over time;	2 3	1. Identify the problem and its causes;	
Recognize the impact of their emotions on their behaviours:	2 3	2. Find solutions;	
- Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").	2 3	3. Select the most appropriate solution(s):	
Identify the internal and external factors that affect and change their emotions:	2 3	Identify the consequences of a problem;	1 2
- Identify potential sources of anger, stress and tension (e.g. problematic response to needs, desires, expectations, etc.).	1 2 3	Make a connection between the solution to a problem and changes to its consequences.	2 3
Control their emotions:	1 2 3	4. Apply the solutions;	
Manage frustration (e.g. losing, being teased, being accused, being excluded);	2 3	5. Evaluate the solutions.	
Learn to calm down and think before taking action;	1 2 3	Accept their own responsibility in creating and solving problems:	
Use the positive self-talk technique to overcome anger:	1 2 3	Accept the consequences of their behaviour;	1 2 3
- Transform negative thoughts into neutral or positive thoughts;		Differentiate between the notions of accident and intention.	2 3
- Motivate themselves and have positive expectations;		Ask for help	
- Avoid negative terminology.		Request help for themselves or for others, as victims or witnesses of violence (<i>especially for boys at the end of elementary school</i>):	1 2 3
		Identify problem situations;	
		Determine the type of help needed, depending on the situation;	

ELEMENTARY SCHOOL STUDENTS

- Cycles**
- Identify resources in the environment:
 - Involve people they trust: relatives, friends, older peers, school staff.
 - Help victims to talk about what happened or seek help:
 - Encourage witnesses to intervene and report cases of violence;
 - Recognize the difference between reporting a case of violence and “tattling”.

2 3

Exercise critical judgment

Understand how poor management of anger, conflicts and aggressiveness can lead to violence (principle of escalation):

- Differentiate between anger, conflict, aggressiveness and violence;
- Identify different expressions of aggressiveness and violence.

2 3

Avoid risky situations and places (including situations in which sexual violence may occur – see the *Healthy and Responsible Sexuality* information sheet):

- Identify the situations and places that pose a risk;
- Work with adults to introduce avoidance strategies;
- Refuse to become involved in violent behaviour.

1 2 3

Develop creative thinking

Understand the elements of a situation:

- Identify the objective of the situation;
- Identify the issues;
- Anticipate the outcome.

1 2 3

Think of different methods:

- Imagine different scenarios;
- Project different production methods;
- Express their ideas in new ways.

1 2 3

Explore the situation:

- Accept risk and the unknown;
- Be persistent in exploring the situation;
- Be receptive to new ideas and new methods.

1 2 3

Adopt a flexible approach:

- Repeat the process if necessary;
- Explore new avenues (ideas, strategies, etc.).

1 2 3

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles		Cycles
Develop empathy		Apologize.	1 2 3
Understand the views and opinions of others:	2 3	Practise mutual assistance:	1 2 3
Recognize other people's emotions and feelings (especially in the positions of victim, witness or aggressor) based on verbal and non-verbal signs (e.g. facial expressions, body language).	1 2 3	Identify ways of helping their friends.	
Anticipate the consequences of their actions and words:	2 3	Solve conflicts	
Recognize the impacts of their actions and words on other people.	2 3	Anticipate sources of conflict and situations of conflict.	2 3
Adopt pro-social attitudes and behaviours		Apply the various problem-solving steps to conflict solving:	2 3
Wait their turn and attract attention appropriately.	1 2	- Stop the conflict and calm down; - Identify the problem and the feelings involved: - Accurately interpret words and non-verbal signals. - Agree on a shared goal; - Find solutions; - Identify the consequences of the solutions; - Choose the best solution; - Establish a plan to solve the conflict; - Test the plan; - Evaluate the plan and the learning.	
Socialize:	1 2 3	Establish and use simple strategies in response to violent words or actions:	1 2 3
- Smile at other people, and greet them; - Approach other people gently.		- Tell their parents or a member of the school staff; - Speak slowly and clearly; - Look the aggressor in his or her eyes and repeat their own expectations.	
Be open to others, accept and respect their differences:	1 2 3		
- Adopt attitudes that are respectful of differences; - Choose their own behaviour with due respect for their own and other people's feelings and needs.	2 3		
Develop their capacity to cooperate:	1 2 3		
- Take part in teamwork; - Take advantage of cooperative work; - Interact in different contexts with an open mind.			
Share.	1 2 3		

ELEMENTARY SCHOOL STUDENTS

Communicate effectively

Share their ideas, views, values and emotions effectively:

- Practise body language and non-verbal communication;
- Use "I" statements;
- Ask permission, discuss, initiate and end conversations;
- Negotiate respectfully;
- Avoid misunderstandings;
- Issue and receive messages constructively.

Practise active and passive listening.

Cycles

1 2 3

1 2

3

Social involvement

Become positively involved in class, at school and in the community:

- Help to prepare, apply and evaluate rules of conduct in class, at school, at home and in the community:
 - Select measures to promote a respectful climate between members of the school, and to prevent violence.
 - Draw up a list of acceptable behaviours.

Cycles

1 2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			Resist negative pressure from peers and the media that encourages violence:		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	- Analyze the influence of peers and the media over their behaviour, attitudes, values and choices: - Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, behaviour and health; - Set themselves goals to resist negative pressure from peers and the media in worrying situations; - Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media: - Anticipate the consequences of resisting pressure from peers or the media; - Negotiate, refuse, explain and communicate their own point of view; - Justify their position. - Assess the efficiency of their resistance strategies.	1	2
Develop self-knowledge					
Accept themselves as people, by becoming aware of:	1	2			
- Their strengths, limitations, needs and feelings; - Their physical, psychological and moral uniqueness, based on their characteristics, qualities and competencies; - The physical and psychological changes associated with puberty, and express their feelings about those changes; - Their life plans, aspirations and dreams; - Their tastes, fields of interest, ideas and values; - The importance of allowing themselves to make mistakes.					
Develop their assertiveness			Manage their emotions and behaviours		
State their opinions and explain their choices.	1	2	Understand their emotions:	1	2
Take responsibility for their actions.	1	2	- Develop an understanding of the terminology used to describe emotions, and use it properly; - Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);		

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
- Recognize the intensity of their emotions, and fluctuations over time; - Recognize the impact of their emotions on their behaviours: - Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone.")			- Recognize anger, its physical effects and its many consequences; - Identify the sources of anger, stress and tension (e.g. problematic response to needs, desires and expectations); - Improve their knowledge of anger and stress management techniques; - Assess their own anger and stress management (examine their anger and stress management techniques).		
Control their emotions:	1	2			
- Identify the internal and external factors that affect and change their emotions; - Manage frustration (e.g. losing, being teased, being accused, being excluded); - Learn to calm down and think before taking action; - Use the positive self-talk technique: - Identify their negative automatic thoughts; - Transform negative thoughts into neutral or positive thoughts; - Motivate themselves and have positive expectations; - Avoid negative terminology. - Develop a sense of humour and humility to play down situations that trigger emotions; - Identify ways of negatively distorting reality and perceiving reality more objectively; - Manage anger and stress effectively: - Understand that conflict, anger and aggressiveness are not, of themselves, negative; - Differentiate between conflict, anger, aggressiveness and violence: → Become aware that violence is the result of a process caused by poor management and ineffective expression of emotions.	1	2	Share their emotions appropriately: Learn how the arts and the fact of transforming their emotions into words and images can help them to express their emotions.	1	2
			Solve problems		
			Identify the issues surrounding different problem situations.	1	
			Make choices between different needs when making difficult decisions.	1	2
			Evaluate the consequences of their choices.		2
			Ask for help		
			Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others: Differentiate between formally requesting help and sending signals or clues.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Identify strategies for requesting help, for themselves or for others:	1	2	Understand and analyze the problem of violence in the school, try to find solutions, and evaluate the solutions.	1	2
- Identify resources in the family, among peers, at school and in the community to support victims, witnesses or aggressors (in all forms); - Involve people they trust: parents, friends, older peers, school staff; - Help victims to talk about what happened or seek help; - Encourage witnesses to intervene and report cases of violence.			<i>For example:</i>		
			Recognize all forms of violent behaviour (words and actions) and the roles of victim, witness and aggressor, by observing and listening actively;	1	
			- Analyze the different forms of violence in the school and in society in general: - Differentiate between the different forms of physical, psychological, verbal and sexual violence.		2
Identify the elements that make it easier or harder for themselves or others to ask for help.	1	2		1	2
<i>For example:</i>			Identify the influence of factors that prevent or cause violence in the school and in society as a whole: individual and environmental factors (physical, economic and social environment);	1	
- Regard a request for help as being positive, rather than a sign of weakness; - Recognize their own limits in their ability to support other people.			Understand the role played by rules within the family, in the classroom, at school and in society as a whole, and understand why they differ in each environment: - Think about and discuss the principles of teamwork and the effective, respectful operation of a team or a society: → Understand the consequences of not following the rules, for themselves and for others. - Think about the content and application of school rules and social rules; - Discuss and debate individual rights, collective rights, freedom and responsibility.	1	2
Exercise critical judgment					
Avoid risky situations and places (including situations in which sexual violence may occur – see the <i>Healthy and Responsible Sexuality</i> information sheet):	1	2			
- Identify the situations and places that pose a risk; - Work with adults to introduce avoidance strategies; - Refuse to become involved in violent behaviour.					2

SECONDARY SCHOOL STUDENTS

	Cycles	
Assess the information on violence conveyed by peers and by the media: • Think about stereotypes and gender roles, and about the representation of violence and women in the media and in advertising.	❶	❷
Develop creative thinking Understand the elements of a situation: • Identify the objective and issues of a given situation; • Be open to different ways of perceiving the situation; • Allow their intuitions to emerge; • Imagine different scenarios and project different production methods. Explore the situation: • Accept risk and the unknown; • Play with their ideas and proceed by trial and error; • Convert constraints into resources; • Be receptive to new ideas and new methods. Adopt a flexible approach: • Try new methods and explore new avenues (e.g. ideas, strategies); • Express their ideas in new ways.	❶	❷

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES

	Cycles			Cycles	
Develop empathy			Develop <i>good, loving relationships based on equality</i>:	1	2
Understand and appreciate other people's points of view, and be sensitive to their feelings and needs.	1	2	• Discuss the notions of love, healthy relationships, gender equality, difficulties in the couple, domination, and power and violence in relationships; • Define and recognize violence within a couple: - Recognize the dynamics of domination, intimidation, aggression and harassment within a couple; - Differentiate between a healthy relationship and an unequal, conflict-based relationship, and examine the consequences; - Identify models of good, respectful relationships in couples. • Avoid the causes of violence within a couple and identify means of preventing it; • Find alternatives to violence when solving problems or expressing anger or disappointment within a couple; • Understand how to behave in response to violent behaviour on the part of either partner.		
Understand the consequences of their own behaviours.	1	2			
Develop their ability to provide emotional support for others.	1	2			
Adopt pro-social attitudes and behaviours			Solve conflicts		
Manage their interpersonal relationships effectively:	1	2	Identify the harmful consequences of inadequate conflict resolution and violence towards the self or others.	1	2
• Identify each person's responsibilities in a relationship, and assume them; • Practice communication techniques in complex situations.			Identify and analyze sources of conflict.	1	2
Be open to others, accept and respect their differences:	1	2			
• Adopt attitudes that are respectful of differences; • Choose their own behaviour with due respect for their own and other people's feelings and needs.					
Develop attitudes and behaviours that are favourable to equality and inclusion:	1	2			
• Understand the notions of equality, inclusion, discrimination and stigmatization, and their causes; • Identify the consequences of discrimination and stigmatization for individuals in society; • Become involved in the fight for equality and inclusion: - Suggest ways of promoting equality and inclusion and countering discrimination and stigmatization.	1	2			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Apply effective strategies to prevent conflicts from escalating:	❶	❷	Social involvement		
• Apply the various problem-solving steps to interpersonal conflicts (see <i>Elementary School Students</i>). For example: - Negotiate constructively, compromise and build consensus; - Practice “shadowing” or “avoidance” techniques.			Become positively involved in class, at school and in the community: • Help to prepare and apply a code of conduct for the classroom and for the school:	❶	❷
			- Select measures to promote a respectful, safe and friendly climate between members of the school, and to prevent violence; - Draw up a list of acceptable behaviours.		
Acknowledge that some conflicts may not be solved:	❶	❷	• Help to maintain a friendly climate in the school (corridors, locker room, school yard, school transport, etc.) and in the community;	❶	❷
• Accept that solving some conflicts is beyond their control.			• Become involved to ensure that the class becomes a source of support:		❷
Communicate effectively			- Identify positive and negative relationship behaviours in the class, think about them and discuss them. - Become aware of the strength of the group and its impact on its members.		
Develop their mastery of communication rules:	❶	❷	• Promote the social competencies (listening, respect, mutual help) among the people around them (class, school, peer groups, family, community).		❷
• Issue and receive messages constructively; • Avoid misunderstandings and misconceptions: - Clarify what they say and be precise; - Develop active listening (ask questions, reformulate what others say, use open questions). • Use an appropriate level of communication for each situation: - Distinguish between the different levels of communication (familiar, superficial, formal, informative, emotional).					
Evaluate the effectiveness of their own communication.	❶	❷			

FAMILY

Relevant information for parents



Profile of violence among young people, its manifestations and consequences.

Myths concerning violence among young people.

Young people **rights**.

Young people's **vulnerability** to violence.

Connections between certain **parenting styles and the prevention of violent behaviour** (democratic parenting style, non-coercive discipline, warm, consistent structure).

Educational activities and measures implemented by the school.

School and community resources.

Duty to **report cases of violence** and **how to do this** (Youth Protection).

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, connectedness and competency, **openness** and **communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing them to other child;

- Establish and maintain effective communication with their child;
 - Listen to their child;
 - Share ideas, opinions and information.
- Help their child to maintain good relationships within the family, at school and in the community:
 - Help them to enter into contact with others, and to socialize;
 - Supervise their choice of friends and where they go outside the home;
 - Invite friends home;
 - Help their child to develop social skills by giving positive feedback.
- Help their child to control his emotions and solve problems and conflicts.
- Encourage their child to be proud of his culture and to forge contacts with members of the community in which he live, or his community of origin:
 - Plan family activities (e.g. family meals, games) and take part in school and community activities as a family;
 - Value these activities as a source of pleasure.
- Establish clear rules and limits for the child (depending on his development phase), and ensure that he is understood and respected.
- Help their child to manage his stress.

For example:

 - Help him to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child, and ensure that their own behaviour is consistent with the message they want to convey.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

FAMILY

Methods of preventing all forms of violence, which are consistent with parenting practices:

- With their child, practise active listening, conflict management and problem-solving techniques, as well as techniques to help control emotions, including anger;
- Present their child with alternatives to violence as a means of solving conflicts or achieving goals.

Methods of recognizing the various forms of violence, their signs, the usual characteristics of victims, witnesses and aggressors:

- Watch for manifestations of distress or unusual behaviour by their child (e.g. losing objects or clothing, fear of going to school, unexplained injuries, eating or sleep disorders, isolation);
- Watch for frequent signs of aggressive verbal or non-verbal behaviour (e.g. isolation, new objects, clothing or money obtained from unknown sources, conflicting relationships with peers, difficulty managing their emotions or anger);
- Talk to their child about the climate at school, his friends and the general behaviour of his classmates.

ATTENTION: The support measures proposed below apply mainly to **cases of bullying** and may not be suitable for other acts of violence (e.g. sexual aggression, parental violence). If in doubt, direct the students to a qualified professional.

Methods of intervening with child who is victim of violence at school:

- Make them feel safe;
- Discuss the violence of which the child was victim;
- Contact the school staff;
- Help the child to recover his self-esteem;
- Help him to face up to violent behaviour.

Methods of intervening with child who witness acts of violence at school:

- Discuss the problem of violence witnessed by the child;
- Contact the school staff;
- Encourage the child to report the act of violence, within a climate of trust and respect;
- Teach them to face up to violent behaviour aimed at other people, and to intervene.

Methods of intervening with child who is aggressor at school:

- Clearly stipulate that the behaviour is unacceptable;
- Use a variety of techniques to help them manage their anger;
- Maintain contact and work with the school;
- Request help from a professional (community worker, psychologist, complementary educational services staff, etc.).

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available.

- Set up **special support and assistance measures** for parents whose child have psychosocial development problems.
- Provide **support to help prevent violence within the family**, in conjunction with the local health and social services centre.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their expected role:

Attention: Help parents to understand the overall development of their child by emphasizing certain themes, depending on his needs and developmental stages, rather than addressing the issues in silos.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

FAMILY

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources;
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to promote a safe, stimulating environment for their child;
- Help parents to use **privileged parental practices** to:
 - Promote positive relationships and communication between parents and child, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, life at school and transitions (e.g. family, school).

Ways to involve parents¹



Establish **a relationship of trust with the family**.

Pay **special attention to the parents of secondary-level students** (lower participation rate).

¹ Refer to the *School-Family-Community Collaboration* information sheet.

Meet with the parents of children who are victims, witnesses or aggressors, in situations where the school's professionals feel this is necessary.

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask the parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents to participate in school life** by involving them in the school's various committees and activities (see the *Self-Esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work;
 - Involve the **parents in strategies to promote good relationships and to prevent and deal with violence** at school:
 - Identification of cases of violence (bullying, teasing, etc.);
 - Preparation of school strategies to promote good relationships and to prevent and deal with violence;
 - Preparation and application of a code and rules of conduct;
 - Organization of violence prevention activities for the children.
- Participate in decisions made by the school;
 - Involve parents in the implementation of the local action plan to prevent and deal with violence.
- Work with preventive services at school and in the community.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

FAMILY

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and to **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite parents **to take part in community activities with their child.**

Invite parents to use the services offered by the school and the community.

COMMUNITY

Rules, standards, policies



Support violence prevention and crime prevention strategies in the community.

Forge a **partnership with the police force** and other community organizations, pursuant to the *Frame of Reference – Police Presence in Educational Institutions*:

- Work with the staff to prepare an emergency intervention plan in collaboration with the school board, police force, public security department, municipality and community organizations;
- Enter into an agreement with the police force on the timing, purpose and conditions of police presence in the school for prevention and intervention purposes, and in emergencies.

Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family conciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

For example:

- Partnership with local agencies and the police force to ensure the child's safety inside and outside the school (in parks, etc.).

Involve the local media in relaying information on the school's promotion and prevention activities in connection with violence.

Support for young people and families (resources, activities, services)



Facilitate access to and provision of preventive services in the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular with **anti-violence organizations** and organizations providing **support** for victims, witnesses and aggressors:
 - Stipulate the terms of confidentiality agreements (non-disclosure of personal information).

Collaborate in providing **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Provide free admission or incentive pricing for activities and loan equipment to low-income families.

Help to set up **support groups and training workshops for parents** on effective parenting practices, psychological security, mental health promotion and the prevention of family violence, in collaboration with social workers from the local health and social services centre.

Work with the community to **strengthen or complete the supply of complementary educational services** and promote the integration of these services with community projects.

For example:

- Homework assistance;
- Extracurricular activities;
- Mentoring or tutoring by people from community organizations or businesses.

GOOD RELATIONSHIPS AND PREVENTION OF VIOLENCE

COMMUNITY

Promote the **involvement of families in decisions** concerning the **services to be introduced** in the community.

Offer **stimulating sporting, artistic and cultural activities** that meet the students' needs and reflect their interests outside the classroom:

- Training on youth development (including self-esteem) for community trainers and animators.

Help to **organize safe, welcoming and stimulating parks and playing fields** for young people.

Establish **cooperation agreements for the sharing and use of** cultural, sporting and recreational **equipment and resources** by the school and the community (municipalities, community centres, private clubs, etc.):

- Facilitate access to community, cultural and sports centres outside classroom hours;
- Promote a system to lend out sports and protective equipment during activities.

Circulate information on the services available in the community to promote good relationships and prevent and deal with violence.

Take part in the work of inter-sector youth authorities.

Youth social participation



Organize **meetings between young people, parents, school staff, elected representatives and police officers** to improve neighbourhood or village safety and fight crime.

Promote and highlight the involvement of young people and families through participation:

- In the design and implementation of activities to promote good relationships and prevent violence;
- In the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities);
- In various community authorities;
- In improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- In various activities offered by the community;
- In the revitalization of their physical and social environment (e.g. cleaning of parks, recycling).

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Organize community projects to make the neighbourhood or village **safer, more welcoming and more stimulating**.

In collaborative projects, involve **members of the community who are important** to young people and their families.

REFERENCES

- Arsenault, L., Walsh, E., Trzesniewski, K. H., Newcombe, R., Caspi, A. and Moffitt, T. E. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: a nationally representative cohort study. *Pediatrics*, 118(1), 130-138.
- Azdouz, R. (2004). Traditions culturelles et religieuses : influence sur les relations amoureuses des jeunes. In *Projet Relations amoureuses des jeunes* et Direction de santé publique de Montréal (Ed.), *Actes du colloque Diversité culturelle et relations amoureuses - Accompagner les jeunes, 26 novembre 2004*, (p.23-32). Montréal: Direction de santé publique de Montréal.
- Beaumont, C. (2009). *La violence à l'école : ça vaut le coup d'agir ensemble! Bulletin d'information*. (Report n° 1). Québec: Ministère de l'Éducation, du Loisir et du Sport.
- Beaumont, C., Royer, É., Bertrand, R. and Bowen, F. (2003). La médiation par les pairs et les élèves en trouble de comportement. *Revue de psychoéducation et d'orientation*, 32(1), 79-103.
- Bernier, I. (2004). *Filles et garçons... Accordons-nous! Guide pédagogique pour instaurer des rapports égalitaires entre les sexes au primaire*. Québec: Direction de l'adaptation scolaire et des services complémentaires, Ministère de l'Éducation.
- Bliss, M. J., Emshoff, J., Buck, C. A. and Cook, S. L. (2006). Parents' perceptions of causes of and solutions for school violence: implications for policy. *The Journal of Primary Prevention*, 27(3), 265-280.
- Botvin, G. J. (2000). *Life skills training: parent program*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Teacher's Manual 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Student guide 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J., Mihalik, S. F. and Grotzinger, J. K. (1998). Life skills training: blueprints for violence prevention, book 5 (updated in 2006). In D. S. Elliott (Ed.), *Blueprints for violence prevention series*, Boulder, Colorado: Center for the Study and Prevention on Violence, Institute of Behavioral Science, University of Colorado.
- Botvin, G. J., Griffin, K. W. and Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7(4), 403-408.
- Bouchard, L. M., Flores, J., Lemieux Breton, M.-E., Cousineau, M.-M. and Desbiens, N. (2005). *Mieux connaître et agir : taxage*. Québec: Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité.
- Bowen, F., Bélanger, J., Rondeau, N., Corriveau, D., Beaumont, C., Desbiens, N. et al. (2003). La médiation par les pairs à l'école primaire : conditions de réussite et perspectives de recherche. *Le Journal international de victimologie*, 1(4), 1-13.
- Bowen, F., Desbiens, N., Rondeau, N. and Ouimet, I. (2003). La prévention de la violence et de l'intimidation en milieu scolaire. In F. Vitaro et C. Gagnon (Eds.), *Prévention des problèmes d'adaptation. Volume II : les problèmes externalisés*, (p.164-229). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Bowen, F. and Desbiens, N. (2004). La prévention de la violence en milieu scolaire au Québec : réflexions sur la recherche et le développement de pratiques efficaces. *Éducation et Francophonie*, XXXII(1), 69-86.
- Bowie, B. H. (2007). Relational aggression, gender, and the developmental process. *Journal of Child and Adolescent Psychiatric Nursing*, 20(2), 107-115.

REFERENCES

- Boxer, P. and Dubow, E. F. (2002). A social cognitive information-processing model for school-based aggression reduction and prevention programs: issues for research and practice. *Applied and Preventive Psychology*, 10, 177-192.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Healthy Settings for Young People in Canada*. Ottawa: Public Health Agency of Canada.
- Canadian Council on Learning (2008). *Le taxage au Canada : l'effet de l'intimidation sur l'apprentissage*. Ottawa: Canadian Council on Learning.
- Canadian Population Health Initiative (2005). *Improving the Health of Young Canadians*. Ottawa: Canadian Institute for Health Information.
- Center for the Study and Prevention of Violence (2001). *Bullying prevention: recommendations for schools, for parents, for kids*. Center for the Study and Prevention of Violence, Safe communities - Safe schools, Fact Sheet. Website consulted in spring 2009 [online]: <http://www.colorado.edu/cspv>.
- Centers for Disease Control and Prevention. (2001). School health guidelines to prevent unintentional injuries and violence. *Morbidity and mortality weekly report*, 50 (RR-22).
- Chamberland, A., Cantin-Drouin, M., Faucher, M. and Lamothe-Gagnon, D. (2009). *Évaluation de la Session d'ateliers interactifs de sensibilisation, d'information et de réflexion à la problématique de la violence à l'intérieur des relations amoureuses à l'adolescence (SAISIR)*. (Collection Études et analyses-41, D. Damant, Ed.). Montréal: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes (CRIVIFF).
- City of Virginia Beach (2000). *Crime prevention through environmental design*. Virginia Beach, VA: City of Virginia Beach.
- Clayton, C. J., Ballif-Spanvill, B. and Hunsaker, M. (2001). Preventing violence and teaching peace: a review of promising and effective antiviolence, conflict-resolution, and peace programs for elementary school children. *Applied and Preventive Psychology*, 10, 1-35.
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Committee for Children (2005). *Steps to respect program guide. Review of research*. Seattle: Committee for Children.
- Coordination française pour la décennie internationale pour la promotion de la culture de la non-violence et de la paix au profit des enfants du monde (2001-2010). (2004). *Actes du Forum La non-violence à l'école de la maternelle à l'université. Des expériences de formation validées ou en cours de validation*. Paris: Coordination française pour la décennie internationale pour la promotion de la culture de la non-violence et de la paix au profit des enfants du monde.
- Craig, W., Pepler, D. J. and Connolly, J. (2003). *What we've learned about victimization*. TRP Teen Relationship Project, LaMarsh Centre for Research. Website consulted in spring 2009. [Online].
- Davies, R., Nageer, S., Cohen, L., Tepperman, J., Biderman, F. and Henkle, G. (2002). *FIRST STEPS: taking action early to prevent violence*. Oakland, CA: Prevention Institute.
- Debardieux, E. (2006). La violence à l'école : quelques orientations pour un débat scientifique mondial. Paper presented at the *Troisième conférence internationale sur la violence à l'école* from January 12 to 14, 2006. Bordeaux, France.
- Department of Education (2006). *Safe and caring schools policy*. St. John's: Government of Newfoundland and Labrador.

REFERENCES

- Department of Health and Human Services (2001). *Youth Violence: a report of the Surgeon General*. Washington, DC: Department of Health and Human Services.
- DeRosier, M. E. and Marcus, S. R. (2005). Building friendships and combating bullying: effectiveness of S.S.GRIN at one-year follow-up. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 140-150.
- Elias, M. J. and Arnold, H. (2006). *The educator's guide to emotional intelligence and academic achievement*. Thousand Oaks, California: Corwin Press.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in fall 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Fernet, M., Hamel, C., Rondeau, L. and Tremblay, P. H. (2003). *Aperçu de la situation – Amour, violence et jeunes*. Montréal: Direction de la santé publique de l'Agence de la santé et des services sociaux de Montréal-Centre.
- Flores, J., Lemieux Breton, M.-E., Hamel, C., Lavoie, F. and Rondeau, L. (2005). *Mieux connaître et agir : relations amoureuses chez les jeunes*. Québec: Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité.
- Flores, J., Lemieux Breton, M.-E., Cousineau, M.-M. and Desbiens, N. (2005). *Mieux connaître et agir : intimidation*. Québec: Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité.
- Fortin, L. (2002). Violence et problèmes de comportement chez les enfants et les adolescents québécois. In C. Lacharité et G. Pronovost (Eds.), *Comprendre la famille : acte du 6^e symposium québécois de recherche sur la famille*. Sainte-Foy, Québec: Presses de l'Université du Québec.
- Fox, C. L. and Boulton, M. J. (2003). Evaluating the effectiveness of a social skills training programme for victims of bullying. *Educational Research*, 45(3), 231-247.
- Garandea, C. F. and Cillessen, A. H. N. (2006). From indirect aggression to invisible aggression: a conceptual view on bullying and peer group manipulation. *Aggression and Violent Behavior*, 11, 612-625.
- Garbarino, J., Hammond, W. R., Mercy, J. and Yung, B. R. (2004). Community violence and children: preventing exposure and reducing harm. In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, et A. L. Solarz (Eds.), *Investing in children, youth, families, and communities: strengths-based research and policy*, (p.303-320). Washington, DC: American Psychological Association.
- Georges, P., Chartrand, P., Tozzi, R. and Martin, D. (2004). *La gestion des comportements agressifs : mieux prévenir pour mieux intervenir. Guide de formation*. Montréal: Commission scolaire de Montréal, secteur des ressources éducatives.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale*, February, 1-6.
- Glew G. M, Fan, M. Y., Katon, W., Rivara, F. P. and Kernic, M. A. (2005). Bullying, psychosocial adjustment, and academic performance in elementary school. *Archives of Pediatrics et Adolescent Medicine*, 159, 1026-1031.

REFERENCES

- Gottfredson, D. C. and Bauer, E. L. (2007). Interventions to prevent youth violence. Dans L. S. Doll, A. E. Bonzo, D. A. Sleet, J. A. Mercy, et E. N. Haas (Eds.), *Handbook of injury and violence prevention*, (p.157-181). Atlanta, GA: Springer Science-Business Media.
- Gravel, S. (2000). *Répertoire de programmes québécois de prévention de la violence*. (Collection Outils n° 3). Montréal: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes.
- Greenberg, M. T., Kusche, C. and Mihalic, S. (1998). Promoting alternative thinking strategies (PATHS): blueprints for violence prevention, book 10 (updated in 2006). In D. S. Elliott (Ed.), *Blueprints for violence prevention series*, Boulder, Colorado: Center for the Study and Prevention on Violence, Institute of Behavioral Science, University of Colorado.
- Hahn, R., Fuqua-Whitley, D., Wethington, H., Lowy, J., Liberman, A., Crosby, A. et al. (2007). The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior. *Morbidity and mortality weekly report*, 56(RR-07), 1-12.
- Hamel, M., Blanchet, L. and Martin, C. (Éds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Heydenberk, R. A. and Heydenberk, W. R. (2005). Increasing meta-cognitive competence through conflict resolution. *Education and Urban Society*, 37(4), 431-452.
- Janosz, M., Pascal, S. and Bouthillier, C. (2007). *La violence perçue et subie dans les écoles primaires québécoises : portrait de trois échantillons d'écoles entre 2001 et 2004*. Montréal: Groupe de recherche sur les environnements scolaires (GRES), Université de Montréal.
- Janosz, M., Pascal, S. and Bouthillier, C. (2007). *La violence perçue et subie dans les écoles secondaires publiques québécoises : portrait de multiples échantillons d'écoles entre 1999 et 2005*. Montréal: Groupe de recherche sur les environnements scolaires (GRES), Université de Montréal.
- Jimerson, S. R. and Furlong, M. J. (Éds), (2006). *The handbook of school violence and school safety: from research to practice*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Johnson, S. L. (2009). Improving the school environment to reduce school violence: a review of the literature. *Journal of School Health*, 79(10), 451-465.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd ed.). Brussels: De Boeck.
- Juvonen, J., Graham, S. and Schuster, M. A. (2003). Bullying among young adolescents: the strong, the weak, and the troubled. *Pediatrics*, 112(6 Pt1), 1231-1237.
- Kalubi, J.-C., Lenoir, Y., Houde, S. and Lebrun, J. (2004). Entre violence et incivilité : effets et limites d'une intervention basée sur la communauté d'apprentissage. *Éducation et Francophonie*, XXXII(158), 171.
- Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S. and Gould, M. S. (2007). Bullying, depression and suicidality in adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46 (1), 40-49.

REFERENCES

- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. and Lozano-Ascencio, R. (2002). *World Report on Violence and Health*. Geneva: World Health Organization.
- Kupersmidt J.B, Coie, J. D. and Howell, J. C. (2004). Resilience in children exposed to negative peer influences. In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, and A. L. Solarz (Eds.), *Investing in children, youth, families and communities*, (p.251-268). Washington, DC: American Psychological Association.
- Lavoie, F. (2000). La prévention de la violence dans les relations de couple à l'adolescence. In F. Vitaro et C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Volume II : les problèmes externalisés*, (p.405-460). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Lavoie, F., Pacaud, M.-C. and Roy, M. (2007). *Programme PASSAJ : programme de prévention et de promotion traitant de la violence dans les relations amoureuses et du harcèlement sexuel auprès des jeunes de 16-17 ans*. Québec: Université Laval.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd ed.). Montréal: Guérin Éditeur.
- Lemieux Breton, M.-E. (2006). *Mieux connaître et agir : violence chez les jeunes*. Québec: Centre québécois de ressources en promotion de la sécurité et en prévention de la criminalité.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Mann, M., Hosman, C. M. H., Schaalma, H. P. and de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-372.
- Marcotte, J., Fortin, L., Cloutier, R., Royer, É. and Marcotte, D. (2005). Évolution de l'engagement parental auprès des élèves en difficulté de comportement et des élèves ordinaires au début du secondaire. *Nouveaux cahiers de la recherche en éducation*, 8(2), 47-56.
- Marini, Z. A., Dane, A. V. and Bosacki, S. L. (2006). Direct and indirect bully-victims: differential psychosocial risk factors associated with adolescents involved in bullying and victimization. *Aggressive Behavior*, 32, 551-569.
- Mihalic, S., Fagan, A., Irwin, K., Ballard, D. and Elliott, D. (2004). *Blueprints for violence prevention*. Boulder, Colorado: University of Colorado Center for the study and prevention of violence, Office of Juvenile Justice and Delinquency Prevention.
- Ministère de l'Éducation (2001). *Québec Education Program, Preschool Education and Elementary Education (approved version)*. Québec: Gouvernement du Québec.
- Ministry of Education and Ministry of Public Safety and Solicitor General (2001). *Focus on Harassment and Intimidation. Responding to Bullying in Secondary School Communities*. Victoria, British Columbia: Ministry of Education, Ministry of Public Safety and Solicitor General of British Columbia.
- Ministry of Education and Solicitor General (2002). *Focus on Bullying. A Prevention Program for Elementary School Communities*. Burnaby, BC: Ministry of Education and Solicitor General of British Columbia.
- Ministère de l'Éducation (2002). *Complementary Educational Services – Essential to Success*. Québec: Gouvernement du Québec.

REFERENCES

- Ministère de l'Éducation, du Loisir et du Sport (2007). *Québec Education Program, Secondary Education, Secondary Cycle Two (approved version)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2009). *Violence in the Schools, Let's Work on it Together! Action Plan to Prevent and Deal With Violence in the Schools 2008-2011*. Québec: Gouvernement du Québec.
- Ministry of Education (2009). *Safe, Caring and Orderly Schools, A Guide*. Victoria, BC: Ministry of Education, British Columbia.
- Ministère de la Santé et des Services sociaux (2008). *National Public Health Program 2003-2012* (updated in 2008). Québec: Gouvernement du Québec.
- National Center for Education Statistics (2002). *Indicators of school crime and safety: 2002*. Institute of Education Sciences, National Center for Education Statistics. Website consulted in fall 2008 [online]: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2003009>.
- National Crime Prevention Centre (2006). *Bullying Prevention in Schools*. Ottawa: Public Safety Canada.
- National Crime Prevention Centre (2008). *Prévenir l'intimidation : la nature et la fréquence de l'intimidation au Canada*. Ottawa: National Crime Prevention Centre, Public Safety Canada.
- Observatoire européen de la violence scolaire. (2004). Violence en milieu scolaire. Recherches, pratiques exemplaires et formation des maîtres. *Diversité Ville-École-Intégration*, 8 (Hors série, February 2004).
- Paquin, M. (2006). La violence au préscolaire et au primaire : aperçu de la situation canadienne. *International Journal on Violence and Schools*, 1, 65-70.
- Paquin, M. (2004). Violence en milieu scolaire : une problématique qui concerne l'école, la famille et la communauté, voire la société. *Éducation et Francophonie*, XXXII(1), 1-14.
- Pepler, D. J., Craig, W. and Connolly, J. (2003). *What we've learned about bullying in high school*. TRP Teen Relationship Project, LaMarsh Centre for Research. Website consulted in spring 2009 [online]: http://www.arts.yorku.ca/lamarsh/projects/trp/trp_wwl02.html.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Perry, D. G., Hodges, E. V. E. and Egan, S. K. (2001). Determinants of chronic victimization by peers: a review and a new model of family influence. In J. Juvonen et S. Graham (Eds.), *Peer harassment in school: The plight of the vulnerable and the victimized*, New York: Guilford.
- Prevention Institute (2007). *Preventing and reducing school violence fact sheets*. Prevention Institute, putting prevention at the center of community well-being. Preventing violence. Website consulted in spring 2009 [online]: http://www.preventioninstitute.org/school_violence.html.
- PREVNet (2007). *PREVNet interventions principles*. PREVNet-Promoting Relationships and Eliminating Violence. Resources, toolkits. Website consulted in spring 2009 [online]: <http://prevnet.ca/Downloads/tabid/192/ctl/RepSurveySubmitted/mid/615/ItemID/82/Default.aspx>.
- Prina, F., Mancini, T., Ansaloni, S., Darbo, M., Buccoliero, E., Grotti, L. et al. (2000). *Violence prevention through awareness development and training of pupils*. Torino, Italy: European Commission-Education and Culture-Connect Program.

REFERENCES

- RESOLVE (2002). *Bullying and Conflict Resolution*. School-based violence prevention programs, A resource manual. RESOLVE, University of Calgary, Health Canada, National Strategy on Community Safety and Crime Prevention. Website consulted in spring 2009 [online]: <http://www.ucalgary.ca/resolve/violenceprevention/Francais/examenprog/intimidintro.htm>.
- RESOLVE (2002). *Youth Dating Violence*. School-based violence prevention programs, A resource manual. RESOLVE, Université de Calgary, Santé Canada, National Strategy on Community Safety and Crime Prevention. Site consulté au printemps 2009 [online]: <http://www.ucalgary.ca/resolve/violenceprevention/Francais/examenprog/aadolintro.htm>.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Roberts, P., Hanvey, L. and Varga-Toth, J. (2003). *Canadian children's exposure to violence. What it means for parents*. Ottawa: Canadian Council on Social Development and Family Service Canada.
- Rondeau, L., Hamel, C., Guillon, J., Fernet, M. and Tremblay, P. H. (2008). *Les relations amoureuses des jeunes, écouter pour mieux accompagner*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Rondeau, N., Tanguay, C. and Asmar, A. (2003). *Guide d'implantation des programmes d'habiletés sociales et de résolution de conflits en milieu scolaire*. Montréal: Centre international de résolution de conflits et de médiation.
- Roy, S. (2003). *Pour améliorer les pratiques éducatives : des données d'enquête sur les jeunes*. (Fascicule d'accompagnement n° 2 : état de santé des jeunes). Québec: Gouvernement du Québec, ministère de l'Éducation.
- Sandstrom, M. J. and Herlan, R. D. (2007). Threatened egotism or confirmed inadequacy? How children's perceptions of social status influence aggressive behavior toward peers. *Journal of Social and Clinical Psychology*, 26(2), 240-267.
- Shaw, M. (2001). *Promoting safety in schools: international experience and action*. Washington, DC: Bureau of Justice Assistance, US Department of Justice.
- Skiba, R. J. (2000). *Zero tolerance, zero evidence: an analysis of school disciplinary practice*. Bloomington, IN: Indiana Education Policy Center.
- Smokowski, P. R., Fraser, M. W., Day, S. H., Galinski, M. J. and Bacallao, M. L. (2004). School-based skills training to prevent aggressive behavior and peer rejection in childhood: evaluating the making choices program. *The Journal of Primary Prevention*, 25(2), 233-251.
- Sprague, J. (2008). *Creating schoolwide prevention and intervention strategies. Effective strategies for creating safer schools and communities*. Washington, D.C: Hamilton Fish Institute on School and Community Violence, Northwest Regional Educational Laboratory.
- St-Germain, C. (2003). Colloque sur l'intimidation et le taxage à l'école. *Virage*, 5(4-Encart), 1-6.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen et C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Stueve, A., Dash, K., O'Donnell, L., Tehranifar, P., Wilson-Simmons, R., Slaby, R. G. et al. (2006). Rethinking the bystander role in school violence prevention. *Health Promotion Practice*, 7(1), 117-124.

REFERENCES

- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Taylor, L. D., Davis-Kean, P. and Malanchuk, O. (2007). Self-esteem, academic self-concept and aggression at school. *Aggressive Behaviour*, 33(2), 130-136.
- Thiébaud, M., Reith, J., Duruz, L. and Pellegrini, S. (2010). *Mieux vivre ensemble à l'école. Climat scolaire et prévention*. Switzerland: Relation sans violence, Département de l'éducation, la culture et les sports de l'État de Neuchâtel and Service de santé de la jeunesse de l'État de Genève.
- Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S. and Baer, K. (2002). *Best practices of youth violence prevention: a sourcebook for community action (rev.)*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Totten, M. (2004). *Assessment Toolkit for Bullying, Harassment and Peer Relations at School*. Ottawa: Canadian Public Health Association.
- Tremblay, R. E. (2003). *Développement de l'agressivité physique depuis la jeune enfance jusqu'à l'âge adulte*. Centre d'excellence pour le développement des jeunes enfants – Encyclopédie sur le développement des jeunes enfants, Agressivité. Website consulted in fall 2008 [online]: http://www.enfant-encyclopedie.com/pages/PDF/TremblayFRxp_rev.pdf.
- Turcotte, D. and Lamonde, G. (2004). La violence à l'école primaire : les auteurs et les victimes. *Éducation et Francophonie*, 32(1), 15-37.
- Turner, H. A., Finkelhor, D. and Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine*, 62(1), 13-27.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in spring 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Unicef (2007). *Violence prevention and peace building*. UNICEF, Life Skills. Website consulted in spring 2009 [online]: http://www.unicef.org/lifeskills/index_violence_peace.html.
- University of Pittsburgh Office of Child Development (2001). *Raising non-violent children. Family matters: improving conditions at home may curb violence*. (Children, Youth and Family Background Report n° 38). Pittsburgh: University Centre for Social and Urban Research, University of Pittsburgh.
- Vitaro, F. and Gagnon, C. (1999). Le trouble oppositionnel chez l'enfant. In E. Habimana, L. Éthier, D. Petot, et M. Tousignant (Eds.), *Psychopathologie de l'enfant et de l'adolescent – Approche intégrative*, (p.207-230). Boucherville: Gaëtan Morin Éditeur.
- Vreeman, R. C. and Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatrics and Adolescent Medicine*, 161(1), 78-88.
- Walker, H. M., Ramsey, E. and Gresham, F. M. (2004). *Antisocial behavior in school. Evidenced-based practices*. (2nd ed.). Florence, Kentucky: Wadsworth.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Werle, G. D. (2006). Taking steps to promote safer schools. *Journal of School Health*, 76(4), 156-158.

REFERENCES

- Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neill, J. A., Nesius, A. M. et al. (2006). A critical review of interventions for the primary prevention of partner violence. *Aggression and Violent Behavior, 11*(2), 151-166.
- Whitaker, D. J., Baker, C. K. and Arias, I. (2007). Interventions to prevent intimate partner violence. In L. S. Doll, A. E. Bonzo, D. A. Sleet, J. A. Mercy, et E. N. Haas (Eds.), *Handbook of injury and violence prevention*, (p.203-221). Atlanta, GA: Springer Science-Business Media.
- Wild, L. G., Flisher, A. J., Bhana, A. and Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 45*(8), 1454-1467.
- Wilson, S. J. and Lipsey, M. W. (2005). *The effectiveness of school-based violence prevention programs for reducing disruptive and aggressive behavior*. Research report submitted to the United States Department of Justice, National Institute of Justice School Violence Prevention Research Planning Meeting by the Center for Evaluation Research and Methodology Institute for Public Policy Studies, Vanderbilt University.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- World Health Organization (2009). *Preventing violence by developing life skills in children and adolescents*. (Series of briefings on violence prevention: the evidence). Geneva: World Health Organization.
- Zins, J. E., Elias, M. J. and Maher, C. A. (2007). *Bullying, victimization, and peer harassment: a handbook of prevention and intervention*. Binghamton, NY: Haworth Press.

HEALTHY LIFESTYLE HABITS: ALCOHOL, DRUGS, GAMES OF CHANCE AND GAMBLING

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics relating to different aspects of life at school. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach
- The developmental approach
- Developmental psychopathology
- Competency development based using a socio-constructivist approach
- The Ottawa Charter

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members underlying the interventions.....	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods.....	2
Elements specific to the developmental stage	3
Organizational conditions	3
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies.....	6
School organization	6
PHYSICAL ENVIRONMENT.....	7
Condition and physical layout.....	7
Material resources	7
SERVICES FOR STUDENTS.....	9
Social support	9
Preventive services.....	10
 ELEMENTARY SCHOOL STUDENTS: development of personal competencies	 13
 ELEMENTARY SCHOOL STUDENTS: development of social competencies	 17
 SECONDARY SCHOOL STUDENTS: development of personal competencies	 19
 SECONDARY SCHOOL STUDENTS: development of social competencies	 25

FAMILY.....	27
Relevant information for parents	27
Advice and key actions for parents.....	27
Family support	28
Ways to involve parents	29
 COMMUNITY.....	 31
Rules, standards, policies.....	31
Support for young people and families	31
Social participation by young people	32
School/family/community collaboration	32
 REFERENCES	 33

* Drugs: Cannabis; synthetic drugs (e.g. amphetamine and methamphetamine, ecstasy (PCP); cocaine and cocaine-based drugs (e.g. paste, freebase, crack); magic mushrooms; LSD; heroin; some medications.

** Games of chance and gambling: private games (e.g. games of skill, card games, dice games, private sports betting, Web betting); State-run games (e.g. instant lotteries, scratch cards), regular lotteries (Lotto 6/49, bingo, video lotteries, casinos).

SCHOOL

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- An open attitude to others;
- Listening skills;
- Empathy;
- Accountability;
- Mutual support.

Believe in the importance of being a **positive model** for the adoption of healthy lifestyle habits by the students.

Believe in the **beneficial effects of healthy lifestyle habits** on learning and health.

BEFORE ANY INTERVENTION:

Encourage school staff members to examine their own values, definitions, perceptions, fears and prejudices concerning:

- Alcohol and drug use, practice of games of chance and gambling;
- Their role in promoting responsible behaviour and preventing problems caused by alcohol and drug use, and practice of games of chance and gambling;
- Promotion and prevention initiatives in the field.

Pedagogical principles of interventions



Avoid dramatizing the situation or **making students feel guilty**.

Build **interventions on alcohol and drug use, games of chance and gambling into interventions dealing with healthy lifestyle habits**.

Promote the **development of healthy lifestyle habits** with students through the **development of personal and social skills** (critical judgment, assertiveness, risk management, resistance to social pressure):

- Encourage awareness and healthy management of influence by peers and the media with respect to alcohol, drugs, games of chance and gambling.

Promote the inclusion and integration of all students:

- Avoid stigmatization based on alcohol and drug, games of chance and gambling;
- When designing and implementing activities, be vigilant with regard to different economic, cultural and religious realities and gender-related issues;
- Be aware of the situation of Aboriginal students (e.g. earlier use of alcohol and drugs);
- Be aware of students who have several risk factors (e.g. academic failure, family problems, deviant classmates).

Actively involve students in their learning:

- Use their existing knowledge as a starting point;
- Make students responsible for their choices and practices connected with healthy lifestyle habits, especially alcohol and drug use, practice of games of chance and gambling;

SCHOOL

- Question students about their preconceived ideas concerning alcohol and drug use, practice of games of chance and gambling:
 - the reasons for using alcohol or drugs, or engage in games of chance (e.g. curiosity or pleasure; being like everybody else, stress and anxiety; boredom; keeping awake while studying; depression, rebellion; losing weight; sleeping better);
 - the reasons for not using drugs or alcohol, or not engaging in games of chance or gambling.
- Give students an opportunity to design, perform and evaluate academic and extracurricular activities connected with healthy lifestyle habits;
- Give students ways to assess their own performance;
- Encourage all students to participate in discussions and the planning of activities in the classroom.

Seize opportunities in everyday life to help students **reinvest their skills** to develop healthy lifestyle habits:

Attention: *The opportunities offered by thematic events (e.g. International Day Against Drug Abuse) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different areas of learning.
For example:
 - Secondary school students can prepare an interdisciplinary project on different aspects of healthy lifestyle habits, including alcohol and drug use, games of chance and gambling, in their French, Art, Science and Technology, Physical Education and Health classes;
 - For elementary and secondary school students, include concerns regarding the influence of fellow students and the media in a variety of activities through the Ethics and Religious Culture course.
- Reinvest learning in other contexts outside the classroom – in other words, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services and prevention services).

Pedagogical approaches, practices and methods



Establish rules for discussion to avoid unwanted effects, including encouragement to deviance, in educational health promotion and prevention activities:

- Encourage small groups;
- Encourage groups of prosocial students, but avoid groups composed solely of deviant students;
- Address the various drugs separately, to avoid contrast-driven effects (i.e. the suggestion that some drugs are more acceptable than others).

Provide **direct, objective, age-appropriate information that does not focus solely on the risks:**

- Avoid moralistic messages and messages focusing on fear.

Support competency development and educational success **by applying the following pedagogical practices:**

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - to become aware of what they know and establish links with what they are going to learn;

SCHOOL

- to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
- to transfer their learning to new contexts.

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation: help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Promote **demonstration, modelling and interactive teaching methods** (debates, role playing, situational tasks, questions, discussions, etc.).

For example:

- Involve student leaders, especially those who are perceived positively, with support from qualified adults.

Elements specific to the developmental stage



At the elementary level:

- Develop safety-related competencies, including the reasonable use of medication and avoidance of potentially dangerous products in the home;
- Do not work directly on alcohol or drug use, but **limit interventions to the questions asked by students**, answering directly, succinctly and simply:
 - One exception: preventive counselling on product inhalation, in communities where this practice is common.

In Secondary Cycle One (and in Grade 6 of elementary school in underprivileged neighbourhoods and Aboriginal communities):

- Aim to prevent or delay the first experience with alcohol and cannabis (which normally takes place between 12 and 15 years of age) while recognizing that the use of cannabis is illegal;
- Address the different drugs separately, to avoid contrast-driven effects (i.e. the suggestion that some drugs are more acceptable than others);
- Focus on the transition between elementary school and secondary school, and on reinforcement activities for Secondary Cycle Two.

In Secondary Cycle Two:

- Promote the development of personal and social competencies, including knowledge regarding the use, risks, effects and short- and medium-term consequences of alcohol, drugs, games of chance and gambling, in order to counterbalance the perceived benefits;
- Address the different contexts in which drug and alcohol use may be dangerous (e.g. binge drinking, driving a motor vehicle);
Support students who elect not to use drugs or alcohol, or engage in games of chance or gambling.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** on:

- The current status of alcohol and drug use among students;
- The main **shared risk factors** for problem behaviour among young people, including alcohol and drug use, games of chance and gambling;
- The main **risk factors** associated with early use of or problems with alcohol and drugs, and problems with games of chance and gambling;

SCHOOL

- The main **protection factors** that help prevent early or abusive use of alcohol and drugs by young people, and that help promote positive development (the same factors apply to games of chance and gambling);
- The factors that determine the probability or severity of harmful effects:
 - **The substance**, i.e. the dose, method of administration, type of substance, toxicity level and combinations;
 - **The person**, i.e. his or her reasons and physical and mental health;
 - **The context**, i.e. the place and time of use, related activities and access to resources.
- The main **consequences** of using alcohol and drugs, and the problems associated with games of chance and gambling;
- **Appropriate references and resources in the community;**
- **Recognition of alcohol and drug use problems, and problems with games of chance or gambling, among students**, and the search for effective interventions:
 - Identify the signs of high-risk or dangerous use of alcohol or drugs, and the signs of a habit that is less likely to be dangerous;
 - Identify the characteristics of players who are at risk of becoming addicted.

