

# Prevention in school

Current situation and future prospects for  
prevention in Poland

Edited by:  
**Robert Porzak**



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Current situation and future prospects for prevention in Poland**

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## **Introduction**

The intensity of risks in developed societies is growing faster than social maturity and self-awareness of young people who most frequently engage in risky behaviours. The accelerated physiological and cognitive development alongside the delayed social and economic maturity increases propensity to use legal and illegal psychoactive substances and other 'forbidden fruit' which is treated as an entertainment replacing real life challenges. As a result of expanding digitalisation and the growth of electronic media share in communication, the model of interpersonal relationships is altered. They move to virtual reality, though still carry a real emotional load and bear real life consequences. Serious challenges are posed by increasing educational requirements and a need to plan career in the dynamically changing realities of the labour world, which is often accompanied by stress. Coping with the situation requires engagement of prevention system whose potential corresponds to the needs.

Recognizing social challenges for prevention and signals of uncertainty related to the process itself and the effects of its implementation, the team of authors has set themselves the tasks of familiarising readers with contemporary points of view on prevention, verifying the results of research into preventive needs and evaluating applied prevention forms as well as formulating recommendations aimed at improving the system of prevention. School prevention was the focal point of our interest due to the greatest developmental potential in children and adolescents as well as the largest scale of prevention implementation for this group.

The study starts with an overview of primary areas of prevention interest which is introduced in the first part of the book. The authors present there terminology and definitions of health and health psychology. Health promotion and problem behaviour prevention characterized in the first chapter on the basis of classical and contemporary theories, are referred to prevention and broadly reviewed in the second chapter. The presentation of cognitive strategies and a school social climate role constitute a starting point for a discussion on models of psycho-social education and mentoring. The survey tools and psychometric tools used in the studies on prevention needs as well as prevention evaluation constitute the topic of chapter three. The chapter also contains information on automated diagnostic and reporting systems which currently become increasingly more popular. The review of legal, organizational and financial determinants for prevention presented in chapter four, draws attention to the need for coordination of multiple prevention impact paths. The author indicates, inter alia, that expenditure on prevention dedicated to secondary school pupils in Poland holds the seventh position from the end among 34 countries included in the 2017 OECD report. The review of prevention determinants concludes the discussion on socio-cultural context, including, in particular, parents and teachers' preparedness for preventive action implementation. The chapter highlights the role of schools, but also economic factors and conflicting political visions as well as possible paths for preparing and implementing prevention in Poland.

The characteristics of the scale of risky behaviours in children and adolescents, developed on the basis of two measurements taken in several hundred schools in Poland are the focus of the second part of the book. Several dozens of different aspects of students' behaviour, attitudes and messages were included in the study along with a

comprehensive set of environmental determinants of prevention and their changes within a year which served the purpose of the assessment of effectiveness of prevention implemented in various forms. The description opens with the characteristics of prevention dimensions covered by the diagnosis and their correlates. The research group and the conduct of the study are discussed in the second chapter of this part. Two consecutive chapters introduce the economic and regulatory- administrative context as well as socio-cultural determinants of prevention. The presentation of the results of school diagnosis for pupils at different stages of school education is the subject of the last chapter. The chapter's consecutive sub-sections introduce protection factors and risk behaviours in the students of all types of schools, broken down to age groups: 7-9 years, 10-13 years, 14-16 years and the students of secondary education at the age of 17-19 years. Due to the objectives set before the study, the authors decided to limit the presentation of school research results to discussing the role of several important characteristics of preventive actions for changes in the risky behaviours and protection factors within a year between the measurements. Such an approach allowed focus on the key factors for establishing recommendation for prevention. Detailed analyses of extensive issues covered by the diagnosis will be the subject of further, separate studies.

The third part of the book contains conclusions from the research and recommendations for prevention, aimed at increasing its efficiency, sustainability and effectiveness. In the first chapter of this part, the authors introduce a postulated economic and organizational prevention model, drawing attention to the highlights of its legal determinants. The regulations professionalizing prevention are presented in it on both the legal and administrative level and the level of staff training and local governments and educational institutions activity. An important element is allocating the primary place to systematically updated diagnosis of environmental prevention needs, which should provide reliable basis for proper content planning and financing of prevention. The review of recommendations in the field of implementers' competences and attitudes towards preventions is the subject of the second chapter. Proposals for building local communities for health promotion and prevention based on the school structure, included in the chapter, are examples of solutions that support socio-cultural context of prevention. This thread is also presented in the third chapter, focused on the presentation of specific programmes and tools aimed at promoting mental health, preventing violence and cyberbullying and effective prevention of substance use. The authors present universal recommendations concerning prevention associated with these problem behaviours, also addressing recommended prevention programs of the proven value.

The publication, though broad thematically, is not intended to be a compendium of information in the field of prevention. The authors concentrated on the problems exhibited by students and school environment which lie at the bottom of the largest number of preventive interventions, although from the perspective of prevention this is not the only important group. The raised problems of substance use, violence and cyber-violence, although the most prevalent, do not include e.g. behavioural addiction or mental health threats or lifestyle and diet related health problems. Prevention determinants presented in the publication also do not exhaust all possible correlates of problem phenomena and types of counteraction, though relate to universal regularities. The authors, however intend to refer to some of these issues in subsequent publications, detailing the general overview of the presented regularities.

Activities carried out by a large group of the project implementers, partially listed in the section describing the test procedure, provided the basis for the study preparation,

in particular its research part,. However, it would not be possible to list all school principals, pedagogists and psychologists benevolent towards the project and involved in school prevention as well as teachers and parents supporting school prevention and the research on its effectiveness. Obviously, interviewers, interviewed students, teachers and parents as well as prevention experts who replied to numerous questions during focused interviews, have the biggest share in the research,. We would like to extend a kind thank you to all participants and colleagues for the effort put into the project and the devoted time. The research has been implemented thanks to the assignment entrusted to the project's authors and organisers by the Ministry of National Education as a part of the government programme of assistance provided to school governing authorities in the years 2015 - 2018 and aimed at ensuring safe conditions for education and care in schools - "Secure+" - a grant: MEN/2016/DWKI/1175. The representatives of the Ministry of National Education together with the Center for Education Development kindly accompanied the project implementation, seeking the recommendations for increasing the action effectiveness, which encouraged all the project participants to act, and for which we would like to express our kind thanks.

# **1. Fundamentals of prevention**



## **1.1. Health psychology and health prevention**

### **Health psychology**

Health is one the most cherished human values in life, therefore it is not surprising that multiple perspectives of looking at health and illness have developed. Biomedical model of health adopts pathological orientation which indicates the absence of disease or pathological functioning of the organism (Gładczuk and others 2017) as a point of reference. Yet, despite the obvious development of medical science it has not brought the expected improvement in the health condition of the population (Wozniak and others 2015). Simultaneously, other ways to define health have developed: biopsychosocial (physical, mental, social) well-being, human potential and human characteristics (enabling adaptation to the conditions of the environment), a process, a value (Heszen and Sęk 2007 s. 47-52).

Psychology of health played a significant role in the development of the perception of health and factors influencing health. It was defined in the eighties of the last century by Joseph Matarazzo, who stressed the versatile contribution of psychology as a scientific discipline to "promotion and preservation of health, prevention and treatment of disease, recognition of etiological and diagnostic health, disease and similar dysfunction correlates" (Matarazzo 1980 for: Heszen and Sęk 2007 s. 37). This definition refers to several important aspects. Firstly, it treats separately two qualitatively different phenomena of health (its promotion and preservation) and disease (prevention and treatment), which are pivotal in health psychologists considerations. Secondly, the issues of health and illness causes and indicators are treated separately as well (Heszen and Sęk 2007).

Different theoretical provisions are related to the major areas of concern of health psychology: health and illness. To decipher the causes of disease the model of pathogenesis dominating in psychosomatic disorders research is used. The model focuses on psychological factors, determinants and mechanisms leading to the onset and development of the disease. A different paradigm - salutogenic (or salutogenesis) is employed by the psychologists who focus on health, not disease. Within this paradigm, questions concerning the factors supporting health and why some people preserve health despite their exposure to harmful agents are posed. The search for answers to these questions allows to specify the psychosocial health determinants (Heszen and Sęk 2007). The paradigms of pathogenesis and salutogenesis are not mutually exclusive and are currently treated as complementary to one another (Heszen and Sęk 2007, Górnik-Durose 2011).

The psychology of health is linked to other related fields such as psychosomatic medicine, behavioural medicine or medical psychology, but with its scope of interest it goes beyond these areas examining the meaning of health and illness and factors present in all the most important areas of human life: social system, family, school and place of work (Heszen and Sęk 2007). Some researchers treat the psychology of health as a stand-alone scientific discipline (Taylor 1990 for: Heszen and Sęk 2007), many authors, however, indicate to its relationship with other fields such as psychology of organizations, public health, economic psychology, clinical psychology or educational psychology

(Heszen and Sęk 2007, Górnik-Durose 2011). These links make health psychology an interdisciplinary field.

Health psychology emerged as a result of the interaction of factors at the interface of psychology and medical sciences and the factors expressing social needs” (Heszen and Sęk 2007: 43). The second of the factors mentioned in this quotation - "expressing social needs", points to the expectation that the knowledge accumulated on the grounds of health psychology should be practically applied through exerting influence on social practice. These expectations are implemented in a dual-track manner. The first direction is focused on actions around medicine and the sick while the second is the action addressed at the healthy part of society, focusing primarily on health promotion and prevention.

### **Health promotion and preventive healthcare**

Health psychology supports a wide spectrum of activities in the field of health protection, including the health promotion and prevention of health. Health promotion and prevention are seen as qualitatively different approaches (Ostaszewski 2003), yet complementary to each other at the same time (Rosińska 2011), in practice often intercurrent.

### **Health Promotion**

The term health promotion encounters nowadays many problems concerning its definition. What constitutes an additional problem in Poland is a strong semantic connection of the term "promotion" with products and services marketing and therefore does not reflect the essence of this concept (Woynarowska 2008). Health promotion should be understood as a process that allows control over own health; the process comprising prevention and actions supporting health; conglomerate of educational activities and various types of support as well as a combination of health education and pro-health public policy (Woynarowska 2008, s.19).

The status of health promotion is also unclear. It is treated by some as a concept, operating strategy, occupation or independent scientific discipline Woynarowska (2008). An example of unclear status of health promotion may be the definition proposed by Mittelmark and others (2008 za: Wdowiak and others 2016), in which health promotion is equated with both science and art of assisting people in changing their lifestyle (2008 for: Wdowiak and others 2016).

A closer look at the way in which focal areas assigned to health promotion are formulated, better reflects the extent of problems this term covers. The areas of health promotion, which have been defined in the Charter of the Ottawa Convention (1986), remain valid today. These are:

- Building public health policy - created by the state policy, exceeding the scope of medical care.
- Creating health supporting environments – in every location where people live.
- Strengthening community actions - by creating conditions which facilitate assuming responsibility and participation of local communities and social groups for the sake of health.
- The development of personal skills - the control of people over their own health and the environment is supported by providing information, health education and enhancement of life skills.

- The reorientation of health services – so that the medical sector functions are extended to incorporate enhancement of the health care skills.

The variety of ways to define health promotion and multiplicity and complexity of the focal areas it addresses contribute to the difficulty in determining the strategy of action and determining the criteria for success (Rosińska 2011).

## Prevention

Though the concept of defining health in a positive manner as a condition of the physical, mental and social well-being and not merely the absence of disease underlies the contemporary comprehension of *health promotion*, yet an immanent part of content meaning of *prevention* is the recognition of the existence of a certain kind of evil, which can be prevented in some ways Salamucha (2016). The essence of prevention is to counteract "evil", which constitutes hazards to development of people and whose present or projected occurrence seems highly probable.

Contemporary prophylaxis is an extensive area that comprises both theoretical and practical knowledge about risk factors and factors protecting against the development of threats in human development as well as theoretical models concerning the regularity of development and effective preventive strategies (Okulicz-Kozaryn and writings, 2007). In the definitions of prevention, special role in undertaking an anticipatory actions is attributed to risk factors and protection factors. Epidemiological studies constitute the source of risk factor isolation (Ostaszewski 2008) as they enable establishing linkage between the characteristics of the individual or the environment with the increased likelihood of an illness or health problem occurrence. In turn, the concept of protection factors arose as a result of the acknowledgement, on the part of researchers, of the fact that part of the people living in challenging environment preserve health. Taking into account both factors leads to the formulation of the definition of prophylaxis/health prevention as an anticipatory action which affects the shaping of the expected development of phenomena by strengthening factors protecting against the development of problems and weakening risk factors conducive to their development (Szymańska, Zamecka 2002).

To translate the knowledge of protection factors and risk factors into effective strategies and preventive action, it is required that they are linked to the theoretical models which provide explanation of regular development and the associated explanations of developmental problems occurrence. Further clarification of the theories which explain the nature of the problem is necessary to plan the diagnostic process and identify potential ways of prevention (Gaś 2000). There exist numerous descriptions of experiments and prevention programs available in literature that apply theoretical models ranging from those that arose on the ground of theories explaining the process of social learning, Albert Bandura (1986), through the theory of reasoned action, Icek Ajzena and Martin Fishbeina (1980) which explains the role played by social standards governing the behaviour of people, to the interactive model offered by Jessor and Jessor (1977) which explains the mechanisms of problem behaviour occurrence.

Today, the scope of preventive actions which should focus on the programs and interventions aimed at the prevention of problems, disorders and diseases before they occur is strongly highlighted. This is reflected in the currently endorsed typology of preventive actions including three levels: universal (addressed at the entire population), selective (with the risk groups focus) and indicative (focusing on individuals at high risk) (Ostaszewski 2005). The lack of considerations present in former preventive actions

typologies involving the treatment, rehabilitation and social reintegration (Ostaszewski 2005) is visible.

### **Development of preventive healthcare in Poland**

The development of programs for prevention of risky behaviour in Poland has changed in recent decades (Ostaszewski and Bobrowski 2008). In the initial phase (the second half of the 80s) of the preventive programs functioning, the first attempts to implement innovative programmes and trainings were undertaken. In the second phases (the first half of the 90s), thanks to the engagement of state agencies and NGOs, numerous large-scale preventive actions were implemented, while in the third phase (the second half of the 90s), many programmes were evaluated, and the lack of significant evidence of their effectiveness contributed to critical reflection (Ostaszewski and Bobrowski 2008). The authors of the analysis end their reflections on the fourth phase (the first decade of the XXI century) which emerged alongside the revision of state agencies' attitude to the implementation of mass preventive healthcare which in turn contributed to reorientation and search for the direction of the future preventive healthcare development (Ostaszewski and Bobrowski 2008).

Analysing the current situation it can be concluded that the current phase of development of prevention programs could be defined as based on the evidence of the effectiveness of impact they exert. What contributed to this was the implementation, starting from the 2010, of a system of recommendations of prevention programs which was a consequence of the cooperation between four institutions: National Bureau for Drug Prevention, The State Agency for the Prevention of Alcohol-Related Problems, Centre for Education Development, Institute of Psychiatry and Neurology.

### **Conclusions**

The definition of psychology as quoted at the beginning of the chapter was later further developed by its author Joseph Matarazzo in a subsequent publication to indicate the role played by the psychology of health in "... the analysis and improvement of health care and health policy development" (Matarazzo 1982 for: Heszen i Sęk 2007 p. 37). The question of the health care system discussed here and health policy seems to play an important role in the context of the scheme "The system of preventive effects in Poland". The knowledge of protection factors and risk factors of problem behaviour in young people which has been gathered as a result of the conducted research in the context of models of preventive action and their effectiveness may be helpful in the consolidation of the preventive activities and health promotion at school, which have been dispersed as a consequence of institutional specialization (Kołodziejczyk 2009).

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## **1.2. Theoretical fundamentals of school prevention<sup>1</sup>**

### **Introduction**

School prevention of high-risk behaviours in children and adolescents requires a number of factors, including properly prepared staff, financial resources, legal infrastructure (regulations) and the intellectual base. The last component appears to be the most neglected one. Among practitioners and decision-makers, there is a huge demand for ready-made instructions, solutions, techniques, scenarios, whose use is to change the reality and resolve problems. Few people working with the young generation are interested in underlying causes and mechanisms which govern development, educational institutions and effective preventative actions. Furthermore, a lot of decision makers who are involved in education as well as practitioners (teachers and pedagogists) reluctantly or nonchalantly refer to theoretical thinking, treating it as "unnecessary rhetoric", "lack of contact with reality" or "waste of time". A reluctant attitude to the theoretical fundamentals of prevention is unclear, taking into account the fact that the mission of the school as an institution is to acquaint new generations with the intellectual legacy of our civilisation.

Most of the concepts which underlie the promising directions of school prevention activities emerged beyond the educational system, particularly in scientific communities related to the protection of health. This creates certain problems with regard to good communication of prevention experts with education and upbringing experts. The scientific environments linked with schooling and pedagogics as well as the environments related to the prevention of health/social problems simultaneously developed separate languages and terminologies that describe the needs of young people and their problems (Ostaszewski, 2012). School and teachers, for example, use the phrase "special educational needs" regarding students who are endangered with various disorders, while the environment of prevention experts refers to the same students as a "high-risk group" or simply "a risk group". In education, correcting development deficits in students diagnosed with dyslexia/disgraphia and other cognitive deficits is referred to as "compensatory classes" or "levelling educational opportunities", whereas for prevention experts this is early preventive intervention aimed at protecting against school failures and an occurrence of a whole range of educational and health issues in the future. Both systems of thinking seem to ignore each other. This state of affairs constitutes one of the barriers to the development of prevention in schools, based on knowledge and scientific evidence.

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<sup>1</sup> This chapter uses fragments of the author's several previous works devoted to the fundamentals of school prevention: Ostaszewski K. (2012a). Pojęcie klimatu szkoły w badaniach zachowań ryzykownych młodzieży; *Edukacja* 4, 22-38. Ostaszewski K. (2014). Zachowania ryzykowne młodzieży w perspektywie mechanizmów resilience. Warszawa: Institute of Psychiatry and Neurology. Ostaszewski, K. (2017). Edukacja w zapobieganiu zachowaniom ryzykownym, w: *Edukacja zdrowotna : podstawy teoretyczne, metodyka, praktyka* / ed. by Barbara Wojnarowska, Warszawa, Wydawnictwo Naukowe PWN, pp. 437-455.

Let us imagine that the Minister of Education in Poland forms a scientific body, whose task is to actively search for links between the theoretical background of prevention of world high-risk behaviour as well as mental health problems in children and adolescents, and the practice of training and education in schools in Poland. Let us assume that a think-tank is created aimed at developing a model of school action, which integrates academic education with modern views on the protection of health, safety and psychosocial development of adolescents. What areas of interest would be investigated by such an institution? The following chapter is the author's original proposal with regard to the most promising areas for the work of the imaginary institution.

### **Cognitive strategies. How to increase the effectiveness of information strategies which are exploited by schools so willingly?**

Information strategies occupy an important place in school prevention of high-risk behaviours. They refer to the cognitive concepts of human functioning. In accordance with their assumptions, adolescents should be aware of, for instance, the effects of abusing psychoactive substances; they should know which sexual behaviours may lead to unplanned pregnancy or a dangerous infection; they must be familiarized with school and legal consequences of the use of violence and other antisocial behaviours; they need to understand the effects of gambling or Internet abuse. It is obvious, however, that the results of numerous evaluation investigations point to low effectiveness of prevention actions based solely on information strategies (Ostaszewski 2003, Stead and Angus, 2004, Waren 2016). In many educational programmes, despite an increase in knowledge about the dangers of high-risk behaviours, a change in these behaviours has not been achieved. This discrepancy between the correct knowledge and an improper behaviour was called "the tragedy of a cognitive approach" (Heszen-Niejodek, 1995). What should be done, what conditions must be ensured so that the transfer of information could influence the behaviour of adolescents? This is a crucial question which school should deal with jointly with prevention specialists.

The basis for reflection on this topic comes from, among others, the theory of justification (Ajzen and Fishbein, 1980) and the theory of planned behaviour (Ajzen, 1988). They describe cognitive processes which precede human actions, particularly a conscious intention, i.e. an intention to do something. This intention is influenced by a subjective standard for a particular behaviour and an individual attitude towards this behaviour. In order to activate this type of cognitive processes, educational actions need to be aimed at shaping attitudes of individual attitudes and subjective norms.

In accordance with the above-mentioned theories, a positive attitude of a young man with regard to drinking alcohol, for example, may result from the predominance of the expected positive effects of alcohol consumption over its possible negative effects. Young people can expect that alcohol consumption may bring them recognition in a peer group, mood improvement, pleasant sensations, greater courage in socializing etc. At the same time, they may marginalize or ignore the negative consequences of drinking alcohol, reducing them only to possible unpleasant sensations caused by alcohol abuse (e.g. the symptoms of alcohol intoxication). Thus, an individual attitude towards the high-risk behaviour results from convictions concerning the effects of this behaviour and an evaluation of these effects for an individual.

Subjective norms are a person's beliefs about how persons important to him accept or do not accept the behaviours planned by him. If a young person perceives the close ones (friends, siblings, parents and other family members) as persons who approve of a high-risk behaviour, he will consider this approval as permission for its undertaking.



In the case of teenagers, perceiving peers' approval or disapproval exerts a significant role. At puberty there is, in fact, a natural tendency to follow the standards of a peer group (Obuchowska, 2000). If adolescents notice that most peers abuse these substances, such a conviction becomes a source of subjectively perceived social pressure: "Since everyone behaves in such a way, why should I be different?"

An important issue is therefore seeking ways which can be used in the classroom in order to effectively influence individual attitudes of students to high-risk behaviours and their subjective norms with regard to these behaviours. This cannot be achieved when preventive work uses the traditional expository methods (talks, lectures, talks, videos, lectures and other information materials), in which the students' activity is limited to passive listening, reading and/or viewing. A number of specialists suggest that a useful "tool" in activating the previously mentioned cognitive processes is an interactive methodology of conducting prevention activities. What does it entail?

An interactive model of teaching and learning stresses an active role of the student in the process of absorbing new knowledge. Its essence lies in the initiation, by the teacher or a prevention expert, an exchange of ideas, discussion, gathering of information and experience, within a small group of students (4-6 persons), or with people who are not formal participants in classes at school, for example with youth leaders, parents, local community representatives. A classic example of the application of interactive methodology is an initiation of the students' work in small task groups, made by the teacher. Activating methods of teaching and learning are based on similar principles. These include, among others, the method of projects (Brudnik, 2012) and many other methods of conducting classes actively such as: the method of discussion, role plays, analyzing and solving problems (Van Laere, Sochocka and Biaduń-Korulczyk, 2015).

Understanding that the system of communication in the class (educational group) is one of decisive factors which impact cognitive processes are key for interactive methodology. The use of this methodology is possible only when a two-way communication teacher-pupil and an open style of communication of participants dominates (the participants feel freely and have confidence in each other). In such conditions, participants may use a verbal strategy called exploratory speech (Barnes, 1988). This is a kind of loud thinking, in which there are frequent hesitations, erroneous beginnings and change in directions, making hypotheses and their verification. The interactive methodology relies on the experiences of learning through problem solving, discovery, observation and experiment. Its effective use requires an inclusion of the process of education through learning by experience, as described by D. Kolb (1984).

### **Shaping the school environment. How to affect the social school climate?**

The research into school life is one of the most promising directions of seeking factors of effective prevention of high-risk behaviours in youths. The results of these studies demonstrate that a positive school climate is an important factor supporting school careers of children and adolescents, as well as a protection factor of high-risk behaviors (Ostaszewski, 2012a). The school culture and a school climate play a significant role in the creation of the conditions for the proper socialization of children and adolescents, both through pro-social values, norms, priorities, as well as by supporting the relationships between students and teachers. Taking care of a positive school climate is one of the most promising vehicles of contemporary prevention. It is affordable, universal in action, conflict-free and well-documented. A real challenge is to convert this knowledge into daily practice at school.

A good climate in the school promotes the adaptation of students to school requirements and obligations; it is associated with better results in learning, a higher motivation to learn, greater students' involvement in classroom work, higher attendance rates and smaller indicators of students' "dropout" from the school system (the Wingspread Declaration on School Connections, 2004). Researchers of the subject also indicate a good school climate with students' favourable attitudes to school, towards focusing on prosocial activities at school, self-complacency and the feeling of self-esteem (Kulesza, 2007).

In defining this concept, one can say that the school climate is differently perceived by teachers and students in the environment of its own work or science and the impact of this perception on their behaviours. School climate results from a number of factors, including the organizational structure, human relations, training methods, ways of disciplining and education, sense of security, participation in making important decisions and so on. Each of these factors can affect the overall school climate. In simplistic terms, the climate can be presented as "positive" or "negative". "Positive climate" is usually synonymous with the atmosphere of dialogue and cooperation, good teacher-student relationships, a sense of bonding, support and safety at school, whereas "negative climate" usually denotes an unfavourable conflict climate, full of aggression, mutual reluctance of the main actors, tension and lack of the feeling of safety (Woynarowska-Soldan 2007, Cohen, Geier, 2010).

The concepts of a school climate primarily refer to two trends of theoretical thinking. The first one is the socio-ecological trend, within which the school and its climate are regarded as one of important elements of environmental ecology of human development, among other sources of influence, such as family, peers, local community and media (Bronfenbrener, 1986). This trend is frequently combined with thinking in terms of the concept of *resilience*, which highlights the environmental interaction of protective factors and risk factors (Masten and Powell, 2003, Ostaszewski, 2014). The second trend is mainly based on the model of social development by David Hawkins and Joseph Weis (1985), for whom a key issue in the social development of a teenager is the formation of a sense of bonding with the family, school and other traditional social institutions. The authors who support this concept, link school climate with the idea of attachment, sense of bonding or students' belongingness to the school community (Libbey, 2004).

The ecological model of human development by Urie Bronfenbrener (1986) highlights the mutual relationships between Man's development and the characteristics of its social environment, family environment, school environment, local community environment and cultural environment. The school and its climate are an important part of a "transaction" between the environment and an individual. The perceived world is "reality", to which students and other members of the school community become adapted. Therefore, not so much does the objective school reality affect the students and their behaviour, but it is rather the manner in which the students perceive this reality. In this sense, the "school climate" is in fact a psychological reality, which largely depends on experiences, convictions, knowledge, values, gender and other characteristics of the perceivers. The "transaction" with the school environment may be conducive to the students' development or conversely may interfere with it, if the school climate is unfavourable.

The other trend of thinking about the school climate refers to the model of social development by Hawkins and Weis (1985), which integrates and develops theoretical assumptions that are important for the correct or incorrect socialization of youths. One

of these assumptions concerns the sense of relationship and involvement in family life, school and other traditional social institutions. This mechanism, as earlier described in the control theory (Hirshi, 1969) is responsible for internalization or rejection of social norms. Positive links with a "healthy" family or school function as automatic mechanisms of standards elimination and anti-social behaviours, while the lack of attachment to these institutions can cause rejection of traditional values and the adoption of alternative standards for a civil society, for example the norms of criminal world or norms of a rebellious youth subculture.

The results of a great deal of studies indicate that school, as a component of human social environment, is an important factor for numerous high-risk behaviours of adolescents. A positive school climate, in controlling other important environmental influences and individual characteristics, is associated with a less frequent incidence, lesser intensity or later initiation of such behaviours as an abuse of psychoactive substances, violence, incessant teasing, juvenile crime and delinquency, behavioural disorders, truancy, high-risk sexual behaviours. These results are an empirical proof that the school as an institution can have a significant contribution to the protection of adolescents from initiating high-risk behaviours.

### **Psychosocial education. How to ensure its permanent place in the school?**

Expectations with regard to school concern not only the level of teaching, but also the quality of care, education and prevention of high-risk behaviours. School principals, politicians and researchers involved in education wonder how to meet the growing social expectations and undertake so many challenging tasks. What can be done to integrate the objectives of prevention with vital school objectives even better? One of interesting proposals is the idea of finding a new formula for school education. The formula should be voluminous enough to comprise actions towards the intellectual development of students and their ability to learn, acquire and process information (traditional school goals), but also to develop students' psychosocial skills (new targets) as well as protecting them against high-risk behaviours and mental health problems (the objectives which were declared but virtually not implemented). One of the concretizations of this concept is an idea of targeting school education at the development of selected psychosocial and emotional abilities of students. This idea was named in the English language as Social and Emotional Learning (SEL) (Greenberg et al. 2003, Jones, Bouffard, 2012).

What conditions underlie thinking that intends to change the centuries of tradition of school as a temple of academic knowledge? The SEL supporters assume that the successes at school, at work, in family life and in relationships with other people correspond to well-developed psychosocial skills. These skills include, among others, adequate self-awareness, control over emotions, defining objectives, the ability to adopt other people's perspective, the ability to make responsible decisions and choices. The high levels of these skills is a meta-protection factor that reduces numerous risk factors for problem behaviours and mental health disorders, at the same time increasing the effectiveness of learning and the probability of achieving successes in school professional and social careers (Elias, 2006).

Specialists believe that three types of processes play an important role in the formation of the desired skills. These are the processes related to controlling emotions (e.g. recognizing one's own emotions and those of others, empathy), interpersonal processes (understanding and interpretation of other people's' behaviour, orientation in contacts with peers and adults) and the mechanisms of cognitive adjustment (directing

attention, control over impulsive behaviours, flexibility in thinking) (Jones and Bouffard, 2012). Some scientists suggest that the desired set of psychosocial skills largely corresponds to the so-called emotional intelligence (Sklad et al. 2012). Emotional intelligence helps an individual to accurately recognize and regulate their emotions, effectively solve daily problems, establish and maintain positive relationships with others (Goleman, 1997).

Many experts believe that the concept of education, supporting students' social and emotional learning (SEL), is an appropriate tool for the integration of a wide variety of tasks (Greenberg et al. 2003, Jones, Bouffard, 2012, Weissberg, Cascarino, 2013). Unlike many narrowly-oriented prevention programmes (e.g. not only those referring to smoking, drinking, drug abuse, violence, etc.), the development of psychosocial and emotional skills in students can comprehensively support students' development. Therefore, they suggest developing psychosocial skills and making them the foundation and priority of school education.

The most difficult consequence of the previously described concept, to be implemented, is the revision of the school mission, oriented around teaching academic subjects. The implementation of the idea of integrated schooling requires an inclusion of tasks in the area of the positive development of children and adolescents and the prevention of high-risk behaviours and mental health problems, alongside academic teaching. The idea of developing psychosocial skills creates a conceptual framework for such an integration. The first experiences with regard to the activity of schools that have implemented the integrated form of education are encouraging. Further steps depend on the courage of decision makers as well as preparation of the school system to change the rules of their functioning. Even now, in many schools around the world, there are elements of education introduced, within students' psychosocial (life) skills (Durlak et al. 2011, Sklad et al. 2012).

### **Mentoring. How to help teachers in the difficult task of being a mentor to students?**

Developing positive relationships during the stage of adolescence is one of the key elements that favours the effectiveness of prevention programmes (Nation et al. 2003, Zimmerman et al. 2013). These are primarily relationships with adults, being of primary importance for the proper process of socialization of children and teenagers, which entail relationships with parents, teachers, and other important adults (grandparents, coaches, clergymen, pathfinders' instructors, etc.), who often assume the role of leaders or entrusted advisers (mentors) in the life of young people. Appropriate support on the part of a mentor, i.e. an adult person who is not a parent of a teenager, can create favourable conditions for the positive development of teenagers. The area of action associated with conscious mentoring in school is still an area for development in the context of a preventive action. Can a school teacher become a mentor to his disciples in the framework of the existing structures and responsibilities? These questions need to be answered.

Supporting a young inexperienced man in his/her daily life by a more experienced adult is referred to as mentoring in the English literature. This term denotes a whole range of ways to help a young person in his/her development, with the key role being played by various types of support, encouragement, helpful hints and feedback (Hurd, Zimmerman 2010). Study findings indicate that both natural mentoring and intentional programmes involving volunteer mentors are associated with a great deal of benefits for the development and adaptation of youths. The support on the part of a

natural mentor aids young people to shape positive attitudes towards school, achieve better results in a school career, reduce engagement in problem/high risk behaviours and prevent the development of mental health problems (Zimmerman, Bingenheimer, Notaro, 2002 (DuBois, Silverthorn, 2005, Hurd, Zimmerman, 2010).

Some refer to the theory of attachment as the theoretical basis for mentoring (Zimmerman, Bingenheimer, Beherendt, 2005; Rhodes et al. 2006). In accordance with this theory, children/teenagers under threat and a great deal of stress expect help and support from their adult tutors. In many cases, mentoring responds to the needs of adolescents who are endangered in their sense of security, due to development crises or lack of understanding when dealing with parents. The availability and a sensitive response of a mentor to difficult situations, particularly for a teenager who is stripped off satisfying contacts with parents, might be of corrective, if not therapeutic, significance. In fact, it helps restore a shattered sense of security, stability and predictability of the outside world. In other words, supportive relationships with the mentor can modify detrimental "internal operational models" of a young growing person. These models, according to the theory of attachment, formed on the basis of childhood experiences, decide how children and later teenagers perceive themselves and the social environment, how they cope with threats and increased stress (Czub, 2009). Due to the fact that during the period of adolescence, the number and type of social interactions naturally increases, sensitive mentoring can help "manage" these relationships. In this sense, good relationships with an adult mentor accurately respond to the development needs of teenagers, especially those from increased risk groups.

### **Teachers' competences. What do teachers need to conduct a prevention activity?**

Thinking about the prevention of high-risk behaviours in terms of more demanding forms of prevention (e.g. normative education, psycho-social education, social climate in schools, mentoring) directs us towards the quality of the contact between the teacher and class participants (students). The quality of the contact and quality of prevention actions largely depend on the competence of the teachers, who are confronted with high demands. In order to be able to cope with them, different forms of education are necessary so as to enable them to improve their interpersonal competence, interpersonal skills and develop sensitivity to the needs of students. First of all, it is necessary for teachers and educators to engage in preventive activities to consciously develop skills enabling them to help and communicate well with preventive measures participants, i.e. to enhance the ability to understand a different person, to show them their concern, interest, respect, to ensure psychological comfort, to preserve their own identity, consent to the distinctiveness of another person. They belong to the canon of social and interpersonal skills. The second group of professional skills that must be developed are skills which are conducive to the correct implementation of prevention actions, including workshop skills and knowledge of the methodology of activating/interactive activities (for example, leading a motivating dialogue, project based learning). The skills of both groups serve well the persons who implement activities in the field of universal prevention and those who work with high-risk groups (selective and indicated prevention).

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### 1.3. Legal, organizational and financial framework of prevention in Poland and in the world

#### Legal solutions

The **Teacher's Charter** provides that the amount of any conceivable bonuses is dependent on **the additional tasks or activities**, the position held or functions performed and **difficult or burdensome working conditions**. At the same time the issues of working time are regulated by the provision which states that for teachers who hold qualifications in special education, employed to co-organise **inclusive education** and education of students with disabilities and students who are socially maladjusted and **vulnerable to social maladjustment** (Teacher's Charter, 2018) weekly working time is 20 hours.

The Regulation of the Minister of National Education (Regulation MEN, 2009) resolves that a condition for granting a performance allowance to a teacher is among others, an efficient tackling of students' **educational problems, effective prevention of aggression, pathologies and addictions** as well as active and effective **actions for the benefit of students who require support**, catering to their needs and in particular cooperating constantly with their parents and competent institutions and persons providing social assistance.

The organs of local governments in several thousand acts of local law resolved in detail implementation of tasks relating to prevention. An exemplary local government (Municipal Council Resolution in Lubin, 2016) decided e.g. that granting of performance allowance and determining its amount shall be conditional **to the degree of implementation of** activities aimed at preventing and counteracting any manifestations of social pathology. A decision on that matter shall be taken by the school principal.

The statutes of the school should include records on the organization of school's work, including the organization of units of **inclusive and special education**, the **organization of early development support of children**, if a given school offers such assistance as well as **remedial classes**, provided the school conducts such classes. The after-school centre shall ensure that the classes it offers, cater to the educational needs (not necessarily special needs but they are not excluded) and developmental needs of children and adolescents, their psycho-physical capabilities and in particular classes developing pupils' interest and ensuring correct physical development and possibility of doing homework. Special education is provided to children and adolescents with disabilities, **maladjusted socially or vulnerable to social maladjustment**, requiring special organization of education and special methodology (Regulation MEN, 2009).

**Other legal acts that need to be quoted** here include the regulation of the Council of Ministers of 6 May 2003 on the Polish Classification of Education, the Regulation of the Minister of National Education of 30 April 2013 on rules of granting and organising psychological and educational support in public kindergartens, schools and establishments or Ordinance No 16 of the Minister of National Education of 24 March 2016 on the appointment of the Special Educational Needs Team. In these and other universally applicable acts useful entries can be found: *Special or Inclusive Educational Needs*.

### **The organization of the prevention tasks implementation**

In the educational systems of many countries, education system, next to teaching, offers a wide range of additional services. Among the activities for the student's benefit, many are addressed at equalizing educational opportunities. Most often analysed and described indicators are as follows:

- Diversity in accessibility to education on the grounds of gender,
- Pupils' grade retention as a consequence of environmental disadvantage, its social and economic consequences
- Barriers in accessibility to education resulting from anatomical, personal, environmental and economic conditions,
- Other indicators such as: classroom teachers' preparation and their motivating and rewarding, public and private funding for the financing of schools and educational systems, expenditure per pupil.

In view of the persistent educational inequalities, most industrialised countries prepare pre-school education programs for children from low-income and ethnic or socio-language minority background (*Early education and care...*, 2009). The goal of these classes is generally support in cognitive and linguistic skills development and support in development of literacy and numeracy in pre-school age children to provide them with equal start in the primary school. They are also dedicated to developing social and emotional competences in children.

A multi-system approach assuming early start and high intensity of actions, produces impressive long term results and ensure a very **positive cost-benefit ratio**. Investing in readily accessible forms of high quality care and education for young children, assuming early start and high intensity, is most probably very beneficial from a **social and economic** perspective.

An interesting model is provided by educare systems and age-integrated services which offer activities for participants of different ages. They combine several education and care functions in one local preschool childcare facility, including day care, fun activities in preschool groups, preschool education programs, leisure time activities and programs for support for parents.

The following indicators impinging on the scope of the early child care and enumerated in European countries, should be highlighted: households with children under the age of 6 years, single parenthood, nationality, the difficult financial situation of the household, the percentage of children attending educare facilities and providing funding of early care and education of the child programs (Leseman 2009).

### **Forms of support for children from disadvantaged social environments**

All European countries without exception adopted solutions to provide support for children that have additional **educational and developmental** needs. Two methods are used to identify the children: one with the focus on specific **groups** that meet specific criteria or the other with individual focus which relies on determining and assessing the specific needs for each case individually. The majority of countries and regions have adopted group approach, the individual approach has been solely adopted in just six school systems while in twelve systems both methods are used (European Commission 2014).

**Cultural and linguistic criteria** are applied in most European countries. This usually concerns the children of migrants or children from ethnic minorities whose cultural differences may indeed distinctly distinguish them from the rest of society and whose knowledge of the language of instruction may be insufficient. In Poland the percentage of children aged from zero to five years with foreign citizenship is just 0.1% (2013) or born abroad (3.0% whereas in the year 2010 in the subsequent age groups it was 1.2%, including children aged from 5 to 9 years - 0.9 % and in the age group of 10-14 years - 0.7%) (*Key data on education...* 2012).

**The socio-economic criteria** are used in about half of the European education systems in order to indicate the children who may have additional needs. In most cases they are related to income or to employment. Housing conditions are also taken into account as well as parents' education. Percentage of children aged between 0 and 5 years at risk of poverty and social exclusion equals on average 25.9% (Poland - 25.6%). The percentage of the affected households with children aged between 0 and 5 years in the EU is 11.2% (in Poland - 6.6%).

**Geographical criteria** relate generally to areas disadvantaged economically or socially within cities or regions in which children may be at risk of weak effects of education and social exclusion. In Greece, France and Cyprus **priority education zones** were established based on the socio-economic indicators and specific educational indicators.

## Grade retention in compulsory education

In the countries in which the entry condition for the primary school is maturity and level of development, entry to school can be deferred by a year. Keeping the children at the statutory age of compulsory education in preschool establishments or placing them in the transition classes can be combined with the repeating a school year (*Grade retention in education...* 2009, s. 41-60). In most of the countries, the regulations permit retention but legal regulations generally contain restrictions aimed at curbing the use of this practice.

The main cause of grade retention is insufficient progress. In some countries the regulations contain also other criteria such as the absenteeism or behaviour. In Poland the percentage of 15-year olds who were retained at least once in the junior high school (2009) was 3.9% (EU - 10.4%). At the same time the percentage of pupils who were deferred was in Poland (school year 2007/08) in primary schools 4.6% (the lowest Iceland - 0.3% and the highest Hungary - 77.0%), and in junior high schools 9.2% (respectively Iceland - 0.5% and Liechtenstein - 86.1%). It is estimated that the problem of grade retention in junior high schools in the same school year concerned 4.6% pupils in Poland (the lowest Iceland - 0.5%, the highest Luxembourg - 24,0%).

## Individual pupils' data collection systems

The law of 15 April 2011 on **Educational Information System** is special in the context of the analysed data. The provisions of the law state that Educational Information System contains educational databases. This data set includes information on special educational needs or being eligible for Individual Education Programme or Individual Learning and kind of classes in which the student participates.

In the **UK** national database of pupils is used to calculate the contextual added value when assessing the performance of schools. It is also used for the comparison of

results achieved in assessing various groups of pupils such as from a particular ethnic group, those with **special educational needs status**, eligible for free school meals etc.

In the **Czech Republic** data collection system of pupils operates under the name of The Register of Children and Students (*školní matrika*). The register is based on the Law on Education and collected data on any **disability of the child** or pupil, including **disability description, possible health problems**, any information concerning the difficult family/social situation, if the school received the information from the legal guardian of the child (only as anonymous).

In **Germany**, no central system for the collection of the individual data of pupils exists - neither at the federal level nor at the level of the land. However, there is a data collection system for the aggregate educational data. These data are depersonalised.

## Financing specific tasks

The financing of the educational tasks in the area of the **maladjusted socially or at risk of maladjustment** is provided in **Poland** based on general principles pursuant to the Public Finance Act. At the same time the data on the implementation of the budgets of local government units are contained in the information published by the Minister of Finance and drawn up in the form of reports Rb-28S. The Regulation of the Minister of Finance of 2 March 2010 on a detailed classification of revenue, expenditure, income and expenses and measures originating from foreign sources is necessary when drawing up these reports. The means disbursed in accordance with the discussed objectives are recorded primarily in chapters 801, 851, 852 and 853.

The legal act which connects educational tasks with subsidizing their implementation from the state budget is the Regulation of the Minister of National Education of 15 December 2017 on the allocation of the overall educational subsidy to local government units in the year 2018, which, for this year, includes a record that for students with mild intellectual disability, **maladjusted socially and vulnerable to social maladjustment**, for students with behavioural disorders and vulnerable to addiction, the weight  $P_4 = 1.40$  shall be applied. This means that for such a pupil, the so-called standard A (2018) per pupil 5 436 PLN is increased by 40%, and equals 7 610 PLN. This is the annual amount of the state contribution to the education costs of the pupils maladjusted socially and at risk of social maladjustment.

The acts and regulations pertaining to the domain of **social assistance, health care** etc. (see list of legal acts) can be used when discussing and analysing the above mentioned issues.

Expenditure *per capita* is quite well documented in the literature of the subject. For example: of 34 countries (*Education at a Glance 2017*, s. 168-179) in 2014 expenditure *per capita* counted per one pupil of the primary school amounted in Poland to 7 026 \$ calculated by purchasing power-to- GDP ratio (OECD average = 8 733 \$), which placed our country in the second quartile of results. In the secondary education (lower secondary schools and upper secondary schools) analogue result was 6 455 \$ (OECD = 10 106 \$), while in higher education 9 708 \$ (OECD = 11 056 \$), which in both cases placed our country in the quadrant of the surveyed countries which invest least in these levels of education, placing Poland on the seventh place from the end. The countries behind Poland were: Chile, Korea, Lithuania, Mexico, Turkey and Hungary (see APPENDIX 1).

The record sheet collected by OECD (*Education at a Glance 2016*, s. 212-223) show that out of 36 analysed countries, in 12 teachers implement tasks to accommodate educational needs obligatorily, in 10 countries such tasks are not pursued at all and in

four, decisions are left to teachers themselves. These issues are defined in detail by the records in the table (see APPENDIX 2) and their differentiation is quite clear.

In most countries the funding bodies take into account the wider range of input variables that enable more accurate educational needs assessments. These variables relate to criteria such as: socio-economic, language or ethnic origin of pupils, any **special needs**, and also the geographic and demographic differences between schools" (European Commission, 2014).

In more than half of the countries the amount of resources allocated to school governing authorities to cover the educational personnel costs includes further learning, which should be provided to students as mandatory, e.g. native or ethnic language courses. The students' socio-economic background is taken into account less frequently. This only takes place in Belgium, France, Netherlands, Slovakia and the United Kingdom. Finally, in 14 countries or regions as prescribed under their education systems, schools or local authorities receive additional subsidies for students with **special educational needs** attending public schools. These additional resources may be interpreted as evidence of integration policy toward pupils with **special educational needs** (*Education at a Glance 2017*, p. 368).

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## **Legal acts (Polish)**

- Ustawa z 26 stycznia 1982 r. Karta nauczyciela (DzU z 2016 r. poz. 1379 ze zm.), art. 30
- Ustawa z 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi (DzU z 2016 r. poz. 487 ze zm.)
- Ustawa z 19 sierpnia 1994 r. o ochronie zdrowia psychicznego (DzU z 2016 r. poz. 546 ze zm.)
- Ustawa z 29 lipca 2005 r. o przeciwdziałaniu przemocy w rodzinie (DzU z 2005 r. nr 180, poz. 1493, ze zm.)
- Ustawa z 29 lipca 2005 r. o przeciwdziałaniu narkomanii (DzU z 2016 r. poz. 224 ze zm.)
- Ustawa z 27 sierpnia 2009 r. o finansach publicznych (DzU z 2013 r. poz. 885 ze zm.)
- Ustawa z 15 kwietnia 2011 r. o systemie informacji oświatowej (DzU z 2016 r. poz. 1927)
- Ustawa z 14 grudnia 2016 r. Prawo oświatowe (DzU z 2017 r. poz. 59)
- Ustawa z 14 grudnia 2016 r. przepisy wprowadzające ustawę – Prawo oświatowe (DzU z 2017 r. poz. 60)
- Ustawa z 27 października 2017 r. o finansowaniu zadań oświatowych (DzU z r. 2017 poz. 2203)
- Rozporządzenie Ministra Edukacji Narodowej z 3 kwietnia 2009 r. w sprawie dodatków do wynagrodzenia zasadniczego oraz wynagrodzenia za godziny ponadwymiarowe i godziny doraźnych zastępstw dla nauczycieli zatrudnionych w szkołach prowadzonych przez organy administracji rządowej (DzU z 2009 r. nr 60 poz. 494 ze zm.)
- Rozporządzenie Ministra Edukacji Narodowej z 30 kwietnia 2013 r. w sprawie zasad udzielania i organizacji pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach (DzU z 2013 r. poz. 532 ze zm.)
- Rozporządzenie Ministra Edukacji Narodowej z 29 lipca 2016 r. w sprawie szczegółowego zakresu danych dziedzinowych gromadzonych w systemie informacji oświatowej oraz terminów przekazywania niektórych danych do bazy danych systemu informacji oświatowej (DzU z 2016 r. poz. 1267)
- Rozporządzenie Ministra Edukacji Narodowej z 17 marca 2017 r. w sprawie szczegółowej organizacji publicznych szkół i publicznych przedszkoli (Dz. U. poz. 649 ze zm.)
- Rozporządzenie Ministra Edukacji Narodowej z 15 grudnia 2017 r. w sprawie sposobu podziału części oświatowej subwencji ogólnej dla jednostek samorządu terytorialnego w roku 2018 (DzU z 2017 r. poz. 2395)
- Rozporządzenie Ministra Finansów z 2 marca 2010 r. w sprawie szczegółowej klasyfikacji dochodów, wydatków, przychodów i rozchodów oraz środków pochodzących ze źródeł zagranicznych (DzU z 2014 r., poz. 1053 ze zm.)
- Rozporządzenie Ministra Pracy i Polityki Społecznej z 1 lutego 2002 r. w sprawie kryteriów oceny niepełnosprawności u osób w wieku do 16. roku życia (DzU Nr 17, poz. 162 ze zm.)
- Rozporządzenie Ministra Gospodarki, Pracy i Polityki Społecznej z 15 lipca 2003 r. w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności (DzU Nr 139, poz. 1328 ze zm.)
- Rozporządzenie Ministra Sprawiedliwości z 22 grudnia 2016 r. w sprawie dodatków, wynagrodzenia za godziny ponadwymiarowe i godziny doraźnych zastępstw oraz

- innych świadczeń wynikających ze stosunku pracy dla nauczycieli zatrudnionych w zakładach poprawczych, schroniskach dla nieletnich oraz szkołach przy zakładach karnych i aresztach śledczych (DzU z 2016 r. poz. 2264)
- Rozporządzenie Ministra Zdrowia z 4 sierpnia 2000 r. w sprawie określenia wykazu specjalności lekarskich oraz zawodów niemedycznych uprawniających do prowadzenia leczenia i rehabilitacji osób uzależnionych (DzU z 2000 r. nr 70 poz. 830)
- Rozporządzenie Ministra Zdrowia z 1 grudnia 2006 r. w sprawie szczegółowych warunków i trybu postępowania w przedmiocie leczenia lub rehabilitacji osób uzależnionych, skazanych za przestępstwa pozostające w związku z używaniem środków odurzających lub substancji psychotropowych (DzU z 2006 r. nr 239 poz. 1738)
- Rozporządzenie Ministra Zdrowia z 25 czerwca 2012 r. w sprawie organizacji, kwalifikacji personelu, sposobu funkcjonowania i rodzajów podmiotów leczniczych wykonujących świadczenia stacjonarne i całodobowe oraz ambulatoryjne w sprawowaniu opieki nad uzależnionymi od alkoholu oraz sposobu współdziałania w tym zakresie z instytucjami publicznymi i organizacjami społecznymi (DzU z 2012 r. poz. 734 ze zm.)
- Rozporządzenie Ministra Zdrowia z 1 marca 2013 r. w sprawie leczenia substytucyjnego (DzU z 2013 r. poz. 368)
- Rozporządzenie Ministra Zdrowia z 17 października 2013 r. w sprawie zakresu i trybu współpracy podmiotów leczniczych prowadzących leczenie lub rehabilitację osób używających środków odurzających lub substancji psychotropowych z Krajowym Biurem do Spraw Przeciwdziałania Narkomanii (DzU z 2013 r. poz. 1332 ze zm.)
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- Rozporządzenie Ministra Zdrowia z 22 listopada 2013 r. w sprawie świadczeń gwarantowanych z zakresu leczenia szpitalnego (DzU z 2016 r. poz. 694 ze zm.)
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- Zarządzenie nr 16 Ministra Edukacji Narodowej z 24 marca 2016 r. w sprawie powołania Zespołu do spraw specjalnych potrzeb edukacyjnych (Dz. Urz. MEN z 2016 r. poz. 14)
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## APPENDIX 1

The annual expenditure per capita [student] by level of education, taking into account the purchasing power of USD [2014]

	Education		
	Primary	Secondary	Higher
Australia	8 251	11 023	18 038
Austria	11 154	15 094	16 933
Belgium	10 216	13 118	16 599
Chile	4 321	4 478	6 952
Czech Republic	5 101	8 191	10 521
Denmark	12 158	10 998	16 568
Estonia	6 760	7 077	12 375
Finland	8 812	10 387	17 893
France	7 396	11 815	16 422
Spain	6 970	8 528	12 489
Netherlands	8 529	12 446	19 159
Ireland	8 007	10 665	14 131
Iceland	11 163	10 078	11 435
Israel	6 833	6 699	12 989
Japan	9 062	10 739	18 022
Canada	9 256	12 780	21 326
Korea	9 656	10 316	9 570
Lithuania	6 585	6 629	8 962
Luxembourg	21 153	21 595	46 526
Mexico	2 896	3 219	8 949
Germany	8 546	11 684	17 180
Norway	13 104	15 149	20 962
New Zealand	7 438	10 267	15 088
Poland	7 026	6 455	9 708
Portugal	6 474	8 821	11 813
Slovakia	6 235	6 453	11 290
Slovenia	9 335	8 785	12 067
United States	11 319	12 995	29 328
Switzerland	15 177	15 022	27 831
Sweden	10 804	11 342	24 072
Turkey	3 589	3 268	8 927
Hungary	3 789	6 104	8 688
United Kingdom	11 367	12 452	24 542
Italy	8 442	8 927	11 510
OECD (mean)	<b>8 733</b>	<b>10 106</b>	<b>11 056</b>

Zródło: *Education at a Glance 2017: OECD Indicators*. OECD 2017, Indicator B-1: How much is spent per student?, s. 168-179



## APPENDIX 2

### Rewarding teachers for work with pupils with special educational needs in selected countries

country	actions
<b>Czech Republic</b>	The third language at ISCED level 1 (after the mother tongue and the first foreign language), the second foreign language is not mandatory for this level. If the second foreign language cannot be ensured (e.g. pupils in <b>Special Needs Education</b> , foreigners or those experiencing temporary personal problems), the school must provide 6 lesson for activities that will develop the first foreign language.
<b>Israel</b>	In secondary education, regular hours in most subjects are globally allocated for all subjects and generally evenly distributed in forms 10, 11 and 12, that is 5 hours per week for each year of English language, 5 of Maths and 2 hours of Physical Education. Additional hours in these subjects may be added flexibly - can be selected by the students and/or school. In addition to the hours that have been arranged as mandatory, there is still a pool increasing them by approximately 25%. These additional hours are intended to resolve various problems or carry out activities in teams divided into smaller groups with the aim to integrate children with <b>special educational needs</b> , etc.
<b>Finland</b>	Additional activities before/after school (e.g. in the form of an active recreation, sports, child care or compensatory classes): in the morning and during afternoon classes are intended for children in forms 1 to 2 of the primary school and for children admitted or transferred to <b>inclusive education</b> in all classes. Local authorities are not obliged to organise these activities, but state subsidies may be granted for this purpose. Also after classes, recreation combined with basic education in order to promote the development and growth of children is organised at school. The aim is also to attract those pupils who irregularly participate in classes.
<b>England</b>	Teachers who are qualified to teach students with <b>special educational needs</b> may receive additional remuneration. In the school year 2013/14 these amounts ranged on an annual basis, from 2 022 to 3 994 GBP.
<b>Japan</b>	Teaching students with <b>special educational needs</b> (in public schools) includes additional remuneration in the amount of 13 650 JPY per month.
<b>Poland</b>	Teaching students with <b>special educational needs</b> (in public schools): the amount of subsidies in accordance with the relevant provisions and those adopted by the local authorities.
<b>Slovakia</b>	Teaching students with <b>special educational needs</b> (in public schools) includes minimum and maximum rates. There are differences between the basic remuneration of pedagogical experts and basic remuneration of ordinary educators

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<b>Slovenia</b>	Teaching students with <b>special educational needs</b> (in public schools): the first of them is educational support and the second is support in overcoming their disability, impairment and educational shortcomings. Educational support is carried out by teachers who offer this additional educational assistance for students with <b>special educational needs</b> . These teachers receive additional remuneration. Support in overcoming disability, impairment and educational deficiencies is provided by special education teachers in their scheduled work time. This is a part of their statutory basic remuneration. At ISCED 3 level, support in education is only available for students with <b>special educational needs</b> . At ISCED 2, teachers offer additional support in their scheduled teaching time.
<b>Switzerland</b>	Teaching students with <b>special educational needs</b> (in public schools) takes place pursuant to the rules laid down by the authorities of individual cantons.

