

## Abstracts

### Health in schools

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#### Introduction

##### ***Health in schools: striking a balance?***

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H  l  ne Buisson-Fenet, Yannick Tenne

By looking at health in schools and the medicalisation of education settings, this dossier examines the relationships established between parents, school staff and health professionals in several countries. Do they share the same objectives? Are their expectations consistent? Contradictory? Converging? In the links that are forged for the well-being of young people, who has the expertise and the power to act? In the school systems presented here, the articulation sought between education, learning and well-being reveals a diversity of responses and situations – even as the examples chosen across several continents highlight similar elements of reflection. This issue also sheds light on a blind spot in research around the relationship between school standards and health standards.

#### Health in German Schools

##### ***A headteacher shares his experience***

p. 59

Michael Forster

This article presents personal experiences of a former headteacher of a German secondary school with regard to the issue of school health. The author explores the possibilities of educational action in this field within the institutional framework of the German education system, and also shows its limitations. He argues for a more holistic approach to school health involving all actors in the school community in order to meet the challenges that many schools face with regard to the health problems of pupils and teachers.

#### Implementing the National School Health Policy in China

##### ***A case study of rural schools in Shanghai***

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Dan ZHANG, Jiaqi FAN, Xinyu ZHANG

This paper uses school health policy document analysis and interviews with teachers and parents in rural public schools in Shanghai in order to consider the following questions: What is the focus of school health policy in China, and how is it implemented? Do teachers and parents share a common understanding of health? What are the difficulties encountered in practice? The article distinguishes four parenting styles according to the social backgrounds of children present in these schools.

#### Health education in colonial and post-colonial African schools

p. 79

Simplice Ayangma Bonoho

This article, which is at the crossroads of three historiographies (education, health, and development), aims to highlight the ruptures, but also the vestiges of hygiene and health teaching programmes in colonial and post-colonial schools. It also considers the transformations since the major vaccination campaigns of the early 1970s to more recent health education programmes for and by schools in Africa. The study focuses on the specific case of Cameroon. It builds on the methodological and theoretical tools of transnational social history, and on an analysis of a variety of primary and secondary sources.

#### Health-Promoting Schools in Poland: the role of parents and of the school nurse

p. 89

Magdalena Woynarowska

The Health-Promoting School (HPS) programme has existed in Poland for thirty years. The Polish concept of Health-Promoting Schools has undergone changes as a result of the evolution of the concept in Europe and many changes in the structure of the educational system and the curriculum in Poland. Currently, its HPS programme involves about 3,500 schools on a voluntary basis. Parents and the school nurse, the only health worker on the ground, play an important role and should be encouraged to participate even more actively in the planning, implementation and evaluation of school health promotion activities. Their involvement is one of the conditions for the effectiveness of the project.

**Healthy Schools in the Netherlands: a tailored programme** p. 99  
Goof Buijs, Marije van Koperen, Mirande Dawson, Vivian Kruitwagen

In the Netherlands activities to promote a healthy lifestyle in schools were initiated at the end of the last century. In 2004 the national Healthy School Programme was introduced. It is coordinated at the national level by the health sector and the education sector and implemented at local level by regional public health services. Implementation and upscaling of a national programme is a long-term process. The programme needs to be adaptable and tailored to fit the needs and priorities of each individual school. Research has recently begun into the impact and effectiveness of the programme.

**Between the school and the medical: outsourcing learning difficulties in Turkey** p. 109  
Metin Cevzici

While educational legislation specifies that doctors and psychologists are responsible for making the diagnosis of learning difficulties and that it is up to the school actors to adapt their teaching methods, a field survey of several schools in Istanbul reveals a very different reality. Explaining school difficulties by neurodevelopmental disorders is linked to the economic, social and institutional conditions in which pupils find themselves and is based on a negotiated order (Strauss, 1992) between school and medical-psychological actors. School failure thus now draws upon a complex professional market, whose interface with schools remains haphazard and further deepens socio-educational inequalities.

**The role of the schools in identifying students with ADHD in Quebec and Flanders** p. 119  
Marie-Christine Brault, Emma Degroote, Mieke Van Houtte

Attention deficit disorder with or without hyperactivity (ADHD) is highly prevalent in childhood and schools act as catalysts for diagnosis and associated medication. This article rests on a comparative study between Quebec and Flanders on the role of schools in the identification of students as ADHD. We consider the spatial disparities in the distribution of the disorder and its pharmacological treatment, discuss three distinct targets of medicalisation associated with ADHD, and conclude by addressing the role of the school-health-family triangle.

**The approach of psycho-medico-social centres in French-speaking Belgium** p. 129  
Guy De Keyser

In the Wallonia-Brussels Federation, multidisciplinary psycho-medico-social teams (PMS) are integrated into the educational system. Each PMS centre operates completely independently of the schools with which a partnership agreement has been signed. Positioned at the interface between schools, families and the out-of-school environment, PMS teams act as a 'transmission belt' between these different educational settings. This article describes the principles that guide the action of PMS teams, and then presents two innovative approaches that aim to improve the follow-up of pupils throughout their education: 1) the evolutionary approach or how to better take into account each pupil's right to undertake their schooling in mainstream education through the implementation of reasonable adjustments; 2) education for emotional and sexual relationships (EVRAS).

**Health stakes in Tunisian schools** p. 139  
Imen Miri, Hichem Chebbi, Fatma Zohra Ben Salah, Catherine Dziri

In Tunisia, significant progress has been made in improving access to education, healthcare and better living conditions in general. However, many problems remain to be overcome, be they socio-cultural, economic or indeed identity-related. Learning difficulties, issues of integration of children with special needs in school, and the emergence of situations of vulnerability affecting children and adolescents are real challenges for both the education and health systems in Tunisia. This article revisits the evolution of practices through the case of children with special needs.

**Self-assessment for school health: EnCLASS, a French example** p. 149  
Emmanuelle Godeau, Mariane Sentenac, Cynthia Hurel, Virginie Ehlinger

The French EnCLASS survey is the only one of its kind in Europe to combine two international health surveys conducted in schools (HBSC/ESPAD). We will show the particular place of schools in these surveys and the example of the analysis of harassment of 3rd grade students with disabilities illustrates their value in informing public policies. It is necessary to link surveys, health and schools, in an approach by living environment which should bring together all the stakeholders concerned by the promotion teenage health (researchers, professionals in education, health or the social sector, professionals, parents and teenagers themselves).