- The impacts of alcohol and drug use on educational success, health and well-being;
- Strategies to promote healthy lifestyle habits and prevent early and problematic use of alcohol or drugs, and problems relating to games of chance and gambling.

Clearly define the role of school staff (teachers, professionals, etc.), parents and community members in helping to prevent alcohol and drug use, games of chance and gambling:

- Identify who is responsible for the activities, who does what, and how.

Involve qualified resource people depending on the context (e.g. drug abuse counsellors, nurses, social workers, special educators).

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a responsible attitude towards the use of alcohol, drug abstinence, games of chance and gambling:

- Reinforce students who do not use alcohol or drugs or who do not engage in games of chance or gambling, inside or outside the school;
- Encourage students and school staff to regard responsible use of alcohol and drug abstinence as the norm, and to regard responsible engagement in games of chance and gambling as the norm;
- Promote cooperation and support among the students.

Give students **opportunities to take part** in social and cultural activities or in activities that allow them to be physically active at school (i.e. give them alternatives to alcohol and drug use).

Give the students **an opportunity to be responsible for life at school, to become involved and to play an active role** (especially at the end of elementary school and the end of secondary school):

- Give the students the opportunities, time and infrastructures they need to participate.

Create a **climate at school that fosters the sense of security and belonging**, an open mind and communication (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and warm;
- Promote cooperation and support (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying these behaviours and attitudes both individually and within the school in general:
 - Take steps to reduce social isolation among the students;
 - Facilitate contacts among students and between students and staff members;
 - Allow students to share their experience and forge positive contacts outside the classroom.
 - For example:*
 - Sponsorship, integration activities, staff-student activities (meals, sporting and cultural activities).
 - Model active listening and show students how to build it into their everyday lives.
- Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).
 - For example:*
 - Encourage acceptance and insertion of new members;
 - Encourage community action.
- Restructure student groups to avoid **cliques** (e.g. when forming classroom groups);
- Give students **an opportunity to feel important** and to know that people are concerned about them.

SCHOOL

Rules, standards, policies



Prepare and implement **rules** concerning alcohol and drug use, games of chance and gambling at school, along with **conditions for their application**:

- **Establish the principles** underlying the rules and conditions:
 - Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
 - Take a general approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
 - Promote a culture in which members of the school community try to find solutions instead of a culture of victim blaming;
 - Make sure any actions taken to promote healthy lifestyle habits are consistent with school activities (e.g. avoid fundraising activities that involve alcohol, games of chance or gambling);
 - Take a participatory approach: involve the students, parents and school staff in the process of preparing, publishing and applying the rules.
- **Make sure** to know the situation concerning alcohol and drug use, games of chance and gambling in the school is known:
 - Find out about the students' lifestyle habits, experiences, opinions, ideas and concerns regarding health and alcohol and drug use, games of chance and gambling.¹
 - List the available resources and the activities offered.
- **Establish the school's position** on the possession and use of alcohol and drugs, and on participation in games of chance and gambling;
- Introduce disciplinary measures for offences:
 - Focus on reparatory measures rather than punishment (suspension, searches).

¹ Survey data are available from public health offices.

- Inform students, parents and school staff of the **rules and conditions for application**, through posters, messages and memoranda:
 - Select and convey messages that value responsible behaviour and critical judgment of alcohol and drug use, games of chance and gambling, and avoid shocking methods or slogans that focus on fear and guilt;
 - Clearly state how misbehaviour will be addressed.
- Include the rules in the school's code of life, to ensure that they are applied;
- Provide methods to **evaluate the effectiveness of the rules**, and involve students in doing this.

School organization (timetables, structures, management)



Offer substance use replacement solutions to students by providing **numerous and varied opportunities to take part in activities** both during and outside classroom hours:

- Organize recreational periods in elementary schools;
- Schedule cultural and social activities (morning midday, after school) and encourage students to participate;
- Plan periods of physical activity during and outside classroom hours.

SCHOOL

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Encourage and support **activities designed to animate or revitalize the school yard.**

Provide a **physically safe environment:**

- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.

For example:

- Organize the school yard;
- Build windows into office walls, to allow for better supervision;
- Eliminate elements from the school grounds that prevent the staff from seeing the students.

- Control access to the school grounds:

For example:

- Supervise access to alcohol and drugs brought to the school by outsiders.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Provide students with **equipment for a variety of different activities** outside classroom hours (e.g. equipment for active games, physical activities, cultural activities).

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain **aware of the needs of students and families, and provide suitable follow-up**:

- Watch for signs of problematic substance use or problematic gaming habits, and direct students quickly to appropriate services for their needs.

For example:

- Repeated academic failure, isolation, absenteeism, behavioural problems or attention deficits, angry outbursts, rebellion against authority, loss of interest, destruction of objects, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, visual or auditory hallucinations, self-mutilation, violence, morbid or suicidal ideation;
- Pay special attention to students who are going through family changes (mourning, separation or divorce, moving, etc.), especially those who tend to be isolated or excluded;
- Pay special attention to Aboriginal students.

Facilitate the transition between levels and cycles:

- Listen to the students' concerns and expectations for the transition.

For example:

- Grade 5 or Grade 6 teacher who remains in contact with his or her students during their first year at secondary school.
- Work with the students to identify, explore and find solutions for sources of stress relating to the transition;
- Allow parents and students to visit the new school and become familiar with their new environment.

For example:

- Meeting with future teachers and current students, and visiting the classroom.

Ensure that **social and emotional support** is available from qualified adults at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school.

For example:

- Introduce mentoring (school staff, parents or community members who help a student to achieve personal development goals or academic goals), with training on behaviour management, especially in underprivileged areas;
- Assign an adult to a specific group of students;
- Offer a teacher-advisor program in which students are paired with a teacher who gives them advice and support.
- Give students opportunities to work together and help one another, and reinforce social support from fellow students, **with adult supervision**.

For example:

- Mediation team composed of students and school staff;
- Sponsoring or mentoring of young students by older students, or of new students by fellow students, teaching buddy teams.

HEALTHY LIFESTYLE HABITS: ALCOHOL, DRUGS, GAMES OF CHANCE AND GAMBLING

SCHOOL

- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
- When necessary, encourage students to consult qualified adults in the school who can help without judging;
- Facilitate the integration of students in difficulty;
- Facilitate the integration of immigrant and refugee students.

For example:

- Be aware of cultural and language differences;
- Direct students towards community support groups;
- Introduce a system where immigrant and refugee students are sponsored by Québec students, with support from qualified adults.

Preventive services



Use a **selective or targeted approach** for students exhibiting more than one risk factor.

For example:

- Repeated academic failure, isolation, absenteeism, behavioural problems or attention deficits, angry outbursts, rebellion against authority, loss of interest, destruction of objects, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, visual or auditory hallucinations, self-mutilation, violence, morbid or suicidal ideation.

Student support and assistance services¹

Where required, offer the following services to the **students concerned**:

- **Services for students with adjustment problems at school, behavioural problems or learning difficulties;**

¹ Refer to the program of complementary services established by the school board or school.

- **Academic support:** homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinics²

In elementary schools, and in secondary schools with no youth clinics, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students’ homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

Procedures:

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that clinics are available in the students’ immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;

² Recommendations made under the Québec Public Health Program 2003-2012 (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

- Offer **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.
- **General services:**
 - Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (see the ***Sleep, Hygiene and Oral Health*** information sheet for a list of services that should be offered).

HEALTHY LIFESTYLE HABITS: ALCOHOL, DRUGS, GAMES OF CHANCE AND GAMBLING

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (attitude). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles				Cycles		
Develop self-esteem				Resist negative media pressure:	1	2	3
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	3	• Become aware of the place and influence of the media in their daily life, including their lifestyle habits;	1	2	3
				• Analyze media representations of lifestyle habits, compare facts and opinions, and the gap with reality;		2	3
				• Identify the interests underlying the messages: economic, political, social and cultural interests.		2	3
Adopt healthy lifestyle habits				Manage their emotions and behaviours			
Develop their assertiveness				Understand their emotions:	1	2	3
State opinions and explain their choices.	1	2	3	• Develop an understanding of the terminology used to describe emotions, and use it properly;	1	2	3
Take responsibility for their actions.	1	2	3	• Recognize simple emotions (e.g. joy, sadness, fear, anger);	1	2	
Resist negative peer pressure.	1	2	3	• Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);		2	3
• Recognize the influence of other people over their behaviour and choices.	1	2	3	• Recognize the intensity of their emotions, and fluctuations over time;		2	3
- Distinguish between negative and positive peer pressure.		2	3	• Recognize the impact of their emotions on their behaviours:		2	3
• Avoid being negatively influenced by the attitudes, words and actions of peers:	1	2	3	- Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").			
- Practise and analyze various ways of saying "No" and responding to pressure.				• Identify the internal and external factors that affect and change their emotions:		2	3
• Identify peers who have a positive influence and spend time with them.			3	- Identify potential sources of anger, stress and tension (e.g. problematic response to needs, desires, expectations).			

ELEMENTARY SCHOOL STUDENTS

	Cycles				Cycles		
Control their emotions:	1	2	3	Exercise critical judgment			
• Manage frustration (e.g. losing, being teased, being accused, being excluded); • Learn to calm down and think before taking action; • Use the positive self-talk technique to overcome anger: - Transform negative thoughts into neutral or positive thoughts; - Motivate themselves and have positive expectations; - Avoid negative terminology. • Develop a sense of humour and humility to play down situations that trigger emotions.				Analyze the effects of healthy lifestyle habits on their health and well-being: • Understand the notions of healthy lifestyle habits and health; • Explain the short-term effects of healthy lifestyle habits on their health and well-being: better concentration, more energy, academic success, etc.; • Explain the negative effects of bad lifestyle habits: short-term and long-term health problems, etc.	1	2	
						2	3
						2	3
Share their emotions appropriately.	1	2	3	Use medication (e.g. painkillers) and other potentially harmful domestic household products in a reasonable way.	1	2	3
Develop the ability to adapt to transitions, change and stress				Manage stress and anxiety			
Identify the possible transitions and changes during a person's life, and distinguish those that are pleasant from those that are frightening: • Explain why people are afraid of certain events.	1	2	3	Recognize stress.		2	3
Be open to innovation and new ideas.	1	2	3	Understand the short-term and long-term consequences of stress.			3
Learn to live with mourning or loss by talking about it and accepting sadness.	1	2	3	Recognize stressful situations and avoid them when possible.			3
Identify or determine the factors that facilitate and hinder the ability to adapt to change.			3	Distinguish between positive and negative ways of managing stress.		2	3
				Explore positive techniques for managing stress.	1	2	3
				<i>For example:</i> • Stay calm: breathing and relaxation techniques, relaxation exercises; • Exercise: walking, dance, sport;			

ELEMENTARY SCHOOL STUDENTS

Institut national de santé publique du Québec	Synthesis of Recommendations – <i>Healthy Lifestyle Habits: Alcohol, Drugs, Games of Chance and Gambling</i> Information Sheet	15

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles		
Adopt pro-social attitudes and behaviours Develop their ability to establish and manage their relationships with their family, friends and people at school.	1	2	3
Communicate effectively Share their ideas, views, values and emotions effectively: • Practise body language and non-verbal communication; • Use “I” statements; • Ask permission, discuss, initiate and end conversations; • Negotiate respectfully; • Avoid misunderstandings; • Issue and receive messages constructively. Practise active and passive listening.	1	2	3

HEALTHY LIFESTYLE HABITS: ALCOHOL, DRUGS, GAMES OF CHANCE AND GAMBLING

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (**attitude**). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			- Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media: - Anticipate the consequences of resisting pressure from peers or the media. - Practise verbal and non-verbal resistance strategies (e.g. change the subject of a conversation, remove themselves from the situation, develop a series of negative responses); - Assess the efficiency of their resistance strategies.		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2		2	
Adopt healthy lifestyle habits in connection with alcohol and drug use, games of chance and gambling				1	
Develop their assertiveness			Develop a sense of competency with regard to their health-related behaviour. <i>For example:</i> - Believe they are capable of ceasing to use alcohol or drugs, or to drink responsibly; - Believe they are capable of refusing alcohol or drugs; - Dissociate alcohol and drug use from the notion of expressing freedom.	1	2
State opinions and explain their choices.	1	2			
Take responsibility for their actions.	1	2			
Resist negative pressure from peers and the media that encourages alcohol and drug use, games of chance and gambling: - Analyze the influence of peers and the media over their behaviour, attitudes, values and choices: - Analyze situations that cause concern; - Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, behaviour and health; - Set themselves objectives to resist negative pressure from peers and the media;	1	2			
		2			
			Manage their emotions and behaviours		
			Understand their emotions:	1	2
			- Develop an understanding of the terminology used to describe emotions, and use it properly; - Recognize complex emotions or feelings (e.g. guilt, jealousy, pride); - Recognize the intensity of their emotions, and fluctuations over time;		

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
- Recognize the impact of their emotions on their behaviours: - Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").			Share their emotions appropriately. Learn how the arts and the fact of transforming their emotions into words and images can help them to express their emotions.	1	2
Control their emotions: - Identify the internal and external factors that affect and change their emotions; - Manage frustration (e.g. losing, being teased, being accused, being excluded); - Learn to calm down and think before taking action; - Use the positive self-talk technique: - Identify their negative automatic thoughts; - Transform negative thoughts into neutral or positive thoughts; - Motivate themselves and have positive expectations; - Avoid negative terminology. - Develop a sense of humour and humility to play down situations that trigger emotions; - Identify ways of negatively distorting reality and perceiving reality more objectively; - Manage anger effectively: - Understand that conflict, anger and aggressiveness are not, of themselves, negative; - Recognize anger, its physical effects and its many consequences; - Identify the sources of anger; - Improve their knowledge of anger management techniques; - Assess their own anger management.	1	2	Develop the ability to adapt to transitions, changes and stress Develop their ability to use their internal resources (knowledge, aptitudes, etc.) and external resources (services, support, etc.) to adjust. Explain the protective factors (sense of competency, autonomy, etc.) that facilitate adaptation, and the risk factors (low self-esteem, stress, etc.) that hinder adjustment. <i>For example:</i> - Explore the role of positive thinking and hope in the phenomenon of adjustment; - Explain how individuals can adjust to a change of culture or society.	1	2
			Exercise critical judgment Analyze the different factors that influence alcohol and drug use, practice of games of chance and gambling: - Peer acceptance; - Desire for a positive self-image; - Exploration of personal and social boundaries: - The associated benefits (immediate satisfaction, stress management, management of emotions, pleasure, inclusion in a group).	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
- Beliefs, opinions and representations in connection with alcohol and drug use, games of chance and gambling: - Put the perceived importance of alcohol or drug use, games of chance and gambling into perspective.	1	2	Understand the long-term physiological and psychological effects of drug use: addiction, anxiety, depression, family problems, financial problems, academic failure, dropping out of school, criminality, etc.		2
<i>For example:</i> → “Not all teens use alcohol or drugs, or engage in gambling”; → Do not treat alcohol or drug use, practice of games of chance or gambling as being commonplace: - Compare their level of alcohol and drug use, practice of games of chance and gambling with that of other students in their environment, in other countries or in other provinces.			Games of chance and gambling: Understand the consequences of games of chance and gambling: financial problems, family problems, delinquency, suicidal ideation, other addictions, etc.	1	2
Analyze the short-term and long-term effects of alcohol and drug use, practice of games of chance and gambling: Alcohol: - Understand the short-term physiological and psychological effects of drinking: drunkenness, high-risk behaviour (driving, sexual behaviour, etc.), alcohol-induced coma, etc.; - Understand the long-term physiological and psychological effects of drinking: cancer, liver disease, brain lesions, addiction, etc. Drugs: - Understand the short-term physiological and psychological effects of drug use: concentration difficulties, learning disorders, high-risk behaviour, overdosing, etc.;	1	2	Analyze alcohol and drug use, practice of games of chance and gambling: - Understand the main disadvantages and their severity, depending on drug use and practice of gambling; - Distinguish between the signs of high-risk or dangerous use of alcohol or drugs and the signs of less dangerous habits; - Identify the characteristics of a problem gambler who is likely to become addicted to gambling; - Understand the appropriate references and resources available in the community; - Develop personal ethics regarding alcohol and drug use, games of chance and gambling. <i>For example:</i> - Develop an attitude of critical awareness regarding alcohol and drug use by peers, by identifying their own feelings and impressions, without stigmatizing or inciting guilt.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles		Cycles
Analyze and discuss the production and sale of alcohol and drugs and the supply of games of chance and gambling from different standpoints: legality, control of producers, control of criminal groups, connections between drug use, drug trafficking and organized crime, connections between games of chance and gambling and organized crime, sales and advertising strategies:	2	Apply a range of stress and anxiety management methods:	1 2
- Understand the legislation and regulations governing the sale and use of alcohol, drugs, games of chance and gambling; - Discuss the impacts of drug production and distribution, in Canada and abroad; - Develop a critical sense regarding the alcohol and gambling industries' strategies for the selection of prevention messages: understand the social consequences, costs and economic, geopolitical and legislative aspects of alcohol, games of chance and gambling.		Distinguish between positive and negative management of stress and anxiety.	1
		<i>For example:</i>	
		Find positive alternative solutions to the supposed "benefits" of alcohol, drugs, games of chance and gambling (relaxation, physical activity, healthy diet, leisure).	1 2
		Evaluate their stress and anxiety management.	2
		Solve problems	
		Identify the issues surrounding different problem situations:	1 2
		Recognize high-risk behaviour in connection with alcohol, drugs, games of chance and gambling, and identify the precautions required.	
		<i>For example:</i>	
		- Driving a vehicle, sailing or hiking after drinking or using drugs; - Binge drinking; - Engaging in unprotected sex; - Consuming several substances at the same time; - Going into debt in order to gamble.	
		Make choices between different needs when making difficult decisions.	1 2
		Evaluate the consequences of their choices.	1 2
Manage stress and anxiety			
Recognize stress and anxiety, their physical, psychological and emotional effects, and the risk and protection factors:	1 2		
Define the notions of stress and anxiety.	1		
Recognize the main stress and anxiety factors in their own lives .	1		

SECONDARY SCHOOL STUDENTS

	Cycles	
Ask for help		
Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others:	1	2
Differentiate between formally requesting help and sending signals or clues.		2
Identify strategies for requesting help, for themselves or for others, to reduce or quit drinking or using drugs, or to stop gambling:	1	2
- Identify resources in the family, among peers, at school and in the community; - Involve people they trust: relatives, friends, older peers, school staff.		
Identify the elements that make it easier or harder for themselves or others to ask for help:	1	2
- Regard a request for help as being positive, rather than a sign of weakness; - Recognize their own limits in their ability to support other people; - Explore the role of trust and courage in asking for help, for themselves or for others.	1	2
		2

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles	
Adopt pro-social attitudes and behaviours		
Develop their ability to manage their social relationships	❶	❷
• Develop the ability to be friendly and socially comfortable without alcohol, drugs, games of chance or gambling; • Communicate appropriately and constructively with parents, teachers and peers; • Learn to show empathy, for example by listening to a friend's reasons for drinking, using drugs or engaging in games of chance and gambling, and proposing alternative choices.		
Communicate effectively		
Develop their mastery of communication rules:	❶	❷
• Issue and receive messages constructively; • Avoid misunderstandings and misconceptions: - Clarify what they say and be precise; - Develop active listening (ask questions, reformulate what others say, use open questions). • Use an appropriate level of communication for each situation: - Distinguish between the different levels of communication (familiar, superficial, formal, informative, emotional).		
Evaluate the effectiveness of their own communication.	❶	❷

FAMILY

Relevant information for parents



Profile of drug and alcohol use among young people:

- Alcohol and drug use among young people: myths and realities;
- Types of use: exploratory, occasional, regular, extended, addicted (or abusive);
- Types of players: recreational, problem, pathological.

The **main risk factors** for **problem behaviours** among young people.

The main **risk factors** for alcohol and drug use, and practice of games of chance and gambling, and the **protection factors**.

The **main damaging effects** and their severity.

The **appropriate community references and resources** for alcohol, drugs, games of chance and gambling.

The **signs of high-risk or dangerous** drinking or drug use.

The **characteristics of problem players** at risk of becoming addicted.

The **educational activities, rules, punishments and procedures applied at school** (current rules and their basis, assistance with problems).

The **resources available at school and in the community** related to alcohol and drug use, games of chance and gambling (specialized outside services).

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness and communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;
- Establish and maintain effective communication with their child;
- Establish clear rules and limits for the child (depending on their development phase), and ensure that they are understood and respected;
- Help their child to manage his stress.

For example:

- Help them to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Offer alternatives to alcohol, drugs, games of chance and gambling.

For example:

- Provide their child with many different opportunities to develop healthy lifestyle habits;
- Support and encourage their child to take part in social, extracurricular and community activities.

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child and ensure that their own behaviour is consistent with the message they want to convey.

FAMILY

Supervise their child's use of alcohol and drugs:

- **Elementary school and Secondary Cycle One**

- Express strong disapproval of alcohol and drug use;
- Monitor their child closely, but do not dramatize a single trial and do not blame the child.

- **Secondary Cycle Two**

- Talk to the child about their reasons and perceptions; disprove preconceived ideas about drinking, drug use, games of chance and gambling, by providing realistic, accurate information;
- Express fears about drinking, drug use, games of chance and gambling (e.g. usage habits, types of substances, circumstances);
- Define and clearly express their position regarding drinking, drug use, games of chance and gambling; do not formally forbid drinking or drug use, and support the child's thinking process so that he or she will identify high-risk situations and make informed choices;
- Express strong disapproval of heavy drinking and drug use.

Propose **strategies at home to prevent** drinking, drug use, games of chance and gambling.

For example:

- Provide models of responsible drinking and responsible use of games of chance and gambling (adults, well-known personalities or other young people);
- Open up avenues for discussion;
- Set clear rules.

Help the school and the community to apply their rules and procedures.

For example:

- Adopt a discourse that is coherent with the school's discourse;

- Make their child aware of the consequences of failure to comply with the rules;
- Support the enforcement of the rules, especially the steps taken with child who do not comply with them;
- Remind child of the legal obligations of store owners (accommodation stores, SAQ).

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their role:

Attention: *Help parents to understand the overall development of children by emphasizing certain themes, depending on their needs and developmental states, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - Provide newsletters or information leaflets on substance abuse, games of chance and gambling, and on the availability of addiction resources.
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.

FAMILY

- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship;
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, life at school and transitions (e.g. family, school).

Ways to involve parents¹



Establish a **relationship of trust with the family**.

Encourage parents to become involved in establishing rules for the school, and procedures for their application.

Invite parents to become involved in addiction prevention activities and activities to promote responsible behaviour.

Invite parents to take part in physical and leisure activities with their child at school, to promote a healthy lifestyle.

¹ Refer to the *School-Family-Community Collaboration* information sheet.

Pay special attention to **the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite the **parents to participate in school life** by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work;
- Participate in decisions made by the school;
- Help with preventive services provided at the school and in the community.

Invite parents to take part in community activities with their child.

Invite parents to use the services offered by the school and the community.

COMMUNITY

Rules, standards, policies



Forge **contacts with local businesses near the school** and ask for their active support in not selling alcohol or games of chance to young people.

For example:

- Remind the students of the businesses' legal obligations;
- Post a copy of their legal obligations on the premises.

Involve the local media in relaying information about the school's promotion and prevention activities to help students develop a healthy lifestyle.

Try to **set coherent rules in the various environments frequented by students** (school, youth centre, municipality) with regard to alcohol and drug use, games of chance and gambling, and pay attention to the potential negative impacts of control activities.

Help **draft and implement policies for youth development and family support:**

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

Support for young people and families (information, activities, services)



Involve addiction experts in support activities for young people and families.

Facilitate access to and provision of preventive services at the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular those that support families, young people at risk and young addicts:
 - Clarify the terms of confidentiality agreements (non-disclosure of personal information).

Collaborate in providing **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

Help to set up **support groups and training workshops for parents** on effective parenting practices and the development of healthy lifestyle habits among children.

Offer **stimulating and attractive sporting, artistic and cultural activities that meet the students' needs** and reflect their interests outside the classroom:

- Training on youth development for community trainers and animators.

COMMUNITY

Establish cooperation agreements for the sharing and use of cultural, sporting and recreational **equipment and resources** by the school and the community (municipalities, community centres, private clubs, etc.):

- Facilitate access to community, cultural and sports centres outside classroom hours;
- Promote a system to lend out sports and protective equipment during activities.

Publicize community services that prevent alcohol and drug use, games of chance and gambling.

Promote the involvement of families in decisions concerning the services to be introduced into the community.

Take part in the work of inter-sector youth authorities.

Work with the community to **strengthen or complete the supply of complementary educational services** and promote the integration of these services with community projects.

For example:

- Homework assistance;
- Extracurricular activities;
- Mentoring or tutoring by people from community organizations or businesses.

Social participation by young people



Involve young people in **preparing and carrying out** interventions to promote healthy lifestyle habits, including responsible behaviour with regard to alcohol, drugs, games of chance and gambling.

Encourage young people to play a role in improving the community environment in order to offer leisure, sporting, cultural and social activities as alternatives to drinking, drug use, practice of games of chance and gambling.

Promote and highlight the involvement of young people and families through participation:

- in the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities, etc.);
- in various community authorities;
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in the revitalization of their physical and social environment (e.g. cleaning of parks, recycling, etc.).

Respect and value the points of view and ideas expressed by young people and their parents, and show open-mindedness, understanding and interest.

School/family/community collaboration



Forge contacts with **well-known, influential members of the community** and encourage them to express their support for responsible behaviour (as models).

Make sure **community activities for young people include a component on responsible behaviour**.

REFERENCES

- Beauchesne, L. (2001). Prévenir l'abus de drogues et agir dès le primaire. Guide à l'intention de parents d'enfants de 6 à 12 ans. Montréal: Éditions du Méridien.
- Botvin, G. J. (2000). *Life skills training: parent program*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Teacher's manuel 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Student guide 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J., Mihalik, S. F. and Grotper, J. K. (1998). Life skills training: blueprints for violence prevention, book 5 (updated in 2006). In D. S. Elliott (Ed.), *Blueprints for violence prevention series*, Boulder, Colorado: Center for the Study and Prevention on Violence, Institute of Behavioral Science, University of Colorado.
- Botvin, G. J. (2004). Advancing prevention science and practice: challenges, critical issues and future directions. *Prevention Science*, 5(1), 69-72.
- Botvin, G. J. and Griffin, K. W. (2004). Life skills training: empirical findings and future directions. *The Journal of Primary Prevention*, 25(2), 211-232.
- Botvin, G. J., Griffin, K. W. and Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7(4), 403-408.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Agence de la santé publique du Canada.
- Canadian Association for School Health (2007). *School-based and school-linked prevention of substance use problems. A knowledge summary*. Ottawa: Canadian Association for School Health.
- Cardin, J.-F. and Dubé, G. (2008). Consommation de cannabis, d'hallucinogènes et d'amphétamines chez les élèves québécois de 3^e, 4^e et 5^e secondaire : portrait et tendances. *Zoom Santé. Santé et bien-être*, November.
- Centre canadien de lutte contre l'alcoolisme et les toxicomanies (2007). *Toxicomanie au Canada : pleins feux sur les jeunes*. Ottawa: Centre canadien de lutte contre l'alcoolisme et les toxicomanies.
- Centre canadien de lutte contre l'alcoolisme et les toxicomanies (2009). *Consolider nos forces : normes canadiennes de prévention de l'abus de substances en milieu scolaire. Un guide pour les intervenants en santé et en éducation (version 1.0)*. Ottawa: Centre canadien de lutte contre l'alcoolisme et les toxicomanies.
- Centre de recherche en toxicomanie de la Colombie-Britannique (2009). *Aborder le sujet de la consommation de substances psychoactives dans les écoles canadiennes. Politique efficace en matière de consommation de substances psychoactives. Guide à l'intention des administrateurs scolaires*. Victoria, British Columbia: Consortium conjoint pour les écoles en santé.
- Centre de recherche en toxicomanie de la Colombie-Britannique (2009). *Aborder le sujet de la consommation de substances psychoactives dans les écoles canadiennes. Partenariats école-famille-collectivité. Guide à l'intention des leaders du milieu scolaire et communautaire*. Victoria, British Columbia: Consortium conjoint pour les écoles en santé.

REFERENCES

- Centre de recherche en toxicomanie de la Colombie-Britannique (2009). *Aborder le sujet de la consommation de substances psychoactives dans les écoles canadiennes. Pratiques pédagogiques efficaces en matière de consommation de substances psychoactives. Guide à l'intention des enseignants*. Victoria, British Columbia: Consortium conjoint pour les écoles en santé.
- Centre québécois de lutte aux dépendances (2006). *Drogues. Savoir plus, risquer moins*. Montréal: Les Éditions internationales Alain Stanké.
- Chevalier, S. and Allard, D. (2001). *Pour une perspective de santé publique des jeux de hasard et d'argent*. Québec: Institut national de santé publique du Québec.
- Clift, S. and Jensen, B. B. (Eds), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Educ'alcool (2004). *Parler d'alcool avec ses enfants sans être dépassé*. Montréal: Educ'alcool.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Site consulted in the fall of 2008 [Online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Ferland, F. and Ladouceur, R. (2000). La prévention du jeu pathologique. In F. Vitaro and C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome II : les problèmes externalisés*, (p.379-403). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Forgues, H., Godin, F., Paquin, P., Paradis, I. and Poulin, C. (2007). *Système D. Activités de développement des compétences en milieu scolaire pour la prévention des toxicomanies et de l'usage des jeux de hasard et d'argent dans le cadre de la transition du primaire au secondaire*. Longueuil, Québec: directions de santé publique des agences de la santé et des services sociaux de la Montérégie, de Laval et de l'Outaouais.
- Gagnon, H. (2009). *L'usage de substances psychoactives chez les jeunes québécois : portrait épidémiologique*. Québec: Institut national de santé publique du Québec.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale, February*, 1-6.
- Gillespie, M., Gupta, R., Derevensky, J. L., Pratt, L. and Vallerand, R. (2006). *Le jeu problématique chez les adolescents : perception des risques et des bénéfices*. Montréal: Research report submitted to the Fond québécois de recherche sur la société et la culture by the Centre international d'étude sur le jeu et les comportements à risque chez les jeunes, McGill University.
- Groupe de travail sur la stratégie nationale sur l'alcool (2007). *Réduire les méfaits liés à l'alcool au Canada : vers une culture de la modération - Recommandations en vue d'une stratégie nationale sur l'alcool*. Ottawa: Health Canada.
- Groupe interministériel du gouvernement du Québec (2006). *Unis dans l'action. Plan d'action interministériel en toxicomanie 2006-2011*. Québec: Ministère de la Santé et des Services sociaux.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.

REFERENCES

Hawks, D., Scott, K. and McBride, M. (2002). *Prevention of psychoactive substance use. A selected review of what works in the area of prevention*. Geneva: World Health Organization.

Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes canadiens*. Ottawa: Institut canadien d'information sur la santé.

Institut suisse de prévention de l'alcoolisme et autres toxicomanies (2005). *Trop... Trop souvent... Trop dangereux?!* Lausanne: Institut suisse de prévention de l'alcoolisme et autres toxicomanies.

Institut suisse de prévention de l'alcoolisme et autres toxicomanies (2006). *Cannabis - en parler avec les ados*. Lausanne: Institut suisse de prévention de l'alcoolisme et autres toxicomanies.

Institut suisse de prévention de l'alcoolisme et autres toxicomanies (2008). *L'alcool - Comment en parler avec les ados*. Lausanne: Institut suisse de prévention de l'alcoolisme et autres toxicomanies.

Jernigan, D. H. (2001). *Global status report: alcohol and young people*. Geneva: World Health Organization.

Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd ed.). Atlanta, GA: American Cancer Society.

Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2nd ed.). Brussels: De Boeck.

Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.

Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3^e éd.). Montréal: Guérin Éditeur.

Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.

Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.

Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.

Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (version approuvée)*. Québec: Gouvernement du Québec.

Ministère de la Santé et des Services sociaux (2001). *Pour une approche pragmatique de prévention en toxicomanie. Orientations, axes d'intervention, actions*. Québec: Gouvernement du Québec.

Ministère de la Santé et des Services sociaux (2001). *La prévention du jeu pathologique. Document de référence*. Québec: Gouvernement du Québec.

Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012 (mise à jour 2008)*. Québec: Gouvernement du Québec.

Mission interministérielle de lutte contre la drogue et la toxicomanie et Direction de l'enseignement scolaire du ministère de l'Éducation nationale de l'Enseignement supérieur et de la Recherche (2006). *Prévention des conduites addictives. Guide d'intervention en milieu scolaire*. France: Centre national de documentation pédagogique.

REFERENCES

- National Institute for Health and Clinical Excellence (2009). *Interventions in schools to prevent and reduce alcohol use among children and young people*. (NICE public health guidance 7). London, United Kingdom: National Institute for Health and Clinical Excellence.
- Newbury-Birch, D., Walker, J., Avery, L., Beyer, F., Brown, N., Jackson, K. et al. (2008). *Impact of alcohol consumption on young people: a review of reviews*. Newcastle, United Kingdom: Research report submitted to the Department for Children, Schools and Families (DCSF) by the Institute of Health and Society at Newcastle University.
- Office fédéral de la santé publique et Institut suisse de prévention de l'alcoolisme et autres toxicomanies (2004). *École et cannabis. Règles, mesures et détection précoce. Guide à l'intention des enseignants et des établissements*. Lausanne: Office fédéral de la santé publique et Institut suisse de prévention de l'alcoolisme et autres toxicomanies.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Peters, L. W. H., Wiefferink, C. H., Hoekstra, F., Buijs, G. J., Ten Dam, G. T. M. and Paulussen, T. G. W. M. (2009). A review of similarities between domain-specific determinants of four health behaviors among adolescents. *Health Education Research*, 24(2), 198-223.
- Réseau éducation-médias (2009). *L'éducation aux médias*. Réseau éducation-médias, Canada. Section pour les enseignants. Site consulté au printemps 2009 [en ligne]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index.cfm.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Roberts, G., McCall, D., Stevens-Lavigne, A., Anderson, J., Paglia, A., Bollenbach, S. et al. (2001). *Prévention des problèmes attribuables à la consommation d'alcool et autres drogues chez les jeunes, un compendium des meilleures pratiques*. Ottawa: Health Canada.
- Robertson, E. B., David, S. L. R., Rao, S. A. and National Institute on Drug Abuse (2003). *Preventing drug use among children and adolescents: a research-based guide for parents, educators, and community leaders*. (2nd Ed.). Bethesda, MD: US Department of Health and Human Services; National Institutes of Health; National Institute on Drug Abuse.
- Springer, J. F., Sale, E., Hermann, J., Sambrano, S., Kasin, R. and Nistler, M. (2004). Characteristics of effective substance abuse prevention programs for high-risk youth. *The Journal of Primary Prevention*, 25(2), 171-194.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Tobler, N. S., Roona, M. R., Ochshorn, P., Marshall, D. G., Streke, A. V. and Stackpole, K. M. (2000). School-based adolescent drug prevention programs: 1998 meta-analysis. *The Journal of Primary Prevention*, 20(4), 275-336.
- Tobler, N. S. (2000). Lessons learned. *The Journal of Primary Prevention*, 20(4), 261-274.

REFERENCES

- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Site consulted in spring 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Unicef (2004). *Life skills-based education for drug use prevention training manual*. New York: UNICEF.
- United Nations Office on Drugs Control and Crime Prevention (2003). *School-based drug education. A guide for practitioners and the wider community*. Vienna: United Nations Office for Drug Control and Crime Prevention.
- United Nations Office on Drugs and Crime (UNODC) (2004). *Schools. School-based education for drug abuse prevention*. New York: United Nations.
- Vitaro, F. and Carbonneau, R. (2000). La prévention de la consommation abusive ou précoce de substances psychotropes chez les jeunes. In F. Vitaro and C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Volume 11 : les problèmes externalisés*, (p.335-378). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme : developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.

HEALTHY LIFESTYLE HABITS: NUTRITION

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach;
- The developmental approach;
- Developmental psychopathology;
- Competency development based using a socio-constructivist approach;
- The Ottawa Charter.

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	3
Elements specific to the developmental stage	4
Organizational conditions	4
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies	5
School organization	6
PHYSICAL ENVIRONMENT	7
Conditions and physical layout	7
Material resources	7
SERVICES FOR STUDENTS	9
Social support	9
Preventive services.....	9
 ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	11
 ELEMENTARY SCHOOL STUDENTS: development of	
social competencies	15

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	17
 SECONDARY SCHOOL STUDENTS: development of	
social competencies	21
 FAMILY	23
Relevant informaton for parents.....	23
Advice and key actions for parents	23
Family support.....	25
Ways to involve parents	25
 COMMUNITY	27
Rules, standards, policies	27
Support for young people and families	27
Youth social participation	28
School/family/community collaboration	28
 REFERENCES.....	29

SCHOOL

This overview of recommendations is consistent with the orientations of the Framework Policy on Healthy Eating and Active Living, *Going the Healthy Route at School*.

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Respect for oneself and for others;
- Tolerance;
- Inclusion;
- Accountability.

Believe in the importance of being a **positive model** to help students adopt healthy lifestyles (e.g. be seen choosing and enjoying healthy foods).

Believe in the **beneficial effects of a healthy diet¹ on learning and health**.

Believe in the benefits of a diet conducive to oral health.²

¹ **Healthy diet:** Dietary habits or behaviours that promote or improve health. A healthy diet follows the recommendations of *Canada's Food Guide* with regard to the quantity and types of foods to eat, depending on gender and age. A healthy diet is composed of a variety of foods. Priority in terms of frequency and quantity is given to foods with a high nutritional value, while leaving room for other foods that, although limited in terms of their nutritional value, may nevertheless have a gastronomic, cultural or emotional value. This translates into the concepts of daily foods, occasional foods and exceptional foods, and portion sizes are adjusted to the person's needs.

Reference: Definition based on "Vision de la saine alimentation. Proposition", an unpublished document prepared as part of the Government action plan to promote healthy lifestyles and prevent weight-related problems. 2006-2012 – Investing for the Future.

BEFORE ANY INTERVENTION

Encourage school staff members to examine the bias they may unconsciously transmit concerning body image, and their attitudes and beliefs toward diet, exercise, weight control, etc.:

- Do not make negative comments on their own weight, height, diet or regimen.

Pedagogical principles of interventions



Adopt a positive vision of nutrition:

- Emphasize learning about the **pleasure associated with food**: discovering tastes, cultures, sensory pleasures, the potential for creativity, etc.;
- Focus on the **notion of healthy foods** so as not to split foods into "good" or "bad";
- Incorporate the notion of a diet conducive to oral health;
- Emphasize the elements the students may like rather than the things they should avoid (e.g. do not focus on sugar, fat or salt content, etc.);
- Refrain from using negative vocabulary to describe foods (e.g. junk food). Use the terms "daily foods", "occasional foods" and "exceptional foods" instead;
- Focus on the importance of **variety, balance and moderation**.

Use **non-food incentives** to reinforce healthy behaviours.

² **Diet conducive to oral health:** A diet low in sweet foods (refined or natural sugar) and acids. Foods containing sugars or acids should not be consumed outside meals. Depending on the frequency with which they are eaten, they threaten oral health by promoting decay and erosion. It is therefore important to avoid consuming them frequently during the day, or outside meals.

SCHOOL

Focus interventions on healthy lifestyle habits, not on weight.

Interventions aimed at preventing obesity in schools can have potentially harmful effects, such as stigmatization of obese or overweight people, or promoting excessive dietary restrictions:

- Emphasize the positive aspects of growth, development and the physical changes experienced by girls and boys (e.g. strength, motor skills);
- Weighing students can be harmful and should not take place at school. Similarly, the body mass index (BMI) is difficult to interpret for children and adolescents, since it is influenced by age, gender, sexual maturity, ethnic origin and so on. It should not be used to screen for surplus weight or obesity in school.

Promote the development of healthy lifestyle habits with students through **the development of personal and social skills** (critical judgment, assertiveness, social involvement, resistance to social pressure).

Adjust interventions for a healthy diet conducive to oral health **to suit the students' developmental stages.**

Incorporate healthy diet interventions **into lifestyle interventions.**

Promote the inclusion and integration of all students:

- Be aware of differences stemming from body shapes;
- Avoid stigmatization based on weight or body image;
- Be vigilant about different economic, cultural, religious and gender-based situations when preparing and carrying out activities on the subject of nutrition;
- Explore different cultures (e.g. snacks from different countries).

Actively involve students in their learning:

- Make students responsible for their choices and practices connected with healthy lifestyle habits, especially nutrition;

- Use their existing knowledge of nutrition as a starting point. Question them about the perceived benefits of a healthy diet conducive to oral health;
- Check students' understanding of various concepts (for example: healthy nutrition conducive to oral health, slimming diet, surplus weight, slimming, etc.);
- Give students an opportunity to draw up, prepare and evaluate menus and recipes;
- Give the students ways to assess their own performance;
- Encourage all students to participate in discussions and the planning of activities in the classroom and school;
- Question the students about their preconceived ideas.

Ensure the **intensity and duration** of learning throughout compulsory schooling (preschool to Secondary V).

Seize opportunities in everyday life to help students **reinvest their skills** to develop healthy lifestyle habits:

Attention: *The opportunities offered by thematic events (such as World Food Day, National Nutrition Month) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different subject areas.
For example:
 - The students could prepare an inter-disciplinary project on different aspects of a healthy lifestyle, including nutrition, in their French, Art, Science and Technology and Physical Education and Health classes.
- Reinvest learning in other contexts outside the classroom, at school, in the home or in the community (e.g. during activities organized as part of the four programs of complementary educational services: support services, student life services, counselling services and promotion and prevention services).

Pedagogical approaches, practices and methods



Encourage the students to experiment: **by tasting, handling and preparing** foods:

- Expose the students to a variety of foods;
- Prepare simple recipes;
- Draw up menus.

Focus on the **concept of healthy nutrition**:

- Help the students to distinguish between the notions of balance, variety and moderation in their food;
- Address the food groups, but also nutrients and their functions;
- Help the students to recognize food-related behaviour that is conducive to oral health (food properties that affect dental decay and erosion, frequency and time of consumption);
- Separate the notions of slimming diet, slimness and overweight from the concept of healthy nutrition.

Organize a game in which students are offered different foods and dishes to **develop their taste**.

Promote **demonstration, modelling and interactive teaching methods** (debates, role playing, situational tasks, questions, discussions, etc.):

Attention: Do not use stories of people or celebrities who have suffered from eating disorders, due to the potentially harmful effects (e.g. normalization of diets and harmful eating practices).

Support competency development and educational success by applying the following pedagogical practices:

• Differentiated pedagogy:

- Take into account the difference in a group of students;
- Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
- Respect the students' cognitive styles, learning types and pace of learning;
- Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
- Focus, throughout the activities, on discovering the students' points of view and assumptions.

• Support:

- Give the students regular opportunities to use their competencies;
- During learning situations, help the students:
 - to become aware of what they know and to establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts.

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation: help them to review what they and other students have learned, monitor their progress and the progress of other students, progress and assess the effectiveness of their own actions and those of other students.

SCHOOL

Elements specific to the developmental stage



Pay special attention to the quality of the food students eat at the secondary level, since it tends to decrease with age.

Pay **particular attention to teenage girls**, since they are more at-risk for eating disorders:

- Watch for potential signs of anorexia.

For example:

- Severe weight loss, obsession with diets, false perception of size and body weight, excessive physical exercise, refusal to eat for fear of gaining weight, claiming not to be hungry, dizzy spells, weakness, irritability, depression.

- Watch for potential signs of bulimia.

For example:

- Inability to concentrate, dry skin, obsession with food, distorted perception of size and body weight, frequent diets, misuse of laxatives, dietary medications and diuretics, abnormal wear of tooth enamel, especially on upper incisors, regular trips to the toilet after meals.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest, **raise awareness, train, supervise and support school staff members and volunteers**, in particular with regard to:

- the students' current eating habits;
- the factors that influence eating habits;

- the recommendations made in *Canada's Food Guide*;
- basic nutritional knowledge and skills;
- eating habits conducive to oral health;
- promotion of healthy eating;
- development of a healthy body image.

Provide **appropriate didactic and educational material**.

Be familiar with the school board's local policy concerning healthy eating and a physically active lifestyle.

Involve qualified resource people depending on the context (nutritionist, dietary technician, dietician, dentist, dental hygienist, etc.).

Clearly define the role played by the school staff, parents and members of the community in promoting healthy eating:

- Identify the people responsible for different activities, who does what, and how.

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, connectedness, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a **positive attitude toward healthy lifestyle habits**.

Encourage the students **to become involved in promoting an environment conducive to healthy lifestyle habits**: provide opportunities for students to become involved in planning menus, meals and snacks in different contexts: at the cafeteria, for vending machines, during outings, camps and events, for parents' visits, etc.

Create a **climate at school that fosters the sense of security and belonging**, an open mind, communication and **quality relationships** (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and friendly;
 - Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).
- For example:*
- Avoid promoting a single body shape. All shapes must be respected;
 - Watch for actions or activities that could be discriminatory;
 - Intervene to stop teasing based on size, body shape or weight.

Rules, standards, policies



Adopt a local policy on healthy eating and a physically active lifestyle based on the framework policy *Going the Healthy Route at School*:

- **Define the principles** of the policy:
 - Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
 - Confirm that the school is a healthy living environment by acquiring and maintaining healthy eating habits;
 - Take a participatory approach: involve the students, parents and school staff in the process of preparing, publishing and applying the policy:
 - Consult students, school staff and parents on the menus offered by the school.
- Make sure **to know the situation** regarding food at the school;
 - Find out about the students' health-related, oral health and food-related habits, experiences, opinions, representations and concerns.¹
- Establish the content of the local policy so as to provide a varied diet, and give priority to foods with high nutritional value (Framework Policy and Information sheets 1 to 4 on the implementation of the food component):
 - Provide a supply of healthy foods conducive to oral health, as well as means composed of the four groups from *Canada's Food Guide* (cafeteria, vending machines, caterer, snacks, breakfasts):
 - Try to eliminate foods with low nutritional value that are harmful to oral health (sugar-rich drinks and foods, fried foods, batter);
 - Provide a variety of fruits, vegetables, pure unsweetened 100% fruit juices and vegetable juice, in addition to milk and water;
 - Promote the consumption of dairy products;
 - Give priority to cereal and whole grain products;
 - Reduce the fat content of foods;
 - Adapt portion sizes to the students' age;

¹ Survey data can be obtained from public health offices.

SCHOOL

- In the service line, give priority to healthy food that is conducive to oral health.
- In the vending machines (see the Framework Policy Information Sheet 2, *Healthy Vending Machines*):
 - Try to eliminate foods with low nutritional value that are harmful to oral health (e.g. sugar-rich drinks or foods, fried foods, batter);
 - Provide a variety of 100% pure unsweetened fruit juices and vegetable juices, in addition to milk and water;
 - A set of criteria can be used to identify the foods that should be given priority for their nutritional value and low propensity to cause tooth decay or erosion;
 - The priority products should be more visible in the vending machines: they should be placed in the centre, towards the top. They should account for at least 75% of the foods contained in the vending machines.
- Make sure the school's food supply is consistent with educational activities for students on the subject of healthy living;
- Ensure consistency with fundraising campaigns (e.g. fruit rather than chocolate);
- During special events (trips, outings, etc.), sell or provide foods and drinks that are consistent with the principles of healthy eating;
- Provide an environment that minimizes the risk relating to food allergies (Application guide for the healthy eating component of the *Framework Policy on Healthy Eating and Active Living*, 2008):
 - Make sure food service operators take steps to prevent potential risks;
 - Introduce policies to exclude certain allergens, depending on the client base:
 - In elementary schools, avoid peanuts and other nuts.
 - Introduce a food allergy management program to reduce the risk of food allergy accidents.
- Work with the daycare service to provide healthy snacks that are conducive to oral health;
- Make sure agreements with subcontractors are consistent with the principles of healthy eating;

- Introduce incentive pricing or bonus points for healthy foods that are conducive to oral health.
- Make sure the school staff is aware of the importance of understanding the content of the local policy and applying it at school;
- Make sure that students, parents and school staff members are aware of the local policy and involve them in its implementation;
- Establish an **implementation strategy** for the local policy.

School organization (timetables, structures, management)



Provide **conditions conducive to pleasant meals**.

For example:

- Change the meal schedule to avoid crowding;
- Ensure that lunchtime is a pleasant experience: appropriate time, conditions and atmosphere.

SCHOOL

PHYSICAL ENVIRONMENT

Conditions and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.) 

Make sure that **drinking water supplies are available** (easy access and appropriate quantities).

Make sure **food is stored properly** (refrigerators, vending machines, lunch boxes, etc.), and that the **premises** where food is prepared and served are **clean**.

Provide **an appropriate location and favourable conditions for meals:**

- A safe, welcoming and friendly location.

Observe standards of cleanliness and collaborate with municipal and government inspection services for inspections of food areas (cafeteria, snack bar, caterer).

Material resources (recreational equipment, sports equipment, vending machines, etc.) 

Provide students with the **materials they need to test** recipes and **prepare food**, snacks and simple meals during curricular and extracurricular activities.

Provide a variety of foods (caterer, cafeteria, vending machines) and give **priority to foods with high nutritional value** (see the *Rules, standards and policies* section of this information sheet) that also meet the criteria for oral health.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain close collaboration between **families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain **aware of the needs of students and families** (in particular with respect to their gender, ethnic and religious background and standard of living) and **provide suitable follow-up**:

- Pay special attention to teenage girls, since they are at greater risk for eating disorders;
- Be aware of behavioural changes.

For example:

- Absenteeism, declining participation, lack of concentration, poor results.

Ensure that **social and emotional support** is available from qualified adults at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school;
- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
- When necessary, encourage students to consult qualified adults in the school, who can help without judging.

Preventive services



Establish **services to support or refer students to qualified resources** (meetings with dietitians, kinesiologists, school psychologists) **if they have**:

- Dietary difficulties (allergies, dysfunctional food behaviour: restrictions, over-eating, under-eating);
- Problems relating to their weight or body image: obesity, excessive concern with weight or body image (e.g. over-exercising). Students who are concerned about their weight must be referred to a health professional qualified to evaluate and treat this problem;
- Difficulties connected with food insecurity:
 - Establish links with community organizations, food banks, food cooperatives, group kitchens and other services.

Student support and assistance services¹

When required, offer the following services to the **students concerned**:

- Services for **students with adjustment problems at school, behavioural problems or learning difficulties**;
- **Academic support**: homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

¹ Refer to the program of complementary services established by the school board and school.

SCHOOL

Youth clinic²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students’ homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

• Procedures:

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that clinics are available in the students’ immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offers **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.

• Specific services:

As part of the work of the youth clinic, offer services linked to healthy lifestyle habits:

- Provide nutritional advice;
- Recommend participation in physical activities;
- Offer counselling on physical activities of moderate intensity for at least 60 minutes per day;
- Question students about their smoking profile and give clear reinforcement messages;
- Offer counselling on second-hand smoke;
- Offer brief or summary advice on how to stop smoking and, if applicable, refer students to a smoking clinic or the health and social services centre. Adapt the discourse to the needs of students under 18;
- Recommend the use of a fluoride toothpaste;
- Recommend the use of dental floss.