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Source: Based on *Education at a Glance 2016. OECD Indicators*. Annex 3. Sources, methods and technical Notes

## **1.4. Socio-cultural factors in school prevention**

### **The social impact of a risk behaviour in children and young people**

People by nature live in communities, their lifestyles affect the community, however, in turn the community also constantly impacts their lives be it in a positive or negative manner. Because some elements of the lifestyle of an individual may be disruptive to other community members, there have always been attempts to govern human behaviour by imposing various forms of standards, guidelines, cultural constraints, system of penalties and prizes, finally by law. At the same time, certain conditions that the community creates, induce such behaviours among its members (WHO Report, 2003). Translating it into a more comprehensible language we can say that e.g. a variety of community influences rather than own choices decide if the person abuses alcohol or smokes cigarettes (considering only these simple examples). It is certain that without modification of these influences, no valuable and stable prophylactic purposes can be reached (Lelonek-Kuleta, 2012, Wojcieszek, 2005, Wojcieszek, 2013a).

### **Risk behaviour as an object of interest of prevention specialists**

It seems that often, for various reasons, certain risk behaviours are disregarded while others are overstated. For example, in the case of so-called designer drugs, the death toll is not more than several dozen people per year (with several thousand hospitalized) and in the case of the "old" drugs approximately 10 x more (e.g. in 2011, 29 deaths because of the so-called designer drugs and about 300 due to the use of the "old" drugs), while in the case of ethanol, the number is exceeding 1,000 cases per year (2nd place after intentional suicidal poisoning). Similarly, the issue of the difference between the development of children and young people from the so-called risk groups and the others is neglected. Children from the risk group most often experience destructive family problems when in the universal group a variety of general-culture factors are present (e.g. the content of the media, advertising). In the universal group, such risk behaviours as peer group violence, use of alcoholic beverages, nicotine use, experimenting with certain drugs dominate. In the heightened risk group the range of violence is usually wider, drugs, frequent truancy, and greater intensity of risk sexual behaviour occur. The condition of social awareness in the above ranges is divergent with the status quo, which results in negligence of necessary priority actions.

### **The importance of preventive action in the contemporary world**

The most important factor for premature loss of life and health of young people in the EU is, according to research, the use of alcoholic beverages (Anderson, Baumberg, 2006, Donovan et al., 2004, Patrick, Schulenberg, 2010; Patrick, Schulenberg, 2013; Perkins, 2002; Zucker et al., 2008), and educators focus often on drug use or on a drug group, the so-called designer drugs. The so-called designer drugs are often used by approximately 1 % (3,5 % come in contact with them from time to time) (Ostaszewski et al., 2017 Malczewski, 2017). In the top year of their use (2011) fewer people died because of designer drugs use than were poisoned with mushrooms and young adults not students constituted the group. Guided by concerns, educational authorities encouraged schools in writing to conduct specific "anti-designer drugs" classes already in primary schools (2015), which was inadequate and potentially iatrogenic. The same is true about

violence. Relatively simple Olweus program (Olweus, 2007) can reduce peer violence even by half within 2 years of systematic application, not to mention other tools.

### **The question of the selection of the type of preventive action**

Young age, as such, is the increased risk element (Hussong et al. , 2008, King, Chassin, 2007, Windle et al., 2008 Windle et al. , 2009) due to initiations during adolescence and the so-called telescopic effect (Hussong et al. , 2008; Zucker, 2009). Young people because of the development phase of the central nervous system are more vulnerable to the negative effects of certain behaviours. Teachers should be familiarized with these issues (Gaś, 2004; Hogan et al., 2003). They should also know that it is best to apply preventive actions before initiation to a certain behaviour. Unfortunately, because of poor preparation, teachers tend to seek specialist help excessively, and resign from their own actions. In contrast to many researchers, the author of this section is not against the involvement of external experts who are invited to schools, but such activities become counterproductive if they cause that teachers resign from own usually more future-oriented activities from the point of view of the long-term impact.

### **The specific and nonspecific influences - school as protection and risk factor**

Today we identify risk factors and factors protecting against the risk behaviour (Garmezy, 1985, Fergus, Zimmermann, 2005; Ostaszewski et al., 2011). Unfortunately, too often we tend to ignore this knowledge and we identify specific educational activities (e.g. preventive programs) with the entire catalogue of school prevention activities. It turns out that it is the general competence of teachers, especially methodical, that is the key element of prevention at a non-specific level, the fact of which we tend to forget. Only the preventive measures addressed at high risk groups are wrongly considered to be the preventive actions, while the universal work tends to be neglected just because nothing wrong has happened so far. A good illustration of this issue is provided by the findings of the professor J. Surzykiewicz research on peer violence prevention at school (Surzykiewicz, 2000). The author calls for the set of non- specific conditions which reduce this destructive phenomenon. What turns out to be most important is how a particular school teaches and what it focuses on (what is the climate at school – what is the community like). Special educational classes in the form of prevention programs are merely one of the useful elements for limiting the risks, yet for the general level of risk behaviours, universal and non-specific factors are the focus, like e.g. whether pupils like their school, whether the school supports the students' development and if they can expect interesting, comprehensive activities associated with their daily life. It is particularly applicable when working with difficult students (Karasowska, 2006).

### **Special measures: the role of prevention programs implementation**

Often complaints of prevention inefficiency can be heard. Meanwhile, the real scope of programs which are considered to have been verified (e.g. the so called recommended) is both in Poland and in the world, very limited. Something that practically does not exist cannot work properly. Some valuable proposals cover not more than 1% of the target population with their scope. Applied scenarios should meet certain minimum criteria for scientific validity (Ostaszewski, 2003; Szymańska, 2000; Szymańska, Wojcieszek; 2001). A minimum condition should be avoiding iatrogenic effects (damage). Another objective is the effectiveness which can be examined.

The functioning of the municipal prevention programs caused that the growth of indicators such as e.g. these concerning the use of alcohol and drugs has been halted, however at a too high level (Research Pola Mokotowskie, testing ESPAD) (Ostaszewski et al., 2017; Sieroslawski, 2015). As the alcohol consumption per capita among adults is high and growing (Moskalewicz et al., 2016; PARPA data), the indicators among young people show the so-called stable trend. It is worth considering a similar action based on teachers' own activity on a mass and coordinated nationwide scale because their potential has not been exhausted (Fatyga et al., 2000). However, activating teachers requires that comprehensible materials for independent use at schools are developed (Wojcieszek, 2013 (b)).

### **Influences cancelling positive effects of preventive actions**

The intended objectives of universal prevention e.g. smoking (Hawkins, Neederhood, 1994) are achieved relatively easily. A constructive change in behaviour in the prevention of alcohol-related problems is more difficult to achieve (Foxcroft, 1997; Foxcroft et al. 2003) and if such behavioural changes are achieved (with difficulty) as a result of prevention programs, they usually are smaller than expected. It is estimated that they concern one in 11 pupils involved in activities (Anderson, Baumberg, 2006; Ostaszewski et al., 1998). Smoking has ceased to be normative, the fashion has passed, the truth about the effects of smoking on the epidemic of tumours has been learnt. In alcohol consumption matters such a moral and normative breakthrough has not occurred. For this reason the positive effects of the preventive work disappear several years after the pupil's participation in the program (from 2 to 4 years) (Anderson, Baumberg, s. 203-204). Researchers attribute it to social context, attitudes of adults, which are observed by students (Perry et al. , 2002).

It is necessary to combine the work with adolescents with the work with adults, without it no sustainable prevention results will not be reached (Anderson, Baumberg, 2006, s. 204). We put forward the thesis that without a successful universal work with adults, preventive objectives will not be reached. It can be observed on the example of smoking. For a dozen years, percentage of smokers steadily drops among adult Poles. This is conducive to anti-nicotinism preventive actions. Similarly, in the case of drug use (except for cannabis products), where relatively low rates of use and the so-called stabilization trend are observed (Sieroslawski, 2015; Ostaszewski, 2017).

Public disputes about the "medicinal cannabis legalization" created a conviction in young people about the harmlessness of this behaviour, even its normativeness, not to mention the impact of the manifestations to legalise the use of cannabis. Similarly, in the case of so-called designer drugs, a rapid expansion of "legal" sales network (over 2000 shops within 2 years) caused that the percentage of users reached 11 % of the population. Closing down shops action resulted in the rapid reduction of the users percentage.

### **A key risk factor - Availability**

When at the beginning of the 1990s rules for the marketing of alcoholic beverages were liberalized, the consumption among young people rose sharply, which has been proved in already quoted Mokotowskie research. If the availability of risk behaviour is not curbed with the use of economic and legal tools, NO preventive successes can be expected on the side of isolated demand limiting. There exists a close relationship between the behaviour of young people and stance and behaviour of their parents as well as the behaviour of significant persons (Okulicz-Kozaryn, 2014; Wojcieszek, 2016a). The more tutors refrain from risk behaviour, the easier it is for them

to achieve the objectives of a school educational-preventive program. This requirement applies to pupils' parents even more. The school is not a drug therapy centre for adults but we must remember that the majority of children and young people from the group of heightened risk come from dysfunctional family background marked with the addicted persons presence. It has been demonstrated that parental care may inspire parents to undertake a therapy (Owczaruk, 2008).

### **The protection factors systems. How are they reflected in the students' social environment?**

There exist aspects of human life that have an explicit protection nature. When they exist, problems are fewer. (Bogenschneider, 1996; Durlak, 1998; Hawkins et al., 1992; Rutter, 2006; Ostaszewski, Rustecka - Krawczyk, 2009, Ostaszewski, Rustecka - Krawczyk, 2011, Vest et al., 2013). Most of these factors can be enumerated in a simple summary:

- a) Good relationships with parents (bond and parental monitoring);
- b) Good results in school (educational success), active interests (including sports and arts);
- c) Spiritual development - active religious life;
- d) Ties with the social environment (value system, patriotism)
- e) Active participation in a constructive peer group (e.g., scouting, the Oasis movement)
- f) Acquisition of specific psychosocial skills (good communication, assertiveness).

Good relationships with parents (Bowlby, 1980; Dillon and al. 2013; Needle et al., 1986; the Pilgrim et al. 2006, Ostaszewski, 2016) and their parental style are most important. It should not be extremely liberal and should include exercising control over children (especially their activity fields: who they spend time with and where and what they do) (Fairlie et al., 2012; Gilligan, Kypri, 2012; Janssen et al., 2014, Okulicz-Kozaryn et al., 2014). Indicators show that we have the so-called strong family. Love and family life are also placed at the forefront of the young people's hierarchy of values (Ciecuch, 2007). However, the civilization transformations threaten this integrity. In the period after the transformation divorce rate increased (approximately 42 % in cities, about 22 % in the country (Szukalski, 2013; Szukalski, 2016 a and b)). Non-marital partnership, single parenthood and cohabitation are more widely encountered. Also e.g. single parenthood (there are countries with of 60% ratio) adversely affects the level of risk behaviour in children.

Children from substance abuse or violence family background, tend to largely repeat their parents' problems (although it cannot be determined absolutely - Grzegorzewska, Cierpialkowska, 2015; Robinson, 2005; Sher, 1997, Wojcieszek, 2003) (Black, 1991; Chassin et al., 1996; Greene, 1991; Coffelt et al., 2006; Warner et al. 2007, Cierpialkowska, 2010; Wojcieszek, 2016b) (e.g. at least 25% continuation of alcohol dependence, 50-60 % continuation of nicotine dependence (Suwała, 2010), high ratios of clinical mental disorders (approx. 30 % severe and 35 % subclinical (Diaz et al., 2008)). In Poland the number of people who are affected with severe alcohol dependency is not lower than 600 thousand and about 2-3 million with a light or moderate dependency (DSM V TERMINOLOGY). According to the author, these issues are at the focus of contemporary prevention challenges, as they constitute the source of a substantial part of risk behaviours (see: Wojcieszek, 2005).

## **Preventive importance of educational successes**

It is necessary to mention what happens when the student experiences educational failure. The students who repeat the school year tend to “fall behind” and take a lead in risk behaviours almost immediately. The strong emphasis on achieving without providing sufficient support generates problems in itself, which is illustrated by the findings of HBSC study. Pupils perceive the discrepancy between high requirements and necessary support at the various levels of education. And in this way, a school with such characteristics becomes the cause of risk behaviour among pupils. Improving the teaching style to make the environment more friendly and inspiring to students would reduce the level of risk behaviour (Ostaszewski, 2017; Benner et al. , 2013; Bryant et al., 2003).

## **Religion as a protective factor**

The amount of data on the importance of religion as a protective factor in problem children, youths and adults is increasing (Abu Ras, 2010; Winterjacket et al., 2006; Conrad, 2015; Dennis et al., 2009; Ellison et al., 2008; Foster et al., 2016; Koenig, Larson, 2001; Marsiglia, 2005; Miller, 1998; Ransome, 2016; Rew, Wong, 2006; Steinman, Zimmermann, 2004; Wallace, 2007; Wong, 2006; Yeung et al., 2009). The surveys conducted by CBOS in the context of the “Youth” study, show that this factor is presented as stable and significant (Malczewski, 2017). Differences in the level of risk behaviour between “believing” and “non-believing” and not practising young people are significant, as subsequent editions of the study point to the advantage of believers. Poland is undergoing a process of slow secularisation and laicization, accompanied simultaneously with the enhancement of religious practices on the part of the most religiously observant population. It is essential to educate school staff in the positive meaning of religion and actively support religion teachers.

## **“Embeddedness” and wider social bonds**

A social bond, identifying oneself with the values of the local community plays a protective role. The nation and the local community are also subjects of protective bonds. Young people are safer if they are embedded, almost “rooted” in the strong cultural identity. Patriotism, especially when referred to the locality, is a recognised protective factor (Hawkins et al., 1992; Wray - Lake et al., 2012, ) under the so-called Social Bonding Model built by the Hawkinsa, Catalano, Miller (Hawkins et al., 2002; Hawkins et al., 2009). At present Polish young generation is undergoing transformation in the direction of a greater identification with the national objectives. What does it mean from the point of view of school prevention? Starting from the organization of Philarets and Philomaths, through Professor Lutoslawski's "Eleusis" to scouts, all these organisations set demanding goals to its followers, e.g. abstinence. It was most conspicuous in the scouting organization. It is recommended that teachers confidently combine patriotic education with the objectives of preventive activities.

## **The influence of social communication media on the level of risk behaviour among pupils**

The world in which we live vibrates with countless media broadcasts. All the "heightened risk industries" (pornography, tobacco, alcohol) use suggestion as a mode of operation. A large part of the media revenue flows from the procurement of risk behaviour advertising or product positioning. This creates a situation of imbalance in the

media. Some artists, be it in Poland or in the world, made risk-taking behaviours their way of provocative self-promotion. If a ban on advertising risk behaviours could be achieved (the solution adopted in Lithuania, partly in France and Scandinavia and present in the Polish law since the 1990s), then still, unfortunately, the cultural impact of "idols", currently spread also via the internet would remain. Teachers perceive this negative impact of the media and sometimes attempt to oppose it, unfortunately too seldom and often without any support. Positive media influence can be observed, too (like an unofficial campaign against the so-called designer drugs in years 2011-2015) or the advertising of the "Noble Gift" scheme.

### **A decisive role of political decisions made at all levels and the cooperation of schools with social environment**

According to the author, identification of the authorities at various levels (elites, social leaders) with the objectives of school prevention is essential. Poland has one of the best legal and organizational preventive systems in the world, for local governments school prevention falls legally under "own undertakings" (municipality). Annual revenue from only concession fees exceeds 700 million PLN. Unfortunately, the quality and scope of activities undertaken tend to be problematic.

The example of Iceland shows possibilities. 20 years ago almost 42% Icelandic teenagers used to binge drink at least once a month. Today it is 6%. The indicators of tobacco or drug use have dropped (Kristjansson et al., 2016; Milkman, 2016; Romanowsky, 2017). Brave and consistent decisions ruled about the success, for example: taking regular measurements of risk behaviours in each municipality (the results were presented to the stewards of the city every year); raising the legal drinking and smoking age from 18 to 20 years; encouraging parents through workshops and trainings to spend more time with children and instructing the former how to monitor activity of their children; offering intensive extra-curricular classes in the form of sporting or artistic activities; these were conducted by very mindful trainers—prevention specialists (because sport does not produce exclusively positive results, see: Bobrowski, 2003; Bobrowski, 2007; Vest, 2012). Thanks to the identification of the elite with prevention goals such significant results could have been achieved. Observations based on the already mentioned American Program "Communities That Care" (Hawkins et al., 2009, Fagan et al., 2011, Grzelak (red), 2015) suggest that this may be the most important, even decisive in the long term.

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## **2. Prevention in schools**

## **2.1. Objective and method of school prevention needs assessment**

A review of concepts and research presented in the first part of the study reminds of a primary canon of recommendations for effective prevention. Preventive measures with regard to high-risk behaviours among youths are beneficial when they are aimed at strengthening protective factors as well as reducing an impact of risk factors in a manner which refers to the causes of these behaviours. The identification of protective factors and risk factors, including for example intensification which supports the health of a family and school climate, school stress or environmental patterns which are conducive to engaging in high-risk behaviours is a foundation of an appropriate selection of preventive actions for a given school, class or individual persons. An accurate diagnosis and properly designed plans of preventive actions require administrative and regulatory conditions, competences of promoters and resources for their implementation as well as social and cultural support for pursuing health and withdrawing from risk patterns.

An analysis of national research studies has proved that the evaluations of the conditions of effective prevention, though numerous and pertaining to each of the issues listed in part I, are usually conducted in a cross-sectional manner and rarely take into account the dynamics of the development changes. The research frequently revolves around a selected group of health-supporting factors, or describes the risk intensity based on a diagnosis of a limited circle of respondents. It needs to be emphasized that the conclusions resulting from the available studies referred to an outdated school system, being subject to a reform during a preparation of this study.

The above-mentioned factors lay the ground for commencing the effort to improve the Polish prevention system so as to enhance its relevance with regard to the current needs of students, their parents and the school staff, as well as to adapt it better to newly emerging legal and administrative solutions and contemporary socio-economic realities in Poland. Encouragement on the part of the Ministry of National Education also constituted an important stimulus, creating space aimed at improving prevention as an element accompanying the school system modernization by providing funding for a research and project implementation. It was felt that the recommendations for the modernization of prevention and the adjustment of preventive measures to the school regime should be based on a thorough analysis of conditions of the effectiveness of prevention, presented in Part 1. On the basis of such assumptions, it was possible to develop a multidimensional project of a longitudinal diagnosis, embracing an overview of diverse social and school environments, school surroundings, taking into account the dimensions which are considered to be of primary importance for building health and the implementation of prevention of problem behaviours, in the available subject literature,

### **Context**

Due to the scale and complexity of socio-psychological, economic and legal phenomena, the research project was set in a broad theoretical context, referring to system approaches. Numerous studies of pro-health behaviours and dysfunctional behaviours correlates confirm that such an approach to designing preventive measures programmes particularly those that emphasize cognitive and social issues, seems to be



the most appropriate one (Gaś, 2011; Jessor, 2018; Ostaszewski, 2003; Vazsonyi et al., 2010). Thus, the model adopted in the project as a framework is the Jessors' interactive concept.

The approach used in the construction of the research model and needs diagnosis tools, described in Part 1, are also as follows:

- Positive psychology, in particular the theory of positive interventions (Csikszentmihalyi, 2009; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009; Sin & Lyubomirsky, 2009);
- Model of self-regulation (Sjåstad & Baumeister, 2018),
- Theory of planned behaviours (Ajzen, Joyce, Sheikh, & Cote, 2011),
- Model of community social work practice (Butterfoss, Cashman, Foster-Fishman, Kegler, & Berkowitz, 2001),
- Social and psychological concepts of optimal diversification (Leonardelli, Pickett, & Brewer, 2010).

The aim of the action taken was to present the situation in Poland in terms of the scale of needs for the prevention of high-risk behaviours among children and adolescents and for the evaluation of the effectiveness of the implementation of a social policy within preventive measures, aimed at developing a recommendation for prevention in the area of:

- The currently existing and desirable economic and organizational conditions as well as regulatory and administrative conditions for prevention in Poland;
- Prevention needs, the effectiveness of achieving prevention objectives and the quality of the implementation of prevention addressed at children and youths, at all stages of school education;
- Socio-cultural determinants of preventive action, in particular including the role and the quality of preventive functioning of school community participants, school surroundings: teachers, parents, school staff, representatives of local communities.

Research data aimed at achieving the above objective come from a multidimensional diagnosis of needs and preventive resources of schools, conducted in the school environments of preventive actions. A systematic review of literature, analysis of data compiled in the form of reports and accompanying discussion panels made it possible to develop a model of preventive actions in Poland, recommended by experts. It bases on the results of the analysis of needs and development trends of youth and adolescents in the school community.

## **Research plan**

The properties of persons and environments under scrutiny in the research process constitute three general groups:

- High-risk behaviours (dependent variables):
  - Quality and quantity of high-risk behaviours of students:
    - Smoking tobacco.
    - Alcohol consumption.
    - Use of illegal psychoactive substances.
    - Aggression and violence, cyberbullying.
- Personal and environmental determinants of high-risk behaviours (correlates):
  - Manifestations of constructive functioning of students, parents and teachers: quality and quantity of attitudes and health promoting attitudes.

- Patterns of high-risk and constructive behaviours occurring in the environment, attitudes of examined persons with regard to high-risk behaviours and social relations as well as the school environment climate.
- Dispositions of pupils to self-regulation, self-confidence, coherence, hope and impulsiveness.
- Preventive determinants of high-risk behaviours (independent variables):
  - Quality of preventive measures conducted in classes covered by the studies:
    - Proven quality of preventive actions.
    - Competences of preventive measures promoters.
    - Number of preventive measures during the school year.
    - Duration of preventive actions.

The research scheme has been presented in Table 1. For the sake of the research, longitudinal model comprising an assessment of the determinants of changes occurring throughout a year was adopted. The research terms relied on the applied measurement method. A systematic review of statistical data and legal determinants as well as investigations using focused interviews were carried on a continuous basis, ensuring a continuous flow of information necessary in planning, implementation and interpretation of the remaining data. The measurement using surveys and psychometric tests was performed in two stages:

- The first measurement was conducted by the end of the school year 2016/2017.
- The second measurement was made by the end of the school year 2017/2018.

Table 1.

*Schematic diagram of research*

Issues addressed	Study group	Methods and research tools
<b>Economic-organizational and legal-administrative determinants of prevention</b>	Members of the school community and its surroundings: teachers, school staff, representatives of prevention implementers	<ul style="list-style-type: none"> <li>• Analysis of statistical data and legal documents</li> <li>• Preventive needs assessment questionnaire and the implementation of prevention - section for executives</li> <li>• Focused interview on prevention needs and implementation of prevention</li> </ul>
Prevention needs, <b>efficacy</b> in the achievement of prevention goals and <b>the quality of prevention</b>	Children and youths in schools: primary, junior, secondary of various types, teachers, parents, school staff	<ul style="list-style-type: none"> <li>• Assessment questionnaires of preventive needs and the implementation of prevention for students of               <ul style="list-style-type: none"> <li>• primary schools (forms 1-3 + forms 4-6)</li> </ul> </li> </ul>

implementation process		<ul style="list-style-type: none"> <li>• junior schools.</li> <li>• secondary schools</li> <li>• Psychometric inventories for secondary school students (ACL-37, IVE, KNS, SOC-29)</li> <li>• Evaluation questionnaire of the process for primary school students (forms 4 and above)</li> <li>• Evaluation questionnaire of the process for parents</li> <li>• Evaluation questionnaire of the process for school workers</li> </ul>
Socio-cultural determinants of preventive action	Members of the school community and its surroundings: teachers, school staff, representatives of local communities	<ul style="list-style-type: none"> <li>• Preventive needs assessment questionnaire and the implementation of prevention for <ul style="list-style-type: none"> <li>• Parents</li> <li>• Teachers and auxiliary staff, with a separate section for executives</li> </ul> </li> <li>• Focused interview on prevention needs and the implementation of prevention</li> </ul>

## Research tools

In the studies it was essential to obtain information of a wide spectrum of health promoting and high-risk behaviours, and also to adapt the scope of contents under investigation to the role played by a given person in the school community and to the stage of education. In the studies, the author used a query of legal documents and an analysis of aggregated statistical socio-demographic data, focused interviews, survey tools - computer-assisted web interview CAWI and psychometric tests in printed versions (PAPI) and online versions (CATI). The planning of school prevention was evaluated. Moreover, students of all educational levels, their parents and teachers were assessed by means of questionnaires.

On the basis of the concept of a diagnosis of subjects, presented above, it was possible to develop a set of questions for 20 focused interviews and for 8 questionnaires. A double examination with an annual interval was made, using five questionnaires, addressed to students, parents, and teachers. In the study of vocational schools and in comprehensive schools students, standardized tools were used, too: ACL, IVE, KNS and SOC-29 tests. The examination using three questionnaires for students and standardized tests was conducted in a manner that allows a comparison of individual responses in the first and second measurement. In the tools, the author avoided questions which were

suggestive, were unnecessarily shocking with dysfunctional phenomena which did not concern a particular group, especially in relation to students.

The diagnosis of prevention needs requires specifying what kind of health threats are to be found in the school environment currently or in the near future. A comparison of threats and health promoting resources, present in the environment, is a starting point for determining to what extent the persons affected by threats require a preventive support when dealing with the threats. The most crucial health dimensions that are usually included in the diagnosis are physical, psychological, social and spiritual health (Gaś, 2013). The effectiveness of preventive interventions depends upon the recognition of intensity and causes of high-risk behaviours in the above health dimensions, as well as the intensification of protective behaviours. The links between the manifestations of high-risk behaviours and their causes explain, among others, the concepts discussed in the first part of this textbook. The factors included in the diagnosis for preventive purposes are, among others: atmosphere in the family and school, school stress, environmental patterns, which are conducive to high-risk behaviours. These are the factors defined on the basis of different theories, hence the conceptual framework adopted in designing tools, used in the research and presented later in this work, are based on a systemic interactive concept of the likelihood of behavioural disorders emergence, as developed by the Jessor (Jessor, 2018; Vazsonyi et al., 2010). It allows for the integration of several other approaches mentioned in the description of the purpose and the research methods and also in Part One of the book.

### **Dimensions covered by the diagnosis**

On the basis of a review of concepts and examinations outlined in Part One, it was possible to prepare a set of surveys covering the spheres in which significant protective factors and risk factors are present. An overview of studies carried out in Poland (Borucka & Ostaszewski, 2006; Del Rey et al., 2015; Ostaszewski, 2015; Ostaszewski & Pisarska, 2008; Pyżalski, 2012; Schultze-Krumholz et al., 2015) and the analysis of the all-European research ESPAD (Sierosławski, 2015) suggest that it is necessary to embrace the following dimensions, included in the surveys:

- High-risk behaviours:
  - the incidence of becoming intoxicated, as reported by students,
  - the incidence of alcohol consumption,
  - the amount of consumed alcohol,
  - the incidence of smoking tobacco,
  - the incidence of aggressive behaviours,
  - the age when students started to abuse alcohol and smoke tobacco.
- Determinants of high-risk behaviours:
  - Relationships with parents
  - Relationships with peers
  - Relationships with teachers
  - Situation at school
  - Impulsiveness
  - Sense of satisfaction
  - Reactions to stress
  - Internet activity
  - Knowledge of alcohol and intoxicants
  - Exposure to high-risk behaviours
  - Attitudes and beliefs on high-risk behaviours

- Experiencing aggression, violence and harassment, including cyberbullying.

Each of the above-mentioned dimensions was matched to at least one multi-category question or several differently constructed questions. The selection of issues for survey tools was preceded by a thorough analysis of the scale of problems, occurring among the persons planned to be included in the research.

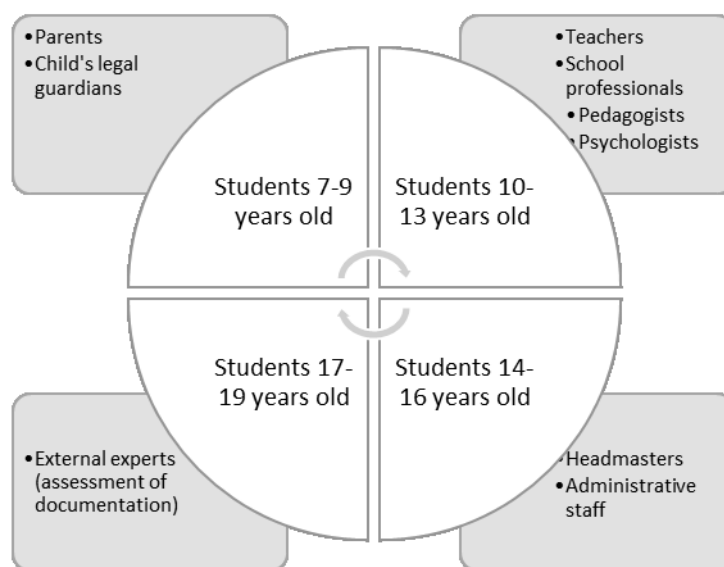
The survey, similarly to each diagnostic tool, impacts the examined persons and encourages them to brood over the behaviour in connection with the research (Rabanales Sotos et al., 2015; Savic, Barker, Hunter, & Lubman, 2015). There is a potential risk that the questions about high-risk behaviours which are not undertaken by the examined persons may infringe their comfort zone or lead to an unnecessary interest in such behaviours. Therefore, separate tools for individual age groups were developed, in accordance with the data at the stage of the appearance of certain dysfunctional behaviours, originating from an overview of the research on students' prevention needs (Grzelak et al., 2015; Ostaszewski et al., 2017; Sierosławski, 2015).

### **Structure of the toolset**

The introductory set of questions was divided into 8 surveys, allowing a diagnosis of prevention needs and an evaluation of the implementation process of preventive activities, on the basis of the information obtained from separate groups of people. The surveys for the examination of prevention needs were devised to test the following groups:

- Students:
  - 7-9 years of age (completed by educators),
  - 10 - 13 years of age,
  - 14-19 years of age (a version for primary schools and for secondary schools, differing in questions about demographic characteristics).
- Parents
- Schools workers

The patterns of non-standardized tools are available on the website <https://profilaktycy.pl/>. In the initial phase of the research, the author also used a separately developed tool for the collection of data on the characteristics of the surveyed schools' properties and the School Prevention Programme (SPP), a binding document at the time of conducting the research (2016). An evaluation sheet by Zbigniew B. Gaś "SPP Assessment Procedure" (Gaś, 2003) was specially adapted for this purpose. The tool for the assessment of the SPP is not presented in this examination due to outdated legal requirements with regard to school documents. The structure of the set of the questionnaires has been shown graphically in Figure 1.



*Figure 1.* Structure of the questionnaires set to diagnose prevention needs.

A comparison of the results of the first and the second measurement entailed reconciling anonymization of the collected data with the need of personal identification of students, in-between the examinations. To allow an unambiguous identification of the anonymized data of examined persons and match them to two examinations, an ID system of students completing the questionnaire was used. Creating an identification number was based on encoding the student's basic set of data, stored in the basic contents, in a manner which prevents easy decoding without a simultaneous access to the student's school archives, the questionnaire data as well as the application of encryption technologies for the code, which is protected cryptographically. The student's personal information was not immediately processed by the research implementers. Only the codes generated by an algorithm working in real-time, when the student was completing the data online, were saved in the database. Matching the questionnaires from the first and second measurement was made on the basis of the code originating from the first and second examination, which were identical. This mechanism ensured the possibility of adjusting the response of individual students with an accuracy greater than 95%. At the same time, it did not require separate, complex and time-consuming procedures for creating individual accounts and access passwords for users, which might additionally decrease their anonymity and the credibility of responses. Also it would lead to the hazard of errors, resulting from forgotten logins and passwords. The errors of matching data in this procedure resulted from students' errors while entering their personal data in the first or second examination, as well as the possibility of a deliberate distortion of data by the examined person.

All the questionnaires had been prepared in a computer version, available by means of a web page browser in a school computer laboratory. The questionnaire pages were placed on a secured server, with an encrypted connection, which was displayed to

the examined persons in the form of a security clearance certificate. Each examined person immediately received, prior to the survey, a randomly assigned, unique, one-time access code (token) to complete a given test. The questionnaire could not be accessed without the token. After completing the survey, there was an automatic redirection to another page, which prevented the access to the previously filled questions, even without closing down the browser. The administrative access, enabling an insight into the data was granted to only one person, a psychologist, who was fully authorized to use the data. Both the administrator and the IT specialist supporting the site had access only to the already encrypted data.

All the questionnaires were also prepared in paper versions for schools, in which it was not possible to carry out the examinations online. In such a case, the results were entered by the interviewer onto the sheet on the website. The standardized tests that had been purchased from the Psychological Test Laboratory of the Polish Psychological Association were then released in a paper form. On the questionnaire page, there were sheets to be completed online, also available with a one-time token.

The patterns of the questionnaires with the research mechanism were made available to all schools participating in the research in order to review the questionnaires in accordance with the school's internal procedure. Also the school could raise objections or withdraw from the research. There was not a single situation, in which an educational institution resigned from the research due to the content of the surveys of the form of conducting the examinations. There were two requests made by parents, asking for the exclusion of their children's data from the overall processed information. After sharing the data identifying a particular child, by the parent, the findings were removed from the pool of research.

The examinations were preceded by a comprehensive preparation on the part of the interviewers. The interviewers received instructions, enabling them to thoroughly comprehend the intent of the examination. They also became acquainted with the questionnaires prior to the examination by checking the relevance of individual survey questions. The interviewers were fully aware of the requirements connected with the organisation of the examination, of the scope of the confidentiality of the results and the manner of maintaining the confidentiality during the cooperation with school representatives. The interviewers were trained in the field of social sciences. The coordinators did their best to ensure that the interviewers were independent, as much as possible, of the persons and institutions covered by the research.

## **Variables and indexes**

The answers to the survey and test questions reflected the intensity of the phenomena covered by the study, e.g. frequency of tobacco smoking, engagement in alternative activities or expressing reluctance to high-risk behaviours. A set of phenomena whose intensity was evaluated, slightly differed in each of the examined groups. In order to simplify the multidimensional characteristics, the indexes of risk intensity were used, synthetically imaging the leading characteristics of school and social environment, and the intensity of high-risk behaviours of students. The indexes of risk intensity, due to the different starting points for their calculation, were estimated separately for particular groups of the examined persons, depending on the variables which were included in the measurements and in the analyses. A set of variables, adopted for a given stage of education or a role in the school environment was converted into a single index of intensity of health promotion or high-risk behaviours, for each person.

The aggregation of individual factors was made by adding point assessments of responses in a survey, which indicated the intensity of the variables included in the index. The author calculated separate cumulative indexes concerning the use of legal and illegal psychoactive substances, aggression and violence, as well as the total index of intensity of high-risk behaviours, being a sum of the ones mentioned above.

The characteristics of the variables included in the leading indexes for each group of the examined persons is presented below. For several hundred schools involved in the research, tabular reports were prepared illustrating the mean results obtained by students in a given environment. Each of the analyzed variables as well as all the school environment were compared to mean overall Polish findings for a given stage of education.

**The assessment of changes** in a student group within a year between the first and the second measurement was made in relation to the above-mentioned indexes of the cumulative intensification of constructive and high-risk behaviours, covered by the measurement, treated as dependent variables. The independent variables, used in the comparison, described the qualities of preventive actions, having been adopted in a given class. The group consisted of:

- Type of preventive actions:
  - Only programmes included in the bank of recommended programmes were exploited.
  - Among the conducted activities, there was at least one programme selected from the ones recommended in the bank.
  - The author used a published programme which was not included in the bank.
  - Only the author's own action, which did not have a published description, was conducted.
  - Only thematic general educational classes and lessons.
  - No preventive actions were conducted.
- The prevention actions were carried out primarily by:
  - Implementers from outside the school.
  - Educators/school psychologists.
  - Teachers.
- The number of individual prevention actions conducted in class during the school year 2017/2018 until the measurement (May/June):
  - Lack of actions (zero category).
  - One or two (category 1)
  - Three to four (category 2).
  - Five or more (category 3).
- The overall duration of the longest prevention action:
  - No action/no description
  - Up to 2 hours
  - 3-9 hours.
  - 10-30 hours.
  - Over 30 hours.

When interpreting the obtained findings, it is essential to remember that the above-mentioned categories of independent variables constituted the basis for a division of the examined persons into subgroups, covered later in a comparative analysis, showing an



impact of a given factor on changes in high-risk behaviours and their determinants. The subgroups were highlighted due to the fact that the individual properties of prevention were varied. It particularly relates to extreme groups, for instance persons who were not participating in any preventive activities, as well as those who were participating only in recommended programmes. In groups with a small number of persons, individual properties of the surveyed students could have exerted an influence on the obtained results, included into a given category on the basis of the information on the implementation of prevention at school, obtained from teachers and school specialists during examinations, and not just the very properties. This phenomenon is likely to occur in groups of primary school students 7-9 years of age, secondary school students and vocational school students, that were less numerous than others. The results of the secondary school students have been illustrated as two categories of prevention interventions: qualified interventions, i.e. the ones which have been included in the bank of recommended prevention programmes or published programmes and the unqualified interventions with no evidence-based validity.

**High-risk behaviours and their determinants under analysis** are presented below, separately for individual groups of the investigated persons.

#### **Students 7-9 years of age, primary schools (forms 1-3).**

**High-risk behaviours** are qualities of students' behaviours, as perceived by teachers. The teachers' responses were added, by calculating the general assessment of each student's adjustment to their life at school. The variables were distinguished on the basis of a factor analysis of a scale, describing the student's behaviour, as perceived by the teacher. The indexes of dependent variables used in the analyses are average point evaluations made by the teacher in the following dimensions:

- Failure to comply with the norms and the expectations of the school.
- Self-concentration.

**Determinants of high-risk behaviours** covered by the measurement are as follows:

- Socialization.
- Being active.
- The student's perception of the school climate, expressed by a visualization in space.
- Number of prevention programmes, in which a student was involved - information from a teacher.
- Number of alternative programmes, in which a student was involved - information from a teacher.

#### **Students 10-12 years of age, primary schools (forms 4-6).**

**High-risk behaviours** - the frequency of alcohol consumption, smoking, frequency of aggressive behaviours and the age when a student first started to drink alcohol or smoke tobacco, as declared by students. Indexes of dependent variables are the answers to questions about the following types of behaviour:

- Incidence of alcohol consumption, as declared by the student.
- Incidence of tobacco smoking, as declared by the student.
- Impulsive and aggressive behaviour, harassment.
- Age of first contact with alcohol.
- Age of first contact with tobacco.

**Determinants of high-risk behaviours and their indexes are as follows:**

- Contact with parents
- Parental control
- Activity in relationships with peers.
- Support from students.
- Support from class teacher.
- Support from other teachers.
- Teacher's focus on grades.
- Attitude to school.
- Attitude to learning.
- Impulsiveness (Barratt Impulsiveness Scale - BIS):
  - BIS-C - Control.
  - BIS-I - Impulsiveness.
- Sense of satisfaction:
  - Contentment over one's personal qualities and features.
  - Contentment over conditions in family and environment.
- Reactions to stress:
  - Compulsive type,
  - Emotional type.
- Internet activity.
- Knowledge about alcohol.
- Exposure to peer patterns of high-risk behaviours.
- Exposure to family patterns of high-risk behaviours.
- Sense of permission to undertake high-risk behaviours.
- Attitudes conducive to high-risk behaviours.
- Learning difficulties - the sum of the points for the answers from all question categories referring to:
  - School grades
  - Evaluation of behaviour,
  - Repeating a year at school,
  - Truancy.
- Incidence of experiencing aggression, violence and abuse:
  - Incidence of experiencing abuse.
  - Incidence of experiencing cyberbullying.
  - Incidence of experiencing aggression, verbal violence and bullying:

**Students aged 13-16** (in 2017 junior school students from forms 1-3 were examined, in 2018 the same persons were examined as junior students in a reformed school, forms 7 and 2-3).

**High-risk behaviours** verified in subsequent analyses - the incidence of stupefying, alcohol consumption, amount of consumed alcohol, incidence of smoking, incidence of aggressive behaviours and the age when the students first began to stupefy, drink alcohol or smoke tobacco, as declared by the students themselves. The factors of dependent variables are as follows:

- Incidence of using psychoactive drugs and medicines to become intoxicated, as declared by the student.
- Frequency of alcohol consumption, as declared by the student.
- Amount of recently consumed alcohol, as declared by the student.
- Frequency of tobacco smoking, as declared by the student.

- Impulsive and aggressive behaviours, harassment - a total number of points in response to questions about:
  - Harassment of other persons at school.
  - Destroying objects in response to stress.
  - Tempers, arguments with the loved ones in response to stress.
  - Becoming offended in response to stress.
- Age of first starting to intoxicate.
- Age of first contact with alcohol.
- Age of first contact with tobacco.

**Determinants of high-risk behaviours and their indexes are as follows:**

- Contact with parents
- Parental control
- Activity in relationships with peers.
- Support among students.
- Support from class teacher.
- Support from other teachers.
- Teacher's focus on grades.
- Attitude to school.
- Attitude to learning.
- Impulsiveness (Barratt Impulsiveness Scale - BIS):
  - BIS-C - Control.
  - BIS-I - Impulsiveness.
- Sense of satisfaction:
  - Contentment over one's characteristics and features.
  - Contentment over conditions in a family and an environment.
- Reactions to stress:
  - Compulsive type - use of psychoactive substances, aggression.
  - Emotional type – concentration on emotions, isolation.
- Internet activity.
  - Using development schemes
  - Neglecting duties.
  - Giving true and false personal information data on the Internet.
- Knowledge about alcohol.
- Knowledge about intoxicants.
- Exposure to peer patterns of high-risk behaviours.
- Exposure to family patterns of high-risk behaviours.
- Sense of permission to undertake high-risk behaviours.
- Attitudes conducive to high-risk behaviours.
- Learning difficulties:
  - School grades
  - Student conduct grade,
  - Repeating a year at school,
  - Truancy.
- Incidence of experiencing aggression, violence and abuse:
  - Incidence of experiencing abuse.
  - Incidence of experiencing cyberbullying.
  - Incidence of experiencing aggression, verbal violence and bullying:

**Students aged 17-19** (the first measurement included schools higher than junior, whereas the second one covered schools higher than primary, 1-3 forms)

**High-risk behaviours and their determinants** included in the analysis of secondary school students are the same as in junior secondary schools. The analysis included the incidence of stupefying, alcohol consumption, amount of consumed alcohol, incidence of smoking, frequency of aggressive behaviours and the age of first starting to stupefy, to consume alcohol or smoke tobacco, as declared by the students themselves.

Vocational school students and secondary school students were also evaluated with regard to selected personality qualities which potentially affect high-risk behaviours. The investigations covered the following dimensions:

- Personality correlates of self-esteem and needs.
- Sense of coherence.
- Hope.
- Impulsiveness, inclinations to risk and empathy.

**Parents of** students in all investigated schools.

**Risk factors which were** analyzed in a group of parents referred to an environment, in which students grow up, as well as parental attitudes and behaviours in relation to risk-taking by students. The investigations covered the following variables:

- Exposure to environmental patterns of high-risk behaviours.
- Reported incidence of high-risk behaviours at home.
- Attitudes conducive to high-risk behaviours.
- Impulsiveness (Barratt Impulsiveness Scale - BIS):

**Determinants of high-risk behaviours of students** related to parents' qualities, included in the investigations, were as follows:

- Socio-demographic characteristics of parents:
  - Gender
  - Age
  - Education
- Employment status
- Frequency and extent of contact with children.
- Parental control.
- Impulsiveness (Barratt Impulsiveness Scale - BIS):
  - BIS-C - Control.
  - BIS-I - Impulsiveness.
- Sense of satisfaction and its components:
  - Contentment over one's personal qualities.
  - Satisfaction with a job position, material status, social relations and an informal network of support.

**School staff** (teachers, educators and psychologists, managerial and administrative staff).

**Risk factors** taken into account in the research of this group were characterised by the qualities of a school environment, subjected to teachers' professional scrutiny. The analysis included the following problem behaviours:

- The frequency of occurrence of students' high-risk behaviours at school, including:
  - Frequency of using psychoactive drugs and medicines to become stupefied, as reported by teachers.

- Frequency of alcohol consumption, declared by the student.
- Amount of recently consumed alcohol, declared by the student.
- Frequency of tobacco smoking, declared by the student.
- Impulsive and aggressive behaviours, harassment.
- Use of violence and aggression, neglecting school duties, distraction by electronic media, improper nutrition.

**Determinants of high-risk behaviours of students** observed by teachers or related to their properties or behaviours included:

- Socio-demographic characteristics of parents:
  - Gender
  - Age
  - Education
  - Position: management roles, functions of an educator or a school psychologist.
- Exposure to environmental patterns of high-risk behaviours.
- Exposure to school high-risk behaviour patterns (e.g. smoking tobacco in the school).
- Impulsiveness (Barratt Impulsiveness Scale - BIS):
  - BIS-C - Control.
  - BIS-I - Impulsiveness.
- Sense of satisfaction:
- Prevention priorities.
- Belief in the effectiveness of prevention and individual forms of its implementation.
- Assessment of factors affecting prevention.

### **Quantitative analysis**

The study primarily presents the results of an investigative search of documents, data analysis of the Central Statistical Office, and aggregated statistical data obtained in surveys. The comprehensive information resulting from research and expert analyses, which were made using other tools, are available on the website <https://profilaktycy.pl/>

The data analysis was carried out on the basis of descriptive characteristics of school environments covered by the research in the division into risk groups, see above. The evaluation of changes occurring one year after the implementation of the preventive actions, depending on the intensity of individual variables, was made for quantitative variables, using the analysis of variance (ANOVA) with a repeated measurement. For qualitative variables the author calculated coefficients of significance of differences by means of Wilcoxon's test or McNemar's test.

### **Scope and manner of the presentation of results**

In order to ensure the comprehensibility of the development, the analysis of the results was conducted in two stages. The aim of this study is to provide information on the key differences between the groups distinguished on the basis of categories that describe the properties of prevention. However, it does not deal with all the collected data, whose presentation in a single paper would exceed the framework of a research project. It would also significantly complicate the reception and interpretation of the message. New analyses conducted by experts will enable an in-depth view of the presented results. At the same time, they will allow extending the interpretation of cause and effect by not presently included accurate descriptive characteristics and correlations

among the variables. The reader who is interested in an individual insight into quantitative listings may familiarise with the tabular results which are available in the open access repository on <https://osf.io/wf3az/> and on project webpage <https://profilaktycy.pl/> as well as on the Foundation's ("You Have a Chance") website <http://maszszanse.info>, serving as the contract research institution.

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## **2.2. Organization of research**

The project research was conducted with the use of three leading research methodologies used simultaneously or alternately in several stages. The first of the three methods of collecting data on the school prevention situation in Poland was the analysis of documents and legal acts on school prevention, demographic data from national and regional Central Statistical Office databases and local governments. The data were profiled thematically in terms of the socio-economic situation of the municipalities covered by the research, the scale of social problems in various municipalities and regions and the acquisition and distribution of funds for prevention purposes. These studies were carried out throughout the project duration, reports based on them emerged in two stages: those relating to existing legal and socio-economic determinants-immediately after the commencement of the project, and on completion of the second round of the study. The results of the documents and studies analyses mainly served the purpose of the assessment of legal and administrative determinants pertaining to prevention in Poland. The results of the analyses of data on prevention funding were also used in the evaluation of socio-economic prevention.

The second technique of data collection comprised an analysis of qualitative information obtained directly from participants and implementers of prevention programmes as well as representatives of social environment of institutions which create the context of prevention. These studies were performed with the use of focus group meetings, and they included 20 groups from different regions of Poland and various types of environments. Focused interviews were conducted cyclically from the beginning to the end of the project. Summaries of the information derived from the initial focused interviews conducted in the year 2016 and 2017 in the first half of the year constituted the basis for modifying and tailoring questions from the questionnaire survey tools to the diagnosis needs and to the types and manifestations of the phenomena reported by interviews participants relevant to quantitative analysis. The subsequent interviews served the purpose of description of the social prevention correlates difficult to seize in questionnaires and provided grounds for subsequent reviews and modifications to the questionnaires carried out before the second round of studies in the school year 2017/2018.

The third method that was used in data collection were interview surveys. The surveys were carried out in several stages. The initial studies included an assessment of legal and organizational bases, conducted on the basis of the analysis of School Prevention Programmes, School Education Programme and the Statute of the School at the end of the year 2016. Based on the results of that analysis and assessment of socio-demographic situation in the various regions of the country intended for participation in the studies, at the turn of the year 2016/2017, 654 schools were selected with which an agreement for cooperation in the two phases of longitudinal studies in the school years 2016/2017 and 2017/2018 was concluded. The examination of a school situation and demand for intervention in the schools was performed at the end of the school year 2016/2017 and at the end of the school year 2017/2018. As mentioned above the studies assumed longitudinal form, with the identification of the interviewed persons results to match the research from consecutive measurements in pairs. Additionally, from



December 2017 to the end of June 2018, studies accompanying prevention programmes were conducted (*action research*) with the aim to evaluate the process of preventive intervention implementation in schools. These surveys were carried out on an ongoing basis, after each preventive intervention. All the interview surveys were carried out with the tools available online and completed under the supervision of the persons conducting the examination. The token system and individual student codes enabled full anonymity of research and simultaneously ensured unambiguous examined persons identification which is important in the case of longitudinal studies.

These techniques of conducting research were linked substantially to one another and their stage results interacted with one another. The results of each stage provided grounds for the formulation of researchers' report. On the basis of the results analyses performed with the use of a particular technique, experts formulated recommendations concerning development of other techniques. The recommendations pertained to the content and form of research carried out with the use of techniques and groups of the examined population. The results and recommendations were presented and discussed in the meetings of the researchers team held on the occasion of expert panels and in the form of tele conferences conducted via the internet. In the expert panels, the obtained results and ideas for research were verified with the participation of external experts, including artists and prevention animators. In order to expand the scale of social discussions about the research, most panels were convened with the participation of the public at the occasion of the larger nationwide scientific conferences on problems prevention, upbringing and education.

The schools for the research have been selected proportionally from five regions of Poland, which have been identified on the basis of the criterion of economic poverty risk (Main Statistical Office data 2016) and the level of pathology ("Social diagnosis 2015"). Identified regions in table 1.

Table 1.

*Regions selected for research*

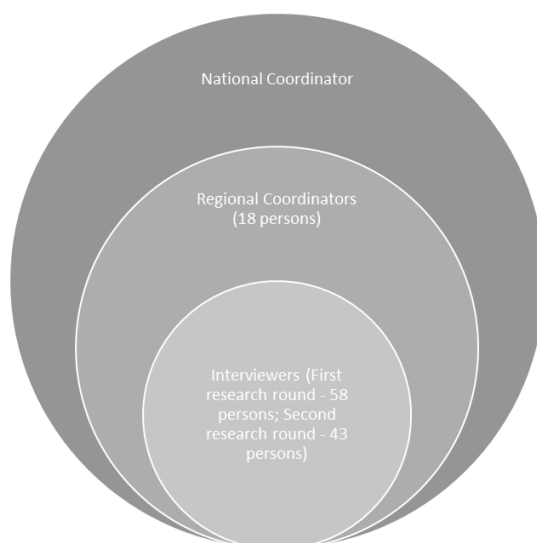
<b>REGIONS</b>	<b>Provinces in the regions</b>
REGION 1	Lubuskie, zachodniopomorskie, pomorskie
REGION 2	Dolnośląskie, opolskie, śląskie
REGION 3	Małopolskie, podkarpackie, świętokrzyskie, lubelskie
REGION 4	Warmińsko-mazurskie, podlaskie, mazowieckie without Warsaw
REGION 5	Kujawsko-pomorskie, wielkopolskie, łódzkie, Warsaw and the Suburbs

Schools from the abovementioned regions were selected randomly with regard to the environment (rural, urban), a type of school (elementary schools, middle schools, secondary schools, vocational schools, technical secondary schools) and the school specificity (public, private). As a result 654 schools were identified for the research.

### **Research implementers**

The research has been carried out by the "You have a chance" Foundation ". The "You have a chance" Foundation has operated nationwide since 1992 and its efforts are focused on prophylactic, therapeutic and counselling tasks. Since 1999 the foundation, either independently or in cooperation with research organisations' staff, has carried out numerous studies of the etiology and epidemiology of the development risks in children and young people from the urban and municipal environments throughout Poland.

80 persons were involved in the research implementation, including one national coordinator (Wiesław Poleszak), 18 regional coordinators (Aneta Żurek, Mariola Kozak, Kinga Zielinska, Aleksander Wypych, Elżbieta Sobaszek, Bożena Rokicka, Gabriela Wozniak, Malgorzata Burba, Barbara Jocz, Ilona Lewandowska, Joanna Grochowska, Aleksander Ruducha, Mariola Sochacka, Wioleta Switala, Marzenna Czarnocka, Anna Sławska, Dagmara Free, Sławomir Pietrzak) and 61 interviewers. 58 interviewers conducted the first round of the studies, while the second round involved 43 interviewers. The interviewers participated both in the longitudinal study and in the evaluation process. The graphical range of tasks and the number representation of research implementers are shown in Figure 1.



*Figure 1.* Research implementers (source: own elaboration).

The primary task of the national coordinator was to manage the entire process of research in all the regions. The most important challenge was selection of the regional coordinators and cooperation with them in the research implementation. The specific tasks of the national coordinator involved:

- Selecting coordinators for field studies in the centres,
- Concluding contracts with the regional research implementers
- Preparing agreements with schools to provide basis for research implementation
- Contacting over 750 schools principals,
- Concluding agreements with 654 schools, related organizational measures,
- Preparing assessment instructions, guidelines and criteria for field researchers, schools etc.
- Preparing objectives and guidelines, development of framework materials for coordinators and researchers training,
- Training coordinators and researchers,
- Supervising research implementation process in schools in accordance with the project objectives,

- Complying to research time constraints and tailoring actions to school work calendar,
- Developing model agreements with researchers,
- Verifying studies submitted by coordinators substantively,

Regional coordinators had slightly different responsibilities. Their most important task was to organise research at the level of the provinces they represented. Their work was focused, on the one hand, on establishing project cooperation with schools and also on recruitment and preparation of interviewers for the research implementation, on the other hand. The specific tasks of the field research coordinator included:

- Preparing a list of schools for the study in accordance with the operating instructions,
- Obtaining a school prevention program document along with the current schedule of preventive programme implementation and the School Statute in the electronic format from each school
- Evaluating a school prevention program and activities carried out under the program using online worksheet accessible via profilaktycy.pl website,
- Concluding a written agreement for diagnosis with the indicated schools (schools indicated after an assessment data analysis),
- Designating interviewers for the research, monitoring their work in the scope of research implementation and data collection,
- Coordinating and supervising two rounds of research (March to April 2017 March to April 2018) and weekly reporting on the state of research, including monitoring of the studies and determining their schedule,
- Recruiting participants and organizing focus interviews within the diagnosis of economic and organisational conditions as well as legal and administrative preventive activities,
- Recruiting participants of the studies and promoting subsequent events related to the project: expert meetings and conferences.

The largest group of professionals involved in the conduct of the study in the project were the interviewers. This was in total 61 persons, supported by the coordinators, who were also involved in the research process. Both pedagogists, psychologists and sociologists constituted the group. All interviewers possessed experience of working with pupils and were linked to educational environment which enabled efficient and substantially correct research implementation. Most interviewers worked in both the first and the second round of longitudinal studies and in the evaluation process.

All interviewers were briefed on the project objectives and research specificity. Additionally, they received detailed instructions in writing and were offered a possibility of continuous contact and support from regional coordinators.

Specific obligations of interviewers in the project focused on the implementation of the following tasks:

- Familiarising themselves with the research tools,
- Establishing contact with the schools designated for the research,
- Developing the research schedule,

- Organizing workstations for computer testing,
- Conducting longitudinal studies in two rounds (March to April 2017 March to April 2018),
- Conducting evaluation studies (evaluation process), including the identification of classes, where preventive intervention took place,
- Weekly reporting on the state of research.

### Study group

Students, parents and school employees were surveyed in each round of the study. In the year 2018 parallel research on the school preventive programme evaluation process was conducted. In addition to the surveys, 20 in total, group focused interviews were carried out with the purpose of diagnosing the determinants of school prevention quality.

The following tables show the data describing the examined persons that have taken part in any of the described diagnosis areas. Tables 1 to 12 concern the population under the diagnosis of preventive needs, table 13 presents a number of people who filled the process evaluation tools and the table 14 contains the data from the group focused interviews.

In the first stage of the diagnosis 13 271 pupils a year were examined, later 6901. The youth in classes 4 to 6 of primary schools constituted the prevailing subset (see table 2).

Table 2.

*Sex of examined students*

Sex		Type of school											
		Primary School Form 1				Primary School Form 4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	M	1000	50.7	2218	48.4	1742	49.4	694	38.0	904	66.1	6558	49.4
	F	974	49.3	2360	51.6	1781	50.6	1131	62.0	464	33.9	6710	50.6
2018	M	261	51.4	1454	49.0	963	49.4	336	38.3	364	60.8	3378	48.9
	F	247	48.6	1513	51.0	986	50.6	542	61.7	235	39.2	3523	51.1

The average age of the examined students strictly complied to the forms the students attended. Age data also reflect the longitudinal organisation of the implemented diagnosis (see table 3).

Table 3.

*Age of students*

Age		Type of school									
		Primary School Form 1		Primary School Form 4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools	
		M	SD	M	SD	M	SD	M	SD	M	SD
2017		8.99	0.90	11.62	0.90	14.11	0.95	16.87	0.73	17.31	0.99
2018		9.12	0.66	12.65	1.17	14.59	1.01	17.92	0.50	18.13	0.58

The vast majority of schoolchildren (81%, see table 4) lived with their parents in the course of research implementation. The minority of students lived only with one parent or a biological parent and a stepfather or a stepmother.

Table 4.  
*Students' place of residence*

Place of residence		Type of school											
		Primary School Form 1		Primary School Form 4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools		In total	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	With parents	1669	84.5	3786	82.7	2949	83.7	1430	78.4	1028	75.1	10862	81.9
	Only with mother	168	8.5	391	8.5	324	9.2	187	10.2	147	10.7	1217	9.2
	Only with father	12	0.6	50	1.1	39	1.1	19	1.0	28	2.0	148	1.1
	With one biological parent and a stepmother or stepfather	74	3.7	182	4.0	127	3.6	76	4.2	59	4.3	518	3.9
	other	51	2.6	169	3.6	84	2.3	113	6.2	106	7.7	523	3.9
2018	With parents	424	83.5	2432	82.0	1593	81.7	684	77.9	464	77.5	5597	81.1
	Only with mother	52	10.2	290	9.8	204	10.5	74	8.4	54	9.0	674	9.8
	Only with father	4	0.8	24	0.8	11	0.6	8	0.9	18	3.0	65	0.9
	With one biological parent and a stepmother or stepfather	15	3.0	131	4.4	90	4.6	45	5.1	19	3.2	300	4.3
	other	13	2.6	90	3	51	2.6	67	7.7	44	7.3	265	3.8

Data on the place of residence are reflected in the data on pupils' family situation. Students from two-parent families constituted the prevailing group - 81.2%. This data is presented in table 5.

Table 5.  
*Students' family situation*

Family situation		Type of school											
		Primary School Form 1		Primary School Form4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools		In total	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	Two-parent family	1630	82.6	3687	80.5	2902	82.4	1489	81.6	1071	78.3	10779	81.2
	One of the parents is not alive	20	1.0	111	2.4	131	3.7	76	4.2	75	5.5	413	3.1
	Parents in separation or after divorce	177	9.0	533	11.6	426	12.1	237	13.0	199	14.5	1572	11.8
	Other	147	7.5	247	5.4	64	1.8	23	1.3	23	1.7	504	3.8
2018	Two-parent family	407	80.1	2389	80.5	1597	81.9	731	83.3	477	79.6	5601	81.2
	One of the parents is not alive	10	2.0	187	6.3	52	2.7	31	3.5	26	4.3	306	4.4
	Parents in separation or after divorce	48	9.4	260	8.8	264	13.5	108	12.3	88	14.7	768	11.1
	Other	43	8.4	131	4.4	36	1.8	8	0.9	8	1.3	226	3.3

About half of the students had one sibling. One third of the examined population (35,1% in 2017 and 33.5% in 2018, see table 6) had two or more siblings.

Table 6.  
*Siblings among the examined students*

Sibling		Type of school											
		Primary School Form 1		Primary School Form4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools		In total	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	none	373	18.9	743	16.2	455	12.9	317	17.4	190	13.9	2078	15.7
	one	1078	54.6	2295	50.1	1713	48.6	862	47.2	568	41.5	6516	49.2
	two or more	488	24.7	1540	33.6	1355	38.5	646	35.4	610	44.6	4639	35.1
2018	none	97	19.1	467	15.7	278	14.3	139	15.8	74	12.4	1055	15.3
	one	269	53.0	1531	51.6	1019	52.3	441	50.2	268	44.7	3528	51.2
	two or more	132	26.0	969	32.7	652	33.5	298	33.9	257	42.9	2308	33.5

Most students declared their mothers completed higher or secondary education. A significant percentage of (30.7% in 2017 and 27.9% in 2018, see table 7) were not able to determine the level of the parent's education.

Table 7  
*Mother's education among the examined students*

		Type of school											
Maternal education		Primary School Form 1		Primary School Form4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools		In total	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	higher	528	26.7	1231	26.9	1200	34.1	791	43.3	256	18.7	4006	30.2
	secondary	378	19.1	634	13.8	702	19.9	508	27.8	463	33.8	2685	20.2
	vocational	186	9.4	597	13.0	512	14.5	323	17.7	390	28.5	2008	15.1
	primary	46	2.3	233	5.1	127	3.6	29	1.6	55	4.0	490	3.7
	I do not know	836	42.4	1883	41.1	982	27.9	174	9.5	204	14.9	4079	30.7
2018	higher	145	28.5	920	31.0	730	37.5	405	46.1	119	19.9	2319	33.6
	secondary	105	20.7	428	14.4	425	21.8	250	28.5	192	32.1	1400	20.3
	vocational	45	8.9	375	12.6	260	13.3	136	15.5	176	29.4	992	14.4
	primary	15	3.0	145	4.9	60	3.1	18	2.1	29	4.8	267	3.9
	I do not know	198	39.0	1099	37.0	474	24.3	69	7.9	83	13.9	1923	27.9

Also in the case of father's education, over 30% of pupils did not have information about their father's level of education. Dominating number of declarations stated higher and vocational education (see table 8).

Table 8  
*Father's education among the examined students*

Paternal education		Type of school											
		Primary School Form 1		Primary School Form4 to 6		Middle school		Comprehensive secondary schools		Technical secondary and vocational schools		In total	
		N	%	N	%	N	%	N	%	N	%	N	%
2017	higher	333	16.9	1023	22.3	889	25.2	541	29.6	171	12.5	2957	22.3
	secondary	303	15.3	569	12.4	642	18.2	477	26.1	399	29.2	2390	18.0
	vocational	303	15.3	826	18.0	774	22.0	514	28.2	496	36.3	2913	22.0
	primary	40	2.0	163	3.6	107	3.0	44	2.4	51	3.7	405	3.1
	I do not know	995	50.4	1997	43.6	1111	31.5	249	13.6	251	18.3	4603	34.7
2018	higher	92	18.1	770	26.0	529	27.1	286	32.6	83	13.9	1760	25.5
	secondary	86	16.9	415	14.0	405	20.8	239	27.2	161	26.9	1306	18.9
	vocational	56	11.0	495	16.7	389	20.0	244	27.8	247	41.2	1431	20.7
	primary	14	2.8	99	3.3	50	2.6	18	2.1	21	3.5	202	2.9
	I do not know	260	51.2	1188	40.0	576	29.6	91	10.4	87	14.5	2202	31.9

In the group of parents covered by the studies, women constituted the majority - 86,6% in 2017 and 82.6% in the second stage (see table 9).

Table 9  
*Sex of the examined parents*

		Year of examination					
		2017		2018		In total	
		N	%	N	%	N	%
Sex	M	144	13.4	73	17.4	217	14.5
	F	932	86.6	347	82.6	1279	85.5

Primary school pupils' parents represented the largest group among the tested parents, in 2017 this group comprised 65.1% of all tested parents. In the year 2018 mainly parents of middle school students and technical and vocational schools students' parents took part in the diagnosis (table 10).



Table 10

*Type of school, attended by the children of the examined parents*

		Year of examination				In total	
		2017		2018			
		N	%	N	%	N	%
Type of school	Primary School I-VI	700	65.1	45	10.7	745	49.8
	Primary Schools VII and middle schools	173	16.1	182	43.3	355	23.7
	Technical and Vocational	70	6.5	178	42.4	248	16.6
	Comprehensive secondary schools	133	12.4	15	3.6	148	9.9

Questionnaires for school employees were mainly filled in by women (86% of the examined population). Men constituted 14% of the total number of employees (table 11).

Table 11

*Sex of the examined school staff*

		Year of examination					
		2017		2018		In total	
		N	%	N	%	N	%
Sex	M	157	12.7	105	16.4	262	14.0
	F	1079	87.3	535	83.6	1614	86.0

As in the case of parents, most represented group were primary schools and middle schools employees (71.1% people, see Table 12).

Table 12

*The type of school in which the examined persons were employed*

		Year of examination					
		2017		2018		In total	
		N	%	N	%	N	%
Type of school	Primary Schools and middle schools II-III	892	72.2	399	68.8	1291	71.1
	Technical and Vocational	47	3.8	53	9.1	100	5.5
	Comprehensive secondary schools	112	9.1	44	7.6	156	8.6
	Teams of schools	185	15.0	84	14.5	269	14.8

Mainly teachers were covered by the diagnosis (80.4% of the employees, table 13). The representation of other employees did not exceed 10% and pedagogists or psychologists were the largest subgroup (8.1% of the examined population).

Table 13

*The work position of school employees*

		Year of examination					
		2017		2018		In total	
		N	%	N	%	N	%
Job	Teacher	1017	82.3	491	76.7	1508	80.4
	Librarian, educator in school day-care center	67	5.4	30	4.7	97	5.2
	Pedagogist/psychologist	89	7.2	63	9.8	152	8.1
	Administrative worker	14	1.1	9	1.4	23	1.2
	Principal/ manager	49	4.0	47	7.3	96	5.1

Simultaneously with the study on preventive intervention demand, an evaluation process of the preventive programme implemented in the school was conducted. The group of students who evaluated the programme counted in total 4419 persons (see Table 14). The secondary school students constituted the least represented subgroup. In other types of schools the number of the examined students ranged between 1200 to 1600 persons.

Table 14

*Students participating in the research evaluation process*

Sex		Typ szkoly								In total	
		Primary School Form4 to 6		Middle school		Technical secondary and vocational schools		Comprehensive secondary schools			
		N	%	N	%	N	%	N	%	N	%
2018	M	625	49.3	783	49.6	674	53.4	99	31.9	2181	49.4
	K	643	50.7	796	50.4	588	46.6	211	68.1	2238	50.6

The group covered by the project research comprised also the participants of focused interview sessions. The interviews similarly to the diagnosis of intervention demand were conducted in two stages - in the school year 2016/2017 and 2017/2018. The aim of the interviews was the diagnosis of preventive action quality determinants. Table 15 shows the participants of focused interview sessions, in the total number of 20. Some participants were tested in the subgroups distinguished based on internal differentiation: students and parents at the various stages of education and types of schools. To diagnose changes, the interviews were conducted twice, one year apart.

Table 15

*Participants of group focused interviews conducted in the year 2017 and 2018*

<b>Participants</b>	<b>N</b>	<b>Place of interview</b>
Psychologists and school educationalists	16	Lublin, Szczytno
Parents of pupils from different types of schools	16	Lublin, Pulawy
Authorised representatives for prevention and addiction problems solving	16	Wroclaw, Olsztyn
Preventive intervention implementers	16	Wroclaw, Olsztyn
Psycho-pedagogical clinics employees	16	Lublin, Szczytno
School principals	16	Lublin, Pulawy
Inspectors from Education Office	16	Lublin, Cracow
Teachers	16	Cracow, Pulawy
Students of the different types of schools	32	Lublin, Gdansk

Each interview was conducted in the group of eight participants. Places where interviews took place were selected in compliance with the objective of diversity resulting from the methodology of the research population selection adopted in the project. The most internally diversified group were the students. Primary school pupils including the 7th form, secondary school, technical and vocational school students submitted their opinions.

The sample was randomly selected using multistage stratified cluster sampling technique, including the stage of education and location of the school (town-village) strata on the basis of data from GUS. Sampling units were the school and the class. The representativeness of the sample is not complete, however, due to the necessity of concluding contracts with schools for longitudinal research, leading to the arbitrary decisions of school principals, to whom such cooperation was offered. At the same time the changes in the educational system concurrent with the research implementation, excluded some schools and classes from the research dependent on the size of the school which resulted in the frequent of small schools dropping from the second measurement. The total number of the study population, the sample structure and its territorial representativeness are, however, similar to other social studies conducted in Poland in recent years, e.g.:

- a) 13960 students from ten provinces studied jointly in the years 2010-2014, including 11055 in form II of secondary junior schools (Grzelak i in., 2015);
- b) 6296 pupils in form III of junior secondary schools (3526) and form II of secondary schools (2770) from 9 provinces and four cities in the weighted sample (Sierosławski, 2015)(Sierosławski, 2015);
- c) 761 pupils form III junior secondary schools from three Warsaw districts analyzed in 2016 (the so-called Mokotowskie research, previous sample tested in the four-year cycle counted respectively: 1471, 1229 and 1004 pupils) (Ostaszewski i in., 2017)(Ostaszewski i in., 2017).

It should also be emphasized that, the compared studies had a cross-sectional not longitudinal character. Against this background, data collected in the course of this study preparation are unique in the scale of the existing national research pertaining to prevention issues. In particular, broad inclusion of adult school representatives groups is worth emphasizing as well as a number and a wide range of measurement tools.

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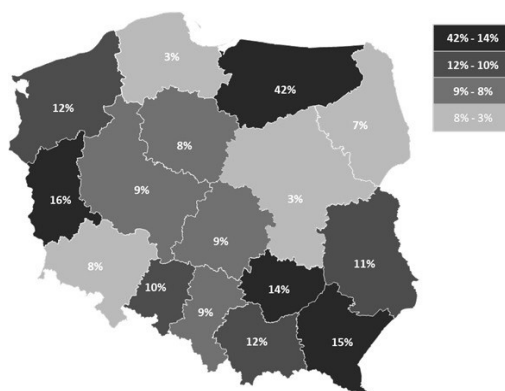
## 2.3. Research results

Antoni J. Jeżowski

### 2.3.1. Economic-organizational and legal-- administrative determinants of effective health promotion and prevention in Poland

The study was conducted in over 350 schools in more than 250 locations. The municipalities were divided according to their functional type. On the one hand, this division takes into account a spacious arrangement - the impact of major urban centres upon the life of the inhabitants of numerous cities and municipalities. On the other hand, it takes into consideration natural resources and infrastructure resources of municipalities that have an influence on the life of their residents, including also their absence, functioning in quite a traditional and stagnant environment, which separates them from both development and degenerative factors. By allocating the municipalities, where the research was conducted, 26 cities with district rights were ultimately described, 36 municipalities within an agglomeration area, 32 towns outside a metropolitan area, 5 industrialized municipalities, 69 municipalities constituting former state-owned farms, the so called PGRs, 25 mixed agricultural municipalities and 81 typically rural municipalities<sup>2</sup>. At the same time more than a dozen villages were not included in a particular municipality, because their names were duplicated.

The municipalities embraced in the study, equal 10.77 % of all municipalities in Poland. At the same time, the median of results with regard to provinces is equal to 9.43, which means that half of the provinces were represented in the study by more than 9.43% municipalities of a province, and the other half by less.



*Choropleth map 1. Territorial distribution of the municipalities' representation by provinces, in which the study was conducted. Source: own compilation.*

#### The number of residents in municipalities

<sup>2</sup> Classification of municipalities according to: Herczyński J. (2012). Educational indicators Biblioteczka Oświaty Samorządowej. ed. ICM, Warsaw, pp. 56-59

The municipalities included in the study were characterized by a varied density of population. One fourth of the municipalities had a population density from 22 to 50 inhabitants per 1 km<sup>2</sup>, half of the municipalities were inhabited by residents where the population density ranged from 50 to 229 inhabitants per 1 km<sup>2</sup>, while a quarter of the municipalities had this density in the range of 229 up to 3,372 persons per 1 km<sup>2</sup>.

Judging by the analysis of the indicators of this measure, one may draw conclusions about a larger or smaller spatial proximity of inhabitants in settlements, which on the one hand may result in local tensions or, under favourable conditions, succumbing to patterns which are not always socially acceptable. On the other hand, there is lesser anonymity, which may be conducive to stigmatization of antisocial behaviours and attitudes.

In the scale adopted on the graph, the difference in the density of the population of municipalities from 2nd, 3rd and 4th quartile was hardly noticeable. The first quartile clearly illustrates the span of the density, which might be significant in statistical, sociological, and possibly pedagogical analyses.

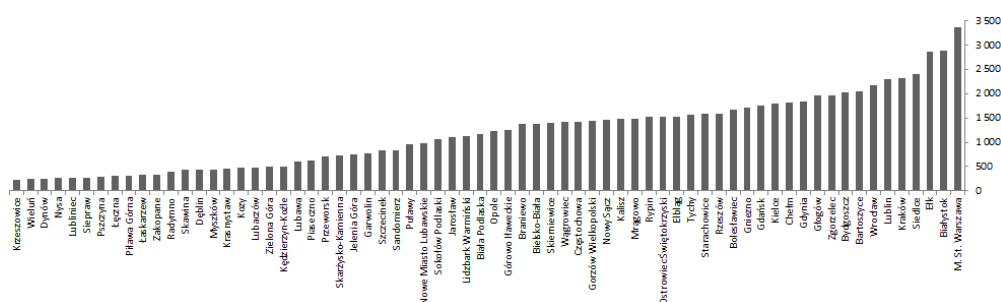


Figure 1. Population density in the municipalities selected from 1st quartile under the study. Source: own study based on the Central Statistical Office data

## Material and intellectual factors: intellectual potential of councillors

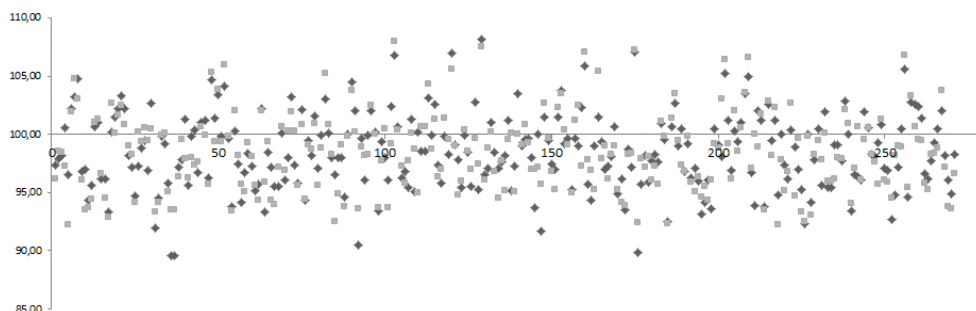
Against the background of choices made in the country, the inhabitants of municipalities, where the research was carried out, selected by far a higher percentage (when compared to the national average) of councillors who had university background. In these municipalities 2,350 councillors out of 4,725 had a diploma of higher education (49.74%). This indicator is significantly higher (by 12%) than the national average. Thus, it can be assumed that the awareness of determinants and social consequences in these councils was greater. Among 274 municipalities, with the exception of two, there was not a single councillor with a university diploma. It is also the lowest indicator registered in the municipalities covered by the study. At the same time the highest indicator equalled 96.4% with the median of 42.9% (national = 33.3%). In one quarter of the municipalities, the indicator did not exceed 26.7% (national = 20.0%), and in three-quarters - 60.0% (national = 47.6%).

## The adolescents' attitude to school education in municipalities covered by the study

The results of junior school examinations, restricted to the results of the Polish language and mathematics exams, were analysed. One of the arguments in favour of such an approach, among others, is the fact that it is universal in the scale of the whole country. It is necessary to establish the final result at the level of 100, where any aberrations signal the students' potential. The second argument is the fact that the examination is conducted in municipalities (the secondary school-leaving examination takes place in counties). Finally, the third published argument is not incidental in its character. It consumes the averaged students' results of the last three years, which largely enhances its objectivity.

A parallel analysis of the junior high school examination results shows that in municipalities which are covered by the research, the highest results were obtained by students from municipalities of different sizes and in different locations. It is important that these are the results ranging from 105 to 108 points. The leaders in both subjects are the students from Krakow, Lublin, Opole, Piaseczno, Rzeszów, Sieprawia, Warsaw and Wrocław. Simultaneously, a group of municipalities with the poorest results is rather small in size. The median of the results of municipalities (not students!) from both subjects equalled 98.3 points, and was therefore below the national average by 1.7 points. With great caution, one may assume that the average student in the municipalities in question was slightly "weaker" than the average student in a junior school in the whole country. This type of a supposition would require a more detailed analysis.

The graph vividly and convincingly illustrates the distribution of results for 273 municipalities (one of the investigated municipalities does not have its own junior high school). It is evident that most of the tags are below the line which marks the national average, i.e. 100 points.



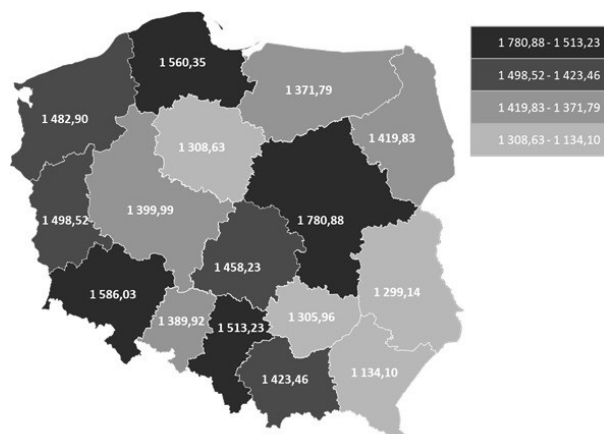
*Figure 2.* Distribution of results of a junior high school exam in the Polish language and mathematics in the years 2015-2017 in the municipalities under the study.

Grey colour - Polish language, black colour - mathematics

Source: own compilation based on data from the website [www.ewd.edu.pl](http://www.ewd.edu.pl)

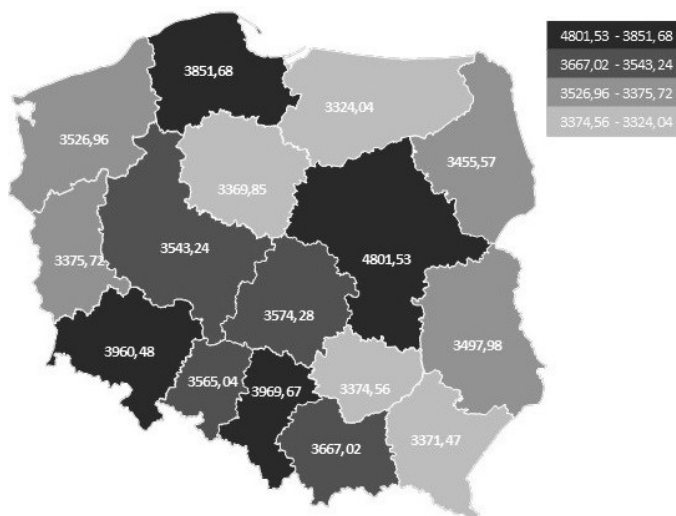
## Material status of families in the municipalities covered by the study

A disposable income is the sum of a current income of households from various sources, reduced by the value of taxes as well as social security and health contributions. It includes monetary and non-monetary incomes. The income is intended for expenses and an increase in savings.



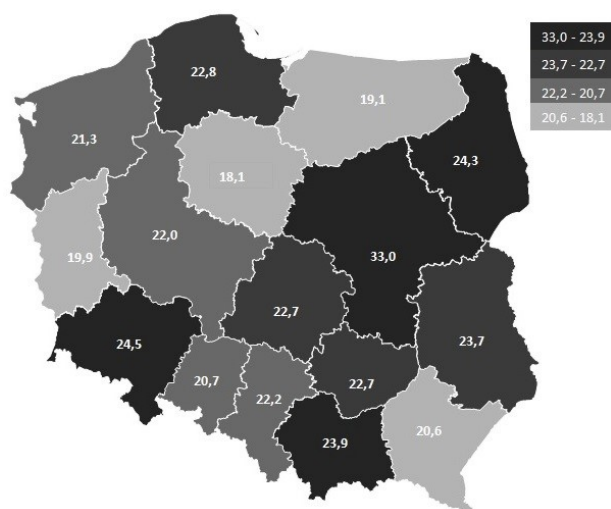
*Choropleth map 1.* Average monthly disposable income per-capita in 2016 by provinces. Source: own study based on the Central Statistical Office data

Such an average income in Poland, in the exemplary year 2016, equalled 1,474.56 PLN, whereas its spread ranged from 1,134.10 PLN (Podkarpackie province) and 1,780.88 PLN (Mazowieckie province) - in the latter case it was 64% higher. Obviously it is also necessary to take into account the cost of living, although it considerably exceeds the framework of this study. The median for provinces amounted to 1,421.65 PLN, which means that in municipalities of eight provinces the income was higher, and in municipalities of eight provinces it was lower than the median.



*Choropleth map 3.* Average monthly gross remuneration provinces in 2016. Source: own study based on the Central Statistical Office data.





*Choropleth map 4.* Percentage share of persons aged 15-64 with higher education by provinces in 2014 . Source: own study based on the Central Statistical Office data.

Another category which describes the economic potential of families is the average labour wage, which amounted to 3,907.85 PLN, in Poland in the year 2016. In individual provinces, the values ranged from 3,324.04 (Warmińsko-Mazurskie) and 4,801.53 PLN (Mazowieckie), in which the spread had a coefficient of 69%. The inhabitants' potential is described by the percentage of people aged 15-64 with higher education, which for the entire Poland in 2014 was equal to 23.8%. In the case of the Dolnośląskie and Mazowieckie provinces, the high value of this measure corresponds to the highest values of the inhabitants' earnings. One can observe quite a strong relationship ( $R^2 = 0.74$ ) (correlation) between higher education and a monthly pay of its residents. In fact it is not a causative factor (an increase in education does not necessarily indicate an increase in pay), however, it signals a very interesting social phenomenon and presumably a noticeable improvement in the quality of life of its residents.

### **Economic determinants: the value of contracts with the European Union**

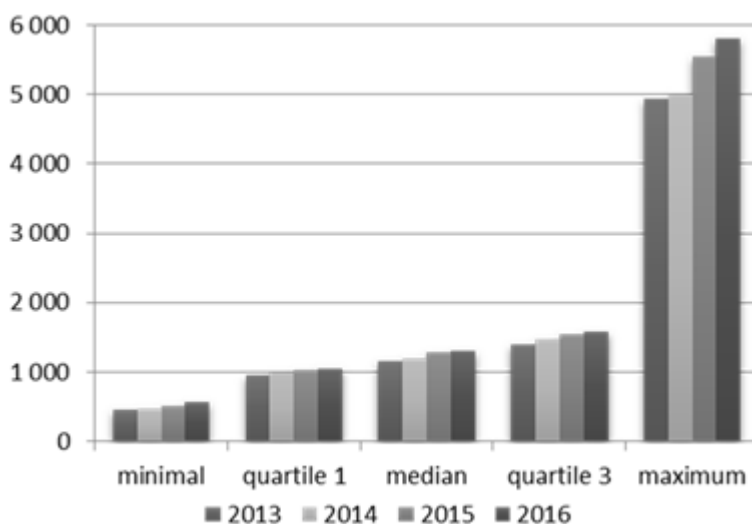
The involvement of the local authorities in the acquisition of EU funds is dependent on a number of frequently complex factors. Undoubtedly, it is possible to cite numerous circumstances, because of which the local authorities decide to take the initiative. The current period of funding within operational programmes of the European Social Fund and others, covering the years 2014-2020, is a good pretext for analyses and comparisons, although for the present analysis the year 2015 was adopted.

Featuring an enormous potential, also in the above-mentioned ranges, Warsaw acquired more than 40 thousand times more funds than the last ranked municipality in the analysed period. The median for the presented values for all municipalities equalled, on average, over 81million PLN. One fourth of the municipalities raised the sums between 855 thousand PLN and 28 million PLN; the richest quarter raised the resources between 260 million and 35 billion PLN, which means that half of the municipalities, located in the central part of the collation, raised between 28 million and 260 million PLN. The spread calculated by the amounts is large. It is a fundamental issue how these means served the inhabitants and how the implemented projects contributed to the quality of life in the long run: whether they contributed to building attitudes which might

support the environment endangered by social maladjustment or already characterised by such qualities.

### **The potential of own revenues of municipalities *per-capita***

Own revenues of municipalities *per-capita* (the most important are taxes and local fees) in the years 2013-2016 prove municipal governors' thrift, although they are also a measure of abundance of the inhabitants of the municipalities. The effect on the amount of revenues in a municipality is resultant of the policy on determining the tax rates, which by assumption takes into account capacities of the inhabitants, attracting rich inhabitants, their resourcefulness and initiative. The chart shows that, in this respect, only twelve municipalities are in the lead, and that there are thirteen municipalities with the lowest own revenues *per-capita*.



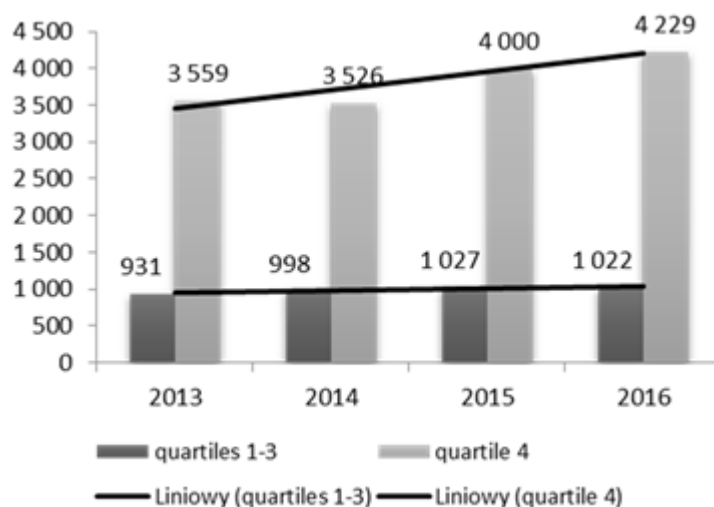
*Figure 3.* Distribution of the quartiles' ranges of own municipal revenues per-capita in the years 2013-2016. Source: own study based on the Minister of Finances and Central Statistical Office data.

The municipalities classified in the fourth quartile "earned" four times more than the treble number of municipalities grouped in quartiles 1, 2 and 3, within their own revenues, calculated per-capita in individual years. The spread between the significant majority of municipalities with an average potential tax places many municipalities in a disadvantaged position. It overlaps social determinants - human and social resources, inheritance of a great deal of unfavourable social phenomena, which on the principle of resonance, induces adverse phenomena, also in the environment of children and adolescents. The system of a financial support for municipalities, which are economically weak, is based on including an indicator of own revenues.

The basis for the calculation for a municipality with the lowest own revenue *per-capita* in 2016 and the value of sums of the compensation subvention, paid out from the state budget, were revenues in the year 2014. In 2016, the highest compensating subvention equalled 21,19,297 PLN, whereas the lowest one was 11,750 PLN, with the average equal to 2,618,120 PLN. Eventually, the municipalities with the lowest own incomes calculated per one inhabitant were not beneficiaries of the highest amounts of the subventions. It must be remembered that the number of the inhabitants in a

municipality effects the size of the compensation subvention. Among other things, it had an impact on the fact that also the municipalities, which were included into the wealthy ones, received significant amounts within the component, in this year.

Figure 4 illustrates another important quality of more affluent municipalities - their own revenue indicator calculated per-capita (to some extent, illustrated by the trend line), at least during the analysed period, grows more "steeply"; the dynamics of their development is faster, the income scissors *per-capita* in relation to the indicators of the same measure calculated for the less prosperous municipalities open up. To some degree, this peculiarity is levelled by the existing legal regulations. However, the fact of differentiating the potential and the possibility of financing a number of useful, though sometimes locally-restrained programmes and projects, is determined considerably by the economic situation.

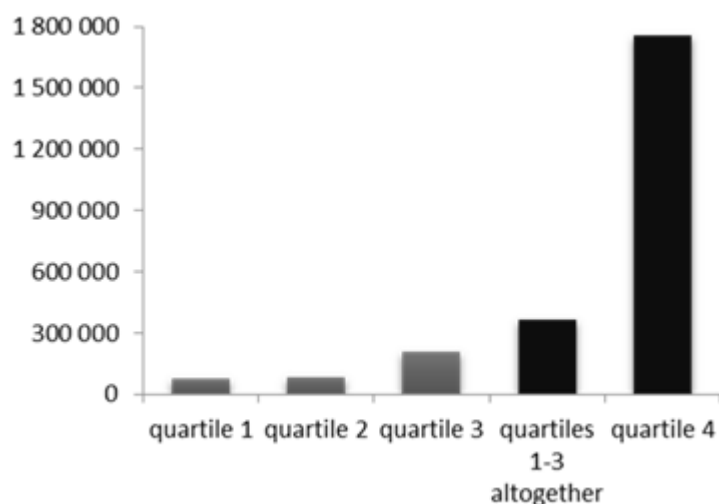


Legend: liniowy = linear

Figure 4. Total sum of own revenues *per-capita* in all municipalities included in quartile 1, 2 and 3 and the sum of revenues *per-capita* in municipalities included in quartile 4. Source: own study based on the Minister of Finances and the Central Statistical Office data.

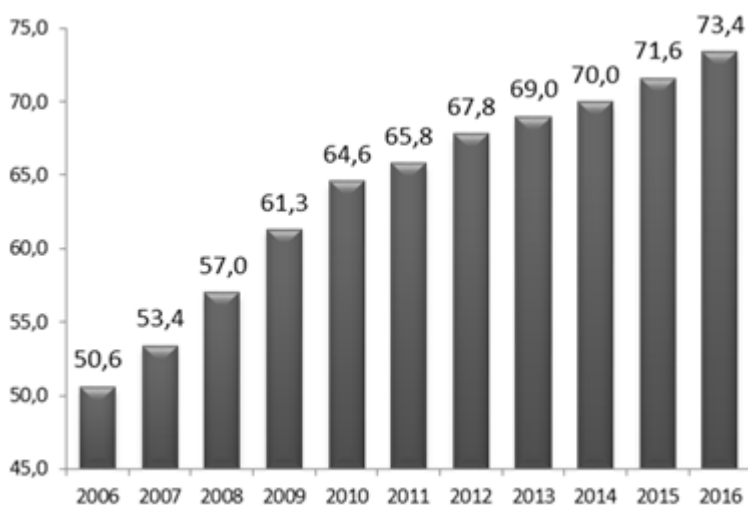
### Total revenue (including paragraph 048)

The revenues of the wealthiest municipalities are counted in billions PLN, while of the poorest ones in the maximum of tens of millions. In 2016 the most resourceful municipality had a budget almost 180 times greater than the poorest one. One quarter of the municipalities had budgets between 13 and 90 million PLN, some other 25% between 90 and 175 million, still others between 175 and 380 million, and the last one ranging from 380 million to 2.1 billion PLN.



*Figure 5.* Municipal revenues in 2016 and their distribution by quartiles. Source: own study based on the Ministry of Finances data.

The total value of the budgets of the municipalities under the study assigned to quartiles 1-3 was almost five times less than those of the last quartile. This part of the analysis shows significant disparities between the majority of less wealthy municipalities and a great minority of wealthy municipalities. Often the poor financial situation continues and the local communities will find it difficult to eradicate the relative poverty, while growth and development have a chain reaction. Putting a municipality on the growth trajectory brings successive growth. This can give rise to rather worrying conclusions for persons dealing with different problems which stem from an average or poor financial position of municipalities and their inhabitants. Thus, it would be reasonable to strengthen such environments with substantial external funds.



*Figure 6.* Revenues of municipalities covered by the programme with regard to fees for the liquor licence (paragraph 048). Source: own study based on the Ministry of Finances data.

The obtained municipal revenues of different types, correspond to liquor license revenues, because they are quite proportional. The measures are intended for the prevention of addictions to alcohol and drugs. At the same time, one needs to be aware that a portion of these means goes to various municipal agencies and *non-profit* organizations, operating in the widely understood area of treatment and prevention.

In 2016 within §048, all municipalities in Poland gained budgets amounting to 765.3 million PLN, while those covered by the project received 73.4 million PLN, i.e. 9.6% of the total amount.

The Law on Upbringing for Sobriety and Counteracting Alcoholism<sup>3</sup> in Article 41 imposes a number of tasks related to the prevention and dealing with alcohol abuse as well as the social integration of people addicted to alcohol. Additional means were provided from fees for alcoholic beverages retail sales concessions. These revenues can be exclusively used on realising tasks arising from municipal programmes of prevention and resolving alcohol-related problems (Section 85154 of budget classification) and municipal programmes against drug activities (85153), as well as the execution of the tasks undertaken by day-support centres.

### **Total expenditure on educational and prevention tasks (including prevention of social maladjustment)**

In 2016 in the surveyed municipalities within Parts 801 and 854, the revenues amounted to 18.3 billion PLN, including educational childcare of 1.5 billion PLN. The volume of expenditure is determined by the number of students, and also by the organization of a school network, the amount of tasks and environmental factors.

The analysis of Part 854 and Section 85418 (Prevention and Reduction of the Effects of Social Pathology) over a period of 11 years showed that only in 58 municipalities in Poland, under this Section, the amount spent equalled barely 17.9 million PLN - out of this sum in 2016, only in 13 municipalities the amount of 657.8 thousand PLN was disposed. Such an insignificant interest in the financial problems within this Section may be surprising.

The municipalities in Poland allocated 40.8 thousand million PLN to counteract drug addictions; the municipalities included in the research spent 10.8 million PLN, to fight against alcohol abuse, a total of 647.8 million PLN in Poland, and in the municipalities covered by the research 227.7 million PLN. There were no municipalities that did not spend resources, even small sums, on counteracting alcohol abuse, however, at the same time in 2016 in Poland 351 municipalities did not allocate any funds to fight drug addiction, including 28 municipalities included in the research.

Finally one more observation: municipal revenues from awarding liquor licenses in 2016 amounted to 765 million PLN while their expenses equalled 689 million PLN. This paper is not devoted to the implementation of municipal budgets and acting in accordance with the law, yet.

### **Prevention funding and mitigation of pathology effects**

Public funds allocated directly to the financing of prevention and reduction of pathology effects in Poland are mentioned in Section 85418. In the years 2006-2016 within the framework of this Section, Polish local governments of all levels disbursed 17.9 million PLN. As for 11 budget years, the amount is negligible given that only in the

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<sup>3</sup> Journal of 2016, item 487 with amendments

year 2016 itself, a total of 219.3 billion PLN was spent. Only 58 local governments participated in the expenditures, which constitutes 2% of all.

The collation of the data shows that in the town group, the greatest expenditures were made by Mielec and Dzierżoniów, also by Brodnica, Nowa Ruda, Kraśnik and Mragowo. The very fact of noticing the problem and occasionally subsidizing it symbolically needs to be stressed. Among urban and rural municipalities, the greatest effort of financing the task was made by: Goleniów, Szamocin, Krzyż Wielkopolski and Czechowice-Dziedzice.

The problems related to the pathological behaviours were perceived only in 14 rural municipalities - only they allocated any funds for this purpose in their budget. The municipalities of Nagłowice and Wapno made the largest investments in solving various problems - both spent more than 74% of all the investments among the rural municipalities.

Among the towns with county status, significant expenditures were incurred by Grudziądz. Other municipalities had rather symbolic share in the expenditures under this Section. In the group of rural counties, a significant amount and the most systematic funding was made by the county of Świebodzin.

\* \* \*

When summarizing the results of the analyses, one may attempt to depict a typical Polish municipality, on the grounds of which the research was conducted (according to data of 2016). It is a municipality in the province of Warmia-Mazury, with a population density of 94 inhabitants per 1 km<sup>2</sup>. 22.5% of the population aged 15-64 had higher education, and in the municipality council there were 43% of university graduate councillors. The apartments were quite large, since the useable floor area was slightly more than 80 m<sup>2</sup>. Within one year the number of inhabitants was reduced by 14 persons. Its junior high school students passed the final examinations below the national average (98.3). The disposable income *per-capita* equalled 1,422 PLN and the average monthly payment was 3,535 PLN. The municipality acquired 81.1 million PLN funds from the EU budget.

In the area of public finance, own revenues calculated per one inhabitant amounted to 1,310 PLN, whereas the calculated expenses per-capita were equal to 3,053 PLN. The municipality received the compensatory part of the general subvention in the amount of 2.6 thousand PLN. The total municipal budget revenues amounted to 175.3 million PLN, of which the liquor license equalled 175 thousand PLN. The municipality allocated 15 million PLN on education and 0.5 million PLN on educational care, 168 thousand on the prevention of alcoholism and 6 thousand PLN on dealing with the effects of drug abuse.

### **Legal-administrative determinants**

After 1990 in the Journal of Laws, over 150 laws and regulations were published, whose content contained the term "socially maladjusted" in various grammatical forms. The largest part of the regulations is derived from education; also from social care or penitentiary, administrative and statistical regulations, even budget law. Only eleven of them were issued in the last decade of last year, whereas the major part has been issued within the last 18 years. There are still 38 binding legal acts, that is a quarter of all.

The Act of 20 February 2015 amending the Educational System Act and several other acts<sup>4</sup> introduced a new Section 3a entitled: *Assessment, Classification and Promotion of Students in Public Schools*. It mostly contains regulations related to assessment, therefore, *At school [...] one teacher is additionally employed to co-organise the education of students with disabilities, socially **maladjusted** and likely to suffer from different **social maladjustments***<sup>5</sup>. A number of provisions concern the students of these specific groups, although all of them are related to the issue of assessing. The laws do not contain such complex regulations as, for example, the manner of treatment of such students or special prevention actions.

Mateusz Pilich (Pilich, 2015) in his commentary to the Educational System Act claims that the concepts of "disability" and **social maladjustment** are defined legally in a various degree - **social maladjustment** is a term derived from the language of psychology and social sciences (sociology, pedagogics, developmental psychology) of the discussed act. Disabled people, **maladjusted socially** and likely to suffer from **social maladjustment** - both in the physical and psychological sphere - have the same constitutional right to education as "able-bodied" students. In the school recruitment process these persons should be therefore treated equally with others. In the opinion of the author, a number of issues are governed by the regulation of the Minister of National Education of 24 July 2015 with regard to the conditions for organizing education, upbringing and care for handicapped children and adolescents, **socially maladjusted** and endangered<sup>6</sup>.

Regulating the issues related to the financing of such activities should also be mentioned. Despite the lack of necessary statutory regulations, the Minister of Education regulated the financial issues in the Regulation of 22 December 2003 on the manner of dividing the educational part of the subvention for local government units in 2004<sup>7</sup>. For the first time, the Regulation incorporated the weighted mean for students with such problems.

The Annex to the latest Regulation of the Minister of National Education of 15 December 2017 on the manner of sharing the educational part of the subvention for local government units in 2018 - the division algorithm of the education subvention for local government units for the year 2018<sup>8</sup> rules that the weighted mean equals  $P_4 = 1.4$ .

The introduction of an obligation of allocating all means for the tasks specified in the regulation necessitated an adaptation to new solutions, the so-called budgetary classification. In the Annex no 2 of 1 January 2018 to the regulation of the Minister of Finance of 2 March 2010 on a detailed classification of revenues, expenditures, incomes and expenses as well as means originating from foreign sources<sup>9</sup>, there are new resolutions which allow reporting that the subvention measures had been allocated for specific tasks. The new Sections are as follows: 80149, 80150, 80151 and 80152.

## Interschool regulations

The questionnaires for the respondents were supplemented with questions about internal school regulations, on which the school has a substantial influence (provisions in the Statutes and the relevant programme), on organizational resolutions, and primarily about

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<sup>4</sup> Journal of Laws of 2015, item 357

<sup>5</sup> *Ibidem*, art. 44h paragraph 4

<sup>6</sup> Journal of Laws of 2015, item 1113

<sup>7</sup> *Ibidem*, Journal of Laws of 2003 no. 225 item 2231

<sup>8</sup> *Ibidem*, Journal of Laws of 2017, item 2395

<sup>9</sup> *Ibidem*, Journal of Laws of 2014, item 1053, as amended.

the use of available pedagogical human resources and issues which concern funding tasks from external sources, targeted directly at the headmasters of the surveyed schools. In the group of 326 examined, the headmasters accounted for 15.3% (50 persons).

## Financing needs

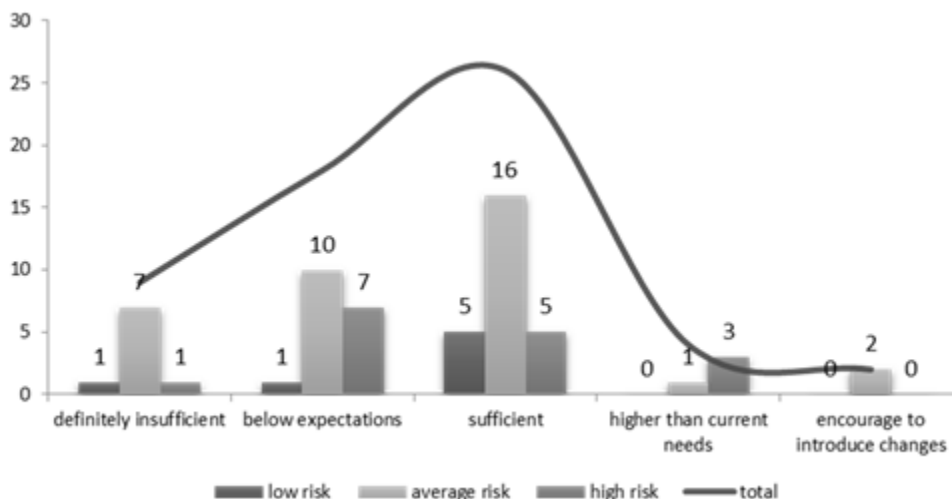


Figure 7. The ratio of expenditures on prevention in the school to the needs (evaluation of managerial staff) [persons]. Source: own study based on other research data.