• General services:

Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the *Sleep, Hygiene and Oral Health* information sheet for a list of services that should be offered**).

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1 2 3	→ Find out how images are created and manipulated. - The growth and development of their own body, including puberty: - Understand how their body is changing, and the anatomical, psychological and emotional changes connected with puberty; - Gradually get to know and accept their changing body image: - Find out about the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes. - The importance of allowing themselves to be wrong.	1 2 3 3 3
Develop a positive self-image Learn about and accept themselves, and develop a positive self-image, including body image by becoming aware of: - Their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs and feelings: - Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by gender roles, and their cultural, social and religious background in building their identity; - Recognize the diversity of body shapes and representations of physical beauty; - Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media: - Become aware of the existence of stereotyped female and male images produced for marketing and consumer purposes; - Become aware of the negative effects of stereotyped and idealized body models on the acceptance of their own body image;	1 2 3 2 3 3	Adopt healthy eating habits Develop culinary expertise and knowledge of food through experimentation Taste a variety of foods several times during the year (tasting sessions). Prepare foods: - Healthy snacks conducive to oral health; - Simple, healthy recipes.	1 2 3 1 2 2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Exercise critical judgment		Analyze the impacts of healthy eating habits on health and well-being:	
Understand the biological process of digestion and the nutritional content of foods:		Understand the notions of healthy eating habits and health;	1 2
Be familiar with the digestive system;	1 2	Explain the short-term impacts of healthy eating on health and well-being: growth rate, development of the immune system, ability to concentrate, oral health, energy levels, etc.;	2 3
Be familiar with <i>Canada's Food Guide</i>, the four food groups and their respective contributions;	1 2	Explain the negative impacts of unhealthy eating: impacts on growth and development, ability to concentrate, dental decay and erosion, greater risk of certain diseases such as diabetes, cardiac disease, etc.	2 3
Be familiar with nutrients (carbohydrates, proteins, fats, minerals, vitamins, fibre, etc.) and their respective contributions;	1 2 3		
Identify healthy, nutritive, appetizing snacks and foods that are conducive to oral health;	1 2		
Request healthy foods;	1 2 3		
- Be able to read and interpret food labels: - Identify the nutritional components of food.	2 3		
Analyze the factors that influence food preferences and choices:		Develop their assertiveness	
Identify the various factors that influence eating habits: social, cultural, physiological, psychological, economic, religious, environmental, political, media-related;	1 2 3	State opinions and explain their choices.	1 2 3
Be familiar with the influence of taste over food choices;	1 2	Take responsibility for their actions.	1 2 3
Identify their personal preferences for meals and snacks;	1 2	Resist negative peer pressure against healthy eating:	
Recognize and debate the influence of family and the media in the development of eating habits.	2 3	- Recognize the other people's influence over their behaviour and choices: - Distinguish between negative and positive peer pressure.	1 2 3
		- Avoid being negatively influenced by the attitudes, words and actions of peers: - Practise and analyze various ways of saying "No" and responding to pressure.	1 2 3
		Identify peers who have a positive influence and spend time with them.	3

ELEMENTARY SCHOOL STUDENTS

	Cycles		
Resist negative media pressure against healthy eating:	1	2	3
• Become aware of the place and influence of the media in their daily life, including their eating habits;	1	2	3
• Analyze media representations of lifestyle habits: compare facts and opinions, and the gap with reality;		2	3
• Identify the interests underlying the messages: economic, political, social and cultural interests.			3
Plan a process to change their eating habits			
• Analyze their eating habits;	1	2	3
• Examine the place to be given to a healthy diet conducive to oral health in everyday life;	1	2	3
• Set simple goals to improve their eating habits:	1	2	3
- Respect signs of hunger and satiation (signs of hunger: empty stomach, gurgling, feeling weak; signs of satiation: feeling full, no longer experiencing signs of hunger);			
- Understand the importance of a good breakfast;			
- Introduce elements conducive to pleasant meals (sufficient time, opportunity to communicate, no television).			
• Plan strategies;	1	2	3
• Interpret the results of their strategies to change their eating habits and decide which elements should be maintained and which should be improved.	1	2	3



Cycles

Become socially involved

Promote a healthy lifestyle and environment among friends and family.

2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	- Find out how images are created and manipulated. • Be aware of the growth and development of their own body, including puberty: - Understand how their body is changing, and the anatomical, psychological and emotional changes connected with puberty; - Express their feelings about these changes; - Gradually get to know and accept their changing body image: → Understand the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes. • Be aware of the importance of allowing themselves to be wrong; • Be aware of their life projects and aspirations.	1	2
Develop a positive self-image Learn about and accept themselves, and develop a positive self-image, including body image: • Be aware of their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs, feelings, tastes, interests, ideas and values: - Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by gender roles, and their cultural, social and religious background, in building their identity; - Recognize the diversity of body shapes and representations of physical beauty. • Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media: - Become aware of the existence of stereotyped female and male images produced for marketing and consumer purposes; - Analyze the negative effects of stereotyped and idealized body models on the acceptance of their own body image;	1	2	Adopt healthy eating practices Develop nutritional and culinary know-how through experimentation Taste a variety of food on several occasions during the year (tastings). Plan and prepare healthy meals: • Plan and prepare meals adjusted to different contexts: small budgets, outings, camps, parties, etc.;	1	2

SECONDARY SCHOOL STUDENTS

Institut national de santé publique du Québec	Synthesis of Recommendations – <i>Healthy Lifestyle Habits: Nutrition</i> Information Sheet	18

SECONDARY SCHOOL STUDENTS

	Cycles		Cycles
• Become aware of the potential effects of skipping meals, dieting, dietary restrictions and consuming slimming products or protein supplements to try and imitate prefabricated, stereotypical images; • Become aware of the potential effects of eating habits (sweet or acidic foods, frequency and timing) that may cause dental decay or erosion.			- Negotiate, refuse, explain and communicate their own point of view; - Justify their position. • Assess the efficiency of their resistance strategies.
Develop their assertiveness			Plan a process to change their eating habits
State their opinions and explain their choices.	①	②	Develop an individual plan to improve their eating habits:
Take responsibility for their actions.			① ②
Resist negative pressure from peers and the media concerning healthy eating:			• Set themselves goals, identify obstacles, and develop strategies to attain their goals (incentives, reinforcement), make decisions, monitor progress, assess their goals and strategies, reward their success; • Respect signs of hunger and satiation (signs of hunger: empty stomach, gurgling, feeling weak; signs of satiation: feeling full, no longer experiencing signs of hunger); • Find relevant information on nutrition and the resources available in the community; • Compare their habits to <i>Canada's Food Guide</i>. Warning: Asking students to keep a food diary may have paradoxical effects by encouraging students to compare themselves to others. In the diary, maintain emphasis on the types of foods eaten, rather than the quantity; • Reduce consumption of sweet, sticky and acidic foods and avoid consuming them between meals; • Plan methods of resisting and responding to pressure from peers and the media; • Combine the various influences with their personal tastes: - See how to make foods and meals both healthy and appetising.
• Analyze the influence of peers and the media over their behaviour, attitudes, values and choices: - Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, eating habits and health. • Analyze media representations of nutrition: comparison between facts and opinions; gap with reality, interests underlying messages (economic, political, social or cultural); • Set themselves goals to resist negative pressure from peers and the media; • Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media: - Anticipate the consequences of resisting pressure from peers or the media;			



Become socially involved

Promote healthy eating among family and friends:

- Produce documents for peers, to promote healthy eating conducive to oral health;
- Encourage their parents and friends to make healthy food choices;
- Campaign to improve the quality of the food supply in the neighbourhood, at grocery stores and restaurants, and in school.

Cycles

1	2
1	2
	2

FAMILY

Relevant information for parents



Profile of the eating habits of young people in Québec, and aspects of concern:

- Daily consumption of cereals, fruits and vegetables, meats and meat substitutes and dairy products, in accordance with the *Canada's Food Guide*;
- Energy and macronutrient intake (proteins, sugars, fats, fibres);
- Intake of main micronutrients (vitamins, calcium, sodium, potassium, iron, zinc);
- Eating behaviour: eating breakfast, eating out, food choices;
- The things youth do to change their weight or appearance (changing their diet [to different extents], skipping meals, fasting, dieting, taking laxatives, taking appetite suppressants, smoking [starting or resuming], exercising intensively, taking food supplements, taking products such as anabolic steroids);
- Frequency of consumption of foods that are detrimental to oral health.

Recommendations for health eating, according to *Canada's Food Guide*.

Influence of various determinants on the eating habits of children (social, cultural, physiological, psychological, economic, religious, environmental, political, media-related).

Influence of **family factors**:

- Parents' eating habits, positive attitudes towards food, influence of the mother's eating behaviour on her daughter (e.g. slimming diets), parents' knowledge of healthy eating conducive to oral health, positive example set by parents;
- Availability of healthy foods that are conducive to oral health, multiple exposure to a variety of foods;

- Importance of food-related activities involving the whole family (e.g. mealtimes, meal preparation, shopping, good quality social relationships during meals), monitoring of what the child eats, presence at home;
- Democratic parental education (clear limits, awareness of needs, firm discipline);
- Knowledge of anatomical, physiological and psychological changes during puberty.

Development of a positive self-image and body image for the child.

Importance of eating breakfast.

Activities and measures introduced by the school to develop healthy lifestyle habits.

Resources available in the community to promote healthy lifestyle habits and support families living in difficult conditions.

Relevant resources providing tips concerning nutrition, menus, recipes, etc. (e.g. *SOS cuisine*).

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness** and **communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;

FAMILY

- Help their child to develop a **positive self-image**:
 - Help their child to become aware of his uniqueness: characteristics, qualities, talents, etc.;
 - Help their child to understand the growth and development of his body, including puberty;
 - Emphasize that all body shapes are normal;
 - Provide positive reinforcement for their child's body image: positive messages about his body, abilities and skills;
 - As parents, avoid making negative comments about their own weight, height, diet or regimen;
 - Help their child to develop a critical understanding of stereotyped and idealized representations of the male and female body in the media;
 - If their child are overly concerned about his weight, refer him to a competent health professional to assess the situation;
 - Remain aware of the involuntary prejudice they may convey about body image or attitudes and beliefs about food, exercise, weight control, etc.
- Establish and maintain effective communications with their child;
- Establish clear rules and limits for their child (depending on the development phase) and ensure that these rules and limits are understood and respected;
- Help their child to manage his stress.

For example:

- Help their child to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child; ensure that their behaviour is consistent with the message they want to convey.

Encourage **variety, balance and moderation** in what their child eat.

Encourage their child **to eat breakfast**:

- With their child, prepare quick, healthy and balanced breakfasts;
- Allow sufficient quality time for breakfast.

Encourage healthy food choices conducive to oral health **by involving child in food-related activities**:

- Grocery shopping;
- Commenting on advertisements;
- Checking labels;
- Choosing the menu at restaurants;
- Cooking together;
- Preparing lunch boxes;
- Trying new foods.

Avoid dietary restrictions and food rewards (especially when trying new foods).

Be **vigilant** in respect of **food allergy risks** for their child:

- Type of food allergy;
- Foods generally associated with severe allergic reactions (e.g. peanuts, other nuts, fish and seafood);
- Foods likely to cause allergic reactions (e.g. peanuts, other nuts, sesame seeds, milk, eggs, fish and seafood, shellfish, soya, wheat, sulphites);
- Notify school staff and provide an emergency kit in case the child suffers a severe reaction.

FAMILY

Support the school in the application of a local policy on healthy eating and a physically active lifestyle:

- Maintain a message that is consistent with the school's message;
- Reinforce educational messages at home using real-world examples;
- Comply with standards for snacks, lunches, etc.

Encourage their child to get involved in **activities to promote healthy lifestyle habits**.

Family support (information, activities, services)



Help all parents to encourage **their child's development**, and **help families in difficulty** to use the support available.

- Help to provide **nutritional support**:
 - Group kitchens, community gardens, purchasing cooperatives, breakfasts.
- In underprivileged areas, involve parents in providing breakfasts at school.

Offer **programs, training and workshops** organized by the school or by community organizations **to help parents** play their role:

Attention: *Help parents to understand the overall development of their child by emphasizing certain themes, depending on his needs and development stages, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - Nutrition workshops, inexpensive group cookery classes.
- Advise parents about ways to ask for help;

- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use **privileged parental practices** to:
 - Promote positive relationships and communication between parents and child, and a close ongoing relationship;
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, school life and transitions (e.g. family, school).

Ways to involve parents¹



Establish a **relationship of trust with the family** and **treat parents as partners**.

Pay special attention to **the parents of secondary-level students** (lower participation rate).

¹ Refer to the *School-Family-Community Collaboration* information sheet.

FAMILY

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents** to **participate in school life** by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work:
 - Invite the parents to take part in activities designed to promote healthy eating conducive to oral health.
- Participate in decisions made by the school:
 - Involve parents in implementing the local policy to promote healthy eating and a physically active lifestyle;
 - Consult the parents concerning the foods and menus offered by the school.
- Help with preventive services provided at the school and in the community.

Ask parents who wish to do so **to act as mentors** or **tutors** for students, and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite **parents** to **take part in community activities with their child**.

Invite parents to use the services offered by the school and the community.

COMMUNITY

Rules, standards, policies



Make the municipality, the regional county municipality and borough aware of the school policy on healthy eating and a physically active lifestyle, based on the *Framework Policy on Healthy Eating and Active Living*.

Establish a **partnership to reinforce the school policy** in other places frequented by students:

- Make leisure centres and community organizations aware of the local policy on healthy eating and a physically active lifestyle.

Promote the provision of healthy foods in leisure centres and by municipal and community organizations:

- Encourage snack bars near the school to offer low-priced healthy menus.

Work with local media and businesses to:

- Limit the food-related advertising aimed at young people;
- Adopt positive messages that are respectful of young people's body images.

Involve the local media in relaying information about the school's promotion and prevention activities in connection with nutrition.

Help **draft and implement policies for youth development and family support:**

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

Support for young people and families (resources, activities, services)



Ask nutritional experts to take part in healthy eating support activities for young people and families.

Help to provide **support for families with difficulties** (insufficient resources, mental health or addiction problems, etc.).

For example:

- Offer workshops on parental support, youth development (including self-esteem) and parenting skills;
- Work with the students to offer workshops on nutrition and inexpensive group cookery classes;
- Work with food banks and purchasing cooperatives from the community.

In underprivileged areas, collaborate and work with community organizations to provide food services at school.

For example:

- Healthy snacks and breakfasts;
- Parent-school cooking classes at school, led by a community organization.

Help to offer **activities to support and inform parents about their role in promoting healthy lifestyle habits.**

Facilitate access to and provision of preventive services at the school and in the community:

- Establish a climate of cooperation between various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular regarding support services for families and services for youths at risk or facing problems of addiction:
 - Stipulate the terms of confidentiality agreements (non-disclosure of personal information).

COMMUNITY

Collaborate with the inter-sector youth authorities.

Promote the **involvement of families in decisions** concerning the services to be introduced in the community.

Publicize the food-related services available in the community.

Youth social participation



Allow **young people to play a role in improving the food supply** in the community.

Promote **involvement, schools and families in the process of identifying and implementing sustainable, complementary solutions to improve access to healthy foods**, especially in underprivileged areas.

For example:

- Setting up stores associated with local producers;
- Carrying out agricultural projects supported by young people and the community;
- Organizing community gardens and small public markets (entrepreneurship).

Promote and highlight **through participation:**

- in the design and implementation of actions to promote a physically active lifestyle;
- in the design, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities, etc.);
- in various community authorities;

- in providing better access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in various activities (sporting, cultural, artistic, social, political, festivals) offered by the community.

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Develop **joint projects to promote healthy eating, focusing on healthy lifestyle habits rather than weight loss.**

For example:

- Form partnerships with local producers to offer their products in schools.

Identify **members of the community who are significant** to young people and their families and involve them in collaborative projects.

REFERENCES

- Agence de la santé et des services sociaux de la Montérégie (2007). *Pour faire contrepoids à l'obésité en milieu scolaire. Complément au Rapport de la directrice de santé publique*. Longueuil: Agence de la santé et des services sociaux de la Montérégie.
- Aiston, M. E. M., Anderson, I., Barber, C., Beaubier, S. and Beaudry, M. (1996). *La nutrition pour un virage santé : voies d'action*. Ottawa: Health Canada.
- Association régionale du sport étudiant de Québec et de Chaudière-Appalaches (2003). *Chaque jour, moi j'croque 5 fruits et légumes. Guide d'intervention pour les écoles de niveau primaire*. Québec: Sport étudiant Québec et Chaudière-Appalaches.
- Baril, G. (2008). *Les politiques alimentaires en milieu scolaire. Une synthèse de connaissances sur le processus d'implantation*. Montréal: Direction du développement des individus et des communautés de l'Institut national de santé publique du Québec.
- BC Dairy Foundation, BC Province, and Knowledge Network (2009). *Making it happen: healthy eating at school*. British Columbia, Canada: BC Dairy Foundation, BC Province, Knowledge Network.
- Bertrand, L. (2001). L'alimentation. In M. Hamel, L. Blanchet, and C. Martin (Eds.), *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*, (p.169-210). Sainte-Foy, Québec: Les Publications du Québec.
- Bertrand, L. and Marier, C. (2008). *Cadre de référence pour le soutien au développement de la sécurité alimentaire dans la région de Montréal 2008-2012*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Bédard, B., Dubois, L., Baraldi, R., Boucher, M. and Dumitru, V. (2008). *L'alimentation des jeunes québécois : un premier tour de table – Enquête sur la santé dans les collectivités canadiennes (cycle 2.2)*. Québec: Institut de la statistique du Québec.
- Boonen, A., De Vries, N., De Ruiter, S., Bowker, S. and Buijs, G. (2009). *HEPS Guidelines. Guidelines on promoting healthy eating and physical activity in schools*. Woerden, Netherlands: Healthy Eating and Physical Activity in School Projects (HEPS).
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Public Health Agency of Canada.
- British Nutrition Foundation (2005). *What is a whole school food policy?* British Nutrition Foundation. Website consulted in Spring 2008 [online]: <http://www.nutrition.org.uk>.
- Budd, G. M. and Volpe, S. L. (2006). School-based obesity prevention: research, challenges and recommendations. *Journal of School Health*, 76(10), 485-495.
- Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J. et al. (2009). *Tackling obesities: future choices-project report*. London, United Kingdom: United Kingdom Government's Foresight Program.
- Centers for Disease Control and Prevention (2003). *Promising practices in chronic disease prevention and control. A public health framework for action*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2007). *Health education curriculum analysis tool*. Atlanta, GA: Centers for Disease Control and Prevention.
- Clift, S. and Jensen, B. B. (Eds), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Conseil de développement de la recherche sur la famille du Québec (2006). Dossier « Famille et alimentation ». *Recherches sur la famille*, 6(1), 1-15.

REFERENCES

- Cooke, L. (2007). The importance of exposure for healthy eating in childhood: a review. *Journal of Human Nutrition and Dietetics*, 20, 294-301.
- Cross-Government Obesity Unit-Department of Health and Department of Children Schools and Families (2008). *Healthy weight, healthy lives: a cross-government strategy for England*. London: HM Government.
- Dangaix, D. (2008). Les soins se construisent autour de l'éducation pour la santé. *La santé de l'homme*, 394, 26-27.
- Dietitians of Canada, Newfoundland and Labrador Medical Association, Newfoundland and Labrador Public Health Association, Association of Registered Nurses of Newfoundland and Labrador, and Memorial University of Newfoundland (2005). *Healthing eating and active living in school settings: taking action to address obesity in children and youth*. Newfoundland and Labrador, Canada: Go Healthy.
- Extenso (2005). *Pas de régimes pour les enfants!* Extenso, Centre de référence sur la nutrition humaine. Website consulted in Fall 2008 [online]: <http://www.extenso.org/nutrition/detail.php/f/1421>.
- Équipe de travail pour mobiliser les efforts en prévention (2005). *L'amélioration des saines habitudes de vie chez les jeunes. Recommandations*. Québec: Report presented to the Minister of Health and Social services, Gouvernement du Québec.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in Fall 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Florence, M. D., Asbridge, M. and Veugelers, P. J. (2008). Diet quality and academic performance. *Journal of School Health*, 78(4), 209-215.
- Fulkerson, J., French, S. A., Story, M., Nelson, H. and Hannan, P. (2003). Promotions to increase lower-fat food choices among students in secondary schools: description and outcomes of TACOS (Trying Alternative Cafeteria Options in Schools). *Public Health Nutrition*, 7(5), 665-674.
- Genivar discipline des services alimentaires, Deraspe, C., Savoie, S., Sylvain, J.-P. and Gaudreau, R. (2008). *Guide d'application du volet alimentation. Politique-cadre pour une saine alimentation et un mode de vie physiquement actif*. Québec: Ministère de la Santé et des Services sociaux du Québec.
- Germov, J. and Williams, L. (Eds), (2004). *A sociology of food and nutrition: the social appetite*. (2nd Ed.). Melbourne: Oxford University Press.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale*, février, 1-6.
- Government of Alberta (2008). *Alberta nutrition guidelines for children and youth. A childcare, school and recreation/Community centre resource manual*. Alberta: Government of Alberta.
- Haines, J. and Neumark-Sztainer, D. (2006). Prevention of obesity and eating disorders: a consideration of shared risk factors. *Health Education Research*, 21(6), 770-782.
- Hamel, M., Blanchet, L. and Martin, C. (Éds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Health Canada (1997). *Food for Thought. Schools and Nutrition*. Ottawa: Health Canada.

REFERENCES

- Health Canada (2007). *Eating Well with Canada's Food Guide. A Resource for Educators and Communicators*. Ottawa: Health Canada.
- Health Canada (2007). *Eating Well with Canada's Food Guide*. Ottawa: Health Canada.
- Health Promotion Agency for Northern Ireland (2006). *Fresh fruit in schools. Summary report 2002-2006*. Belfast, NI: Health Promotion Agency for Northern Ireland.
- Hesketh, K., Waters, E., Green, J., Salmon, L. and Williams, J. (2005). Healthy eating, activity and obesity prevention: a qualitative study of parent and child perceptions in Australia. *Health Promotion International*, 20(1), 19-26.
- Hooper, M., Kirkpatrick, S., Ellis, A. and McIntyre, B. (2005). Les facteurs qui conditionnent nos habitudes alimentaires. Où en sont nos connaissances? *Revue canadienne de santé publique*, 96(3- suppl. July-August), S6-S7.
- Huang, J. S., Norman, G. J., Zabinski, M. F., Calfas, K. and Patrick, K. (2007). Body image and self-esteem among adolescents undergoing an intervention targeting dietary and physical activity behaviors. *Journal of Adolescent Health*, 40(3), 245-251.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes canadiens*. Ottawa: Institut canadien d'information sur la santé.
- Janssen, I., Katzmarzyk, P. T., Boyce, W. F., King, M. A. and Pichett, W. (2004). Overweight and obesity in Canadian adolescents and their associations with dietary habits and physical activity patterns. *Journal of Adolescent Health*, 35(5), 360-367.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Katz, D. L., O'Connell, M., Yeh, M.-C., Nawaz, H., Njike, V., Anderson, L. M. et al. (2005). Public health strategies for preventing and controlling overweight and obesity in school and worksite settings. A report on recommendations of the Task Force on Community Preventive Services. *Morbidity and mortality weekly report*, 54 (RR-10).
- Lachance, B., Pageau, M. and Roy, S. (2006). *Investir pour l'avenir : plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012*. Québec: Ministère de la Santé et des Services sociaux.
- Lamontagne, C. and Chaumette, P. (2008). *Chaque jour, moi j'croque 5 fruits et légumes - déjà 6 ans! Rapport d'évaluation 2007-2008*. Québec: Direction régionale de santé publique de l'Agence de la santé et des services sociaux de la Capitale-Nationale.
- Lavallée, C. (Ed.), (2004). *Enquête sociale et de santé auprès des enfants et des adolescents québécois, volet nutrition*. Québec: Institut de la statistique du Québec.
- Lavallée, C. and Stan, S. (2004). Caractéristiques des enfants et des adolescents québécois de 6 à 16 ans. Dans C. Lavallée (Ed.), *Enquête sociale et de santé auprès des enfants et des adolescents québécois, volet nutrition*, (p.35-62). Québec: Institut de la statistique du Québec.

REFERENCES

- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Leathwood, P. and Maier, A. (2006). Les influences précoces sur les préférences gustatives chez les enfants. Sion, Suisse. Communication présentée au colloque Senso5 : *approche sensorielle de l'alimentation chez l'enfant, regards croisés des industriels, des nutritionnistes et des pédagogues*, September 15, 2006.
- Ledoux, J. (2002). *Le programme Bien dans sa tête, bien dans sa peau. Guide d'intervention sur le poids et l'image corporelle auprès des jeunes en milieu scolaire*. Montréal: Collectif Action alternative en obésité.
- Ledoux, M., Mongeau, L. and Rivard, M. (2002). Poids et image corporelle. In Institut de la statistique du Québec (Ed.), *Enquête sociale et de santé auprès des enfants et des adolescents québécois, 1999*, (p.311-344). Québec: Les Publications du Québec.
- Lee, V., Mikkelsen, L., Srikantharajah, J. and Cohen, L. (2008). *Promising strategies for creating healthy eating and active living environments*. Oakland, California: Healthy Eating Active Living Convergence Partnership, Prevention Institute.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- Lytle, L. A., Murray, D., Perry, C., Story, M., Birnbaum, A., Kubik, M. et al. (2004). School-based approaches to affect adolescents' diets. Results from the TEENS study. *Health Education and Behavior*, 31(2), 270-287.
- Lytle, L. A. and Fulkerson, J. A. (2002). Assessing the dietary environment: examples from school-based nutrition interventions. *Public Health Nutrition*, 5(6A), 893-899.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Mann, M., Hosman, C. M. H., Schaalma, H. P. and de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-372.
- McLaren, L., Shiell, A., Ghali, L., Lorenzetti, D., Rock, M. and Huculak, S. (2004). *Are integrated approaches working to promote healthy weights and prevent obesity and chronic disease? A review and synthesis of the literature with suggestions and recommendations for policy and decision makers*. Calgary, Canada: Centre for Health and Policy Studies, Department of Community Health Sciences, University of Calgary.
- McVey, G. L., Davis, R., Tweed, S. and Shaw, B. F. (2004). Evaluation of a school-based program designed to improve body image satisfaction, global self-esteem, and eating attitudes and behaviors: a replication study. *International Journal of Eating Disorders*, 36(1), 1-11.
- Media Awareness Network (2008). *Eating under the rainbow*. Media Awareness Network. Website consulted in spring 2009 [online]: <http://www.media-awareness.ca>.
- Media Awareness Network (2009). *Looking at food advertising*. Media Awareness Network. Website consulted in spring 2009 [online]: <http://media-awareness.ca>.
- Media Awareness Network (2009). *Packaging tricks*. Media Awareness Network. Website consulted in spring 2009 [online]: <http://www.media-awareness.ca>.
- Media Awareness Network (2009). *Media Education*. Media Awareness Network, Canada. Section for teachers. Website consulted in spring 2009 [online]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index.cfm.

REFERENCES

- Micucci, S., Thomas, H. and Vohra, J. (2002). *The effectiveness of school-based strategies for the primary prevention of obesity and for promoting physical activity and/or nutrition, the major modifiable risk factors for type 2 diabetes: a review of reviews*. Hamilton, Ontario: The Effective Public Health Practice Project.
- Ministère de l'Éducation (2001). *The Québec Education Program: Preschool and Elementary Education (approved version)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Complementary Educational Services: Essential to Success*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Pour un virage santé à l'école. Politique-cadre pour une saine alimentation et un mode de vie physiquement actif*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *The Québec Education Program. Secondary Cycle Two (approved version)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *National Public Health Program 2003-2012* (updated in 2008). Québec: Gouvernement du Québec.
- Ministry of Children and Youth Services (2008). *Student nutrition program. Nutrition guidelines*. Ontario: Ministry of Children and Youth Services.
- Miura, M. R., Smith, J. A., Alderman, J. (2007). *Mapping school food: a policy guide*. Boston, MA: Public Health Advocacy Institute.
- Murnan, J., Price, J., Telljohann, S., Dake, J. and Boardley, D. (2006). Parents' perceptions of curricular issues affecting children's weight in elementary schools. *American School Health Association*, 76(10), 502-511.
- NSW Center of Public Health Nutrition (2005). *Best options for promoting healthy weight and preventing weight gain in NSW*. Sidney, Australia: NSW Department of Health.
- O'Dea, J. (2007). *Everybody's different. A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Camberwell, Australia: ACER Press.
- Paquette, M.-C. (2005). Perceptions de la saine alimentation. *Revue canadienne de santé publique*, 96(3, suppl.), S16-S21.
- P.E.I. Healthy Eating Alliance (2005). *The school healthy eating toolkit*. Charlottetown, Prince Edward Island: Prince Edward Island Healthy Eating Alliance.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Peters, L. W. H., Wiefferink, C. H., Hoekstra, F., Buijs, G. J., Ten Dam, G. T. M. and Paulussen, T. G. W. M. (2009). A review of similarities between domain-specific determinants of four health behaviors among adolescents. *Health Education Research*, 24(2), 198-223.
- Polivy, J. and Herman, C. P. (2005). La santé mentale et les comportements alimentaires. *Revue canadienne de santé publique*, 96(3, suppl.), S49-S53.
- Power, E. M. (2005). Les déterminants de la saine alimentation chez les Canadiens à faible revenu. *Revue canadienne de santé publique*, 96(3, suppl.), S42-S48.
- Procter, K., Rudolf, M., Feltbower, R., Levine, R., Connor, A., Robinson, M. et al. (2008). Measuring the school impact on child obesity. *Social Science and Medicine*, 67(2), 341-349.
- Raine, K. D. (2005). Les déterminants de la saine alimentation au Canada. *Revue canadienne de santé publique*, 96(3, suppl.), S8-S15.

REFERENCES

- Rampersaud, G., Pereira, M., Girard, B., Adams, J. and Metz, J. (2005). Breakfast habits, nutritional status, body weight and academic performance in children and adolescents. *Journal of the American Dietetic Association*, 105(5), 743-760.
- Ratté, N. (2009). *Réflexion sur nos interventions de promotion d'une saine alimentation : niveau communauté. Matériel de formation. Document inédit*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Sahay, T. B., Ashbury, F. D., Roberts, M. and Rootman, I. (2006). Effective components for nutrition interventions: a review and application of the literature. *Health Promotion Practice*, 7, 418-427.
- Shepherd, J., Harden, A., Rees, R., Brunton, G., Garcia, J., Oliver, S. et al. (2005). Young people and healthy eating: a systematic review on research on barriers and facilitators. *Health Education Research*, 21(2), 239-257.
- Shields, M. (2006). L'embonpoint et l'obésité chez les enfants et les adolescents. *Rapports sur la santé, Statistique Canada*, 17(3), 27-43.
- Sigfusdottir, I. D., Kristjansson, A. L. et Allegrante, J. P. (2007). Health behaviour and academic achievement in Icelandic school children. *Health Education Research*, 22(1), 70-80.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. et Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. Dans D. V. McQueen et C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Stallings, V. A., Yaktine, A. L. S. et Institute of Medicine of the National Academies (Éds), (2007). *Nutrition standards for foods in schools: leading the way toward healthier youth*. Washington, DC: National Academies Press.
- Stan, S. (2004). Comportements alimentaires. Dans C. Lavallée (Ed.), *Enquête sociale et de santé auprès des enfants et des adolescents québécois, volet nutrition*, (p.109-119). Québec: Institut de la statistique du Québec.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Taylor, J. P., Evers, S. et Mc Kenna, M. (2005). Les déterminants de la saine alimentation chez les enfants et les jeunes. *Revue canadienne de santé publique*, 96(3, suppl.), S22-S29.
- UNESCO (2000). *Age-appropriate education strategies to promote healthy eating*. UNESCO: FRESH, Focusing resources on effective school health. Site consulté au printemps 2008 [online]: http://portal.unesco.org/education/en/ev.php-URL_ID=36051etURL_DO=DO_TOPICetURL_SECTION=201.html.
- UNESCO (2004). *Enjoy a variety of foods: essential nutrients for healthy nutrition*. UNESCO: FRESH, Focusing resources on effective school health. Site consulté au printemps 2008 [online]: http://portal.unesco.org/education/admin/ev.php?URL_ID=36051etURL_DO=DO_TOPICetURL_SECTION=201.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Site consulté au printemps 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.

REFERENCES

- Valleau, L., Almeida, S., Deane, M. E., Froats-Emond, C., Henderson, D., Prange, M. E. et al. (2004). *Appel à l'action : créer un milieu scolaire favorable à la saine nutrition*. Ontario: Société ontarienne des professionne(le)s de la nutrition en santé publique.
- Veugeliers, P. et Fitzgerald, A. (2005). Effectiveness of school programs in preventing childhood obesity: a multilevel comparison. *Research and Practice*, 95(3), 432-435.
- Warwick, I., Mooney, A. et Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. Londres, Royaume-Uni: Thomas Coram Research Unit, Institute of Education, University of London.
- Wootan, M., Batada, A. et Marchlewicz, E. (2008). *Kids' Meals: obesity on the menu*. Washington, DC: Center for Science in the Public Interest.
- World Health Organization (1998). *Healthy nutrition: an essential element of a health-promoting school*. (WHO Information Series on School Health, document 4). Genève: World Health Organization.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Genève: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- World Health Organization (2004). *Global strategy on diet, physical activity and health*. Genève: World Health Organization.
- World Health Organization – Europe (2005). *L'obésité : un défi pour la région européenne de l'OMS. Aide-mémoire EURO/13/05*. Copenhagen, Denmark: Regional Office of the World Health Organization - Europe.
- World Health Organization (2006). *Obesity and overweight*. WHO - Media centre. Site consulté au printemps 2008 [online]: <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>.
- World Health Organization (2008). WHO European action plan for food and nutrition policy 2007-2012. Copenhagen: WHO Regional Office for Europe.

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach;
- The developmental approach;
- Developmental psychopathology;
- Competency development based using a socio-constructivist approach;
- The Ottawa Charter.

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	4
Organizational conditions	4
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies	5
School organization	6
PHYSICAL ENVIRONMENT	7
Condition and physical layout	7
Material resources	7
SERVICES FOR STUDENTS	9
Social support	9
Preventive services.....	9
 ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	11
 ELEMENTARY SCHOOL STUDENTS: development of	
social skills	15

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	17
 SECONDARY SCHOOL STUDENTS: development of	
social skills	21
 FAMILY	23
Relevant information for parents	23
Advice and key actions for parents	23
Family support.....	24
Ways to involve parents	25
 COMMUNITY	27
Rules, standards, policies	27
Support for young people and families	27
Youth social participation	28
School/family/community collaboration	29
 REFERENCES.....	31

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

SCHOOL

This overview of recommendations is consistent with the orientations of the Framework Policy on Healthy Eating and Active Living, *Going the Health Route at School*.

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Respect for oneself and for others;
- Tolerance;
- Inclusion.

Believe in the importance of being a **positive model** to help students adopt healthy lifestyles.

Believe in the **beneficial effects of a physically active lifestyle**, including the effects of physical activity at school, on learning and health.

BEFORE ANY INTERVENTION:

- Encourage school staff members to examine the bias they may unconsciously transmit concerning body image, and their attitudes and beliefs toward physical activity, weight control, etc.

Pedagogical principles of interventions



Focus on the overall health of young people, rather than just on their physical fitness.

Integrate **interventions on a physically active lifestyle** into interventions dealing with healthy lifestyle habits.

Promote a physically active lifestyle based on:

- the **development of attitudes and skills** that support participation in physical activities throughout life: social skills (communication, empathy, teamwork), leadership, a positive attitude toward physical activity;
- **daily participation** in a range of physical activities.

Make young people aware of the importance of spending **less than two hours per day on sedentary activities** (TV, video games, computer games, Internet browsing).

Focus on **enjoyment** and the feeling of **personal accomplishment** rather than on performance, competition and comparison with other people.

Do not use non-participation in a physical activity as a punishment or negative reinforcement.

Promote the development of healthy lifestyle habits with students through the **development of personal and social skills** (critical judgment, assertiveness, social involvement, resistance to social pressure).

Promote the inclusion and integration of all students:

- Be aware of differences stemming from aptitudes, handicaps and body shapes;
- When designing and implementing activities, be vigilant with regard to different economic, cultural and religious realities and gender issues:
 - Be aware of gender (as they grow older, boys and girls do not have the same interests);
 - Be aware of cultural realities and cultural specificities when choosing activities and games.

SCHOOL

Actively involve students in their learning:

- Make students responsible for their choices and practices connected with healthy lifestyle habits, especially a physically active lifestyle;
- Use their existing knowledge as a starting-point;
- Question the students about their preconceived ideas;
- Give students an opportunity to design, perform and evaluate curricular and extracurricular activities connected with healthy lifestyle habits, especially a physically active lifestyle;
- Give the students ways to assess their own performance;
- Encourage all students to participate in discussions and the planning of activities in the classroom and school;
- Check students' understanding of various concepts (for example: sports and recreational activities, a physically active lifestyle, physical activity, training, physical fitness, sport).

Ensure **the intensity and duration** of learning throughout compulsory schooling (preschool to Secondary V).

Seize opportunities in everyday life to help students **reinvest their skills** to develop healthy lifestyle habits:

Attention: *The opportunities offered by thematic events (such as the Provincial sport and physical activity day, Physical education month) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different subject areas.

Example:

- In science and technology, a discussion of the effects of physical activity on health and learning; in English, a debate on the influence of car advertising on cycling and walking, etc.
- Reinvest learning in other contexts outside the classroom, at school, in the home or in the community (e.g. during activities organized as part of the four programs of complementary educational services: support services, student life services, counselling services, and promotion and prevention services).

Pedagogical approaches, practices and methods



Allow students to choose from a wide range of activities connected with the development of healthy lifestyle habits to:

- Give them an opportunity to meet significant challenges based on their abilities, fields of interest and developmental stage in a game-based context (see the *Framework Policy on Healthy Eating and Active Living* and information sheet no. 7: *Program of extracurricular physical activities at elementary and secondary school*):
 - Be aware of the fact that in secondary schools, girls and boys may enjoy different physical activities.
- Offer activities (physical education, cooperative games, extracurricular activities, sports activities, training, recreational activities) that allow students to develop various competencies (social and individual) and various aspects of their overall health;
- Promote a balance between exercises that develop aerobic endurance (jogging, skating, hockey, swimming, dance), flexibility (stretching, gymnastics, yoga) and muscular and bone strength (weight training, climbing);
- Promote a balance between structure and non-structured activities involving various degrees of competition.

Promote **daily** (or near-daily) participation in **at least one hour** of an enjoyable **physical activity** that is appropriate to the students' developmental stage, at "medium" intensity (speed walking, skating, cycling, swimming) or "high" intensity (exercise that increases the pulse rate and leads to sweating: running, soccer).

- At least twice a week, physical activity periods should include strength training activities (to increase bone density);
- Integrate physical activity into the daily routine:
 - of the class:
 - physical activities sessions in the classroom;
 - health breaks;

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

SCHOOL

- of the school:
 - Structure recreation periods to allow students to put into practice the skills learned during physical education classes;
 - Give priority to activities and outings that allow students to be physically active;
 - If possible, walk to activities outside the school;
 - Plan physical and leisure activities on an ongoing basis, depending on the season;
 - Include various forms of physical activity in celebrations planned by the school;
 - Encourage each student to plan a physical activity during the year;
 - Organize special physical activities (active class outings, treasure hunts, medieval tournaments, Olympics, etc.);
 - Ask students to participate in physical activities outside school hours in a family or community setting.

Promote a **gradual increase** in the practice of physical activities.

Increase the number of opportunities to allow students to improve the motor skills needed for sports and recreational activities.

Encourage students to work harder and increase their enjoyment:

- Feedback, compliments and positive reinforcement;
- Recognition and rewards for success inside and outside school;
- Highlight the contribution made by each team member;
- Avoid placing importance on aspects (prizes, ranking, points) that could generate a feeling of failure or incompetence or lead to comparisons of students' performances (danger of stigmatisation);
- Ask the students to apply their strengths and draw lessons from their mistakes by applying a plan to improve their lifestyle habits.

Promote **demonstration, modelling and interactive teaching methods** (debates, role playing, situational tasks, questions, discussions, etc.).

Example:

- Base discussions on the students' experiences in modifying their lifestyle habits.

Promote the use of formulas for **personalized follow-up**:

- Encourage the students to apply a personal plan to modify their lifestyle habits (contract, passport, health notebook);
- Give the students the tools they need to measure their own physiological response to effort (pulse and breathing rate, degree of fatigue, ability to recuperate, etc.).

Establish a **warm, respectful and positive climate in the classroom**:

- Help the students to respect themselves, respect others and build their self-confidence.

Support competency development and educational success **by applying the following pedagogical practices**:

• **Differentiated pedagogy:**

- Take into account the difference in a group of students;
- Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
- Respect the students' cognitive styles, learning types and pace of learning;
- Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
- Focus, throughout the activities, on discovering the students' points of view and assumptions.

• **Support:**

- Give the students regular opportunities to use their competencies;

SCHOOL

- During learning situations, help the students:
 - to become aware of what they know and to establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts.
- **Regulation:**
 - Give the students enough time and opportunities to review the competencies they have developed;
 - Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
 - Help the students to conduct self-evaluation and peer evaluation; help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



At the elementary level, promote activities that develop **motor skills**.

Pay **special attention to female students during adolescence**, since they are more likely to reduce their level of physical activity **at secondary school**.

Take into account the fact that **as they get older, boys and girls** develop **different interests and tastes** with regard to physical activities.

Adapt the strength training program (endurance) to the students' development stage:

- Adjust instructions to the students' abilities;

- Include warm-up and cooling-off periods and an appropriate choice of exercises;
- Increase the training gradually, based on the students' capacity, and ensure that it is supervised by qualified staff;
- Use equipment adapted to the students' abilities:
 - **At the elementary level**, give priority to exercises that strengthen muscles in a natural way without using weights or body-building apparatus.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



Ensure that **physical education and health programs are dispensed by specialists or qualified teachers**:

- Continuing education for physical education and health specialists on various topics (obesity, active participation, etc.) and for preschool teachers on motor skills.
- To maintain commitment and interest, **raise awareness, train, supervise and support school staff members and volunteers**, in particular day-care staff and lunchtime supervisors, with regard to:
 - the current physical activity rate and sedentary rate among students;
 - the factors that influence the practice of physical activities among students;
 - the promotion of a physically active lifestyle;
 - the activities that match the students' developmental stage;
 - the link between a physically active lifestyle and educational success, health and well-being.

Involve qualified resource people depending on the context (physical educators, recreational technicians, kinesiologist, etc.) and organizations with recognized expertise.

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, connectedness, expected student behaviour)



Note: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a **positive attitude toward healthy lifestyle habits**:

- Promote and support safe, active modes of transportation.
Examples:
 - Install and maintain bike racks;
 - Encourage safe trips to and from school and the use of pedestrian corridors;
 - Encourage parents to participate in “accompanied walks”.
- Promote and support physical activities by school staff members.

Example:

- Take part in sports activities at the school.
- Promote special events featuring physical activities at the school or community level, and participate in them.

Create a **climate at school that fosters the sense of security and connectedness**, an open mind, communication and **quality relationships** (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and warm;
- Ensure that the venues for physical activities are free of harassment, discrimination and bullying:
 - Provide adequate supervision.
- Promote cooperation and support (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying these behaviours and attitudes both individually and within the school in general;

- Model active listening and show students how to build it into their everyday lives.

- Promote **openness and inclusion** within the school:

- Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).

Examples:

- Avoid promoting a single body shape. All shapes must be respected;
- Watch for actions or activities that could be discriminatory;
- Intervene to stop teasing based on size, body shape, weight or physical ability;
- Help student respect themselves and respect others.

- Consult students, parents and staff members concerning the development, organization and administration of physical activities.

Rules, standards, policies



Adopt a local policy on healthy eating and a physically active lifestyle based on the framework policy *Going the Healthy Route at School*:

- **Define the principles** of the policy:

- Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
- Confirm that the school is a healthy living environment based on a physically active lifestyle, by selecting and communicating relevant messages;
- Take a participatory approach: involve the students, parents and school staff in the process of preparing, publishing and applying the policy.

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

SCHOOL

- Make sure to know **the situation** regarding the physical activity of students at the school:
 - Find out about the students' habits, experiences, opinions, ideas and concerns about health and a physically active lifestyle.¹
- Establish **rules and guidelines to promote a physically active lifestyle** (see the guidelines for a physically active lifestyle in the *Framework Policy on Healthy Eating and Active Living*, and Information sheets 5, 6 and 7):
 - Offer activities that take into account the varied interests of the students and that are adapted to their abilities;
 - Ensure cooperation with the day-care service in offering activities conducive to a physically active lifestyle;
 - Make agreements with the community (municipality, community centre, private club) to share facilities and maximize the duration and range of activities available to students.
- Establish a policy to combat abuse, including checks when staff members are hired and at regular intervals thereafter;
- Make school staff members aware of the importance of taking ownership of the local policy and helping to apply it in the school;
- Ensure that teachers and physical activity coordinators **work together and convey coherent messages and practices**.
Examples:
 - Do not bar students from or cancel physical and sports activities or exercises as a punishment;
 - Make an agreement with a health professional to identify adapted physical activities for injured students rather than exempting them from class;
 - Accommodate students who have forgotten to bring their physical education kit.
- **Make sure that students, parents and school staff members are aware of the local policy and involve them in its implementation;**
- Establish an **implementation strategy** for the local policy;

- **Assess the supply, availability and accessibility of physical activities on a regular basis** (programs, facilities, teaching, upgrading, training and policies) complementing the activities available in the community.

School organization (timetable, structures, management)



Increase opportunities for students to be physically active during recreation, at lunchtime, at daycare and during extracurricular activities (see the *Framework Policy on Healthy Eating and Active Living* and Information sheet no. 7: *Programming extracurricular physical activities at the elementary and secondary levels*):

- Provide an extended range of recreational activities to attract as many students as possible;
- Offer a minimum of two recreational periods per day at the elementary level;
- Offer the minimum length physical education and health class as stipulated in the *Basic Regulation*;
- Organize activities on an annual basis.
- Train and support young leaders to lead or design physical activities;
- Build different opportunities for physical activities into the timetable;
- Offer inter-school sports activities.

Maximize active time in physical education and health classes:

- Organize physical activities of medium or high intensity during at least 50% of the physical education class;
- Reduce transitional periods before physical activities to maximize the time devoted to the activities;
- Change the rules for the activities to make the students more active;
- Increase playing time during each game.

Facilitate transportation for students who take part in extracurricular activities (for example: car pooling).

¹ Data from major surveys are available and can be accessed at public health offices.

SCHOOL

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Ensure that indoor and outdoor play areas as well as equipment and facilities for physical activities meet recommended safety standards.

Example:

- Comply with and apply the *Canadian Standard for Children's Playspaces and Equipment*.

Install **shaded areas around the school to maximize protection from the sun** during play or physical activity periods.

Install and supervise indoor and outdoor play areas to optimize physical activity opportunities (see the *Framework Policy on Healthy Eating and Active Living* and Information sheets no. 5 and 6: *School yard layout and supervision at the elementary level, School yard layout and supervision at the secondary level*):

- Make optimum use of facilities during and outside school hours (before, during and after school hours, at weekends and during school vacations);
- Design school yards to encourage students to be more active;
- Supervise recreation areas and times, involve students.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Give students access to **equipment in good condition, in sufficient quantities** to meet the needs of curricular and extracurricular activities.

Provide **suitable protective equipment** for students and school staff members during curricular and extracurricular activities:

- Provide suitable personal protection equipment (for example: facial protectors) free of charge or at a reduced rate, especially for low-income families.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, reception, self-help for students)



Maintain **close collaboration between families, the school and the community.**

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain **aware of the needs of students and families** (in particular with respect to their gender, ethnic and religious background and standard of living) and **provide suitable follow-up:**

- Pay special attention to girls from the first signs of puberty, because they are most likely to reduce their level of physical activity.

Give priority to **support and assistance from fellow students** during physical activities.

Preventive services



Establish **services to support or refer students to qualified resources** (meetings with dietitians, kinesiologists, school psychologists) **if they have:**

- Dietary difficulties (allergies, dysfunctional food behaviour: restriction, over-eating, under-eating) that may interfere with physical activities;
- Difficulties connected with body weight or body image: obesity, excessive concern with weight or body image (for example: over-exercising). Students who are overconcerned about their weight must be referred to a health professional qualified to evaluate and treat this problem;
- Difficulties connected with food insecurity:
 - Establish links with community organizations: food banks, food cooperatives, group kitchens and other services.

Student support and assistance services¹

When required, offer the following services to the **students concerned:**

- Services for students with adjustment problems at school, behavioural problems, or learning difficulties.
- **Academic support:** homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

¹ Refer to the program of complementary services established by the school board and school.

SCHOOL

Youth clinics²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” accessible to and with priority for students (in secondary schools or in a neighbourhood health and social services centre) to dispense preventive and curative services tailored to their specific needs.

• Procedures:

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that the clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.

• Specific services:

As part of the work of the youth clinic, offer services linked to a physically active lifestyle and healthy lifestyle habits:

- Recommend participation in physical activities;
- Offer counselling on physical activities of moderate intensity for at least 60 minutes per day;
- Offer nutritional counselling;
- Question students about their smoking profile and give clear reinforcement messages;
- Offer counselling on second-hand smoke (complementary service);
- Offer brief or summary advice on how to stop smoking and, if applicable, refer students to a smoking clinic or the health and social services centre. Adapt the discourse to the needs of students under 18.

• General services:

- Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the *Sleep, Hygiene and Oral Health* information sheet for a list of services that should be offered**).

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		
Develop self-esteem			
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some complementary elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	3
Develop a positive self-image			
Learn about and accept themselves, and develop a positive self-image, including body image, by becoming aware of:	1	2	3
• Their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs and feelings:	1	2	3
- Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by sexual roles, and their cultural, social and religious background, in building their identity;			
- Recognize the diversity of body shapes and representations of physical beauty;	2	3	
- Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media:			3
→ Become aware of the existence of stereotyped female and male images produced for marketing and consumer purposes; → Become aware of the negative effect of stereotyped and idealized body models on the acceptance of their own body image;			

	Cycles		
→ Find out how images are created and manipulated. • The growth and development of their own body, including puberty:	1	2	3
- Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty; - Gradually get to know and accept their changing body image:			3
→ Find out about the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes.			3
• The importance of allowing themselves to be wrong.	1	2	3
Adopt a physically active lifestyle			
Take advantage of their personal resources			
Develop motor skills depending on their age:	1	2	3
• Psycho-motor activities to promote fine and gross motor skill;	1	2	
• Aerobic activities and general motor activities to promote basic and specialized motor abilities for physical activities;	1	2	
• Organized individual or group sports activities promoting motor abilities.		2	3

ELEMENTARY SCHOOL STUDENTS

Institut national de santé publique du Québec	Synthesis of Recommendations – <i>Healthy Lifestyle Habits: Physically Active Lifestyle</i> Information Sheet	12

ELEMENTARY SCHOOL STUDENTS

- Analyze the time allocated to physical activities in their daily lives;
- Set simple goals to take advantage of opportunities for activity in their school or neighbourhood every day;
- Plan strategies;
- Produce a plan for the practice of physical activities;
- Assess the results of their strategy to change their lifestyle habits and determine the elements to retain and improve.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL SKILLS



Cycles

Adopt pro-social attitudes and behaviours

Promote cooperation, negotiation, empathy and communication in the practice of a physically active lifestyle **in a social context**:

Example:

- Develop respect for others with regard to their physical performance.