The vast majority of respondents claim that the measures targeting the actions in the area of social maladjustment are sufficient (52%). At the same time in the field of average risk, they were evaluated as insufficient (36%), below expectations (20%) and sufficient (32%) by school headmasters. In the low-risk area, the evaluations were also low, although in the high-risk area, opinions were expressed that they were even higher than the current school needs. These are quite peculiar observations. At the same time it is worth noting that the graph for "altogether" is similar to the natural distribution, with a clear emphasis on negative opinions.

## Obtained funds and the range of activities

The vast majority of respondents (29) claim that the amount of resources is definitely insufficient, or below expectations (58.2%). Such responses were favoured by persons indicating the average risk. Opinions to the contrary were expressed by 20 respondents, among which the evaluators who assessed the risk of the occurrence of social maladjustment as average (40.4%) dominated again. The respondents assessed that the measures are insufficient, or definitely insufficient. No one expressed the opinion that the excess of measures may lead to the implementation of new actions in the investigated area.



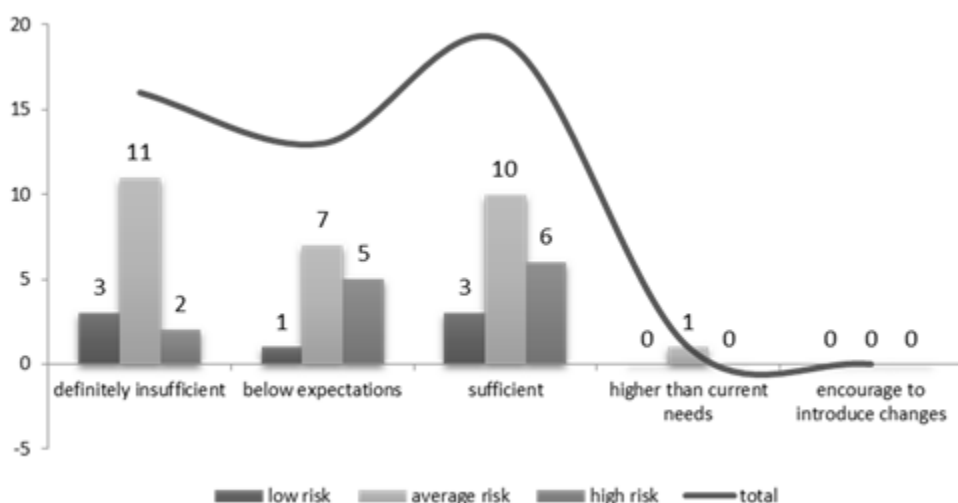


Figure 8. The ratio of expenditures on prevention in the school to the scope of executed tasks (evaluation of managerial staff) [persons]. Source: own study based on research data

### Recommended ways of funding preventive actions

38.3% of the examinees supported the mixed decentralized model, which is currently being implemented. At the same time 27.7% are prone to opt for the central model only and 12.8% exclusively for the local governments model. 14.9% expressed a conviction that preventive actions should be conducted by organizations other than school, and only 6.4% (three persons) were in favour of the distribution of public funds in the form of open competitions.

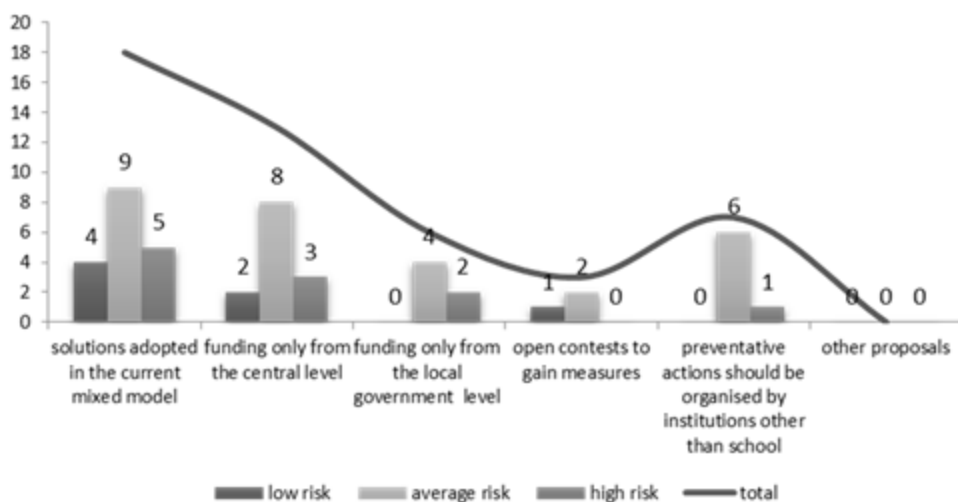


Figure 9. Desired model of financing prevention at school in the opinion of the managerial staff [persons]. Source: own study based on research data.

The respondents did not share any ideas as for other methods of distribution of public funds. One may wonder who, after the experiences of half a century of central

management in Poland, which led to the most serious social and economic crisis, believes that the central distribution of public resources can improve not only the distribution itself but will also enhance the efficiency of using them.

### Competences of a managerial staff with regard to using legal acts

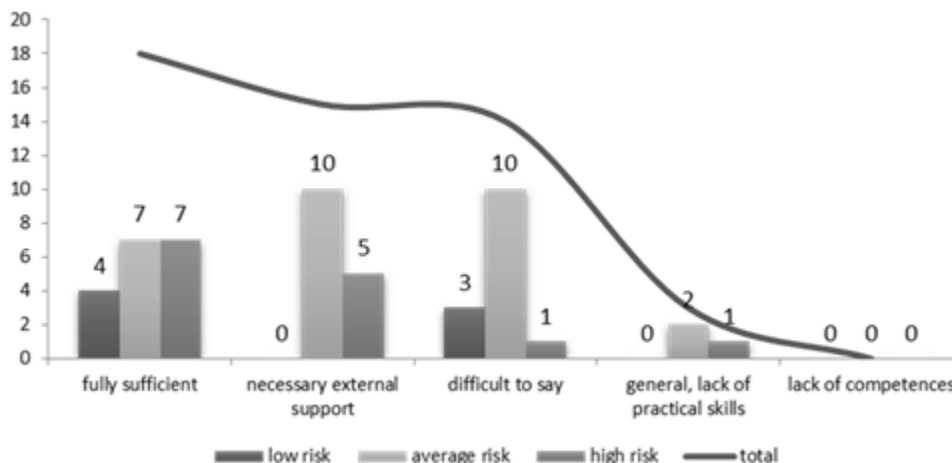


Figure 10. Competences of a managerial staff with regard to legislation concerning prevention actions (self-evaluation) [persons]. Source: own study based on research data.

18 persons (36%) highly rated their competences in the three risk areas. However, as many as 15 persons (30%), honestly admitted that they need external support. Interestingly, 28% (14 persons) had no opinion on this issue. Only 3 persons admitted that they had no practical skills in this area. Apparently this is not a striking number, yet it should be remembered that there are almost 28 thousand headmasters of schools and institutions (2014). 6% constitute almost 1,700 persons, which is a substantial number of persons. Meanwhile, none of the examinees admitted an absolute lack of competence in this area.

### Delegating the implementation of preventive actions to school staff

Judging by the collation of the findings, it is possible to conclude that most tasks in the field of social maladjustment prevention are entrusted to a psychologist or a school pedagogist (56.3% of indications). Another issue is whether this is done for the benefit or to the detriment of a problem resolved in such a manner. The role of these two persons at school is rather diagnostic. Their responsibility in this area should not be diminished. However, it seems that the role of teachers, particularly form tutors and pedagogists supervising the school common room is constantly disregarded. This area points to 1/3 of the respondents, and this size is probably underestimated, particularly that 10% of the respondents say that there are problems with the selection of personnel required to work outside the regular working hours. Moreover, there are serious problems with the selection of teachers who could have desirable qualifications or licences. A problem appears not only connected with educating teachers, but also with their career development for the needs of a specific school or a particular environment.

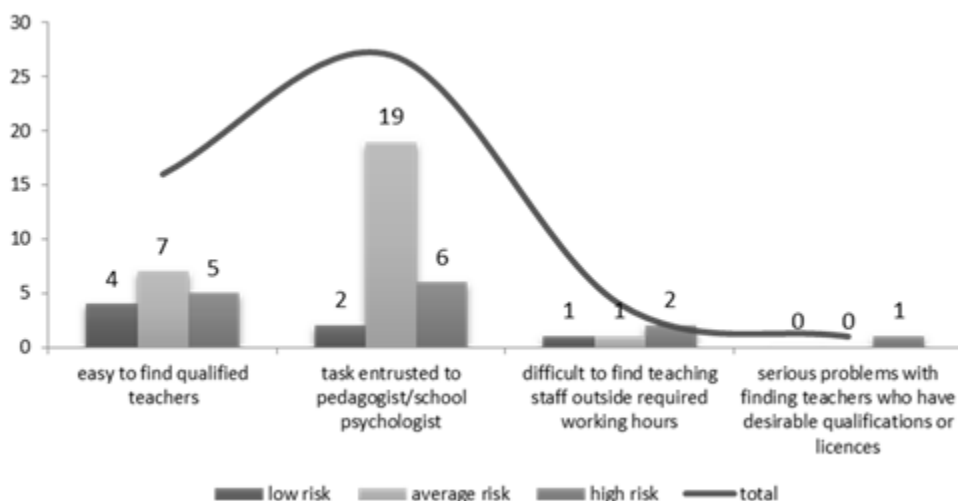


Figure 11. Competences of in-house preventive measures implementers (evaluation of managerial staff) [persons]. Source: own study based on research data.

### Entries in school statutes with regard to supporting students and their parents in the area of prevention

The survey was carried out before an obligatory duty to write and pass new statutes of primary schools, vocational schools and kindergartens in autumn 2017. It is worth mentioning that in the case of a school for children and adolescents, the school goals and tasks specified in the statute include an educational-preventive programme<sup>10</sup>. The programme is intended to include the contents and actions which are educational in their character, addressed to students, adjusted to the developmental needs of students and prepared based on a conducted diagnosis of needs and problems which occur in a given school community, addressed to students, teachers and parents. This provision does not apply to kindergartens<sup>11</sup>:

Half of the respondents (50%) declared that this is one of the school objectives with specified tasks in the area of social prevention. 22% believed that the provisions of such actions are included in the regulations concerning school organization; 14% claimed that such provisions are included in the regulations regarding the students' rights or can be found in other provisions of the statute. None of the headmasters responded negatively to the content of the question.

Generally, it should be noted that the examined headmasters, at least most of them, demonstrated the knowledge of the subject, provided reasonable answers, despite the shortcomings indicated above.

<sup>10</sup> art. 98 item 4 of the Educational System

<sup>11</sup> *Ibidem*, art. 26

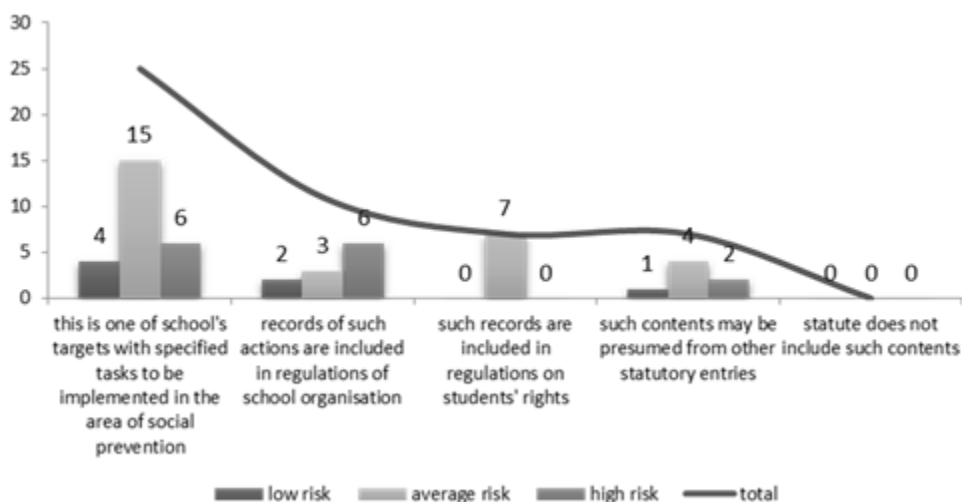


Figure 12. Support for prevention in the school statute (assessment of managerial staff [persons]). Source: own study based on research data.

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### 2.3.2. Socio-cultural determinants of effective health promotion and school prevention

Teachers and parents form the foundations of any preventive actions. For this reason, both parents and teachers were subjected to an examination. As in the case of students, the examination of adults was performed twice at an interval of one year. A careful analysis of the findings which were obtained with identical tools in the following year showed little variability of the examined attitudes and behaviours between the first and the second test. The results are almost identical in both attempts. It is understandable since the attitudes of adults and repeatability of behaviours is usually embedded and resistant to changes in such a short period of time. The fact that the results of both groups are so similar makes it possible to illustrate the issues on the basis of a repeated trial, i.e. the one mentioned in test I, on the assumption that the data presented are reinforced by the duality of the measurement that was mentioned.

#### Parents

**The group of parents** described in the division allows for an identification of three sub-groups: low, average and high risk, based on the principles indicated in the description of the method. It needs to be remembered that the criterion of forming the groups was: the incidence of observed high-risk behaviours in the immediate social environment as declared by parents, the declared incidence of high-risk behaviours at home, the attitudes towards risky behaviours of children and the incidence of impulsive behaviours in parents. 27% of people were qualified as the high-risk group. They most often observed high-risk behaviours, demonstrated impulsiveness and were most lenient with regard to high-risk behaviours in their children. The low-risk group is 27% of people declaring the above mentioned features at the lowest level. The persons with average findings were classified into the middle group.

**The group of parents**, characterized quantitatively in the description of the trial, is constituted by mothers in the first place (86.5%). In the trial, individuals in the first relationship dominated (79.9 %). There was a significant percentage share of persons with children, lonely (4.6%), divorced (7.5%), remaining in reconstructed relationships (5.8%). Only 1.6% were widows or widowers. The mentioned situations are considered to be increasing the individual risk, which was confirmed in the group of high-risk. It was observed that the lower was the parent's education, the more frequently they were in the risk group. A similar relationship can be detected when it comes to professional activity: a group of "low risk" declared "lack of employment" at 15.4%, whereas a group of "high risk" at the level of 18.6%. The statistical significance was equal to 0.05.

**Life satisfaction** is similar in the compared groups with general results presented in Table 1 and the detailed ones in Table 2. On average 60.5 % are "rather satisfied with life", and 27.6 % extremely satisfied. The indicators of "very satisfied" are falling steadily towards the high-risk groups.

Table 1.

*A general feeling of parents' satisfaction*

Low risk		Average risk		High risk		Total	
average	stand. dev.	average	stand. dev.	average	stand. dev.	average	stand. dev.
3.10	0.52	2.93	0.51	2.78	0.54	2.94	0.53

Source: author's own research.

It seems that this group is experiencing difficulties in life. In order to illustrate it, the authors have selected only the answer to the question "very satisfied" in Table 2. Strictly and directly negative indicators were disregarded since they occur seldom, mainly in the group of parents with high risk.

Table 2.

*Indicators of satisfaction with life*

	Low risk		Average risk		High risk		Total	
	N	%	N	%	N	%	N	%
relationships with family	135	46.1	212	41.1	84	30.0	431	39.6
relationships with friends	125	42.7	182	35.3	81	28.9	388	35.6
contacts with teachers	94	32.1	147	28.5	64	22.9	305	28.0
spending free time	95	32.4	115	22.3	52	18.6	262	24.1
job position	85	29.0	107	20.7	42	15.0	234	21.5
career opportunities	74	25.3	81	15.7	29	10.4	184	16.9
ideas about the future	65	22.2	55	10.7	24	8.6	144	13.2

Source: author's own research.

**The degree of self-control** was investigated using indicators such as: the level of careful planning; impulsive and thoughtless action; difficulty in focusing attention; control; concentration; consideration; speaking without thinking; acting on the spur of the moment. The differences between groups were statistically significant ( $p < 0,00 - p < 0,05$ ). Table 3 presents the findings (BIS scale).

Table 3.

*Self-control - impulsiveness of parents (1-4: low - high results)*

	Low risk		Average risk		High risk		Total	
	average	stand. dev.	average	stand. dev.	average	stand. dev.	average	stand. dev.
A	3.37	0.49	3.25	0.54	3.03	0.56	3.23	0.55
B	1.56	0.45	1.70	0.44	1.80	0.48	1.69	0.46

Source: author's own research. A-Self-control, B- Impulsiveness in scale from 1 to 4.

This result is both relevant and worrying with regard to the basic restrictions of proper educational actions.

**Contact with children** covers all aspects describing relationships between children and their parents. They form a clear image, as shown in Table 4.

Table 4.

*Spending time with children*

	Low risk		Average risk		High risk		Total	
	N	%	N	%	N	%	N	%
never	3	1.0	5	1.0	8	2.9	16	1.5
several times a year	41	14.0	82	15.9	49	17.5	172	15.8
several times a month	110	37.5	208	40.3	113	40.4	431	39.6
several times a week	139	47.4	221	42.8	110	39.3	470	43.2

Source: author's own research.

The result indicates a worrying distance between family members. In the group of high-risk, rare contacts ( "never" and "several times a year") are declared by up to 20.4% of the respondents. Moreover, percentage shares in which respondents declare that they spend time with their children "several times a month" are rather striking, as this seems to be a poor indicator of contacts: on average 39.6%. It is almost every other parent, regardless of the risk group. The importance of this factor was confirmed in the Icelandic project, referred to in Part I (Kristjanson, 2016); also in other projects (Fergus, Zimmermann, 2005; Ostaszewski, Zimmermann, 2006).

The results obtained in questions concerning conversations about school are similar in their character. On average, up 93.8% of parents talk about it with their children several times a week, compared to 84.9% of those "talking about other matters." Either school subjects are most important for parents or they face difficulties in an open and interesting communication with their own children, which is a space for a possible preventive intervention aimed at supporting parents. It can be clearly seen in Table 5 in responses to questions about common hobbies. It happens "several times a month" is the most common response given by 45.1% of respondents on average. However, there are parents who do not undertake such an activity.

Table 5.

*Frequency of indulging in common hobbies*

	Low risk		Average risk		High risk		Total	
	N	%	N	%	N	%	N	%
never	11	3.8	30	5.8	22	7.9	63	5.8
several times a week	88	30.0	132	25.6	63	22.5	283	26.0

Source: author's own research.



The above result illustrates the difficulties encountered by some parents as regards pursuing a shared hobby with their children. The higher the risk, the more seldom such invaluable behaviour occurs.

In the authors' judgement, quite high indicators are generated by the question concerning the frequency of making a joint decision. 77.2% of parents declare such situations as frequent. The belongingness to a high-risk group does not differentiate the result sufficiently. A surprisingly high number of parents from the high-risk group declare such situations as relatively frequent (73.2%). Almost half of the respondents indicate that the child often (several times a week) helps in important domestic chores (on average 46.3%). However, Pearson's chi-squared test only in the question about the participation of the child in decision making was reported as adequately statistically significant (chi square = 24.221, df = 6,  $p < 0.001$ ). In the other questions, one may only discuss tendencies.

At this point it is worth mentioning that so far the most effective preventive measures of proven effectiveness have been based on strengthening this factor (Strengthening Families Programs, experiments made by Professor. Zimmermann). The results suggest such a need also in Poland, especially that we possess an excellent programme "School for Parents and Educators (Sakowska, 2010). Unfortunately, its actual range is still limited, despite the efforts being made.

**Behaviour monitoring of children - parental control** is heavily emphasized in a successful Icelandic experiment (Kristjanson, 2016). In this research, on average 73.7% of parents claim that they "always" question their child about their peers, and that 18.7% "usually" ask about this matter, which means as much as 92.4% of questioning parents. The trends within individual groups are inconsistent, although high-risk group parents declare a slightly higher frequency of the inquiry.

Fewer parents inquire their children about spending money, on average 86.6%, which is the element associated with the availability of certain high-risk behaviours and should therefore be monitored. Similarly, parents often inquire about the child's plans, however this can be understood (on average 85.7%). An average of 87.8% parents "always" question about the reason for leaving the house (if the indication "usually" is added, this constitutes almost 97.3% - almost all parents). Asking the child about the place they are staying at is declared by 94.9% ( $p < 0.001$ ). The above indicators seem to be optimistic.

The educational aspirations (of children) were also dealt with. The majority of the respondents (78.1%) pointed to higher education as the optimal level of educational expectations of their children. In the high-risk group, the aspirations are slightly lower (74.6%). Taking into consideration the fact that school success is generally a protective factor, one may wonder if part of the high-risk group parents do not give up their aspirations too quickly.

**The patterns of high-risk behaviours** reported by parents as environmental and family observations of dysfunctional behaviour, which reach the children, was one of the foundations of distinguishing parental groups - low, average and high risk. Table 6 compares 3 groups of responses to the question about **the lack of** occurrence of a certain behaviour in a home environment (answer "it never occurs").

Table 6.

*Family patterns of high-risk behaviours. The category "it never occurs"*

	Low risk		Average risk		High risk		Total	
	N	%	N	%	N	%	N	%
smoking tobacco	244	83.3	296	57.4	66	23.6	606	55.6
alcohol excessive	134	45.7	70	13.6	12	4.3	216	19.8
alcohol abuse	252	86.0	264	51.2	46	16.4	562	51.6
verbal aggression	262	89.4	309	59.9	62	22.1	633	58.1
physical aggression	286	97.6	475	92.1	183	65.4	944	86.7

Source: author's own research, selection. Statistical significance of chi test - square in all categories of  $p < 0.05$ . Pearson's chi squared test, successively: 270.980; 304.799; 354.334; 353.203; 176.367. All  $df = 12$ .

The result demonstrates an urgent need for universal social environment changes in Poland. It also demonstrates an urgent need to increase job opportunities in the framework of selective prevention – for higher risk groups. **In conclusion, life in the family with an alcohol problem, amidst a tobacco smoke and in the atmosphere of violence is the biggest challenge for the development of adolescents.** This is a sad part of the Polish social reality. The principle which was discussed in the theoretical part: **the effectiveness of prevention is closely associated with the behaviour of adults who surround the students.** If there are norms which tolerate or even recommend a certain type of behaviour - one should not expect positive long-term results of a preventive action.

The parental approval of high- risk behaviours of the children's peers is another factor that lies at the bottom of distinguishing extreme groups of parents. In the low risk group, 87.4% of persons negatively evaluate tobacco smoking, in the average risk group - 69.8%, whereas in the high-risk group - 52.9% (on average 70.2%). A similar trend can be observed with regard to alcohol. A negative assessment of drinking water by children's peers is demonstrated by 91.8% in the low-risk group, 77.9% in the average group and 61.8% in the high- risk group (on average 77,5%). Even with regard to becoming drunk by the child's peers: the negative assessments of this behaviour are as follows: low risk - 98%, average - 89.7%, and high-risk - 75% (on average 89.2%). Interestingly, the increased effect cannot be observed with regard to using designer drugs (new type of drugs). Here, parents are almost consistent in their opinions. Disapproval is expressed by 99.7% in the low-risk group, 96.1% in the average group and 87.9% in the high-risk group (on average 94,9%). Influential media reports suggest that the so-called designer drugs are more dangerous than, for example, alcohol or tobacco (which does not seem to be true). At the same time one may notice the importance of the so-called alcohol socialization practices in society. Something which is considered to be familiar is not regarded as dangerous. Meanwhile alcohol abuse is responsible for as many as 1/4 deaths of adolescents in the EU (Anderson, Baumberg, 2006), more than in case of drugs.

As for the use of cannabis by the children's peers, the persons from an increased risk group risk act with *laissez-faire*: it has negative assessments by 83.6%, at the average of 93.4%. The indicator of a negative assessment of possible sexual contacts is very noticeable in the children's peer environment. The percentage shares are as follows: 91.5%, 76.6%, 55% in the high-risk group (on average 75%). Specialists know the

interconnections of high-risk behaviours (Grzelak, 2015). In the group of high-risk, a negative assessment of verbal aggression is low (34.6% with the average of 60.9%). In the high-risk group, there is a disapproval of physical aggression - 62.9 % (on average 79.9%). All the results are statistically significant ( $p < 0.001$ ). In the high-risk group, risky behaviours are treated as rather "normal", which increases the risk of undertaking such behaviours by children.

The largest correlations among the recorded results were observed between family patterns of high-risk behaviours and exposure to environmental standards of such behaviour (0.427), conducive attitudes to such behaviours (0.258) and impulsiveness (0.142). A negative correlation occurred in the case of a general sense of satisfaction with life (-0.216) and a sense of development opportunities (0.214), all statistically significant on the level of  $p < 0.001$ . There is a pessimistic picture of a fraction of parents who have to cope with a difficult life situation, involving bad patterns with regard to alcohol and violence. Due to the fact that the majority of examined parents are women, it is possible to imagine a daily life of these families and understand why such phenomena as the intergenerational transmission of addiction occur.

### **Teachers (school staff)**

**The examined group** is significant in its size ( $N = 1\,213$  persons). The overwhelming majority of the respondents are teachers (82.4%), mainly in primary schools (57.5%), where women constitute 87% (the familiar feminization of profession). A relatively large group is made up of psychologists and school educationalists - 7.3 % and also of librarians - 5.3 %. The managerial staff equals 4.2%. The examinees were divided into three groups in accordance with the level of risk factors in the school environment, perceived by them (low, average, high). The criterion for forming the groups was the prevalence of risky behaviours at school, as indicated by the teachers, related to the use of illegal and legal psychoactive substances, aggression and violence, negligence of school duties, distraction by electronic media and an improper diet. The high-risk group was composed of 27% of persons from environments, which in their view, were mostly saturated with the behaviours of high-risk students. The low-risk group comprises 27% persons who report high-risk behaviours of pupils most seldom. The persons reporting the average intensity of school problems were attached to the medium group.

98.5% of the examined persons have higher education qualifications. Similarly to the case of parents, the results in test I and test II, at an interval of one year did not differ significantly, therefore the authors decided on a trial in part I, larger in size.

**The activity of pupils**, its scale and diversity contributes to the achievement of the preventive objectives. The observations of the examined school staff have been presented in Table 7. Teachers from schools of a different volume of high-risk student behaviours describe them as different environments, different from the viewpoint of student involvement. The scope of the activity is seen as a protective factor, whereas the deficits as a risk factor.

Table 7

*Activity of students: indications - "minority of students/ majority of students"*

		Low risk		Average risk		High risk		Total	
		N	%	N	%	N	%	N	%
after school	minority	90	27.5	151	27.0	123	37.7	364	30.0
activities	majority	91	27.8	154	27.5	69	21.2	314	25.9
participation	minority	109	33.3	228	40.7	162	49.7	499	41.1
in									
competitions,	majority	58	17.7	85	15.2	32	9.8	175	14.4
contests									
helping help	minority	72	22.0	180	32.1	138	42.3	390	32.2
others	majority	43	13.1	52	9.3	25	7.7	120	9.9

**Satisfaction with life**, by comparing them in Table 8 with the corresponding parents' result - is placed in the group of teachers on a very similar level, higher than average.

Table 8

*Overall satisfaction with the quality of life as seen by the school staff and parents (scale 1-4)*

	Low risk		Average risk		High risk		Total	
	average	stand. dev.	average	stand. dev.	average	stand. dev.	average	stand. dev.
School staff	90	27.5	151	27.0	123	37.7	364	30.0
Parents	43	13.1	52	9.3	25	7.7	120	9.9

Source: author's own research, selection. Statistical significance in all categories of  $p < 0.05$ .

85.2% of the examinees are "rather satisfied or very satisfied with the level of security, 57.2% with their material status, 67.4% with a health condition, 84% with family relationships, 87.4% with relationships with friends **and as much as 90.5% with relationships with pupils; only 75.3% with relations with the students' parents**, 78.8% with relations with colleagues (which confirms the school nuisances), with slightly higher 79.8% relationships with superiors. Special attention needs to be drawn to the contrast between the acceptance of students and its relative lack with regard to the students' parents (difficulties in building the so-called education coalition) and a relatively low assessment of the relations with colleagues. However, as it was already mentioned, the school climate plays a highly preventative role.

The examined persons enjoy their free time (76.7%); 81.9% view their position at work as satisfactory. 81% regard their development opportunities as good, however only 59.1% think well of their future.

**Impulsiveness of teachers** has been shown in Table 9. Teachers demonstrate the lowest capacity of self-control and the highest impulsiveness in schools of a heightened risk.

Table 9

*The level of self-control and impulsiveness of school staff (teachers)*

	Low risk		Average risk		High risk		Total	
	N	%	N	%	N	%	N	%
Self-control	3.36	0.51	3.30	0.54	3.21	0.52	3.29	0.53
Impulsiveness	1.59	0.47	1.58	0.44	1.69	0.43	1.62	0.45

Source: author's own research, selection. Statistical significance in all categories of  $p < 0.05$ .

The similarity of both these groups, namely teachers and parents, is noticeable and natural from the standpoint of the structure of the test sample.

**Environmental patterns of high-risk behaviours as observed by school staff** formed the foundation for the separation of low, average and high risk environments. The teachers from the "high risk" group live and work in the environment in which students' high-risk behaviours are more frequent and more visible. Once the smoking indicators in the environment "several times a week" and "daily" are added, there is the following distribution: 13.1% in the low-risk group, 20.4% in the average group and as much as 31.9% in the high-risk group. It needs to be stressed that in Poland approximately 23% of women and 33% of men smoke regularly, therefore, the indicator for the risk groups is very high. Much less frequently the examinees report the problem of persons who drink alcohol and become intoxicated (e.g. in the high-risk group as much as 66% of responses "never" for the observation of persons drinking alcohol). This result strongly differs from the released indicators for the general population, since the percentage of adult teetotallers in Poland ranges from 8 to 16% (PARPA data).

The indicators for the observation of drug abuse are low. It corresponds to the current levels of drug abuse in the Polish society, who despite drinking and smoking, abstains from drugs (including the so-called designer drugs). The observations with regard to using the so-called designer drugs are rare. Even in the high-risk group, 94.5% have never noticed such practices, which is consistent with the population-based research. In the case of findings which demonstrate the issue of bullying, the results are arranged in accordance with the scale of risk (higher percentage of observation at a greater volume of risk). As far as verbal aggression is concerned, 7.9% respondents from the low-risk group declare that they observe such situations "several times a week" and "daily"; 8.6% in the average group and as much as 21.4% in the high-risk group. In the case of physical aggression, it is as follows: 0.6% in the low-risk group, 0.9% in the average group and 3.4% in the high-risk group. These are quite high indicators, especially in the increased risk group. This can be summarised indicating quite large analogies in the results in the groups of parents and teachers.

The descriptions of the very school environment seem to be quite interesting at this point. In general, the indicators from the examinees are lower than those coming from the living environment. Is this "correctness" or school itself which is characterized by a better atmosphere, in this respect? If the school is a healthier environment from the social one, it is very optimistic.

In terms of observation of the school environment from the perspective of a job position, which is even more crucial, the results are collected in a synthetic Table 10, illustrating a surprising ignorance on the part of teachers. The selected category of responses "I don't know" is as follows:

Table 10

*The percentage of "I don't know" responses with regard to the incidence of individual students' behaviours*

poor nutrition	truancy	Computer - phone	tobacco	alcohol abuse
26,3	19.1	7.1	24.7	34.8
becoming drunk	medicines	designer drugs	marihuana	narcotics
35, 6	43.3	42.0	40.7	44.3

Source: author's own research

Before the results are briefly commented upon, it is necessary to remember that most of them refer to the behaviour of primary school students. At this stage of education almost all high-risk behaviours appear relatively rarely. If they do appear, they are symptomatic behaviours, indicating belongingness of a given child to a high-risk group. The behaviour is similarly perceived as verbal aggression. The category of direct physical violence referred to as "beating" also requires attention. Table 11 shows mean indications.

Table 11

*Individual observations of physical violence among students ("beating")*

I don't know	no-one	single persons	minority	about half	majority of students	almost everyone
9.9 %	51.2 %	35.7 %	2.4 %	0.5 %	0.2 %	0.1 %

Source: author's own research

How should such a response be understood? Are they optimistic if the predominant answers are "no-one"?

**The ratio of school staff for preventive actions** is presented in Table 12. It appears to be a key issue from the point of view of "opportunities" of school prevention. It was tested in different dimensions.

Below there are collected answers: "a given type of prevention is of great importance or plays an extremely important role". All the answers have been jointly listed for all three risk groups, for better transparency. There are eight categories.

Table 12

*Preventive priorities - low rankings of prevention areas*

	Promoting physical health	Promoting mental health	Promoting spiritual health	Prevention of addictions
For school	92.4	88.1	74.3	90.3
Personal	91.1	94.1	80.9	85.9
	Behavioural addictions	Aggression/violence	Risky online	Truancy
For schools	85.4	95.6	91.8	86.8
Personal	86.9	93.8	89.8	83.8

Source: author's own research

In the priorities one may notice a declarative support for prevention groups, which puts the examinees in a favourable light, however, later there is information about real engagement, which is less optimistic.

In the author's opinion, it is worth paying attention to an important detail. The issue of health promotion in specific dimensions (physical, mental, and spiritual) is shaped according to the almost materialistic concept - body is in the first place (physical health), then psyche and finally spirit. This might denote neglecting the full knowledge of a human being and the role of spiritual factors (including the religious ones) in protection. It seems that such an approach is common among teachers and may indicate a certain degree of pedagogical ignorance in this area.

**Only the minority of teachers were personally involved** in the creation of an important Educational-Preventive School Programme. In the most active (high risk) group, most indications were gathered by such items as "Preliminary identification of school problems" (28.34% of indications) and "Conceptualization" (21.10%); much less - "Diagnosis of the school situation" (14.37% ) or "Executive intentions" (18.66%) (in this case, a much higher percentage indicates teachers from the remaining groups). They were as follows: 28.05% and 28.38%. Commitment to evaluation proved to be the weakest, which is of particular importance in the evaluation of the effectiveness of the action (9.69% of indications in the risk group). The general involvement in the programme did not exceeded 25% in any of the groups. In the risk groups it amounted to merely 18.52% .

Overall, the degree of involvement of respondents in the school programme can be evaluated as low. In this way the authors have obtained an answer to the previous question. If there is something that I appreciate or need, then my commitment in an appropriate action must be high. Yet, it was not the case here, therefore the declared applause for preventive actions at school should be evaluated as "ideological" or façade, since they are not reflected in actions, in which different "conceptual" aspects prevailed.

The deficit is even more conspicuous in the answers to the question about the possible effectiveness of particular prevention actions, presented in Table 13.

Table 13

*Efficacy assessment of various forms of preventive actions*

Monitoring	Protection	Theatres	Talks	Workshops	Films
93.5	79.6	88.5	90.6	<b>97.8</b>	94.6
Prints	Festivals	Sport	Extra-curricular activities	Specialists	Recommended programmes
70.5	90.8	<b>98.8</b>	94.8	<b>98.7</b>	94

Source: author's own research. Average percentage shares from all risk groups.

A picture emerges of emphasizing external actions and those which are considered to be effective, without the reference to a scientific knowledge on this subject. Thus, in the first place there was "sport" (98.8% of responses) - in the theoretical chapter, the authors pointed to a relative preventive value of sports activities (occasionally the problems are exacerbated, however, this fact is unknown to teachers). External experts are highly appreciated (they usually deliver talks, which had been earlier evaluated as worse!) In the author's opinion, this indicates a wish to deal with the necessary prevention by a more competent person, instead of the teachers themselves. Almost at the same level "video surveillance" is valued as "recommended programmes". One may risk a statement that on the basis of such efficiency evaluations of individual measures, it is not possible to build an adequate Educational - Preventive School Programme.

**Demands of the teachers with regard to the optimal thematics of preventive activities at school** are presented in Table 14. "Personal Development" as a leading theme did not win the applause of respondents. As much as 38.5% / 41.6% / 34.4% indicated occasional "single hours" as the optimum of implementation (in particular risk groups), which in fact means - "do not cover the topic" (inexplicitly stated). On the other hand, based on research evaluation, it appears that a well-understood personal development is one of the conditions of the effectiveness of interactions. One of the most effective programmes in the world (Professor Botvin) is based on this way of thinking. Applying reductive reasoning seems useful to find out things that respondents do not wish to have at school, when they indicate two categories of "single hours" and "fewer classes". The following "reluctance table" is obtained: the higher percentage, the more disapproval for a given theme of activities.

Table 14

*Unwanted theme of preventive activities at school viewed by teachers\**

personal development	social competences	task competences	family relationships	safe Internet
55.8	53.4	48.3	55.3	53.5
cyberbullying	aggression bullying	behavioural addiction	abuse of psych. substances	other
55.0	48.7	62.6	59.6	39.5

Source: author's own research

\* Percentage as a measure of disapproval for a given theme

It is possible to notice a general disapproval for preventive measures (advantage of the sum of indications "single hours" and "fewer classes"). This is the case in 7 out of 10 categories! The greatest applause and approval were won by the category "other activities", whereas the greatest reluctance was caused by behavioural addictions (62.6%) and the use of psychoactive substances (namely alcohol drinking and tobacco smoking, abusing designer drugs and medicines) -59.6%. Psychoactive substance abuse is responsible for the greatest health losses in developed countries, even on a global scale (*Report on the state of global health worldwide in 2002*, WHO, 2003). It must be admitted that the results were somehow shocking as they uncovered the ambivalence of school staff towards preventive actions, which is revealed in the details of answers, and not vague statements.

The above table proves the preventive ignorance of respondents. High coefficients of resentment for such categories as family and parent relationships as well as personal development are particularly worrying. In the author's view, lack of knowledge and a superficial approach to educational tasks are quite conspicuous here. Myths and stereotypes are prevalent.

What about the real actions at school? The analysis of the results shows that among the measures of intensity of preventive activities that are likely to be selected, in the first place there is the category of "single hours", instead of decent extensive classes.

Does that mean that consequently the school hardly ever follows preventive activities as recommended by their standards? It seems to be the case. It is possible to compare answers "the majority of classes" averaged for all three groups ("total"), and shown in the background of the previous "reluctance table" presented in Table 15. The authors



selected only one indicator as the respondents argued that the **majority of the activities** in their schools were performed on a specific subject out of a list of subjects to be selected.

The necessary themes on the substance abuse constitute only 14 % of domination. Similar indicators were related to developmental aspects, including family relationships and parental competence (merely 16.8 %). According to the respondents, classes on the prevention of countering aggression and violence ... and task competencies of students were dominant. The fact that the most popular category from a previous question, i.e. "other subject topics" was indicated, is both funny and sad. Only 8% of the "majority of classes" concerned them, indicating the specific nature of this choice in the previous question - when I want to do something else, I indicate my willingness to change the subject (hence the popularity of the "other" category in the previous question). However, this "willingness" does not translate into real actions, therefore, it was only a signal of reluctance to preventive measures as such.

Table 15

*Implementation of most activities in a given area*

personal development	competences social	competences task competences	family relationships	safe Internet
17.1%	18 %	20.9 %	16.8%	19.9 %
cyberbullying	aggression bullying	behavioural addiction	abuse of psych. substances	other
18.1%	24.1%	11.6 %	14 %	8 %

Source: author's own research

**Who**, according to teachers, **should implement preventative actions** at school? The question contained five possibilities: teachers, educationalists/ school psychologists, specialists from a psychological-pedagogical counselling centre, representatives of local or central governments and external experts on prevention. Since the most frequently indicated possibility of a choice for each of the groups was a reply "*majority of classes*", it can be used for comparison in Table 16.

Table 16

*Desirable implementers of preventative activities*

	Teachers	School educators	Psychological-pedagogical counselling centre	Local institutions	External specialists
"majority of activities"/ total	23.2	<b>40.6</b>	27	19.2	21.2

Source: author's own research

This collation demonstrates that teachers (i.e. the majority of respondents) do not seem to perceive themselves in the roles of prevention specialists, but would rather assign such activities to various kinds of "experts", most frequently to school specialists, namely pedagogists or school psychologists. It also shows that prevention is identified as

actions which are interventional rather than preventative. Teachers working with high-risk groups performed slightly better. Practical conclusion: **activating teachers' own preventative action still remains a challenge, a dormant school potential.**

**Who really runs classes?** According to the declarations made by respondents, as presented in Table 17, it is ..... teachers themselves. The classes are short (1 to 4 hours). The thesis of certain superficiality of preventative measures, which are not seen as essential, is illustrated very clearly at this point. It is possible to compare five groups by observing which group realises classes to an optimal extent (11-30 hours). The mean indications in the "*total*" column are the foundation.

Table 17

*Implementers of longer preventative actions*

Teachers	School educators	Psychological-pedagogical counselling centre	Local institutions specialists	External specialists
14 %	13.5 %	4.2 %	4.0 %	4.5 %

Source: author's own research

It appears that in case of better quality longer classes, the school manages with its own resources, using teachers and school pedagogists, although the reported indicators are not very high. Every seventh teacher or pedagogist undertakes a task of conducting a longer form of any activities, although the short forms are dominant. There may be a necessity to develop simple scenarios, palpable to teachers so as to encourage their activity.

Are teachers likely to face some **objective difficulties**? In order to better visualise the trends, it is necessary to concentrate on the sum of percentage shares of the responses being made "*it seems good*" (which prevails in the responses) and to be restricted to averaged responses (from the "column "*total*"). Since the list of possible answers was quite extensive in this question, the results rank from the maximum percentage shares of indications to the smallest ones: students' knowledge - 67.3%; my own knowledge of preventive actions - 63.7%; other workers' knowledge - 62.9%; skills of other workers - 62.9%; my own preventative skills - 62.1%; the openness of students to prevention - 60.9%; students' individual qualities - 60.9%; belief in the effectiveness of prevention in other workers 59.7%; time of other workers - 59.3%; my own time to implement preventative actions - 58%; supervision over students at school - 57.5%; my faith in the effectiveness of prevention - 57.9%; motivation of students - 57.1%; provisions which support prevention - 57.0%; school climate - 54.8%; support of educational authorities - 51.5%; relationships with students - 46.9%; size of funds for prevention - 40.6%; peer pressure for risk-taking - 34.2%.

First of all, knowledge, competence and time for prevention are rated higher in other school workers than personally. High opinions of prevention knowledge and skills in respondents themselves are astonishing. They will find it difficult to learn something new, since they are acquainted with everything and have mastered everything.

The last set of data comprises questions about **the dependence of the quality of school prevention and a variety of other factors**. Unfortunately, when individual answers are analysed, it becomes evident that the vast majority of indications are trivial, because these are indications: "*probably yes*" and "*yes*", reaching a total of 80-90% and more in almost each category. Thus, they poorly differentiate the whole set. However, one may

notice several items with a smaller amount of indications: cooperation with parents in prevention and support of the department of education. Respondents spoke positively about the so-called recommended programmes, although such programmes are known to be seldom used since their execution is quite demanding. Therefore the statement of as much as 91.4% of respondents that "recommended programmes are applied" is completely unreliable. Thus, it is advisable to remain cautious in the interpretation of the results of this group. It seems that the respondents followed some kind of reporting obligation when providing answers to the questions.

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### 2.3.3. Prevention for students aged 7- 9

The assessment of the intensification of desirable and undesirable behaviours in students was carried out by teachers. In the overall assessment, the desirable behaviours indices (socialization and activity) outweigh the indices of undesirable behaviours (failure to observe rules and attracting attention to oneself). This regularity was found in both the first and the second measurement.

The analysis of change in the examined indices in the first and second measurement indicates that intensification of desirable and undesirable behaviours increased in each of the examined indices (cf. Figure 1). A greater change was observed in the intensification of desirable behaviours (socialisation and activity) than in undesirable behaviours (failure to observe school rules and attracting attention to oneself).

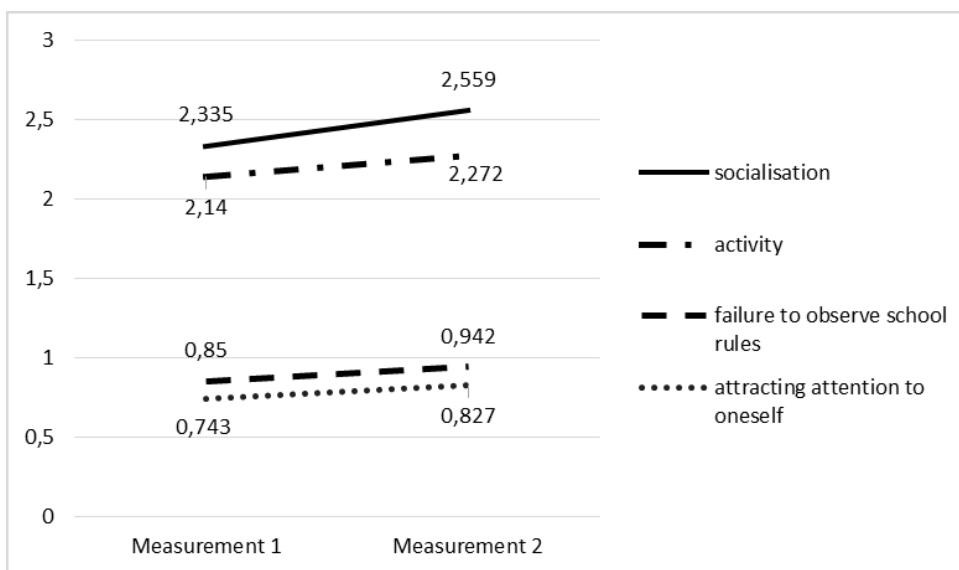


Figure 1. Changes in the desirable and undesirable behaviours intensification.

#### Changes in the intensification of desirable and undesirable behaviours in relation to the characteristics of the undertaken preventive activities

In order to determine the dynamics of the desirable and undesirable behaviours changes in pupils within a year, divided into control variables, a single factor variance analysis was performed with a repeated measurement. In the analysis, the dependent variable was the intensification of desirable behaviours (socialization, activity) and undesirable behaviours (failure to observe the rules and attracting attention to oneself). An intra-object factor was time (the first and the second measurement). Inter-object factors were control variables: a type of activities, an activities implementer, the number of preventive interventions and overall duration of activities implementation. The results of the analysis relating to the interaction between the factors are presented in Table 1.

Table 1

*Impact of school preventive activities on changes in students' desirable and undesirable behaviours*

Factor	Variable	Interaction: The x factor time		
		F	p	$\eta^2$
Type of intervention	Socialization	<b>3.534</b>	<b>0.004</b>	<b>0.045</b>
	Activity	<b>2.787</b>	<b>0.017</b>	<b>0.036</b>
	Failure to observe the rules	<b>3.703</b>	<b>0.003</b>	<b>0.047</b>
	Attracting attention to oneself	<b>5.183</b>	<b>0.001</b>	<b>0.064</b>
Activities implementer	Socialization	<b>6.774</b>	<b>0.001</b>	<b>0.049</b>
	Activity	1.660	0.175	0.012
	Failure to observe the rules	0.463	0.708	0.004
	Attracting attention to oneself	<b>4.134</b>	<b>0.007</b>	<b>0.030</b>
Number of interventions	Socialization	<b>10.719</b>	<b>0.001</b>	<b>0.075</b>
	Activity	<b>6.108</b>	<b>0.001</b>	<b>0.044</b>
	Failure to observe the rules	2.331	0.074	0.017
	Attracting attention to oneself	<b>3.366</b>	<b>0.019</b>	<b>0.025</b>
Duration of activities	Socialization	<b>4.300</b>	<b>0.002</b>	<b>0.042</b>
	Activity	1.870	0.115	0.019
	Failure to observe the rules	2.182	0.070	0.022
	Attracting attention to oneself	<b>2.828</b>	<b>0.025</b>	<b>0.028</b>

### The type of preventive activities as a moderator of changes in the desirable and undesirable students' behaviours

On the basis of key effects observation, it can be concluded that the change in the intensification of socialisation, activity and failure of observing rules within a year (2 measurements) differed because of a type of preventive interventions in which students participated (cf. Figures 2 and 3).

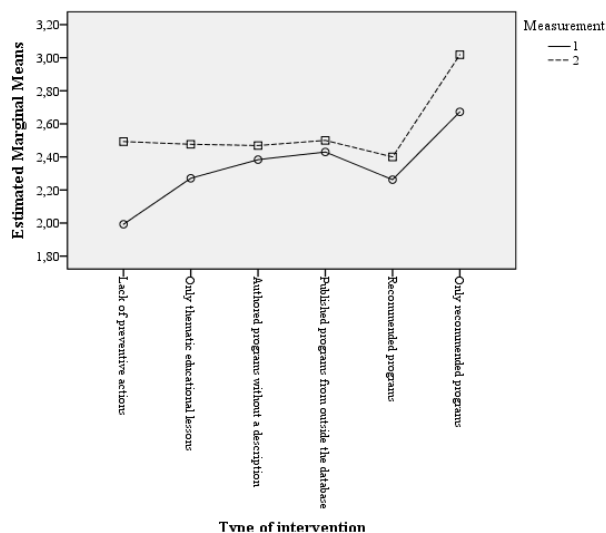


Figure 2. Impact of preventive activities types on the intensity of positive behaviours in pupils (socialization).

The effect of interaction between desirable behaviours (socialisation and activity) and a type of preventive intervention shows that regardless of a type of intervention (or its lack) an increase in the positive behaviours' intensity is observed. This may imply certain universality of developmental processes (linked to age) independent of other factors - the type or lack of activity. However, the effect of interaction explains 4.5% of variance in socialization and 3.6% of students' activity variance.

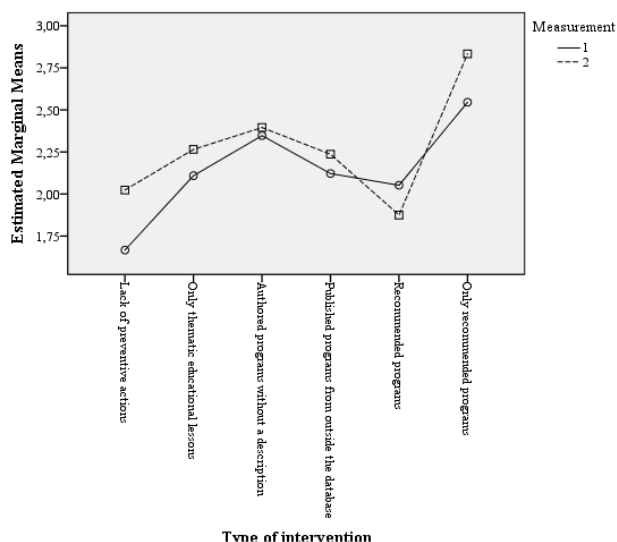


Figure 3. Impact of preventive activities types on pupils' positive behaviours intensity (activity).

The intensification of undesirable students' behaviours of non-compliance with rules during a year of school attendance changed depending on a type of preventive intervention in which students participated (cf. Figure 4).

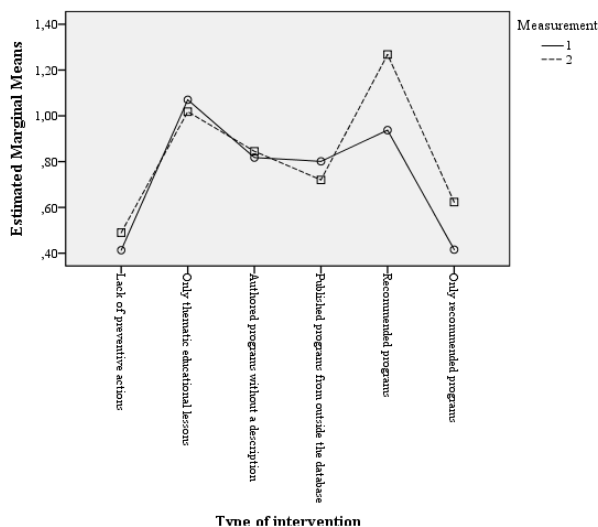


Figure 4. Impact of a type of preventive activities on pupils' undesirable behaviour (failure to observe school rules).

The smallest changes concerned the majority of interventions types (lack of preventive interventions, only thematic educational classes, authorial interventions, published prevention programmes from outside the recommended programmes databases). Whereas in the case of recommended programmes and only in the case of the recommended programmes in which students participated, between the first and the second measurement, the intensifications of non-compliance with the rules increased.