2 3

Become socially involved

Introduce others to a physically active lifestyle and a healthy environment.

2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			→ Find out how images are created and manipulated.		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some complementary elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	• The growth and development of their own body, including puberty:	1	2
			- Understand the transformation of their body, and the anatomical, psychological and emotional changes connected with puberty;		
			- Express their feelings about the changes;		
			- Gradually get to know and accept their body image in a period of transition:		
			→ Find out about the potential effects of skipping meals, restricting food intake, and taking slimming products or protein supplements to attempt to imitate the stereotyped images produced for marketing purposes.		
			• The importance of allowing themselves to be wrong ;	1	2
			• Their life projects and aspirations .	1	2
			Adopter a physically active lifestyle		
			Take advantage of their personal resources		
			Develop motor skills depending on their age:	1	2
			• Organized individual or group sports activities promoting motor abilities;	1	
			• A structured and standards-based physical activity program to develop health, physical fitness and behavioural skills (activities to promote cardiovascular endurance, endurance and muscular strength, refined motor abilities).		2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Select activities that promote enjoyment in being physically active.	1	2	Analyze the various factors that influence a physically active lifestyle (knowledge, perceptions, intentions, feeling of competency, experiences, social, economic, physical and political environment):	1	2
Develop a feeling of personal accomplishment from physical activity.	1	2	- Analyze the influence of parents and peers on habits, choices and standards connected with a physically active lifestyle; - Examine the influence of the media and marketing on eating habits, choices and standards: - Discuss the influence of the Internet and industry (sports-entertainment, automobiles). - Analyze changes of lifestyle habits and the motivations of young people adopting a physically active lifestyle; - Analyze beliefs, opinions and representations connected with a physically active lifestyle; - Analyze strategies to change the living environment to facilitate a physically active lifestyle (Examples: access to activity venues, range of venues, etc.).		
Exercise critical judgment					
Analyze the contribution made by physical activity to health and well-being (positive effect on growth, ability to recuperate and mental relaxation, enjoyable emotions, improved muscle mass and tone, concentration, level of attention, level of self-esteem, etc.):	1	2			
Understand the biological processes connected with a physically active lifestyle;	1				
Understand the recommendations made concerning various levels of physical activity;	1	2			
Understand which physical activities can be practiced (endurance, flexibility, muscle building) and what they involve;		2			
- Analyze the short and medium term effects of certain habits on health and well-being: - Positive effects: concentration, endurance, posture, flexibility, reduced risk of smoking, etc.; - Negative effects of a sedentary lifestyle: excess weight, diabetes, etc.	1	2			
Discuss the effects of food supplements and performance-enhancing drugs (anabolic steroids) and an excessive or inappropriate training regime.		2			
			Become aware of the importance of safety and protection in physical activities:	1	2
			Apply safety and protection rules during physical activities.		
			Develop their assertiveness		
			State opinions and explain their choices.	1	2
			Take responsibility for their actions.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Resist negative pressure from peers and the media to become more sedentary:	1	2	Plan a process to change their active lifestyle	1	2
- Analyze the influence of peers and the media over their behaviour, attitudes, values and choices: - Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, physically active lifestyle and health. - Analyze media representations of the sedentary lifestyle: comparison between facts and opinions; gap with reality, interests underlying messages (economic, political, social or cultural); - Set themselves objectives to resist negative pressure from peers and the media in difficult situations; - Assess the effectiveness of their resistance strategies.	1	2	Plan and implement an individual process to develop a physically active lifestyle: - Set themselves goals, identify obstacles, and develop strategies to attain their goals (incentives, reinforcement), make decisions, monitor progress, assess their goals and strategies, reward their success; - Find relevant information about physical activity and the resources available in the community; - Plan ways to resist and respond to pressure from peers and the media.	1	2

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL SKILLS



Cycles

Adopt pro-social attitudes and behaviours

Promote cooperation, negotiation, empathy and communication in the practice of a physically active lifestyle **in a social context**.

Examples:

- Develop respect for others with regard to their physical performance;
- As part of a team, plan a physical activity session for the physical education and health class.

❶

❷

Become socially involved

Introduce others to a physically active lifestyle and a healthy environment:

- Produce documents to promote physical activity for their peer group;
- Encourage their parents and friends to adopt an active lifestyle.

❶

❷

FAMILY

Relevant information for parents



Overview of physical activity among youth (for example: level of physical activity; variation in the level of physical activity by age; sedentary level; fields of interests of girls and boys).

- **Reduction in the level of physical activity at secondary school, especially among girls.**

Recommendations for a physically active lifestyle.

Importance of active, safe transportation to promote a physically active lifestyle.

Influence of various determinants on young people's active lifestyles:

- Influence of individual factors (for example: notion of enjoyment, motor abilities);
- Influence of family factors: involvement in physical activities with parents, parents who practice a physical activity, early initiation to physical activity as a family member, parental support (encouragement, rewards, transportation, purchase of equipment, enrolment, etc.);
- Influence of environmental factors: facilities in the home neighbourhood, available resources.

Educational activities and measures at school and safe access to school on foot or by bike.

School and community resources available:

- Facilities, equipment, timetable, staff.

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness** and **communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child as he is, value his efforts, and avoid comparing him to other children;
- Help their child develop a **positive self-image**:
 - Help their child to become aware of his uniqueness: characteristics, qualities, talents, etc.;
 - Help their child to understand the growth and development of his body, including puberty;
 - Emphasize that all body shapes are normal;
 - Provide positive reinforcement for their child's body image: positive messages about his body, abilities and skills;
 - As parents, avoid making negative comments about their own weight, height, diet or regimen;
 - Help their child to develop a critical understanding of stereotyped and idealized representations of the male and female body in the media;
 - If their child are overly concerned about his weight, refer them to a competent health professional to assess the situation;
 - Remain aware of the involuntary prejudice they may convey about body image or attitudes and beliefs about food, exercise, weight control, etc.
- Establish and maintain effective communications with their child;
- Establish clear rules and limits for their child (depending on his development phase), and ensure that he is understood and respected.
- Help their child to manage his stress.

Example:

 - Help their child use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

FAMILY

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child; ensure that their own behaviour is consistent with the message they want to convey.

Help their child to **acquire basic motor abilities** such as running, climbing and jumping.

Promote the practice of physical activities:

- Encourage their child to acquire basic motor abilities such as running, climbing and jumping;
- **Help** their child to **acquire basic motor abilities** such as running, climbing and jumping;
- Explain to their child that physical activity is an essential component in his health and encourage him to include physical activity in his daily routine;
- Take part with their child in the physical activities he enjoys;
- Help their child gradually to discover an interest in new physical activities and encourage him to persevere if he does not feel comfortable at first;
- Remain aware that boys and girls have different interests, especially at the secondary level;
- Promote involvement in a range of activities: freestyle physical activities, family physical activities (for example: excursions), organized sports;
- Encourage their child to play outside;
- Congratulate their child for being active;
- Supervise their child's free time to ensure that he is active and limit his passive activities (television, computer games, telephone, etc.);
- Provide transport for their child to physical activity venues (for example: car pooling);
- Introduce their child to physical activities that can be practiced on a lifelong basis (swimming, cycling, walking, etc.);
- Promote a gradual increase in the time devoted to physical activity;

- Ensure that their child are introduced to the basic techniques and skills when he starts a new sport;
- Promote active, safe transportation:
 - Walking or cycling to school, to the grocery store, to the corner store, etc.;
 - Provide their child with suitable protective equipment for each activity.

Support the school in its application of a local policy on healthy eating and a **physically active lifestyle**:

- Maintain a message that is consistent with the message of the school;
- Reinforce educational messages at home using concrete examples.

Encourage their child to get involved in activities to promote healthy lifestyle habits.

Family support (information, activities, services)



Help all parents to encourage **their child's development**, and **help families in difficulty to use the support available**.

- Working with the community, provide facilities and equipment for physical activities.
- Help promote reduced rates or free access for underprivileged families, and family rates for large families.
- Offer financial support to ensure that all children can take part in sports activities at school.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their expected role:

Attention: *Help parents to understand the overall development of their child by emphasizing certain themes, depending on his needs and development stages, rather than addressing problems in a vacuum.*

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

FAMILY

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources;
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents;
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship;
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, school life and transitions (e.g. family, school).

Ways to involve parents¹



Establish a **relationship of trust with the family**.

Pay special attention to **the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask the parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents to participate in school life** by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work:
 - Invite parents to participate in physical or leisure activities with their child at school.

Examples:

- Student/parent hiking club;
- Parent/student/teacher sports matches;
- Help parents to organize groups of adults (or older children) to escort children to school;
- Bike maintenance and repair clinics, bike skills clinics.

¹ Refer to the *School-Family-Community Collaboration* information sheet.

HEALTHY LIFESTYLE HABITS: PHYSICALLY ACTIVE LIFESTYLE

FAMILY

- Invite parents to help organize and coordinate extracurricular physical activities.
Examples:
 - Act as a team trainer;
 - Organize or manage school tournaments;
 - Attend activities and encourage the participants;
 - Accompany their child to activities.
- Invite parents to take part in activities to promote a physically active lifestyle among students.
Examples:
 - Help write a newsletter with students;
 - Help prepare special promotional activities (*Provincial sports and physical activity day*).
- Participate in decisions made by the school:
 - Involve parents in the application of the local policy on healthy eating and a physically active lifestyle;
 - Sit on the committee to oversee the layout of the school yard.
- Help with the preventive services provided at the school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and to **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite **parents** to **take part in community activities with their child**.

Invite parents to **use the services** offered by the school and the community.

COMMUNITY

Rules, standards, policies



Make the municipality, the regional county municipality and borough aware of the school policy on healthy eating and a physically active lifestyle, based on the *Framework Policy on Healthy Eating and Active Living*.

Establish a **partnership to reinforce the school policy** in other places frequented by students:

- Make leisure centres and community organizations aware of the local policy on healthy eating and a physically active lifestyle.

Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family conciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy and safe environment and travel.

Involve the local media in relaying information on the school's promotion and prevention activities, especially in connection with a physically active lifestyle.

Work with **local media and businesses to adopt positive messages that are respectful of young people's body images**.

Help to **establish rules, standards and policies to ensure safe travel** by young people outside school.

Examples:

- Signage to indicate speed limits, drop-off zones, etc.

Help **establish technical measures targeting speed reductions and safety** on roads around the school.

Examples:

- Redirection of traffic, one-way streets, traffic slowing measures, etc.

Ensure that **play areas are made safe and that their design is consistent with urban planning**:

- Compliance with the *Canadian Standard for Children's Playspaces and Equipment* including school yards, municipal parks, and outside spaces at daycare centres, on a voluntary basis.

Ensure **high-quality supervision** for young people:

- Ensure that all staff members (for example: monitors, trainers, supervisors, teachers, first aid responders) are aware of an apply safety principles;
- Select individuals with certified and recognized skills, or help them acquire certification as soon as possible;
- Establish a process to support and provide supervision for staff members by resources specializing in the promotion of safety and prevention of trauma (for example: public health office, health and social services centre);
- Introduce a policy to prevent the sexual exploitation of young people during sporting, cultural and leisure activities, including checks when hiring staff members, repeated regularly.

Support for young people and families (resources, activities, services)



Promote regular participation in physical activities by young people and families outside school hours:

- Offer a **diversified local program** throughout the year, in partnership with municipal and community organizations;

COMMUNITY

- Offer **childcare services** during sports activities for adults;
- Offer **parent/child activities** for parents and children, or activities for parents during activities for children;
- Ensure **access** to venues and equipment:
 - Publicize activity schedules, access measures (bus timetable, car pooling, bike path, etc.) and maps of facilities in the neighbourhood;
 - Establish cooperation agreements for the use and sharing of facilities, equipment and human resources by the school and the community (municipality, community centre, private club, etc.):
 - Facilitate access to community, cultural and sports centres outside class hours;
 - Promote a system to lend out sports and protective equipment during activities.
- Ensure the **safety** of trips, venues and equipment.

Help offer **activities to support and inform parents about their role in promoting healthy lifestyle habits**, including a physically active lifestyle.

Work with **local businesses** to encourage them to provide **financial support** for the implementation and ongoing viability of in-school physical activity programs.

Examples:

- Financial contribution for inter-school sports teams;
- Support for part of the cost of travel, equipment, supervision, etc.;
- Sponsorships and promotion of school events (tournament, festival, expedition, etc.) involving physical activity.

Facilitate **access to and provision of preventive services** at the school and in the community:

- Establish a climate of cooperation between various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community.

Publicize the promotion and prevention services available in the community in connection with a physically active lifestyle.

Help offer **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

Example:

- Promote free admission or incentive pricing for sports activities and preventive equipment, especially for students from low-income families.

Take part in the work of inter-sector youth authorities.

Promote the involvement of families in decisions concerning the services to be introduced in the community.

Youth social participation



Promote the involvement of young people improvements to the community environment to facilitate a physically active lifestyle.

Example:

- Organize meetings between young people and elected officials to promote an environment suitable for involvement in physical activities, and active and safe transportation (for example: a presentation by young people to local authorities).

Promote and highlight the involvement of young people and families through participation:

- in the design and implementation of actions to promote a physically active lifestyle;
- in the design, planning and implementation of stimulating, meaningful community activities (examples: media, civil and political campaigns, etc.);

COMMUNITY

- in various community authorities;
- in various activities in the community;
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in the revitalization of their physical and social environment (for example: park clean-up, recycling, etc.).

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Promote the **involvement of community partners in redesigning the school yard**.

Ensure **school/family/community collaboration in safe and active transportation** for young people.

Examples:

- Signposted routes;
- Choice of streets with lower traffic levels;
- Use of bike paths;
- Preparation of a transportation plan for the neighbourhood (identification of safety obstacles close to the school and possible solutions) with students, parents and community partners;
- Creation and maintenance of sidewalks, trails, paths and pedestrian short-cuts close to the school;
- Training on active transportation for school transport coordinators.

Encourage **participation by local elite or professional athletes** in various physical activities at the school or in the community (for example: *Team Québec*).

Collaborate on a **program of activities and joint action plan**.

Example:

- Establishment of a collective of community stakeholders to plan activities that are complementary, accessible and diversified.

REFERENCES

- Agence de la santé et des services sociaux de la Montérégie (2007). *Pour faire contrepoids à l'obésité en milieu scolaire. Complément au Rapport de la directrice de santé publique*. Longueuil: Agence de la santé et des services sociaux de la Montérégie.
- Agence de la santé publique du Canada (2002). *Guide d'activité physique canadien pour les jeunes*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Guide pédagogique d'activité physique pour les jeunes du Canada (de 10 à 14 ans)*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Guide familial d'activité physique pour les jeunes du Canada (de 10 à 14 ans)*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Guide d'activité physique canadien pour les enfants*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Qu'est-ce que le transport actif?* Agence de la santé publique du Canada, Unité des modes de vie sains. Website consulted on July 15, 2009 [online]: <http://www.phac-aspc.gc.ca/pau-uap/condition-physique/transport.html>.
- Agence de la santé publique du Canada (2002). *Guide pédagogique d'activité physique pour les enfants du Canada (de 6 à 9 ans)*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Guide familial d'activité physique pour les enfants du Canada (de 6 à 9 ans)*. Ottawa: Gouvernement du Canada.
- Agence de la santé publique du Canada (2002). *Statistiques et résultats de recherche sur l'opinion publique concernant les niveaux d'activité physique et les taux d'obésité chez les enfants et les jeunes*. Agence de la santé publique du Canada, Guide d'activité physique canadien pour les jeunes et les enfants. Website consulted on July 15, 2009 [online]: http://www.phac-aspc.gc.ca/pau-uap/guideap/enfants_jeunes/outils/fiche4.html.
- Bailey, R. (2006). Physical education and sport in schools: a review of benefits and outcomes. *Journal of School Health*, 76(8), 397-401.
- Barlow, S. E. (2007). Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics*, 120(6, suppl.), S164-S192.
- Behm, D. G., Faigenbaum, A. D., Falk, B. and Klentrou, P. (2008). Canadian Society for Exercise Physiology position paper: resistance training in children and adolescents. *Applied Physiology, Nutrition, Metabolism*, 33(3), 547-561.
- Beighle, A., Morgan, C. F., Le Masurier, G. and Pangrazi, R. P. (2006). Children's physical activity during recess and outside of school. *Journal of School Health*, 76(10), 516-520.
- Boonen, A., De Vries, N., De Ruiter, S., Bowker, S. and Buijs, G. (2009). *HEPS Guidelines. Guidelines on promoting healthy eating and physical activity in schools*. Woerden, Pays Bas: Healthy Eating and Physical activity in Schools project (HEPS).
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Agence de la santé publique du Canada.
- Budd, G. M. and Volpe, S. L. (2006). School-based obesity prevention: research, challenges and recommendations. *Journal of School Health*, 76(10), 485-495.

REFERENCES

- Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J. et al. (2009). *Tackling obesities: future choices-project report*. London, United Kingdom: United Kingdom Government's Foresight Program.
- Cale, L. and Harris, J. (2006). Interventions to promote young people's physical activity: Issues, implications and recommendations for practice. *Health Education Journal*, 65(4), 320-337.
- Cameron, C., Craig, C. L., Coles, C. and Cragg, S. (2003). *Encourager l'activité physique en milieu scolaire pour accroître l'activité physique*. Ottawa: Institut canadien sur la condition physique et le mode de vie.
- Cavil, N., Biddle, S. and Sallis, J. F. (2001). Health enhancing physical activity for young people: statement of the United Kingdom expert consensus conference. *Pediatric Exercise Science*, 13(1), 12-25.
- Centers for Disease Control and Prevention (2003). *Promising practices in chronic disease prevention and control. A public health framework for action*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2006). *Physical education curriculum analysis tool*. Atlanta, GA: Centers for Disease Control and Prevention.
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Cohen, D. A., Taylor, S. L., Zonta, M., Vesta, K. D. and Schuster, M. A. (2007). Availability of high school extracurricular sports programs and high-risk behaviors. *Journal of School Health*, 77(2), 80-86.
- Comité scientifique de Kino-Québec (2004). *Stratégies éprouvées prometteuses pour promouvoir la pratique régulière d'activités physiques au Québec (Avis du Comité)*. Québec: Ministère des Affaires municipales, du Sport et du Loisir.
- Comité scientifique de Kino-Québec (2008). *L'activité physique et le poids corporel*. (2^e éd.). Québec: Secrétariat au loisir et au sport, ministère de l'Éducation, du Loisir et du Sport, Gouvernement du Québec. Opinion coordinated by Angelo Tremblay.
- Dietz, W. H. (2005). Physical activity recommendations: where do we go from here? *The Journal of Pediatrics*, 146(6), 719-720.
- Dobbins, M., Lockett, D., Michel, I., Beyers, J., Feldman, L., Vohra, J. et al. (2001). *The effectiveness of school-based interventions in promoting physical activity and fitness among children and youth: a systematic review*. Ontario: McMaster University.
- Dugdill, L., Crone, D. and Murphy, R. (Eds.), (2009). *Physical activity and health promotion: evidence-based approaches to practice*. Oxford: Wiley-Blackwell.
- Durant, N., Harris, S. K., Doyle, S., Person, S., Saelens, B. E., Kerr, J. et al. (2009). Relation of school environment and policy to adolescent physical activity. *Journal of School Health*, 79(4), 153-159.
- Ekeland, E., Heian, F. and Hagen, K. B. (2005). Can exercise improve self esteem in children and young people? A systematic review of randomised controlled trials. *British Journal of Sports and Medicine*, 39, 792-798.
- Équipe de travail pour mobiliser les efforts en prévention (2005). *L'amélioration des saines habitudes de vie chez les jeunes. Recommandations*. Québec: Report presented to the Minister of Health and Social Services, Gouvernement du Québec.

REFERENCES

- Institut national de santé publique du Québec

REFERENCES

- Institut national de la santé et de la recherche médicale (2008). *Activité physique. Contextes et effets sur la santé*. Paris: Les éditions Inserm.
- Janssen, I., Katzmarzyk, P. T., Boyce, W. F., King, M. A. and Pichett, W. (2004). Overweight and obesity in Canadian adolescents and their associations with dietary habits and physical activity patterns. *Journal of Adolescent Health*, 35(5), 360-367.
- Joint Committee on National Health Education Standards et American Cancer Society (2007). *National health education standards: achieving excellence*. (2^e ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Kahan, E. B., Ramsey, L. T., Brownson, R. C., Heath, G. W., Howze, E. H., Powell, K. E. et al. (2002). The effectiveness of interventions to increase physical activities. A systematic review. *American Journal of Prevention Medicine*, 22(4, suppl.), 73-107.
- Katz, D. L., O'Connell, M., Yeh, M.-C., Nawaz, H., Njike, V., Anderson, L. M. et al. (2005). Public health strategies for preventing and controlling overweight and obesity in school and worksite settings. A report on recommendations of the Task Force on community preventive services. *Morbidity and Mortality Weekly Report*, 54 (RR-10).
- Katzmarzyk, P. T., Baur, L. A., Blair, S. N., Lambert, E. V., Oppert, J.-M. and Riddoch, C. (2008). International conference on physical activity and obesity in children: Summary statement and recommendations. *International Journal of Pediatric Obesity*, 3(1), 3-21.
- Kino-Québec (2000). *L'activité physique, déterminant de la santé des jeunes, avis du comité scientifique de Kino-Québec*. Québec: Gouvernement du Québec.
- Kino-Québec and Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre (Eds.) (2001). *Proposition du directeur de santé publique au milieu scolaire pour contrer le désengagement des jeunes face à la pratique d'activités physiques*. Québec: Kino-Québec and Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre.
- Laberge, B., Boudreault, D. and Dumont, E. (1999). *Mieux vivre ensemble dans la cour d'école*. Montmagny: Direction de la santé publique de la planification et de l'évaluation de la Régie régionale de la santé et de services sociaux de la Chaudière-Appalaches.
- Lachance, B., Pageau, M. and Roy, S. (2006). *Investir pour l'avenir : plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012*. Québec: Ministère de la Santé et des Services sociaux.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Le May, D. (2005). *Les cibles d'action 2005-2008 du programme Kino-Québec*. Québec: Kino-Québec, Ministère de l'Éducation, du Loisir et du Sport.
- Lee, S. M., Burgeson, C. R., Fulton, J. E. and Spain, C. G. (2007). Physical education and physical activity: results from the School Health Policies and Programs Study-2006. *Journal of School Health*, 77(8), 435-463.
- Lee, V., Mikkelsen, L., Srikantharajah, J. and Cohen, L. (2008). *Promising strategies for creating healthy eating and active living environments*. Oakland, Californie: Healthy Eating Active Living Convergence Partnership, Prevention Institute.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.

REFERENCES

- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Martin, V. (2004). Lutter contre la sédentarité... un défi de taille! *Observatoire québécois du loisir*, 1(12), 1-3.
- Martin, V. and Le May, D. (2004). Pratique d'activités physiques en milieu scolaire. Pour que nos ados restent accros au sport! *Observatoire québécois du loisir*, 1(13), 1-3.
- McLaren, L., Shiell, A., Ghali, L., Lorenzetti, D., Rock, M. and Huculak, S. (2004). *Are integrated approaches working to promote healthy weights and prevent obesity and chronic disease? A review and synthesis of the literature with suggestions and recommendations for policy and decision makers*. Calgary, Canada: Centre for Health and Policy Studies, Department of Community Health Sciences, University of Calgary.
- Michaud, V. (2002). *L'intégration de l'éducation à la santé dans les programmes d'éducation physique du primaire et du secondaire*. Unpublished doctoral thesis, Faculté des sciences de l'éducation, Université Laval.
- Micucci, S., Thomas, H. and Vohra, J. (2002). *The effectiveness of school-based strategies for the primary prevention of obesity and for promoting physical activity and/or nutrition, the major modifiable risk factors for type 2 diabetes: a review of reviews*. Hamilton, Ontario: The Effective Public Health Practice Project.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation de l'Ontario (2006). *Activité physique quotidienne dans les écoles élémentaires, de la 1^{re} à la 8^e année*. Ministère de l'Éducation de l'Ontario. Politique/programmes note n° 138. Website consulted on August 13, 2009 [online]: <http://www.edu.gov.on.ca/extra/fre/ppm/138f.html>.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Pour un virage santé à l'école. Politique-cadre pour une saine alimentation et un mode de vie physiquement actif*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012 (updated 2008)*. Québec: Gouvernement du Québec.
- Murnan, J., Price, J., Telljohann, S., Dake, J. and Boardley, D. (2006). Parents' perceptions of curricular issues affecting children's weight in elementary schools. *American School Health Association*, 76(10), 502-511.
- National Institute for Health and Clinical Excellence (2009). *Promoting and creating built or natural environments that encourage and support physical activity*. (NICE public health guidance 8). London, United Kingdom: National Institute for Health and Clinical Excellence.
- National Institute for Health and Clinical Excellence (2009). *Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, preschool, school and community settings*. (NICE public health guidance 17). London, United Kingdom: National Institute for Health and Clinical Excellence.

REFERENCES

- Naylor, P.-J., Macdonald, H. M., Reed, K. E. and McKay, H. A. (2006). Action Schools! BC: a socioecological approach to modifying chronic disease risk-factors in elementary school children. *Preventing Chronic Disease*, 3 (2): A60.
- NSW Center of Public Health Nutrition (2005). *Best options for promoting healthy weight and preventing weight gain in NSW*. Sidney, Australia: NSW Department of Health.
- O'Dea, J. (2007). *Everybody's different. A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Camberwell, Australia: ACER Press.
- Oppert, J.-M., Simon, C., Rivière, D. and Guezennec, C.-Y. (2005). *Activité physique et santé. Arguments scientifiques, pistes pratiques. Les synthèses du Programme national Nutrition Santé*. France: ministère de la Santé et des Solidarités.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Physical Activity Guidelines Advisory Committee (2008). *Physical Activity Guidelines Advisory Committee report, 2008*. Washington, DC: United States Department of Health and Human Services.
- Rees, R., Kavanagh, J., Harden, A., Shepherd, J., Brunton, G., Oliver, S. et al. (2006). Young people and physical activity: a systematic review matching their views to effective interventions. *Health Education Research*, 21(6), 806-825.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Salmon, J., Ball, K., Crawford, D., Booth, M., Telford, A., Hume, C. et al. (2005). Reducing sedentary behaviour and increasing physical activity among 10-year-old children: overview and process evaluation of the "Switch-Paly" intervention. *Health Promotion International*, 20(1).
- Salmon, J., Booth, M. L., Phongsavan, P., Murphy, N. and Timperio, A. (2007). Promoting physical activity participation among children and adolescents. *Epidemiologic Reviews*, 29, 144-159.
- Shields, M. (2006). L'embonpoint et l'obésité chez les enfants et les adolescents. *Rapports sur la santé, Statistique Canada*, 17(3), 27-43.
- Sigfusdottir, I. D., Kristjansson, A. L. and Allegrante, J. P. (2007). Health behaviour and academic achievement in Icelandic school children. *Health Education Research*, 22(1), 70-80.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen et C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Strong, W. B., Malina, R. M., Blimkie, C. J. R., Daniels, S. R., Dishman, R. K., Gutin, B. et al. (2005). Evidence based physical activity for school-age youth. *The Journal of pediatrics*, 146(6), 732-737.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Task Force on Community Preventive Services (2002). Recommendations to increase physical activity in communities. *American Journal of Preventive Medicine*, 22(4, suppl.), 67-72.
- Thibault, A. and Fortier, J. (2004). La concertation municipale-scolaire. Une vieille histoire non résolue face à des urgences nouvelles. *Observatoire québécois du loisir*, 1(9), 1-3.

REFERENCES

- Thibault, A. (2004). La concertation municipale-scolaire. Garde des enfants et temps des familles, un univers de loisirs à redéfinir. *Observatoire québécois du loisir*, 1(10), 1-3.
- Thibeault, G. (2000). L'activité physique. In M. Hamel, L. Blanchet, et C. Martin (Eds.), *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*, (p.211-250). Sainte-Foy, Québec: Les Publications du Québec.
- Timperio, A., Salmon, J. and Ball, K. (2004). Evidence-based strategies to promote physical activity among children, adolescents and young adults: review and update. *Journal of Science and Medicine in Sport*, 7(1, suppl.), 20-29.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in the spring of 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Van Sluijs, E. M., McMinn, A. M. and Griffin, S. J. (2007). Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials. *British Medical Journal*, 335:703.
- Verstraete, S. J. M., Cardon, G. M., De Clercq, D. L. R. and De Bourdeaudhuij, I. M. M. (2006). Increasing children's physical activity levels during recess periods in elementary schools: the effect of providing game equipment. *European Journal of Public Health*, 16(4), 415-419.
- Ward, D. S., Saunders, R., Felton, G. M., Williams, E., Epping, J. N. and Pate, R. R. (2006). Implementation of a school environment intervention to increase physical activity in high school girls. *Health Education Research*, 21(6), 896-910.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- World Health Organization (2004). *Global strategy on diet, physical activity and health*. Geneva: World Health Organization.
- World Health Organization Regional Office for Europe (2006). *Physical activity: a basic requirement for health*. World Health Organization Regional Office for Europe. Media center. Website consulted on August 13, 2009 [online]: http://www.euro.who.int/mediacentre/PR/2006/20061117_1.
- Young, D. R., Felton, G. M., Grieser, M., Elder, J. P., Johnson, C., Lee, J.-S. et al. (2007). Policies and opportunities for physical activity in middle school environments. *Journal of School Health*, 77(1), 41-47.

HEALTHY LIFESTYLE HABITS: TOBACCO ABSTINENCE

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics that are reflected in the school reality. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach;
- The developmental approach;
- Developmental psychopathology;
- Competency development based using a socio-constructivist approach;
- The Ottawa Charter.

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.);
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses);
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	3
Organizational conditions	3
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies	5
School organization	6
PHYSICAL ENVIRONMENT	7
Condition and physical layout	7
Material resources	7
SERVICES FOR STUDENTS	9
Social support	9
Preventive services.....	9
 ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	11
 ELEMENTARY SCHOOL STUDENTS: development of	
social competencies	13

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	15
 SECONDARY SCHOOL STUDENTS: development of	
social competencies	19
 FAMILY	21
Relevant information for parents.....	21
Advice and key actions for parents	21
Family support.....	22
Ways to involve parents	23
 COMMUNITY	25
Rules, standards, policies	25
Support for young people and families	25
Youth social participation	26
School/family/community collaboration	26
 REFERENCES.....	27

HEALTHY LIFESTYLE HABITS: TOBACCO ABSTINENCE

SCHOOL

ATTENTION: Educational actions concerning tobacco abstinence should be introduced where environmental measures already exist – for example, a tobacco-free policy at school, community actions, parental involvement.

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Respect for oneself, others and the environment;
- Mutual support;
- Accountability.

Believe in the importance of being a **positive model** for the students.

Believe in the **beneficial effects of a physically active lifestyle** on learning and health.

BEFORE ANY INTERVENTION:

Encourage school staff members to examine the **bias** they may **unconsciously transmit** concerning tobacco use.

Pedagogical principles of interventions



Introduce educational activities based on the **social influence model**.¹

¹ Def.: Knowledge and understanding of sources of influence (fellow students, parents, the media, social standards) that encourage people to smoke, so as to be able to resist and develop a critical judgment of healthy lifestyle habits including tobacco use.

Avoid dramatizing the situation or **making students feel guilty**.

Build interventions on tobacco abstinence **into interventions dealing with healthy lifestyle habits**.

Promote the development of healthy lifestyle habits with students through the **development of personal and social skills** (critical judgment, self-assertion, risk management, social involvement, resistance to social pressure).

Actively involve students in their learning:

- Make students responsible for their choices and practices connected with healthy lifestyle habits, especially tobacco abstinence;
- Use their existing knowledge as a starting point;
- Give students an opportunity to design, perform and evaluate academic and extracurricular activities connected with healthy lifestyle habits, especially tobacco abstinence;
- Give students ways to assess their own performance;
- Encourage all students to participate in discussions and the planning of activities in the classroom and school;
- Question students about their preconceived ideas concerning healthy lifestyle habits.

Seize opportunities in everyday life to help students **reinvest their skills** to develop healthy lifestyle habits:

Attention: The opportunities offered by thematic events (e.g. World Tobacco-Free Day, Québec Tobacco-Free Week) are useful, but not enough to ensure reinvestment.

SCHOOL

- Reinvest classroom learning in different areas of learning.

For example:

- Secondary school students can prepare an interdisciplinary project on different aspects of healthy lifestyle habits, including tobacco abstinence, in their French, Art, Science and Technology, Physical Education and Health classes;
 - For elementary and secondary school students, include concerns regarding the influence of fellow students in a variety of activities through the Ethics and Religious Culture course.
- Reinvest learning in other contexts outside the classroom, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services, and promotion and prevention services).

For example:

- At secondary level, encourage the students to become involved in social action and debating activities in favour of a smoke-free environment.

Promote the **inclusion** and **integration** of all students:

- Avoid stigmatization based on tobacco use;
- When designing and implementing activities, be vigilant with regard to different economic, cultural and religious realities and gender issues:
 - Be aware of gender (girls are more likely to smoke, but boys consume tobacco more intensively).
- Be aware of the cultural situation of Aboriginal students (e.g. more frequent use, easier access to tobacco products, traditional use of tobacco);
- Be aware of students who have several risk factors (e.g. academic failure, parents who smoke, etc.).

Pedagogical approaches, practices and methods



Provide **direct, objective, age-appropriate information that does not focus solely on the risks:**

- Avoid moralistic messages and messages focusing on fear.

Promote **demonstration, modelling and interactive teaching methods** (debates, role playing, situational tasks, questions, discussions, etc.).

Attention: Do not focus on negative leaders.

For example:

- Involve student leaders in conveying curriculum information on tobacco abstinence;
- Address the students' own tobacco use status by talking about the effects of tobacco and, if necessary, the difficulty of quitting.

Support competency development and educational success **by applying the following pedagogical practices:**

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - to become aware of what they know and establish links with what they are going to learn;

SCHOOL

- to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
- to transfer their learning to new contexts.

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation: help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



At the elementary level, do not work directly on tobacco use, particularly in grades 3, 4 and 5:

- Limit interventions to the questions asked by students; answer directly, succinctly and simply.

Focus on the critical initiation period: Secondary I, or Grade 6 of elementary school in underprivileged neighbourhoods and Aboriginal communities.

In **Secondary Cycle One**, give **at least five sessions** per year on tobacco abstinence and offer **review sessions** in **Secondary Cycle Two**.

At the secondary level, focus on social action and **debating** activities:

- Inform students about the tobacco companies' practices and the control measures that exist;

- Teach debating techniques;
- Educate the students about the strategic use of the media and encourage them to become involved in public debates on the subject of tobacco use.

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** on:

- The current status of tobacco use among the student population;
- Factors that influence tobacco use by students;
- Promotion of tobacco abstinence;
- The short-term and long-term physiological effects of tobacco use.

Clearly define the role of school staff, parents and community members in promoting tobacco abstinence:

- Identify who is responsible for the activities; who does what, and how.

Involve qualified resource people depending on the context (tobacco officer, dental hygienist, etc.).

Introduce **methods to help support school staff members who wish to quit smoking** (referrals).

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a **positive attitude towards tobacco abstinence** (avoid a negative climate that is hostile towards tobacco and young smokers):

- Reinforce students who are non-smokers;
- Encourage students and school staff to regard tobacco abstinence as the norm.

Encourage students **to become involved in promoting an environment conducive to healthy lifestyle habits**: provide opportunities for students to become involved in social action and debating activities in favour of a tobacco-free environment.

Create a **climate at school that fosters the sense of security and school connectedness**, an open mind, communication and **quality relationships** (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and friendly;
- Promote cooperation and support (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying these behaviours and attitudes both individually and within the school in general;
 - Model active listening and show students how to build it into their everyday lives.

- Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).

For example:

- Encourage acceptance and insertion of new members;
- Encourage community action.

Rules, standards, policies



Ensure that everyone in the school **complies with the provisions of the Tobacco Act**.

Prepare and implement an anti-tobacco policy in the school, as part of a more general promotion of healthy lifestyle habits (in line with Québec's *Framework Policy on Healthy Eating and Active Living*):

- Establish the principles of the policy:
 - Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
 - Confirm that the school is in favour of a healthy, smoke-free environment by selecting and conveying relevant messages (avoid shock-based and counter-productive methods and slogans);
 - Take a participatory approach: involve the students, parents and school staff in the process of preparing, publishing and applying the school's anti-smoking policy.
- Make sure to know the situation regarding tobacco use at the school:
 - Find out about the students' habits, experiences, opinions, ideas and concerns about health and tobacco use.¹
 - List the available resources and the activities offered.

¹ Survey data can be obtained from public health offices.

HEALTHY LIFESTYLE HABITS: TOBACCO ABSTINENCE

SCHOOL

- Implement a coordinated smoking prevention plan and support plan for students and staff members who wish to stop smoking:
 - Rules and standards at school;
 - Educational component both in and out of the classroom, focusing on social influences;
 - Promotion of tobacco abstinence (national anti-smoking campaigns, smoking abstinence promotional material);
 - Activities to generate enthusiasm among students (social action and debating);
 - Involvement of parents and of the community;
 - Access to smoking cessation services for youths and adults.
- Assess the implementation of the strategy.

School organization (timetables, structures, management)



Offer tobacco replacement solutions to students by providing **numerous and varied opportunities to take part in activities** both during and outside classroom hours:

- Organize recreation periods in elementary schools;
- Schedule cultural and social activities (morning, midday, after school) and encourage students to participate;
- Plan periods of physical activity during and outside classroom hours.

SCHOOL

PHYSICAL ENVIRONMENT



Condition and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Provide a **clean, safe and smoke-free physical environment** conducive to tobacco abstinence:

- Clearly stipulate that the school is a smoke-free environment and that it is forbidden to smoke in the school buildings or on the school grounds;
- Encourage and support activities designed to animate or revitalize the school yard.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Provide **equipment for a variety of different activities** outside classroom hours (e.g. equipment for active games, physical activities, cultural activities).

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain **aware of the needs of students and families, and provide suitable follow-up**:

- From elementary school onwards, pay special attention to students facing multiple risk factors for substance abuse and dependency (e.g. aggressive, oppositional or hyperactive behaviour, poor parental supervision, tobacco use in the family, poor results at school, weak sense of belonging, victim of violence or trauma, etc.).

Ensure that **social and emotional support** is available from qualified adults at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Provide social support for smokers trying to quit:
 - Discussion groups;
 - Peer support supervised by a qualified adult;
 - Adult-run supervision program for at-risk students.

Preventive services



Student support and assistance services¹

When required, offer the following services to the **students concerned**:

- Services for students with adjustment problems at school, behavioural problems or learning difficulties.
- **Academic support**: homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinics²

In elementary schools, and in secondary schools with no youth clinics, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students' homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

¹ Refer to the program of complementary services established by the school board and school.

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

- **Procedures:**

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.

- **Specific services:**

As part of the work of the youth clinic, **offer services linked to the problem of smoking and healthy lifestyle habits:**

- Question students about their smoking profile and give clear reinforcement messages;
- Offer counselling on second-hand smoke (complementary service);
- Offer brief or summary advice on how to stop smoking and, if applicable, refer students to a smoking clinic or the health and social services centre. Adapt the discourse to the needs of students under 18;
- Offer nutritional counselling;
- Recommend participation in physical activities;
- Offer counselling on physical activities of moderate intensity for at least 60 minutes per day;
- Recommend the use of a fluoride toothpaste;
- Recommend the use of dental floss.

- **General services:**

Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the *Sleep, Hygiene and Oral Health* information sheet for a list of services that should be offered**).

HEALTHY LIFESTYLE HABITS: TOBACCO ABSTINENCE

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		
Develop self-esteem			
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	3

Adopt healthy lifestyle habits in connection with tobacco use

Develop assertiveness

State opinions and explain their choices. 1 2 3

Take responsibility for their actions. 1 2 3

Resist negative peer pressure that encourages tobacco use: 1 2 3

- Recognize the influence of other people over their behaviour and choices:
 - Distinguish between negative and positive peer pressure. 2 3
- Avoid being negatively influenced by the peers' attitudes:
 - Practise and analyze various ways of saying "No" and responding to pressure.
- Identify peers who have a positive influence and spend time with them. 3

Resist negative media pressure:

- Become aware of the place and influence of the media in their daily life, including their lifestyle habits; 1 2 3
- Analyze media representations of lifestyle habits: compare facts and opinions, and the gap with reality; 2 3
- Identify the interests underlying the messages: economic, political, social and cultural interests. 2 3

Exercise critical judgment

Analyze the effects of healthy lifestyle habits on their health and well-being: 1 2 3

- Understand the notions of healthy lifestyle habits and health; 1 2
- Explain the short-term effects of healthy lifestyle habits on their health and well-being: better concentration, more energy, academic success, proper growth, dental health, oral health, etc.; 2 3
- Explain the negative effects of bad lifestyle habits: impact on weight, dental decay, greater risk of diseases such as diabetes, cardiac disease, etc. 2 3

Manage stress and anxiety

Recognize stress. 2 3

Understand the short-term and long-term consequences of stress. 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Recognize stressful situations and avoid them when possible.	3	Accept their own responsibility in generating and solving problems:	
		• Accept the consequences of their own behaviour;	1 2 3
Distinguish between positive and negative ways of managing stress.	2 3	• Distinguish between the notions of accident and intention.	2 3
Explore positive techniques for managing stress:	1 2 3	Ask for help	
• Stay calm: breathing and relaxation techniques, relaxation exercises;		Identify:	1 2 3
• Exercise: walking, dance, sport;		• Problem situations;	
• Practise an artistic activity that involves self-expression and creativity;		• The type of help needed for each situation;	
• Manage their time and schedules: place tasks in order, establish priorities, delegate, delay, anticipate, set time aside for themselves, establish a daily routine.	3	• Who to ask for help.	
Use stress management techniques that work for them.	2 3		
Solve problems			
Apply the problem-solving process:	1 2 3		
1. Identify the problem and its causes;			
2. Find solutions;			
3. Choose the most appropriate solution(s):			
- Identify the consequences of a problem;	1 2		
- Make a connection between the solution to a problem and a change in the consequences.	2 3		
4. Apply the solutions;			
5. Evaluate the solutions.			

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



Become socially involved

Promote a healthy lifestyle and environment among friends and family.

Cycles

2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			- Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media: - Anticipate the consequences of resisting pressure from peers or the media. - Practice verbal and non-verbal resistance strategies (e.g. change the subject of a conversation, remove themselves from the situation, develop a series of negative responses, etc.): - Practise debating techniques. - Assess the efficiency of their resistance strategies.		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2		2	
Adopt healthy lifestyle habits in connection with tobacco use				1	
				2	
Develop assertiveness				2	
State opinions and explain their choices.	1	2	Develop a sense of competency with regard to their health-related behaviour.	1	2
Take responsibility for their actions.	1	2	<i>For example:</i> - Believe they are capable of refusing the first cigarette; - Believe they can quit smoking.		
Resist negative pressure from peers and the media that encourages tobacco use:	1	2			
- Analyze the influence of peers and the media over their behaviour, attitudes, values and choices: - Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, behaviour and health. - Set themselves objectives to resist negative pressure from peers and the media.	1	2			
		2			
			Exercise critical judgment		
			Analyze the different factors that influence tobacco use:	1	2
			- Peer acceptance; - Desire for a positive self-image; - Exploration of personal and social boundaries; - Perceived benefits; - Relatives' tobacco use, etc.;		

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
- Beliefs, opinions and representations in connection with tobacco use and the benefits of not smoking: - Put students' perceptions of the extent of tobacco use among teens into perspective. <i>For example:</i> → "Not all teens smoke." → Do not treat tobacco use as being commonplace; → Compare their level of tobacco use to that of other young people in their environment, in other countries or in other provinces.					
Analyze the short-term and long-term effects of tobacco use:	1	2			
- Understand the short-term physiological effects of tobacco in all its forms: cigarettes, snus (powdered tobacco), chewing tobacco: - Understand the impacts on the body: odour on clothing, bad breath, yellow teeth, dental problems, mouth problems; - Understand the impacts of second-hand smoke on other people and the environment.	1				
Understand the long-term physiological effects of tobacco use: respiratory problems, digestive problems, heart problems, different types of cancer, taste disorders, etc.		2			
Analyze tobacco use and a tobacco-free environment:	1	2			
- Understand tobacco use trends among young people; - Understand the different steps in how people start using tobacco, and explain the differences for boys and for girls;	1				
		2			
			- Develop personal ethics regarding tobacco abstinence: - Develop an attitude of critical awareness regarding tobacco use by peers by identifying their own feelings and impressions, without blaming, stigmatizing or inciting guilt among smokers. - Describe the benefits of a tobacco-free environment and formulate arguments in its favour.	1	2
			Analyze the production and sale of tobacco (socio-economic issues, cigarette advertising targeting young people, publicity, product placement):	1	2
			Develop a critical sense regarding the tobacco industry's strategies and prevention messages (messages on cigarette packs): understand the social consequences, costs, and economic, geopolitical and legislative aspects of tobacco use.		2
			Manage stress and anxiety		
			Recognize stress and anxiety, their physical, psychological and emotional effects, and the risk and protection factors:	1	2
			Define the notions of stress and anxiety.	1	
			Recognize the main stress and anxiety factors in their own lives.	1	

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Apply a range of stress and anxiety management methods:	1	2	Ask for help		
Distinguish between the management of positive stress and the management of negative stress and anxiety.	1		Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others:	1	2
<i>For example:</i>			Differentiate between formally requesting help and sending signals or clues.		2
Find positive alternative solutions to the supposed “benefits” of tobacco use (relaxation, physical activity, healthy diet, leisure).			Identify strategies for requesting help, for themselves or for others:	1	2
Evaluate their stress and anxiety management.		2	- Identify resources in the family, among peers, at school and in the community; - Involve people they trust: relatives, friends, older peers, school staff.		
Solve problems			Identify the elements that make it easier or harder for themselves or others to ask for help:	1	2
Identify the issues surrounding different problem situations.	1	2	- Regard a request for help as being positive, rather than a sign of weakness; - Recognize their own limits in their ability to support other people; - Explore the role of trust and courage in asking for help, for themselves or for others.		2
Make choices between different needs when making difficult decisions:	1	2			
- Be familiar with the smoking cessation resources and services, and their effectiveness; - Use school and community resources to help resist or cease tobacco use.		2			
Evaluate the consequences of their choices.	1	2			



	Cycles	
Adopt pro-social attitudes and behaviours Develop their ability to manage their social relationships: • Develop the ability to be friendly and socially comfortable without tobacco.	1	2
Social involvement Promote a tobacco-free lifestyle and environment: • Develop their leadership and planning abilities; • Encourage peers not to use tobacco by communicating their personal knowledge and attitudes, without blaming or inducing guilt; • Formulate messages in favour of a tobacco-free lifestyle; • Set up school or community actions based on objective arguments to promote tobacco abstinence. <i>For example:</i> - Organize a debate for a tobacco-free environment.	1	2

FAMILY

Relevant information for parents



Among young people, **profile of tobacco use** (e.g. average age, usage rate, difference between boys and girls).

The **short-term and long-term physiological effects** of tobacco use (personal use and second-hand smoke).

Development of addiction.

Impacts of the key factors that determine tobacco use:

- Tobacco use and peer pressure;
- Peer acceptance;
- Normative perceptions;
- Desire for a positive self-image;
- Influence of the media;
- Standards relating to tobacco use;
- The practices of the tobacco companies;
- Family factors: non-smoking parents, anti-smoking stance, strong disapproval of tobacco use (even if the parent smokes), communication of clear expectations, expression of interest, quality of attachment and communication.

Activities and measures introduced by the school to encourage tobacco abstinence.

Availability of smoking cessation resources (community, provincial, federal, Websites).

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness** and **communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;
- Establish and maintain effective communication with their child;
- Establish clear rules and limits for the child (depending on his development phase), and ensure that they are understood and respected;
- Help their child to manage his stress.

For example:

- Help them to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child and ensure that their own behaviour is consistent with the message they want to convey:

- Show an interest in their child's free time;
- Talk to their child about his perceptions of and motivations concerning tobacco use, and talk to him about how things really are, without being overly dramatic:
 - Tobacco use by peers;
 - Intensity and regularity of tobacco use;
 - Perceived benefits of cigarettes;
 - Quitting;
 - Impacts of tobacco smoke in the environment.

HEALTHY LIFESTYLE HABITS: TOBACCO ABSTINENCE

FAMILY

- Talk to their child about the costs and risks to health associated with tobacco use;
- Stipulate how hard it is to quit because of the strong dependency created by nicotine;
- Express strong disapproval at their child's smoking (do not dramatize a single "trial" cigarette, and do not blame the child);
- Encourage tobacco abstinence or help their child to quit smoking by providing constant, rigorous support (regardless of whether the parents are smokers);
- Set clear non-smoking rules in the home and car;
- Encourage their child to become involved in activities designed to promote a healthy lifestyle.

Help the school to apply its smoke-free school grounds strategy:

- Adopt a discourse that is coherent with the school's discourse;
- Reinforce the school's messages with real-life examples at home;
- Make their child aware of the benefits of complying with the strategy;
- Support any punishments that may be given.

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their expected role:

Attention: Help parents to understand the overall development of their child by emphasizing certain themes, depending on his needs and development states, rather than addressing the issues in silos.

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - School, community, provincial and federal smoking cessation services.
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use **privileged parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, school life and transitions (e.g. family, school).

FAMILY

Ways to involve parents¹



Establish a **relationship of trust with the family**.

Pay special attention **to the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents to participate in school life** by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work;
 - Invite parents to support smoking prevention and cessation activities (e.g. invite them to help prepare an information newsletter with the students).
 - Invite parents to participate in physical or leisure activities with their child at school, to promote a healthy lifestyle.

- Participate in decisions made by the school:
 - Encourage parents to become involved in implementing activities and measures to promote a smoke-free environment.
- Help with preventive services provided at the school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite **parents to take part in community activities with their child**.

Invite parents to **use the services** offered by the school and the community.

¹ Refer to the *School-Family-Community Collaboration* information sheet.

COMMUNITY

Rules, standards, policies



Forge **contacts with local businesses near the school** and ask for their **active support** in **not selling tobacco to young people**.

For example:

- Remind the students of the businesses' legal obligations;
- Post a copy of their legal obligations in their premises.

Involve the local media in relaying information about tobacco abstinence and the school's promotion and prevention activities to help students develop a healthy lifestyle, including tobacco abstinence: frequent, sustained media campaigns.

Encourage the school's **neighbours to consult the school authorities if students smoke on their property**:

- Promote dialogue with the school rather than coercive measures.

Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

Support for young people and families (information, activities, services)



Involve anti-smoking experts in tobacco abstinence support activities for young people and families.

Help to set up **support groups and training workshops for parents** on positive parental practices and the development of healthy lifestyle habits, including tobacco abstinence, among their child.

Facilitate access to and provision of preventive services at the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular for smoking cessation services and limiting access to tobacco.

Publicize the promotion and prevention services available in the community in connection with tobacco abstinence.

Offer **stimulating and attractive sporting, artistic and cultural activities that meet the students' needs** and reflect their interests outside the classroom:

- Training on youth development for community trainers and animators.

Establish **cooperation agreements for the sharing and use of** cultural, sporting and recreational **equipment and resources** by the school and the community (municipalities, community centres, private clubs, etc.):

- Facilitate access to community, cultural and sports centres outside class hours;
- Promote a system to lend out sports and protective equipment during activities.

Help offer **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Offer workshops to help parents with their parental role: youth development (including self-esteem), parenting skills;

COMMUNITY

- Provide free admission or incentive pricing for activities and loan equipment to low-income families.