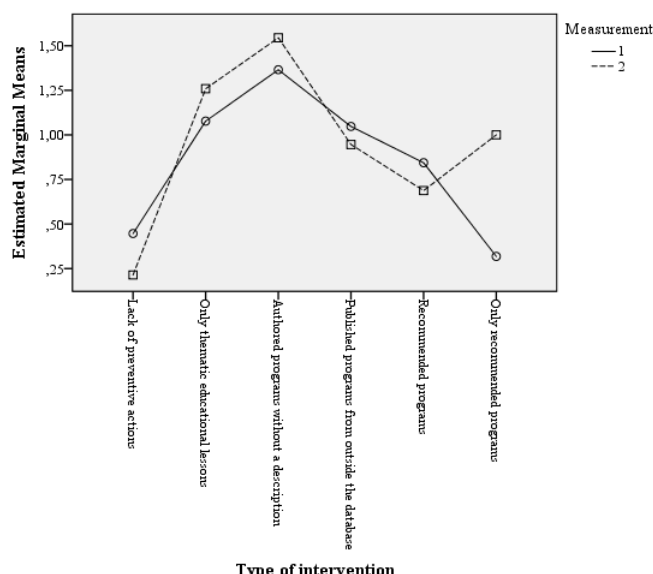


Figure 5. Impact of preventive activities types on the intensity of undesirable behaviours in pupils (attracting attention to oneself).

### The preventive activities implementer as a moderator of changes in desirable and undesirable behaviours in pupils

Further analyses focus on the clarification and description of the effect of the interaction of changes in the intensification of desirable and undesirable behaviours during the year under study and preventive activities implementers. The intensification of socialization behaviours in pupils increased when preventive activities implementers were teachers from the school as well as from outside the school, whereas the intensification of these behaviours decreased when preventive activities implementers were psychologists and pedagogists from the school (cf. Figure 6). The effect of interaction explains 5% of socialization behaviours variance.

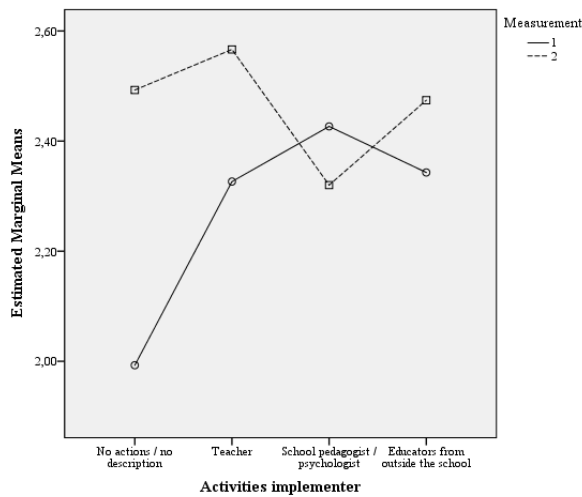


Figure 6. Impact of the preventive activities implementer on the intensity of desirable and undesirable behaviours in pupils (socialization).

In the case of undesirable behaviours in pupils, statistically significant differences concern the behaviours which cause attracting the attention of others to oneself. An increase in the intensification of this type of behaviours is independent of the preventive activities implementer (cf. Figure 7). It should be noted that the strongest intensification of behaviours causing attracting others' attention to oneself occurs when preventive activities are conducted by the school pedagogist or school psychologist.

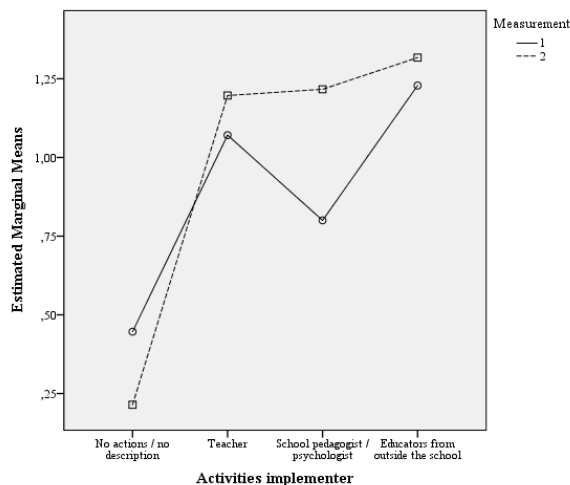


Figure 7. Impact of the preventive activities implementer on the intensity of undesirable behaviours in pupils (attracting attention to oneself)

### The number of preventive interventions as a moderator of changes in pupils' desirable and undesirable behaviours

The analysis attempted at explaining how changes in the intensity of desirable and undesirable behaviours correlate to the number of preventive activities in which the student participated during the year under study. An intensification of positive



behaviours (socialization and activity) increased during a year in the interaction with the number of preventive activities attended by students (cf. Figures 8 and 9). That growth concerns students' participation in one or three interventions carried out in the course of a year. In the case of students' participation in two interventions during a year, a high level of desirable behaviours is maintained at a similar level. The effect of interaction provides explanation for 7.5% of variance in socialisation behaviour and 4% of variance in students' activity.

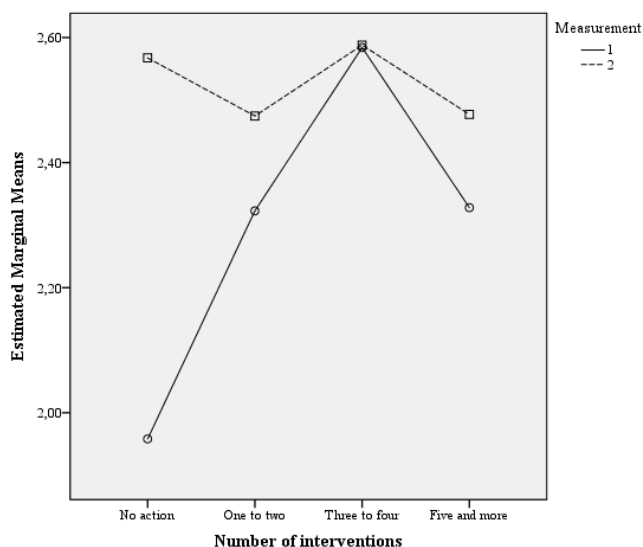


Figure 8. Impact of preventive activities number on students' desirable behaviours (socialization).

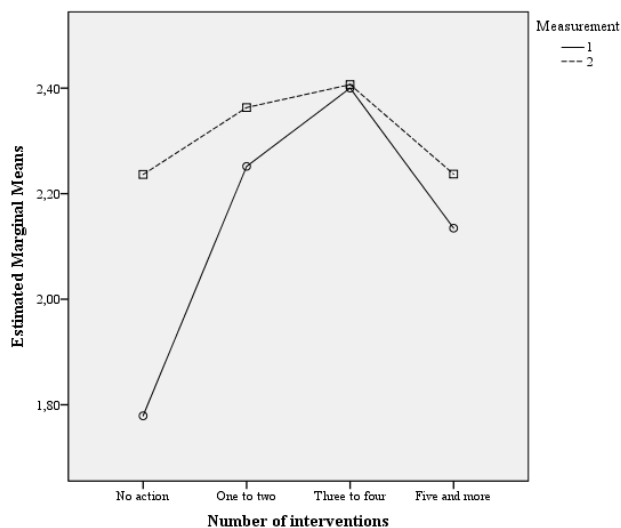


Figure 9. Impact of preventive activities on students' desirable behaviour (activity).

The number of preventive activities in which students participate differentiates the intensification of negative behaviours – attracting attention to oneself (cf. Figure 10).

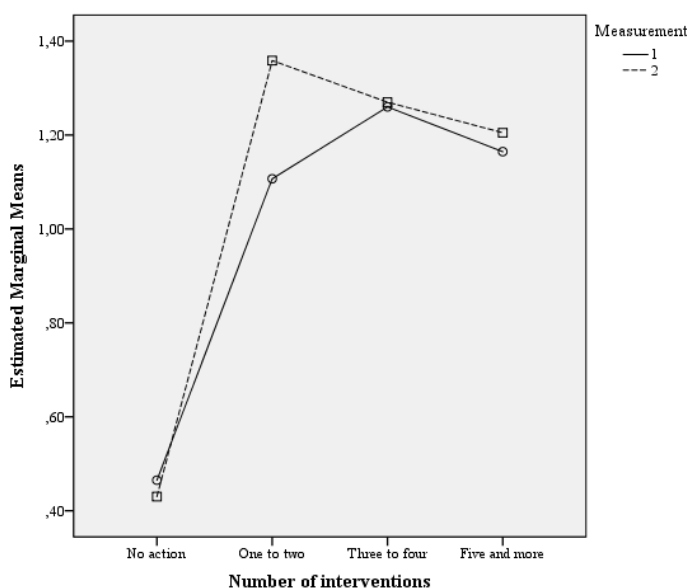


Figure 10. Impact of preventive activities number on students' undesirable behaviours (attracting attention to oneself).

### The overall duration of preventive activities implementation as a moderator of changes in desirable and undesirable students' behaviours

The analysis of the impact of a socialization behaviours interaction and the overall duration (the number of hours) of preventive intervention implementation indicates an increase in the intensification of socialization behaviours that is the greatest in the case of participation between 10 and 30 hours and over 30 hours (cf. Figure 11) during a year. The effect of interaction explains 4% variance of socialization behaviours.

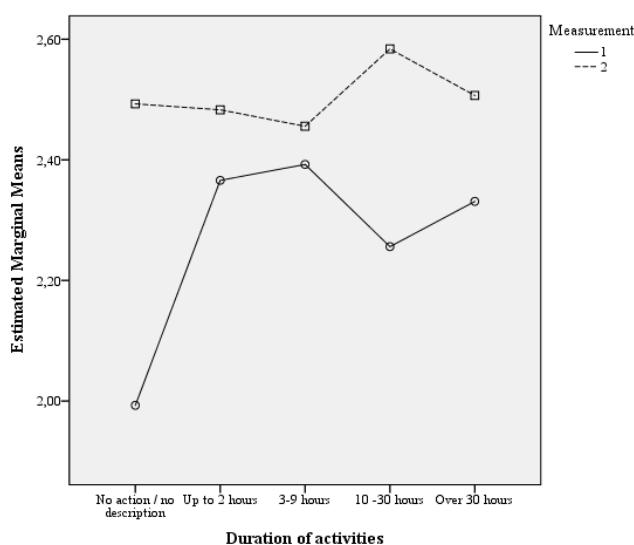


Figure 11. Impact of overall preventive activities duration on students' desirable behaviours (socialization).

The impact of the preventive interventions on students' undesirable behaviours of attracting others' attention to oneself correlates with the duration of programmes (cf. Figure 12). In the case of a short intervention (up to two hours) and activities lasting from 3 to 9 hours, an increase in negative behaviours can be observed.

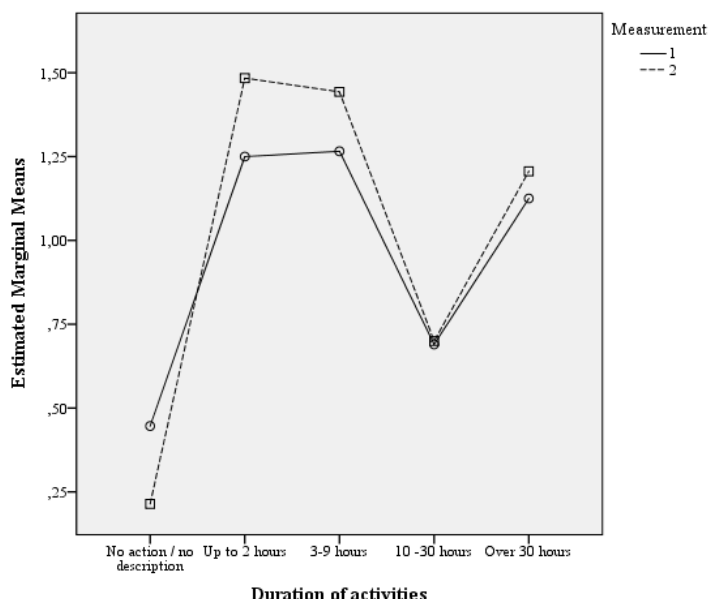


Figure 12. Impact of overall preventive activities duration on students' undesirable behaviour (attracting attention to oneself).

### The correlates of preventive activities changes

Subsequently, a single factor analysis of variance with a repeated measurement was carried out. It was aimed at examining the dynamics of changes in the school climate, the number of students participating in preventive programmes and the number of alternative interventions in which students participated and which played the role of an dependent variable in the analysis. An intra-object factor was time and the inter-object factors were control variables: a type of activities, the activities implementer, a number of preventive activities and the overall activities duration.

The impact of preventive activities implemented during a year on the school climate, the number of students participating in preventive programmes and the number of alternative activities, which students attended are presented in table 2.

Table 2.

*Impact of school preventive activities on the school climate and the number of pupils participating in preventive interventions and alternative interventions*

Factor	Variable	Interaction: The x factor time		
		F	p	$\eta^2$
Type of intervention	School climate	<b>2.405</b>	<b>0.037</b>	<b>0.035</b>
	Number of students	<b>5.188</b>	<b>0.000</b>	<b>0.073</b>
	Number of alternative interventions	0.352	0.881	0.005
Intervention implementer	School climate	2.559	0.055	0.022
	Number of students	<b>7.053</b>	<b>0.000</b>	<b>0.057</b>
	Number of alternative interventions	<b>21.447</b>	<b>0.000</b>	<b>0.156</b>
Number of interventions	School climate	<b>2.991</b>	<b>0.031</b>	<b>0.025</b>
	Number of students	<b>19.980</b>	<b>0.000</b>	<b>0.147</b>
	Number of alternative interventions	0.608	0.610	0.005
Total time	School climate	<b>3.052</b>	<b>0.017</b>	<b>0.034</b>
	Number of students	<b>12.183</b>	<b>0.000</b>	<b>0.123</b>
	Number of alternative interventions	1.604	0.173	0.018

### A type of preventive activities as moderator of changes in school climate and the number of alternative measures

The impact of programme's validation and publicity on school climate and the number of alternative interventions in which students participate is not homogenous. The analysis of significant differences in the changes of school climate perception within a year following the first examination indicates a decrease in the positive perception of school climate only with regard to thematic educational classes and lessons. A reverse trend of increase in the positive perception of school climate was recorded in the case of participation in the recommended preventive programmes (cf. Figure 13).

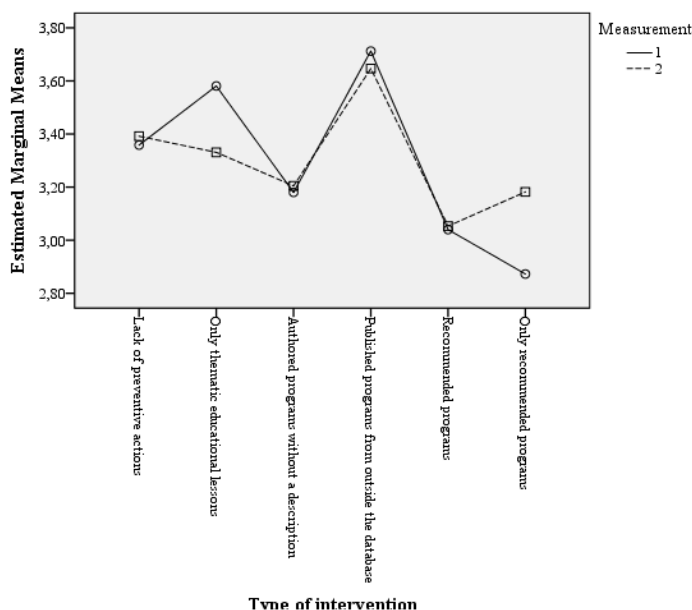


Figure 13. Impact of school preventive activities on the general level of school climate change.

Within one year following the study, the number of students not participating in preventive activities and those who participated in the classes based on published programmes from outside the recommended programmes database increased. Simultaneously, the number of pupils attending classes based on authorial proposals decreased (cf. Figure 14).

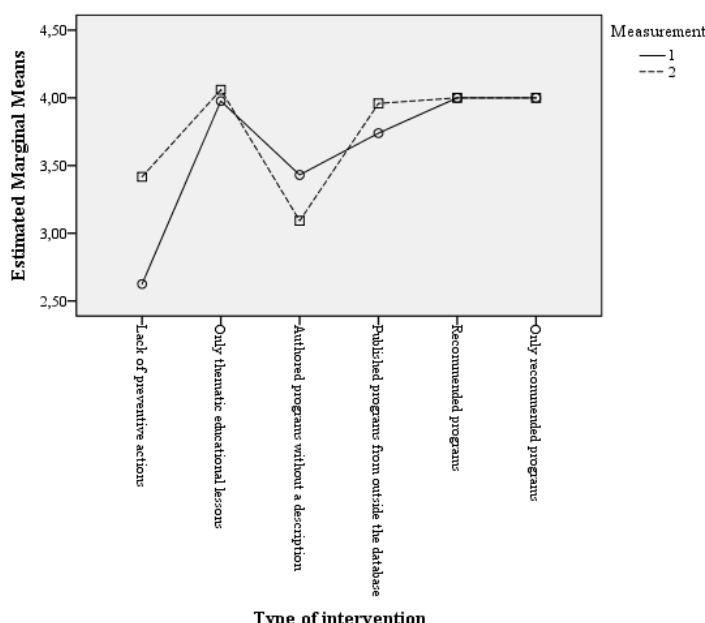


Figure 14. Impact of school preventive activities type on the number of students participating in activities.

### **The preventive activities implementer as a moderator of changes in the number of pupils participating in preventive and alternative interventions**

The preventive interventions implementer plays the role of a moderator of changes in the number of students participating in preventive interventions and pupils' participation in alternative interventions. Within one year following the first examination the number of students not participating in preventive interventions and the interventions conducted by the teacher or the school pedagogist or psychologist increased. On the other hand, the number of students participating in the activities carried out by external implementers decreased (cf. Figure 15).

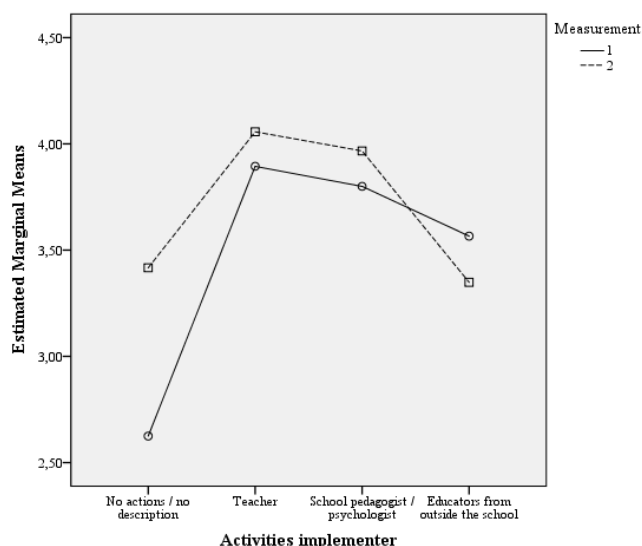


Figure 15. Impact of the preventive activities implementer on the number of pupils participating in preventive interventions.

The participation of students in preventive interventions was accompanied by an increase in their activity in alternative programmes. The participation in preventive activities that were carried out by the school psychologist or pedagogist was an exception. Here, a decrease in pupils' participation in alternative activities was observed (cf. Figure 16).

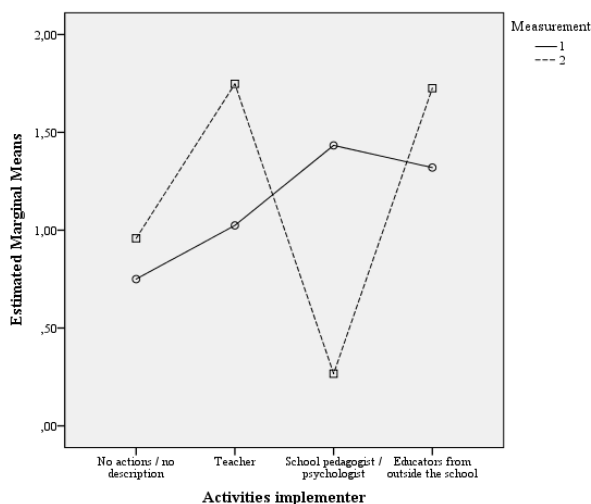


Figure 16. Impact of the preventive activities implementer on the number of pupils participating in alternative activities.

### **The number of preventive interventions as moderator of changes in school climate and the number of students attending alternative interventions**

The number of preventive interventions moderates changes in school climate and in the number of students participating in preventive interventions. The

implementation of one and three various type preventive interventions at school is accompanied by a drop in the level of the perceived school climate, whereas a positive perception of a climate change increased within a year following the first study in the case of two different programmes implementation (cf. Figure 17).

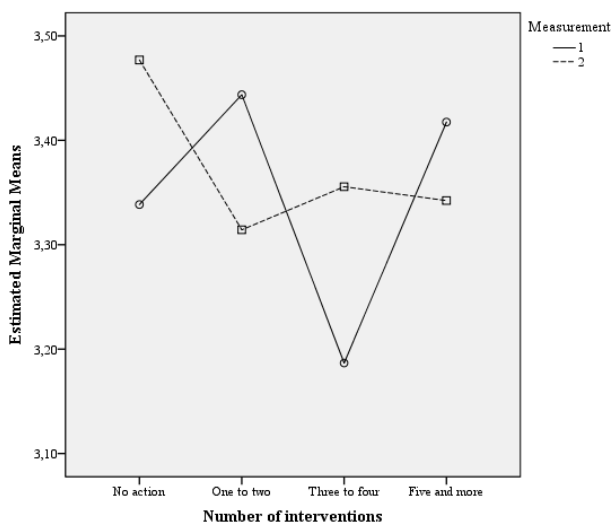


Figure 17. Impact of the number of preventive activities on the general level of school climate change.

The effect of the number of preventive interventions on the number of students participating in them is not homogenous (cf. Figure 18). Within a year, the number of students participating in the preventive interventions dropped when one and three programmes were implemented in the school whereas the number increased when two programmes were implemented.

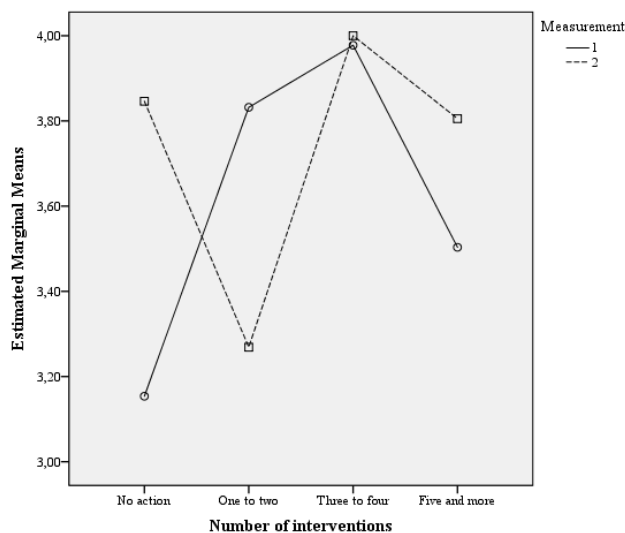


Figure 18. Impact of the number of preventive activities on the number of pupils participating in alternative activities.

## The overall duration of preventive interventions as a moderator of school climate change

The impact of the total duration of the implemented prevention programmes on both the school climate and the number of students who participate in school preventive interventions is not homogeneous. The perception of a positive school climate increased since the first examination when the activities lasted from 3 to 30 hours and decreased when the total duration of preventive activities was short (up to two hours) and long (more than 30 hours). Figure 19 illustrates the presented correlates.

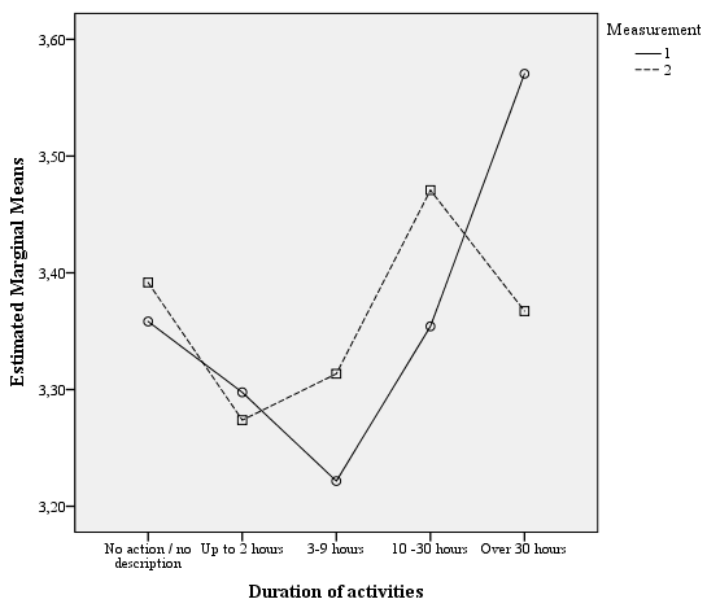


Figure 19. Impact of total preventive activities duration on the general level of school climate.

The total duration of preventive interventions is a factor moderating the number of pupils participating in preventive interventions. Within one year following the study, the number of pupils participating in preventive interventions whose combined duration did not exceed 2 hours decreased and it increased when the total time of interventions was longer (cf. Figure 20).



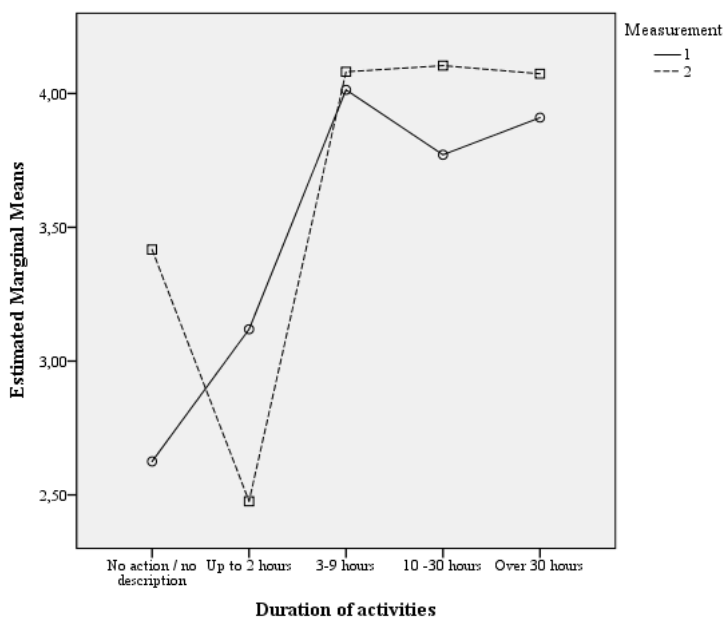


Figure 20. Correlation of preventive activities duration and preventive activities number.

## Conclusions

Prevention implemented in primary schools addressed at students of forms I to III contributes to a greater extent to the development of desirable behaviours than to the reduction of the number of undesirable behaviours.

The observed increase in the students' desirable behaviours (socializing and activity) is related to control factors in the study: the type of activities, the activities implementer, the number of preventive interventions and the overall duration of activities. The effect of positive behaviours (socialisation and activity) variance resonates most strongly with the number of preventive interventions implemented at school, providing explanation for 7.5% of variance. The effects of other factors are slightly smaller, between 3,6 and 5%.

Only one factor i.e. the type of preventive activities influences significantly the variance of behaviours of non-compliance with school rules and it controls almost 5% of variance. The increase in non-compliance with school rules is linked primarily to the implementation of the recommended programmes. The study, however, does not explain the role that the selection of students for participation in the recommended programmes may play in that growth.

The increase in the intensity of the second type of undesirable behaviours – attracting attention to oneself within a year, is linked to all control factors in the study: the type of activities, the activities implementer, the number of preventive interventions and the programme overall duration. The type of activities has the largest impact on the effect of the variance (6.4%), whereas the impact of other factors is significantly lower between 2,5 and 3%.

The change in the number of forms I to III students participating in preventive interventions depends on all control factors in the study: the type of activities, the activities implementer, the number of preventive activities and the overall duration of the programme. The effect of the number of pupils participating in preventive interventions variance resonates most strongly with the number of interventions carried out in the

school (accounts for 15% of variance) and the overall duration of activities (accounts for 12% of variance), and slightly less with the type of activities (accounts for 7% of variance) and the activities implementer (accounts for 5% of variance).

The analyses also indicate that within a year following the first study the number of pupils participating in alternative activities who simultaneously participated in the classes conducted by the school psychologist or pedagogist decreased. This may imply that participation in the certain types of preventive activities (therapies) takes place at the expense of students' activity in alternative activities.

### 2.3.4. Prevention for students aged 10-13

The assessment of the intensification of risky behaviours in pupils has been determined with the use of self-report scales. The difference in the frequency of smoking and drinking alcohol intensification which is low in comparison with the high increase of aggressive behaviours and bullying calls for attention. The analysis of the variation in the test indices in the first and second measurement indicates that intensification in risky behaviours increased in each of the indexes (cf. Figure 1). The largest - double increase of indices can be observed in the case of frequency of smoking (with 0,285 to 0,565) and drinking alcohol (from 0.32 to 0, 629). The aggressive behaviour and bullying frequency index also increased, the increase however is negligible. The significant increase in the smoking and alcohol consumption frequency index is reflected in the general index of risky behaviours.

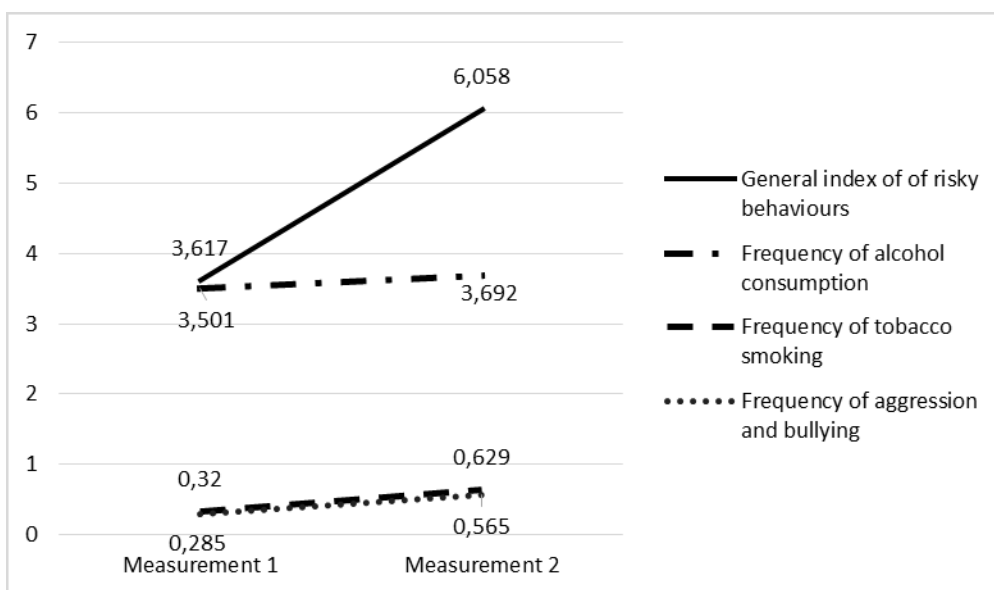


Figure 1. Changes in the intensification of risky behaviours.

#### Changes in the intensification of risky behaviours broken down to control variables

A single factor analysis of variance with repeated measurement considering the impact of controlled factors in the study was carried out in order to determine the dynamics of risky behaviours changes in students aged 10-13 years within one year. In the analysis the dependent variable was the intensification of risky behaviours. Time was an intra-object factor (first and second measurement). Control variables such as: a type of activities, an implementer of activities, a number of prevention interventions and the total duration of activities implementation constituted the intra-object factors.

The general index of high-risk behaviours comprised the frequency of the following three behaviours: alcohol drinking, tobacco smoking, violence use and bullying others. The analysis indicates that the change in the alcohol consumption frequency

intensification depends on the type of preventive activities and the activities implementer. The other two control variables - the number of actions and their duration do not bear significant statistical impact on risky behaviours. The basic statistics of the analyses carried out are shown in Table 1.

Table 1.

*Impact of school preventive activities on changes in risky behaviours*

Factor	Variable	Interaction: factor x time		
		F	p	$\eta^2$
Type of intervention	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	1.939	0.085	0.007
	Frequency of alcohol consumption	<b>3.965</b>	<b>0.001</b>	<b>0.014</b>
	Frequency of tobacco smoking	0.565	0.727	0.002
	Frequency of aggression and bullying	2.135	0.059	0.007
Implementer of activities	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	0.782	0.504	0.002
	Frequency of alcohol consumption	<b>3.026</b>	<b>0.029</b>	<b>0.006</b>
	Frequency of tobacco smoking	0.044	0.988	0.000
	Frequency of aggression and bullying	0.582	0.627	0.001
Number of interventions	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	0.215	0.886	0.000
	Frequency of alcohol consumption	1.144	0.330	0.002
	Frequency of tobacco smoking	1.178	0.317	0.002
	Frequency of aggression and bullying	1.040	0.374	0.002
Duration of activities	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	1.807	0.125	0.005
	Frequency of alcohol consumption	1.221	0.300	0.003
	Frequency of tobacco smoking	1.704	0.147	0.004
	Frequency of aggression and bullying	1.063	0.373	0.003

***The type of preventive activities as a moderator of changes in the desirable and undesirable behaviours in students***

The average frequency of alcohol drinking is impacted by the type of implemented activities. The implementation of short-term preventive intervention, covering only thematic educational classes and lessons leads to an increase in the frequency of alcohol consumption. With an increase in the degree of preventive programmes standardisation and validation, the growth of the average alcohol drinking frequency among 10-13 year olds decreases (cf. Figure 2).

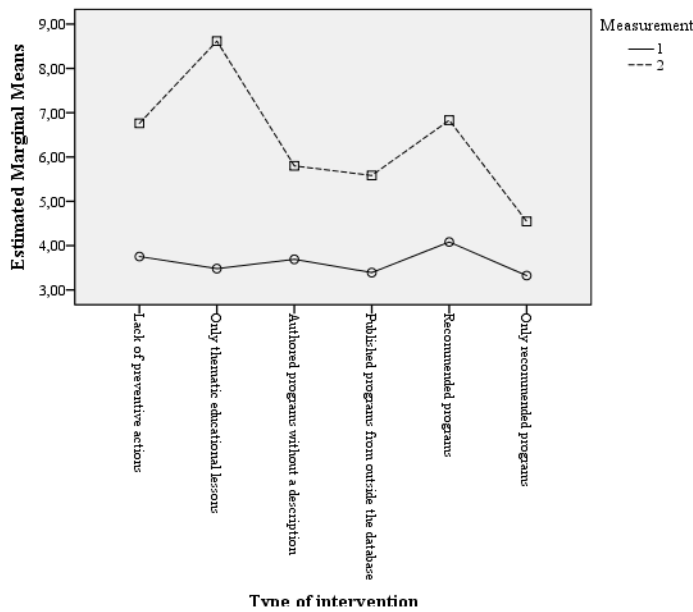


Figure 2. Impact of preventive activities type on alcohol drinking frequency.

***The preventive activities implementer as a moderator of changes in the students' desirable and undesirable behaviours***

A higher level of average frequency of alcohol consumption, a year after the first study, is independent of the activities implementer. At the same time the activities implementer affects the dynamics of this growth. The biggest increase in the average frequency of alcohol consumption among 10-13 year olds is observed when teachers are the implementers of preventive intervention and the smallest when there are external implementers (cf. Figure 3).

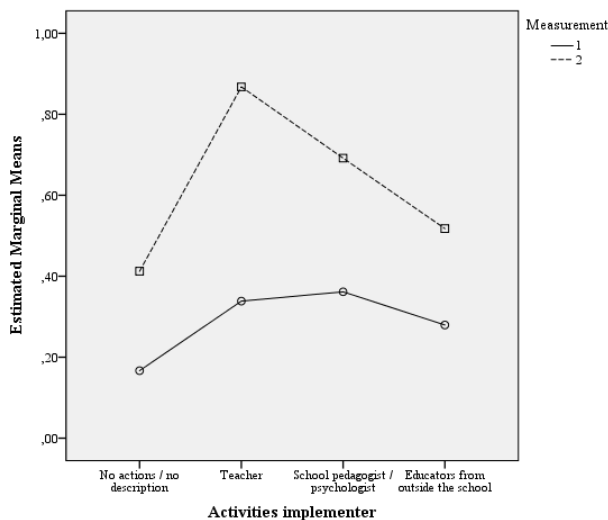


Figure 3. Impact of preventive activities implementer on alcohol consumption frequency.

## The correlates of changes in personality control factors and environmental determinants of risky behaviours under the influence of preventive activities

Subsequently, a single factor analysis of variance with a repeated measurement was performed in order to examine the change dynamics of 32 variables which played the role of a dependent variable, (the list of variables is presented in chapter 2.1 The objective and method of the study). The intra-object factor was time and the inter-object factors were control variables such as a type of activities, an implementer of activities, a number of preventive interventions and the total duration of the activities implementation. Statistically significant results of the conducted analyses are presented in table 2.

Table 2.

*Impact of school preventive activities on changes in risky behaviours*

Factor	Variable	Interaction: factor x time		
		F	p	$\eta^2$
Type of intervention	Participation in the organised extra-curricular activities	4.282	0.001	0.015
	Own developmental activity	2.377	0.037	0.008
	Activity in peer relations	2.240	0.048	0.008
	Support from teachers	6.698	0.000	0.023
	Reactions to stress: Emotional type	3.254	0.006	0.011
	Internet activity, Neglecting duties	2.944	0.012	0.010
	School grades	2.840	0.015	0.010
Implementer of activities	Support from teachers	2.742	0.042	0.005
	BIS-I - Impulsiveness	4.646	0.003	0.009
	Type of reaction to stress - sport, creativity, culture, spirituality	2.802	0.039	0.005
	Evaluation of behaviour	2.954	0.032	0.006
Number of interventions	Support from form-master	6.307	0.000	0.012
	Support from teachers	3.534	0.014	0.007
	Attitude to school	2.869	0.035	0.005
	Student's conduct grade	3.801	0.010	0.007
Total duration	Activity in peer relations	3.315	0.010	0.009
	Support from form-master	4.237	0.002	0.011
	Type of reaction to stress - use of psychoactive substances, aggression	2.892	0.021	0.007
	Type of reaction to stress - sport, creativity, culture, spirituality	3.306	0.010	0.008
	School grades	2.378	0.050	0.006

The analysis presented below concerns statistically significant interactions, explaining the highest percentage of variance in prevention interventions' control factors.

### The type of preventive activities as a moderator of the personality and environmental determinants of risky behaviour changes

The effects of a type of preventive interventions' interaction are statistically significant with seven personality and environmental determinants of risky behaviours included in two study measurements. The type of preventive intervention explains

correlates related to the activities undertaken by pupils (participation in the organised extra-curricular activities, own developmental activity, internet activity - neglecting responsibilities), relationships with others (activity in peer relations, support from form-master), school grades as well as those related to the psychometric characteristics (reactions to stress - emotional type ).

The type of preventive interventions statistically significantly affects the variance of the support from the form-master perception mean. For most types of preventive interventions a reduction in the intensification of the mean of perceived support from the form-master is observed. The exception is participation in the preventive interventions involving the implementation of recommended programmes only (cf. Figure 4). The discussed effect of the interaction explains 2.3% of variance.

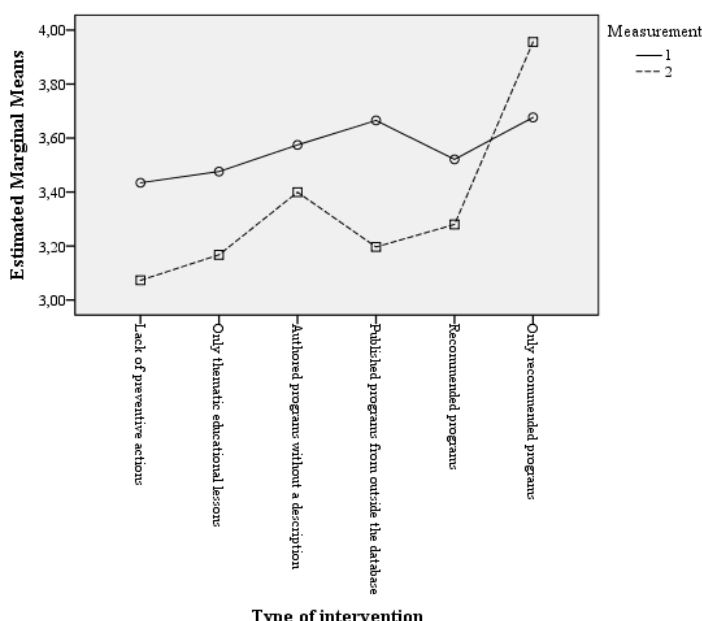


Figure 4. Impact of school preventive activities type on support from the form-master.

The type of the implemented prevention programs moderates participation in organised extra-curricular activities (cf. Figure 5). The average intensity of participation in organised extra-curricular activities increased after a year if the recommended programs were implemented, while a decrease in the average intensity was reported in the case of all other types of measures. The discussed effect of the interaction explains 1.5% of variance.

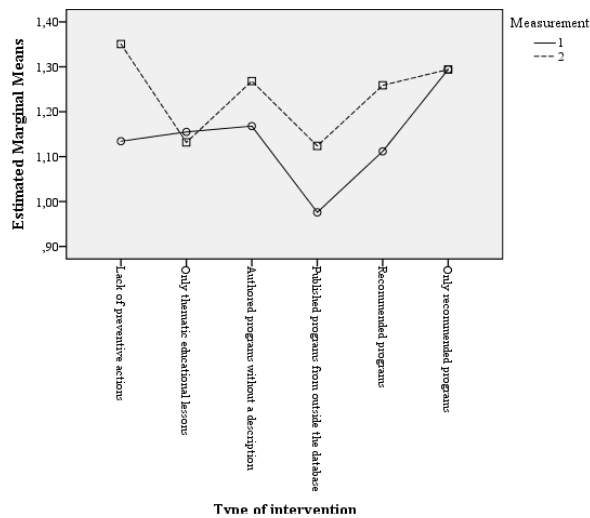


Figure 5. Impact of school preventive activities type on school grades.

### The preventive actions implementer as a moderator of the personality and environment determinants of risky behaviours changes

The preventive actions implementer is a statistically significant moderator with four personality and environment determinants of risky behaviours considered in two measurements, including two related to psychometric characteristics (BIS impulsiveness and type of reaction to stress - active), support from the form-master and a student's conduct grade. The impact of preventive intervention implementer is negligible, it explains less than 1 % of variance.

The results of the analysis indicate that the preventive interventions implementer significantly affects the level of average intensity of the examined students' impulsiveness. This level increases if the preventive interventions are implemented by the school teachers and external experts and remains unchanged compared to the first measurement when the implementers are psychologist or school pedagogists (cf. Figure 6).

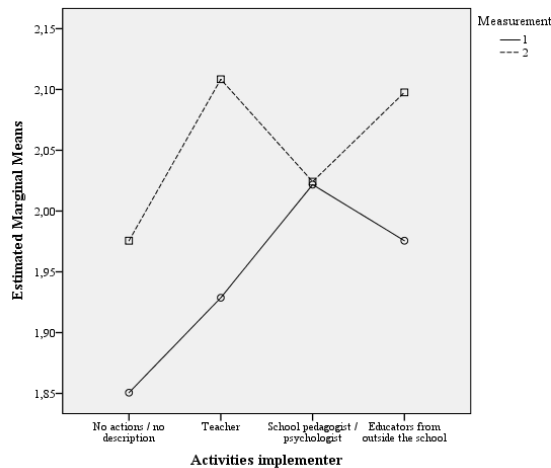


Figure 6. Impact of preventive activities implementer on impulsiveness.



Persons who are preventive interventions implementers have a positive impact on students' conduct grades. The average level of students' conduct grades shows the strongest increase if the preventive activities implementers are teachers (cf. Figure 7).

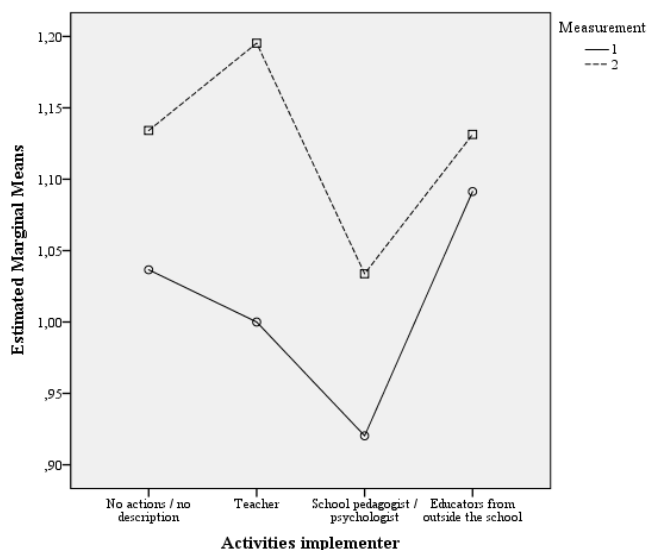


Figure 7. Impact of the preventive activities implementer on students' conduct grades.

### The number of preventive activities as a moderator of the personality and environment determinants of risky behaviours changes

The number of preventive interventions significantly affects the four personality and environment determinants of risky behaviours included in the examination. Two of them are linked to the students - form-master/ teachers relations, other concern students' attitudes toward the school and students' conduct grades. The number of preventive interventions explains 1.2% of variance in the students' relationship with the form-master, in three other correlates the strength of this effect is negligible (below 0.7%).

Change in the average intensity of support from the form-master after a year differed statistically significantly due to the number of preventive interventions in which the students participated (cf. Figure 8). The smallest difference in the intensity mean was associated with the implementation of one or two interventions and the largest was in the case of three or four preventive interventions.

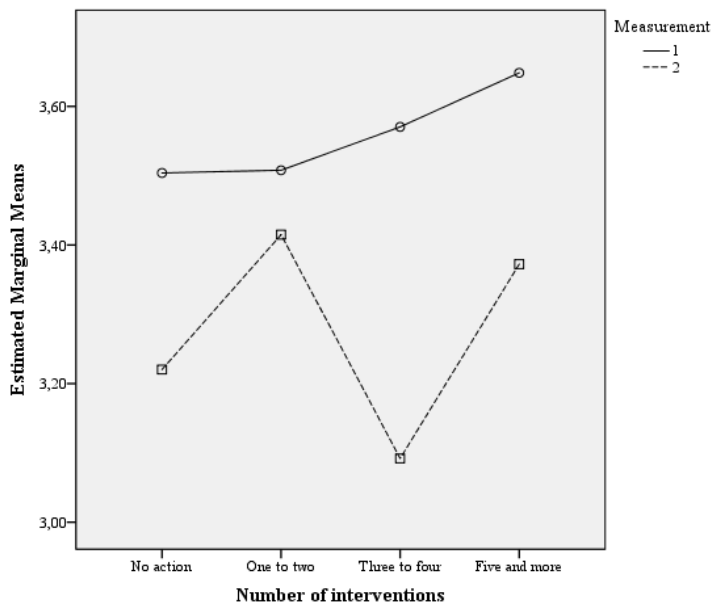


Figure 8. Impact of the number of preventive activities on support from the form-master.

The effect of the interaction between time and support provided by teachers is affected by the number of preventive interventions. The average intensity of support from the teachers is lower after one year regardless of the number of preventive interventions. The biggest difference in the average intensity is observed in the case of three or four preventive interventions (cf. Figure 9).

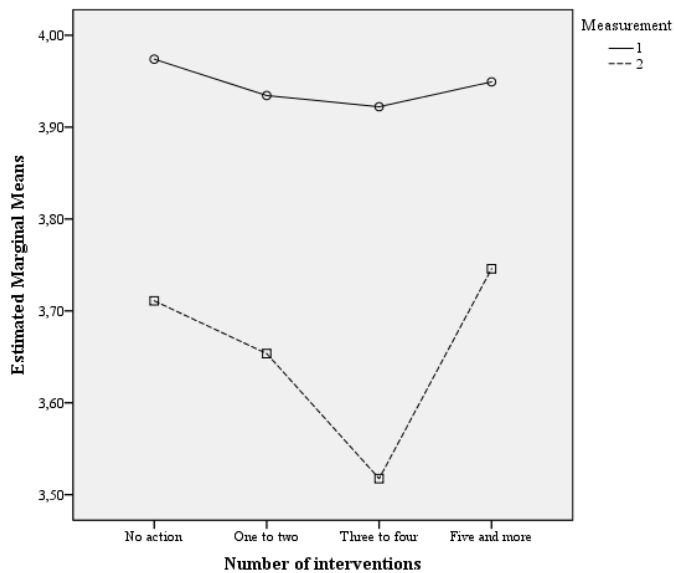


Figure 9. Impact of the number of preventive activities on support from the teacher.

## The total duration of preventive activities as a moderator of changes in the personality and environment determinants of risky behaviour

Overall duration of preventive interventions statistically significantly affects five personality and environment determinants of risky behaviours included in the examination, providing explanation for 1.2% to 0.6% of their variance. Two of them are related to the type of reaction to stress (use of psychoactive substances), two other concern peer relations (activity in peer relations) and relations with the form-master (support from the form-master), the last one is associated with school grades.

Overall duration of preventive interventions within a year between the two measurements has a positive impact on the activity of pupils in relations with peers (cf. Figure 10). The average level of activity in relations with peers was the smallest when preventive interventions lasted the shortest (up to 2 hours), then it increased along with the increase of the activities duration, reaching the highest difference in the means intensity when the overall duration of preventive activities was between 10 and 30 hours. The discussed interaction effect explains 0.9% of variance.

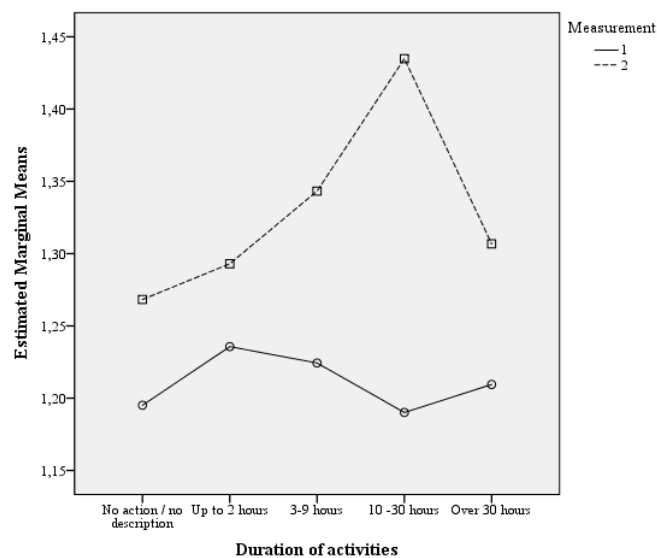


Figure 10. Impact of total preventive activities duration on activity in peer relations.

A change in the intensification of the form-master support provided to the students differed because of the overall duration of preventive activities. The results shown in Figure 11 show that along with the total time of the preventive activities duration increase, the average intensity of support from the form-master was significantly lower. The effect of the overall duration explains 1.1% of variance in support provided by the form-master.

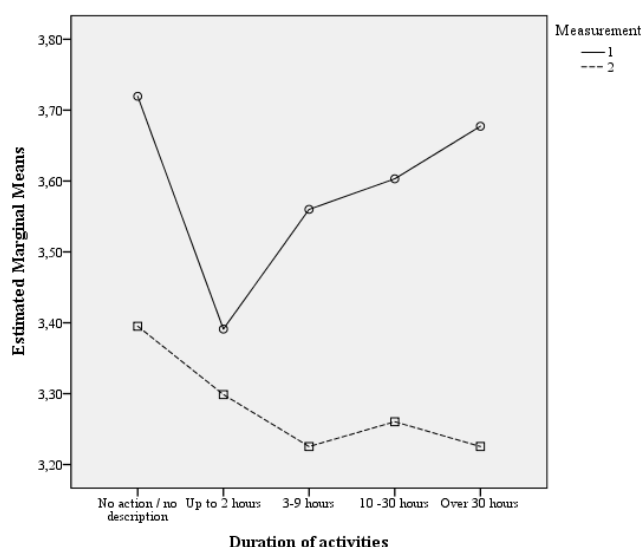


Figure 11. Impact of the overall preventive actions duration on support from the form-master.

## Conclusions

Change in the risky behaviours intensity measured by frequency of their incidence increases in respect to each of the examined types of behaviours. At the same time it should be noted that there is a clear difference between different types of risky behaviours. Smoking and alcohol drinking occurs clearly less frequently than aggression and bullying others. This means that substance abuse by students aged 10-13 years is significantly less frequent than aggressive behaviours.

The research reveals worrying phenomenon of the dynamic growth in the frequency of smoking and alcohol consumption among pupils aged 10-13 years. The indices of these two behaviours increased twice during one year.

The variance of risky behavior is influenced by two factors related to the implemented preventive programs: the type of the implemented interventions and the intervention implementer. Both factors substantially affect the frequency of alcohol drinking. The frequency of alcohol consumption among 10-13 year olds decreases as the validation and standardisation of preventive interventions in which the students participate increases. The second factor to change the intensity of alcohol drinking frequency is the intervention implementer. The largest increase in the frequency of alcohol consumption occurs when preventive interventions implementers are the teachers, the increase is lower when the interventions are implemented by the school psychologist or pedagogist and it is the lowest when the actions are implemented by external experts.

The control factors in the study, associated with preventive intervention implementation (a type of intervention, an implementer, a number of intervention, total duration) are significant moderators of personality and environment correlates of risky behaviours in pupils aged 10-13 years. They can be divide into four groups that can be considered as protective factors and risk factors: (1) relationship with others constituting a basis for social support, (2) educational achievements, (3) undertaken activities, (4) individual traits.

The implementation of preventive interventions impacts the evolution of students' social relations with peers, teachers and form-masters. The conducted analysis shows two different patterns of their occurrence. The preventive interventions (type and total duration) positively influence strengthening of relations among pupils whereas a type of intervention, an implementer, a number of intervention and total duration adversely affect support received by students from form-masters. Also, the number of intervention adversely affects support received from the teachers.

The second group of risky behaviours correlates – educational achievements included school grades and students' conduct grades. School grades are impacted by the type of intervention (authorial intervention and those with the higher validation and standardisation level) and overall intervention duration. On the other hand, the intervention implementer and the number of preventive interventions affect students' conduct grades (the strongest if the teacher is the implementer).

The organised extra-curricular activities (organised extra-curricular activities and students' own activity) undertaken by students are impacted by of the type of preventive intervention and in particular interventions with a higher level of standardisation and validation.

The variance of the temperamental characteristics intensification (impulsiveness) and response to stress are moderated by three features of preventive interventions: type of intervention, its implementer and its total duration.

### 2.3.5. Prevention for students aged 14-16

The analysis of the quality of preventive actions which involved students from higher forms of the primary and lower secondary school (combined groups due to the structural change in the educational system) can be accomplished in several ways. In the first place, it is worthwhile focusing on the very distributions of various indicators of the implementation of preventive actions and analyzing their distributions across the whole population of the examined schools, without scrutinizing their relationships with the dynamics of high-risk behaviours. Secondly, it is essential to check whether the selected formal indexes of the preventive activity implementation in the research were linked with the dynamics of high-risk behaviours. Finally, it is recommended to consider the nature of these relations if they proved to be statistically significant. The data presented in this chapter will follow in such an order.

#### **Professionalization of prevention with regard to 14-16 aged students**

The available subject literature consistently stresses the need for the professionalization of preventive actions, addressed to a group of adolescents (Das et al., 2016; O'Loughlin, Althonff, Hudziak, 2017). Therefore, it is worth looking into the conducted activities in the lower secondary school from the formal perspective of the conducted programmes (i.e. whether they have been recommended or published) as well as their content. This type of an analysis indicates that the educational institutions that are engaged in the work with older adolescents only occasionally reach for the recommended programmes ([rekomendowane.pl](http://rekomendowane.pl)). These are the programmes which obtained a positive evaluation in the recommendation system prepared in 2010 by four collaborating institutions: National Bureau for Drug Prevention, the State Agency for the Prevention of Alcohol-Related Problems, Center for Education Development and the Institute of Psychiatry and Neurology. These programmes may receive recommendation on these three levels:

- **Promising Programme (level 1)** - based on internationally recognized theoretical concepts relating to the prevention of high-risk behaviours. It also relies on the logical model, exploiting prevention strategies which were evaluated as effective. Such a programme must have a proper process evaluation (in the course of implementation). At the same time, however, it does not include a positive verification (using correct evaluation research) in terms of the impact of the programme on the indicators of behaviour or mental health. Nevertheless, this program obtained a required minimum number of points in expert assessments.
- **Good Practice Programme (level 2)** moves beyond **level 1** since there is a process evaluation during its implementation. Moreover, the implementers use formative evaluation for enhancing the quality of the programme. This type of programmes occasionally contains an assessment of effects, although it is not performed at a sufficiently high methodological level. For this reason, the programme may not be treated as a model one (**level 3**).
- **Model Programme (level 3)** - the programme possesses the highest scores in all the above-mentioned categories, as viewed by expert reviewers. The programme on this level must have an evaluation of the effects in the national

population (including deferred studies).

These types of programmes (regardless of the level of their recommendation) were implemented only in every twentieth case (Table 1). Slightly more often than one in five cases, teachers used published programmes, which were included in the recommended list of programmes. The reasons for the rare selection of proven quality and effectiveness programmes may be numerous. The key reason may be the lack of awareness of the presence of high-quality prevention programme indicators and the existence of the recommended list. Besides, the exploitation of multiple recommended programmes may also require higher costs, time and work involvement, resulting from the indispensable evaluation of the process and its effects). It needs to be stressed, however, that it is not an absolute rule. In the authorial studies, the schools pointed to particular implemented programmes, some of which heavily relying on grants, or project resources made by an outside party. Such a situation denotes no financial burden or workload for an educational institution, in which the programme is being implemented. Undoubtedly, such a small number of schools undertaking the challenge of the implementation of the recommended programmes is not a favourable phenomenon. The reason for this state of affairs requires a further study, followed by an introduction of changes designed to remedy the situation.

Further analyses related to the programme implementers with regard to their level of professionalization seem even more interesting.

It appears that in over 44% utilized programmes, without any description, the implementers are persons outside of the school. In the case of other programmes, such a situation occurs less frequently and concerns approximately a quarter of all cases. It must be therefore concluded that a large proportion of programmes implemented for this age group is implemented without any consideration as for their content and methodology.

Table 1.

*Type of implemented programmes*

Selected from the base of recommended programmes	Published outside the base	Authorial with a description possessed by school	No description
5.3%	22.2 %	31 %	41.6 %

Source: author's own research.

It should be noticed that more than four programmes out of 10 do not contain any description. It is therefore difficult to expect these programmes to be of high-quality. Even if that was the case, due to the lack of even basic documentation, it is hardly verifiable.

### **Dynamics of high-risk behaviours (in the test-retest measurement) in an interaction with variables which characterize the implementation of prevention in schools**

Checking how formal factors of the implemented prevention actions translate into changes within the cumulative high-risk behaviours required conducting a one-factor analysis of variance with a repeated measurement. The dependent variable was the intensification of high-risk behaviours, grouped in particular collective scales, i.e.:

- Frequency of high-risk behaviours (abuse of psychoactive substances, including tobacco, incidence of aggression)
- Frequency of alcohol consumption
- Frequency of tobacco smoking
- Frequency of aggression and bullying

The intra-object factor was time (test-retest examination). The intra-object factors were variables which characterize the prevention efforts, implemented at school: type of activities, implementer of the activities, a number of prevention actions and the overall duration of the activities.

The general index of high-risk behaviours comprised the frequency of the following three behaviours: drinking alcohol, tobacco smoking, violence and bullying.

The changes in the value of the general index of high-risk behaviours proved to be associated with the number of the implemented actions. Moreover, the conducted analysis demonstrates that the change in the frequency of alcohol abuse and the involvement factor in aggression do not depend upon the analyzed characteristics of prevention actions. The change in the intensity of tobacco smoking depends upon the type of the ongoing prevention actions and the number of implemented actions (Table 1). **The statistical relations obtained here must be interpreted with care due to the applied test indicators, which, as a matter of fact, constitute a formal description of the implemented preventive actions, however, are not directly linked with their specific content - merely a manner of implementing preventive actions as such. Therefore, neither distinct content (due to high-risk behaviours) nor detailed content (referring to an individual behaviour) are taken into account. Thus, under no circumstances should lack of relevant links, without additional in-depth analyses, be interpreted as a lack of efficiency of preventive actions, which are introduced in a particular way. These results can be interpreted in a different manner. Statistical significance of a link may denote particular relevance of a specific factor of implementing a preventive activity at school with regard to the dynamics of changes in individual behaviours.**

The interpretation of the involvement in the aggression index might serve as a good illustration. It cannot be considered out of context, in particular with regard to indicators of harassment, understood as bullying, which is long term in its nature. It also has the qualities of imbalance of forces and negative intentions of the perpetrators. It affected 11.5% of the total population of students, two or more times a year. As shown by numerous studies (see Pyżalski, 2012) peer violence is relatively constant over time and is difficult to treat professionally. It is therefore difficult to expect that the universal formal impacts (for instance, concerning other problems) will diminish the indicators of this particular behaviour (see Monks et al., 2009; Pyżalski, 2012).

Table 2.

*The impact of preventive actions implemented at school on high-risk behaviours modifications*

Factor	Variable	Interaction: factor x time
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		F	p	$\eta^2$
Type of implemented programmes	Frequency of high-risk behaviours (use of psychoactive substances, aggression)	1.234	.295	.008
	Frequency of alcohol consumption	.954	.432	.006
	Frequency of tobacco smoking	<b>2.375</b>	<b>.05</b>	<b>.015</b>
	Frequency of aggression and bullying	1.602	.172	.010
Implementer of activities	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	.142	.935	.001
	Frequency of alcohol consumption	.477	.698	.002
	Frequency of tobacco smoking	1.498	.214	.007
	Frequency of aggression and bullying	1.143	.331	.005
Number of activities	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	<b>3.402</b>	<b>.017</b>	<b>.014</b>
	Frequency of alcohol consumption	2.443	.063	.010
	Frequency of tobacco smoking	<b>5.559</b>	<b>.001</b>	<b>.023</b>
	Frequency of aggression and bullying	.023	.995	.000
Duration of activities	Frequency of high-risk behaviours (abuse of psychoactive substances, aggression)	1.103	.354	.006
	Frequency of alcohol intake	1.438	.220	.008
	Frequency of tobacco smoking	1.713	.145	.010
	Frequency of aggression and bullying	.247	.912	.001

Source: author's own research.

### ***Formal aspects of the implementation of prevention programmes and the dynamics of selected indicators of high-risk behaviours***

The type of conducted classes affects the average incidence of tobacco smoking. The obtained results are difficult to interpret (see Figure 1). In case of the implementation of thematic educational hours, we deal with a decline of the index value, whereas for other types of activities the growth is the largest with regard to the recommended programmes. The growth is lower for recommended programmes outside the base. The interpretation of results should take into account the methodological limitations presented at the beginning of the articles – the interactions exclusively connected with the implementation of programmes aimed at tobacco smoking are not analyzed. On the other hand, behind programmes implemented during thematic educational classes, there is often a person/an implementer acting as a form tutor, which can be a significant factor translating into the reduction of the smoking index. However, these are only hypotheses, which cannot be verified on the basis of quantitative material. In the future, it is worth carrying out qualitative research focused on exploring the issues discussed in this article, in the context of the experience of students participating in anti-smoking preventive activities, conducted in different ways (see Mathie, Canozzi, 2005)

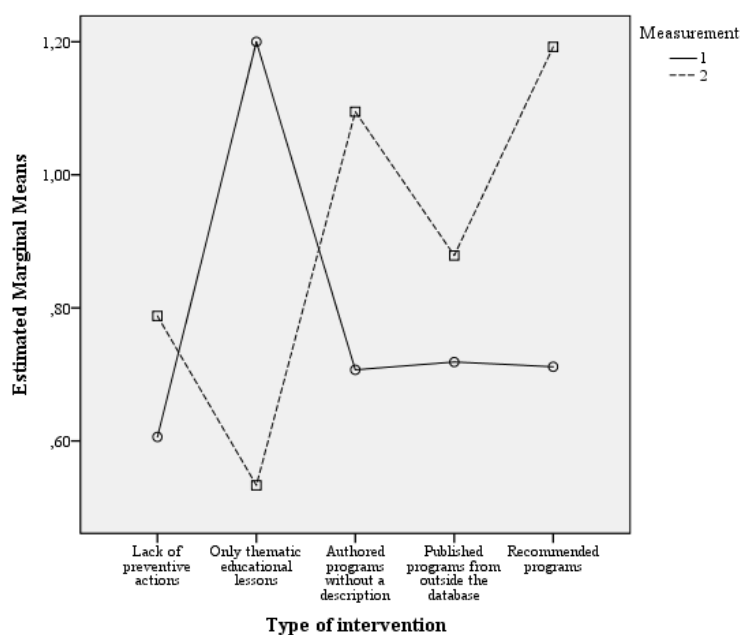


Figure 1. Interaction of preventive activities and the frequency of tobacco smoking.

The interaction of dynamics of the tobacco smoking index with the number of implemented prevention actions is ambiguous in a similar manner.

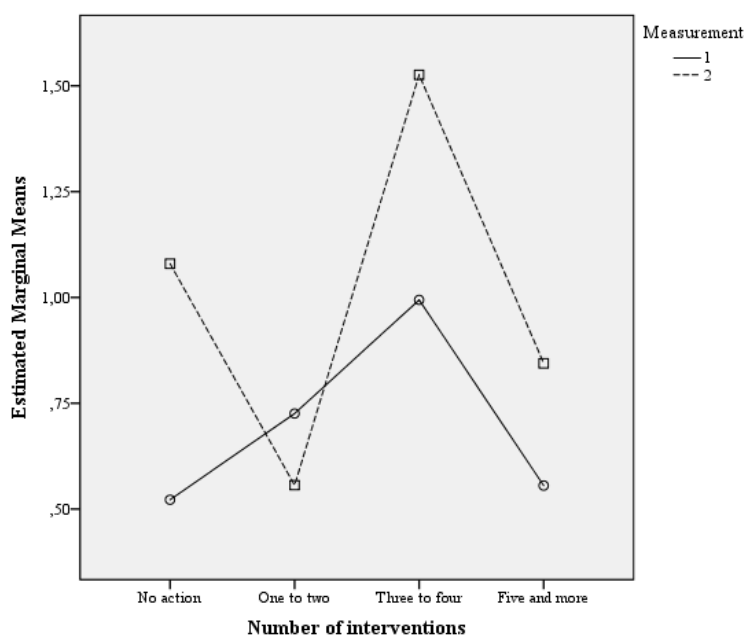


Figure 2. Interaction of the number of preventive activities and the frequency of tobacco smoking.

The a rise of the index in the absence of actions is evident here, which is an understandable result, however, the growth is also observed in the case of performing three to four actions (with a high mean in the first measurement), and to a lesser extent, when performing numerous activities (5 and more). Simultaneously, a decrease in the average rate of tobacco smoking occurs in case of the implementation of individual actions (1-2). Bearing in mind limited methodological foundations of such comparisons, it is extremely difficult to propose interpretations of the results obtained. Studies indicating very high effectiveness of a brief medical intervention to quit smoking are available (see Harvey, Chadi, 2016), however, in this case the analysis of the programme content does not demonstrate that this type of actions were performed in the schools at stake.

Finally, a number of preventive measures is related to the dynamics of the collective index of high-risk behaviours (Figure 3).

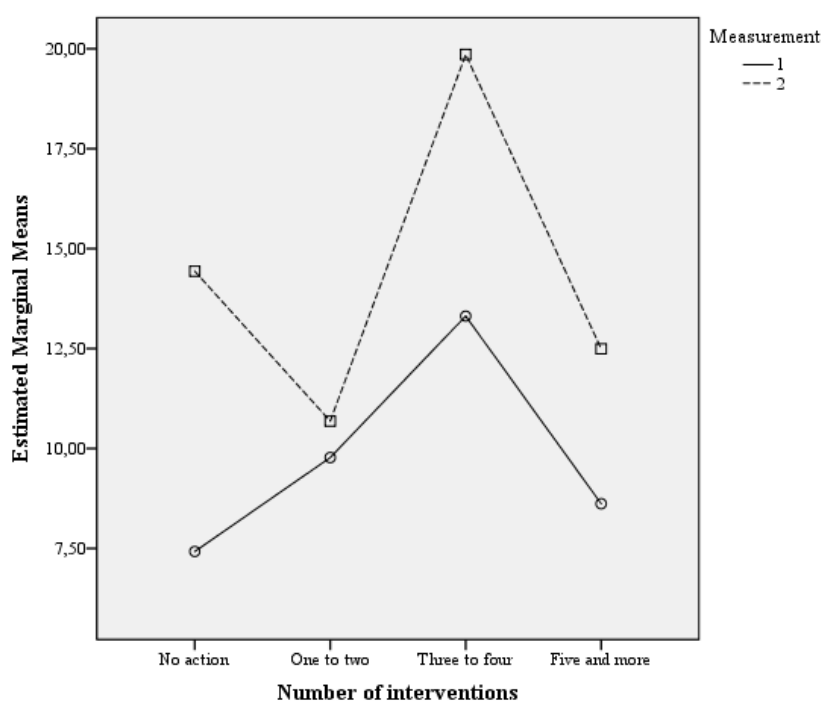


Figure 3. Interaction of the number of preventive actions and the collective index of high-risk behaviours.

As in the case of the tobacco smoking index, the results are not easy to interpret. It is possible to observe a significant increase in the collective index, in the absence of preventive actions, a large increase during the implementation of three to four actions, and a slightly lower increase when performing numerous activities (five and above). The lowest growth refers to the situation when only individual actions are conducted (1-2). It is also possible to formulate an interpretation that indicates that adolescents in school institutions, in which preventive actions are numerous, demonstrate a higher fundamental intensity of high-risk behaviours. An analysis of data indicates, however,

that this merely applies to a group, in which 3-4 actions are carried out. The reason for this state of affairs is definitely difficult to indicate.

## Conclusions

The aspect of professionalization and formal foundation of preventive measures addressed to adolescents at the age of 14-16 requires an in-depth consideration. It appears that in this group, preventive actions which deriving from the recommended programmes, are exceptional (one case in twenty). On the other hand, there are a lot of actions which do not have any description, being frequently conducted by implementers outside of school. This means a high risk of the lack of professionalization (both in terms of content, the form of activities as well as the quality of their implementation (e.g. evaluation of the process or its effects). It is, therefore, important to undertake actions (not merely formal ones), but also the educational ones, aimed at changing the situation diagnosed here. It should refer to a higher quality of actions and access to more detailed information with regard to what is realized and who it is implemented by.

The dynamics of changes in high-risk behaviour indexes was found to be associated with the type of conducted prevention actions and their frequency. It concerned the collective index of high-risk behaviours (frequency) and tobacco smoking (type of programmes, frequency).

The discovered interactions, however, are difficult to interpret. Indicators of high-risk behaviour tend to increase commonly in the absence of any actions. However, it is also present in other groups which are distinguished with regard to the type and frequency of actions. The hypotheses presented above are associated with the obtained results. However, in the current set of the obtained data, which might enable their verification. Thus, this set of data should be very carefully utilized, especially in the context of the methodology of preventive measures implementation at school. The obtained data may, however, be used for planning directions of further research in this area, especially in the quality model, where implementers and receivers of preventive actions will act as respondents.

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### 2.3.6. Prevention for students aged 17-19

#### Introduction

Prevention of risky behaviours in school encounters significant limitations. The school's priority is academic content. It is completely understandable, taking into account the expectations of society towards the school. The efforts of schools principals and teachers are focused on quality education which is understood as the transfer of academic content divided into school subjects. This school is accounted for this task by the authorities and the public. School rankings and informal ratings of schools for parents' use are the tools which serve this purpose. Normally operating school usually has no time for more ambitious (longer) preventive actions. There is no dedicated and specified time for prevention, including professional preventive programmes, on the school's activities schedule. The lack of time for professional prevention is not the only problem. Also, there are no systemic incentives (bonuses, rewards, promotions) for teachers committed to broadening their professional interests by knowledge on preventive actions.

Because of the systemic lack of time for prevention in schools, certain educational-preventive obligations of the school has been taken over by external "experts". From the school's perspective it is a lot easier to let someone in to a class for two or three periods, than to train its teachers and create suitable conditions for systematic preventive efforts. A person from outside the school (a prevention specialist, a psychologist from psycho-pedagogical clinic, a police officer, a physician, a member of a non-governmental organization, etc.) does not change anything in the routine activities of the school. He/she visits and leaves. The school has fulfilled its obligation and everyone is happy. This drives the so-called prevention services market functioning in response to schools' needs. These services have the ocean's capacity. Anything from talks on the harmfulness of psychoactive substances use, workshops on emotions through theatrical performances about drug addicts lives, drug addicts testimonials, to art contests, pupils' visits in prisons, sport competitions, festivities and picnics in the open air, events with known athletes, healthy food fairs etc. can be fitted in. Without vastly specialised and expensive research, the efficacy of preventive activities is, in principle, not measurable. So, any arbitrary thing for the use of supervisors and parents, can be said about the efficacy of these or other forms of prevention purchased by the school. No one will verify it.

In this situation, the monitoring of the progress in the professionalization of preventive interventions is much needed. Our research project was dedicated to this goal inter alia. In Poland decision-makers seem to underestimate the professional prevention programmes implementation mechanisms. Despite the criticism on the part of experts – decision makers create systemic solutions that support spontaneous and untested actions of the unregulated prevention services market (Szymańska, 2005, Ostaszewski, Bobrowski, 2008, Ostaszewski, Sochocki, Wojcieszek, 2014). Developed in recent years, *System of Recommendations for Prevention and Mental Health Promotion Programmes coordinated by the National Bureau for Drug Prevention (Radomsko, 2014)* serves the purpose of a greater professionalization of prevention. Its emergence and operation are important steps towards better quality and effectiveness of prevention implemented in our country. Similar initiatives aimed at increasing the participation of programmes based on scientific principles in schools have been

previously undertaken in the USA and in the Czech Republic. The experience of these countries shows that the effort of the state can significantly improve preventive interventions practice in schools (Ringwalt, Vincus, Hanley, Ennett, Bowling, Haws, 2011; Miovsky, 2013).


### **The assessment of preventive interventions status in secondary schools**

The information on preventive interventions implemented in secondary schools (comprehensive secondary schools, technical and vocational schools) come from two sources: from school employees and from students – participants of preventive intervention. The information was gathered within the so-called evaluation process of prevention interventions implemented by schools. Based on the information gathered from school employees, we can determine what types of preventive actions are implemented by secondary schools. The type of a preventive action has been defined on the basis of its formal status. And so, the school employees answered the question whether the programmes implemented in their school belonged to one of the four categories: 1/ programmes recommended by the Recommendation System for prevention programmes, 2/ programmes with a formal description (published), but not in the Recommendation System 3/ authorial programmes, described by the authors for the school's use and 4/ programmes that do not have any formal description (programmes lacking any formal structure or actions purchased without a public tender procedure).

It can be assumed that the adopted division - in spite of other differences - reflects the level of social knowledge on the programme implemented by the school, from the best known recommended programmes that are described in detail on the Recommendation System website ([www. programyrekomendowane.pl](http://www.programyrekomendowane.pl)), to the programmes without a description of which virtually no one knows anything apart from their direct implementers. It can also be assumed that the adopted division reflects one more important aspect of the social status of school prevention programme -its level of professionalization. At one end of this division there are programmes meeting high professional requirements (recommended programmes and published programmes from outside the list of recommended programmes), and on the other hand - amateur authorial programmes or interventions undertaken ad hoc (without description), see table 1.

Table 1

*Formal status of a prevention programme and the level of knowledge about the programme*

The level of society knowledge about the prevention programme	Types of prevention programmes implemented by schools
Amateur programmes	
Lack of knowledge	Programmes without description
	Authorial programmes
	Programmes published, not recommended
Professional programmes	
Detailed knowledge	Recommended Programmes

### **Types of preventive interventions**

The results of the study show that in secondary schools authorial prevention programmes dominate (authorial interventions) and recommended programmes (professional) are least frequently implemented. More than half of technical, comprehensive and vocational schools students (approximately 56%) participated in an authorial programme, while only about 5% (7% of pupils of vocational and technical schools students and 0% of comprehensive secondary school students) participated in a recommended programme. Programmes without any description are much more popularized than recommended programmes - about 24% of vocational schools pupils and 36% of comprehensive schools pupils participated in them. Approximately 13% of pupils of vocational schools and approximately 9% of comprehensive schools students, table 2, participated in the programmes whose description has been published but they are not listed as recommended programmes.

It can be concluded from these very modest figures (based on the data from less than 300 persons) concerning professional programmes that in several secondary school classes, two recommended programmes (ARS and Epsilon programmes) were implemented and several known prevention programmes from outside the recommended programmes database (e.g. Yes or no). The research also provides information about the names of authorial programmes implemented by schools. This information is, however, of very little use because it is not known what is hidden under these headings.

Table 2

*Popularization of prevention programmes types in secondary schools*

Programme	Technical and vocational schools		Comprehensive schools		Total	
	N	%	N	%	N	%
Recommended	86	6.8	0	0	86	5.4
Published from outside the base	168	13.3	29	9.4	197	12.5
Authorial	708	56.1	169	54.5	877	55,8
Without description	300	23.8	112	36.1	412	26,2
Total	1262	100.0	310	100.0	1572	100.0

### **The conditions of preventive action implementation**

Information obtained on the basis of our research concerning the conditions of school prevention programmes implementation relate to several issues: who the implementer was, in what groups the programme was implemented and at what place and time. The conditions of implementation are important factors impacting the quality and efficacy of preventive interventions. In this context, the school prevention activities implementers constitute a very interesting topic around which there are ongoing disputes and discussions. Some experts claim that the best school prevention intervention implementers are trained teachers / school pedagogists (Woynarowska, Ostaszewski, Kulmatycki, 2014), while others state that external experts (physicians, police officers, addictions therapists, professional prevention specialists, etc.) are more efficient. The supporters of employment school personnel for the purpose of prevention intervention implementation point to the benevolent synergy in the academic education and in



prevention as well as to continuity of educational-preventive efforts, which may only be provided by the school's staff. In turn, those in favour of external experts emphasize their better subject matter knowledge of prevention tasks and the fact that they are not involved in the school assessment system which encourages young people to a greater openness and honesty in dealings with the external specialist. This dispute is difficult to resolve because both sides have their arguments. The scientific evidence of the research into school prevention evaluation points to the ineffectiveness of the interventions implemented by police officers, drug addicts and external experts without the appropriate substantial preparation (UNODC, 2015).

**The implementers.** Who are the implementers of preventive interventions in secondary schools in Poland? The collected data indicate that most frequently the preventive interventions implementers in secondary schools are persons from outside the school (approx. 42% of implementers). Unfortunately, there is no detailed information available on the implementers professional background and competences. Subsequently, school pedagogists/ psychologists (about 26%) most frequently assume the role of implementers. Form masters come in the third place (approximately 13%), and in the fourth, subject teachers (approximately 8%). In 10% of all cases, intervention was implemented by different people, presumably a form master and school pedagogist/ psychologist or a person from outside the school. Our research implies that the school employees (form masters, pedagogists and school teachers) are the implementers of approximately half of the interventions cases and external experts of the second half.

**Other conditions for prevention implementation.** Information on other conditions of the prevention implementation indicates that preventive interventions for secondary school are usually organised on the school's premises (82.5% of classes), involve entire classes (approximately 65%) and are conducted during lesson hours (approximately 94%). Quite a large proportion of preventive activities (around 18%) is carried out in large groups of students comprised of students from several classes or the entire school.

### **Longitudinal studies of risky behaviours among secondary school students in the context of preventive action types.**

About 1470 secondary schools students participated in twofold longitudinal studies and 888 of comprehensive, technical and vocational school students proceeded to the analysis of variance with a repeated measurement (MANOVA) which constituted approximately 60% of the initial testing. The first measurement of risky behaviours among pupils was carried out at the end of the school year 2016/2017, and the second measurement took place at the end of the school year 2017/2018. Two types of variables were included in the analyses: 1/ variables characterising the use of psychoactive substances (alcohol, nicotine, drugs, medicines) and violent behaviours (aggressive behaviours and bullying others) and 2/ dichotomous variable characterizing the degree of professionalization of preventive intervention in schools (professional/qualified versus amateur). Recommended programmes and published programmes from outside the databases were included in the professional/qualified actions while authorial programmes with no description and no preventive interventions were included in amateur actions.

**The dynamics of changes in risky behaviours within one year.** Firstly, the collected data allow an assessment of the changes in the intensification of risky behaviours that have occurred within one year in secondary school students. The intensification of violent behaviours has not changed significantly within a year. As

expected, the intensification of psychoactive substance use significantly increased in the observed period, table 3. Statistically significant **time effect** proves it. In the case of all the indices of psychoactive substance use, this effect increased significantly. The biggest increase was observed in the case of frequency of alcohol consumption and the lowest in the case of drugs and medicines used for intoxication. On the basis of our analysis it can be estimated that the effect of time explains about 16% of variance in the case of changes in alcohol consumption frequency, around 4% of variance in the case of changes in the quantities of the drunk alcohol, frequency of smoking and about 1.6% of variance in the case of changes in frequency of drug/ medicines use.

Secondly, the collected data indicate an interesting relationship between the two highlighted groups of schools/students (students subjected to amateur prevention actions versus those subjected to a qualified prevention actions) and the intensification of risky behaviours in adolescents. Well, in the group of schools which decided on amateur actions (mainly authorial teachers or pedagogists' programmes) or did not implement any preventive action, intensification of risky behaviours was significantly lower than in the group of pupils whose schools implemented qualified interventions. This is evidenced by the **effects of the group** in three cases: alcohol drinking frequency, quantities of consumed alcohol and the frequency of smoking. In the remaining two cases (drugs/ medicines and violent behaviours) the effects of the group were statistically negligible, table 3.

Thirdly, the data analysis revealed one significant **effect of the interaction** between the measurement time and the type of preventive intervention. In the group of students whose schools decided on qualified preventive interventions, an increase in the amount of consumed alcohol was significantly lower within the observed period than in the group of students covered by an amateur programme or no preventive action at all. Figure 1 shows a graphic image of this interaction. In the case of other risky behaviours indicators no significant effects of interaction were observed, table 3.

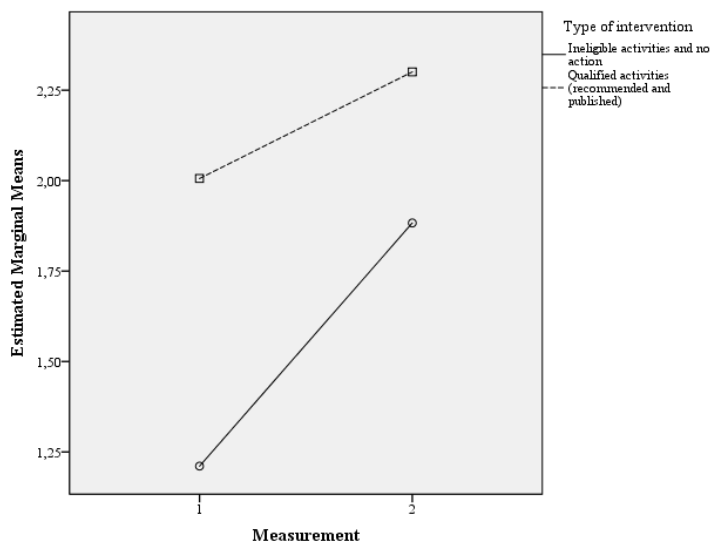


Figure 1. The interaction between the time of measurement and the type of preventive activities in relation to the index of the recently consumed alcohol amount".

Table 3

*Relationship between the type of prevention and risky behaviours in secondary school students. Means and results of the analysis of variance with repeated measurements, N=888*

<b>Examined students groups</b>					
<b>Risky behaviours indices</b>	<b>Measurement Time</b>	<b>Amateur intervention/No Intervention Means, N=551</b>	<b>Qualified interventions/Recommended Means, N=337</b>	<b>F and eta values and significance level</b>	
Frequency of alcohol consumption (range from 0 "Never" to 6 "Daily")	Test	3,062	3,890	<b>The effect of the group</b> <b>F=18,009; p&lt;0.001</b> <b>Eta<sup>2</sup>= 0.020</b>	
	Re-test	4,287	4,970		
		<b>The effect of time</b> <b>F= 173,662, p&lt;0.001</b> <b>Eta<sup>2</sup>= 0,164</b>		The effect of interaction Group x time F= 0,686, p<0,408 Eta <sup>2</sup> = 0,001	
Quantity of recently consumed alcohol (number of units, range from 0, without upper limit)	Test	1,211	2,006	<b>The effect of the group</b> <b>F=25,545; p&lt;0.001</b> <b>Eta<sup>2</sup>= 0.028</b>	
	Re-test	1,883	2,301		
		<b>The effect of time</b> <b>F= 36,690, p&lt;0.001</b> <b>Eta<sup>2</sup>= 0.040</b>		<b>The effect of interaction</b> <b>Group x time</b> <b>F=5,589, p&lt;0,018</b> <b>Eta<sup>2</sup>= 0.006</b>	
Frequency of smoking (range from 0 "Never" to 6 "Daily")	Test	1,655	Leave	<b>The effect of the group</b> <b>F=14,361; p&lt;0.001</b> <b>Eta<sup>2</sup>= 0,016</b>	
	Re-test	2,007	2,682		
		<b>The effect of time</b> <b>F= 37,211, p&lt;0.001</b> <b>Eta<sup>2</sup>= 0.040</b>		The effect of interaction Group x time F= 0,276, p<0,600 Eta <sup>2</sup> = 0.000	
Frequency of drug and medicines use (value range from 0 "Never" to 6 "Daily")	Test	0,445	0.591 IN	The effect of the group F=1,782; p<0,182 Eta <sup>2</sup> = 0.002	
	Re-test	0,701	0,819		
		<b>The effect of time</b> <b>F= 14,754, p&lt;0.001</b> <b>Eta<sup>2</sup>= 0,016</b>		The effect of interaction Group x time F= 0,047, p<0,828 Eta <sup>2</sup> = 0.000	
Frequency of violence use and bullying others (range from 0 "Never" to 8 "often")	Test	3,659	3,846	The effect of the group F=1,986; p<0,159 Eta <sup>2</sup> = 0.002	
	Re-test	3,528	3,887		
		The effect of time F= 0,139, p<0.709 in Eta <sup>2</sup> = 0.000		The effect of interaction Group x time F= 0,519, p<0,471 Eta <sup>2</sup> = 0,001	

## Limitations of the study

The research reported here had two important objectives. The first objective was the assessment of the status of prevention actions implemented in secondary schools. The second goal was an attempt to verify in a longitudinal study, how the identified types of activities (professional versus amateur) translate to the intensification of the selected risky behaviours in adolescents. It is worth emphasizing that the second objective of the study was extremely ambitious and has not been attempted in our country before.

In respect to the first goal of the research, the limitations consisted in the fact that examining the status of preventive programmes implemented by secondary schools, neither the substantial content nor the quality of these activities / programmes implementation could be assessed. The information available to us, mainly concerns the formal characteristics of these actions (type, implementers, place and group size). Obviously, it can be assumed that the substantive content and the quality of the implementation of the qualified/professional programmes in which the implementers are equipped with manuals and are trained, is higher than the quality of the amateur programmes implementation, in which the author himself/herself acknowledges his/her competences as sufficient. However, this assumption does not always have to be true. The lack of more precise, qualitative assessment of preventive interventions is undoubtedly a limitation of this study.

The implementation of the second research objective i.e. the attempt to evaluate the efficacy of the preventive intervention, encountered a few important restrictions that virtually prevented its reliable accomplishment. Firstly, our research can be considered a research experiment conducted under natural conditions (Boyd, 1995). As it often happens in such situations researchers did not have a possibility of controlling (taking into account) the relevant factors that affect the changes in the pupils' risky behaviours. For example, a properly designed research experiment assumes the comparability of test groups. Here, however, it appeared that the group of students participating in the qualified/professional programmes and a group of students participating in the amateur programmes were completely different. The students covered by professional programmes had a much higher output level of risky behaviours intensification than the pupils covered by amateur programmes. In this situation if we wanted to examine the effectiveness of professional/ qualified programmes, an appropriate group for comparison would be a group of students of a similar volume of risky behaviours, but without preventive intervention or amateur intervention. We were not able to examine such a group.

The second important limitation of the research was the lack of information about the quality of the programme implementation. We have no knowledge on how the intervention was implemented, whether it was carried out in accordance with the assumptions, how well prepared the implementers were, what difficulties were encountered, etc. The lack of this information causes that we are dealing with the situation which is defined in English as the evaluation of the "input-output" type without further reflection and knowledge of what happened between the program/intervention implementation and its outcome. Such a model of preventive interventions evaluation is the object of a justified criticism from experts (Boyd, 1995; Hawkins and Nederhooft, 1994).

The third limitation of our study which should be taken into account when interpreting the results is related to diminishing the sample and a small number of pupils who remained in the analysis. In longitudinal studies, diminishing of a sample is one of the largest researchers' worries (Babbie, 2008). Therefore, usually special efforts shall be undertaken to reach as many study participants as possible. This, however, requires

additional resources and considerable organizational efforts. In our case approx. 340 pupils in the qualified programmes group and about 550 pupils in the amateur programmes group remained in the final analyses. On the one hand, these figures can be considered as sufficient to carry out quantitative statistical analyses, but on the other hand, if this number is converted to a number of classes that are normally the preventive intervention unit, it turns out that we are evaluating the efficacy of preventive intervention in the scale of the country on the basis of what happened in the 10 / 20 classes. It is not enough to draw more general conclusions.

### Summary and conclusions

1. Test results confirm earlier observations and reports (e.g. NIK report/the SCC, 2013; Malczewski, 2015) that the unprofessional trend for prevention dominates in schools. It is evidenced by prevalence of authorial prevention programmes and programmes without any description. Schools also readily outsource preventive interventions to external experts. This state of affairs persists despite the measures taken by the experts and some state institutions (e.g., PARPA KBPN, ORE) toward the professionalization of school risky behaviours prevention. This implies that there exist structural and mental obstacles in the professionalization of prevention in schools. Most likely, the implementation of these plans is hampered by other priorities of school authorities and teachers, lack of knowledge about professional prevention, lack of time and motivation in decision makers, lack of confidence in the effectiveness of prevention. A change of this situation requires the determination on the part of school authorities at all levels and considerably greater investments in school prevention.

2. Some results showing that secondary school with high intensity of risky behaviours (mainly with high indices of psychoactive substances use) reached for professional/qualified prevention programmes encourage hope. This trend, if confirmed in other studies indicates the correct response of school authorities: i.e. we have a problem, so we are applying tested prevention tools. It seems, however, that in the case of secondary school pupils, this response is quite a few years belated. The high level of psychoactive substances use among 17-19 year olds usually requires intervention either in the field of prevention or damage reduction. The information on such interventions is unfortunately missing in our research material.

3. The attempt, undertaken within the framework of this project, to assess the efficacy of the two types of formal preventive interventions (professional/ qualified versus amateur ones) failed in reference to the group of secondary schools for technical reasons (sample diminishing). The obtained results that mostly demonstrate the absence of statistical differences (with one exception) should be treated with great caution because of the important limitations of these studies.

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### 2.3.7. Prevention and personality development of students aged 17-19

#### Self-image development

When examining the functioning of personality of secondary school students, the author sought correlations between the self-image, measured by the ACL test, and preventive actions. Self-image is a *structured collection of elements with regard to oneself, acquired through experience* (Siek 1986). Self-image contains two basic elements. The first one is awareness of one's own existence, whereas the other one is the awareness of own functioning. It is, at the same time, the centre of the learning processes taking place inside a personality. It is an important factor which stabilizes behaviour (Poleszak 2003). The elements building the self-image embrace necessary mental needs, attitudes, talents, types of emotional responses, both the conscious and unconscious ones (unconscious self-image) (Poleszak 2003).

The changes occurring between the examinations in the self-image are illustrated by the results listed in the annex tables. Figure 1 is a visualization of changes in the group of vocational school students, whereas the changes in the group of comprehensive secondary school students are presented in Figure 2. The changes occurring during the year, among students of different types of education, covered by the study, have a similar direction and a constructive character of their development.

The properties of prevention, subjected to the analysis, influence the scale of the changes in a varying degree. The largest number of the self-image dimensions are subject to variations correlating with the number of preventive activities. The smallest number of self-image dimensions change in correlation with the duration of prevention actions. The selected significant interactions between the properties of prevention which were subjected to evaluation and the self-image of the examined students have been presented in Table 1.

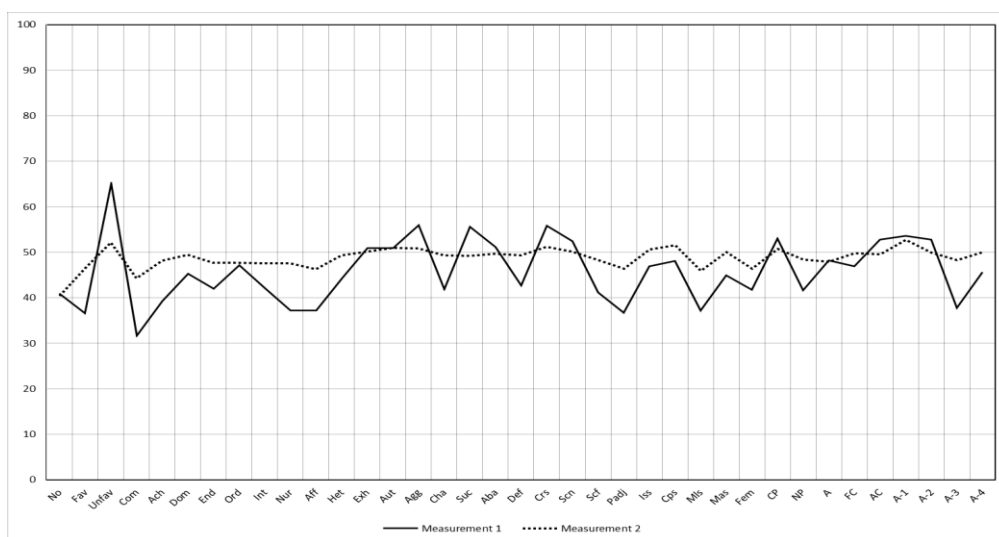


Figure 1. Changes in self-image in a group of vocational school students.

Table 1.

*The influence of preventive actions implemented at school upon the changes in self-image\**

		Type of school					
		Vocational schools			Comprehensive secondary schools		
		F	p	$\eta^2$	F	p	$\eta^2$
Type of actions	No.ckd	1.934	0.106	0.034	<b>3.972</b>	<b>0.004</b>	<b>0.042</b>
	Fav	1.922	0.108	0.033	<b>3.679</b>	<b>0.006</b>	<b>0.039</b>
	Aff	2.382	0.052	0.041	<b>3.431</b>	<b>0.009</b>	<b>0.037</b>
	Het	<b>2.685</b>	<b>0.032</b>	<b>0.046</b>	1.471	0.210	0.016
	S-Cfd	0.748	0.560	0.013	<b>2.634</b>	<b>0.034</b>	<b>0.028</b>
	Mas	1.158	0.330	0.020	<b>2.896</b>	<b>0.022</b>	<b>0.031</b>
	A-2	<b>2.821</b>	<b>0.026</b>	<b>0.048</b>	2.029	0.090	0.022
	A-3	<b>2.928</b>	<b>0.022</b>	<b>0.050</b>	<b>2.562</b>	<b>0.038</b>	<b>0.028</b>
	A-4	0.514	0.726	0.009	<b>3.062</b>	<b>0.017</b>	<b>0.033</b>
Qualifications of implementers	No.ckd	<b>4.411</b>	<b>0.005</b>	<b>0.054</b>	2.081	0.102	0.017
	Crs	<b>3.592</b>	<b>0.014</b>	<b>0.044</b>	0.565	0.639	0.005
	S-Cfd	<b>3.091</b>	<b>0.028</b>	<b>0.038</b>	0.037	0.990	0.000
	Mas	<b>3.402</b>	<b>0.018</b>	<b>0.042</b>	1.010	0.388	0.008
	Cp	<b>4.168</b>	<b>0.007</b>	<b>0.051</b>	0.440	0.724	0.004
	A-2	1.646	0.179	0.021	<b>3.398</b>	<b>0.018</b>	<b>0.027</b>
	A-4	<b>4.690</b>	<b>0.003</b>	<b>0.057</b>	0.772	0.510	0.006
Number of activities	No.ckd	1.828	0.143	0.023	<b>5.759</b>	<b>0.001</b>	<b>0.045</b>
	Fav	<b>3.726</b>	<b>0.012</b>	<b>0.046</b>	<b>2.942</b>	<b>0.033</b>	<b>0.024</b>
	Unfav	0.462	0.709	0.006	<b>4.109</b>	<b>0.007</b>	<b>0.033</b>
	Ach	<b>3.964</b>	<b>0.009</b>	<b>0.049</b>	1.440	0.231	0.012
	Dom	<b>2.950</b>	<b>0.033</b>	<b>0.037</b>	2.142	0.095	0.017
	Ord	<b>3.728</b>	<b>0.012</b>	<b>0.046</b>	0.113	0.952	0.001
	Aff	<b>3.517</b>	<b>0.016</b>	<b>0.043</b>	<b>2.702</b>	<b>0.045</b>	<b>0.022</b>
	Het	<b>6.003</b>	<b>0.001</b>	<b>0.072</b>	1.563	0.198	0.013
	Aut	0.392	0.759	0.005	<b>3.327</b>	<b>0.020</b>	<b>0.027</b>
	Iss	<b>4.115</b>	<b>0.007</b>	<b>0.050</b>	0.816	0.486	0.007
	Mas	<b>3.873</b>	<b>0.010</b>	<b>0.048</b>	<b>5.473</b>	<b>0.001</b>	<b>0.043</b>
	Fem	<b>3.189</b>	<b>0.024</b>	<b>0.039</b>	2.070	0.104	0.017
	Cp	0.289	0.833	0.004	<b>5.626</b>	<b>0.001</b>	<b>0.044</b>
	Np.	<b>2.863</b>	<b>0.038</b>	<b>0.036</b>	0.421	0.738	0.003
	A	<b>5.283</b>	<b>0.002</b>	<b>0.064</b>	0.093	0.964	0.001
	Ac	<b>2.828</b>	<b>0.039</b>	<b>0.035</b>	1.539	0.204	0.013
	A-1	<b>3.599</b>	<b>0.014</b>	<b>0.044</b>	<b>3.747</b>	<b>0.011</b>	<b>0.030</b>
	A-2	1.448	0.230	0.018	<b>4.268</b>	<b>0.006</b>	<b>0.034</b>
	A-3	<b>3.001</b>	<b>0.031</b>	<b>0.037</b>	1.294	0.276	0.011
	A-4	<b>2.944</b>	<b>0.034</b>	<b>0.037</b>	<b>4.035</b>	<b>0.008</b>	<b>0.032</b>
Duration of activities	Het	<b>3.084</b>	<b>0.028</b>	<b>0.038</b>	0.560	0.692	0.006
	Aut	0.353	0.787	0.005	<b>2.482</b>	<b>0.044</b>	<b>0.027</b>
	Cps	0.307	0.820	0.004	<b>3.894</b>	<b>0.004</b>	<b>0.041</b>
	A-2	0.183	0.908	0.002	<b>3.224</b>	<b>0.013</b>	<b>0.034</b>

\*Only statistically significant interactions have been presented



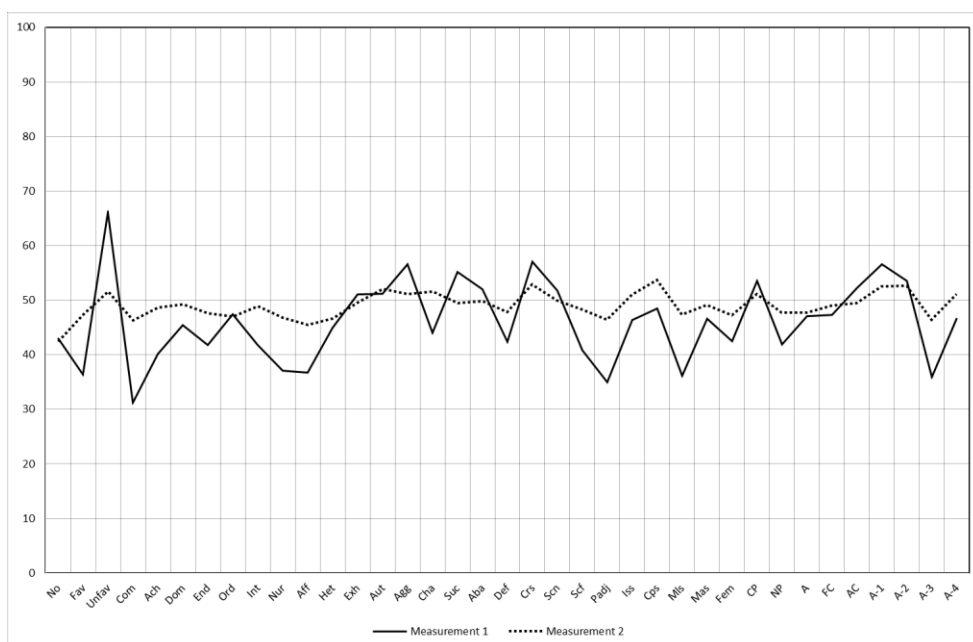


Figure 2. Changes in self-image in the group of comprehensive secondary school students.

### Type of preventive actions versus self-image

In the group of vocational students, significant changes appeared in comparison with the first study, with regard to the need of heterosexual contacts. An increasing need for heterosexual contacts occurred in the students who did not undergo preventive actions and in the group of students, who were covered by recommended programmes only. It must be assumed that this constructive direction of developmental changes occurred independently or was caused by specialist preventive programmes.

In turn, a reduction in self-sufficiency, self-confidence, a sense of uniqueness and self-focus (A-2), primarily correlates with implementing published programmes from outside the recommended programmes base or recommended programmes.

In the second study, the students' results increased on the following scale - low originality, low intelligence (A-3), which translates into an increase in the need of belongingness, respect for other people's rights and desires as well as improvement in social life. This regularity is stressed in places where the authorial preventive activities were conducted, and also in the teenage group, in which only recommended programmes were carried out.

In the environment of comprehensive secondary school students, expressing oneself and expressing expectations, impulsiveness in a contact, life activity (No.Ckd) increased in the students who were not subjected to preventive measures. In contrast, it decreased in the group of students making use of recommended programmes.

In terms of the number of selected positive adjectives (Fav), the second measurement brought progress in all the groups of preventive actions. However, the most significant increase in the scale of intensification was reported in the group of students without preventive actions and in the group of students, in which the authorial preventive programmes were implemented. In these students, the intensification of such qualities as flexibility, conviviality and cheerfulness in confrontation with life adversities were on the increase. A similar correlation can be observed in the intensification of the

affiliation needs (Aff). Thus, the biggest increase in the sense of efficiency in establishing social relationships was recorded in groups of students, in which there were no social activities, or the activities were of undetermined professional quality.

In terms of self-confidence, the biggest progress (changes between the first and the second study) took place in a group of students, in which the authorial actions were carried out. In the remaining groups, there was also an insignificant increase in self-confidence.

The changes in the scale of masculinity (Mas) translate into a greater tendency to impose one's will, assertiveness in self-expression, crossing borders to achieve one's goal. The growth of such features was observed in the group of students, in which no preventive actions were conducted, and to a lesser extent, in the group, in which the authorial programmes were implemented.

The last two statistically significant regularities appeared in Welsh scales, namely in low originality, low intelligence (A-3) and low originality, high intelligence (A-4). The former demonstrates that in the course of the authorial preventive actions and work during general educational hours, the level of such qualities as simplicity, patience, care, openness to relationships with others and life satisfaction (A-3) increased. In turn, along with the analytical approach to oneself and the world, greater self-discipline and more orderly action occur alongside the lack of preventive operations and the authorial programmes.

### **Qualifications of implementers versus self-image**

A correlation between implementers' qualifications and a total number of selected adjectives was observed (No.Ckd). The result achieved proves that the increase in self-expressiveness, openness to exploring the surrounding world and vitality but also a certain irresponsibility is present where preventive activities are carried out by the teacher. This regularity is not confirmed in groups in which preventive activities were conducted by other implementers.

In the second test, vocational schools students declare smaller interest in the use of professional help (CRS) and therefore lesser openness to change. This trend particularly relates to a group of pupils in which no preventive activities were implemented or the preventive activities were implemented by the teacher. This regularity is due to the increase in self-confidence (S-Cfd). The largest increase of confidence in the ability to achieve the objectives pursued but also self-actualization is visible in the group of vocational school students in which preventive activities were implemented by the teacher or there were no such activities.

Another analysed dimension of the self-image, in the group of vocational school students, is masculinity (Mas). In all the examined groups, there occurred a growth in independence, masculinity, ability to take the initiative. However, the most significant changes occurred in the group of adolescents, in which the preventive classes were conducted by a teacher.

A similar regularity was recorded in the critical parent scale (CP). Also in this dimension, the biggest changes occurred in the group of vocational school students, in which the teacher led the activities. In the functioning of adolescents, this translates into an increase in critical attitude to oneself and others, clearer borders setting and imposing social standards of functioning. In the groups, in which no preventive actions were implemented or the actions were conducted by other implementers, a decrease in the scale was observed, i.e. intensification of the above-mentioned attitude.

In the period in-between the first and the second study, in the group of vocational school students, there was also an increase in the intellectual sense, including analytical thinking, self-discipline and readiness to work hard (A-4). The regularity was recorded in all the examined groups, however it was the most significant among adolescents, where the prevention classes were conducted by the teacher (Chart 16).