Promote the **involvement of families** in decisions concerning the services to be introduced in the community.

Take part in the work of inter-sector youth authorities.

Youth social participation



Involve young people in preparing and carrying out community interventions to promote tobacco abstinence.

Set up youth anti-smoking movements.

Encourage young people **to play a role in improving the smoke-free environment in the community.**

For example:

- Organize meetings between young people and elected representatives to promote a smoke-free environment and encourage physical activity (e.g. a presentation by young people to local government authorities).

Carry out projects aimed at **developing the leadership and militancy of young people:**

- Provide proper supervision for social actions;
- Offer training on the practices of the tobacco companies and the media, debates and proper supervision for social actions.

Promote and highlight the involvement of young people and families through participation:

- In the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities, etc.);
- In various community authorities;
- In improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- In various activities offered by the community;
- In the revitalization of their physical and social environment (e.g. cleaning of parks, recycling, etc.).

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Forge contacts with **well-known, influential members of the community** and encourage them to express their support for tobacco abstinence measures and healthy lifestyle promotion initiatives.

Work with local youth table resources to **prevent the unwanted impacts of the Tobacco Act** (vandalism, safety, access to contraband sellers, etc.).

Encourage **the inclusion of anti-smoking activities** prepared by young people and their parents **during community activities.**

Encourage **the promotion of alternative solutions to tobacco use** (sports, cultural or leisure activities) during community activities.

REFERENCES

- Botvin, G. J. (2000). *Life skills training: parent program*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Teacher's Manual 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Student Guide 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J., Mihalik, S. F. and Grotzinger, J. K. (1998). Life skills training: blueprints for violence prevention, Book 5 (updated in 2006). In D. S. Elliott (Ed.), *Blueprints for violence prevention series*, Boulder, Colorado: Center for the Study and Prevention on Violence, Institute of Behavioral Science, University of Colorado.
- Botvin, G. J. (2004). Advancing prevention science and practice: challenges, critical issues and future directions. *Prevention Science*, 5(1), 69-72.
- Botvin, G. J. and Griffin, K. W. (2004). Life skills training: empirical findings and future directions. *The Journal of Primary Prevention*, 25(2), 211-232.
- Botvin, G. J., Griffin, K. W. and Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7(4), 403-408.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Agence de la santé publique du Canada.
- Centers for Disease Control and Prevention. (1994). Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report*, 41 (RR2), 1-41.
- Centers for Disease Control and Prevention (2003). *Promising practices in chronic disease prevention and control. A public health framework for action*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2007). *Best practices for comprehensive tobacco control programs-2007*. (Updated edition). Atlanta, GA: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- Centers for Disease Control and Prevention (2007). *Guidelines for school health programs to prevent tobacco use: summary*. Atlanta, GA: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.
- Centre canadien de lutte contre l'alcoolisme et les toxicomanies (2009). *Consolider nos forces : normes canadiennes de prévention de l'abus de substances en milieu scolaire. Un guide pour les intervenants en santé et en éducation (version 1.0)*. Ottawa: Centre canadien de lutte contre l'alcoolisme et les toxicomanies.
- Choinière, D., Rogers, B. and Kaiserman, M. J. (2007). Concepts liés à la réduction des méfaits dans la lutte au tabagisme. *Drogues, santé et société*, 6(1), 317-336.
- Clift, S. and Jensen, B. B. (Eds), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Côté, F., Godin, G. and Gagné, C. (2006). Efficiency of an evidence-based intervention to promote and reinforce tobacco abstinence among elementary schoolchildren in a school transition period. *Health Education and Behavior*, 33(6), 747-759.

REFERENCES

- Déry, V., Renaud, L. and Régie régionale de la santé et des services sociaux de Montréal-Centre. (2000). *Réflexion critique sur la prévention du tabagisme en milieu scolaire primaire*. Montréal: Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in Fall 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Flay, B. R. (2009). The promise of long-term effectiveness of school-based smoking prevention programs: a critical review of reviews. *Tobacco Induced Diseases*, 5:7.
- Gélinas, A. and Schoonbroodt, C. (2000). *Étude de pertinence des interventions préventives sur le tabagisme auprès des jeunes en milieu scolaire. Rapport de recherche*. Rimouski, Québec: Université du Québec à Rimouski.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale*, février 1-6.
- Grimshaw G.M. (2006). Tobacco cessation interventions for young people. *Cochrane Database of Systematic Reviews*, 4.
- Hamel, M., Blanchet, L. and Martin, C. (Éds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Houlioux, G., Caspers, E. and Piette, D. (2006). *Le tabac à l'école secondaire. Pistes pour l'action au premier cycle. Guide ressources pour agir, pour comprendre, pour approfondir*. Brussels: Unité de Promotion Éducation Santé, École de santé publique, Université libre de Bruxelles.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes Canadiens*. Ottawa: Institut canadien d'information sur la santé.
- Institut suisse de prévention de l'alcoolisme et autres toxicomanies (2008). *Fumer – en parler avec les enfants et les adolescents. Informations et conseils à l'intention des parents*. Lausanne: Institut suisse de prévention de l'alcoolisme et autres toxicomanies.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National Health Education Standards: Achieving Excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme: un cadre théorique*. (2^e éd.). Brussels: De Boeck.
- Kalesan, B., Stine, J. and Alberg, A. J. (2006). The joint influence of parental modeling and positive parental concern on cigarette smoking in middle and high school students. *Journal of School Health*, 76(8), 402-407.
- Lalonde, M. and Heneman, B. (2004). *La prévention du tabagisme chez les jeunes : avis scientifique*. Montréal: Institut national de santé publique du Québec.

REFERENCES

- Lalonde, M. and Laguë, J. (2007). *Analyse du potentiel d'efficacité des programmes québécois de prévention du tabagisme chez les jeunes*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal et Direction des individus et des communautés de l'Institut national de santé publique du Québec.
- Lamour, P. (2004). Quel apport de l'éducation pour la santé dans la prévention du tabagisme chez les jeunes? *Archives de pédiatrie*, 11(6), 596-598.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (approved version)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012* (updated in 2008). Québec: Gouvernement du Québec.
- Montana Office of Public Instruction (2000). *Curriculum planning guidelines for tobacco use prevention and education*. Helena, Montana: Montana Office of Public Instruction, Tobacco Use Prevention and Education.
- Nabors, L., Iobst, E. A. and McGrady, M. E. (2007). Evaluation of school-based smoking prevention programs. *Journal of School Health*, 77(6), 331-333.
- Payette, Y. and Nguyen, C. T. (2009). *Enquête sur le tabagisme chez les jeunes 2004-2005. Comparaisons Québec-Canada*. Montréal: Direction du développement des personnes et des communautés de l'Institut national de santé publique du Québec.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Peters, L. W. H., Wiefferink, C. H., Hoekstra, F., Buijs, G. J., Ten Dam, G. T. M. and Paulussen, T. G. W. M. (2009). A review of similarities between domain-specific determinants of four health behaviors among adolescents. *Health Education Research*, 24(2), 198-223.
- Réseau éducation-médias (2009). *L'éducation aux médias*. Réseau éducation-médias, Canada. Section for teachers. Website consulted in Spring 2009 [online]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index.cfm.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Rodriguez, D., Romer, D. and Audrain-McGovern, J. (2007). Beliefs about the risks of smoking mediate the relationship between exposure to smoking and smoking. *Psychosomatic Medicine*, 69, 106-113.

REFERENCES

- Service de lutte contre le tabagisme (2006). *Guide de mise en œuvre d'une stratégie pour un terrain d'école sans tabac : le Québec respire mieux*. Québec: Ministère de la Santé et des Services sociaux.
- Service de lutte contre le tabagisme (2006). *Plan québécois de lutte contre le tabagisme. Le Québec respire mieux*. Québec: Ministère de la Santé et des Services sociaux.
- Soldz, S. and Dorsey, E. (2005). Youth attitudes and beliefs toward alternative tobacco products: cigars, bidis and kreteks. *Health Education and Behavior*, 32(4), 549-556.
- Sowden, A. and Stead, L. (2003). Community interventions for preventing smoking in young people. *Cochrane Database of Systematic Reviews*, 1.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. Dans D. V. McQueen et C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- Thomas, R. E. and Perera, R. (2006). School-based programmes for preventing smoking. *Cochrane Database of Systematic Reviews*, 3.
- Thomas, R. E., Baker, P. and Lorenzetti, D. (2007). Family-based programmes for preventing smoking by children. *Cochrane Database of Systematic Reviews*, 1.
- Trinidad, D. R., Gilpin, E. A. and Pierce, J. P. (2005). Compliance and support for smoke-free school policies. *Health Education Research*, 20(4), 466-475.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in Spring 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Genève: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, Document 9). Newton, MA: World Health Organization.
- Wyman, J., Price, J. H., Timothy, J. R., Dake, J. A. and Telljohann, S. K. (2006). Parents' perceptions of the role of schools in tobacco use prevention and cessation for youth. *Journal of Community Health*, 31(3), 225-248.

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The Synthesis of recommendations is presented in the form of information sheets on eleven topics relating to different aspects of life at school. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach
- The developmental approach
- Developmental psychopathology
- Competency development based using a socio-constructivist approach
- The Ottawa Charter

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying basis for the interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	3
Organizational conditions	3
SOCIAL ENVIRONMENT	5
School climate.....	5
Rules, standards, policies	5
School organization	6
PHYSICAL ENVIRONMENT	7
Conditions and physical layout	7
Material resources (recreational equipment, sports equipment,	
vending machines, etc.)	7
SERVICES FOR STUDENTS	9
Social support	9
 ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	13
 ELEMENTARY SCHOOL STUDENTS: development of	
social competencies	17

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	19
 SECONDARY SCHOOL STUDENTS: development of	
social competencies	23
 FAMILY	25
Relevant information for parents	25
Advice and key actions for parents	26
Family support.....	28
Ways to involve parents	29
 COMMUNITY	31
Rules, standards, policies	31
Support for young people and families	31
Social participation by young people	31
School/family/community collaboration	32
 REFERENCES.....	33

SCHOOL

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Respect for oneself and for others;
- Mutual support;
- Accountability.

Believe in the importance of being a **positive model** for the adoption of healthy hygiene and sleep habits by the students.

Believe in the **beneficial effects of healthy sleep habits and hygiene measures** on learning and health.

BEFORE ANY INTERVENTION:

Encourage school staff members to examine the **bias** they may **unconsciously transmit**:

For example:

- Associating pediculosis with lack of cleanliness.

Pedagogical principles of interventions



Build interventions on sleep, hygiene and oral health into interventions dealing with healthy lifestyle habits.

- Include oral health in actions designed to promote healthy lifestyle habits and prevent sports and recreational injuries (mouth protector).

Promote the development of healthy sleep habits and hygiene measures (personal, home, oral) through the **development of personal and social skills** (self-assertion, critical judgment).

Focus sleep interventions on the importance of sleep and its benefits for learning, health and well-being.

Focus hygiene interventions on the prevention and control of infections and the preservation of health and well-being.

Promote the **inclusion and integration** of all students:

- Be aware of differences associated with skills and disabilities;
- When designing and implementing activities, be vigilant with regard to different economic, cultural and religious realities.

Rebut myths concerning hygiene, and especially in case of pediculosis. Pediculosis:

- Is common, and is often without symptoms;
- Is not a sign of lack of cleanliness;
- Is not a carrier for serious diseases.

Actively involve students in their learning:

- Make students responsible for their choices and practices connected with healthy lifestyle habits, especially sleep, hygiene measures and oral health;
- Use their existing knowledge as a starting point;
- Question students about their preconceived ideas;
- Make sure the students understand various concepts (e.g. risks, infection transmission methods, hygiene measures);
- Give students an opportunity to design, perform and evaluate academic and extracurricular activities connected with sleep, infection prevention and oral health;

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

SCHOOL

- Give students ways to assess their own lifestyle habits (sleep, personal hygiene, oral hygiene);
- Encourage all students to participate in discussions and the planning of activities in the classroom and in the school.

Ensure the **intensity and duration** of learning throughout compulsory schooling (preschool to Secondary V).

Seize opportunities in everyday life to help students **reinvest their skills** to develop healthy sleep and hygiene habits (personal, home, oral):

Attention: *The opportunities offered by thematic events (e.g. Dental Health Month) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different areas of learning.
For example:
 - The students could prepare an interdisciplinary project on different aspects of hygiene (e.g. flu control, pediculosis control, oral health) in their French, Art, Science and Technology, Physical Education and Health classes;
 - Incorporate content elements on basic personal hygiene and oral hygiene in Physical Education and Health classes, and in physical activities at school.
- Reinvest learning in other contexts outside the classroom – in other words, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services and prevention services).

Pedagogical approaches, practices and methods



Give priority to activities in the form of projects and team exercises rather than lectures.

Choose activities that encourage parents and children to communicate.

Promote **demonstration, modelling and interactive teaching methods** (debates, role-playing, situational tasks, questions, discussions, etc.).

Hygiene:

- Work with the students to prepare and test hygiene measures designed to prevent infections (e.g. hand-washing, hygiene when coughing or sneezing, hygiene when preparing or handling food).
- **Avoid bringing animals onto school premises.** Where they are needed for specific educational purposes, limit their negative impacts on health (e.g. reduce the number of animals, reduce the time they spend on school premises, use species that are less likely to have an adverse effect on health).

Oral health:

- When possible, encourage the students to brush their teeth with fluoride toothpaste at school.

Sleep:

- Question the students on different techniques to promote sleep.
- **Attention:** Involve parents in sleep-related activities, since sleep takes place at home.

Support competency development and educational success **by applying the following pedagogical practices.**

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;

SCHOOL

- Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
- Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - to become aware of what they know and establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts;
 - to report on their learning.
- **Regulation:**
 - Give the students enough time and opportunities to review the competencies they have developed;
 - Give the students regular feedback so that they can make the necessary individual and group adjustments and recognize their progress;
 - Help the students to conduct self-evaluation and peer evaluation: help them to review that they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



At the secondary level, make the students aware of the harmful effects of poorly structured sleep (going to bed late and getting up early during the week, going to bed late and getting up late on weekends): loss of sleep time, disturbance of the inner sleep cycle, harmful effects on driving abilities, harmful effects on learning capabilities.

Encourage the students to **pay attention to personal hygiene during puberty.**

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** on:

- The impacts of sleep on success, health and well-being;
- The need for sleep and sleep patterns of children and adolescents;
- Prevention and control of infectious diseases at school; emphasize hygiene measures;
- Lifestyle habits conducive to good oral health.

Clearly define the role of school staff, parents and community members in promoting sleep, hygiene and oral health:

- Identify who is responsible for the activities, who does what, and how.

Involve qualified resource people depending on the context (e.g. dental hygienists, consulting dentists, nurses), to work together in order to prepare learning situations through which the students can develop hygiene-related competencies.

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a positive attitude towards healthy lifestyle habits.

Create a **climate at school that fosters the sense of security and belonging**, an open mind, communication and **good relationships** (see the *Mental Health* information sheet):

- Ensure a general climate that is open, helpful and warm;
 - Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).
- For example:
- Encourage acceptance and insertion of new members.

Rules, standards, policies



Adopt standards that support healthy sleep habits, good personal and oral hygiene, a clean environment, healthy snacks and healthy meals.

• Establish the underlying principles:

- Work towards the goals of promoting success, health and well-being in the school's educational project and success plan;
- Confirm that the school is in favour of a healthy environment and encourages the acquisition and maintenance of healthy lifestyle habits;
- Take a participatory approach: involve the students, parents and school staff in the process of selecting rules and standards at school;

• Make sure to know the situation regarding lifestyle habits in the school:

- Find out about the students' habits, experiences, opinions, ideas and concerns about health¹.
- Compare the various sources of information (students and adults in the school);
- List the actions taken and methods implemented to promote healthy lifestyle habits.

• Inform students, parents, school staff and partners about **the importance of adopting healthy lifestyle habits**;

- With regard to lifestyle habits, make sure that the messages conveyed are consistent with the practices of teachers, school staff, daycare staff, physical activity supervisors and parents;
- Make sure appropriate procedures to safeguard the students' health are known and applied if animals are kept in the school;
- Make sure **appropriate procedures for handling biological liquids** (e.g. blood from wounds, nasal secretions) are known and applied.

¹ Data are available from public health offices.

SCHOOL

School organization (timetables, structures, management)



With regard to healthy sleep habits:

Try to set aside a **homework period at school during the day, or give only a reasonable amount of homework** to be done at home during the evening.

Establish **ways of making timetables more flexible, especially in secondary schools**, in order to harmonize them with adolescent sleep cycles (e.g. delay course start times).

Make sure **extracurricular activities end early enough for students to go to bed** at a suitable time, depending on their age.

SCHOOL

PHYSICAL ENVIRONMENT



Conditions and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Adopt **general hygiene measures** in the school:

- Make sure the premises are cleaned and maintained on a regular basis;
- Have enough wash basins and toilets, and make sure drinking fountains, wash basins, soap dispensers and hand-drying devices are available, clean and functional;
- Uphold standards of cleanliness and work with municipal and government departments to ensure that the school's food services are inspected (cafeteria, snack bar, caterer);
- Make sure any shared sports equipment and musical instruments are disinfected;
- Oversee air and water quality;
- Identify and eliminate any harmful physical, biological or chemical agents.

As far as possible, provide **adequate premises** (spacious enough for all the equipment, with a nearby washbasin) for **preventive dental services** in the school, including screening, individual preventive monitoring and application of sealants to cavities and cracks.

Where possible, **provide an environment in which the students are able to brush their teeth** at school.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Provide **suitable mouth protectors** for students and school staff, where necessary due to the nature of the academic or extracurricular activity in which they are engaged:

- Provide mouth protectors free of charge or at reduced prices, especially for underprivileged families.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Remain aware of the needs of students and families, and provide suitable follow-up.

Preventive services



Hygiene and control of infectious diseases

Apply **proven methods to prevent and control infectious diseases**: prevent, report infections and intervene in accordance with the protocol between the school board and health and social services centre:

- Provide parents with a list of the infectious diseases that must be reported to the school;
- Provide appropriate information on the contagious diseases encountered most often in schools.

* *Place particular emphasis on pediculosis: occurrence, frequent recurrent infection and the difficulty of eliminating it completely from schools, the problems it raises for parents, etc.*

- Report suspected or confirmed cases of infectious diseases;
- Make available the letters and leaflets needed to apply the infectious disease control protocol;
- Take appropriate action when an infectious disease is contracted by a student at the school, using the established protocol (school board, health and social services centre);
- Support collaboration between the school, family and health and social services centre for the treatment and monitoring of cases;
- Work with the health and social services centre to obtain proof that every student has been vaccinated before enrolling for school;
- Ensure that all vaccinations are up-to-date, including regular vaccinations and those required for specific purposes, in line with the recommendations set out in Québec's Immunization Program;
- Establish a bridge with the health and social services centre for:
 - Basic vaccinations: diphtheria, polio, measles, rubella, type B influenza infections, mumps, whooping cough, tetanus, chicken pox, group C pneumococcus and meningococcus, influenza;
 - Vaccinations at school: hepatitis B in Grade 4, human papilloma virus (HPV) in Grade 4 and Secondary III, updating of vaccination record in Secondary III.

Oral health

Make sure the people concerned are familiar with the **eligibility criteria for the RAMQ's dental health programs** (for social assistance program recipients and children aged 9 and under).

Introduce the activities proposed for schools in Québec's Public Dental Health Action Plan **2005-2012**.*

* *Many of these services are currently being deployed, and availability may vary.*

SCHOOL

For all preschool students:

- Systematic screening for obvious dental decay, referrals to dentists and provision of information to parents;
- Selection of children who qualify for individualized preventive monitoring based on the provincial criterion for classification of children at high risk for dental decay.

For preschool students and students in Elementary Cycle One who are at high risk for dental decay:

- Individualized preventive monitoring twice a year:
 - Systematic screening for obvious dental decay, referrals to dentists and provision of information to parents;
 - Participation in oral health education activities;
 - Two topical applications of fluoride per year;
 - Application of sealants to cavities and cracks in the first permanent molars.

For all Grade 2 students:

- Systematic screening for obvious dental decay and the need for sealants on cavities and cracks in the first permanent molars;
- Dentist referrals for children who clearly need to be treated for dental decay, and provision of information to parents;
- Application of sealants to cavities and cracks in the first permanent molars.

For all Secondary II students:

- Systematic screening for obvious dental decay and the need for sealants on cavities and cracks in the second permanent molars;
- Dentist referrals for children who clearly need to be treated for dental decay, and provision of information to parents;
- Application of sealants to cavities and cracks in the second permanent molars.

Student support and assistance services¹

When required, offer the following services to the **students concerned**:

- Services for students with adjustment problems at school, behavioural problems or learning difficulties.
- **Academic support:** homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinics²

In elementary schools, and in secondary schools with no youth clinics, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students’ homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

• Procedures:

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;

¹ Refer to the program of complementary services established by the school board and school.

² Recommendations made under the *Québec Public Health Program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer **simple and quick** access routes for **all the physical and psychosocial problems** that cannot be dealt with by the youth clinic.
- **Specific services:**
As part of the work of the youth clinic, offer oral health and infection control services:
 - Make sure vaccinations are up-to-date, including regular vaccinations and those required for specific purposes in line with the recommendations in Québec's Immunization Protocol (PIQ);
 - Recommend the use of a fluoride toothpaste;
 - Recommend the use of dental floss.

- **General services:**

Youth clinic services must be dispensed as part of a holistic approach to health. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation:

- Question students about their sexual health: relations with partners, sexual activity, concerns, etc.;
- Provide counselling on safe sex and contraception, for girls and boys alike;
- Provide access to free or inexpensive condoms;
- Question students about their smoking profile and give clear reinforcement messages;
- Recommend participation in physical activities;
- Offer counselling on the use of safety belts in cars, and on alcohol and drug abstinence when driving a car and during recreational activities;
- Offer counselling on safe behaviour during recreational activities;
- Offer simple and quick access routes for all the physical and psychosocial problems that cannot be dealt with by the youth clinic.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (attitude). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1 2 3	- Identify the circumstances in which hands must be washed: before preparing, handling, serving or eating food; after using a handkerchief, coughing or sneezing; after using the toilet; after handling raw meat; after touching an animal; when the hands are clearly dirty; when suffering from a cold, influenza or gastroenteritis; - When coughing or sneezing: cover the nose and mouth with a paper handkerchief or use the top of the sleeve, between the elbow and shoulder if a handkerchief is not available; place used paper handkerchiefs in a garbage can and wash the hands immediately; - Avoid sharing personal objects (toothbrush, glass, hat, comb, etc.); - Avoid walking barefoot in public places.	
Adopt healthy sleep, hygiene and oral health habits			
Sleep Adopt a healthy bedtime routine: - Adopt a regular schedule for sleep (number of hours and bedtimes); - Choose more relaxing activities before going to bed: - Avoid audiovisual and technology-based entertainment.	1 2 3	Apply the rules of food hygiene to avoid contamination.	1 2 3
Eat meals at regular times.	1 2 3	Oral health¹ Develop good oral health: - Tooth-brushing technique and use of dental floss (daily elimination of dental plaque); - Use of oral hygiene products (fluoride toothpaste and dental floss);	1 2 3
Hygiene Apply simple, effective hygiene measures: Learn how to wash the hands and take care of the body effectively (e.g. bath, shower, proper clothing, hot water, soap, rinsing, drying);	1 2 3		

¹ Many of the oral health recommendations are taken from the document entitled *A Community Working Together for its Young People*, published by Direction de santé publique de Montréal in 2011.

ELEMENTARY SCHOOL STUDENTS

- Cycles**
- Care of tooth-brushing items to prevent the spread of infection.

Maintain good oral health by incorporating the following elements into their everyday lives:

- Perform daily oral hygiene (tooth-brushing and use of dental floss);
- Choose foods with low sugar content:
 - Replace sweet foods with sufficient quantities of dairy products, fruit and vegetables;
 - Do not eat sweet or acidic foods between meals.
- Visit the dentist periodically;
- Use a mouth protector regularly, when needed.

Exercise critical judgment

Sleep

Understand the importance of sleep and recognize its benefits for learning, health and well-being:

- Examine the factors that influence sleep:
 - Human biology: age and gender;
 - Physical environment: light, temperature, noise, physical and mental stimulation;
 - Family and social environment: presence of brothers or sisters in the same bedroom, pre-bedtime conflicts, activities, homework, audiovisual and technology-based entertainment, eating habits;
 - Bedtime routine.

- Cycles**
- Recognize healthy sleep habits:
 - Understand the importance of sleeping for between 10 and 11 hours per night, in order to maintain the capacity to learn;
 - Identify the elements of a healthy bedtime routine (regular bedtime, a routine of relaxing activities, regular mealtimes, etc.).

Hygiene

Understand the importance of good hygiene and recognize its benefits for health and well-being.

For example:

- Examine their own food preparation, storage and consumption practices, especially with regard to the lunch box;
- Understand the risks inherent in contact with an animal and know the hygiene measures to be applied by pet owners;
- Understand how germs breed:
 - Identify the factors that limit the development of germs (cold, freezing, intense heat);
 - Identify the factors conducive to the development of germs (warmth, humidity, sweat and other bodily secretions, dust);
 - Know the areas of the body where germs develop (hands and nails, mouth, nose, clothes).
- Understand how infections are spread:
 - The role of infectious agents: bacteria, viruses, fungus, parasites;
 - Vehicles (e.g. water, food, saliva, objects);
 - Transmission methods (e.g. contact, droplets, air, flies);

ELEMENTARY SCHOOL STUDENTS

Cycles

- Where infections enter the body (e.g. respiratory tract (nose, bronchial tubes), mouth, skin wounds);
- Conditions that promote or prevent the spread of infections;
- The role of the immune system in defending the body against infections, and how vaccines work;
- Contamination methods and how to prevent pediculosis, influenza, colds and gastroenteritis.

Oral health²

Understand the importance of good oral health and its impacts on general health (eating disorders, sleep disorders, speech disorders, etc.).

- Know the order in which teeth develop, and how a healthy mouth should look;
- Know how dental decay develops, what its consequences are (pain, infection, etc.) and how it can be prevented (the role of fluoride, sealants on cavities and cracks, and regular trips to the dentist);
- Be familiar with the notions of oral hygiene (method and frequency of brushing and flossing teeth) and its impacts on oral health;
- Know about healthy snacks and the connection between the consumption of sweet or acidic foods and the development of dental decay and tooth erosion (destruction of enamel by the chemical action of food);
- Understand the reasons for systematic oral screening (preschool and Grade 2);

① ② ③

² Many of the oral health recommendations are taken from the document entitled *A Community Working Together for its Young People*, published by Direction de la santé publique de Montréal in 2011.

Cycles

- Understand the importance of personal protective measures when practising sports (mouth protector) and their effectiveness in preventing injuries to the mouth and teeth.

Plan a process to change sleep, hygiene and oral health habits

- Analyze their habits;
- Analyze the place of sleep, hygiene and habits conducive to oral health in their everyday lives;
- Set simple goals to improve their habits;
For example:
 - Reduce consumption of sweet and acidic foods and avoid eating them between meals.
- Plan strategies;
- Produce a plan for changes;
- Assess the results of their strategies and decide which elements to keep and which to improve.

② ③

② ③

② ③

② ③

② ③

② ③

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES

Become socially involved

Promote healthy sleep, hygiene and oral health habits and a healthy environment among friends and family.

Cycles

2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and behaviour (**attitude**). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			Hygiene		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	①	②	Apply simple, effective personal hygiene measures:	①	②
			- Wash the hands and take care of the body effectively (e.g. bath, shower, proper clothing, hot water, soap, rinsing, drying); - Ensure that the hands are washed whenever necessary: before preparing, handling, serving or eating food; after using a handkerchief, coughing or sneezing; after using the toilet; after handling raw meat; after touching an animal; when suffering from a cold, influenza or gastroenteritis; - When coughing or sneezing: cover the nose and mouth with a paper handkerchief or use the top of the sleeve, between the elbow and shoulder if a handkerchief is not available; place used paper handkerchiefs in a garbage can and wash the hands immediately. - Avoid sharing personal objects (toothbrush, glass, hat, comb, makeup, clothing, etc.); - Avoid walking barefoot in public places.		
Adopt healthy habits in connection with sleep, hygiene and oral health			Apply the rules of food hygiene to avoid contamination.	①	②
Sleep					
Develop and maintain healthy sleep habits:	①	②			
- Adopt the habit of sleeping between 9 and 9.5 hours per night; - Apply simple methods to ensure a good night's sleep: - Have a regular sleeping routine; - Sleep in a room that is quiet and dark, at a temperature that is as comfortable as possible; - Relax: avoid hard exercise, studying and computerized games just before bedtime; - Do not drink coffee after 2 p.m., and avoid tobacco, cola, alcohol and energy drinks; - Do not stay up all night; - Use morning light to wake up.					
Do not drive a vehicle, whether motorized or not, when lacking sleep.	①	②			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Oral health¹ Develop good oral health: • Brush the teeth twice a day with fluoride toothpaste, using an appropriate brushing technique, and use dental floss once a day; • Take care of tooth-brushing items to prevent the spread of infection; • Replace sweet foods with sufficient quantities of dairy products, fruit and vegetables; • Do not eat sweet or acidic foods between meals; • Visit the dental hygienist and dentist regularly (establish the frequency of visits with the dentist); • Do not pierce the tongue, in order to prevent damage to the teeth and gums, and to reduce the risk of infection; • Use a mouth protector for sporting activities involving personal contact, to prevent the risk of concussion, fractures of the jaw, broken teeth and injuries to the mouth tissue.	1	2	Exercise critical judgment		
			Sleep Understand the importance of sleep and recognize its benefits for learning, health and well-being: • Examine the factors that influence sleep: - Human biology, physical environment, family and social environment; - Understand the impacts of lost sleep and disturbed sleep cycles caused by irregular bedtimes; - Understand the consequences of lack of sleep when driving a vehicle, whether motorized or not; - Bedtime routine. • Recognize healthy sleep habits during adolescence: - Observe personal sleep rhythms during the day (naps) and at night, in order to identify their personal needs and characteristics (e.g. sleep diary); - Understand the importance of sleeping between 9 and 9.5 hours per night, in order to maintain the capacity to learn; - Identify the elements of a healthy bedtime routine (regular bedtime, a routine of relaxing activities before bedtime, regular mealtimes, etc.).	1	2
			Hygiene Understand the importance of good hygiene and recognize its benefits for health and well-being. <i>For example:</i> • Examine their own food preparation, storage and consumption practices, especially with regard to the lunch box;	1	2

¹ Many of the oral health recommendations are taken from the document entitled *A Community Working Together for its Young People*, published by Direction de la santé publique de Montréal in 2011.

SECONDARY SCHOOL STUDENTS

Cycles

- Understand the risks inherent in contact with an animal and know the hygiene measures to be applied by pet owners;
- Understand how germs breed:
 - Identify the factors that limit the development of germs (cold, freezing, intense heat);
 - Identify the factors conducive to the development of germs (warmth, humidity, sweat and other bodily secretions, dust);
 - Know the areas of the body where germs develop (hands and nails, mouth, nose, clothes).
- Understand how infections are spread:
 - The role of infectious agents: bacteria, viruses, fungus, parasites;
 - Vehicles (e.g. water, food, saliva, objects);
 - Transmission methods (e.g. contact, droplets, air, flies);
 - Where infections enter the body (e.g. respiratory tract (nose, bronchial tubes), mouth, skin wounds);
 - Conditions that promote or prevent the spread of infections;
 - The role of the immune system in defending the body against infections;
 - Contamination methods and how to prevent pediculosis, influenza, colds and gastroenteritis.

Cycles

Oral health²

Understand the importance of good oral health and its impacts on general health (eating disorders, sleep disorders, speech disorders, etc.).

① ②

- Know how a healthy mouth should look;
- Know how dental decay develops, what its consequences are (pain, infection, etc.) and how it can be prevented (the role of fluoride, sealants on cavities and cracks, and regular trips to the dentist);
- Be familiar with the notions of oral hygiene (method and frequency of brushing and flossing teeth) and its impacts on oral health;
- Know about the connection between healthy eating habits and the development of dental decay and tooth erosion (destruction of enamel through the chemical action of food);
- Understand the reasons for systematic oral screening (Secondary II);
- Understand the importance of personal protective measures when practising sports (mouth protector) and their effectiveness in preventing injuries to the mouth and teeth;
- Know about the products that are harmful to oral health (e.g. tongue and lip piercings, tobacco products and derivatives such as snus or powdered tobacco, and chewing tobacco), and be familiar with their consequences.

² Many of the oral health recommendations are taken from the document entitled *A Community Working Together for its Young People*, published by Direction de la santé publique de Montréal in 2011.

SECONDARY SCHOOL STUDENTS

Plan a process to change sleep, hygiene and oral health habits

Prepare an individual plan to improve their personal habits:

- Set goals, identify obstacles, develop strategies to achieve the goals (incentives, reinforcements), make decisions, monitor progress, assess the goals and strategies, and reward success.

For example:

- Reduce consumption of sweet and acidic foods and avoid eating them between meals;
- Find information and resources in the community.

Cycles

1

2

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES

	Cycles
Become socially involved	
Promote healthy sleep, hygiene and oral health habits and a healthy environment among friends and family.	12

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

FAMILY

Relevant information for parents¹



General information

The importance for children and adolescents to have a routine conducive to healthy lifestyle habits and hygiene: three meals per day, the importance of eating a good breakfast, the importance of good sleep habits, personal, domestic and oral hygiene measures, appropriate clothing for each season and activity.

Sleep

Normal sleep rhythms for children and adolescents (e.g. 10 to 11 hours of sleep for preschool and school-age children, and 9 hours for adolescents).

The characteristics of healthy sleep habits (e.g. peaceful, calming and predictable bedtime routine with no television or other technology; a comfortable, quiet environment (dark, cool bedroom); sleeping alone; a regular schedule for going to bed and waking up; no heavy meals before bedtime; a light snack before bedtime if necessary; no caffeine; no exercise before bedtime).

Common sleeping problems for children and adolescents (e.g. they do not need to be sleepy in order to go to bed; going to bed late and getting up late, especially on weekends, makes it harder to get up on Monday morning; lack of sleep; too much sleep).

Hygiene and control of infectious diseases

Information on the **main hygiene measures** and the importance of hand-washing.

¹ See the *School-Family-Community Collaboration* information sheet.

Information on **the spread of infection**: infectious agents (bacteria, viruses, fungus, parasites); vehicles (water, foods, saliva, objects); transmission methods (contact, droplets, air, flies), where infections enter the body (nose, bronchial tubes, mouth, skin wounds); conditions that promote or hinder transmission; prevention methods, including vaccination.

List of **contagious diseases to be reported to the school**.

Appropriate information on the **contagious diseases commonly encountered** in schools.

** Place particular emphasis on pediculosis: occurrence, frequent recurrent infection and the difficulty of eliminating it completely from schools, the problems it raises for parents, etc.*

Food hygiene

Remind parents of the **risk of food poisoning and the principal methods of preventing it**.

Oral health²

The connection between oral health and general health (eating disorders, sleep disorders, learning disorders, etc.).

The sequence in which teeth develop, and how a healthy mouth should look.

Notions of **how dental decay develops, its impacts** (pain, infection, etc.) and **how to prevent it** (the role of fluoride and sealants for cavities and cracks).

² Many of the oral health recommendations are taken from the document entitled *A Community Working Together for its Young People*, published by Direction de la santé publique de Montréal in 2011.

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

FAMILY

Notions of **oral health habits** (method and frequency of brushing the teeth and using dental floss) and their **impacts on dental health**.

Notions of diet – especially snacks – and its **connection to the development of dental decay and dental erosion** (destruction of enamel due to the chemical action of food).

The importance of using dental services:

- To maintain good oral health;
- To address the signs and symptoms of oral health problems (change of colour, pain).

Eligibility criteria for the RAMQ's dental assistance programs (for Employment Assistance Program beneficiaries and for children aged 9 and under).

Reasons for oral screening in schools (kindergarten, Grade 2 and Secondary II).

The nature and methods of individualized preventive monitoring from kindergarten to Grade 2 (health education approach and topical fluoride applications) and the application of sealants to cavities and cracks (Grade 2 and Secondary II).

The importance of **personal protective measures when practising sports** (mouth protector) and their effectiveness in preventing injuries to the mouth and teeth.

Dental emergencies and the application of first aid procedures.

Harmful products and their impacts on oral health (tongue and lip piercings, tobacco products and their derivatives including snus or powdered tobacco, and chewing tobacco).

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness and communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;
- Establish and maintain effective communication with their child;
- Establish clear rules and limits for the child (depending on his development phase), and ensure that they are understood and respected.
- Help their child to manage his stress.

For example:

- Help them to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child and ensure that their own behaviour is consistent with the message they want to convey.

Sleep

Treat sleep as a **priority**.

Help their child to adopt a healthy sleep routine:

- Try to maintain the same bedtime routine throughout the year: a regular bedtime, the same, relaxing activities before bedtime (e.g. nursery rhymes, calming music, calming reading);
- Plan regular mealtimes and activity times, in addition to the bedtime routine, for preschool children;

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

FAMILY

- Avoid naps just before bedtime;
- For adolescents, wherever possible do not allow them to sleep very late on weekends, **since this makes it harder for them to get up on Monday morning**;
- Do not install television sets or computers in bedrooms;
- Make sure their child are exposed to natural light in the morning and throughout the day;
- Make sure the temperature in the bedroom is cool, but comfortable (below 24 °C, if possible);
- Avoid arguments just before bedtime;
- Try not to use the bedroom as a place where the child is isolated or punished;
- Avoid stimulating physical or mental activities in the half-hour before bedtime;
- Make sure the family pets do not disturb the child's sleep.

Watch out for **evidence of sleep disorders** (e.g. recurrent nightmares, night terrors, sleepwalking, sleep apnea, bedtime tantrums).

Hygiene and control of infectious diseases

Help their child to understand and apply hygiene measures:

- Show their child how to wash his hands and take care of his body effectively (bath, shower, proper clothing, hot water, soap, rinsing, drying);
- Help their child to identify the circumstances in which hands must be washed: before preparing, handling, serving or eating food; after using a handkerchief, coughing or sneezing; after using the toilet; after handling raw meat; after touching an animal; when the hands are visibly dirty;
- Remind their child to wash his hands frequently, especially when he have a cold or gastroenteritis;

- Teach their child, when coughing or sneezing, to cover his nose and mouth with a paper handkerchief or use the top of their sleeve, between the elbow and shoulder if a handkerchief is not available. Place used paper handkerchiefs in a garbage can and wash his hands immediately;
- Teach their child not to share personal objects (toothbrush, glass, hat, comb, etc.);
- Encourage their child not to walk barefoot in public places.

Provide **proof that the child have been vaccinated** when enrolling them in school.

Report suspected or confirmed cases of infectious diseases to the school.

Work with the school and the health and social services centre **to treat and monitor a child who contracts an infectious disease, and help to prevent the disease from spreading** (e.g. keep the child at home while he or she is contagious; administer treatments as prescribed, etc.).

Apply **preventive measures** to avoid **food poisoning**:

- Clean and sanitize kitchen utensils, work surfaces, cloths, dishmops and sponges;
- Identify and assess their food preparation, storage and consumption practices.

Oral health

Help their child to learn and apply oral hygiene measures:

- Teach him to brush his teeth, using an appropriate brushing technique, twice a day (after breakfast and before going to bed), and to use dental floss every day;
- Help their child to brush his teeth until he is 7 or 8 years old;

HEALTHY LIFESTYLE HABITS: SLEEP, HYGIENE AND ORAL HEALTH

FAMILY

- Reduce the amount of sweet and acidic foods, and do not offer this type of food between meals;
- Teach their child about the products that are harmful to oral health (tongue and lip piercings, tobacco products and their derivatives, such as snus or powdered tobacco, and chewing tobacco), make sure he is aware of the consequences of these products, and encourage the child to avoid them.

Plan **trips to the dentist every year, or as needed**, depending on the child's susceptibility to dental problems.

Work with the school and the health and social services centre on screening, monitoring and treatment activities in schools, as part of Québec's Public Dental Health Action Plan.

Apply **first aid during dental emergencies**.

Family support (information, activities, services)



Help all parents to encourage their child's development, and help families in difficulty to use the support available:

- Facilitate access to **the RAMQ's dental health programs** for children of families receiving employment assistance benefits and for families with children aged 9 or under;
- Facilitate access to **community resources** in order to meet basic needs.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their role:

Attention: *Help parents to understand the overall development of children by emphasizing certain themes, depending on their needs and development states, rather than addressing problems in a vacuum.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - Promote access to the various services offered by the health and social services centre (e.g. immunization, parental support, psychosocial support).
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and child, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
 - Involve their child in family activities;
 - Manage the schedule, activities, school life and transitions (e.g. family, school).

FAMILY

Ways to involve parents



Pay special attention to **the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Invite parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning.
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Invite the **parents to participate in school** life by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work;
 - Invite the parents to **participate in preventive activities** (e.g. about sleep, hygiene measures, and measures to control pediculosis).
- Participate in decisions made by the school;
- Help with preventive services provided at the school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management philosophy, etc.).

Invite **parents to take part in community activities with their child**.

Invite parents to **use the services** offered by the school and the community.

COMMUNITY

Rules, standards, policies



Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family conciliation.
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling.

Involve the local media in relaying information about the school's promotion and prevention activities to help students develop a healthy lifestyle.

Support for young people and families (resources, activities, services)



Sleep

Work with recreational organizations and municipalities to **plan activity schedules that are respectful of sleep needs**.

Oral health

Circulate information:

- On the benefits of fluoride in drinking water as a general measure to prevent dental decay and reduce social inequalities relating to oral health;
- On the dental services paid for by the Government for children aged 9 and under, and for income supplement recipients;
- Adjusted to the needs of vulnerable families and recent immigrants (simple language, translations, pictograms, etc.).

Help **offer support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Promote free or low-cost access to sports activities and equipment, and to protective equipment, especially for the children of low-income families;
- Work with partners (public health department, health and social services centre, municipality) to raise awareness of and monitor problems;
- Inform private dental clinics of the importance of providing insured dental services, especially for underprivileged clients.

Help to set up **support groups and training workshops for parents** on effective parenting practices and the development of healthy lifestyle habits, including sleep, hygiene and oral health, among children.

Publicize the services available in the community with respect to sleep, hygiene and oral health.

Take part in the work of inter-sector youth authorities.

Promote the involvement of families in decisions concerning the services to be introduced in the community.

Social participation by young people



Promote and highlight the involvement of young people and families through participation:

- in the preparation and implementation of interventions to promote healthy sleep, hygiene and oral health habits;
- in the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities, etc.);

COMMUNITY

- in various community authorities;
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in various activities offered by the community (sports, cultural, artistic, social, political activities and festivities).

Respect and value the points of view and ideas expressed by young people and their parents, and show open-mindedness, understanding and interest.

School/family/community collaboration



Prepare **projects relating to sleep, hygiene and oral health**.

Involve **well-known members of the community** in collaborative projects aimed at young people and their families.

REFERENCES

- Association dentaire canadienne (2005). *Soins dentaires aux enfants*. Association dentaire canadienne. Votre santé buccodentaire : prendre soin de vos dents. Website consulted in Spring 2009 [online]: http://www.cda-adc.ca/fr/oral_health/cfyf/dental_care_children/index.asp.
- Ayotte, V., Gagné, C., Malaï, D. and Poulin, C. (2008). *Une communauté mobilisée pour les jeunes*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Biological Sciences Curriculum Study (2003). *Sleep, sleep disorders, and biological rhythms. National Institute of Health curriculum supplement series. Grades 9-12*. Colorado Springs: National Institutes of Health and National Heart, Lung and Blood Institute.
- Casamassimo, P. and Holt, K. (2004). *Bright futures in practice: oral health*. Washington, DC: National Maternal and Child Oral Health Resource Center, Georgetown University.
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Deshaies, D., Kossowski, A., Paré, R., Pilon A., P., Rodrigue, H. and Tremblay, M. (2009). *Prévention et contrôle des maladies infectieuses en milieu scolaire. Guide à l'intention des CSSS, des commissions scolaires et des directions d'école*. (Édition 2009). Montréal: secteur vie et protection de la Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Site consulted in the fall of 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale, February*, 1-6.
- Gruber, R., Somerville, G., Brouillette, D. and Monson, E. (2009). *Sleep for success. Overview. Document inédit*. Montréal: McGill University.
- Gruber, R., Somerville, G. and Brouillette, D. (2009). *Le sommeil. Unpublished document*. Montréal: McGill University.
- Gruber, R., Laviolette, R., Deluca, P., Monson, E., Cornish, K. and Carrier, J. (to be published). Short sleep duration is associated with poor performance on objective cognitive measures in healthy school-age children. *Sleep Medicine*.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes canadiens*. Ottawa: Institut canadien d'information sur la santé.
- Institut Pasteur (2001). *Hygiène au quotidien, hygiène corporelle, hygiène domestique, hygiène alimentaire, hygiène et animaux domestiques et histoire de l'hygiène*. Institut Pasteur. Educational site on hygiene, consulted in spring 2009 [online]: www.hygiene-educ.com/fr/presentation/enseignant.htm.

REFERENCES

- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd ed.). Brussels: De Boeck.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd ed.). Montréal: Guérin Éditeur.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2000). *La pédiculose. Protocole d'intervention*. Québec: Ministère de la Santé et des Services sociaux.
- Ministère de la Santé et des Services sociaux (2006). *Plan d'action de santé dentaire publique 2005-2012*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012* (mise à jour 2008). Québec: Gouvernement du Québec.
- National Sleep Foundation Sleep and Teens Task Force (2000). *Adolescent sleep needs and patterns. Research report and resource guide*. Washington DC: National Sleep Foundation.
- National Sleep Foundation (2007). *Children's sleep habits; pointers for parents*. National Sleep Foundation, Pointers for parents. Site consulted in the spring of 2009 [online]: <http://www.sleepfoundation.org/article/pointers-parents>.
- Ordre des dentistes du Québec (2009). *Protecteur buccal*. Ordre des dentistes du Québec. Soins préventifs, site consulted in the spring of 2009 [online]: http://www.ordredesdentistesduquebec.qc.ca/index_p.html?section=publicetform=protecteur_fr.htmletm=soins.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Perret, F. (2004). Hygiène à l'école : autour des sanitaires, le tabou. *Santé de l'Homme*, 370, 8-10.
- Réseau éducation-médias (2009). *L'éducation aux médias*. Réseau éducation-médias, Canada. Section pour les enseignants. Site consulted in the spring of 2009 [online]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index_cfm.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Société canadienne du sommeil (Ed.), (2006). *Les adolescents et le sommeil. Un guide de l'univers du manque de sommeil des adolescents*. Montréal: Société canadienne du sommeil.

REFERENCES

- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Site consulted in the spring of 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Watt, J., Dickey, M. and Grakist, D. (2005). *La phase intermédiaire de l'enfance : c'est important!.* *Cadre de travail pour promouvoir le développement sain des enfants de 6 à 12 ans*. Ottawa: Le Réseau de santé des enfants et des adolescents pour l'est de l'Ontario, Centre hospitalier pour enfants de l'est de l'Ontario and Centraide/United Way Ottawa.
- Weiss, S. (2006). *Le sommeil des enfants*. Montréal: Société canadienne du sommeil.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Geneva: World Health Organization.
- World Health Organization (2001). Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school. (Information series on school health, document 9). Newton, MA: World Health Organization.

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics relating to different aspects of life at school. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach
- The developmental approach
- Developmental psychopathology
- Competency development based using a socio-constructivist approach
- The Ottawa Charter

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying basis for the interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	5
Organizational conditions	6
SOCIAL ENVIRONMENT	7
School climate.....	7
Rules, standards, policies	8
School organization	9
PHYSICAL ENVIRONMENT.....	11
Conditions and physical layout	11
Material resources	11
SERVICES FOR STUDENTS.....	13
Social support	13
Preventive services.....	15
 ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	17
 ELEMENTARY SCHOOL STUDENTS: development of	
social competencies.....	23

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	25
 SECONDARY SCHOOL STUDENTS: development of	
social competencies	33
 FAMILY	35
Relevant information for parents.....	35
Advice and key actions for parents	35
Family support.....	38
Ways to involve parents	38
 COMMUNITY	41
Rules, standards, policies	41
Support for young people and families	41
Social participation by young people	42
School/family/community collaboration	42
 REFERENCES.....	45

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying interventions



Give priority to the following **values**:

- Inclusion
- The ability to listen
- Empathy
- An open mind
- Cooperation
- Mutual support
- Respect for oneself and for others.

BEFORE ANY INTERVENTION:

Encourage school staff members to examine their own values, definitions, perceptions, fears and prejudices concerning:

- Mental health, mental problems and mental disorders;
- Their role in promoting mental health and preventing mental disorders;
- The practices used to promote mental health and prevent mental health problems and disorders in schools.

Believe in the importance of being a **positive model** for the students.

Pedagogical principles of interventions



Aim to **promote mental health among young people in general**:

- Encourage young people to develop positive attitudes and values in respect of mental health:
 - Promote positive mental health as a personal resource.

Promote the **inclusion and integration** of all students:

- When designing activities, be vigilant with regard to different economic, cultural, religious and gender-related realities.

Assist the students with the **development of their self-esteem and their personal and social skills**.

For example:

- Help the students to identify and manage the sources of their stress and anxiety;
- Promote the development of the ability to enjoy life, laugh, defuse situations, and develop both emotionally and spiritually;
- Promote a positive body image among all students, but especially among the girls;
- Encourage participation in physical activities and in activities relating to healthy lifestyle habits;
- Teach the students to **work together and help one another**, and give them opportunities to put these skills into practice.

Avoid trivialization or stigmatization of mental problems and disorders.

Ensure that interventions are **planned and continue throughout** compulsory schooling (from preschool to Secondary V).

Actively involve students in their learning:

- Make students responsible for their choices and practices;
- Use their existing knowledge as a starting point;
- Question students about their preconceived ideas;
- Give students an opportunity to design, perform and evaluate academic and extracurricular activities;
- Give students ways to assess their own performance;
- Encourage students to participate in discussions and the planning of activities in the classroom.

Seize opportunities in everyday life to help students **reinvest their skills** and develop positive mental health:

Attention: *the opportunities offered by thematic events (e.g. World Mental Health Day, National Mental Health Month) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different areas of learning;
- Reinvest learning in other contexts outside the classroom – in other words, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services and prevention services).

For example:

- Encourage the students to help prepare, plan and implement activities designed to promote mental health and prevent mental problems and disorders.

Pedagogical approaches, practices and methods



Avoid stigmatization in interventions involving students and families:

- Pay special attention to the language used with students, and to one's own language;
- Underscore the difference between mental health, mental problems and mental disorders (or mental disease);
- Ensure that interactions with students who ask for help or require special monitoring remain absolutely confidential;
- Work with the students to demystify the various aspects of mental health;
- Help the students to develop a positive attitude towards requests for help;
- In the classroom, avoid drawing attention to a student in difficulty, and choose a more private time to talk to the student.

Encourage the students to **commit to and take part in** activities aimed at promoting mental health and preventing mental health problems and disorders:

- Base mental health interventions on activities undertaken by the students.

For example:

- As a starting point, use the stress management strategies that students consider effective (e.g. reading, exercise, looking after oneself).

Provide proper support for students with mental health problems or mental disorders:

- Select a calm, private location for discussions with these students;
- Give them an opportunity to leave the classroom for a few minutes if they need to do so;
- Adjust task instructions and evaluation methods;
- Talk to a professional and devise an intervention plan.