In the environment of comprehensive secondary school students, a significant correlation between students' self-image and implementers' qualifications was recorded. Thus, a correlation between the scale of high originality, high intelligence (A-2) and the implementer of prevention actions was noticed. An increase in self-sufficiency, strong-will, originality of thought and aesthetic sensitivity appeared in the group of students, in which there were no prevention actions, or these activities were conducted by the teacher. On the other hand, in groups, in which preventive classes were led by a school prevention specialist or an external expert, the intensification of these scales decreased.

### **Number of preventive actions versus self- image**

The second measurement in the environment of adolescents in vocational schools shows that students use more positive adjectives to describe themselves (Fav). The most significant rise in flexibility, sociability and cheerfulness occurred in the students who participated in one or two preventive activities. However, a significant increase in these characteristics also occurred in a group of students who did not have any preventive activities, thus it should be linked with developmental changes.

A similar regularity can be observed with regard to the need for achievements in students of vocational schools (Ach). It translates into an increase in diligence, orientation and focus on achieving the set goals. The aspiration stems from the necessity to face high internal working standards. The largest increase in the intensification of these characteristics was observed in the group, in which there were no preventive measures, and slightly lower among the students who participated in one or two classes. The smallest progress took place in the group of adolescents who participated in three or four preventive activities.

A similar pattern of correlations also appears in the need for dominance (Home). In all the groups of vocational school students, progress in this need was observable. All the examined persons had a sense of a greater sense of willpower, which they use to control others, more effectiveness in achieving their objectives and a more efficient cooperation with others. The largest increase was observed in the group, which did not undergo any preventive measures, and slightly lower among the students who participated in one or two classes. The smallest number of changes was recorded in a group of adolescents who participated in three or four preventive activities.

In vocational schools, the need for orderliness significantly increased (Ord) for the students who participated in one or two preventive activities. They have become more conscientious and responsible for performing work. They have been capable of focusing better on tasks. Slight progress was experienced by the adolescents participating in preventive activities five times a year and more. On the other hand, for the students who participated in three to four actions, there was significant regress for the need of orderliness, which translates into worse concentration at work, variability in action, slowness and instability in the performance of duties.

In all the examined students, an increase in the need for affiliation (Aff), or seeking and keeping numerous friendships was observed. Similarly as in the case of the need for orderliness, the largest progress occurred among the pupils participating in a

maximum of two preventive actions. A slightly smaller increase in this skill was noticed in a group of students who had no preventive activities.

Similar changes also occurred with regard to heterosexual contacts (Het). Here, there was also an increase in the need to seek the company of the opposite sex and enjoy emotional satisfaction from these relationships. An exception is the students who participated in five or more preventive actions. For them, nothing was changed in terms of the described skill. The greatest amount of freedom in entering and maintaining heterosexual interactions was acquired by the students who did not undergo any preventive actions or participated in one or two of such actions.

On the scale Ideal Self (Iss), an increase in an adjustment of the examined vocational school students was observed. However, in the group of adolescents who participated in three or four classes, it is negligible. The most significant increase in interpersonal skills and the ability to achieve objectives (sometimes also excessive self-confidence) was obtained by the students who participated in one or two preventive actions. Significant progress in terms of compliance of the real I with the ideal I was also achieved by the students who did not participate in any preventive activities.

A similar regularity can be seen on the scale of masculinity (Mas). Here, also progress between successive measurements was recorded. The biggest changes occurred in the environment of adolescents from vocational schools, who participated in one or two preventive actions, and those who had no preventive interventions. Considerable progress also occurred in the group of students who were subjected to five or more preventive actions. Minor changes occurred in the group of three to four preventive interventions.

The intensification of femininity (Fem), understood as a positive attitude to others, warmth, kindness and care occurred only in the group of students who had one or two preventive actions (the most significant increase) and in the group of three to four interventions. In the remainder of the groups, regress was observed, which translates into greater distance and coldness in relations with others, and even a kind of obstinacy.

Nurturing relationships with others is also the property of people who achieve high scores on the scale of nurturing parent (NP). In addition, such people are characterized by kindness, respect for others, appreciation of conventional values and attention to steady relationships.

An increase in maturity, concentration at work, integrity and ambition (A) was observed in the groups of students who participated in one to two and five or more preventive actions. In the remaining groups, a reduction in these characteristics was observed, and in the group of students who participated in three or four preventive classes, the regress was significant.

Consequently, in the last group of students (three to four actions), nothing was changed in terms of the amenable child scale (AC); in other groups there was a reduction in the incidence of the characteristics connected with being independent of other people, experiencing childish fears and not coping with the challenges of adult life. In other words, the examined students from the other three groups developed their independence and maturity. The greatest intensification of these characteristics was observed in the group of students, in which no preventive actions were performed, or there were just one to two such activities.

An increase in the intensification of the dimension specified as high originality, low intelligence (A-1) was observed in the group of vocational school students, who did not participate in preventive activities (the biggest change) and in the group of adolescents, in which such classes were conducted once or twice during the last school

year. These young people were reported to have an increase in the intensification of such qualities as instinct prone behaviours, based on entertainment and freedom of life. On the other hand, in other groups of students, in which more prevention activities were implemented, there was an increase in thoughtfulness, ethics in the behaviour and in the negative perception of those who violate moral principles.

On the scale of low originality, low intelligence (A-3), all the groups of vocational school students observed progress. The biggest changes occurred in the groups, in which prevention activities were conducted. Traditionally, they were the biggest, in places where there was one or two preventive actions conducted. In the students environment, greater simplicity of action, patience in dealing with life adversities, openness to close relationships and satisfaction with one's life were observed.

The last scale, in which relevant correlations between the self-image and preventive actions appeared in student environments, is low originality and high intelligence (A-4). In the three groups, it was possible to observe a rise in the intensification of this personality dimension. Only in the group of students, who had three or four preventive activities, nothing was changed in its functioning. In the other groups of students, there was an increase in the intensification of such characteristics as insight, analytic thinking, self-discipline and readiness to undertake planning and hard work, which can be done at the expense of a resignation from minor whims and carefree life.

Among pupils of vocational schools, it was possible to observe a correlation between the number of preventive actions and the overall number of selected adjectives (No.Ckd). The greatest increase in the driving life force, expressiveness, interest in the surrounding world, and also instability in behaviour occurred in the group of students, in which no preventive actions were implemented. In turn, a big drop in these skills was observed in the group, in which classes were conducted five and more times in the last year. In the remaining two groups of comprehensive secondary school students, there was slight progress in the volume of this dimension of the real self-image.

In the Fav scale, the selected number of positive adjectives in all the examined groups of students from comprehensive secondary schools, there was progress (the most significant in the group of students, where no preventive actions were implemented). In all the surveyed comprehensive secondary school students, the level of flexibility, openness to others, care and cheerfulness increased. The least positive changes occurred in the adolescent group, which had five or more preventive actions implemented.

Parallel to the above description, there were changes in the scale of the number of selected adjectives (Unfav). In the case of this dimension, it was possible to observe reduced intensification in all the examined student environments. However, the smallest decrease in the intensification of the Unfav scale was reported in high school adolescents who did not have any preventive activities; the largest one in the comprehensive secondary school environment, among the comprehensive secondary school students who had five and more prevention actions. A certain regularity can be seen at this point, namely the more prevention activities, the greater the negative drop of marked negative adjectives in self-description, which should translate into the growth of certainty, tactfulness, greater maturity in contacts with other people.

Another positive change in the self-image refers to the need for affiliation (Aff). In all comprehensive secondary school students (no matter how many preventive actions they participated in), there was reported searching for and maintaining numerous friendship and efficiency to adapt to the group. The biggest changes occurred in the

group, in which there were no preventive activities. The smallest one occurred, in the group in which five or more activities were carried out.

In terms of the need for autonomy (Aut), the changes are ambiguous. In a group of comprehensive secondary school students who participated in the preventive activities once-twice and three-four times, there increased autonomy from other social norms and expectations. Significant changes occurred particularly in the first group. However, in the groups of comprehensive secondary school students who had no preventive classes, or had a lot of them (five or more), the need for independence diminished. Young people of the latter groups became more conventional, seeking safety rather than confrontation. A significant decrease in the intensification of the needs for autonomy was observed in the group, in which no preventive measures were implemented.

The majority of the examined groups developed action-oriented focus, ambition, assertiveness, which translates into impatience and frustration in the event of failure (Mas). The largest growth of the above-mentioned qualities occurred in the group which did not have any preventive activities and in the group which had three or four preventive interventions. The decline in the scale of masculinity was observed in the group, where preventive measures were implemented the longest (five or more). The youth of this group are more focused on people.

In the group of comprehensive secondary school students, there was a decrease in the intensification of qualities associated with a critical attitude to oneself and others (critical parent - CP). The adolescents participating in preventive activities three or four times constitute an exception - in this group there was a slight increase in these characteristics. The biggest behaviour change was observed in the group of students who had the greatest number of preventive activities. These young people became more aware of the ongoing relationships among human beings, by accepting others and also tolerating their weaknesses. They have become more open to resolving conflicts, uniting others, and more focused on cooperation.

On A-1 scale (high originality, low intelligence), the biggest changes occurred among the adolescents who were subjected to five or more preventive measures. These students acquired greater prudence and vigilance. They learned to plan their activities and became less prone to impulsive responses. On the other hand, adolescents who had no preventive activities, recorded an increase in the intensification of this dimension, which led to responses largely based on instinct, tendencies to play and become easily distracted.

In the environment of the adolescents who were subjected to the biggest number of preventive measures, there was a decrease in the intensification on the scale of high originality, high intelligence (A-2). These students became more predictable, down-to-earth, practical, more tolerant in response to other people's mistakes. The other two groups of students - without preventive measures and with sporadic actions (one or two in the last year) reported slight progress, which translates into greater self-sufficiency, an increase in willpower and ingenuity.

Also on the scale of low originality, high intelligence (A-4), there was progress in all the examined groups, regardless of the number of preventive actions. However, the greatest intensification of changes was recorded in the group, in which no preventive actions were implemented, and in the group that had three or four classes of this type. These young people may firstly and foremostly pride themselves on more efficient analytical and logical thinking, self-discipline and capability of undertaking a planned action. The smallest increase in this type of behaviours was reported in the group with the largest amount of preventive activities.

### **Duration of preventive activities versus self-image**

The only statistically significant correlation between the duration of preventive activities and changes in the self-image, which appeared in the group of vocational school students, applies to the need for heterosexual contacts (Het). The largest increase in this need occurred in the group of adolescents, who had no preventive activities last year. The direction of the observed change is positive. However, such a significant increase in the intensification on this scale can also be compensatory in its nature. Apart from this group of students, one can notice the following regularity - the longer preventive classes, the bigger volume of changes in this dimension, which translates into a greater interest in staying in the company of the opposite sex, involvement in social life and focusing on the erotic sphere of heterosexual relations. In the environment of vocational schools, there were no classes which lasted the longest (more than 30 hours).

In the environment of comprehensive secondary school students, the author noticed changes in the need for autonomy, which increased significantly in the examined groups, where the classes took up 10 hours and more. This translates into greater assertiveness and independence in decision making, and even wilfulness. In the student groups, in which classes were shorter than 10 hours, the intensification for autonomy was slightly diminished. It may result in safer and more conventional behaviours.

Along with extending the time of preventive impact, students have qualities connected with creative personality (Cps). The progress is already evident in the group of students who participated in two hours of activities and builds up until it has achieved the highest level among the adolescents who had 10 to 30 hours of classes. This indicates increased boldness, aesthetic sensitivity and quick responsiveness.

The last analyzed dimension is high originality, high intelligence (A-2). The obtained results are ambiguous. A reduction in the intensification of this scale appeared in a group of students, in which preventive activities were implemented up to 2 hours and between 3 and 9 hours. In turn, an increase was recorded in the student groups which participated in 10 to 30 hours of activities and 30 hours and more. This translates into more self-sufficiency of students, an increase in willpower, original thinking and perception, but also aesthetic sensitivity. Interestingly, a rise in the above-mentioned features was also reported in the group, in which no preventive actions were conducted.

### **Sense of coherence development**

The positive assessment of own abilities to cope with the challenges of reality is a factor increasing the overall level of mental adjustment and social adaptation (Bak, Łaguna, & Bondyra-Luczka, 2015). Positive attitude to oneself and to the world can be expressed as the ability to perceive life as meaningful and comprehensible which structures the hope.

Secondary comprehensive school students and vocational school students described their sense of meaningfulness (coherence) in the questionnaire SOC-29, and hope in the questionnaire KNS (Polish version of The Trait Hope Scale). The importance of preventive actions in the emergence of a change in the perception of coherence during the school year is illustrated in table 2.

Table 2.

*Impact of preventive actions implemented at school on the changes in the sense of coherence*

		Type of school:					
		Vocational schools			Secondary Comprehensive Schools		
		F	p	$\eta^2$	F	p	$\eta^2$
Types of actions	Sense of coherence	1.819	0.128	0.045	0.328	0.859	0.005
	Comprehensibility	1.457	0.218	0.036	0.46	0.765	0.006
	Resourcefulness	0.627	0.644	0.016	1.051	0.381	0.014
	Meaningfulness	2.037	0.092	0.050	1.249	0.290	0.017
Qualifications of implementors	Sense of coherence	2.299	0.079	0.041	0.969	0.408	0.010
	Comprehensibility	0.929	0.428	0.017	0.578	0.630	0.006
	Resourcefulness	0.899	0.443	0.016	1.948	0.122	0.020
	Meaningfulness	2.233	0.086	0.040	1.499	0.215	0.015
Number of actions	Sense of coherence	2.437	0.067	0.043	0.747	0.525	0.008
	Comprehensibility	1.022	0.385	0.019	1.008	0.390	0.010
	Resourcefulness	0.811	0.490	0.015	1.078	0.359	0.011
	Meaningfulness	2.500	0.061	0.045	1.275	0.283	0.013
Duration of actions	Sense of coherence	<b>3.732</b>	<b>0.013</b>	<b>0.065</b>	0.668	0.615	0.009
	Comprehensibility	2.545	0.058	0.045	0.529	0.715	0.007
	Resourcefulness	1.812	0.147	0.033	0.967	0.426	0.013
	Meaningfulness	<b>2.770</b>	<b>0.043</b>	<b>0.049</b>	1.236	0.296	0.017

The components of general sense of coherence are: sense of comprehensibility, resourcefulness and meaningfulness (Lindström & Eriksson, 2006). The sense of comprehensibility refers to perception of stimuli coming from internal and external environment as comprehensible, structured, consistent and clear. The sense of resourcefulness describes perception of available resources as sufficient to meet requirements. The sense of meaningfulness relates to perception of emotional problems as challenges worth engaging in (Antonovsky, 2005). Experiences acquired in social relations, especially in family relations are the source of the sense of coherence (Apers *in.*, 2016).

The impact of preventive actions on the sense of students' coherence depends on the duration of programs. Changes in the general sense of coherence in the course of the year between the tests in relation to the duration of actions are depicted in Figure 3. Differences mainly relate to changes in the sense of meaningfulness which is shown in Figure 4.



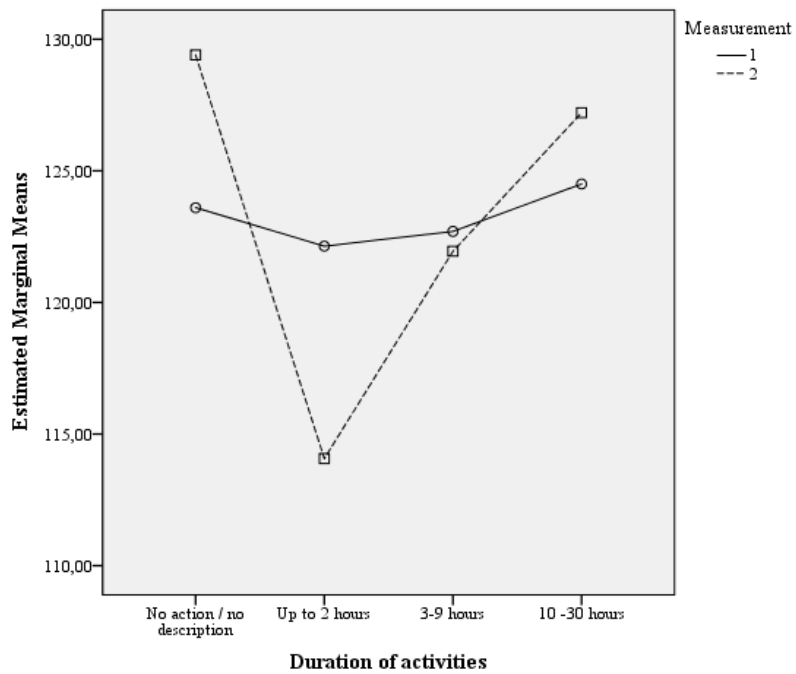


Figure 3. Impact of the duration of school preventive actions on the general sense of coherence.

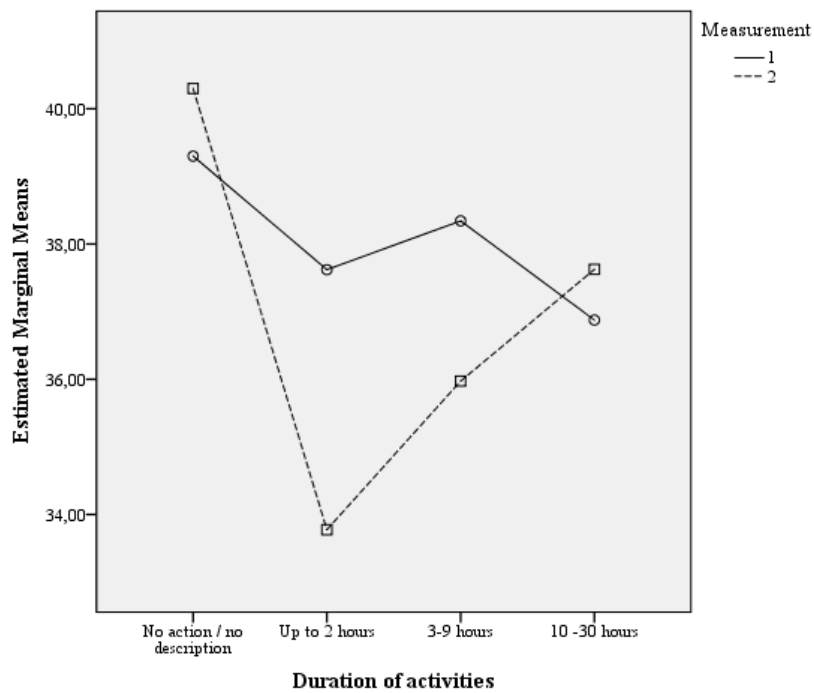


Figure 4. Impact of the duration of school preventive actions on the general sense of meaningfulness.

## Hope development

Changes in the hope which are affected by preventive actions are presented in table 3. The factor which differentiates changes in the hope in the group of vocational school pupils is the professionalization of the conducted preventive actions. The types of actions affect especially confidence in pathways thoughts. The results concerning significant differences are presented in figures 5 and 6.

Table 2.

*Impact of school preventive actions on the change of hope*

		Type of school:					
		Vocational schools			Secondary Comprehensive Schools		
		F	p	$\eta^2$	F	p	$\eta^2$
Types of actions	Total Hope	<b>2.679</b>	<b>0.033</b>	<b>0.046</b>	0.346	0.847	0.004
	Pathways Thoughts	<b>2.856</b>	<b>0.025</b>	<b>0.049</b>	0.279	0.892	0.003
	Agency Thoughts	1.945	0.104	0.034	0.546	0.702	0.006
Qualifications of implementors	Total Hope	1.171	0.321	0.015	0.091	0.965	0.001
	Pathways Thoughts	0.764	0.515	0.01	0.378	0.769	0.003
	Agency Thoughts	1.371	0.252	0.017	0.024	0.995	0.000
Number of actions	Total Hope	0.649	0.584	0.008	0.478	0.698	0.004
	Pathways Thoughts	1.207	0.308	0.015	0.397	0.755	0.003
	Agency Thoughts	0.359	0.783	0.005	0.618	0.604	0.005
Duration of actions	Total Hope	0.726	0.537	0.009	1.917	0.107	0.021
	Pathways Thoughts	0.547	0.651	0.007	1.314	0.264	0.015
	Agency Thoughts	0.854	0.466	0.011	2.251	0.063	0.025

Hope can be understood as an emotion experienced at a given moment or as a sustainable way of perceiving reality. In the latter approach hope affects the secondary cognitive modification of negative emotions originally experienced. The cognitive transformation of the image of reality does not eliminate negative feelings, however, it affects reducing anxiety related to a specific situational failure (Jarymowicz & Bar-Tal, 2006). Hope, hence, does not lead to naive optimism, it is rather a factor which provokes to seeking solutions and stimulates will to cope with perceived threats or their effects.

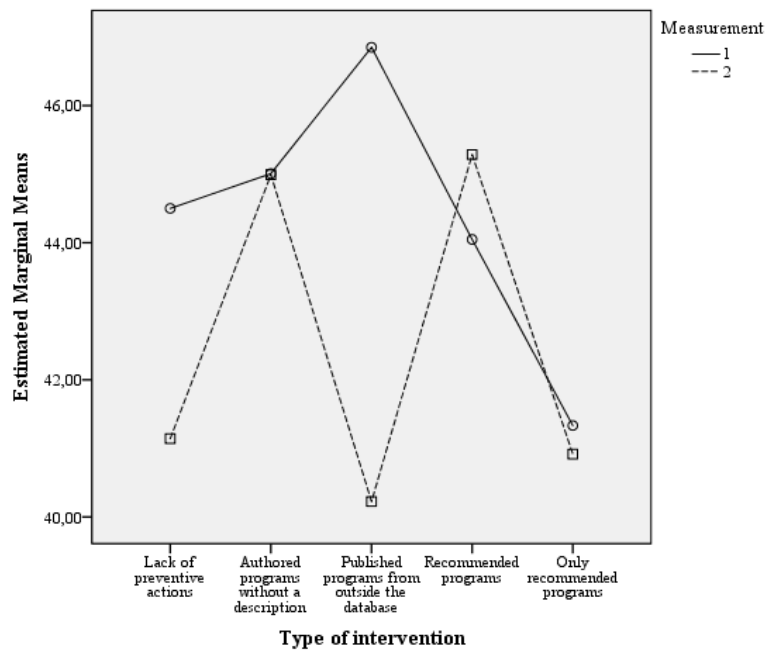


Figure 5. Impact of school preventive actions types on the overall level of hope.

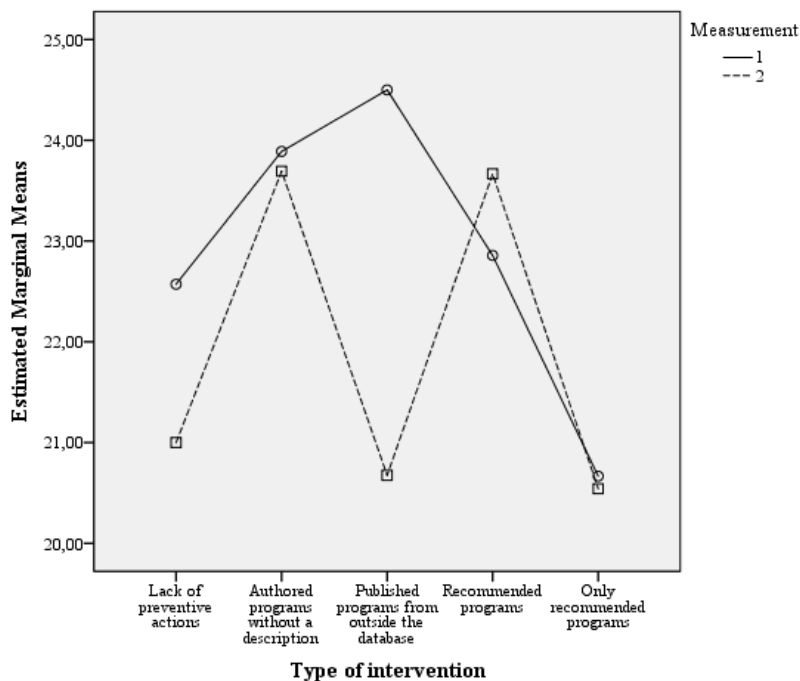


Figure 6. Impact of school preventive actions types on pathway thoughts.

## Impulsiveness, venturesomeness and empathy

Impulsiveness is one of the personality features associated with a tendency to undertake high-risk behaviours by adolescents (e.g. Crone van Duijvenvoorde, Peper,

2016 de Wit, 2009; Barrat, Stanford, Kent, Felthous, 1997). This characteristic is understood as responding in an unplanned manner, taking unexpected decisions in response to external or internal stimuli, without paying attention to the possible negative consequences of one's own actions (Steinberg, Scharp and others. 2012). In accordance with Eysenck's theory of personality, impulsiveness is defined as a tendency to high-risk behaviours, rapid decision-making and unplanned actions (for Jakubczyk, Wojnar, 2009). This definition was adopted in a performed diagnosis, in a group of secondary school students.

The analysis of the findings concerned the relationship between the characteristics of prevention actions, which involved students, and impulsiveness, venturesomeness and empathy. The results of these analyses are included in Table 1. None of the factors, i.e. the type of preventive actions, qualifications of implementers, the number of actions undertaken during the year and their duration, are related to the changes within these personality features. Preventive measures that are the subject of research did not concern the indicated characteristics of the students.

Table 1.

*The impact of the preventive actions, implemented at school, on the changes in impulsiveness, venturesomeness and empathy*

		Type of school					
		Vocational schools			Comprehensive secondary schools		
		F	p	$\eta^2$	F	p	$\eta^2$
Type of actions	Impulsiveness	0.354	0.841	0.009	0.407	0.804	0.006
	Venturesomeness	1.650	0.165	0.042	0.787	0.534	0.011
	Empathy	0.205	0.935	0.005	1.347	0.253	0.019
Qualifications of implementers	Impulsiveness	0.623	0.538	0.008	0.244	0.866	0.003
	Venturesomeness	1.777	0.172	0.022	0.600	0.616	0.006
	Empathy	0.072	0.931	0.001	0.633	0.594	0.007
Number of actions	Impulsiveness	0.318	0.813	0.006	0.150	0.929	0.002
	Venturesomeness	1.030	0.381	0.019	0.442	0.723	0.005
	Empathy	0.340	0.796	0.006	2.150	0.094	0.022
Duration of actions	Impulsiveness	0.393	0.759	0.007	0.212	0.932	0.003
	Venturesomeness	0.591	0.622	0.011	1.691	0.152	0.023
	Empathy	0.103	0.958	0.002	0.469	0.758	0.007

Students from both types of schools are characterised by an average intensity of the described qualities. They occasionally undertake high-risk behaviours, without a thorough analysis of the risk and its possible consequences. They are characterized by a moderate tendency to seek adventures and take risk, while maintaining the awareness of negative consequences of such a behaviour. On the same level, there is the ability to understand other people's experiences and adopt their perspective.

## Conclusion

The summary which has been formulated below should be regarded as a direction for further research rather than ultimate and unambiguous statements of facts. Changes in personality are indicators, which on the one hand appear to be the strongest signals of change, and on the other hand, the most difficult ones to obtain. In the

relationships between the real image of the examined teenagers from secondary schools, it is possible to observe the following regularities:

1. The emerging changes in the self-image, for the most part, concern social relationships, a manner of perception and expressing oneself as well as the attitude to rules governing life.
2. The correlation between the nature of the preventive actions and changes in the image occurred in both examined school environments, however, in the vocational school environment, they were less numerous. Based on the obtained research material, it can be concluded that:
  - a. The type of prevention actions had a greater importance for the changes in the self-image of comprehensive secondary school students.
  - b. In the environment of vocational school students, only recommended and authorial programmes stand out.
  - c. Significant changes also occurred in the group of students who did not undergo any preventive actions, and therefore they should be considered as developmental ones.
  - d. Among comprehensive secondary school students, one can mention two patterns: pattern one - similarly to the environment of vocational school students, a lot of changes are evolving in their character, since they appear in the group without any preventive actions. Pattern two - indicates the effectiveness of non-described authorial programmes with regard to the change of self-image in the examined adolescents.
3. When looking for correlation between the type of qualifications of the person conducting preventive classes and the self-image in students, three major conclusions can be drawn:
  - a. Out of all the implementers of preventive actions, the form master was of the biggest importance for the self-image change in secondary school students.
  - b. Positive changes also occurred among students of those forms, in which no preventive activities were conducted or reported. They may have been conducted alongside subject matter education, however they were not identified as separate actions. These changes may be developing in their nature, related to age and acquisition of general skills.
  - c. Many more changes in the self-image, related to the implementer's qualifications (mostly teacher) appeared in the environment of vocational schools.
4. It is difficult to clearly identify regularities that occur between the number of activities and the self-image of the surveyed students. With great caution in interpretation, several conclusions may be formulated:
  - a. In this area, the greatest number of the most significant correlation appeared.
  - b. In order to clarify more straightforward conclusions as for the nature of the recorded correlations, a more comprehensive analysis of the results obtained is necessary.
  - c. The emerging changes should rather be interpreted as developmental changes, as indicated by the emergence of positive changes in the self-image in the group of students, in which no preventive actions took place.

- d. In the environment of vocational school students, there were more changes in the period under scrutiny. The examined adolescents may have had a higher demand for preventive measures and made a greater use of this type of activities.
  - e. In the findings, obtained by adolescents, it is possible to observe a number of positive changes in the group, in which the activities are conducted systematically and the number of activities is five and more.
5. By analysing the correlations between the duration of the preventive activities and self-image, a small number of correlations was observed. On the basis of them, the following regularities can be formulated:
- a. In the environment of vocational school students, the greatest changes in the selected dimensions of the self-image should be combined with developmental changes rather than with the duration of preventive activities.
  - b. Among comprehensive secondary school students, the greatest progress occurred in the groups, which participated in activities that lasted more than ten hours.

The implementation of short-term preventive actions, especially interventions lasting up to 2 periods leads to a reduction of the sense of coherence in the group of vocational school pupils. After a brief intervention, the tendency to perceive problems and challenges emotionally and place them beyond the students' coping abilities appears in this group. An increase in the sense of meaningfulness resulting from the students' participation in preventive actions is achieved in the group of vocational school students when the duration of preventive actions is at least 10-30 periods. In the group of secondary school pupils no such regularity is observed.

The impact of the school preventive programme's validation and its public availability on the hope is not homogeneous. The tendency of changes in the hope among vocational school pupils in the environments in which no actions have been implemented indicates a decrease in the hope after a year that divides the tests. A similar effect can be observed in the group of pupils covered by generally accessible programs from outside the database of recommended programs. An increase in the hope in this group of pupils is present only in the case of programs recommended along with other preventative actions. The increase, however, is not significant and can be virtually considered as a halt to a decrease tendency.

A potential cause of the impact of preventive interventions' duration on the meaningfulness and the impact of the degree of standardisation and validation of undertaken prevention on hope can be the fact that preventive actions are executed by persons who have been acquainted with the described programs and implement them in class without having necessary competences to implement them. Reasons may lie also in the properties of certain open access prevention programs, including in particular those targeted at a short time intervention.

The conclusion with regard to the lack of relationships between prevention activities and the level of impulsiveness, venturesomeness and empathy are based on the results presented above. In order to confirm the result, it is necessary to make a more specific analysis, highlighting e.g. the levels of preventative actions and analysing the relationships, separately for groups of students with a different index of high-risk behaviours.

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### **3. Conclusions and recommendations**



### 3.1. The economic-organizational and legal-administrative model of effective health promotion and prevention

It must be stated firmly and clearly: there is no doubt that every attempt to resolve the issues related to the building of an economic-organizational and legal-administrative model of effective health promotion and prevention at each level: state, local government, school and its surroundings requires not only good but a rational diagnosis of the objective reality. Undoubtedly, in this area of interests and actions, it is essential to bear in mind:

- a) good legal acts, which do not only order the reality but also outline nearer and more distant future: starting with suitable groups of acts, through implementation regulations, resolutions of local government units, and finally clear, obvious and easily applied in practice, actions and regulations introduced by the headmaster/director (schools, social care centres, family support centres, psychological-pedagogical centres, health care units and other);
- b) a clear transparent financing plan, from the government budget, through budgets of local government units, and finally financial plans of individual, previously mentioned organizational units, which would clearly indicate their revenue sources; also means for expenditures, which due to the legal formula of the acts of financial law could not only indicate the obligation to create the revenue part, but in the expenditure part they would point to concrete strategies, mandatory tasks and amounts of expenditures;
- c) conjunction of the financial plan with the demand for prevention and the scale of environmental changes of school and school surroundings, and the degree of involvement in prevention of families/legal guardians, as the effects of preventive actions carried out on the basis of information obtained from the diagnostic- evaluation system of prevention, developed under this project;
- d) development, creation of appropriate human and organizational structures, if there are not any, which do not only offer administrative actions, but above all ensure support for persons and entities implementing the tasks;
- e) building up the awareness of the need to continue or undertake the proposed actions not only in the widely understood social awareness, but also in the environment of parliamentarians, councillors of the relevant levels of the local government, officials in all institutions of public administration, and finally of task implementers;
- f) in the first place, teaching all persons making law and preparing budgets, together with their surroundings - earlier, thorough, based on a multi-factorial perception of the reality of environmental analyses, population flows, and noticing factors which are not only the catalysts of pathological phenomena, but above all they are capable of correcting or even mitigating them.

The conditions *sine qua non* not only seem to be efficient. They primarily support the life of people coming from socially maladjusted environments or endangered with social maladjustment, so that the created chance of support on the

part of state institutions and local government units could be met with acceptance, absorption on the one hand, and visible improvement of the quality of life of the whole environmental community, on the other hand. It can be concluded that today this problem has been noticed. For some time, it has been more or less regulated by the applicable law, however, the actions around it are aided with real, even though limited, financial measures.

## State level

State institutions are responsible for creating and adopting the essential, binding law, including acts and decrees. Since 1990, over 150 acts and decrees have been published in the Journal of Laws, containing the term "socially maladjusted" in various grammatical configurations. Most of the regulations are derived from education; also from social care or penitentiary, administrative and statistical regulations, even budget law. Only eleven of them were issued in the last decade of the 20th century, whereas the major part has been issued within the last 18 years. There are still 38 binding legal acts, which is a quarter of all the enacted ones. Without doubt the weakness of these key and necessary acts is the dispersion of provisions that impede being reached by all participants. Law is usually known selectively, by resorts - all that concerns education is not known to penitentiary workers and the scope of social care is not always obvious to the creators of budget resolutions. It is difficult to say whether the creation of an act consolidating the provisions of all other laws is a desirable solution, since in other areas it did not necessarily bring the expected results. A guidebook in this area, written in a plain language, available to all interested persons *online* might be a significant help.

It is worth mentioning at this point that the Parliament of the Republic of Poland, for the first time in the recent history of Poland, provided in Article 13 for non-state units, 100 million PLN for state tasks executed by these units, for the national associations of children and adolescents, in particular for the implementation of environmental preventive-educational programmes addressed to adolescents endangered by addictions, who are socially maladjusted and deriving from the pathological backgrounds. The subsequent years bring further regulations, but also new sums from the state budget for actions analysed in this report.

A superficial review of post-graduate studies curriculums addressed to public administration officials either completely ignore this problem or treats it in a rather propaedeutic manner. Presumably it is related to the lack of relevant academic personnel, who might additionally have competences of an interdisciplinary global view of the issues. It is worth noting, however, that the addressees of these studies in their administrative posts are expected to have such an approach. There is no doubt that the problem is possible to be resolved, once it has been made evident. Perhaps it is not the role of universities to step forward with their own proposals, as the administration should articulate its own expectations through public orders.

The Regulation of the Minister of National Education of 24 July 2015 on the conditions to organise training, education and care for children and adolescents with disabilities, socially maladjusted and endangered with social maladjustment (Journal of Laws of 2015 item 1113), in its provisions, includes special kindergartens and special branches in commonly available kindergartens, which are organised for children with mental disabilities with mild mental retardation and special branches in widely available schools - for maladjusted students or endangered with social maladjustment. After the

revision of 28 August 2017 (Journal of Laws 2017 item 1652), the Regulation deals with these issues very specifically, however, only on the premises of educational establishments. This is both a great advantage and a disadvantage as the area of a social and administrative activity cannot be dealt with partially. The legal act issued by the Ministry of Education may not regulate other departmental activities. In this case some other delegated legislation is possibly required, not to mention a decree on the level of the Council of Ministers.

In the last couple of years, one should notice actions which order financing of the operations concerned. The Minister of Education regulated the financial issues in the Regulation of 22 December 2003 on the manner of dividing the educational part of the subvention for local government units in 2004 (Journal of Laws 2003 no 225 item 2231). For the first time in a regulation there was the weighted mean, which takes into account students coming from socially maladjusted environments or those who are likely to be endangered by maladjustment. The Annex to the latest regulation of the Minister of 15 December 2017 for the year 2018 - Algorithm of dividing the educational subvention for local government units for the year 2018 (Journal of Laws of 2017 item 2395) states that in point 4 there is the weighted mean equal to  $P4 = 1.40$ . Such a solution demonstrates that the educational needs of these environments are perceived by the state and are appropriately favoured. This component includes, however, many different mismatches: mild mental retardation, social maladjustment, likelihood of social maladjustment, behavioural disorders, students with chronic diseases, which from the financial side slightly obscures the image and does not give a full view of the amount, purposefulness and reasonability of the incurred expenditures. The intention of this study is not to suggest a conversion of the subvention formula for an accountable subsidy, however, the first step requires improvements and searching for modern solutions.

### **In the local government unit**

The local government units are municipalities and counties, in particular, cities with county rights. The whole public effort focuses on them as it aims not so much at solving but at a continuous dealing with the signalled problems. It may happen only when conditions necessary to diagnose the issues have been met. It is also essential to indicate the necessary measures to implement necessary administrative structures and an adequate local law.

In order to meet the first condition one may take into account the size of the population under a local government, which can facilitate a diagnose of the problem scale. Moreover, it is necessary to include material and intellectual factors of the environment, sometimes in an individual approach, in order to determine the level of risk distribution limited to particular villages, districts or settlements. After all, policy should target the core of a problem and not make it blurred statistically. Another required area for the analysis is the useable floor space of apartments. The reasoning should take into account the local determinants, since socially maladjusted families live in large, neglected and unpaid apartments, which indicates different needs and manners to resolve them. Without doubt, an interesting part of the diagnosis can be an internal and external migration balance – resettlement of a population for example from suburban areas will, over time, change its internal structure and can help with solving social problems. On the other hand, migration to cities in search of work may become a factor strengthening a displacement of the issues (for local governments or in the cross-border approach). The attitude of adolescents to school (class attendance, compliance

with school duties, educational results which are environmentally conditioned, etc.) are without doubt an indication for a local government administration. This indication may signal an approaching or lasting problem. The material status of families under a local government administration is not a measure demonstrating that a wealthier family is more effective educationally. However, its indicators, particularly in a dynamic several year period, can help to build a reliable diagnosis.

Other indicated areas for a diagnosis may be, for instance, expenditures per-capita, not in terms of the entire local government unit, but those which have been calculated for particular environments. Clashing this information (always in a dynamic approach) with an extent of undesirable phenomena may direct requests. Obviously at this point it is important to remember the need to build up information about expenditures calculated per one student on educational and preventative tasks (including the prevention of social maladjustment) for each school separately and their clash with a scale of intensity of unacceptable social phenomena. The conclusions stemming from these exemplary analyses may not only be used to improve the distribution of public means, but also to discipline e.g. school headmasters, to train employees or assist the administration staff in order to strengthen their competences, for example through an analysis of well-known court rulings in this area. Such a structured, comprehensive and preventive treatment of the issues of towns/cities fighting fires in places where they started, will not only save measures but will also significantly raise the effectiveness of the effort made.

The activity of local governments in law making, as yet, primarily involves determining weekly the obligatory number of hours conducted by psychologists, pedagogists, speech therapists, professional advisers, teachers who specialize in special needs education, who could be additionally employed to help organize the training of students with disabilities, socially maladjusted and endangered with social maladjustment in educational establishments. Also the creation and closing down of teams responsible for developing prevention programmes against social maladjustment and juvenile delinquency, determining the principles of a total or partial release of parents from charges for the child's stay in an educational care (rehabilitation) centre for socially maladjusted boys, approval of a local government administration on delegating tasks connected with social assistance, which is the competence of a county, in order to run an educational care (rehabilitation) centre for socially maladjusted boys or to adopt regulations with regard to granting awards to school headmasters and teachers, to mention just a few. The fact of publishing, in the provinces' Official Journals, approximately 5.4 thousand resolutions from this area (data on 14.10.2018), legally checked by the governor proves that the activity is, in this respect, large and a mutual exchange of this information might improve joint initiatives and actions.

### **At school and in an educational establishment**

The Act of 14 December 2016 - the educational law states that a system of education, in particular, ensures education understood as supporting the child's development until reaching full maturity in the physical, emotional, intellectual, spiritual and social sphere, strengthened and supplemented by the actions in the area of prevention of children's and adolescents' problems (Article 1 paragraph 1 item 3); when it comes to the educational tasks of local government units, i.e. tasks in connection with training, education and care, including social prevention (Article 4 paragraph 1 item 28) the school Statute especially stresses the organization and forms of interaction of the school with parents in teaching, education, health and prevention (Article 98 paragraph

2 item 2). An important provision of this act is the fact that ensuring education, upbringing and care, including special education and social prevention is the responsibility of educational municipalities - in kindergartens and other forms of preschool education, also in schools and centres run by municipalities; in province governmental units - in the schools, institutions and teacher development centres run by them; in province local government units - in schools, educational establishments, teacher development centres and in colleges for social service workers (Art. 11, paragraph. 2). In fact, the last cited passage states that these issues are educational tasks of local government units, however, their implementation is carried out in schools and educational establishments by teachers who work there.

The legislator (previously mentioned in the educational system) has strengthened the syncretism of these actions in the local environment, pointing to a close relationship of local government units with schools and educational establishments. It is obvious that these actions in the framework of this task considerably vary on both sides – on the part of the local government they are to provide financial, legal, organizational and administrative conditions; on the part of the schools and educational establishments, the actions are primarily intended to take specific actions in identified fields in relation to specific environments and people. This apparent lack of symmetry is conscious and obvious, which results from the legal regulations. As obliged by the law on public finances, the tasks should be carried out in a manner which is consistent with the law, efficient, cost effective and timely (Article 68 par.1). The principles of legalism and timeliness in public actions are quite obvious. It is much more difficult to demonstrate thrift (e.g. avoidance of unnecessary, mock expenses), and the efficiency analysis can lead to not just methodological issues, especially in such a delicate matter as prevention. However, it is worth remembering, at this point, that public funds are spent not only because they are available, but because they are to serve socially useful purposes. This is how they should be perceived in the school (educational establishment). One lesson with class members in the courtroom during a thematically selected trial may bring much better results than the best-prepared discussion, talk or a book story, since efficiency has got different dimensions, and can be examined by the best evaluation.

In the school, therefore, not only an appropriate work plan (programme) must be prepared, by identifying earlier problems to solve, manners of implementing all the task (e.g. divided into specific actions), the persons in charge, deadlines and assigned measures. It must also be remembered that every plan (programme) needs to be settled in terms of compatibility (law), but also efficiency, economy and timeliness. The conclusions of the benefits should be used to develop future plans for successive periods. This seems to be obvious, yet it tends to be implemented rather schematically.

One example is the legal obligation to execute the public management verification at school (institution). The sixth standard of management verification states that it is the setting of objectives and tasks, monitoring and evaluation of their implementation. On the other hand, the objectives and tasks should be defined clearly and at least in an annual perspective. Their implementation must be monitored with designated measures. Next, in the superior or supervisory unit, it is necessary to ensure an adequate system of monitoring the implementation of the objectives and tasks of subordinate or supervised units. At the same time, it is recommended to carry out an evaluation of the implementation of the objectives and tasks, taking into account the criterion of savings, efficiency and effectiveness (an additional criterion which further complicates the matter). The Minister points out that, when setting goals and tasks, it is

also important to indicate the units, organizational cells or persons directly responsible for their performance and resources for their implementation [Annex to the statement No. 23 of the Minister of Finance of 16 December 2009 (Item 84)]. It must be added that risk identification (standard 7), its analysis (standard 8) and response to the identified risk (standard 9) are closely connected with this standard. The applicable law appears to suggest ways of the execution of numerous tasks. Since they must be executed from the viewpoint of public finances, it is justified that, under these circumstances, the tasks should be performed with regard to planning and evaluation of their implementation, especially that in every team (staff meeting), one person should be held responsible for the monitoring of each risk. It is hard to disagree that numerous behaviours in socially maladjusted environments or endangered by maladjustment, constitute not merely a local risk, whose identification should not generate problems.

Such an operationalised task will not only facilitate work over it from the methodological side. It will become possible to consider it from the legal perspective, taking into account effectiveness, cost savings, efficiency or timeliness. It is also a school of rational planning and task accountability after its execution, which can be used in other tasks performed in school, also the statutory ones.

The tasks performed at school, actions arising from them are assigned into two main models: economic-organizational and legal-administrative of effective health promotion and prevention, resulting from common law, which is also binding at school. If the constitutional system has been adopted that the state financially supports the execution of tasks, also in the area of social prevention and health, municipalities are free to collect fees for the sales of alcoholic beverages. Also all municipalities receive measures, appropriate to the state's capabilities, as the educational part of the subvention. From the organizational perspective, a part of the State's tasks (Constitution and legislation) has been delegated to local and regional governments, supported by substantive law which has been reinforced with respective powers - organizational and regulatory ones. The State itself, in effect or in consequence to the constitutional principle of subsidiarity will contain appropriate entries in the created acts and decrees, whereas the local governmental units should create adequate administrative systems in order to ensure the execution of tasks at schools and in establishments. The schools (educational establishments) are intended as little/as much to execute these tasks. Needless to say, they have been created for this very purpose and therefore they are financed from public funds.

The closing remark is as follows: good task planning, not only in social prevention and health care at school, may contribute to the calculation of real costs of executing these tasks. Thus, if we complain that the means are insufficient, it is worth checking what and how the costs were calculated in previous years when similar tasks were implemented at school.

## **General conclusions**

On the basis of the above analyses, suggestions, recommendations and references to the results realised within the research project, the research should be continued into:

1. the actions in the area of social maladjustment and likelihood of social maladjustment, especially in the diagnostic part, require not only the skills to capture these threats, but also to locate them in a particular environment; since not all persons working in this area (in municipalities and counties) may have competences to make such analyses, undoubtedly environmental trainings are required (at a level

of a county, several counties or a province), with practical exercises and site indication (on the Internet), where the necessary data and training materials are to be found;

2. the system of financing tasks in the area of prevention needs to be corrected. The current solutions, despite the political correctness and respecting the local government administration, are not always transparent, in particular, expenditures required in a given environment. The previously prepared analyses proved that local authorities are not always aware of the importance of the issue and the consequences of negligence upon the quality of life in the municipality (county) and upon the tax potential of the residents. In connection with this issue, the educational authorities and the local government officials must be granted access to information gathered in the system of a diagnosis of needs and an evaluation of preventive actions developed in the framework of this project as well as being emphasized in the materials for municipal officials.
3. It is important to conduct necessary trainings (for municipal and county officials, and teachers) not only in the techniques and methods of working with children and adolescents from criminal environments, but also in the area of using legal resolutions (acts, regulations) in daily routine. These should be actively attended by workers of social-pedagogical centres, school superintendents, social care centres, family support centres, penitentiary services, police and courts.
4. In the long term, consideration should be given to the inclusion of foreign measures into these actions, which vary at the level of individual provinces, especially in regional and national programmes.

### **3.2. Building a social and cultural support for health promotion and school prevention**

High-risk behaviours have become a huge challenge these days. They are at the top of primary risk factors of premature loss of life and health, contributing to a great deal of suffering and loss. Therefore, it is necessary to seriously focus on strengthening prevention actions. Contrary to the existing stereotypes, these actions are simple, and do not solely involve only sports activities or art competitions. In the first place, their effectiveness, in relation to children and adolescents, depends on the state of high-risk behaviours in adults and the extent of personal culture (e.g. social norms, customs). For this reason, it is essential to aim at linking activities directed at adolescents with actions targeting their adult environment, especially parents and teachers. Occasionally this denotes the need for a comprehensive social change, for example with regard to alcohol abuse, tobacco smoking or drug abuse by adults who are present in the surroundings of adolescents. The school can and should be an environment of such a general transformation through involvement in wider projects such as communal programmes of prevention and solving alcohol abuse problems, the National Health Programme or the National Sobriety Programme.

#### **The role of school in the local environment**

The school should promote limiting the possibility of high-risk behaviours such as provision of psychoactive substances (alcohol, tobacco, drugs) for children and adolescents among parents and in the local community. Although quite often it is associated with an obvious violation of the law, it generates an insufficient social response. In this case the school can become an element of social pressure.

The school can and should strengthen the power and extent of investigated protective factors such as the relationship with parents, religious practices, constructive engagement in social activities and positive peer groups. Since the school environment can be both a protective factor, and a risk factor (if organized in a destructive manner), it is essential to increase the competences of teachers with regard to the teaching skills (methodology), which will facilitate an educational success of students and will make learning attractive, at the same time strengthening the bond of student with the school. Teachers can also enhance a positive climate of school life (school as a community) in order to reduce peer violence.

The educational deficits of strictly preventive knowledge among teaching staff should be removed, and teachers should be provided with simple tools of a preventive action (in the area of universal prevention). Each school should also increase the possibility of working for children and adolescents from high-risk groups (selective and indicated prevention). A school work strategy aimed at reducing a negative identity of students with behavioural disorders is of primary importance, however, it should rely on a comprehensive strategy of the whole school environment. It is unacceptable to neglect education and prevention due to excessive concentration on educational achievements only. It requires a more extensive change in the approach to education. Preventive



education should become a primary objective for persons managing schools, i.e. headmasters and participants of staff meetings.

It is essential to stimulate the teaching environment as a subject of prevention. This should be done by giving adequate support to teachers while not expecting that without such a support they will cover the deficits in this matter on the basis of legal provisions and appeals to the authorities. Such "blank" expectations turn preventive measures into fiction and frustration. A significant number actions exists exclusively "on paper" only for the sake of documentation.

Preventive measures should be based on knowledge (for instance the model of integral prevention). They should exclude iatrogenic (damaging) effects, particularly due to errors within the prevention levels (e.g. the use of selective actions for an increased risk group inside a universal group). Individual school subjects may have wider preventive applications (preventive placement of content in curriculums and textbooks). Subjects which are relevant for prevention, such as preparation for the family life, religious education at school, health promotion, ethics, whose position tends to be depreciated in relation to the so-called "hard" subjects that are useful professionally, should not be underestimated. The atmosphere of competition and uncritical pursuit to gain the highest marks is not beneficial for preventive goals. The axis of prevention actions should be based on the concept of comprehensive personal development, linked to the objectives of general education (fitness, virtue in the classical sense) and mature humanity. The author is of the opinion that it requires education particularly targeted at developing the students' ability to build personal relationships (bond with God and people, universal values). Such values as love, responsibility, respect for health and human life should become the centre of education.

It is essential to adjust preventive actions to the age of recipients, their level of development and diagnosed environmental needs. Cooperation with other school communities (local community, parishes, NGOs, health services, administration) should be promoted.

The school can play a significant role in positive transformations, reducing high-risk behaviours, even on the general population scale, provided that its role will be strengthened. In a current organisational state and on the present support level, it is rather problematic.

### **The essence and relevance of building community of action around the school**

As a consequence of attempts of psychoactive substance use or aggression, young people experience smaller or larger school and family problems, conflicts with the law or peer relationships disturbances. Consequences usually affect not only the perpetrator of the behaviour, but the whole school community, especially peers and parents, when exposed to the unwanted observations of risky behaviours, burdening them with the feeling of guilt or in the case of parents even co-responsibility. Due to the widespread implications of risky behaviours it is natural that preventive action should be addressed to the entire school community, not only individuals who undertakes such behaviours.

School community may have a very positive impact on the effectiveness of the preventive intervention, if all its participants work together towards an agreed and accepted goal. The school may be a natural source of health of young people in particular when it nurtures their emotional well-being, required to achieve a sense of acceptance and educational success. Research in this area shows that supporting educational success in Polish schools is heading in the right direction. For example, pupils' results in PISA

tests (OECD, 2018) are increasingly less significantly differentiated by the socioeconomic status. The trend is positive, although the scale of this change is not statistically significant and the PISA test results alone were, as the 2015 research shows, slightly lower than in 2012 (Bialecki, Jakubowski, & Wisniewski, 2017). The educational mission of the school remains, however, in the partial discrepancy with the pro-health objectives incorporated in the National Mental Health Protection Programme. It was stated in the course of an inspection carried out by the Supreme Chamber of Control that year after year the number of pupils requiring the psycho-psychiatric aid increments while the standards of such aid are missing. Moreover, there are no available research analysis on the effects of certain elements of didactic process on the mental health of children and adolescents either (NIK, 2017).