Create a **warm, respectful and positive climate** in the classroom:

- Forge warm contacts with the students:
 - Take the time to put the students at ease before beginning an activity;
 - Use simple language and a calm voice when talking to the students.
- Accept the students for who they are and respect their differences;
- Encourage the students to ask questions and express their needs, opinions and ideas;
- Help the students to respect themselves, respect others and build their self-confidence:
 - Listen to the students and encourage them to listen to one another;
 - Use respectful language;
 - Introduce a process to resolve conflicts;
 - Organize periodic class meetings.

Encourage **cooperation and collaboration**:

- Encourage academic and social support by classmates (support supervised by a trained adult);
- Help the students to develop a positive form of interdependency;
- Foster collective accountability, integrity and a sense of citizenship:

For example:

- Give the students responsibility for certain aspects of classroom activities (e.g. time, who should speak, spokesperson to summarize discussions, etc.).
 - Set shared academic and social goals;
 - Give the students opportunities to practise their social competencies: empathy, listening skills, asking for help, giving help.
- For example:*
- Student assemblies, group meetings (class or school);
 - Availability of large rooms for projects and interdisciplinary work;
 - Cross-level projects;
 - Include the possibility of volunteering or taking part in community life in schoolwork and school projects;
 - Tutoring by peers, reading assistance.
 - Encourage the students to form heterogeneous groups.

Working with the students, establish and apply **classroom rules of conduct** (regulations, code of conduct¹):

- Formulate clear, realistic, explicit rules of conduct that will prevent problems;
- Limit the number of rules to five or less, and use positive language to express them;
- Apply the rules fairly, consistently and coherently, but in a flexible way, taking care to adjust the consequences to each individual case;

¹ Code of conduct: A charter setting out and illustrating the basic principles and rules with which everyone must comply, and explaining how they will be applied.

- Display the rules in the classroom;
- Explain the rules in clear, concise terms (using role plays and situational tasks):
 - Clarify the scope of each rule so that the students know exactly what it covers.
- Explain that the rules of conduct may differ according to the location or activity (e.g. in the cafeteria, corridor, school bus or school yard).

Encourage **positive classroom discipline**:

- Give preference to positive feedback rather than punishment (positive feedback should be three times as frequent as negative feedback).
- For example:*
- Thank students who raise their hands and wait until they are given permission to speak;
 - Congratulate students who start work immediately, rather than blaming classmates who are late.
 - Explain appropriate behaviour;
 - Give immediate feedback when a student exhibits appropriate behaviour;
 - Use elements of positive feedback:
 - Use positive behaviour reinforcement techniques by the peer group;
 - Criticize unacceptable behaviour but not the student responsible for it, and redirect the behaviour appropriately;
 - Be careful not to fix attention on problems, at the expense of abilities and qualities;
 - Avoid terms such as “always” and “never”, which do not allow for subtlety;
 - Use both verbal and non-verbal feedback (e.g. smile, nod, hand on shoulder);
 - Give regular positive feedback on each student’s strengths and talents.

Support appropriate conflict resolution inside and outside the classroom:

- Quickly review the incident;
- Practise active listening:
 - Avoid preconceived ideas and attempts at interpretation;
 - Adopt a physical posture that expresses availability;
 - Let the other person express himself or herself without interrupting;
 - Question the other person (use open questions);
 - Encourage the person to clarify his or her thoughts if they are vague or too general;
 - Give the person many visual and verbal indications of interest;
 - Reformulate the person's remarks in his or her own terms, and then in one's own terms;
 - Allow for periods of silence;
 - Express empathy;
 - Remain neutral and kind.
- Use non-threatening questions: ask questions that begin with “how” and “what”, rather than “why”;
- Follow up personally with the students concerned;
- Help the students to recognize and manage their emotions:
 - Teach the students to use relaxation, calming, stress management and anger management techniques.

Help students to **use their personal resources**:

- Quickly help students to set learning objectives that contain realistic challenges, and to devise means of attaining their objectives:
 - Help students to assess the requirements of a task accurately;
 - Help students to break down a complex task into a series of simple tasks;
 - Teach students different decision-making and problem-solving techniques;

- Encourage students to seek out different working strategies and methods, and select those that are most effective;
- Help students to plan their strategies;
- Involve parents or other significant adults in the process of setting objectives and planning strategies.
- Encourage students to regard effort as an essential element of success;
- Encourage students to regard their mistakes, difficulties and failures as elements of their personal development:
 - Help students to learn from their mistakes.

Support competency development and educational success **by applying the following pedagogical practices**:

- **Differentiated pedagogy**:
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learning, interests, goals and success of students as a starting point;
 - Respect the students' cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students' points of view and assumptions.
- **Support**:
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - to become aware of what they know and to establish links with what they are going to learn;
 - to choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - to transfer their learning to new contexts.

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Promote **demonstration, modelling and interactive teaching methods** (debates, role-playing, situational tasks, questions, discussions, etc.).

Elements specific to the developmental stage



At the secondary level, improve the students' **mental health literacy**.²

- Talk about mental disorders as recognized diseases that can, in most cases, be treated effectively;
- Provide student-appropriate information on mental health promotion and the prevention of mental health problems and disorders:
 - Appropriate language;
 - Attractive medium, user-friendly information tool;
 - Summary information based on the students' needs and fields of interest, that also avoids stigmatization.

² Definition: Knowledge, beliefs and skills that are used to recognize a mental health problem or a mental disorder, to identify, understand and assess information on mental health, and to locate and use the appropriate assistance and treatment; to avoid stigmatizing mental health problems and mental disorders.

With regard to suicide, give priority to interventions that promote mental health and help prevent mental disorders, and that are **based on the general personal and social competencies instead of suicide awareness programs** intended for students (awareness, knowledge).

If the notion of suicide is addressed by the students or during a discussion, the teacher should:

- Check with the students who want to talk about suicide, to see whether their request is actually a cry for help;
- Promote positive problem-solving attitudes;
- Provide information on how to get help;
- Explain that suicide is often associated with mental problems (including depression), and that those problems can be treated;
- Avoid increasing students' knowledge about methods of suicide and their effectiveness;
- Make sure the students do not perceive suicide as a romantic, heroic or inevitable gesture, and show them that better choices exist;
- Do not minimize painful life situations or criticize suicidal thoughts or actions;
- Do not share one's own opinion of the subject:
 - If the students truly wish to discuss suicide, call in a mental health professional.

If a student at the school commits suicide, refer to the postvention measures (see the section entitled *Preventive Services*, p.15).

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** on:

- The occurrence of mental disorders;
- Risk and protection factors;
- The promotion of mental health and the prevention of mental disorders;
- The connection between mental health and educational success, health and well-being;
- Recognition of mental health problems and mental disorders among students, and search, with other professionals, of effective interventions;
- The provision of information on appropriate referrals and community resources.

Clearly define the role of school staff, parents and community members in promoting mental health, preventing mental health problems and mental disorders and intervening with students who suffer from mental problems or disorders:

- Identify who is responsible for the activities, who does what, and how.

Involve qualified resource people depending on the context (e.g. psychologist, social worker, special educator, nurse).

Involve the various people concerned by mental health in school activities.

Implement **methods to provide** psychological, social and emotional **support for school staff members**.

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

Promote a **better general climate in the school** rather than introducing short classroom programs on mental health.

Create a warm climate at school that **fosters a sense of security, identity, belonging and competency, as well as communication and an open mind.**

Sense of security

- Ensure a general climate that is open, supporting and warm;
- Extend a warm welcome to every student:
 - Use pivotal times during the year (e.g. at elementary school, call each student the day before term starts);
 - Ensure that members of the school staff are aware of the importance of forging friendly contacts with the students (e.g. greeting them as they enter and leave the classroom);
 - Respect the pace at which the students are able to adjust (e.g. on the first day of school, the first day of a new school year).
- Introduce conflict resolution methods:
 - Invite students to intervene if there is a problem or conflict, and encourage them not to tolerate the rule of silence.

• Promote cooperation and support (e.g. cooperation council):

- Encourage students to value honesty and compassion by applying them both individually and within the school in general;
- Take steps to reduce social isolation of students:
 - Facilitate contacts among students and between students and staff;
 - Allow the students to share their experience and forge positive contacts outside the classroom context.

For example:

- Mentoring, integration activities, staff-student games (meals, sports and cultural activities).

- Model active listening and show students how to build it into their everyday life.

• Restructure peer groups to avoid the formation of cliques

For example:

- When forming class groups.

Sense of identity

- **Allow the students to make choices** in their school life, depending on their abilities and interests, and support their efforts:
 - Offer a variety of attractive sporting, artistic, recreational and cultural activities.

Sense of belonging and competency

- Value every member of the school staff, as well as parents and members of the community;
- Give students an opportunity to feel important and cared-for:
 - Consult students and call on their expertise;
 - Publicize successes achieved by the school's students and adults and by the school itself, both at school and in the community.

- Promote **openness and inclusion** within the school:
 - Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical);
 - Encourage acceptance and insertion of new members;
 - Emphasize the benefits of a plural, multicultural society;
 - Encourage community action.
- Cultivate the **school's links with its own historical and cultural roots**:
 - Highlight the personalities who gave their names to the school or the surrounding streets.
- **Make students accountable** and develop their **sense of citizenship** by encouraging them to **become involved in school life**:
 - Give the students an opportunity to be responsible for community life and school life, to become involved and to play an active role (especially at the end of elementary school and the end of secondary school);
 - Give students the opportunities, time and infrastructures they need to participate.

For example:

 - Preparation and application of rules of conduct;
 - Major decisions and orientations;
 - Offer and participation in attractive, stimulating and motivating extracurricular and recreational activities, both structured and non-structured, taking into account the families' living conditions (e.g. sporting, artistic, cultural and recreational activities);
 - Offer and participation in special, ritualized activities in accordance with the school calendar and the educational project (e.g. corn roast at the beginning of the school year, production of a collective book for the *Salon du livre*, group meal for the Intercultural Week).

- Devise shared projects and physical symbols.

For example:

- Sports teams and improvisation teams
- Activities at school outside classroom hours (e.g. overnight camp)
- Breakfast at school
- Original classroom mural
- School shirt or pin
- Creation of a logo

Rules, standards, policies



Adopt **fair, equitable, appropriate** rules governing school life that reflect the conduct expected of students:

- Define the **underlying principles**:
 - Encourage respect and positive relationships among all members of the school (school management, teachers, support staff, students);
 - Take a general approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
 - Introduce a participatory process: involve the students, parents and staff in selecting the rules of conduct to be included in the code of conduct;
 - Promote a culture in which members of the school community try to find solutions instead of a culture of victim blaming;
 - Ensure that the students believe in the relevance and fairness of the rules or code.
- Be aware of the **situation** concerning the **school environment**:
 - Be aware of the students' lifestyle habits, experience, opinions, representations and concerns concerning health and mental health.¹
 - Compare different sources of information (students and adults in the school);

¹ Survey data are available from public health offices.

- Identify the actions taken and methods introduced to promote mental health.
- Work with the students to introduce fair, equitable, relevant **rules and codes** governing school life;
 - Word the rules positively (e.g. ask students to walk rather than not to run);
 - Devise a limited number of general rules rather than a large number of specific rules.
- State **how misbehaviour will be addressed**:
 - Use rectification and redemption.
For example:
 - Ask students who have misbehaved to rectify the situation by taking positive action (e.g. cleaning, painting, help, service);
 - Give students who have lost privileges through their behaviour the opportunity to redeem those privileges on certain conditions.
 - Apply consequences quickly, consistently and coherently;
 - Congratulate and reward students who comply with the rules.
For example:
 - Note in the diary, awarding of certificates, raffle tickets.
- **Publicize and circulate the code of conduct.**
For example:
 - Publicize the rules in the diary, in the staff notebook, and on posters produced by the students and presented at parents' meetings.
- **Apply the rules consistently and coherently:**
 - Make sure all adults in the school enforce and comply with the rules;
 - Make sure the school code encourages students to adopt the values set out in the educational project, and address any inconsistencies (e.g. encourage an active lifestyle but prohibit students from cycling to school).

School organization (timetables, structures, management)



Organize the **school yard and recreation periods** so as to promote **social inclusion of all students**.

Adjust lunchtime and recreation periods to the number of students.

PHYSICAL ENVIRONMENT



Conditions and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents, spatial layout, equipment, shared spaces, school yard, aesthetics, layout, etc.)



Provide a **safe, clean physical environment**:

- Adequate, functional lighting both indoors and outdoors;
- Regular inspections of safety aspects, cleanliness, equipment, air, water and food (see the *Safe Environments and Behaviours* information sheet);
- Presentation of safety measures and emergency plans to students.

Ensure that students are able to **travel safely from home to school** (see the *Safe Environments and Behaviours* information sheet).

Promote a **pleasant, attractive school environment**:

- Cleaning teams (to remove graffiti) and decoration committees;
- Displays of student art.

Promote an **environment that facilitates learning and self-development**:

- Arrange classrooms to promote a calm atmosphere and encourage participation and discussion;
- Organize the space according to the number of students;
- Monitor noise levels in the classroom and in the school as a whole.

Ensure a **safe physical environment**:

- Group professional offices together in corridors used by students and leave the doors open wherever possible;

- Ensure that locations in which violent behaviour occurs are monitored by an adequate number of adults;
- Control access to the school grounds.

For example:

- Allow access via only one road;
- Lock the school doors during classroom hours.

- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.

For example:

- Organize the school yard;
- Build windows into office walls, to allow for better supervision;
- Eliminate elements from the school grounds that prevent the staff from seeing the students.

- Ensure safety during events outside the school (e.g. school trips).

Organize the premises to prevent violent behaviour:

- In the classrooms, arrange the furniture in a way that promotes interactive learning but allows the teacher to move around easily and observe the students;
- Avoid crowds of students by staggering mealtimes and recreation periods, and by organizing the school yard;
- Reduce the number of occasions on which students circulate around the school without supervision.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



Make available the materials required to facilitate learning and self-development.

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain close collaboration between **families, the school and the community**.

Make sure students are clearly and constantly informed of the services, resources and opportunities for social and emotional support available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Be aware of **the needs of students and families** (in particular with respect to their gender, sexual orientation, ethnic and religious background and standard of living) and **provide suitable follow-up**:

- Use the mental health perceptions, needs and competencies of students and their families as a starting point when preparing the supply of school and community services;
- Watch for signs of distress and symptoms of mental health problems, and refer students quickly and effectively to the services they need.

For example:

- Recurrent academic failures, isolation, absenteeism, behavioural problems, attention deficits, angry outbursts, rebellion against authority, loss of interest, object destruction, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, visual or auditory hallucinations, self-mutilation, violence, morbid or suicidal ideas.
- Pay special attention to students who find it difficult to develop their psychosocial competencies;

- At the secondary level, pay special attention to homosexual students or those who question or experience problems with their sexual orientation;
- Pay special attention to Aboriginal students;
- Pay special attention to students who have experienced trauma (accidents, assault, wars, etc.);
- Pay special attention to students who are going through family changes (grief, separation or divorce, moving), especially those who tend to be isolated or excluded.

Facilitate the transition between levels and cycles:

- Listen to the students' concerns and expectations for the transition.

For example:

- Grade 5 or Grade 6 teacher who remains in contact with his or her students during their first year at secondary school.

- Work with the students to identify, explore and find solutions for sources of stress relating to the transition;
- Allow parents and students to visit the new school and become familiar with their new environment.

For example:

- Meeting with future teachers and current students, and visiting the classroom.

- Promote stable class groups.

For example:

- At the secondary level, develop a homeroom system (where the same teacher teaches several subjects), tutoring (where a teacher is responsible for a group of students) and family groups by level and cycle (the same group of students always takes its courses together);
- Make sure new students know and understand how the class and the school as a whole function;
- Distribute information;

SCHOOL

- Starting at the elementary level, give students an opportunity to develop adjustment and problem-solving skills;
- Reinforce the social support available to students.

For example:

- At the elementary and secondary levels, pair younger students with older students who act as “big brothers” or “big sisters” (or sponsors).

Ensure that **social and emotional support** is available from qualified adults, at both the elementary and secondary levels:

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school.

For example:

- Introduce **mentoring** (school staff, parents or community members who help a student to achieve personal development goals or academic goals), with training on behaviour management, especially in underprivileged areas;
- Assign an adult to a specific group of students;
- Offer a teacher-advisor program in which students are paired with a teacher who gives them advice and support;
- Encourage the development of sentinel networks (adults from the school who maintain close ties with the students and who are available to listen to and assist the students);
- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
- Give students opportunities to work together and help one another, and reinforce social support from fellow students, with adult supervision.

For example:

- Mediation team composed of students and school staff;
- Sponsoring or mentoring of young students by older students, or of new students by fellow students, teaching buddy teams.

- When necessary, encourage students to consult qualified adults in the school, who can help without judging;
- Facilitate the integration of students in difficulty;
- Facilitate the integration of immigrant and refugee students.

For example:

- Be aware of cultural and language differences;
- Direct students towards community support groups;
- Introduce a system where immigrant and refugee students are sponsored by Québec students, with support from qualified adults.

In everyday school life, introduce **methods to provide psychological support** for students with specific mental health problems:

- Intervene quickly;
- Provide substantial support for students at high risk (i.e. those who exhibit symptoms or signs of mental health problems);
- Foster communication and collaboration with parents;
- Be open-minded and show understanding to students in difficulty, and apply active listening techniques;
- Take all cases of suicidal thoughts, attempted suicide or self-mutilation seriously; listen to the students and refer them to the appropriate resources;
- Ensure that the various staff members are able to work together on a plan to identify the student's problem, its impact on the student's learning and socio-affective development, the factors influencing the problem and the student's profile (strengths, vulnerabilities);
- Maintain confidentiality while ensuring that the student is safe; take legal and ethical considerations into account (e.g. confidentiality, the duty to provide support);
- Facilitate access to mental health services, and provide secondary school students with a place in which they can communicate confidentially with those services.

Preventive services



Build mental health services into everyday life at school, and make sure they are easily accessible.

Postvention strategies following suicide (*Interventions aimed at reducing stress following a suicide, preventing other suicides and fostering the grief process through adjustment strategies*).

Warning: *Adjust the postvention protocol to the event, situation, school community and people concerned. Do not apply the protocol step by step, but examine the situation, make choices, assess the interventions and refer to specialist resources.*

- Announce the news to previously identified groups:
 - Be calm, understanding, reassuring, empathetic and respectful;
 - Be attentive to students who react excessively or abnormally, and monitor them carefully;
 - Do not provide descriptive details and avoid directing the discussion towards these elements;
 - Focus the discussion on the desperation and suffering of individuals who commit suicide;
 - Remind students that people who commit suicide usually believe there is no other solution to their problems.
- Restructure the available information:
 - Clarify rumours and dispel false information;
 - Do not trivialize, dramatize or sensationalize the event (e.g. by flying the school flag at half-mast or erecting a tribute);
 - Focus on the vulnerability of people who commit suicide, and on the connection between psychopathology and suicide.
- Provide the students and school staff who are **most affected** by the event with an opportunity to express their emotions, either individually or in small groups (ventilation);

- Provide a debriefing intervention for students who **witnessed the event** (small-group sessions at which they can talk about their reactions, understand what happened, develop adjustment strategies and interact with appropriate resources);
- Identify the students most likely to be affected by the event and provide them with support;
- Help students to select ways to express their condolences;
- Watch for signs of distress and suicidal ideation for some time after the event (i.e. not just for a few hours or a few days);
- If necessary, organize interventions for families and the community.

Student support and assistance services¹

Where required, offer the following services to the **students concerned**:

- Services for students with adjustment problems at school, behavioural problems or learning difficulties.
- **Academic support:** homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).
- **Services for students who find it difficult to adjust to changes at home or at school:**
 - Quick, early intervention;
 - Referrals to proper support and professional assistance sources;
 - Support for grieving students, students whose parents have separated, and those with mental health problems.
- **Services for students with early symptoms of mental health problems** (*pre-diagnosis symptoms*):
 - Quick, early intervention;
 - Referrals to proper support and professional assistance services;
 - Mental health services dispensed by teams in the school during and outside classroom hours;

¹ Refer to the programs of complementary services established by the school board and school.

- Access to a variety of information on mental health and the related services: paper documents, websites and telephone help lines.
- **Services for students with mental health problems and mental disorders:**
 - Intervention plan prepared in collaboration with the family and mental health workers;
 - Mental health services dispensed by teams in the school during and outside classroom hours.

Youth clinics²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

At the secondary level, offer “youth clinics” close to the students’ homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

- **Procedures:**
 - Guarantee confidentiality;
 - Provide access to staff members trusted by students;
 - Ensure that consent is free and enlightened;
 - Provide a private, welcoming environment to avoid stigmatization;
 - Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
 - Ensure that the clinics are available in the students’ immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a

simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;

- Offer **simple and quick** access routes for **all the physical and psychological problems** that cannot be dealt with by the youth clinic.

- **General services:**

Youth clinic services are offered as part of a global approach to the student’s life. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the *Sleep, Hygiene and Oral Health* information sheet for a list of the services that should be offered**).

² Recommendations made under the *Québec public health program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1 2 3	→ Become aware of the negative effects of stereotyped and idealized body models on the acceptance of their own body image; → Find out how images are created and manipulated.	
Develop a positive self-image Students must learn about and accept themselves, and develop a positive self-image, including body image, by becoming aware of: • Their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs and feelings: - Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by gender roles, and their cultural, social and religious background, in building their identity; - Recognize the diversity of body shapes and representations of physical beauty; - Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media: → Become aware of the existence of stereotyped male and female images produced for marketing and consumer purposes;	1 2 3 1 2 3 2 3 3	• The growth and development of their own body, including puberty: - Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty; - Gradually get to know and accept their changing body image: → Find out about the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes. • The importance of allowing themselves to be wrong.	1 2 3 3 3 1 2 3
		Develop their assertiveness State opinions and explain their choices. Take responsibility for their actions.	1 2 3 1 2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Resist negative peer pressure:		Manage their emotions and behaviours	
- Recognize the impact of other people's opinions on their behaviour and choices; - Distinguish between negative peer pressure and positive peer pressure. - Avoid being negatively influenced by the attitudes, words and actions of peers: - Practise and analyze different ways of saying "No" and responding to pressure. - Identify peers who have a positive influence and spend time with them.	1 2 3 2 3 1 2 3 3	Understand their emotions: - Develop an understanding of the terminology used to describe emotions, and use it properly; - Recognize simple emotions (e.g. joy, sadness, fear, anger); - Recognize complex emotions or feelings (e.g. guilt, jealousy, pride, etc.); - Recognize the intensity of their emotions, and fluctuations over time; - Recognize the impact of their emotions on their behaviours: - Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone"). - Identify the internal and external factors that affect and change their emotions: - Identify and manage potential sources of anger, stress and tension in a positive way (e.g. problematic responses to needs, desires, expectations, etc.). Control their emotions: - Manage frustration (e.g. losing, being teased, being accused, being excluded); - Use the positive self-talk technique to overcome anger: - Transform negative thoughts into neutral or positive thoughts; - Motivate themselves and have positive expectations;	1 2 3 1 2 3 1 2 2 3 2 3 2 3 2 3
Resist negative media pressure:			
- Be aware of the place and influence of the media in everyday life; - Analyze the media representations of reality: the difference between fact and opinion, and how representations can differ from reality; - Identify the interests underlying the political, social or cultural messages.	1 2 3 2 3 2 3		
Develop self-control and self-regulation			
Slow down their motor impetus, control their actions: - Recognize signs of agitation; - Calm down and think before speaking or taking action: - Stop, sit down, take a deep breath. Listen to, interpret and comply with instructions.	1 2 1 2 3		

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
- Avoid negative terminology. • Develop a sense of humour and humility to play down situations that trigger emotions.		Recognize stressful situations and avoid them where possible.	3
Share their emotions appropriately.	1 2 3	Distinguish between positive and negative ways of managing stress.	2 3
Develop their ability to adjust to transitions, change and elements of stress		Explore positive techniques for managing stress:	
Identify possible transitions and changes in a lifetime, and establish which are pleasant and which generate fear:	1 2 3	• Stay calm: breathing and relaxation techniques, relaxation exercises;	1 2 3
• Explain why some events trigger fear.		• Exercise: walking, dance, sport;	1 2 3
Be open to innovation and new ideas.	1 2 3	• Develop healthy lifestyle habits;	1 2 3
When grieving or living with loss, talk about and accept the resulting sadness.	1 2 3	• Practise an artistic activity that involves self-expression and creativity;	1 2 3
Identify the factors that facilitate and hinder the ability to adjust to change.	3	• Manage their time and schedules: place tasks in order, establish priorities, delegate, delay, anticipate, set time aside for themselves, establish a daily routine.	3
Manage stress and anxiety		Use stress management techniques that work for them.	2 3
Recognize stress.	2 3	Solve problems	
Understand the short-term and long-term consequences of stress.	3	Apply the problem-solving process :	1 2 3
		1. Identify the problem and its causes;	
		2. Find solutions;	
		3. Choose the most appropriate solution(s):	
		- Identify the consequences of a problem;	1 2
		- Make a connection between the solution to a problem and a change in the consequences.	2 3
		4. Apply the solutions;	
		5. Evaluate the solutions.	

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Accept their own responsibility in generating and solving problems:		Give themselves the means of achieving their objectives:	1 2 3
• Accept the consequences of their own behaviour;	1 2 3	• Accurately assess the requirements of a task	
• Distinguish between the notions of accident and intention.	2 3	• Understand the utility of the activities and find related sources of pleasure	
Ask for help		• Prepare, plan and evaluate a task or project:	
Identify:	1 2 3	- Select strategies, plan stages, use appropriate means and master the working methods required to achieve the objectives.	
• Problem situations;		• Incorporate their skills and knowledge into their activities;	
• The type of help needed, depending on the situation;		• Make decisions and solve problems;	
• Who to ask for help.		• Recognize the conditions that are conducive to learning:	3
Develop independence, a sense of responsibility and the ability to persevere in all aspects of life (family, school, friendships, love, etc.)		- Realize the importance of managing stress.	
Understand the importance of being responsible for their own learning.	1 2 3	Assess their own projects, progress, efforts, successes, difficulties and failures and then alter or adjust their strategies accordingly:	1 2 3
Take responsibility and assume it.	1 2 3	• Recognize and accept mistakes;	
Undertake and complete projects related to their ideas, fields of interest and abilities.	1 2 3	• Recognize their own limits and either accept or move beyond them, depending on the circumstances;	
Set learning objectives that include realistic, age-appropriate challenges for the short, medium and longer term.	1 2 3	• Recognize the benefits of perseverance and the negative consequences of not making an effort or not persevering.	2 3

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Develop their spiritual life (values, beliefs, meaning of life)		Develop the ability to think creatively	
Become aware of the challenges and limitations of human life.	2 3	Grasp the elements of a situation: - Define the objective of the situation; - Identify the issues at stake; - Anticipate the outcome.	1 2 3
Become aware of their own values.	2 3	Think about different methods: - Devise different scenarios; - Think about different things to do; - Express ideas in different ways.	1 2 3
Compare their own beliefs with those of other people.	2 3	Undertake a project: - Accept risk and the unknown; - Be persistent in exploring the situation; - Be open to new ideas and methods.	1 2 3
Develop awareness of themselves, other people, their own value and the value of other people.	2 3	Adopt a flexible approach: - Repeat the process if necessary; - Take new paths (ideas, strategies, etc.).	1 2 3

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES

	Cycles		Cycles
Socialize		Manage secrets and things said in confidence.	1 2 3
Recognize the importance of having friends and understand why people need them.	1 2	Develop an ability to work with other people :	1 2 3
Identify what they need to do to make and keep friends.	1 2	- Contribute to teamwork; - Take advantage of teamwork; - Be open-minded when interacting with others in different contexts.	
Recognize the characteristics of a group and its members, and accept and respect them.	1 2 3	Apologise	1 2 3
Assume the responsibilities associated with group membership (e.g. role-sharing, right to speak, leadership).	1 2 3	Develop empathy	
		Understand the views and opinions of others:	2 3
Adopt pro-social attitudes and behaviours		- Recognize other people's emotions and their intensity, based on verbal and non-verbal signs (e.g. facial expressions, body language); - Recognize the impacts of their actions and words on other people.	1 2 3 2 3
Share.	1 2 3	Manage isolation and exclusion	
Help others: <i>For example:</i> Identify ways of helping their friends.	1 2 3	Identify their emotional reaction to isolation.	1 2 3
Be open to others, accept and respect their differences: - Adopt an attitude that is respectful of differences; - Choose their own behaviour with due respect for their own and other people's emotions.	1 2 3 2 3	Decide what they need to do if they are isolated or excluded.	1 2 3
Wait their turn and attract attention appropriately.	1 2	Decide what needs to be done if another person is isolated or excluded.	1 2 3
Give and receive compliments and encouragement.	1 2 3		

ELEMENTARY SCHOOL STUDENTS

	Cycles		Cycles
Solve conflicts Anticipate sources of conflict and situations involving conflict. Apply the various problem-solving steps to interpersonal conflicts: • Stop the conflict and calm down; • Identify the problem and the feelings involved: - Accurately interpret words and non-verbal signals. • Agree on a shared goal; • Find solutions; • Identify the consequences of the solutions; • Choose the best solution; • Establish a plan to solve the conflict; • Test the plan; • Evaluate the plan and the learning.	2 3 2 3	Practise active and passive listening.	3
Communicate effectively Learn to share their ideas, views, values and emotions effectively: • Practise body language and non-verbal communication; • Use the first person singular when speaking; • Ask permission, discuss, initiate and end conversations; • Negotiate respectfully; • Avoid misunderstandings; • Issue and receive messages constructively.	1 2 3 1 2	Become socially involved Make a contribution to the community.	3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			→ Analyze the negative effects of stereotyped and idealized body models on the acceptance of their own body image;		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1	2	→ Find out how images are created and manipulated.		
			• The growth and development of their own body, including puberty:	1	2
Develop a positive self-image	1	2	- Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty;		
Students must learn about and accept themselves, and develop a positive self-image, including body image, by becoming aware of:	1	2	- Express their feelings about these changes;		
• Their uniqueness , based on their characteristics, qualities, competencies, strengths (talents), limits, needs, feelings, tastes, interests, ideas and values:			- Gradually get to know and accept their changing body image:		
- Have realistic expectations about themselves;			→ Understand the potential effects of skipping meals, restricting food intake, and taking slimming products and protein supplements to attempt to imitate the stereotyped images produced for marketing purposes.		
- Understand that every individual is different;			• The importance of allowing themselves to be wrong ;	1	2
- Understand the contribution made by gender roles, and their cultural, social and religious background, in building their identity;			• Their life projects and aspirations .	1	2
- Recognize the diversity of body shapes and representations of physical beauty;					
- Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media:			Develop their assertiveness		
→ Become aware of the existence of stereotyped female and male images produced for marketing and consumer purposes;			State opinions and explain their choices.	1	2
			Take responsibility for their actions.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Resist negative pressure from peers and the media:			Control their emotions:	1	2
• Analyze the influence of other people and the media over their behaviour, attitudes, values and choices:	1	2	• Identify the internal and external factors that affect and change their emotions;		
- Analyze various worrying situations;			• Manage frustration (e.g. losing, being teased, being accused, being excluded);		
- Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, self-image, behaviour and health.		2	• Learn to calm down and think before taking action;		
• Set themselves goals to resist negative pressure from peers and the media;	1	2	• Use the positive self-talk technique:		
• Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media:	1	2	- Identify their negative automatic thoughts;		
- Anticipate the consequences of resisting pressure from peers and the media;		2	- Transform negative thoughts into neutral or positive thoughts;		
- Negotiate, refuse, explain and communicate their own point of view;	1	2	- Motivate themselves and have positive expectations;		
- Justify their position.	1	2	- Avoid negative terminology.		
• Assess the efficiency of their resistance strategies.	1	2			
Manage their emotions and behaviours			Develop a sense of humour and humility to play down situations that trigger emotions.	1	2
Understand their emotions:	1	2	Identify ways of negatively distorting reality and perceiving reality more objectively.		2
• Develop an understanding of the terminology used to describe emotions, and use it properly;			Manage anger effectively:		
• Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);			• Understand that conflict, anger and aggressiveness are not, of themselves, negative;	1	2
• Recognize the intensity of their emotions, and fluctuations over time;			• Recognize anger, its physical effects and its many consequences;	1	
• Recognize the impact of their emotions on their behaviours:			• Identify the sources of anger;	1	
- Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").			• Improve their knowledge of anger management techniques;	1	
			• Assess their own anger management.		2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Share their emotions effectively.	1	2	Manage stress and anxiety		
Learn how the arts and the fact of transforming their emotions into words and images can help them to express their emotions.			Recognize stress and anxiety, their physical, psychological and emotional effects, and the risk and protection factors: Define the notions of stress and anxiety.	1	2
Manage loss or grief				1	
Understand how certain events in life involve loss or grief.	1		Recognize the main stress and anxiety factors in their own lives.	1	
Explore the fear associated with loss and death.	1		Apply a range of stress and anxiety management methods (e.g. physical activity, art, visualization and meditation techniques):	1	2
Describe the different levels of loss or grief.	1	2	Distinguish between the management of positive stress and the management of negative stress and anxiety.	1	
Realize that people react differently to loss or grief, depending on their own personality, their society or their culture:	1	2	Manage their time and schedules: place tasks in order, establish priorities, delegate, delay, anticipate, set time aside for themselves, stick to their daily routine.	1	2
- Identify and understand the emotions, physical reactions, behaviours and thoughts associated with loss or grief; - Recognize a normal reaction to loss, depending on its nature and intensity.	1	2	Evaluate their stress and anxiety management.		2
Establish strategies to adjust to loss, and to ask for and accept help:	1	2	Develop the ability to adapt to transitions, changes and stress		
Be familiar with the support services available for loss and grief, and refer to them as needed, for oneself or for other people.			Develop their ability to use their internal resources (knowledge, aptitudes, etc.) and external resources (services, support, etc.) to adjust.	1	2
Explore ethical dilemmas, beliefs and values regarding life and death.		2			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Explain the protection factors (sense of competency, autonomy, etc.) that facilitate adaptation, and the risk factors (low self-esteem, stress, etc.) that hinder adjustment. <i>For example:</i>	1		Identify strategies for requesting help, for themselves or for others:	1	2
• Explore the role of positive thinking and hope in the phenomenon of adjustment.		2	• Identify resources in the family, among peers, at school and in the community;		
			• Involve people they trust: parents, friends, older peers, school staff.		
Explain how individuals can adjust to a change of culture or society.		2	Identify the elements that make it easier or harder for themselves or others to ask for help:	1	2
			• Regard a request for help as being positive, rather than a sign of weakness.		
Solve problems			Recognize their own limits in their ability to support other people.	1	2
Identify the issues surrounding different problem situations.	1	2			
Make choices between different needs when making difficult decisions.	1	2	Explore the role of trust and courage in asking for help, for themselves or for others.		2
Evaluate the consequences of their choices.	1	2			
Ask for help			Develop independence, a sense of responsibility and the ability to persevere in every sphere of life (family, school, friendships, love, etc.)		
Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others:	1	2	Make decisions independently and responsibly, and assume the consequences:		
• Differentiate between formally requesting help and sending signals or clues.		2	• Know the decision-making process (goal analysis, information collection, definition, comparison, evaluation and choice of options);	1	
			• Make informed decisions based on their own values, opinions and views.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Be aware of the consequences of their actions and choices, for themselves and for others.	1	2	- Identify factors that may compromise or foster the achievement of their objectives: - Accurately assess the requirements of a task: → Assess the energy and time needed. - Understand the utility of the activities and find related sources of pleasure.	1	2
Consider the implications of commitment :	1	2			
Differentiate between approving of an idea and becoming involved with others.					
Undertake and complete projects for the future (self-achievement and social insertion) related to their ideas, fields of interest and abilities:	1	2	Develop the ability to think creatively Grasp the elements of a situation: - Define the objective of the situation; - Be open to different ways of perceiving the situation; - Allow room for intuition; - Devise different scenarios and think about different ways of achieving them. Explore: - Accept risk and the unknown; - Play with ideas, and test them in real situations; - Convert limitations into resources; - Be receptive to new ideas and new methods. Adopt a flexible approach: - Try out new methods and take new paths (ideas, strategies, etc.); - Express ideas in different ways.	1	2
Set academic and social goals that include realistic, age-appropriate challenges for the short, medium and longer term.	1	2			
- Give themselves the means of achieving their objectives: - Clarify their personal expectations for their learning; - Incorporate their skills and knowledge into their activities; - Select strategies, plan different steps, use appropriate means and master the working methods required to achieve the objectives; - Discover and test new planning tools and new strategies; - Make decisions and solve problems.	1	2			
- Evaluate their accomplishments and efforts, and then alter or adjust their strategies accordingly. - Recognize their progress, successes, difficulties and failures: → Recognize and accept mistakes; → Recognize their own limits and either accept or move beyond them, depending on the circumstances.	1	2			

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Develop spirituality (values, beliefs, the meaning of life)			Understand the development of good mental health and its importance:	①	②
Develop a coherent, motivating vision of life:	①	②	- Recognize the role played by the different protection factors (good self-esteem, favourable environments, etc.) in the development and maintenance of good mental health; - Recognize the role of the various risk factors (stress, social exclusion, etc.) in the development of mental problems or mental disorders; - Identify ways to improve their own mental health.		
Think about the meaning and importance of life in society:	①	②			
Be aware of their own contribution, and the contribution of other people, to community life, and look for meaning in their commitments.					
Literacy ¹ in mental health			Distinguish between the facts, myths and stereotypes relating to mental health problems and mental disorders:	①	②
Distinguish between mental health, mental health problems and mental disorders:	①	②	- Recognize their own prejudices, attitudes and fears relating to mental health problems and mental disorders, the need for help and the supply of mental health services; - Identify the prejudices and stereotypes that exist within society; - Acknowledge that mental problems and mental disorders are usually episodic and that it is possible to recover from an episode; - Understand that a person may be able to function even if he or she has a mental health problem; - Identify the social barriers and environmental expectations concerning requests for help; - Understand that mental health problems and mental disorders are real health problems and not individual weaknesses.	①	②
- Understand the major mental health problems and their impacts (e.g. problems relating to diet, sleep, behaviour, mood swings); - Understand the major mental disorders and their symptoms and impacts: - Anxiety, depression, dietary disorders; - Bipolar disease, self-mutilation, psychosis.	①	②			
			Define what is meant by recovery from a mental disorder episode.		②

¹ Definition: Knowledge, beliefs and skills that are used to recognize a mental health problem or a mental disorder, to identify, understand and assess information on mental health, and to locate and use the appropriate assistance and treatment; to avoid stigmatizing mental health problems and mental disorders.

SECONDARY SCHOOL STUDENTS

	Cycles
Understand how mental health problems can affect individuals, families and communities.	2
Understand how stigmatization and prejudice can affect people with mental health problems or mental disorders.	2
Examine the causes of stigmatization towards people with mental health problems or disorders.	2
Explore ways of supporting classmates who experience episodes of mental health problems or disorders:	2
• Recognize the signs of distress; • Ask an adult for help; • Think about the dilemma of breaking confidentiality when requesting help.	

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles			Cycles	
Socialize			Understand the notions of equality, inclusion, discrimination and stigmatization, and identify their causes.	1	2
Forge social contacts in an appropriate way:					
• Identify strategies to make new friends.	1				
• Develop ways of being less timid.	1	2	Identify the consequences of discrimination and stigmatization, for individuals and for society as a whole.	1	2
Adopt pro-social attitudes and behaviours			Become involved in the fight for equality and inclusion:		2
Identify the factors that are conducive or harmful to friendship:	1		• Suggest ways to foster equality and inclusion and to counter discrimination and stigmatization.	1	
• Learn to manage secrets and things said in confidence.			Develop empathy		
Understand the importance of significant relationships (friends or partners).	1		Understand and appreciate other people's points of view, and be sensitive to their feelings and needs.	1	2
Assess the quality of their social relations.		2	Understand the consequences of their own behaviours.	1	2
Identify the elements that are conducive or harmful to healthy, effective teamwork.	1		Develop their ability to provide emotional support for others.	1	2
Be open to other people, and accept and respect their differences:	1	2	Solve conflicts		
• Be respectful of differences;			Identify the harmful consequences of inadequate conflict resolution and violence towards self and others.	1	2
• Choose their behaviour with due consideration for their own feelings and needs, and those of other people.			Identify and analyze sources of conflict.	1	2
Develop attitudes and behaviours that are conducive to equality and inclusion.	1	2	Apply effective strategies to prevent conflicts from escalating.	1	2

SECONDARY SCHOOL STUDENTS

Apply the various problem-solving steps to interpersonal conflicts (see *Elementary School Students*).

For example:

- Negotiate constructively, compromise and build consensus;
- Practise “mirroring” and “avoidance” techniques.

Acknowledge that some conflicts may not be solved:

- Accept that solving some conflicts is beyond their control.

Communicate effectively

Develop their mastery of communication rules:

- Issue and receive messages constructively.
- Avoid misunderstandings and misconceptions:
 - Clarify what they say and be precise;
 - Develop active listening (ask questions, reformulate what others say, use open questions).
- Use an appropriate level of communication for each situation:
 - Distinguish between the different levels of communication (familiar, superficial, formal, informative, emotional).

Evaluate the effectiveness of their own communications.

Become socially involved

Make a contribution to society.

Become involved in devising rules and a code of conduct for the classroom, the school, the family and the community.

Relevant information for parents



Profile of young people's mental health in Québec:

- Expressed level of psychological welfare and good mental health.
- Prevalence of mental health problems, mental disorders and suicidal behaviour.
- Use of medication and services hospitalization rates.

Influence of various factors on young people's mental health

(some examples):

• Protection factors:

- Individual factors: good self-esteem, academic success, high level of resilience and empowerment (perceived control over one's life), social skills, sense of humour;
- Family factors: sense of family belonging, attachment and parental support, family cohesion, healthy, safe family environment, good communication, closeness, level of trust, parental commitment;
- Social factors: large social network, satisfactory standard of living, availability of community activities, good quality urban or rural environment.

• Risk factors:

- Individual factors: learning disorders, communication and socialization problems, genetic influence, academic failure, low self-esteem;
- Family factors: parental conflicts, inconsistent discipline, violence, abuse;
- Risk factors associated with family and academic transitions: starting school, transition from elementary to secondary school, changing schools, separation, death;
- Social factors: poverty, violence, isolation, exclusion, racial segregation, housing conditions.

Consequences of mental health problems or mental disorders on the young person's level of academic success, physical health, social skills and suicidal behaviour.

Educational activities and measures introduced by the school to promote mental health among its students.

School and community resources: information, activities and services relating to mental health, mental health problems and mental disorders among young people.

Advice and key actions for parents



Pay more attention to the child during family transitions (e.g. moving, separation, divorce, sickness, death) and **school transitions**, especially the transition from elementary to secondary school:

- Go with the child to visit the new school;
- Meet with staff members;
- Meet other families;
- Make sure the child understands why he or she must change schools;
- Listen, be patient and be open-minded towards the child's feelings;
- Quickly establish a new routine with the child, and encourage the child to respect the routine;
- Talk about the new school in positive terms;
- Encourage the child to take part in school activities.

Consult specialists if the child exhibits the following signs or symptoms: repeated academic failures, isolation, behavioural or attention disorders, anger tantrums, loss of appetite, sleep disorders, rebellion against authority, drug or alcohol use, loss of interest and self-esteem, object destruction, mood swings, anxiety, frequent crying, lack of energy and motivation, obsession with weight or appearance, self-mutilation, violence, morbid or suicidal ideas.

Advice for requesting help:

- Talk to the child;
- Note the child's behaviours, attitudes and worrying symptoms;
- Consult someone they trust, a mental health professional (ask the family doctor, Info-Santé, or the local health and social services centre).

Establish a warm **family climate** that promotes a **sense of security, identity, belonging and competency, openness and communication**.

Sense of security:

- Provide a safe physical environment;
- Provide a warm and loving family environment:
 - Make the child feel part of the family and include the child in the parent's activities.
- Promote stability and routine in the child's life (in terms of lifestyle and meeting the child's needs);
- Be consistent, coherent, honest and fair to their child, and keep promises;
- Establish consistent rules of conduct that foster their child's sense of security, set clear limits and ensure that they are upheld:
 - Apply logical consequences for failure to comply with the rules.
- Develop self-discipline and help the child to manage stress:
 - Vary the time between expression and satisfaction of the child's wants;
 - Take deep breaths, meditate, write a diary, see a friend, exercise, listen to music, establish a routine, etc.;
 - Help the child to identify what he or she can and cannot control;
 - Help the child to deal with one problem at once;
 - Make sure the child's timetable is not too hectic; allow time for the child to play and have free time.
- Express positive feelings towards their child;

- Use *positive feedback* rather than punishment (see the *School* section, p.3):
 - Reward, encourage and compliment their child for specific behaviours and efforts.
- Avoid all forms of physical and psychological violence (ridicule, blame, emotional blackmail, bullying, etc.) when punishing their child;
- Avoid threatening and violent behaviour in front of their child.

Sense of identity and self-knowledge:

- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children:
 - Use respectful language;
 - Express positive feelings towards their child, and value the child's personality, likes and interests;
 - React positively to the child's learning and progress;
 - Avoid labelling (e.g. slow, lazy), and terms such as "always" or "never".
- Help the child to become aware of and express their feelings and needs;
- Help their child to discover, accept and move beyond their strengths and limitations:
 - Teach their child to judge himself positively.
- Demonstrate empathy towards their child;
- Take time to play with, talk to and learn with their child;
- Listen to what their child feel is important;
- Encourage the development of a positive self-image:
 - Help their child to become aware of their uniqueness: characteristics, qualities, talents, etc.;
 - Help their child to understand the growth and development of their body, including puberty;
 - Emphasize that all body shapes are normal;

- Provide positive reinforcement for their child's body image: positive messages about their body, abilities and skills;
- As parents, avoid making negative comments about their own weight, height, diet or regimen;
- Help their child to develop a critical understanding of stereotyped and idealized representations of the male and female body in the media;
- If their child are overly concerned about their weight, refer them to a competent health professional to assess the situation;
- Remain aware of the involuntary prejudice they may convey about body image or attitudes and beliefs about food, exercise, weight control, etc.;
- Encourage their child to express himself using words, art or games;
- Encourage their child to practise new activities.

Good social relationships and a sense of belonging:

- Establish and maintain effective communications with their child:
 - Listen;
 - Share ideas, opinions and information.
- Help their child to maintain good relationships within the family, at school and in the community:
 - Help them to enter into contact with others, and to socialize;
 - Supervise their choice of friends and where they go outside the home;
 - Invite friends home;
 - Help their child to control their emotions and solve problems and conflicts.
- Help their child to develop social skills by giving positive feedback;
- Encourage their child to be proud of their culture and to forge contacts with members of the community in which they live, or their community of origin;
- Plan family activities (e.g. family meals, games) and take part in school and community activities as a family:
 - Value these activities as a source of pleasure.

Sense of social and academic competency:

- Show confidence towards their child.
- Give their child the opportunity to succeed:
 - Help their child to set high but realistic goals;
 - Support and supervise new experiences that will help their child's development;
 - Encourage their child to dream and look forward to the future;
 - Respect their child's learning pace;
 - Provide positive reinforcement for their child's learning;
 - Emphasize the pleasure and utility of their child's learning;
 - Remind their child of past successes;
 - Help their child to become independent and responsible.
- Provide opportunities to take responsibility for their actions;
- Support their child in their decisions; help them to clarify their problems, identify and select solutions, and evaluate the results;
- Help their child to set their own competency criteria;
- Help their child to recognize their successes and mistakes, and to correct the mistakes.
- Help their child to develop attitudes that are conducive to success: attention, motivation, independence and responsibility;
- Establish positive contacts with the school;
- Watch for signs of diminishing self-esteem.

For example:

- The child is afraid of new challenges or new learning, feels rejected or abandoned, blames others for his or her problems or mistakes, seems indifferent, is unable to tolerate frustration, denigrates his or her own talents and skills, is easily influenced.
- **Be aware of the influence of their own behaviour**, as parents, on the behaviour of their child and ensure that their own behaviour is consistent with the message they want to convey.

FAMILY

Family support (information, activities, services)

Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations to help parents play their expected role:

Attention: *Help parents to understand the overall development of their child by emphasizing certain themes, depending on their needs and developmental stages, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources;
 - Offer different types of **information on mental health and the available services**: printed documents, websites and telephone help lines;
 - Provide quick and simple service corridors to mental health services.
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents:
 - Promote self-help between parents.
- Advise parents on the best way to provide a safe, stimulating environment for their child;
- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.

- Provide support for their child in their school work; create a positive learning environment;
- Promote the development of competencies linked to success, health and well-being (connected with the key factors for development);
- Involve their child in family activities;
- Manage the schedule, activities, life at school and transitions (e.g. family, school).

Ways to involve parents¹

Establish a **relationship of trust with the family**.

Pay special attention to the **parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
 - Ask parents to identify their family's needs in respect of their child's development.
- Involve parents in setting learning objectives for their child;
- Invite parents to play their parental role at school;
- Facilitate communications with the school;
- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

¹ Refer to the *School-Family-Community* information sheet.

FAMILY

Invite the **parents to participate in school** life by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extra-curricular activities – volunteer work;
 - Invite the parents to participate in different activities to promote a healthy diet and proper oral health.
- Participate in decisions made by the school:
 - Involve parents in the process of implementing a local policy to promote a healthy diet and a physically active lifestyle.
 - Consult parents about the food and menus available at the school.
- Help with preventive services provided at the school and in the community:
 - Involve parents as partners in the planning, performance and evaluation of mental health actions and services.

Ask parents who wish to do so to act as **mentors** or **tutors** for students, and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite **parents to take part in community activities with their child.**

Invite parents to use the services offered by the school and the community.

COMMUNITY

Rules, standards, policies



Help **draft and implement policies for youth development and family support**:

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for a safe and healthy environment and travel.

Involve the local media in relaying information about the school's mental health promotion and prevention activities.

Support for young people and families (resources, activities, services)



Help to **improve the level of mental health literacy** among young people and their families:

- Promote access to different sources of information about mental health and the support and referral resources available in the community.

Promote service integration, communication and a shared vision among the various mental health resources at the school:

- Clearly define the roles, responsibilities and contributions of each person involved in providing psychological services;
- Make sure the supply of mental health services is integrated and properly planned;
- Provide services that are accessible and adjusted to the situation of young people, families, schools and the community in general;
- Draw up an agreement on the sharing of information and confidentiality during referrals or when providing a combination of services for young people with mental health problems or mental disorders.

Help to ensure **fair access to mental health services** and to school and community services:

- Encourage partners to recognize the role of young people in the community.

For example:

- Recognition events or activities in the media.

Facilitate access to and the provision of preventive services at the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Establish collaboration agreements with organizations in the community, in particular for family support services and services for young people at risk of or dealing with addiction:
 - Stipulate the terms of confidentiality agreements (non-disclosure of personal information);
 - Help to set up a support network for families and young people dealing with loss, for young people whose parents have separated, and for families where one member has a mental disorder.

Promote the involvement of families in decisions concerning the services to be introduced in the community.

Help offer **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Offer workshops to help parents with their parental role: youth development (including self-esteem), parenting skills;
- Provide free admission or incentive pricing for sports activities and loan equipment to low-income families.

COMMUNITY

Help to set up **support groups and training workshops for parents on effective parenting practices and the development of good mental health** for their children.

Work with the community to **strengthen or complete the supply of complementary educational services** and promote the integration of these services with community projects.

For example:

- Homework assistance;
- Extracurricular activities;
- Mentoring or tutoring by people from community organizations or businesses.

Offer stimulating and attractive sporting, artistic and cultural activities that meet the students' needs and reflect their interests outside the classroom:

- Training on youth development (including self-esteem) for community trainers and animators.

Help to organize **safe, welcoming and stimulating parks and playing fields** for young people.

Establish **cooperation agreements for the sharing and use** of cultural, sporting and recreational equipment and resources by the school and the community (municipalities, community centres, private clubs, etc.):

- Promote a system to lend out sports and protective equipment during activities;
- Facilitate access to community, cultural and sports centres outside class hours.

Take part in the work of inter-sector youth authorities.

Social participation by young people



Promote and highlight the involvement of young people and families through participation:

- in the design and implementation of activities to promote mental health and prevent mental disorders;
- in the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities, etc.);
- in various community authorities;
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.);
- in various activities offered by the community (sports, cultural, artistic, social and political activities, festivals);
- in the revitalization of their physical and social environment (e.g. cleaning of parks, recycling, etc.);
- in projects designed to combat poverty and violence.

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Become involved in **joint actions to promote mental health.**

For example:

- Urban or rural revitalization projects (e.g. neighbour self-help programs, support networks, access to usable green space and environmental improvements);
- Creative arts projects involving young people, parents, schools and members of the community.

COMMUNITY

Implement, promote and encourage **projects designed to foster youth development** in the community:

For example:

- Projects designed to generate a sense of belonging to a neighbourhood or village;
- Projects with the media on representations of self-image;
- Projects with seniors in the community (as the bearers of traditions), especially in multi-ethnic, new immigrant and Aboriginal communities.

Involve well-known members of the community in collaborative projects aimed at young people and their families.

REFERENCES

- Alberta Health and Wellness (2006). *Positive futures - Optimizing mental health for Alberta's children and youth: a framework for action (2006-2016)*. Edmonton: Alberta Health and Wellness.
- Association canadienne pour la santé mentale - Chaudière-Appalaches (2003). *Le stress chez les enfants*. Québec: Association canadienne pour la santé mentale - Chaudière-Appalaches.
- Australian Government Department of Health and Ageing (2007). *Kids matter - Australian primary schools mental health initiative. Overview of the initiative: framework, components and implementation details*. Canberra: Australian Government Department of Health and Ageing.
- Ayotte, V. AND Laurendeau, M.-C. (1999). *Effets d'un programme de promotion des compétences sur l'adaptation psychosociale d'adolescents de milieu urbain défavorisé*. Montréal: Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre.
- Azdouz, R. (2000). *Consolider la collaboration entre le milieu scolaire et le milieu communautaire : une mesure clé pour la réussite éducative des jeunes. Programme de soutien à l'école montréalaise*. Québec: Direction des services aux communautés culturelles et École montréalaise, Ministère de l'Éducation.
- Bale, C. and Mishara, B. (2004). Developing an international mental health promotion programme for young children. *International Journal of Mental Health Promotion*, 6(2), 12-16.
- Barrett, P. M. (2004). *Friends for life. Workbook for children*. Brisbane: Pathways Health and Research Centre.
- Barrett, P. M., Farrell, L. J., Ollendick, T. H. and Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: an evaluation of the Friends program. *Journal of Clinical Child and Adolescent Psychology*, 35(3), 403-411.
- Barrett, P. M. (2007). *Introduction to FRIENDS: anxiety prevention and treatment for children aged 7-11 and youth aged 12-16*. Brisbane, Australia: Pathways Health and Research Center.
- Barry, M. M., Domitrovich, C. and Lara, M. A. (2005). The implementation of mental health promotion programmes. *Promotion and Education*, 12(2, suppl.), 30-36.
- Barry, M. M. and Jenkins, R. (Eds.), (2007). *Implementing mental health promotion*. Edinburgh; New York: Churchill Livingstone.
- Bartlett, R., Holditch-Davis, D., Belyea, M., Tucker Halpern, C. and Beeber, L. (2006). Risk and protection in the development of problem behaviors in adolescents. *Research in Nursing and Health*, 29(6), 607-621.
- Beautrais, A., Coggan, C., Fergusson, D. and Rivers, L. (2001). *Young people at risk of suicide: a guide for schools*. New Zealand: Ministry of Education and National Health Committee.
- Bennett, S., Coggan, C. and Brewin, M. (2003). *Evidence for student focused school-based suicide prevention programmes: criteria for external providers*. Auckland, New Zealand: Injury Prevention Research Centre, University of Auckland.
- Birdthistle, I. (2003). *Creating an environment for emotional and social well-being*. (Information series on school health. Document 10). Geneva: World Health Organization.
- Blanchet, L., Laurendeau, M. C., Paul, D. and Saucier, J. F. (1993). *La prévention et la promotion en santé mentale : préparer l'avenir*. (Éd.). Québec: Gaétan Morin et Comité de la santé mentale du Québec.

REFERENCES

- Bond, L., Toumbourou, J. W., Thomas, L., Catalano, R. F. and Patton, G. (2005). Individual, family, school, and community risk and protective factors for depressive symptoms in adolescents: a comparison of risk profiles for substance use and depressive symptoms. *Prevention Science*, 6(2), 73-88.
- Botvin, G. J. (1999). *Life skills training: promoting health and personal development. Sample lessons, level 1: grades 3/4, student guide*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2000). *Life skills training: parent program*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Student Guide 1*. Princeton, NJ: Princeton Health Press.
- Botvin, G. J. (2004). *Life skills training: promoting health and personal development. Teacher's Manual 1*. Princeton, NJ: Princeton Health Press.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Agence de la santé publique du Canada.
- Browne, G., Gafni, A., Roberts, J., Byrne, C. and Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: a synthesis of reviews. *Social Science and Medicine*, 58(7), 1367-1384.
- Cahill, H. and Morrisson, P. (2007). *Enhancing resilience 1: communication, changes and challenges*. Canberra: MindMatters - Australian Government Department of Health and Ageing.
- Cahill, H. (2007). *Enhancing resilience 2: stress and coping*. Canberra: Mind Matters, Department of Health and Ageing.
- Cardemil, E. V., Reivich, K. J., Beevers, C. G., Seligman, M. E. P. and James, J. (2007). The prevention of depressive symptoms in low-income, minority children: two-year follow-up. *Behaviour Research and Therapy*, 45, 313-327.
- Center for School Mental Health Assistance (2003). *Suicide prevention resource packet*. Washington, DC: United States Department of Health and Human Services.
- Centers for Disease Control and Prevention (2009). *School connectedness: strategies for increasing protective factors among youth*. Atlanta, GA: Department of Health and Human Services.
- Chodos, H., Mulvale, G., Bartram, M. and Lapierre, L. (2009). *Vers le rétablissement et le bien-être. Cadre pour une stratégie en matière de santé mentale au Canada*. Calgary, Alberta: Commission de la santé mentale du Canada.
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Comité de la santé mentale du Québec (1994). *Recommandations pour développer et soutenir la politique de santé mentale*. Sainte-Foy, Québec: Les Publications du Québec.
- Commonwealth Department of Health and Aged Care (2000). *Promotion, prevention and early intervention for mental health – A monograph*. Canberra, Australia: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
- Commonwealth Department of Health and Aged Care (2000). *National action plan for promotion, prevention and early intervention for mental health*. Canberra, Australia: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.

REFERENCES

- Community Life (2005). *A framework for effective community-based suicide prevention. Draft for consultation*. Canberra, Australia: Community Life.
- Conférence ministérielle européenne de l'OMS (2006). *Santé mentale : relever les défis, trouver des solutions*. Copenhague: Organisation mondiale de la Santé, Europe.
- Crosnoe, R., Glasgow Erickson, K. and Dornbusch, S. M. (2002). Protective functions of family relationships and school factors on the deviant behavior of adolescent boys and girls. Reducing the impact of risky friendships. *Youth and Society*, 33(4), 515-544.
- Cunningham, C. A., Ozdemir, M., Summers, J. and Ghunney, A. (2006). *Cultural competence and school mental health*. Baltimore: Center for School Mental Health Analysis and Action, University of Maryland.
- Desjardins, N., D'amours, G., Poissant, J. and Manseau, S. (2007). *Avis scientifique sur les interventions efficaces en promotion de la santé mentale et en prévention des troubles mentaux*. Montréal: Direction du développement des individus et des communautés de l'Institut national de santé publique du Québec.
- Dishion, T. J. and Kavanagh, K. (2000). A multilevel approach to family-centered prevention in schools: process and outcome. *Addictive Behaviors*, 25(6), 899-911.
- Doughty, C. (2005). *The effectiveness of mental health promotion, prevention and early intervention in children, adolescents and adults*. (Volume 8, number 2). Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA).
- Durlak, J. A. and Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, 25(2), 115-152.
- Elias, M. J. and Arnold, H. (2006). *The educator's guide to emotional intelligence and academic achievement*. Thousand Oaks, California: Corwin Press.
- Éducation formation professionnelle et jeunesse Manitoba (2001). *Cap sur l'inclusion. Relever les défis : gérer le comportement*. Winnipeg: Éducation formation professionnelle et jeunesse Manitoba.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in the fall of 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Field, T., Diego, M. and Sanders, C. (2001). Adolescent depression and risk factors. *Adolescence*, 36(143), 491-498.
- Garber, J. (2006). Depression in children and adolescents. Linking risk research and prevention. *American Journal of Preventive Medicine*, 31(6, supplement 1), S104-S125.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale, February*, 1-6.
- Goldrick, L. (2005). *Youth suicide prevention: strengthening state policies and school-based strategies*. Washington, DC: National Governors Association Center for Best Practices.
- Graham, C. A. and Easterbrooks, M. A. (2000). School-aged children's vulnerability to depressive symptomatology: the role of attachment security, maternal depressive symptomatology, and economic risk. *Development and Psychopathology*, 12(2), 201-213.

REFERENCES

- Green, J., Howes, F., Waters, E., Maher, E. and Oberklaid, F. (2005). Promoting the social and emotional health of primary school-aged children: reviewing the evidence base for school-based interventions. *International Journal of Mental Health Promotion*, 7(3).
- Greenberg, M. T., Domitrovich, C. and Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: current state of the field. *Prevention and Treatment*, 4(1).
- Greenberg, M. T., Domitrovich, C. and Bumbarger, B. (1999). *Preventing mental disorders in school-age children: a review of the effectiveness of prevention programs*. Pennsylvania: Research report submitted to the Center for Mental Health Services, Substance Abuse Mental Health Services Administration, United States Department of Health and Human Services by the Prevention Research Center for the Promotion of Human Development, College of Health and Human Development, Pennsylvania State University.
- Groholt, B., Ekeberg, O., Wichstrom, L. and Haldorsen, T. (2005). Suicidal and nonsuicidal adolescents: different factors contribute to self-esteem. *Suicide and life-threatening behavior*, 35(5), 525-535.
- Guillon, M.-S. and Crocq, M.-A. (2004). Estime de soi à l'adolescence : revue de la littérature. *Neuropsychiatrie de l'enfance et de l'adolescence*, 52(1), 30-36.
- Hamel, M., Blanchet, L. and Martin, C. (Éds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Harden, A., Rees, R., Shepherd, J., Brunton, G., Oliver, S. and Oakley, A. (2001). *Young people and mental health: a systematic review of research on barriers and facilitators. Report*. London, United Kingdom: Evidence for Policy and Practice Information and Coordinating Center, University of London.
- Herrman, H., Saxena, S. and Moodie, R. (Éds), (2004). *Promoting mental health: concepts, emerging evidence, practice: summary report*. Genève: Department of Mental Health and Substance Abuse of the World Health Organization, Victorian Health Promotion Foundation, University of Melbourne.
- Hider, P. (1998). *Youth suicide prevention by primary healthcare professionals. A critical appraisal of the literature*. Christchurch, New Zealand: New Zealand Health Technology Assessment, Department of Public Health and General Practice, Christchurch School of Medicine.
- Hirtz, F., Wipff, S. and Isserlis, C. (2005). Dans les Yvelines, prévenir la souffrance psychique chez les ados. *La santé de l'homme*, novembre/décembre, 22-24.
- Hodgson, R., Abbasi, T. and Clarkson, J. (1996). Effective mental health promotion: a literature review. *Health Education Journal*, 55, 55-74.
- Hosman, C., Jané-Llopis, E. and Saxena, S. (Éds), (2005). *Prevention of mental disorders. Effective interventions and policy options. Summary report*. Geneva: World Health Organization. Department of Mental Health and Substance Abuse; Prevention Research Centre of the Universities of Nijmegen and Maastricht.
- Howard, J., Taylor, B. and Cahill, H. (2007). *Educating for life a guide for school-based responses to preventing self-harm and suicide*. Canberra: MindMatters - Australian Government Department of Health and Ageing.

REFERENCES

- Hurley, J. (2007). *Community matters: Working with diversity for wellbeing*. Canberra: MindMatters - Australian Government Department of Health and Ageing.
- Husler, G., Werlen, E. and Blakeney, R. (2005). Effects on a national indicated preventive intervention program. *Journal of Community Psychology*, 33(6), 705-725.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes Canadiens*. Ottawa: Institut canadien d'information sur la santé.
- Jané-Llopis, E., Hosman, C., Jenkins, R. and Anderson, P. (2003). Predictors of efficacy in depression prevention programmes. *British Journal of Psychiatry*, 183, 384-397.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Julien, M. (2004). *Avis scientifique sur la prévention du suicide chez les jeunes*. Montréal: Institut national de santé publique du Québec.
- Jutras, S. and Lepage, G. (2006). Parental perceptions of contributions of school and neighborhood to children's psychological wellness. *Journal of Community Psychology*, 34(3), 305-325.
- Kirby, M. J. L. and Keon, W. J. (2006). *De l'ombre à la lumière : la transformation des services concernant la santé mentale, la maladie mentale et la toxicomanie au Canada. Rapport final du Comité sénatorial permanent des affaires sociales, des sciences et de la technologie*. Ottawa: Canadian Senate.
- Knox, K. L. (2007). Interventions to prevent suicidal behavior. Dans L. S. Doll, S. E. Bonzo, D. A. Sleet, and J. A. Mercy (Eds.), *Handbook of injury and violence prevention*, (p.183-201). Atlanta, GA: Springer Science-Business Media.
- Koller, J. R. and Bertel, J. M. (2006). Responding to today's mental health needs of children, families and schools: revisiting the preservice training and preparation of school-based personnel. *Education and Treatment of Children*, 29(2), 197-217.
- Kraag, G., Zeegers, M. P., Kok, G., Hosman, C. and Huijter Abu-Saad, H. (2006). School program targeting stress management in children and adolescents: a meta-analysis. *Journal of School Psychology*, 44(6), 449-472.
- Kury, K. W. and Kury, G. (2006). An exploration into the internal dynamics of a school-based mental health collaboration. *Journal of School Health*, 76(5), 164-168.
- Langberg, J. M. and Smith, B. H. (2006). Developing evidence-based interventions for deployment into school settings: a case example highlighting key issues of efficacy and effectiveness. *Evaluation and Program Planning*, 29(4), 323-334.
- Lau, S. et Kwok, L.-K. (2000). Relationship of family environment to adolescents' depression and self-concept. *Social Behavior and Personality*, 28(1), 41-50.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- Liu, Y.-L. (2003). Parent-child interaction and children's depression: the relationships between parent-child interaction and children's depressive symptoms in Taiwan. *Journal of Adolescence*, 26(4), 447-457.

REFERENCES

- Luthar, S. (2000). The Construct of resilience: A critical evaluation and guidelines for future research. *Journal of child and Development*, 71(3), 543-558.
- MacPhee, A. R. and Andrews, J. J. W. (2006). Risk factors for depression in early adolescence. *Adolescence*, 41(163), 435-465.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Mann, M., Hosman, C. M. H., Schaalma, H. P. and de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-372.
- Marcotte, D. (2003). Les jeunes dépressifs: Un groupe à haut risque d'abandon scolaire. *Bulletin du CRIRES*, May-June, 29-32.
- Marcotte, D., Cournoyer, M., Gagné, M.-E. and Bélanger, M. (2005). Comparaison des facteurs personnels, scolaires et familiaux associés aux troubles intériorisés à la fin du primaire et au début du secondaire. *Nouveaux cahiers de la recherche en éducation*, 8(2), 57-67.
- Marsh, D. (2004). Serious emotional disturbance in children and adolescents: opportunities and challenges for psychologists. *Professional Psychology: Research and Practice*, 35(5), 443-448.
- Martin, G., Richardson A.S., Bergen, H. A., Roeger, L. and Allison, S. (2005). Perceived academic performance, self-esteem and locus of control as indicator of need for assessment of adolescent suicide risk: implications for teachers. *Journal of Adolescence*, 28(1), 75-87.
- Mental Health America (2007). *Factsheet: what every child needs for good mental health*. Mental Health America. Website consulted in the fall of 2008 [online]: <http://www.nmha.org/go/information/get-info/children-s-mental-health>.
- Mentality (2003). *Making it effective. A guide to evidence based mental health promotion. Radical mentalities - briefing paper 1*. London: Mentality.
- Mentality (2005). *Feeling good: promoting children's mental health*. London: Mentality.
- Merry, S., McDowell, H., Hetrick, S., Bir, J. and Muller, N. (2007). *Psychological and/or educational interventions for the prevention of depression in children and adolescents (Review)*. Chichester: John Wiley and Sons, Ltd.
- Metrick, J., Lever, N., McLaughlin, M. and Weist, M. (2007). *Persistently dangerous schools and school mental health*. Baltimore: Center for School Mental Health, University of Maryland.
- Mifsud, C. and Rapee, R. M. (2005). Early intervention for childhood anxiety in a school setting: outcomes for an economically disadvantaged population. *American Academy of Child and Adolescent Psychiatry*, 44 (10), 996-1004.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012 (updated in 2008)*. Québec: Gouvernement du Québec.

REFERENCES

- Monkeviciene, O., Mishara, B. L. and Dufour, S. (2006). Effects of the Zippy's Friends programme on children's coping abilities during the transition from kindergarten to elementary school. *Early-Childhood-Education-Journal*, 34(1), 53-60.
- Mruk, C. (1995). *Self-esteem: research, theory and practice*. New York: Springer Publishing Company.
- National Institute for Health and Clinical Excellence (2008). *Promoting young people's social and emotional wellbeing in primary education*. (NICE public health guidance 12). London, United Kingdom: National Institute for Health and Clinical Excellence.
- National Institute for Health and Clinical Excellence (2009). *Promoting young people's social and emotional wellbeing in secondary education*. (NICE public health guidance 20). London, United Kingdom: National Institute for Health and Clinical Excellence.
- New Zealand Youth Suicide Prevention Strategy (2003). *Youth suicide prevention in schools: a practical guide*. Wellington, New Zealand: Ministry of Youth Affairs.
- O'Dea, J. (2007). *Everybody's different. A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Camberwell, Australia: ACER Press.
- Ohio Department of Mental Health and Ohio Department of Education (2003). *Legislative forum on mental health and school success. Creating a shared agenda. Fact sheet*. Center for School-Based Mental Health Programs. Shared Agenda. Website consulted in the fall of 2008 [online]: http://www.units.muohio.edu/csbnhp/sharedagenda/sa_resources.html.
- Oliver, K. G., Collin, P., Burns, J. et Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian e-Journal for the advancement of mental health*, 5(1), 1-7.
- Organisation mondiale de la Santé (2001). *Santé mentale : renforcement de la promotion de la santé mentale*. Organisation mondiale de la Santé. Website consulted in the fall of 2008 [online]: <http://www.who.int/mediacentre/factsheets/fs220/fr/print.html>.
- Owens, J. S. and Murphy, C. E. (2004). Effectiveness research in the context of school-based mental health. *Clinical Child and Family Psychology Review*, 7(4), 195-209.
- Perkins, D. F. and Hartless, G. (2002). An ecological risk-factor examination of suicide ideation and behavior of adolescents. *Journal of Adolescent Research*, 17(1), 3-26.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Positive Mental Attitudes (2008). *Positive mental attitudes curriculum pack*. Positive Mental Attitudes, Improving understanding removing stigma recovery. Website consulted in the spring of 2009 [online]: <http://www.positivementalattitudes.org.uk/curriculum.html>.
- Reinke, W. M., Herman, K. C. and Tucker, C. M. (2006). Building and sustaining communities that prevent mental disorders: lessons from the field of special education. *Psychology in the Schools*, 43(3), 313-329.
- Risi, C., Caron, F. and Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Robinson, K. E. (Éd.), (2004). *Advances in school-based mental health interventions. Best practices and program models*. Kingston, NJ: Civic Research Institute.
- Rones, M. and Hoagwood, K. (2000). School-based mental health services: a research review. *Clinical child and family psychology*, 3(4), 223-241.

REFERENCES

- Rowling, L., Martin, G. and Walker, L. (2002). *Mental health promotion. Concepts and practice young people*. Sydney: McGraw Hill.
- Rowling, L. (2003). School mental health promotion research: pushing the boundaries of research paradigms. *Australian e-Journal for the advancement of mental health*, 2(2), 1-3.
- Rowling, L. (2008). Linking spirituality, school communities, grief and well-being. *International Journal of Children's Spirituality*, 13(3), 241-251.
- Rowling, L. (2007). *Loss and grief*. Canberra: MindMatters - Australian Government Department of Health and Ageing.
- Santé mentale pour Enfants Ontario (2008). *Mon enfant a-t-il un problème? Santé mentale pour Enfants Ontario*. Website consulted in the fall of 2008 [online]: http://www.santementale-enfants-ados.ca/pour_les_parents/mon_enfant_a-t-il_un_probleme.php.
- Scottish Executive (2005). *The mental health of children and young people: a framework for promotion, prevention and care*. Edinburgh: Scottish Executive.
- Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S. and Boyer, R. (2004). *Programme de postvention en milieu scolaire. Stratégies d'intervention à la suite d'une suicide*. Montréal, Éditions AQPS.
- Sheehan, M., Marshall, B. and Sunderland, K. (2007). *Understanding mental illnesses*. Canberra: MindMatters - Australian Government Department of Health and Ageing.
- Sheehan, M., Marshall, B., Cahill, H., Rowling, L. and Holdsworth, R. (2007). *School matters: mapping and managing mental health in schools*. Canberra: MindMatters - Australian Government Department of Health and Ageing.
- Siegel, J. M. (2002). Body image change and adolescent depressive symptoms. *Journal of Adolescent Research*, 17(1), 27-41.
- Sinclair, F. and Naud, J. (2005). Soutien social et émergence du sentiment d'efficacité parentale : une étude pilote de la contribution du programme ÉcoFamille. *Santé mentale au Québec*, 30(2), 193-208.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Steinhausen, H.-C., Haslimeier, C. and Winkler Metzke, C. (2007). Psychosocial factors in adolescent and young adult self-reported depressive symptoms: causal or correlational associations? *Journal of Youth and Adolescence*, 36(1), 89-100.
- Substance abuse and mental health services administration (2005). *Fast facts about... Your child's mental health: 12 questions every parent should ask*. SAMHSA, United States Department of Health and Human Services. Website consulted in the fall of 2008. [online]: <http://mentalhealth.samhsa.gov/publications/allpubs/fastfact1/default.asp>.
- Substance abuse and mental health services administration (2008). *Teen mental health problems: what are the warning signs?* SAMHSA, United States Department of Health and Human Services. Website consulted in the fall of 2008 [online]: <http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0023/default.asp>.
- Suchocka, A. and Kovess-Masféty, V. (2006). Promotion et prévention en santé mentale chez les très jeunes enfants : revue de la littérature. *Annales Médico Psychologiques*, 164(3), 183-194.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.

REFERENCES

- Tudor, K. (1996). *Mental health promotion. Paradigms and practice*. New York: Routledge.
- Turgeon, L. and Brousseau, L. (2003). Prévention des problèmes d'anxiété chez les jeunes. In F. Vitaro and C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome I : les problèmes internalisés*, (p.189-220). Sainte-Foy, Québec: Presses de l'Université du Québec.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in the spring of 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- Union internationale de promotion de la santé et d'éducation pour la santé. (2005). The evidence of mental health promotion effectiveness: strategies for action. *International Journal of Health Promotion and Education*, 12 (2, suppl.).
- Vitaro, F. and Caron, J. (2003). La prévention face à la comorbidité des problèmes d'adaptation et à la présence de déterminants multiples. In F. Vitaro and C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome II : les problèmes externalisés*, (p.557-587). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools Programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Weiss C.L.A and Cunningham, D. L. (2006). *Suicide prevention in the schools*. Baltimore: Center for School Mental Health Analysis and Action, University of Maryland.
- Weist, M. D., Evans, S. W. and Lever, N. A. E. (2003). *Handbook of school mental health. Advancing practice and research*. New-York: Kluwer Academic/Plenum Publishers.
- Weist, M. D. and Paternite, C. E. (2006). Building an interconnected policy-training-practice-research agenda to advance school mental health. *Education and Treatment of Children*, 29(2), 173-196.
- Wells, J., Barlow, J. and Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4), 197-220.
- Whetstone, L. M., Morrissey, S. L. and Cummings, D. M. (2007). Children at risk: the association between perceived weight status and suicidal thoughts and attempts in middle school youth. *Journal of School Health*, 77(2), 59-66.
- White, J. (2005). *Preventing suicide in youth: taking action with imperfect knowledge*. Vancouver, BC: Children's Mental Health, The University of British Columbia.
- Wild, L. G., Flisher, A. J., Bhana, A. and Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 45(8), 1454-1467.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Genève: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- Zaff, J. F., Calkins, J., Bridges, L. J. and Geyelin Margie, N. (2002). *Promoting positive mental and emotional health in teens: some lessons from research*. Washington, DC: Child Trends.

HEALTHY AND RESPONSIBLE SEXUALITY

SOME BACKGROUND INFORMATION...

Mandate

The Ministère de l'Éducation, du Loisir et du Sport (MELS) and the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national de santé publique du Québec (INSPQ) to produce a decision support tool. The new tool is intended to help managers and interveners in the education and health networks to select the promotion and prevention practices that will be most effective in fostering educational success, health and well-being among students in Québec's schools.

Nature and purpose

The mandate included a synthesis of national and international recommendations from the educational, social and health sciences, setting out effective promotional and prevention practices for schools.

The synthesis of recommendations is presented in the form of information sheets on eleven topics relating to different aspects of life at school. These information sheets provide a scientific basis for examining practices that are already in use or proposed for use in schools. They are not intended to serve as checklists.

The information sheets are designed to:

- Put current practices into perspective, based on scientific recommendations;
- Question certain beliefs, knowledge and methods;
- Consider the differences between the current and recommended practices, and identify any adjustments that can be made (e.g. practices to be continued, terminated, improved or added), with due regard for the values and context of each individual school.

Reference framework

All the recommendations are based on the reference framework from the *Healthy Schools* program, derived from the following theoretical and conceptual foundations (Roberge and Choinière, 2009):*

- The ecological approach
- The developmental approach
- Developmental psychopathology
- Competency development based using a socio-constructivist approach
- The Ottawa Charter

Methodology and presentation of recommendations

The recommendations synthesize the scientific knowledge consulted during the mandate. They are consistent with the reference framework presented in the *Healthy Schools* program AND satisfy one of the following criteria:

- They are the subject of consensus among recognized national and international organizations that produce guidelines, standards and orientations (WHO, CDC, etc.).
- They are cited in reviews and assessments of school programs that have been shown to be effective for young people at different stages of their development (e.g. systematic reviews, meta-analyses).
- They are derived from a consensus among experts in the field (e.g. opinions of specialist working groups, findings from international conferences, tested on fifty Québec experts).

In each information sheet, the recommendations have been synthesized and organized under four headings (school, young person, family, community) representing the four levels of intervention, with sub-headings representing different elements of the reference framework (see Table 2 in the *Synthesis of Recommendations*).

Next steps

Readers will note that certain recommendations are common to several topics, while others are specific to one topic only. A cross-topic analysis will be performed and a second document will be published, presenting a common core of recommendations applicable from preschool to the end of secondary school, along with specific recommendations for each subject area.

* Roberge, M. C. and Choinière, C. (2009). *Analyse des interventions de promotion de la santé et de prévention en milieu scolaire québécois : cohérence avec les meilleures pratiques selon l'approche École en Santé*. Montréal: Institut national de santé publique du Québec.

TABLE OF CONTENTS

SCHOOL.....	1
PEDAGOGICAL ENVIRONMENT	1
Values, beliefs and attitudes of teachers and staff members	
underlying interventions	1
Pedagogical principles of interventions	1
Pedagogical approaches, practices and methods	2
Elements specific to the developmental stage	4
Organizational conditions	4
SOCIAL ENVIRONMENT	7
School climate.....	7
Rules, standards, policies	7
School organization	8
PHYSICAL ENVIRONMENT	9
Conditions and physical layout	9
Material resources	9
SERVICES FOR STUDENTS	11
Social support	11
Preventive services.....	11
ELEMENTARY SCHOOL STUDENTS: development of	
personal competencies	13
ELEMENTARY SCHOOL STUDENTS: development of	
social competencies	17

SECONDARY SCHOOL STUDENTS: development of	
personal competencies	19
SECONDARY SCHOOL STUDENTS: development of	
social competencies	23
FAMILY	25
Relevant information for parents	25
Advice and key actions for parents	25
Family support.....	27
Ways to involve parents	27
COMMUNITY	29
Rules, standards, policies	29
Support for young people and families	29
Social participation by young people	29
School/family/community collaboration	30
REFERENCES.....	31

SCHOOL

PEDAGOGICAL ENVIRONMENT



Values, beliefs and attitudes of teachers and staff members underlying the interventions



Give priority to the following **values**:

- Respect for oneself and for others;
- An open mind;
- The ability to listen;
- Tolerance.

Believe in the **importance** of:

- Educating students about sexuality;
- **Involving the school team** in the process.

BEFORE ANY INTERVENTION:

Encourage school staff members to examine their own values, beliefs, perceptions and attitudes concerning love and sexuality.

Pedagogical principles of interventions



Present the students with a **positive global view** (biological, psychological, emotional, social, ethical and moral) of human sexuality that includes the notion of pleasure:

- Promote an integrated view of sexuality among the students, while encouraging them to consider social standards;
- Go beyond the purely cognitive or health-related approach, and do not focus solely on genital aspects, sexual relations or the prevention of sexually-transmitted and blood-borne infection and teen pregnancy;

- Be sensitive to the students' feelings and emotions when discussing sexuality;
- Be aware that students may be afraid of being judged.

Do not judge the students according to one's own values.

Try to **get to know the students in different academic and extracurricular contexts**.

Adjust interventions concerning sexuality **to the students' psycho-sexual development stage**.

Assist the students with the **development of their self-esteem and their personal and social skills**, instead of focusing solely on knowledge acquisition (see the *Self-esteem* information sheet):

- Develop a sense of self-efficacy;
- Identify, express and manage emotions;
- Communicate effectively;
- Develop the ability to negotiate and resist negative pressure from peers and the media;
- Exercise critical judgment regarding the expression of sexuality;
- Solve problems;
- Settle conflicts.

Promote the **inclusion and integration** of all students:

- Take into account gender differences in the development of sexuality;
- In a multicultural environment, be sensitive to the influence of cultural and religious beliefs on sexual behaviour;

SCHOOL

Actively involve students in their learning:

- Use the students' questions, concerns and needs as a starting point:
 - Do not overestimate the students' knowledge of sexuality, and do not underestimate their ability to understand and manage certain situations in their lives.
- Make students responsible for their choices and practices in connection with their sexuality;
- Question the students about their concerns regarding specific subjects (e.g. age at the first sexual encounter, the place of abstinence, using a condom, etc.);
- Give students an opportunity to design, carry out and assess interventions to promote healthy and responsible sexuality and to prevent sexually-transmitted and blood-borne infections.

For example:

- The students could prepare situational tasks or organize debates.
- Give students ways to assess their own performance;
- Encourage students to participate in discussion and the planning of activities in the classroom and in the school.

Ensure the **intensity and duration** of learning throughout compulsory schooling (preschool to Secondary V).

Seize opportunities in everyday life to help students **reinvest their skills** and develop healthy and responsible sexuality:

Attention: *The opportunities offered by thematic events (e.g. International Women's Day, International Day for the Elimination of Violence Against Women) are useful, but not enough to ensure reinvestment.*

- Reinvest classroom learning in different areas of learning.

For example:

- The students could prepare an interdisciplinary project on different aspects of sexuality in their French, Art, Ethics and Religious Culture and Science and Technology classes.

- Reinvest learning in other contexts outside the classroom – in other words, at school, at home or in the community (e.g. during activities offered as part of the four programs of complementary educational services: support services, student life services, counselling services and prevention services).

Pedagogical approaches, practices and methods



Develop a **climate of trust** for interventions concerning sexuality:

- Work with the students to set rules for discussions of sexuality (e.g. careful listening, respect for the opinions of others, respect for privacy, positive and constructive comments, etc.);
- Ensure that the students' remarks remain confidential.

For example:

- A letter box in which students can submit anonymous questions, with the following precautions:
 - Confidential answers for students who identify themselves;
 - Share the answers with the group only if the questions and answers are appropriate to the group's overall development stage.

Offer the students **different but effective prevention options** and allow them to make their choice according to their needs and community values:

- Abstinence or postponement of first sexual encounter;
- Contraception and effective protection against pregnancy and sexually-transmitted/blood-borne infections.

Deliver **explicit, clear, unambiguous messages** tailored to the students' age, and avoid sensationalizing the subject:

- Speak frankly about sexuality;
- Talk about the discomfort sometimes associated with discussions of sexuality, and use it to obtain the necessary support;

SCHOOL

- Provide simple, precise information before addressing the more emotional aspects;
- Regard different perceptions of sexuality as being a positive contribution to the discussion, provided they do not fuel prejudice;
- Do not be afraid of saying “I don’t know” where appropriate.

Help the students to recognize **their needs, progress, strengths and challenges** in different aspects of their lives (at school and at home), and where appropriate, help them to accept or move beyond these aspects:

- Plan a variety of **systematic feedback** on the students’ personal characteristics.

Help the students to **recognize and manage their emotions**.

For example:

- Teach the students to use relaxation, calming, stress management and anger management techniques.

Do not compare students to one another, and **do not denigrate them**, either individually or in front of other students.

For example:

- At the elementary level: identify one positive and unique characteristic for each student, and tell the student about it.

Promote **constructive feedback and comments** between students:

- In the classroom, develop shared terminology and principles for discussions about oneself or others.

For example:

- Activities during Circle Hour (when the class comes together to discuss themselves and others);
- Cooperation council;
- Promote informal chats.

Provide students with **media awareness activities** in which they can critically examine:

- Messages concerning the body, identity (gender, sexual orientation, ethnic identity, weight, disability), high-risk behaviour’s and the use of drugs or alcohol;
- Unrealistic ideas and stereotypes.

Dispel the myths about sexuality by providing **accurate, realistic information**.

Promote demonstration, modelling and **interactive teaching methods** (debates, role-playing, situational tasks, questions, discussions, etc.).

Support competency development and educational success **by applying the following pedagogical practices**:

- **Differentiated pedagogy:**
 - Take into account the difference in a group of students;
 - Use the knowledge, prior learning, interests, goals and successes of the students as a starting point;
 - Respect the students’ cognitive styles, learning types and pace of learning;
 - Use a variety of tools and methods to ensure that each student can find a suitable way to learn and communicate;
 - Focus, throughout the activities, on discovering the students’ points of view and assumptions.
- **Support:**
 - Give the students regular opportunities to use their competencies;
 - During learning situations, help the students:
 - To become aware of what they know and establish links with what they are going to learn;
 - To choose and use the internal resources (knowledge, abilities, etc.) and external resources (environment) they need to progress in their learning;
 - To transfer their learning to new contexts.

SCHOOL

• Regulation:

- Give the students enough time and opportunities to review the competencies they have developed;
- Give the students regular feedback so that they can make the necessary individual and group adjustments, and recognize their progress;
- Help the students to conduct self-evaluation and peer evaluation; help them to review what they and other students have learned, monitor their progress and the progress of other students, and assess the effectiveness of their own actions and those of other students.

Elements specific to the developmental stage



At the preschool level:

- Present sex education in the form of a game.

At the elementary level:

- Promote exchanges of ideas, especially on subjects such as peer pressure and the influence of the media;
- Support the students to ensure that they are not confused by sexual development and manifestations of sexuality (e.g. menstruation, sexual awakening).

At the secondary level:

- Support the students to ensure that they are not confused by sexual development and manifestations of sexuality (e.g. first sexual relationship, cybersex, cyber-pornography);
- Encourage the students to be critical of unrealistic models (e.g. Romeo and Juliet-type relationships, overdone sexual performances, etc.).

Organizational conditions (continuing education, professional development, psychological support, administrative support, material, human and financial resources)



Make sure sex education is part of a structured, coordinated approach:

- Ensure that the school management **plays a leading role** in the implementation of a sex education program;
- Involve the school team;
- Appoint **volunteers** who are **motivated** to coordinate sex education activities;
- Provide conditions conducive to the work of the people concerned;
- Set priorities for sex education, rather than simply managing emergencies as they occur.

To maintain commitment and interest throughout the interventions, **raise awareness, train, supervise and support school staff and volunteers** on:

- The current status regarding students' sexual health and sexual activities (e.g. age of first sexual relationship, prevalence of sexually-transmitted/blood-borne infections);
- Communication skills in the area of sexuality;
- The risk and protection factors;
- The sex education process;
- Promotion of healthy and responsible sexuality;
- Prevention of high-risk sexual behaviour and violence.

SCHOOL

Clearly define **the role of school staff, parents and community members** in the sex education process:

- Identify who is responsible for the activities, who does what, and how;
- Ensure that the activities and topics addressed are coordinated and consistent.

Involve qualified resource people depending on the context (e.g. sexologist, psychologist, nurse).

SCHOOL

SOCIAL ENVIRONMENT



School climate (atmosphere, values, social relations, sense of belonging, expected student behaviour)



Attention: Pay special attention to the climate and the sense of security and belonging in large schools; the climate tends to deteriorate as the number of students increases.

At the secondary level, introduce **awareness measures on sexism, heterosexism, violence in couples, and healthy, safe, responsible behaviour.**

Create a **climate at school that fosters the sense of security and belonging, an open mind, communication and good relationships** (see the *Mental Health* information sheet):

- Ensure a general climate conducive to fair treatment and communication, in which feelings can be expressed in a positive way:
 - Watch for gestures, postings and activities that may promote sexism, an unrealistic body image or hypersexualization (e.g. beauty contests, fashion parades involving only models who meet standard beauty criteria).
- Promote cooperation and support (e.g. cooperation council):
 - Encourage students to value honesty and compassion by applying these behaviours both individually and within the school in general:
 - Take steps to reduce social isolation of students.
 - Model active listening and show students how to build it into their everyday lives.
- Give students an opportunity to feel important and cared-for;

- Promote **openness and inclusion** within the school:

- Develop, with the students, a culture of respect, equality, non-violence and openness to diversity (cultural, religious, sexual, physical).

For example:

- Avoid promoting a single body type; all body types should be respected;
- Watch for gestures or activities that could be discriminatory;
- Encourage acceptance and insertion of new members;
- Encourage community action.

Rules, standards, policies



Working with the students, prepare and apply **rules of conduct conducive to respect, tolerance (gender, sexual orientation, different body types), fairness, communication and positive expression of feelings:**

- Define the principles underlying the rules and conditions:
 - Encourage respect and positive relationships among all members of the school;
 - Take a global approach focused on strengthening the students' personal and social competencies and fostering their sense of belonging to the school;
 - Introduce a participatory process: involve the students, parents and staff in selecting the rules and application measures;
 - Promote a culture in which members of the school community try to find solutions instead of a culture of victim blaming;
 - Ensure that the students believe in the relevance and fairness of the rules or code of conduct.

SCHOOL

- Be aware of the situation concerning discrimination and fairness:
 - Be aware of manifestations of lack of respect among students, and between students and staff;
 - Compare the different sources of information (the students' perceptions and the perceptions of adults in the school);
 - List the actions taken and methods implemented to promote respect, tolerance, fairness, communication and positive expression of feelings.
- Work with the students to identify the school's position concerning respect, tolerance, fairness, communication and positive expression of feelings.
- State how misbehaviour will be addressed:
 - Focus on positive reinforcement rather than punishment.
- Make sure students, parents and school staff members are aware of the rules and conditions for application: posters, memoranda, messages.
- Apply the rules and the code consistently.

For example:

- Intervene in every case that involves teasing due to size, weight, body type or sexual orientation.

Introduce a **policy to prevent sexual exploitation of students** in sports, cultural events and leisure activities, including background checks during the recruitment process and at regular intervals thereafter.

School organization (timetables, structures, management)



Introduce **structures to ensure confidentiality during consultations with professionals**.

For example:

- A system that allows permission for absences (in the classroom and from parents) for visits to the nurse, doctor or psychologist, etc.

Consolidate service gateways with local health and social service centres.

For example:

- A mechanism to facilitate transportation to health and social service centre clinics (e.g. free bus tickets);
- A coordination mechanism between the school secretary and the local health and social service centre to arrange appointments.

SCHOOL

PHYSICAL ENVIRONMENT



Conditions and physical layout (cleanliness; building safety standards; air quality, water quality, etc.; physical, biological, chemical agents; spatial layout; equipment, shared spaces, school yard, aesthetics, layout allowing for supervision of students, etc.)



Provide a **reassuring physical environment** to avoid bullying and sexual violence:

- Group professional offices together in corridors used by students and leave the doors open wherever possible;
- Ensure that locations in which violent behaviour occurs are monitored by an adequate number of adults;
- Control access to the school grounds.

For example:

- Allow access via only one road;
- Lock the school doors during classroom hours.
- Promote an environment that maximizes natural supervision and reduces the potential for students to become isolated, while respecting their privacy.
For example:
 - Organize the school yard;
 - Supervise cloakrooms and oversee the layout of washrooms;
 - Eliminate elements from the school grounds that prevent the staff from seeing the students.

Material resources (recreational equipment, sports equipment, vending machines, etc.)



At the secondary level, provide easy access to protection and contraception (condoms, pill-condom combinations, morning-after pill).

For example:

- A youth clinic, at or close to the school, that is open at appropriate times, in premises suitable for professional consultations, with the necessary medical equipment;
- Condom distributors in washrooms;
- Condoms available from resource people.

SCHOOL

SERVICES FOR STUDENTS



Social support (assistance, listening, self-help for students)



Maintain **close collaboration between families, the school and the community**.

Make sure students are clearly and constantly **informed of the services, resources and opportunities for social and emotional support** available at school and in the community.

Reassure students that their **confidentiality will be respected** in all support processes.

Be **aware of the needs of students and families** (in particular with respect to their gender, sexual orientation, ethnic and religious background and standard of living) and **provide suitable follow-up**:

- Pay special attention to students who find it difficult to develop their psychosocial competencies;
- At the secondary level, pay special attention to homosexual students or those who question or experience problems with their sexual orientation.

Ensure that **social and emotional** support is available from qualified adults, at both the elementary and secondary levels.

- Take the time to talk and listen to students;
- Make sure every student is well-known to at least one adult in the school;
- Provide times and places for students to express their feelings and emotions or speak confidentially about events in their lives;
 - Make sure there are times set aside specifically for boys.

- Give students opportunities to work together and help one another, and reinforce social support from fellow students, **with adult supervision**.

For example:

- Mediation team composed of students and school staff;
- Sponsoring or mentoring of young students by older students, or of new students by fellow students, teaching buddy teams.
- When necessary, encourage students to consult qualified adults in the school, who can help without judging;
- Facilitate the integration of students in difficulty.

Preventive services



Student support and assistance services¹

Where required, offer the following services to the **students concerned**:

- Services for students with adjustment problems at school, behavioural problems or learning difficulties.
- **Academic support**: homework assistance program, catch-up periods, timetabled study periods, teaching buddy teams (*older students helping younger students under the supervision of an adult*).

Youth clinic²

In elementary schools, and in secondary schools with no youth clinic, establish mechanisms to direct students to resources and qualified professionals at the health and social services centre or in the community.

¹ Refer to the programs of complementary services established by the school board and school.

² Recommendations made under the *Québec public health program 2003-2012* (MSSS, 2008) and the *Cadre de référence pour les services préventifs en clinique jeunesse* published by the Agence de la santé et des services sociaux de la Montérégie, 2006. The effectiveness of the recommended interventions depends on the underlying epidemiological surveys. The recommendations are from a revision carried out by the Canadian Task Force on Preventive Health Care and the US Preventive Task Force.

SCHOOL

At the secondary level, offer youth clinics close to the students' homes (in secondary schools or in a neighbourhood health and social services centre) to dispense curative and preventive services tailored to their specific needs.

- **Procedures:**

- Guarantee confidentiality;
- Provide access to staff members trusted by students;
- Ensure that consent is free and enlightened;
- Provide a private, welcoming environment to avoid stigmatization;
- Ensure that the schedule of services is compatible with student needs (before or after classroom hours);
- Ensure that the clinics are available in the students' immediate environment or neighbourhood. If this is not possible, make it as easy as possible for students to travel to the clinic: access to a simple, fast and cheap method of transportation, e.g. a paid taxi service or free bus ticket;
- Offer simple and quick access routes for all the physical and psychological problems that cannot be dealt with by the youth clinic.

- **Specific services:**

At the youth clinic, the following services **specific to sexual health** should be offered:

- Question students about their sexual health: relationships with partners, sexual activity, concerns, etc.;
- Be alert to the signs and symptoms of violence in relationships with partners;
- Counselling on safe sexual behaviour and contraception, for both girls and boys;
- Access to free or low-cost condoms.

When a clinical assessment reveals a **specific condition** related to sexual health, the **necessary clinical practices** should be applied:

- Screen for sexually-transmitted/blood-borne infections in accordance with Québec's recommendations;³
- Provide access to emergency oral contraception;
- Provide access to the morning-after pill;
- Provide access to pregnancy testing;
- Provide access to elective abortion services;
- Refer young mothers at risk, and their children, to integrated perinatal and early childhood services (the SIPPE program);
- Institute preventive interventions for people suffering from sexually-transmitted/blood-borne infections and their partners, in line with the recommendations made in the *Programme québécois d'intervention préventive auprès des personnes atteintes d'une infection transmissible sexuellement auprès de leurs partenaires* (Fournier, Dupont and Venne 2004).

- **General services:**

Youth clinic services are offered as part of a global approach to the student's life. During a consultation or at a later date, students must be offered a set of **priority prevention services** in addition to the services directly connected with the consultation (**see the *Sleep, Hygiene and Oral Health* information sheet for a list of the services that should be offered**).

³ *Complément québécois aux lignes directrices canadiennes sur les infections transmissibles sexuellement, 2006 Edition* (INSPQ, 2007) and *Complément québécois L'essentiel, 2006 Edition* (Gouvernement du Québec, 2007); *Programme québécois d'intervention préventive auprès des personnes atteintes d'une infection transmissible sexuellement auprès de leurs partenaires* (Fournier, Dupont and Venne 2004).

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES

ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles		Cycles
Develop self-esteem <i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>	1 2 3	→ Find out how images are created and manipulated. - The growth and development of their own body, including puberty: - Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty; - Gradually get to know and accept their changing body image; - The importance of allowing themselves to be wrong.	1 2 3 3 3
Develop a positive self-image Students must learn about and accept themselves, and develop a positive self-image, including body image by becoming aware of: - Their uniqueness, based on their characteristics, qualities, competencies, strengths (talents), limits, needs and feelings: - Have realistic expectations about themselves; - Understand that every individual is different; - Understand the contribution made by gender roles, and their cultural, social and religious background, in building their identity; - Recognize the diversity of body shapes and representations of physical beauty; - Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media: → Become aware of the existence of stereotyped male and female images produced for marketing and consumer purposes; → Become aware of the negative effects of stereotyped and idealized body models on the acceptance of their own body image;	1 2 3 2 3 3	Develop their assertiveness State opinions and explain their choices. Take responsibility for their actions. Resist negative peer pressure that steers them away from healthy and responsible sexuality: - Recognize the impact of other people's opinions on their behaviour and choices: - Distinguish between negative peer pressure and positive peer pressure. - Avoid being negatively influenced by the attitudes, words and actions of peers: - Practise and analyze various ways of saying "No" and responding to pressure. - Identify peers who have a positive influence and spend time with them.	1 2 3 1 2 3 1 2 3 3

ELEMENTARY SCHOOL STUDENTS

Resist negative media pressure steering them away from healthy and responsible sexuality:

- Be aware of the place and influence of the media with regard to sexuality;
- Analyze media representations of sexuality: the difference between facts and opinions, and how the representations differ from reality;
- Identify the interests underlying the political, social or cultural messages.

Cycles

1 2 3

2 3

2 3

Structure their sexual identity

Develop a **better knowledge of themselves as girls or as boys**, physically, psychologically, emotionally and socially speaking, with due regard for differences:

- Understand their body: its unique features, its abilities and its needs;
- Learn about the similarities and differences in the bodies of girls and boys;
- Learn about the mechanisms relating to pregnancy and childbirth;
- Learn about the mechanisms relating to contraception;
- Understand the contribution of gender roles in the development of personal identity;
- Identify the pluridimensional aspects of sexuality (biological, psychological, emotional, socio-cultural, moral);
- Recognize the impacts of sexual stereotypes on personal development.

Pres.* 1 2

1 2

Pres. 1 2 3

1 2 3

1 2 3

2 3

* Preschool.

Manage their emotions and behaviours

Understand their emotions:

- Develop an understanding of the terminology used to describe emotions, and use it properly;
- Recognize simple emotions (e.g. joy, sadness, fear, anger);
- Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);
- Recognize the intensity of their emotions, and fluctuations over time;
- Recognize the impact of their emotions on their behaviours:
 - Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").
- Identify the internal and external factors that affect and change their emotions.

Cycles

1 2 3

1 2

2 3

2 3

2 3

2 3

Control their emotions:

1 2 3

- Manage frustration (e.g. losing, being teased, being accused, being excluded);
- Calm down and think before acting;
- Use the positive self-talk technique, in particular to overcome **anger**:
 - Transform negative thoughts into neutral or positive thoughts;
 - Motivate themselves, and have positive expectations;
 - Avoid negative terminology.
- Develop a sense of humour and humility to play down situations that trigger emotions.

ELEMENTARY SCHOOL STUDENTS

Share their emotions appropriately.

Cycles
1 2 3

Solve problems

Apply the problem-solving process:

1. Identify the problem and its causes;
2. Find solutions;
3. Choose the most appropriate solution(s):
 - Identify the consequences of a problem;
 - Make a connection between the solution to a problem and a change in the consequences.
4. Apply the solutions;
5. Evaluate the solutions.

Accept their own responsibility in generating and solving problems:

- Accept the consequences of their own behaviour;
- Distinguish between the notions of accident and intention.

Exercise critical judgment

Assess situations involving abuse, exploitation and sexual violence (harassment, assault, etc.) and protect themselves from such situations:

- Recognize the manifestations of abuse, exploitation and sexual violence:
 - Identify the basic rules to prevent sexual exploitation;
 - Think about these rules.

Cycles
1 2 3

Pres.

- Develop attitudes and behaviours that will help prevent situations involving sexual exploitation;
- Analyze the situation in order to take action;
- Ask for help:
 - Become aware of the importance of breaking the silence and reporting situations involving sexual violence, to ensure that abuse does not recur;
 - Develop an ability to break the silence if they are a victim of or witness to harassment or sexual abuse.

Express their sexuality in a responsible way

Develop a **sense of responsibility in expressing their sexuality**, both emotionally and with respect to their health:

- Ask questions and express their perceptions, fears, disappointments and hopes about love;
- Become aware of the desire to please and the desire to be in love, and understand that everyone goes through the process of attraction during puberty;
- Gradually become aware of what sexual responsibility means, from an emotional standpoint: self-respect, respect for other people, maturity, communication skills;
- Become aware of the active role that every individual can play in maintaining his or her sexual health:
 - Examine the impacts of their lifestyle habits on their sexual health and well-being;
 - Identify the elements that may affect their sexual health (sexually-transmitted/blood-borne infections, unwanted pregnancies, etc.).

ELEMENTARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles		
Learn to socialize			
Become aware of the importance of interpersonal relations in achieving a rich emotional life (family, friends, school staff members, acquaintances, etc.).		2	3
Recognize the importance of having friends and understand why people need them.	1	2	
Identify what they need to do to make and keep friends.	1	2	
Adopt pro-social attitudes and behaviours			
Help others:	1	2	3
• Identify ways of helping their friends.			
Be open to others, accept and respect their differences:	1	2	3
• Adopt an attitude that is respectful of differences;			
• Choose their own behaviour with due respect for their own and other people's emotions.		2	3
Give and receive compliments.	1	2	3
Manage secrets and things said in confidence.	1	2	3
Apologise.	1	2	3

	Cycles		
Develop empathy			
Understand the views and opinions of others:		2	3
• Recognize other people's emotions and their intensity, based on verbal and non-verbal signs (e.g. facial expressions, body language).	1	2	3
Recognize the impacts of their actions and words on other people.		2	3
Solve conflicts			
Anticipate sources of conflict and situations involving conflict.		2	3
Apply the various problem-solving steps to interpersonal conflicts:		2	3
• Stop the conflict and calm down;			
• Identify the problem and the feelings involved:			
- Accurately interpret words and non-verbal signals.			
• Agree on a shared goal;			
• Find solutions;			
• Identify the consequences of the solutions;			
• Choose the best solution;			
• Establish a plan to solve the conflict;			
• Test the plan;			
• Evaluate the plan and the learning.			

ELEMENTARY SCHOOL STUDENTS

	Cycles
Communicate effectively Learn to share their ideas, views, values and emotions effectively: • Practise body language and non-verbal communication; • Use the first person singular when speaking; • Ask permission, discuss, initiate and end conversations; • Negotiate respectfully; • Avoid misunderstandings; • Issue and receive messages constructively. Practise active and passive listening.	1 2 3 1 2 3

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF PERSONAL COMPETENCIES



ATTENTION: This section presents **separate, non-hierarchical** and **non-sequential** sets of **knowledge** (content), **know-how** (abilities) and **behaviour** (attitudes). To be transformed into a **competency** (action), the knowledge, know-how and behaviour must be mobilized and used effectively in a real-life context, and not simply juxtaposed.

	Cycles			Cycles	
Develop self-esteem			→ Find out how images are created and manipulated.		
<i>Various elements of the Self-esteem information sheet are repeated here. However, since the development of self-esteem involves some additional elements, it is best to refer to the Self-esteem information sheet.</i>			• The growth and development of their own body, including puberty:	1	2
	1	2	- Understand how their body is transformed, and the anatomical, psychological and emotional changes connected with puberty;		
Develop a positive self-image			- Express their feelings about these changes;		
Students must learn about and accept themselves, and develop a positive self-image, including body image by becoming aware of:	1	2	- Gradually get to know and accept their changing body image.		
• Their uniqueness , based on their characteristics, qualities, competencies, strengths (talents), limits, needs, feelings, tastes, interests, ideas and values:	1	2	• The importance of allowing themselves to be wrong ;	1	2
- Have realistic expectations about themselves;			• Their life projects and aspirations .	1	2
- Understand that every individual is different;					
- Understand the contribution made by gender roles, and their cultural, social and religious background, in building their identity;			Structure their sexual identity		
- Recognize the diversity of body shapes and representations of physical beauty;			Develop a better knowledge of themselves as girls or boys , from a physical, psychological, emotional and social standpoint, with due respect for differences:	1	2
- Demonstrate a critical understanding of stereotyped and idealized representations of the male and female body in the media:			• Understand the pluridimensional aspects of their sexuality (biological, psychological, emotional, socio-cultural, moral).		
- Be aware of the existence of stereotyped male and female images produced for marketing and consumer purposes;			Develop their assertiveness		
→ Analyze the negative effects of stereotyped and idealized body models on the acceptance of their own body image;			State opinions and explain their choices.	1	2
			Take responsibility for their actions.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles	
Resist negative pressure from peers and the media:		
• Analyze the influence of peers and the media over their behaviour, attitudes, values and choices:	1	2
- Recognize how pressure from peers (attitudes, words, actions) and from the media can affect their self-esteem, behaviour and health.		2
• Set themselves objectives to resist negative pressure from peers and the media;	1	2
• Choose different verbal and non-verbal strategies to respond to pressure from individual peers or groups, and from the media:		
- Anticipate the consequences of resisting pressure from peers or the media;		2
- Learn to negotiate, refuse, explain and communicate their point of view;	1	2
- Justify their position.	1	2
• Assess the efficiency of their resistance strategies.	1	2

Manage their emotions and behaviours

Understand their emotions:	1	2
• Develop an understanding of the terminology used to describe emotions, and use it properly;		
• Recognize complex emotions or feelings (e.g. guilt, jealousy, pride);		
• Recognize the intensity of their emotions, and fluctuations over time;		
• Recognize the impact of their emotions on their behaviours:		
- Express rather than judge their emotions (e.g. "I'm entitled to be angry, but not to hit someone").		

	Cycles	
Control their emotions:	1	2
• Identify the internal and external factors that affect and change their emotions;		
• Manage frustration (e.g. losing, being teased, being accused, being excluded);		
• Calm down and think before taking action;		
• Use the positive self-talk technique to control anger :		
- Transform negative thoughts into neutral or positive thoughts;		
- Motivate themselves and have positive expectations;		
- Avoid negative terminology.		
• Develop a sense of humour and humility to play down situations that trigger emotions;		
• Identify ways of negatively distorting reality and perceiving reality more objectively.		

Share their emotions effectively.

Solve problems

Identify the issues surrounding different problem situations.	1	2
Make choices between different needs when making difficult decisions.	1	2
Evaluate the consequences of their choices.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Ask for help					
Identify the situations, behaviours and attitudes for which help is needed, for themselves or for others:	❶	❷	- Think about the parental role and its demands, especially during adolescence; - Think about the issues surrounding teen pregnancies and elective abortions; - Think about the stereotypical sexual attitudes and behaviours conveyed by the media; - Think about emotional dependency; - Think about the negative and positive impacts of sexual roles on personal development and on society: - Be discerning with regard to roles ascribed exclusively to men and women.		
Identify strategies for requesting help, for themselves or for others:	❶	❷			
- Identify resources in the family, among peers, at school and in the community; - Involve people they trust: parents, friends, older peers, school staff.					
Identify the elements that make it easier or harder for themselves or others to ask for help:	❶	❷	Evaluate situations involving abuse, exploitation and sexual violence (harassment, rape drug, assault, etc.), and protect themselves from these situations:	❶	❷
- Regard a request for help as being positive, rather than a sign of weakness; - Recognize their own limits in their ability to support other people; - Explore the role of trust and courage in asking for help, for themselves or for others.		❷	- Recognize manifestations of abuse, exploitation and sexual violence: - Become aware of the impact of myths associated with sexual violence (assault, harassment, rape) on individuals and on society as a whole. - Identify the attitudes, behaviours and strategies that can be used to prevent abuse, exploitation and violence; - Analyze a situation in order to take action; - Ask for help: - Become aware of the importance of breaking the silence and reporting situations involving sexual violence, to ensure that abuse does not recur; - Develop an ability to break the silence if they are a victim of or witness to sexual abuse; - Become aware of the role to be played by all citizens in preventing sexual violence.		
Exercise critical judgment					
Analyze the factors likely to influence the expression of their sexuality:	❶	❷			
- Dispel the myths surrounding the quest for strong sexual sensation (pleasure at any price) and the gradual discovery of sexual satisfaction (guaranteed pleasure); - Think about the desire to please, attraction and seduction during adolescence;					

SECONDARY SCHOOL STUDENTS

	Cycles	
Express their sexuality in a responsible way		

Develop a **sense of responsibility in expressing their sexuality**, both emotionally and with respect to their health:

- Become aware of the emotional and relationship-related issues surrounding their first love and sexual relationship;
- Become aware of the elements required to be comfortable with emotional and sexual intimacy;
- Adopt responsible attitudes and behaviours based on respect for their own limits and those of their partner, in loving relationships and the expression of sexuality;
- Identify risky behaviours (and the level of risk involved), and preventive behaviours:
 - Learn about the impacts of drugs and alcohol on the sexual expression;
 - Learn about sexually-transmitted/blood-borne infections: how they are transmitted, the symptoms and the treatment available;
 - Learn about pregnancy and infection prevention resources;
 - Understand the different methods of contraception and identify those best suited to the situation of adolescents;
 - Understand the importance of dual protection (pill and condom) in preventing pregnancy and protecting against sexually-transmitted/blood-borne infections;
 - Consider the possibility of postponing their first sexual encounter if it is not something they want.

1

2

1

2

1

2

1

2

SECONDARY SCHOOL STUDENTS: DEVELOPMENT OF SOCIAL COMPETENCIES



	Cycles			Cycles	
Adopt pro-social attitudes and behaviours			- Become involved in the fight for equality and inclusion: - Suggest ways to promote equality and inclusion and counter discrimination (sexism and heterosexism) and stigmatization.	2	1
Become aware of the importance of interpersonal relations in achieving a rich emotional life (family, friends, school staff members, acquaintances, etc.).	1	2			
Help others.	1	2	Develop loving relationships based on harmony and equality :	1	2
Be open to others, accept and respect their differences: - Adopt attitudes that are respectful of differences, including sexual orientation; - Choose their own behaviour with due respect for their own and other people's emotions.	1	2	- Discuss the notions of love, healthy relationships, gender equality, problems in the couple, domination, power and violence in relationships; - Define and recognize violence in couples: - Recognize the dynamics of domination, intimidation, aggression and harassment within a couple; - Differentiate between a healthy loving relationship and a conflict-based, unequal relationship, and assess the consequences of each; - Identify models of respectful couples whose relationship is based on harmony. - Identify the causes of violence within the couple, along with ways to prevent it; - Find solutions other than violence to solve conflicts or express anger and disappointment within the couple; - Understand how to behave with respect to violent behaviour by their partner.		
Give and receive compliments.	1	2			
Manage secrets and things said in confidence.	1	2			
Apologise.	1	2			
Develop attitudes and behaviours conducive to equality and inclusion : - Understand the notions of equality, inclusion, discrimination (sexism, heterosexism) and stigmatization, and their causes; - Identify the consequences of discrimination (sexism, heterosexism) and stigmatization for individuals and for society;	1	2			
			Develop empathy		
			Understand and appreciate the other person's point of view, and be attentive to his or her feelings and needs.	1	2

SECONDARY SCHOOL STUDENTS

	Cycles			Cycles	
Understand the consequences of their own behaviour.	1	2	Communicate effectively	1	2
Develop their ability to provide emotional support for other people.	1	2	Develop their mastery of communication rules:		
			• Issue and receive messages constructively;		
			• Avoid misunderstandings and misconceptions:		
			- Clarify what they say and be precise;		
			- Develop active listening (ask questions, reformulate what others say, use open questions).		
			• Use an appropriate level of communication for each situation:		
			- Distinguish between the different levels of communication (familiar, superficial, formal, informative, emotional).		
			Evaluate the effectiveness of their own communications.	1	2
Solve conflicts					
Identify the harmful consequences of inadequate conflict resolution and violence towards the self or others.	1	2			
Identify and analyze sources of conflict.	1	2			
Apply effective strategies to prevent conflicts from escalating:	1	2			
• Apply the various problem-solving steps to interpersonal conflicts (see <i>Elementary School Students</i>).					
For example:					
- Learn to negotiate, compromise and build consensus;					
- Practise “mirroring” and “avoidance” techniques.					
Acknowledge that some conflicts may not be solved.	1	2			
• Accept that solving some conflicts is beyond their control.					

FAMILY

Relevant information for parents



Current profile of sexual health and sexual activity among young people – myths and realities. For example: average age of first sexual relations, contraception methods and frequency of use, methods used to protect against sexually-transmitted and blood-borne infections, violence in couples.

Psychosexual development stages for boys and girls.

Competencies that young people should develop in order to achieve healthy, responsible behaviour in emotional, loving and sexual relationships (before becoming sexually active):

- Develop better self-knowledge;
- Assert their sexual identity with due respect for differences;
- Develop a positive body image;
- Identify, express and manage their emotions and behaviours;
- Develop empathy;
- Adopt pro-social attitudes and behaviours;
- Solve conflicts;
- Communicate effectively;
- Learn to socialize;
- Develop a sense of responsibility in the expression of sexuality;
- Develop loving relationships based on harmony and equality (adolescents).

Relevant information on healthy, responsible behaviour and the **prevention of pregnancy and sexually-transmitted/blood-borne infections** (including immunization against human papilloma virus [HPV] and hepatitis B).

How to intervene with young homosexuals or bisexuals who are experiencing problems.

How to intervene in cases of sexual violence or harassment (see the *Good Relationships and Prevention of Violence* information sheet).

Connections between certain parenting styles and healthy, responsible sexuality among child: a comforting, stable and warm relationship, open communication, consistent supervision, positive approval of contraceptive methods.

Educational activities and measures implemented by the school with regard to healthy, responsible sexuality.

School and community resources.

Appropriate, good-quality documentation: books, leaflets, websites, videos, etc.

Advice and key actions for parents



Establish a warm **family climate** that promotes a sense of security, identity, belonging and competency, **openness** and **communication** (see the *Mental Health* information sheet):

- Show confidence towards their child;
- Accept and respect their child for who he is, value his efforts, and avoid comparing him to other children;

FAMILY

- Encourage the development of a **positive self-image**:
 - Help their child to become aware of their uniqueness: characteristics, qualities, talents, etc.;
 - Help their child to understand the growth and development of his body, including puberty;
 - Emphasize that all body shapes are normal;
 - Provide positive reinforcement for their child's body image: positive messages about his body, abilities and skills;
 - As parents, avoid making negative comments about their own weight, height, diet or regimen;
 - Help their child to develop a critical understanding of stereotyped and idealized representations of the male and female body in the media;
 - If their child is overly concerned about his weight, refer him to a competent health professional to assess the situation;
 - Remain aware of the involuntary prejudice he may convey about body image or attitudes and beliefs about food, exercise, weight control, etc.;
 - Make sure they support homosexual or bisexual child who is experiencing problems:
 - Seek outside support as needed.
- Establish and maintain effective communication with their child, so that he is able to address sexuality in a way that is appropriate to his development stage:
 - Seek out relevant information and help, attend workshops, etc., in order to feel comfortable;
 - Address sexuality frankly, using the child's questions as a starting point;
 - Create a climate of trust in which the child can ask questions;
 - Present a positive view of human sexuality;
 - Address the pluridimensional aspects of sexuality: emotional, psychological, biological, physical, moral, etc.;

- Play a proactive role in terms of knowledge and skills:
 - Begin discussions by seizing appropriate opportunities (e.g. trigger events, moments of closeness with the child, calm atmosphere, etc.);
 - Anticipate questions, based on the child's development stage;
 - Deliver **clear, explicit, unambiguous** messages, tailored the context and the child's age, and avoid sensationalizing the subject;
 - Give simple, precise information before addressing the more emotional issues;
 - Support the development of competencies relating to healthy, responsible sexuality in emotional, loving and sexual relationships (before beginning an active sex life); see the *Students* section of this information sheet.
- Establish clear rules and limits with the child (depending on their developmental phase), and ensure that they are understood and respected:
 - Implement rules conducive to respect, tolerance, positive expression of feelings and communication:
 - Apply the rules consistently and coherently.
- Help their child to manage his stress.

For example:

 - Help them to use a range of stress and anxiety management measures (physical, artistic and technical activities, visualization, meditation).

Be **aware of the influence of their own behaviour**, as parents, on the behaviour of their child, and ensure that his own behaviour is consistent with the message they want to convey.

Help to establish a culture in the community that is **conducive to respect, tolerance** (gender, sexual orientation, different body types), **fairness, positive expression of feelings and communication**.

FAMILY

Family support (information, activities, services)

Help all parents to encourage their child's development, and help families in difficulty to use the support available.

Offer **programs, training and workshops** organized by the school or by community organizations to **help parents** play their expected role:

Attention: *Help parents to understand the overall development of children by emphasizing certain themes, depending on their needs and developmental stages, rather than addressing the issues in silos.*

- Inform parents about child and adolescent development (self-esteem, social relations, physical and sexual development, lifestyle habits, hygiene, addiction, violence, etc.);
- Inform parents about the school and community resources available and encourage them to use those resources:
 - Youth centres, health and social services centres.
- Advise parents about ways to ask for help;
- Help parents to develop a sense of parental competency and positive self-esteem as parents in the area of sexuality (knowledge, skills, confidence and level of comfort, etc.):
 - How to talk about sexuality with their child or adolescent (communication skills);
 - Help them to supervise their child or adolescent and to deal with the influence of peers in the area of sexuality;
 - Examine the values and the positive and negative myths influencing their attitudes and behaviours and those of their child or adolescent (gender equality, reproductive health, sexual relations, etc.);
 - Promote self-help between parents.
- Advise parents on the best way to promote a safe, stimulating environment for their child;

- Help parents to use privileged **parental practices** to:
 - Promote positive relationships and communication between parents and children, and a close ongoing relationship:
 - Promote positive discipline (encourage positive behaviour, provide structure) and parental supervision;
 - Manage problems and conflicts with their child.
 - Provide support for their child in his school work; create a positive learning environment;
 - Promote the development of competencies linked to success, health and well-being (connected with key factors for development);
 - Promotion and prevention initiatives in the area of sexual health, aimed at parents alone, or at parents and their child.
 - Involve their child in family activities;
 - Manage the schedule, activities, life at school and transitions (e.g. family, school).

Ways to involve parents¹

Establish a **relationship of trust with the family.**

Pay **special attention to the parents of secondary-level students** (lower participation rate).

Encourage parents to help support their child's educational success and development:

- Dialogue with parents about their child's progress, strengths and challenges;
- Involve parents in setting learning objectives for their child;
- Ask the parents to play their parental role at school;
- Facilitate communications with the school;

¹ Refer to the *School-Family-Community Collaboration* information sheet.

FAMILY

- Facilitate meetings with school staff members;
- Support the parents' involvement in monitoring their child's learning;
- Inform the parents about the *Québec Education Program*, competency development and the school's educational project.

Talk to parents about the **relevance and effectiveness of devising a joint sex education project**.

Invite the parents to **participate in school** life by involving them in the school's various committees and activities (see the *Self-esteem* information sheet):

- Participate in curricular and extracurricular activities – volunteer work;
 - Invite parents to become involved in preparing or organizing activities aimed at promoting healthy, safe sex.

For example:

- An inter-disciplinary project on love and sex (French, English, art, science and technology and history, and reinvestment of learning at home;
- Preparation of materials for other parents.

- Participate in decisions made by the school;
- Work with preventive services at school and in the community.

Ask parents who wish to do so to act as **mentors** or **tutors for students** and **organize and implement various extracurricular activities or academic upgrading activities** (computer classes, project management, philosophy, etc.).

Invite parents **to take part in community activities with their child**.

Invite parents to **use the services offered by the school and the community**.

COMMUNITY

Rules, standards, policies



Work with the media and local businesses to convey positive messages that are respectful of body image: watch for discrimination, hypersexualization and sexual stereotypes.

Work with community organizations involved in sex-related promotion and prevention initiatives at school to **ensure that their messages and approaches are consistent.**

Help **draft and implement policies for youth development and family support:**

- Family and socioeconomic policies: access to housing, food and employment, the fight against social and health-related inequalities, work/family reconciliation;
- Policies to limit access to alcohol, drugs, tobacco, games of chance and gambling;
- Policies for healthy, safe environments and travel.

Involve the local media in relaying information about the school's promotion and prevention activities to help students develop a healthy, responsible approach to their sexuality.

Support for young people and families (resources, activities, services)



Contribute to the **supply of sex-related information and training activities for parents**, dispensed by qualified people.

Facilitate access to and provision of preventive services in the school and in the community:

- Establish a climate of cooperation between the various organizations that provide support for young people and families;
- Create a network of organizations used by young people, in order to facilitate the use of specialist services (contraception, screening, elective abortion, telephone help lines, resources for young homosexuals, etc.):
 - Work with youth centres and other youth organizations for activities and monitoring of young people referred to specialist services;
 - Stipulate the terms of confidentiality agreements (non-disclosure of personal information).
- Introduce a plan to evaluate and improve the availability and accessibility of sexual health services for young people (proximity, appropriate schedule, confidentiality, free of charge).

Publicize the services available in the community to promote healthy, responsible sexuality.

Help offer **support for families with difficulties** (insufficient resources, unsuitable housing, lack of living or playing space, mental health or addiction problems, etc.).

For example:

- Offer workshops to help parents with their parental role: youth development (including self-esteem), parenting skills.

Take part in the work of inter-sector youth authorities.

Social participation by young people



Give young people an opportunity to become involved in community initiatives relating to sexuality, using peer education, under the supervision of qualified adults.

COMMUNITY

Promote and highlight the involvement of young people and families through participation:

- in the design and implementation of activities to promote healthy, responsible sexuality;
- in the preparation, planning and implementation of stimulating, meaningful community activities (e.g. media campaigns, civic and political activities);
- in improving access to services for young people (recreational, sports and cultural services, assistance services for young people in areas of concern to them: love, friendship, sex, drugs, violence, etc.).

Respect and value the points of view and ideas expressed by young people and their parents and show open-mindedness, understanding and interest.

School/family/community collaboration



Organize collaborative school-family-community projects to promote healthy, responsible sexuality

In collaborative projects, involve **members of the community who are important to young people and their families**.

REFERENCES

- Agence de la santé publique du Canada. (2008). *Lignes directrices nationales pour l'éducation en matière de santé sexuelle*. (Revised Edition). Ottawa: Government of Canada.
- Agence de la santé publique du Canada (Ed.), (2006). *Lignes directrices canadiennes sur les infections transmissibles sexuellement*. (2006 edition, updated in October 2007). Ottawa: Government of Canada.
- Akers, A. Y., Corbie-Smith, G. and Coyne-Beasley, T. (2007). Barriers and facilitators of adolescent adoption of behaviors that reduce sexually transmitted infection risk. *Journal of Adolescent Health*, 40 (2, Supp.), S49.
- Alvin, P. (2006). Contraception chez l'adolescente : le grand paradoxe. *Archives de pédiatrie*, 13(4), 329-332.
- Azdouz, R. (2004). Traditions culturelles et religieuses : influence sur les relations amoureuses des jeunes. In *Projet Relations amoureuses des jeunes* et Direction de santé publique de Montréal (Ed.), *Actes du colloque Diversité culturelle et relations amoureuses – Accompagner les jeunes, 26 novembre 2004*, (p.23-32). Montréal: Direction de santé publique de Montréal.
- Barker, G. (2000). *Et si on parlait des garçons. Compte-rendu de publications sur la santé et le développement des garçons adolescents*. Geneva: Département Santé et développement de l'enfant et de l'adolescent, World Health Organisation.
- Barnett, J. E. et Hurst, C. S. (2004). Do adolescents take "Baby think it over" seriously? *Adolescence*, 39(153), 65-75.
- Bernier, I. (2004). *Filles et garçons... Accordons-nous! Guide pédagogique pour instaurer des rapports égalitaires entre les sexes au primaire*. Québec: Direction de l'adaptation scolaire et des services complémentaires, Ministère de l'Éducation.
- Bérard, A.-M. (2007). Désirer ou avoir un enfant à l'adolescence : mieux saisir le sens et les enjeux. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 8, 1-16.
- Black, A., Francoeur, D. and Rowe, T. (2004). Consensus canadien sur la contraception. Directives cliniques de la Société d'obstétrique et de gynécologie du Canada. *Journal of Obstetrics and Gynaecology Canada*, 26(2), 158-174.
- Blais, J. (2005). La grossesse à l'adolescence : un phénomène qui persiste! *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 2, 1-8.
- Blake, S. M., Ledskey, R., Goodenow, C., Sawyer, R., Lohrmann, D. and Windsor, R. (2003). Condom availability programs in Massachusetts high schools: relationships with condom use and sexual behavior. *American Journal of Public Health*, 93(6), 955-962.
- Boden, J. M. and Horwood, J. L. (2006). Self-esteem, risky sexual behavior and pregnancy in a New Zealand birth cohort. *Archives of Sexual Behavior*, 35(5), 549-560.
- Boler, T. and Aggleton, P. (2005). *Life skills-based education for HIV prevention: a critical analysis*. London: Save the Children and Action-Aid International.
- Bond, K. C. (2003). *Building connections: understanding relationships and networks to improve adolescent sexual and reproductive health programs*. Seattle: Program for Appropriate Technology in Health (PATH).
- Bossé, M. A., Laramée, N., Venne, D. and Blanc, A. (2003). Amour et sexualité chez les jeunes. Quand les parents font la différence... Joliette, Québec: Direction de santé publique et d'évaluation de Lanaudière.

REFERENCES

- Bossé, M. A. (2007). *Implication des parents dans l'éducation à la sexualité de leur préadolescent : évaluation d'un outil incitatif et exploration de leurs besoins*. Joliette, Québec: Service de prévention et de promotion de la Direction de santé publique et d'évaluation de l'Agence de la santé et des services sociaux de Lanaudière.
- Bossé, M.-A. (2002). Les relations sexuelles des adolescentes, est-ce banal? *Le petit Magazine de la formation personnelle et sociale, Printemps*, 1-6.
- Bourget, A. (2005). La dépendance affective et sexuelle. Un phénomène à discuter avec les jeunes. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 1(hiver), 1-8.
- Boyce, W., Doherty, M., Fortin, C. and MacKinnon, D. (2003). *Étude sur les jeunes, la santé sexuelle, le VIH et le sida au Canada*. Toronto: Council of Education Ministers (Canada).
- Boyce, W. F., Warren, W. K. and King, A. J. C. (2000). The effectiveness of a school-based HIV education program: A longitudinal comparative evaluation. *The Canadian Journal of Program Evaluation*, 15(2), 93-116.
- Boyce, W. F., Craig, W., Elgar, F., Freeman, J., Janssen, I., King, M. et al. (2008). *Des cadres sains pour les jeunes canadiens*. Ottawa: Public Health Agency of Canada.
- Boyer, C. B., Sieverding, J., Siller, J., Gallaread, A. and Chang, Y. J. (2007). Youth united through health education: community-level, peer-led outreach to increase awareness and improve noninvasive sexually transmitted infection screening in urban African American youth. *Journal of Adolescent Health*, 40(6), 499-505.
- Brabin, L. (2004). *Sexually transmitted infections. Issues in adolescent health and development*. Geneva: Department of Child and Adolescent Health and Development, World Health Organization.
- Brindis, C. (2002). Advancing the adolescent reproductive health policy agenda: issues for the coming decade. *Journal of Adolescent Health*, 31(6), 296-309.
- Brown, J. D. and Melchiono, M. W. (2006). Health concerns of sexual minority adolescent girls. *Current Opinion in Pediatrics*, 18(4), 359-364.
- Buhi, E. R. and Goodson, P. (2007). Predictors of adolescent sexual behavior and intention: a theory-guided systematic review. *Journal of Adolescent Health*, 40(1), 4-21.
- Campanelli, N. (2006). Où en est l'intimité dans les relations sexuelles des adolescents? La particularité des relations orales-génitales. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 6, 1-12.
- Campbell, C. and MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. *Social Science and Medicine*, 55(2), 331-345.
- Card, J. J., Lessard, L. and Benner, T. (2007). PASHA: facilitating the replication and use of effective adolescent pregnancy and STI/HIV prevention program. *Journal of Adolescent Health*, 40, 275.e1-275.e14.
- Caron, F., Godin, G., Otis, J. and Lambert, L. D. (2002). Evaluation of a theoretically based AIDS/STD peer education program on postponing sexual intercourse and on condom use among adolescents attending high school. *Health Education Research*, 19(2), 185-197.

REFERENCES

- Clermont, M., Demczuk, Savard, G., Vigneau, B., Fontaine, M. and Rocque, D. (1999). Bien vivre son orientation sexuelle. Les hommes et l'homosexualité. Québec: Ministère de la Santé et des Services sociaux.
- Clift, S. and Jensen, B. B. (Eds.), (2006). *The health promotion school: international advances in theory, evaluation and practice*. Copenhagen: Danish University of Education Press.
- Communities and Schools Promoting Health (2005). *Renseignements généraux au sujet de l'éducation sexuelle*. Communities and Schools Promoting Health, Canada, sex education portal. Website consulted in winter 2008 [online]: <http://www.safehealthy.schools.org/sexualite/background.htm>.
- Courchesne, M. (2001). Les pairs aidants. *Le petit Magazine de la formation personnelle et sociale*. Été, 1-6.
- Courtois, R. (1998). Conceptions et définitions de la sexualité : les différentes approches. *Annales médico-psychologiques*, 156(9), 613-620.
- Côté, P.-B. (2007). Jeux vidéo et rôles sexuels : du virtuel à l'éducation sexuelle. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 7, 1-12.
- DiClemente, R. J. and Crosby, R. A. (2006). Preventing sexually transmitted infections among adolescents: the glass is half full. *Current Opinion in Infectious Diseases*, 19(1), 39-43.
- Dittus, P., Miller, K. S., Kotchick, B. A. and Forehand, R. (2004). Why parents matter!: The conceptual basis for community-based HIV prevention program for the parents of African American youth. *Journal of Child and Family Studies*, 13(1), 3-20.
- Duquet, F. (2003). *L'éducation à la sexualité dans le contexte de la réforme de l'éducation*. Québec: Ministère de l'Éducation.
- Duquet, M. (2008). *L'éducation à la sexualité en milieu scolaire : oui, mais comment? Guide de soutien à la mise en œuvre d'une démarche d'éducation à la sexualité au préscolaire, au primaire et au secondaire. Document inédit*. Québec: Ministère de l'Éducation, du Loisir et du Sport.
- Eisenberg, M. E., Sieving, R. E., Bearinger, L. H., Swain, C. and Resnik, M. D. (2006). Parents' communication with adolescents about sexual behavior: a missed opportunity for prevention? *Journal of Youth and Adolescence*, 35(6), 893-902.
- Escobar-Chaves, S. L., Tortolero, S. R., Markham, C. M., Low, B. J., Eitel, P. and Thickstun, P. (2005). Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*, 116(1), 303-326.
- Family Guide: Keeping Youth Mentally Healthy and Drug Free (2008). *Talk with your child; get involved; set rules; be a good role model; teach kids to choose friends wisely; monitor your child's activities*. SAMHSA, United States Department of Health and Human Services. Website consulted in the fall of 2008 [online]: <http://www.family.samhsa.gov/main/map.aspx>.
- Fernet, M., Imbleau, M. and Pilote, F. (2002). Sexualité et mesures préventives contre les MTS et la grossesse. Dans Institut de la statistique du Québec (Ed.), *Enquête sociale et de santé auprès des enfants et des adolescents québécois, 1999*, (p.274-291). Québec: Les Publications du Québec.
- Fernet, M., Hamel, C., Rondeau, L. and Tremblay, P. H. (2003). *Aperçu de la situation – Amour, violence et jeunes*. Montréal: Direction de la santé publique de l'Agence de la santé et des services sociaux de Montréal-Centre.

REFERENCES

- Fournier, B., Dupont, M. and Venne, S. (2004). *Programme québécois d'intervention préventive auprès des personnes atteintes d'une infection transmissible sexuellement et auprès de leurs partenaires*. Québec: Ministère de la Santé et des Services sociaux du Québec.
- Fournier, L. (2007). *Sortons l'homophobie du placard... et de nos écoles secondaires*. Québec: Conseil permanent de la jeunesse.
- Frye, V., Latka, M. H., Koblin, B., Halkitis, P. N., Putnam, S., Galea, S. et al. (2006). The urban environment and sexual risk behavior among men who have sex with men. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83(2), 308-324.
- Gagnon, G. (2006). Quand la séduction chez les adolescents = pouvoir, agir sexuel et provocation. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 5, 1-12.
- Gagnon, G. (2007). La pornographie sur Internet et ses conséquences pour les jeunes : comment intervenir? *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 9, 1-12.
- Garneau, D., Guilbert, É. and Michaud, F. (2006). *La prévention des problèmes liés à la sexualité chez les adolescents et les adolescentes*. Québec: Direction régionale de santé publique de l'Agence de la santé et des services sociaux de la Capitale-Nationale.
- Giami, A., Ohlrichs, Y., Quilliam, S., Wellings, K., Pacey, S. and Wylie, K. R. (2006). Sex education in schools is insufficient to support adolescents in the 21st century. *Sexual and Relationship Therapy*, 21(4), 485-490.
- Gilbert, A. (2005). L'examen médical préventif chez les adolescents. Intervenir selon leur profil de risques. *Prévention en pratique médicale*, février, 1-6.
- Gilbert, L. K., Ray E., Temby, J. R. and Rogers, S. E. (2005). Evaluating a teen STD prevention web site. *Journal of Adolescent Health*, 37(3), 236-242.
- Godin, G., Alary, M., Lévy, J. and Otis, J. (2003). *Bilan analytique des initiatives de prévention primaire des ITS et du VIH*. Québec: Groupe de recherche sur les comportements dans le domaine de la santé, Université Laval and Unité de recherche en santé des populations, Hôpital Saint-Sacrement and Département de sexologie, Université du Québec à Montréal.
- Gosselin, C., Lanctôt, N. and Paquette, D. (2003). La grossesse à l'adolescence. Conséquences de la parentalité, prévalence, caractéristiques associées à la maternité et programmes de prévention en milieu scolaire. In F. Vitaro et C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome II : les problèmes externalisés*, (p.461-492). Sainte-Foy, Québec: Les Presses de l'Université du Québec.
- Guzman, B. L., Casad, B. J., Schlehofer-Sutton, M. M., Villanueva, C. M. and Feria, A. (2003). Community awareness motivation partnership (CAMP): A community-based approach to promoting safe sex behaviour in adolescence. *Journal of Community and Applied Social Psychology*, 13(4), 269-283.
- Hamel, M., Blanchet, L. and Martin, C. (Eds.), (2001). *6-12-17, nous serons bien mieux! : les déterminants de la santé et du bien-être des enfants d'âge scolaire*. Sainte-Foy, Québec: Les Publications du Québec.
- Harden, A., Brunton, G., Fletcher, A., Oakley, A., Burchett, H. and Backhans, M. (2006). *Young people, pregnancy and social exclusion: a systematic synthesis of research evidence to identify effective, appropriate and promising approaches for prevention and support*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

REFERENCES

- Howard, M., Evans-Ray, D., Mitchell, M. and Apomah, M. (2004). Young males' sexual education and health services. *American Journal of Public Health*, 94(8), 1332-1335.
- Imbleau, M. (2004). *Stratégie québécoise de lutte contre l'infection par le VIH et le SIDA, l'infection par le VHC et les infections transmissibles sexuellement. Orientations 2003-2009*. Québec: Ministère de la Santé et des Services sociaux.
- Initiative sur la santé de la population canadienne (2005). *Améliorer la santé des jeunes Canadiens*. Ottawa: Canadian Institute for Health Information.
- Jeammet, P. (2005). La dimension psychique de la sexualité des adolescents d'aujourd'hui. *Gynécologie obstétrique et fertilité*, 33(9), 624-626.
- Joint Committee on National Health Education Standards and American Cancer Society (2007). *National health education standards: achieving excellence*. (2nd Ed.). Atlanta, GA: American Cancer Society.
- Jonnaert, P. (Ed.), (2002). *Compétences et socioconstructivisme : un cadre théorique*. (2nd Ed.). Brussels: De Boeck.
- Katzenstein, J., Hensel, D., Temkit, M. and Zimet, G. (2007). Parent communication and sexual behavior in adolescent romantic couples. *Journal of Adolescent Health*, 40 (2, suppl.), S29.
- Kirby, D. B., Laris, B. A. and Rolleri, L. A. (2007). Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206-217.
- Klaue, K. (2004). *Populations particulières pour la prévention du VIH/sida. Jeunes : revue de littérature*. Lausanne: Institut universitaire de médecine sociale et préventive.
- Kolburn Kowal, A. and Blinn-Pike, L. (2004). Sibling influences on adolescents' attitudes toward safe sex practices. *Family Relations*, 53(4), 377-384.
- Kosciw, J. G. (2004). *The 2003 National School Climate Survey: the school-related experiences of our nation's lesbian, gay, bisexual and transgender youth*. New York: Gay, Lesbian and Straight Education Network.
- La table ronde de la Nouvelle-Écosse sur la santé sexuelle des jeunes (2006). *Cadre d'action : améliorer la santé sexuelle des jeunes en Nouvelle-Écosse*. Nouvelle-Écosse: La table ronde de la Nouvelle-Écosse sur la santé sexuelle des jeunes.
- Laberge, C., Steben, M., Labbé, A.-C., Fortin, C., Parent, R. and Babin, C. (2007). *Lignes directrices canadiennes sur les infections transmissibles sexuellement*. (2006 Edition. Complément québécois). Québec: Institut national de santé publique du Québec.
- Lacroix, C. and Cloutier, R. (2006). La santé sexuelle, ça se protège! *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 4, 1-24.
- Lacroix, C. and Blais, J. (2007). Les jeunes et la sexualité. Dans *Éduquer à Internet plutôt que censurer. Guide pratique des technologies 2007*, (p.17-24). Québec: L'école branchée, Infobourg, agence de presse pédagogique.
- Lajoie, E. (2001). *Portrait de l'utilisation des services cliniques en matière de sexualité chez les Montérégiens de 5^e secondaire et impact des cliniques jeunesse scolaires sur cette utilisation*. Dissertation presented to the Faculty of Medicine for a Master of Science (M. Sc.) degree in clinical science. Département des sciences de la santé communautaire, Faculté de médecine, Université de Sherbrooke.

REFERENCES

- Lajoie, M. (2003). Prévenir la grossesse à l'adolescence. Défi ou illusion? *Prévention en pratique médicale*, septembre 1-6.
- Lambert, G., Markowski, F. and Minzunza, S. (2006). *Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec. Année 2005 et projections 2006*. Québec: Ministère de la Santé et des Services sociaux.
- Le Boterf, G. (1994). *De la compétence. Essai sur un attracteur étrange*. Paris: Les Éditions d'organisation.
- Legendre, R. (2005). *Dictionnaire actuel de l'éducation*. (3rd Ed.). Montréal: Guérin Éditeur.
- Lévesque, S., Bossé, M.-A. and Paiement, M. (2007). *Implication des parents dans l'éducation à la sexualité de leur préadolescent : étude exploratoire des besoins des parents et évaluation de la satisfaction et des répercussions d'une brochure intitulée « Amour et sexualité chez les jeunes : quand les parents font la différence »*. Research Report. Terrebonne: Centre de santé et de services sociaux du sud de Lanaudière and Direction de santé publique et d'évaluation de l'Agence de la santé et des services sociaux de Lanaudière.
- Mangrulkar, L., Vince Whitman, C. and Posner, M. (2001). *Life skills approach to child and adolescent healthy human development*. Washington, DC: Pan American Health Organization.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S. and Ryan, S. (2002). *Preventing teenage pregnancy, childbearing and sexually transmitted diseases: what the research shows*. Washington, DC: Child Trends.
- Mann, M., Hosman, C. M. H., Schaalma, H. P. and de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357-372.
- Marchand, V. and Cloutier, R. (2009). L'enseignant en science et technologie, un acteur-clé pour favoriser des apprentissages auprès des élèves au sujet des infections transmissibles sexuellement et par le sang. *Spectre*, February-March 1-3.
- McCall, D. and McKay, A. (2004). School-based and school-linked sexual health education in Canada. *Journal of Obstetrics and Gynaecology Canada*, 26(6), 596-605.
- Meschke, L. L., Bartholomae, S. and Zentall, S. R. (2002). Adolescent sexuality and parent-adolescent processes: promoting healthy teen choices. *Journal of Adolescent Health*, 31(6), 264-279.
- Michaud, P.-A. (2003). Prevention and health promotion in school and community settings: a commentary on the international perspective. *Journal of Adolescent Health*, 33(4), 219-225.
- Ministère de l'Éducation (2001). *Programme de formation de l'école québécoise : éducation préscolaire, enseignement primaire (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation (2002). *Les services éducatifs complémentaires : essentiels à la réussite*. Québec: Gouvernement du Québec.
- Ministère de l'Éducation, du Loisir et du Sport (2007). *Programme de formation de l'école québécoise. Enseignement secondaire, deuxième cycle (version approuvée)*. Québec: Gouvernement du Québec.
- Ministère de la Santé et des Services sociaux (2007). *Lignes directrices canadiennes sur les infections transmissibles sexuellement*. (2006 Edition. Complément québécois: L'essentiel). Québec: Ministère de la Santé et des Services sociaux du Québec.
- Ministère de la Santé et des Services sociaux (2008). *Programme national de santé publique 2003-2012 (updated in 2008)*. Québec: Gouvernement du Québec.

REFERENCES

- Mitchell, A., Ollis, D. and Watson, J. (2000). Talking sexual health: a national application of the health promoting school framework for HIV/AIDS education in secondary schools. *Journal of School Health*, 70 (6), 262.
- Monahan, D. J. (2002). Teen pregnancy prevention outcomes: implications for social work practice. *Families in Society: The Journal of Contemporary Human Services*, 83(4), 431-439.
- Monast, D. (2004). Écouter les jeunes. In *Projet Relations amoureuses des jeunes* et Direction de santé publique de Montréal (Ed.), *Actes du colloque Diversité culturelle et relations amoureuses – Accompagner les jeunes, 26 novembre 2004*, (p.73-78). Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Mueller, T. E., Gavin, L. E. and Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of Adolescent Health*, 42(1), 89-96.
- Narboni, F., Picod, C. and Urcun, J.-M. (2008). *L'éducation à la sexualité. Guide d'intervention pour les collèges et les lycées*. Paris: Eduscol, ministère de l'Éducation nationale.
- O'Dea, J. (2007). *Everybody's different. A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention*. Camberwell, Australia: ACER Press.
- Otis, J., Médico, D. and Lévy, J. J. (2003). La prévention des maladies transmissibles sexuellement et de l'infection par le VIH chez les adolescents. In F. Vitaro and C. Gagnon (Eds.), *Prévention des problèmes d'adaptation chez les enfants et les adolescents. Tome II : les problèmes externalisés*, (p.493-555). Sainte-Foy, Québec: Presses de l'Université du Québec.
- Pelletier, J. (2007). *Entre les transformations, les frissons, les passions... et toutes les questions. Petit guide à l'usage des parents pour discuter de sexualité avec leur adolescent*. Québec: Ministère de la Santé et des Services sociaux.
- Perrenoud, P. (1997). *Construire des compétences dès l'école*. Paris: ESF éditeur.
- Peters, L. W. H., Wiefferink, C. H., Hoekstra, F., Buijs, G. J., Ten Dam, G. T. M. and Paulussen, T. G. W. M. (2009). A review of similarities between domain-specific determinants of four health behaviors among adolescents. *Health Education Research*, 24(2), 198-223.
- Pigozzi, M. J. (2006). *Quality education and HIV et AIDS*. Paris: Inter-Agency Task Team on education, UNAIDS, UNESCO.
- Purdy, R. (1998). *Involving youth in reproductive health education*. Family Health International. YouthNet, Partners in Reproductive Health and HIV Prevention. Website consulted in March 2009 [online]: <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/involveyouth.htm>.
- Ramsay, S. (2005). Embrasser d'autres cultures : l'éducation sexuelle auprès d'une clientèle multiculturelle. *Ça s'exprime, Le magazine des intervenants menant des activités d'éducation à la sexualité auprès des jeunes du secondaire*, 3, 1-12.
- Regnerus, M. D. and Luchies, L. B. (2006). The parent-child relationship and opportunities for adolescents' first sex. *Journal of Family Issues*, 27(2), 159-183.

REFERENCES

- RESOLVE (2002). *La violence amoureuse chez les adolescents*. Programmes scolaires de prévention de la violence, manuel de documentation. RESOLVE, Université de Calgary, Santé Canada, Stratégie nationale sur la sécurité communautaire et la prévention du crime. Website consulted in the spring of 2009 [online]: <http://www.ucalgary.ca/resolve/violenceprevention/Francais/examenprog/aadolintro.htm>.
- Réseau éducation-médias (2009). *L'éducation aux médias*. Réseau éducation-médias, Canada. Teachers' section. Website consulted in the spring of 2009 [online]: http://www.media-awareness.ca/francais/enseignants/education_aux_medias/index.cfm.
- Risi, C., Caron, F. et Milette, L. (2006). *Services préventifs en clinique jeunesse. Cadre de référence*. Longueuil, Québec: Agence de la santé et des services sociaux de la Montérégie.
- Rivera, R. (2004). *Contraception. Issues on Adolescent health and Development*. Geneva: Department of Child and Adolescent Health and Development, World Health Organization.
- Rondeau, L., Hamel, C., Guillon, J., Fernet, M. and Tremblay, P. H. (2008). *Les relations amoureuses des jeunes, écouter pour mieux accompagner*. Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal-Centre.
- Ross, J., Godeau, E., Gabhainn, S. N. and Aszmann, A. (2002). Focus area rationale: sexual health. Dans *HBSC Protocol for 2001/2002 Survey*, (p.93-110). Edinburg: HBSC International Coordinating Centre, Child and Adolescent Health Research Unit (CAHRU), World Health Organization.
- Rousseau, C. (2004). La rencontre amoureuse et le métissage des mondes : repenser la prévention et l'intervention. In *Projet Relations amoureuses des jeunes* et Direction de santé publique de Montréal (Ed.), *Actes du colloque Diversité culturelle et relations amoureuses – Accompagner les jeunes*, 26 novembre 2004, (p.33-45). Montréal: Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal.
- Salazar, L. F., Crosby, R. A., DiClemente, R. J., Wingood, G., Lescano, C. M., Brown, L. K. et al. (2005). Self-esteem and theoretical mediators of safer sex among African American female adolescents: implications for sexual risk reduction interventions. *Health Education and Behavior*, 32(3), 413-427.
- Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D. and Schleifer, R. (2006). Abstinence and abstinence-only education: a review of US policies and programs. *Journal of Adolescent Health*, 38(1), 72-81.
- Schouten, B. C., Van den Putte, B., Pasmans, M. and Meeuwesen, L. (2007). Parent-adolescent communication about sexuality: the role of adolescents' beliefs, subjective norm and perceived behavioral control. *Patient Education and Counseling*, 66(1), 75-83.
- Senderowitz, J. (1997). *Les jeunes et les MTS/SIDA. Deuxième section : programmes pour traiter le problème*. Family Health International. YouthNet, partners in reproductive health and HIV prevention. Website consulted in March 2009 [online]: <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/part2programsFR.htm>.
- Sexuality Information and Education Council of the United States (SIECUS) (2002). *Innovative approaches to increase parent-child communication about sexuality: Their impact and examples from the field*. New York, N: SIECUS.

REFERENCES

- Sieving, R. E., Bearinger, L. H., Resnick, M. D., Pettingell, S. and Skay, C. (2007). Adolescent dual method use: relevant attitudes, normative beliefs and self-efficacy. *Journal of Adolescent Health*, 40(3), 275.e15-275.e22.
- Smith, L. H., Guthrie, B. J. and Oakley, D. J. (2005). Studying adolescent male sexuality: where are we? *Journal of Youth and Adolescence*, 4(August), 361-377.
- Society for Adolescent Medicine (2006). Abstinence-only education policies and programs: a position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*, 38(1), 83-87.
- Société des obstétriciens et gynécologues du Canada (2007). *Le sexe c'est quoi? Les infections transmissibles sexuellement. La contraception. Orientation sexuelle et identité de genre.* Masexualite.ca pour accéder au mieux-être sexuel. Société des obstétriciens et gynécologues du Canada. Website consulted in the summer of 2007 [online]: <http://www.masexualite.ca/adolescents/index.aspx>.
- Spencer, J. M., Zimer, G. D., Aalsma, M. C. and Orr, D. P. (2002). Self-esteem as a predictor of initiation of coitus in early adolescents. *Pediatrics*, 109, 581-584.
- St Leger, L., Kolbe, L., Lee, A., McCall, D. S. and Young, I. M. (2007). School health promotion. Achievements, challenges and priorities. In D. V. McQueen and C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness*, (p.107-124). New York: Springer New York.
- Suzuki, L. K. and Calzo, J. P. (2004). The search for peer advice in cyberspace: an examination of online teen bulletin boards about health and sexuality. *Applied Developmental Psychology*, 25(6), 685-698.
- Tardif, J. (2006). *L'évaluation des compétences. Documenter le parcours de développement*. Montréal: Chenelière Éducation.
- The Cape Breton Wellness Centre. University College of Cape Breton (1999). *Faire sauter le plafond. L'élaboration d'un programme d'éducation sexuelle qui incorpore la promotion de la santé mentale*. Ottawa: Health Canada.
- Treffer, P. (2004). *Adolescent pregnancy. Issues in adolescent health and development*. Genève: Department of Child and Adolescent Health and Development, World Health Organization.
- Trenholm, C., Devaney, B., Forston, K., Quay, L., Wheeler, J. and Clark, M. (2007). *Impacts of four title V, Section 510 Abstinence education programs*. Princetown, NJ: Mathematica Policy Research, Inc.
- Tucker Halpern, C., Kaestle, C. E. and Dion Halfors, D. (2007). Perceived physical maturity, age of romantic partner, and adolescent risk behavior. *Prevention Science*, 8(1), 1-10.
- US Preventive Services Task Force (2009). *Child and adolescent health recommendations*. Agency for Healthcare Research and Quality, United States Department of Health and Human Services. Website consulted in the spring of 2009 [online]: <http://www.ahrq.gov/CLINIC/tfchildcat.htm>.
- UNESCO (2004). *Characteristics of successful health education programmes to prevent HIV/AIDS*. UNESCO, Focusing resources on effective school health. Website consulted on May 11, 2009 [online]: http://portal.unesco.org/education/admin/ev.php?URL_ID=35179&URL_DO=DO_TOPIC&URL_SECTION=201.
- UNESCO (2009). *International guidelines on sexuality education: an evidence-informed approach to effective sex, relationships and HIV/STI education. Draft*. Paris: UNESCO.
- Walker, J. and Milton, J. (2006). Teachers' and parents' roles in the sexuality education of primary school children: a comparison of experiences in Leeds, UK and in Sydney, Australia. *Sex Education*, 6(4), 415-428.

REFERENCES

- Warwick, I., Mooney, A. and Oliver, C. (2009). *National Healthy Schools programme: developing the evidence base*. London, United Kingdom: Thomas Coram Research Unit, Institute of Education, University of London.
- Weber-Shifrin, E. M. (2009). Parental monitoring and risky sex: the impact of parental efficacy and perceived parental attitudes. *The Sciences and Engineering*, 64 (4-B), 1919.
- Wild, L. G., Flisher, A. J., Bhana, A. and Lombard, C. (2004). Associations among adolescent risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 45(8), 1454-1467.
- Williams, C. R. and Wimberly, Y. (2006). Sexually transmitted disease prevention in adolescents and young adults. *Journal of the National Medical Association*, 98(2), 275-276.
- World Health Organization (1999). *Programming for adolescent health and development*. (WHO Technical Report Series, 886). Genève: World Health Organization.
- World Health Organization (2001). *Skills for health. Skills-based health education including life-skills: an important component of a child-friendly/health-promoting school*. (Information series on school health, document 9). Newton, MA: World Health Organization.
- World Health Organization (2004). *Key issues in the implementation of programmes for adolescent sexual and reproductive health*. Geneva: Department of Child and Adolescent Health and Development, World Health Organization.
- Yakers, A. Y., Fortenberry, J. D. and Adimora, A. A. (2007). Longitudinal variation in sexual behaviors among young, urban women. *Journal of Adolescent Health*, 40 (2, suppl.), S21.