The recommendation of addressing prevention broadly, which form the basis for universal prevention, are not commonly adopted in relation to its planning and implementation. Thinking about ensuring the involvement of parents or even teachers in planning and conducting preventive interventions continues to be rare. The fact was evidenced by the research presented in the second part of this study. The inhibitory role of the local community involvement in prophylactic actions can be attributed to the tendency to implement prevention based on once developed scheme of activities, repeated annually, with no verification of their relevance to the needs of the school community. The efficacy of prevention decreases also because of its actional and reactional manner of implementation, in response to the most spectacular and most conspicuously publicised symptoms of problems, without prior reflection over its causes.

### **The school as a source of prevention efficacy**

Standards of effective prevention of alcohol consumption indicate that to ensure sustainable results, it is desirable for a prevention programme to meet many quality criteria but also ensure:

- Conducting preventive activities with the involvement of the entire community, especially parents.
- Implementing the programme in the course of many meetings, throughout many years.

It was found that the most promising are the school programmes or programmes based on the school (Stigler, Neusel, & Perry, 1999).

A feature common to successful social strategies is depending on the local institutional and informal coalitions when selecting and implementing preventive interventions that are best suited to the environment needs linked to the issues of alcohol use. The overview of research on the efficacy of the programmes based on community agreements, confirms their high efficiency. For example, in the *Communities That Care* programme, representatives of local communities, after assessing the needs, implemented preventive programmes of a proven quality targeted at recognizing the needs of families, schools and 10-14 year old adolescents in their environments.. During the annual evaluation of the project it was demonstrated that after four years a significant delay of initiation as well as the reduction of the quantity and frequency of tobacco, alcohol and cannabis use was observed (Hawkins and others, 2009).

Programmes based on the involvement of local communities are effective in reducing suicides rate among young people. The results are achieved thanks to preparing adult non-experts to respond to the manifestations of a suicide risk. Social proximity and non-professional advice availability enhance young people's openness to the use of

professional support and increase their awareness of access to various aid sources (Bean & Baber, 2011).

The approach based on working with the entire school and its environment plays a particular role in the prevention of peer violence. Prevention programmes aimed at violence that occurs in the class or school may be effective only when they are addressed to the entire community. A diagnosis of problems comprising the whole community allows to recognize violence symptoms early, when the violence effects are not serious yet (Brewer, brewer, & Kulik, 2018). An early intervention tailored to the needs ensures preventive actions which involve violence perpetrators, victims and passive observers in activities carried out in parallel groups.

The involvement of a school community in prevention is usually distributed in a non-uniform manner. A number of institutions offer diverse, often specialized assistance to people confronted with problems which are disruptive for the rest of the school environment, such as alcohol abuse and psychoactive drugs abuse, violence or violation of law. These are the phenomena which generate a strong reaction, since they are extremely conspicuous, regardless of their actual scale. The reaction is proportional to the publicity they receive in the media, as can be now observed in the case of designer drugs. A wide response of the school community is also visible in relation to a physical disability or poverty. However, even in such obvious matters, support is restricted to the needs of a person directly experiencing problems or causing environment problems, i.e. to annoying symptoms, which are the tip of an iceberg. Families experiencing chronic difficulties which result from the occurrence of the above problems, often strengthening negative patterns in children with problems, are left alone to deal with the burden. Quite often they suffer from exclusion and social ostracism, thus affecting persons who are "different", "dangerous" or "sick", and the loved ones. They tend to be an object rather than a subject of actions oriented to health.

In the light of the investigation findings, the actual strengthening of the subject role of the family in the school appears to be relevant. The families with difficulties, those who do not adopt a passive or opportunistic-obstructive position can become leaders, and not just persons under social care. Sharing experience which indicates areas of efficiency, particularly those of inefficient preventive measures is invaluable in the improvement of prevention. Families can be advocates of the children's affairs, mentors for other families, trainers, advisers, experts who show how to effectively cope with numerous life challenges, through an active cooperation with specialists from school and outside of school. The role which families choose to accept as well as their attitude to the social system and the system of aid frequently depend on the provided knowledge and organisational solutions. If preventive organizational solutions encourage participation, initiation of active actions, contact with other families who are actively faced with the experienced problems may increase commitment to prevention (Weist et al., 2012). At present, the promotion of a community of action for health in a school environment is increasingly dependent on individual attitudes and skills of people fulfilling leadership and managerial roles, rather than system regulations.

The system approach, which allows engagement of families in prevention is based on participation attitudes and skills of school workers as well as specialists who support them with formalized agreements. Strengthening the partnership role of families may be based on leadership type strategies *Leading by Convening*, discussed further in the subsequent part of this paper (Cashman et al., 2014). This strategy may be applied at every level of prevention. The starting point is acknowledgement and appreciation of the perception of the core of the problem by the school staff and specialists of the family

perspective. Subsequently, the possibility of legal and organizational incentives in a school is developed, approval and public support for the families are strengthened. Owing to a proper multilateral climate of engagement, they are likely to engage in prevention. The chances of a change are attributed to a joint action of partners of a school preventive coalition: parents, teachers, specialists, who carefully listen to the students. (Dusseldorp et al., 2014)

A properly implemented strategy of *Leading by Convening* safeguards a significant involvement of all partners and parties in the matters linked to the problems, in a more comprehensive and holistic approach compared to other approaches. It results from a long-term orientation towards a balanced development of basic forms of activity in this exemplary strategy - Communities of Action. Communities of Action are work teams based on the commitment of many parties, which are stakeholders of supporting the achievements of students participating in projects, their families, school staff and specialists. Members of Communities of Action that emerge as a result of the implementation of the *Leading by Convening* strategy, receive and create alongside the development of the community, resources, tools, information and skills to help them in understanding and implementing environmental partnerships. (Cashman, Linehan, & Rosser, 2007). Members build connections between people who are in need of support and those who provide support, although these roles are often reversed, depending on the gist of the matters dealt with by the Community of Action. Teachers and specialists may and often should learn as frequently as students and parents, which was clearly demonstrated in the research findings presented above.

The strategy *Leadership by Convening* allows an authentic involvement in the processes of exchanging resources due to the possibility of becoming a partner, regardless of the starting status when joining the Community of Action. The participants may undertake cooperation in guiding both the Community of Action, their own life, by sharing and expanding the acquired competences. An important first step is to determine the way of understanding and naming issues, which usually varies completely at the beginning of the cooperation. One of the most important changes taking place in Communities of Action is an increasing ability to explore similar values and interests in all participants. Typical forms of conducting preventive actions for adolescents and their families, by professionals and school institutions, commonly result in masking this community through a use of an entirely different vocabulary related to the essence of the problems and needs, and also through maintaining rigid borders of belonging to the two separate, seemingly not permeating worlds: the world of the helpless, the awkward ones against the world of resourceful supportive experts. However, the lack of an opportunity to create relationships needed to actively engage in mutual contacts at a frequency which is sufficient to build trust can be effectively changed.

A key role in the initiation of a change in attitudes against prevention at school is played by teachers and school specialists who have the most frequent and the best relations with all school community members, interested in a change and in need of development. One should stress the importance of appreciating (and rewarding) solid preventive efforts made by many dedicated teachers, who in the present circumstances dare to take preventive action and to develop their competences in this area. It seems that despite the previously discussed difficulties, the teaching environment is one of the more active ones in this field, as teachers comprehend the specificity of their noble profession.

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### **3.3. Tools for efficient health promotion**

Health promotion is assigned a number of areas for action (cf. The Ottawa Charter) comprising the impact on public health policy development and broadening the health sector operations as well as covering a narrower range of influences at the level of communities and local communities based on identifying the priorities and measures for health promotion., Mental health promotion has been distinguished in recent decades beyond the different levels on which health promotion may be implemented and out of its various streams. Its focus are activities specific to mental health (Czabala 2000, after: Woynarowska 2008):

- The development of individual human disposition, including skills to satisfy one's needs, the implementation of life goals, solving life problems,
- Creating conditions conducive to mental health

The school is, out of a wide spectrum of health promotion impacts, at the focus of our interest as an important environment affecting the development of children and young people, in which individual and cultural patterns of the young generation behaviour are formed and consolidated. From this perspective, the school is assigned a special role in mental health, consisting in (Korzeniowska and others 2013):

- building the culture of the school, in which mental health is valued and promoted,
- developing among students and staff, basic skills concerning mental health,
- implementing the school programs supporting emotional well-being and developing pro-health behaviours
- benefiting from best practices.

In 2014, recommendations for systemic solutions in support of the school pro-health initiatives which are still valid today, were presented for the needs of the Sejm Bureau of Research (Woynarowska and others 2014). Among these are:

- Recognizing the role which the school plays in protecting and promoting health,
- Combining health education and prevention and combining them with other health promotion system elements,
- Taking advantage of good practices,
- Implementing systemic, long-term actions requiring cooperation of the ministries of education, health and science and higher education; research centres, school administration, teachers, parents, government agencies and non-governmental organizations,
- Integrating health promotion with the pivotal school tasks, supported by the system of education and professional development for teachers
- Recommending educational and preventive programmes of high quality and empirically proven efficacy to schools

The following part presents recommendations coming from the preliminary review of the conducted research outcomes which pertain to the areas related to creating environment conducive to maintaining health and to the impact exerted by school actions aimed at supporting the development of students' personal skills, realization of life goals and resolving life problems.

## **Recommendations**

### ***Students at the age of 9 years (primary school forms I-III)***

- Preventive programmes of many hours duration have a positive influence on the pupils' behaviour. On the basis of the conducted analysis, it can be assumed that the optimum duration of such classes is 10 to 30 hours within the school year. Interventions lasting many hours are accompanied by an increase in positive students' behaviour (socialization), at the same time does not contribute to the growth of undesirable behaviours.
- Preventive actions contribute to the improvement of school climate perceived by students. The implementation of recommended prevention programs lasting between 10 to 30 hours during the school year and containing two different actions have a positive influence.
- Students involvement in alternative activities plays an important role. Therefore, the organization of individual preventive actions (e.g. pedagogical therapy) should be implemented in such a way that enables students' participation in alternative activities.
- All types of preventive actions contribute to the development of positive behaviours and the implementation of recommended programmes contributes to reducing the incidence of undesirable behaviours.
- Teachers as preventive measures implementers contribute more to developing positive behaviours than implementers from outside the school.
- Failure to observe standards and meet school requirements reported by pupils are connected to such elements of the school climate as: attitude towards teachers and sense of safety at school, attitude towards learning and school. Educational and preventive interventions, which include the indicated school climate areas are conducive to the proper identification and compliance with standards and expectations.
- Students participation in the educational-preventive classes promotes more open attitude to peers and the surrounding. The larger the number of preventive interventions, the smaller the tendency of the student to attract attention to himself/herself.
- The level of pupil's socialisation observed through, among others, such behaviours as helping others, seeking conflict resolution and undertaking cooperation pertains to attitude towards the school, education and teachers and the frequency of participation in alternative classes. Including the indicated areas of school climate in prevention activities and ensuring students participation in alternative classes together with their peers, develop their social skills.
- The student's positive attitude toward the school and learning and their involvement in alternative activities is conducive to developing activeness and autonomy. Preventive measures aimed at the factors identified are linked to the development of pupils' activation in class, undertaking their own initiatives, developing interest in a school subject and their talents.
- In the group of students with the highest degree of adjustment to the school situation and norms, the most important among the factors involved in the school climate is students' attitude to teachers. A positive attitude toward

teachers promotes constructive pupils behaviours and pupil-teacher relation should be included as a work area when implementing preventive programmes.

- Factors which particularly distinguish pupils with a high level of adjustment to the school standards and expectations are: showing interest in the lesson and pursuing its full understanding, participating actively in classes, taking their own initiatives, faith in their capabilities, tendency to help peers, ability to cooperate with them, making effort to understand own mistakes. The above mentioned characteristics and skills can be considered important areas in the implementation of universal prevention to the benefit of students in the discussed age group.

#### ***Students aged 10-12 years (Forms IV to VI of the primary school)***

- Limiting prevention to thematic educational classes only should be avoided. Programmes of proven quality are more effective in reducing the frequency of risky behaviours in pupils.
- Participation in the recommended programmes contributes to undertaking own developmental activity and taking part in extra-curricular activities as well as to increasing own initiative to initiate peer relationship and reduce the sense of isolation from the group
- Classes lasting for 10 to 30 hours a year most strongly affect building positive relations between pupils.
- The effects of work over impulsiveness with pupils, as a personality disposition strongly linked to the tendency to risky behaviours, depend on the qualifications of prevention implementers. This area of the work requires professional preparation and experience.
- Regardless of the type of programme and its duration, school preventive actions do not support students whose response to emergency situations is non-constructive or is connected with a tendency to isolation and excessive concentration on experienced emotions. Including the ability of coping with stress in the contents of the preventive action will address the pupils' difficulties in this area.

#### ***Students aged 13-15 years (Class VII and VIII of the primary school and secondary schools class)***

- Type of school preventive actions is linked to the changes in the area of parents-adolescents' contacts. Students participating in preventive activities run in the form of thematic educational hours, reported improvement in the quality of contacts with parents. Thematic educational hours constitute a form of intervention addressing the current issues and difficulties of pupils.
- Thematic educational hours conduce to undertaking additional developmental activity by students. Adolescents participating in educational hours devoted to prevention, more frequently than those participating in other forms of action, engaged in other forms of activities, participated in extra-curricular classes or picked individual forms of additional development (including reading books and articles, participation in voluntary service, scouting organization, artistic and thematic activities, own sports or artistic activity and others).



- Probably because of the high compatibility with the current students' needs, thematic educational hours best support students in developing constructive forms of coping with difficult situations. In the case of this form, there has been a significant decrease in engaging in compulsive responses, such as recourse to substance use or aggression.
- During the school year an increase in the overall percentage of students with learning problems (school marks, truancy, school year retention). The preventive actions which provide the best response to this type of difficulty are programs of proven efficacy.
- The qualifications of a person implementing the prevention activities remain in relation to the assessment of support received from form masters. Students participating in preventive activities conducted by the teacher assess lower the support received from the form master. In this dimension activities carried out by prevention specialists or school psychologists and teachers are more effective. This is probably due to the differences in expectations toward the form master and professionals providing support to students.
- Teachers' performance during school preventive classes foster the transfer of reliable information about the impact of intoxicating substances. Pupils who participated in activities carried out by teachers have gained most information in this area.
- Participation in several different preventive actions during the year implies a more positive students' attitude toward the school. Systematically implemented preventive activities are an important factor strengthening the climate of the school. It also raises the level of youth impulsiveness. The implementation of prevention supports students aged 13-15 years in controlling behaviour and taking less impulsive activities.
- Implementation of prevention programs lasting approximately 30 hours promotes constructive changes in the frequency of students - parents contacts and in the quality of parental control. Programmes of a longer duration, targeted at various groups, enhance the role of parents in the area of prevention.

### ***Secondary school pupils aged 16-18 years***

- The most effective response to risk factors and risk behaviours observed in the student environment are preventive actions of evidence-based efficacy and lasting at least 10 hours. Form masters and interventions in the form of thematic educational lessons play an important role in responding to the students' current problems.
- Students of comprehensive schools who do not participate in preventive actions actively benefit from the form master's support and assess the importance of his/her actions higher. Lack of prevention is in their case balanced by the form master's efforts. This points to the important role of form masters in pupils support and prevention of risky behaviours.
- Preventive activities which take the form of structured programs lead to constructive changes in students' behaviour which in turn translate to higher student's conduct grades. Students who do not participate in preventive interventions or participate only in thematic educational classes, do not improve their behaviour in terms of overall assessment.

- Implementation of preventive actions, both in the form of educational classes and more complex programs, weakens the impact of significant risk factors in the form of exposure to peer and family patterns of risky behaviours. In the group of secondary school students who do not receive support, the impact of these factors is on the increase. The most successful in reducing risks resulting from adverse peer patterns are teachers as the prevention implementers.
- Implementation of preventive actions, irrespective of their type, does not affect directly students' learning difficulties (e.g. bad marks and backlog). Changes in the academic dimension constitute intermediate results of preventive classes.
- Among different preventive work experts, the work of school pedagogists and psychologists best contributes to the changes in the quality of parents-pupils relationship and increases constructive parental control. School experts best support secondary school students' parents in the area of psycho-preventive efforts.
- External experts implementing prevention are more effective than other groups of promoters - teachers, school pedagogists or psychologists – when working on peer relations in secondary school classes.
- Implementation of several preventive interventions within the school year is an effective form of working with secondary school students in the areas such as: improving behaviour, maintaining positive attitude toward the school and receiving support from teachers.

### ***Technical and vocational schools students aged 16-18 years***

- Published and recommended prevention programmes most effectively restrict risky behaviours displayed by young people of technical and vocational schools.
- A type of preventive action is linked to changes in students' attitudes toward risky behaviours. Recommended programs of proven efficacy reduce acceptance of risky behaviours - students more often consider them as unacceptable and contradictory to the norms. The larger the number of preventive interventions during the year, the stronger the change of attitude.
- Implementation of preventive actions in the group of technical and vocational school students increases young people's knowledge on harmfulness and dangers arising from psychoactive substance use.

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### **3.4. Peer violence and cyberbullying prevention programmes**

For nearly half a century (mid-seventies of the twentieth century), peer violence has been the subject of scientific deliberations of the representatives of social sciences. The problem of maltreatment of adolescents by their peers is treated as particularly serious and requiring effective interactions. This issue also raises a great deal of social emotions, especially in serious, tragic cases of peer violence which end with high-profile suicides of the victim. Unfortunately, the emphasis is often put only on technical measures to prevent the problem, for example monitoring or solutions which have legal consequences in more serious situations. This type of pressures stands often in opposition to research findings and practical solutions which can actually lead to the reduction of peer violence.

The same phenomenon also undergoes dynamic transformations. Socio-cultural changes are reflected in the qualitative manifestations of this phenomenon, at the same time making space for a reflection on the need to adapt or extend solutions in order to deal with the changes. One of the most important aspects of contemporary times, which has translated into the styles of functioning of the young generation is the availability of the Internet, and thus different forms of the so-called mediated communication, commonly used by adolescents (Tokunaga, 2012). This is also linked with the phenomenon of peer violence, mainly due to the fact that the instruments of the so-called new media are capable of providing and do provide a tool for its occurrence (Olweus, 2013).

The typologies of peer violence, on principle, based upon a division related to the type of hostile actions which are undertaken by the offender against the victim. Traditional peer violence included physical violence (which may involve both attacking the victim and their belongings as well as a verbal abuse. After the year 2005, a new form of violence emerged (cyberbullying), in which the offender uses the internet and mobile phones as a tool for hostile actions. At a later time, researchers' interests were also directed at the so-called relationship violence, connected with ending relationships, exclusion from a group and a manipulation of social relationships in a group (e.g. in a class team) in such a way that the situation of the victim becomes very unfavourable. This involves, first and foremost, the deficit of relationships or low-quality relationships with peers, which when contrasted with development needs related to a peer group (especially in the case of adolescents) is extremely difficult for the victim (Jaskulska, Poleszak, 2015; Oleszkowicz, Senejko, 2013). It should be stressed that the research conducted in the current project made an in-depth diagnosis of this type of peer violence and demonstrated its considerable intensity. In addition, the studies also proved that experiencing relationship violence is linked with other high-risk behaviours, for example almost 13% of students aged 14-16 of the high-risk group could not count on the help/consolation on the part of even one person in class. This also denotes a possibility of problem accumulation also in the sphere of peer relationships.

As far as consequences are concerned, the study findings are evident - experiencing serious violence relationships (bullying) causes disorders in the sphere of

adolescents' mental health, both long and short term (Ttofi, Farrington, Lösel, Loeber, 2011; Zych, Ortega-Ruiz, Del-Rey, 2015).

### **Recommendations with regard to traditional prevention programmes and prevention programmes for electronic peer violence**

A detailed analysis of the research findings, the content and methods of implementation of solutions (with the emphasis being made on cultural differences and the specifics of age groups) allows formulating key recommendations for effective prevention activities. These recommendations will apply both to general assumptions about the implementation of the programmes and to the content of the exploited solutions.

#### **Complex programmes**

Peer violence, despite the fact that it manifests itself in different ways, may not be treated superficially in the programmes. Unfortunately, studies indicate that some types of violence of this kind, primarily the relational one (exclusion from a group) are rarely perceived and are often disregarded in the implemented programmes. This is a big mistake in the methodology of implementation, since in most cases, relational violence is an initial step towards violence processes in the group and its other manifestations are surfaced in later stages. Meanwhile, certain types of violence, in particular cyberbullying, tend to be treated as serious ones and their prevention is implemented in separate programmes. This is not a good trend, because, as research indicates, bullying and traditional violence are strongly linked phenomena. In the case of perpetration, a young man is hardly ever involved in cyberbullying without becoming involved in the perpetration of traditional violence, at the same time (Pyżalski, 2018).

Taking into account the above, the suggested approach is the development and implementation of programmes which are aimed at solving peer violence in a complex way, and as a basis, taking into account the inclusion of factors which will prevent such violence universally (e.g. actions designed to build relationships in a class team).

#### **Programmes covering the overall functioning of the school**

The metaanalyses of the effectiveness of preventive actions and analyses of the most common programmes (e.g. the Norwegian Zero programme) indicate that the common ones cover the entire school (Mishna, 2009; Roland, Vaaland, 2011, Wong and others, 2011). On the one hand, it means possessing a specific anti-bullying policy. It should comprise a coherent set of solutions which is understandable for professionals, students, parents as well as guardians, which is implemented by the school institution in the area of peer prevention. Therefore, not only possessing such a system is important, but also a manner of communicating it to all major actors. Above all, however, it is important to implement a coherent system of high quality impacts. These include the following logically related items:

1. **Regular monitoring of the problem.** This may include the use of survey research of various school life actors (students, teachers, parents), qualitative research methods – individual interviews and focus interviews with students, case analyses of peer violence that occurred in the school (also in the light of used solutions and their effectiveness). An important element here is the quality of conducted diagnoses and used tools. Regrettably, this type of tools, especially questionnaires used in quantitative studies, are not based on any theoretical assumptions and are mistakenly contoured (e.g. they disregard relevant types of violence, they do not differentiate the frequency of perpetration or victimization.) This means that the obtained results do not have sufficient quality

to constitute the foundation for sensible prevention efforts to be conducted at schools.

2. **Team management of specific cases of bullying.** It is essential for effective efforts undertaken by professionals working at school to conduct joint prevention measures, especially in cases where they have to intervene especially when bullying cases are already present. The cooperation may concern making a common diagnosis, the flow of information, cohesion of effects, the decision-making process on the applied solutions, etc. The actions of a single teacher, even a truly engaged one, are endangered by a significant risk of error.
3. **Cooperation of all school personnel.** A close cooperation of all the school personnel may be considered as an integral element of the approach involving the entire school. A common mistake is the fact that the cooperation covers only the pedagogical staff or it does not exist at all (see Pyżalski, Merecz, 2010). Other workers (e.g. administration, care personnel) do not undergo any training with regard to observation, countering violence or an information flow. A good prevention practice is therefore to use the potential of the entire school community of professionals. To some extent, everyone should undergo training and become familiar with the school's approach to prevent violence at school, and also being included in the resolution of specific cases of peer violence.

### **Preparation of teachers**

Teachers are the main implementers of certain solutions in school, not only in the field of educational actions, but also daily response to violence. Without their proper preparation, even the best programmes cannot be conducted in an appropriate manner. The best known world comprehensive programmes (e.g. Zero programme, KiVa) (e.g. Roland, Vaaland, 2011; Smith, Ananiadou, 2003) embrace a number of schools for teachers covering the following programme content.

1. The diagnosis of bullying both in the area of its manifestations and the course of the process in the group (including the application and interpretation of the results of specific tools).
2. Methods of prevention and intervention, often involving exercising certain skills, e.g. a conversation with the perpetrator, reactions to minor manifestations of peer violence, methods of mediation, etc.
3. Training on the implementation of specific educational solutions.
4. The use of legal procedures related to peer violence (e.g. specifying when the solutions carried out in school are insufficient).

It is worthwhile indicating that one of the important but still ignored aspects is the specificity of peer violence, in which victims are adolescents with special educational needs who are exposed to such violence much more frequently, as coherently demonstrated by studies (Plichta, 2016, 2017). Therefore, it is necessary to pay special attention to the quality of prevention programmes in schools attended by a great number of children with special needs or children experiencing specific problems.

A detailed and methodical nature of the trainings is highly recommended in this place. It is much better to possess the exact knowledge of even minor solutions than broad theoretical foundations, which the professionals are unable to translate into practice.

### **Developing class rules pertaining to treatment of others, together with students**

One of effective forms of preventive measures is to develop, together with students, a set of rules relating to the treatment of others in the school community. Such rules should result from team work and be an outcome of students' work and not rely on

the teacher to provide the rules. It is essential, therefore, to focus on the principles of the co-creation of principles as well as their understanding, resigning from the moralizing approach (Kolodziejczyk, 2004; Stec, 2018). It is also important to enforce the agreed rules of conduct. It must be stressed here that formal consequences (including penalties) should appear as the ultimate solution, when other solutions have proven to be ineffective (Kolodziejczyk, 2004).

### **The use of high-quality educational activities for students**

Although violence prevention educational actions on their own are insufficient to be effective, their implementation is the part of prevention programmes and should be of high quality. Educational activities embrace a very wide range of solutions and educational materials. These may be simple slogans posted in schools, posters, flyers, or more extensive guides and even student manuals. The materials may also have a form of texts or video tutorials about, for example how to react as a peer violence victim, perpetrator or witness. They may also be artistic productions aimed at stimulating students' emotions and reflections related to the problem of harming peers (e.g., children's and adolescent literature). Among the latest solutions, there is the use of digital materials, i.e. anti-violence educational materials, targeted at learning social skills, including empathy for victims (Yang, Salmivalli, 2015).

When designing educational impacts and educational materials, it is important to adapt them to the target audience, above all taking into account their contents. Studies show, for example, frequent ignoring of the role of witnesses in responding to the violence of peers, in this type of activities, while their active action is one of the most effective manners to fight violence (Catanzaro, 2011; Karna and others., 2010; Salmivalli, Voeten, Poskiparta, 2011; Salmivalli et al., 1996).

### **Education of students' parents/guardians**

The inclusion of students' parents/guardians in the prevention of bullying is one of the recommended impacts in the majority of the most commonly implemented programmes. The consistency of the impact of home and school environment is treated as crucial. The minimum recommended level is to inform them about the school approach to peer violence, solutions and procedures which are binding in this area. The possibilities of distribution of information are broad, starting from leaflets or content posted on a school website to extensive training courses or guidance materials. They are an indication to parents what actions need to be undertaken when their child becomes a victim or a perpetrator of bullying.

### **Work with perpetrators, victims and witnesses**

It is recommended to conduct actions aimed at **all** bullying actors, i.e. perpetrators, victims and witnesses. Working with the first two types of persons involved should be direct and individual in its nature, and working with witnesses may be individual, or should take on the form of group work.

In the case of victims, it is essential to cope with situations of experiencing peer violence, for instance assertive communication, or dealing with negative emotions. The actions are conducted in the form of individual and group training; in some most serious cases, they assume the form of psychotherapeutic activities (Ross, 2002; Węgrzynowska, 2016). In the case of bully-victims, the actions also consist in teaching adolescents a more constructive behaviour towards peers (Węgrzynowska 2016).

Finally, the witnesses, depending on their attitudes, frequently decide upon the dynamics (acceleration or diminishing bullying in class. Unfortunately, despite the presence of an explicit need for a meta- analysis, the activities involving witnesses are rarely an important element in anti-bullying programmes (TTofi, Farrington, 2011).

In conclusion, the activities relating to the prevention of peer violence must be based on a thorough knowledge and must be conducted on a large scale. The most popular educational model, in this respect, appears to be insufficient due to the nature of the problem.

It is worth noting that programmes in our country were developed incorporating most of the provisions of good practice for implementing anti-violence programmes. A good example is the Program IMPACT – Interdisciplinary Model of Countering Aggression and Technological Cyberbullying.<sup>12</sup> This programme assumes the following preventive and educational approaches:

1. positive prevention understood as increasing constructive and creative suggestions of the Internet activity, being an alternative to undesirable reactions, aggressive behaviours
2. A holistic approach to peer violence. The programme takes into account not only cyberbullying, but also other types of traditional peer violence
3. social competences training, being a natural buffer of high-risk behaviours on the Internet
4. impacts raising awareness, knowledge and practical skills of students and teachers in the area of information security, maintaining privacy, responsibility and accountability of activities in the Internet - in the general context (protection of a PC and mobile devices), as well as self-protection against cyberbullying.

The methodology of the project is based on:

1. working with all the actors of electronic aggression - victims, perpetrators and witnesses, as well as teachers of students involved in the problem
2. traditional workshops
3. e-learning - giving a possibility of increasing knowledge and real competences with regard to cyberspace security, i.e. the environment which is natural for this issue.

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<sup>12</sup> The programme is implemented within the Social Innovations contest IS-2/31/NCBR/2015

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### 3.5. Effective prevention of psychoactive substance use

#### 1. Introduction

There is no doubt that puberty is a period of experimenting with different types of psychoactive substances. Statistically, between 10 and 20 years of age, first contacts with alcohol, cigarettes, and drugs take place. In the second decade of life, there is the largest dynamics of contacts with these substances. The researches of Warsaw junior secondary school students indicate, for example, that the percentage of students who in the last 30 days drank alcohol at least 1-2 times, have increased from around 18% in form 1 to approximately 33% in form 2 and up to approximately 46% in form 3. Each year in junior schools, there is a growing percentage of students smoking cigarettes and experimenting with drugs, Fig. 1; (Ostaszewski, 2014).

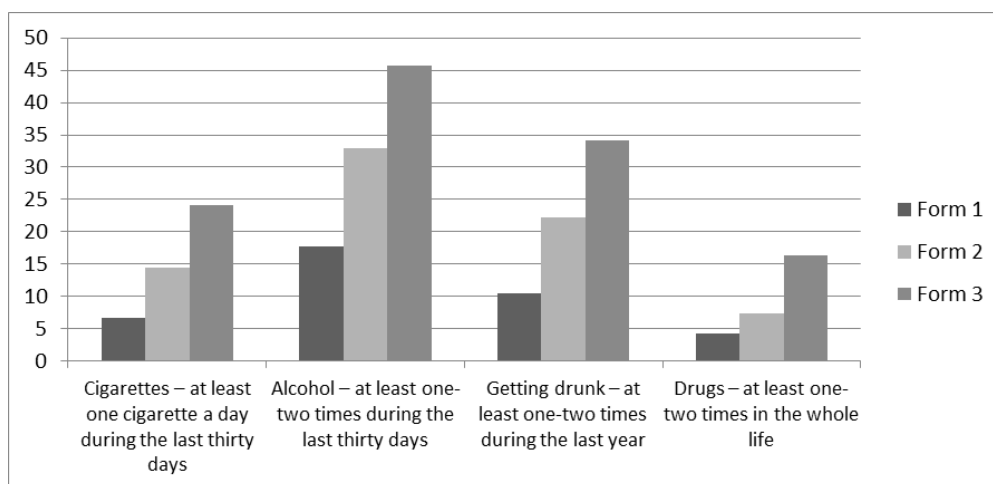


Figure 1. Percentage of students who used psychoactive substances in form one, two and three of junior secondary school, N = 1841

#### 2. An integral approach to the problems of abusing psychoactive substances

In the last couple of years worldwide, in preventive interventions targeted at children and adolescents, it is possible to observe inclinations towards **an integral** treatment of psychoactive substances: **alcohol, tobacco, drugs, new psychoactive substances and psychoactive drugs**. It particularly applies to universal prevention interventions targeted at the entire population of children and adolescents. What are the **arguments** in favour of an integral approach to the prevention of psychoactive substances use among children and adolescents? Proponents of this approach argue that the phenomenon of psychoactive substances use by children and adolescents has many common features, which justify their integral treatment in prevention interventions. These are the following:

- **manifestations of the same problem;** alcohol consumption, smoking cigarettes or drugs use by adolescents are different manifestations of behaviours that potentially carry the risk of health damage. They are referred to as high-risk or problem behaviours (Dzielska, Kowalewska, 2014 Woynarowska, 2017). In other words, they are different facets of the same problem.
- **the same risk factors;** at the source of various substances use there are the same groups of risk factors: family, peers, individual, related to school and a wider social environment (Ostaszewski, 2008, 2014).
- **concurrence;** empirical studies indicate that drinking alcohol, smoking cigarettes and using drugs by adolescents tend to concur (Jessor 1987, Stępień 1999, Mazur, Woynarowska 2004, Ostaszewski, Rustecka-Krawczyk, Wójcik, 2011). Moreover, using psychoactive substances tends to concur with other problem behaviours during puberty, e.g. with premature sexual contacts, juvenile delinquency and negligence of school duties. Over the last fifty years, a considerable empirical material has been gathered, which proves that problem behaviours occur in groups of two, or even as many as three or four, i.e. they are combined in syndromes of problem/high-risk behaviours (Jessor, 1991, Jessor 1998, Ary et al. 1999, Biglan et al. 2004, Mazur et al. 2008, Ostaszewski, 2014).
- **the paths of psychoactive substances use, or "paving the way";** it was observed that drinking alcohol and smoking cigarettes largely "pave the way" for contacts with drugs and medicines that are used to become intoxicated. Using psychoactive substances typically begins in early adolescence with the first attempts to taste alcohol and tobacco. A certain group of teenagers switches from using these substances to experiments with marijuana. It is very rare that someone reaches for marijuana without earlier experiences with alcohol and/or cigarettes. Some youths switch to other drugs, for example, amphetamine. Again, persons using other drugs, without prior experiences with marijuana, are exceptional. These observations became the foundations for the treatment of alcohol, cigarettes and marijuana as gateway drugs for the subsequent phases of substance use (Kandel et al 1992). Alcohol and cigarettes "pave the way" for marijuana, whereas marijuana "paves the way" for other drugs. It carries crucial implications for prevention. Limiting premature experiments with alcohol and cigarettes prevents not only the consequences of using these two substances but also limits the risk of replacing them with hazardous and socially unacceptable psychoactive substances.
- **similar functions of problem behaviours in youth psychosocial development;** problem/high-risk behaviours are likely to become an instrument for achieving the desired objectives for adolescents. For example, they are an expression of the independence from parents, thus giving young people a sense of autonomy. They can also be a symbolic expression of reluctance of youths with regard to traditional standards and values of adults, in this way promoting the formation of their own sense of identity. They can also be a kind of mechanism to cope with difficult life situations. Generally, problem behaviours may, under certain circumstances, be considered as one of the elements of psychosocial development of adolescents. Although, they bring about a great deal of problems for adults (parents, educators), occasionally many of the problems sometimes allow young people to satisfy their unrealized needs or achieve important objectives. Therefore, many authors from the social development

psychology circle assume that the "experiments" with alcohol, cigarettes and some drugs as well as premature sexual relations are a kind of instruments for the implementation of certain **developmental tasks** during puberty, such as achieving new and more mature contacts with peers, achieving emotional independence from parents and other adults, experiencing and accepting their physicality and sexuality (Jessor 1987).

All these arguments justify the need for **an integrated approach** to the prevention of psychoactive substances use and even wider - prevention of problem/high-risk behaviours (Ostaszewski 2003, 2014). The advocate of such an approach is, for example, the World Health Organization and many international organizations working in the field of prevention of high-risk behaviours and mental health promotion.

### **3. Theoretical background of undesirable behaviours in children and adolescents**

**Problem behaviours.** The **theory of problem behaviours** developed in 1970s of 20th century had a large impact on defining the problems of children and adolescents (PBI) (Jessor, Jessor, 1977). In accordance with the theory, the behaviours are "problematic" if adolescents do not respect the requirements, expectations and limitations accepted for their age group, for example, children and teenagers are expected to respect parental authority, not to consume alcohol or smoke cigarettes, and that they will initiate sexual contacts after achieving psychosocial maturity. Escaping from home by a child or a teenager or initiating sexual life are therefore treated by parents and educators as a "problem". A typical reaction of parents/guardians to such a behaviour is disapproval, sanctions or disciplinary interventions.

Most of the problem behaviours are no longer regarded as "problematic" when young people reach adulthood. Leaving home by a mature person will no longer be treated as "an escape from home"; likewise drinking alcohol in social situations will no longer be a "problem", nor will an active sexual life or a decision to terminate school education. Youth problem behaviours are thus closely associated with childhood and puberty, periods in which adolescents are subject to parental or school authority.

Richard and Shirley Jessor (1977) argue that problem behaviours are part of the psychosocial development of adolescents. Although they elicit a justified concern on the part of adults, they also have a positive side, helping adolescents with satisfying their needs, especially in the pursuit of a more mature status. Adolescents, when undertaking these behaviours, signal to their surroundings and to themselves that they begin a separation process, aiming at maturity. These behaviours are often a symbolic "message" of achieving this goal addresses to themselves and their peers. In this sense, problem behaviours limited to the puberty period may be considered as part of normal development of adolescents, and not as a symptom of social maladjustment, deviation or disease. The consequence of such thinking is the treatment of those behaviours as a phenomenon which has common determinants and developmental functions and applies to the majority of growing adolescents and not just their most vulnerable part.

Contrary to problem behaviours, there are behaviours which comply with the norms and values accepted by society, defined as **constructive or conventional behaviours**. Youths who regularly attend school classes, have good grades, go to church, provide assistance to others within voluntary activities, behave "constructively" or "conventionally". These are socially expected ways to gain new experiences by the young generation and learn socially valued norms and values. The results show that the more

problem behaviours undertaken by adolescents, the lesser degree of manifested constructive behaviours, and vice versa. It does not exclude a situation, however, in which a young person undertakes constructive and problem behaviours.

The "classic" youth problem behaviours include: alcohol consumption, tobacco smoking, drug use, high-risk sexual contacts, fleeing home, violence towards peers, juvenile delinquency. They are associated with a greater risk of health and social problems and developmental damage (Dzielska and Kowalewska, 2014). These behaviours often go hand in hand with problems at school, limiting the possibility of obtaining proper education and a proper fulfilment of social roles in adulthood (Jessor, 1991; Newcomb, Abbot, Catalano et al., 2002).

Adolescent problem behaviours are, for the most part, a transient "disease" of the puberty period, associated with specific needs and tasks of this period of life. On the way to adulthood, adolescents must learn self-reliance. They must also shape their identity. When reaching for the "forbidden fruit" (e.g. psychoactive substances), they not only risk their health but also learn independence from their parents and other adults. Quite often these adolescent behaviours are a way of manifesting the generation gap, which is conducive to the formation of their own identity. They can also be a mechanism of coping with difficult life situations such as failures at school, relationship conflicts (boyfriend/girlfriend). A larger inclination to undertake high-risk behaviours occurs in young people who are unconventional, in high need to experience and who are exposed to negative effects of peers and conflicting family relationships (Ostaszewski, 2014).

**High-risk behaviours.** The term "problem behaviours" is increasingly being replaced by **high-risk behaviours**. It is associated with the growing awareness of health and development damage, which affects children and adolescents in the contemporary world. The turn of the 1980s and 1990s of 20th century saw the HIV epidemic with the threat of its very serious health consequences. It primarily affects adolescents who initiate high-risk forms of sexual contacts due to the lack of experience (Woynarowska and Tabak, 2008). Within the last couple of years, the so-called **new high-risk behaviours** of children and adolescents have been added to the list of behaviours which are alarming to adults, being mostly associated with the rapid growth of information technology (Pyżalski, 2012). These include, among others: internet abuse, cyberbullying, online pornography and other forms of cybersex, access to gambling online and computer games which promote violence.

The risk of health and development damage is also related to other health promoting behaviours, for instance poor nutrition, lack of attention to personal hygiene, physical fitness and dental health. From the viewpoint of development, it is unfavourable to neglect school duties. Therefore, in the formula of "high-risk behaviours", threats to health and the successful development of children and adolescents are emphasized. Adolescents who consume alcohol or take drugs not only violate social standards for their age group but they also run the risk of damage to their health and development. This risk can permanently damage their health, school or professional career, and consequently impair their quality of life. There are four types of interrelated behaviours of children and adolescents:

1. **Classic problem behaviours**, e.g. alcohol use, drug use, premature sexual contacts, anti-social behaviours.
2. **Negative health behaviours** which do not cause social sanctions but lead to adverse health effects, for example "unhealthy" eating habits, sedentary behaviours, little physical activity.

3. **Inadequate fulfilling of the student's role**, highlighted due to a considerable risk of proper development, for instance poor grades, truancy, dropping out of school.
4. **The so-called new high-risk behaviours**, also referred to as "problems or behavioural addictions," for example gambling, cyberbullying, netoholism.

The common denominator of various high-risk behaviours is **negative health and development consequences**. These behaviours are likely to (Jessor, 1998)

- pose a threat to health and safety, be related to a higher incidence of health problems (e.g. poisonings, injuries, infections, addictions) and accidents,
- obstruct the proper functioning of young people in social roles, appropriate for their age, including: obstructing the fulfilment of the student's role, lead to conflicts with the law, lead to a temporary isolation or social exclusion, contribute to premature parenthood, and many other related problems,
- impede personal growth, development of identity and an adequate self-image, which is conducive to the formation of psychological problems, such as mood disorders, depressions, suicidal thoughts and attempts,
- hinder the acquisition of skills needed in adult life, the acquisition of proper education and professional skills, which translates into problems with employment and a hindered start in life.

In the approach emphasizing **risks for health, proper development and safety**, undesirable behaviours of children and adolescents are understood much more broadly than problem behaviours. They also include adverse health behaviours, school problems usually treated as educational problems and new problems, the so-called behavioural addictions. Thinking in terms of high-risk behaviours is more suitable for the tasks in the field of prevention and upbringing.

#### 4. Diagnosis of needs in terms of prevention

In order to determine the directions of effective preventive interventions, a reflection on what risk factors accompany the application of psychoactive substances, which factors protect against these behaviours, which preventive measures prove useful and which do not, which is the centre of attention of the analyses of research findings conducted in the course of this project is essential. The analyses take into account the main types of psychoactive substances, i.e. drugs, alcoholic beverages and tobacco products. The analyses and recommendations were split into the stages of education and development: forms 4-6 of primary school, which is the period prior to puberty, the oldest forms of primary school/junior secondary school, i.e. the period of early puberty and the period of secondary school, or the period of late puberty. The initiation of alcohol and tobacco falls mostly onto the first and second period of development, whereas the initiation of taking drugs - onto the second/third stage.

##### *Students 10-12 years of age (forms 4-6 of primary school)*

#### Regularities

The age of 10-12 years is the next phase of transition, this time from integrated early childhood education to independent work with several teachers of different subjects. During this period, special requirements apply to the adaptation of subject teachers' requirements, persons with different temperaments, work styles and needs. The

authors' research shows that students who find it difficult to become adjusted reach for alcohol or tobacco more frequently than others. Drinking alcohol fosters negative attitudes towards school and learning, exposure to high-risk family behaviour patterns and experiencing violence. On the other hand, tobacco smoking is associated with a reduced ability of self-control - the lower self-control the greater the risk of reaching for tobacco. In addition, cigarettes are smoked by students with educational problems, measured by a reduced assessment of behaviour.

Risk factors associated with both types of psychoactive substances (alcohol and tobacco) are as follows: a non-constructive manner of dealing with stress, based on becoming involved in high-risk behaviours, increased knowledge of the effect of alcohol and tobacco, exposure to peer patterns of high-risk behaviours, and above all, educational difficulties and attitudes of acceptance of high-risk behaviours.

The above analysis indicates that at this educational stage, abusing psychoactive substances is a consequence of upbringing, learning difficulties, poor self-control, lack of skills to constructively deal with stress and the negative example of the surroundings (parents and peers). The attitudes of acceptance for high-risk behaviours point to educational errors. Students enter this age with a conviction that high-risk behaviours are attractive. They are surrounded with negative patterns which copy problem behaviours. Finally, children experiencing learning difficulties do not receive sufficient support. A highly significant issue with regard to high-risk behaviours is peer environment, in which young people live and the type of relationships they build.

On the basis of the authors' research carried out in this age group, it was possible to observe a regularity that alcohol drinking increases in the group, in which no preventive interventions are conducted or they are conducted sporadically during general educational classes. The efficacy of preventive interventions, at this stage of development, is greater when it is more professional in its nature (published/recommended programmes).

## **Recommendations**

The above-mentioned regularities allow adopting the following recommendations for the sake of prevention:

- the transition from the stage of early childhood education to form 4 of the primary school is a moment of greater risk of developing problem behaviours. Therefore, it is essential to prepare dedicated educational and preventive programmes of interventions, supporting students in coping with difficulties arising from a change in the conditions of teaching. Such adaptation programmes should begin in form 3 and end in form 4.
- Taking into consideration the fact that many high-risk behaviours in students result from peer relationships (negative patterns, violence), it is necessary to undertake interventions aimed at improving the quality of peer relationships. It would be quite helpful to make greater efforts to build and support positive student groups as well as a positive peer climate. In the achievement of objective, positive educational environments such as scouts, youth clubs, voluntary service, school sports groups as well as peer programmes particularly those, in which students assist one another with overcoming learning difficulties, may prove useful.

- It is necessary to also support students in developing skills to deal with stress. There is a need for greater involvement in teaching children and adolescents how to manage their emotions and equip them with effective ways to handle stress.
- In view of the fact that many high-risk behaviours stem from the observation of parents' high-risk behaviours (cigarette smoking, alcohol use, irresponsible behaviour under the influence of alcohol), it is essential to undertake information and educational interventions with regard to parents. The most effective form of reaching parents is the workshops of educational and prevention skills, i.e. popular schools for parents. Social campaigns addressed to parents and educators, which demonstrate which parental behaviours protect the child from using psychoactive substances and undertaking other high-risk behaviours are a useful solution, although deferred in time.
- In order to improve the skills of self-control as an important factor of protection against the use of psychoactive substances, it is essential to exploit sporting activities or other activities important for young people. It is necessary to engage a teacher with authority among students in order to implement such interventions. He/she may exploit the dependency between self-control and a sports success and convey this regularity onto the regularities of human life. The role of self-control as an important life skill can also be shown as part of routine school classes (Polish language, history), using the lives of characters important to young people, for example, soldiers, insurgents, scouts fighting for the independence of our country.

### ***Students 13-15 years of age (forms 7-8 of primary school and junior secondary school forms)***

#### **Regularities**

The last two forms of primary school or junior secondary school fall over a period in the life of an adolescent in which a crucial role is played by developmental tasks related to the developing of belongingness and a position in a peer group. Therefore, the results of the authors' research that the consumption of drugs, alcohol and smoking, during this period, is connected with the exposure to high-risk behaviours are not surprising. This can be brought down to a popular saying "A man is known by the company he keeps". When reaching for alcohol, it is also important to observe the behaviours of alcohol abusing parents. The greater exposure to family patterns of high-risk behaviours, the more frequent reaching for alcohol. The above-mentioned environmental patterns of behaviour shape students' attitudes which are conducive to high-risk behaviours. They also significantly positively correlate with various psychoactive substances use. There is just a single step from behaviours of reaching for these substances to acceptance attitudes to reach for psychoactive substances. These results are in accordance with the model of high-risk behaviours of Richard and Shirley L. Jessor.

Another group of factors which increase the risk of abusing psychoactive substances concerns individual qualities of a person. Educational problems at school foster drinking alcohol and smoking tobacco. The bigger they are, the greater is the risk of reaching for these substances. A significant risk factor is a non-constructive style of coping with stress.



Adolescents who deal with stress through aggression tend to use psychoactive substances more frequently. Another internal high-risk factor is low self-control.

Bearing in mind the fact that the majority of prevention interventions in Polish schools take the form of a communication strategy, an interesting and paradoxical regularity was found with regard to the knowledge about alcohol, drugs and their use, namely it appears that the knowledge about alcohol does not protect against its use. Similarly, the knowledge of drugs does not protect against reaching for them. On the basis of these and many other studies dealing with the efficacy of prevention, it is possible to formulate a conclusion that programmes relying on spreading knowledge about the effects and consequences of psychoactive substances are insufficient for effective preventive interventions. More effective preventive strategies are necessary, such as modifying normative beliefs, teaching psychosocial skills or creating a favourable social school climate. It is worth adding that passing appropriately selected information is an essential element of all these preventive strategies.

Interesting regularities were observed with regard to a period of time which passes from the first occasion/encouragement to take a new psychoactive substance, i.e. the so-called "designer drug" to the first situation when it is taken and the risk factors as well as protective factors. It appears that this time is significantly extended if a young person has the parents' support (has good contact with parents, suitable parental control), support on the part of educators, begins their own developmental activity and maintains a high level of self-control. This time is significantly reduced, if the young person behaves impulsively, does not cope with stress, has had a low mean of school grades in the last term, keeps in touch with a problematic peer company and experiences violence from peers.

## **Recommendations**

- Preventive measures for this group of students should be differentiated, due to the type of psychoactive substances, because using individual substances coexists with various risk factors and exercises a different characteristics of protective factors.
- In order to limit the use of psychoactive substances, using positive peer influence can prove very helpful, both by implementing peer programmes, and also by setting a trend for life without psychoactive substances among adolescents. All kinds of peer programmes may prove useful, i.e. peer support, peer education and peer leaders. It needs to be added, at this point, that programmes using peer leaders require an extended time perspective (at least two years), a careful preparation of adolescents for the tasks in the field of prevention, constant support of adults and appropriate encouragement/an award system of their pro-social activity.
- Within information and educational interventions framework, targeted at parents, it is necessary to show knowledge concerning the relevance of the parental model of drinking alcohol/ smoking tobacco for high-risk behaviours, connected with the use of psychoactive substances. Parents are more eager to become involved in preventive interventions once they are familiar with the results of the diagnoses. Thus, they should also be informed about the results of the examinations.

- In order to restrict the use of psychoactive substances in the environment of adolescents, in the early puberty period, it is necessary to deepen educational and preventive effects in a way to change beliefs, skills, attitudes and behaviours, and not just provide knowledge. The knowledge itself about alcohol, drugs and tobacco, administered without other preventive interventions, might become a conducive factor for using these substances.
- From the standpoint of preventive objectives, not merely educational ones, conscious school interventions which support students in dealing with educational difficulties or equip them with skills of constructive dealing with stress, are particularly needed. This applies, in particular, to youth who release excessive stress through aggressive behaviours. Unconstructive ways of managing stress are one of the most important predictors of future alcohol problems. Inability to cope with stress and distress occupy a significant role in the etiology of alcohol addiction.
- The observed relationship between the prevalence of educational difficulties and higher rates of high-risk behaviours suggests the need for interventions which support students in the age group who are experiencing serious learning difficulties. Apart from the existing forms of assistance offered by schools (compensatory lessons, tutors), more opening at peer help should be considered, obviously in the form of programmes, within which students-volunteers are prepared for such activities.
- In preventive interventions aimed at adolescents in this age group, it is necessary to develop the skills of building self-control, since it is a universal protection factor, which reduces the risk of smoking cigarettes, and also limits other high-risk behaviours in adolescents.

### ***Students of secondary schools, 16-18 years of age***

#### **Regularities**

Another analyzed development stage is late adolescence. At this age, adolescents are preparing to start adult jobs and social roles. Before it happens, the adolescent experiences multiple tensions related to the building of their own "self". In consequence of this process, self-esteem and relationships with peers and parents undergo alterations. Due to a separate educational path, the surveyed were divided here into two groups - secondary school students and vocational school students (technical and basic). The use of psychoactive substance in a secondary school group significantly correlates with learning difficulties. The bigger educational difficulties, the higher rates of drug use, alcohol consumption and tobacco smoking. Similarly to younger groups of the examined school youth, it particularly concerns students who deal with stress through aggression. Such persons cope with tension and overload, releasing their difficult emotions outside. The use of psychoactive substances is also connected with staying in the company of peers who undertake high-risk behaviours. This stage of life is accompanied with numerous social meetings. Once psychoactive substances appear, it is difficult not to yield to the temptation. Using psychoactive substances occurs along with the attitudes of acceptance for risky behaviours. This is one of individual factors which indicates the ineffectiveness of earlier educational and preventive measures. Despite long hours of

such influences, students do not see anything wrong in breaking the rules of social life, e.g. drug or violence use.

It turns out that this is not due to the lack of knowledge, as students who often reach for psychoactive substances, have knowledge of the effect of alcohol and drugs use. There is a paradox here, as the information preventive interventions, undertaken in good faith, may be conducive to using psychoactive substances. This is obviously an apparent paradox since focusing on knowledge transfer, often poorly planned (e.g. concentrated on remote consequences of substance use or consisting in evoking fear and terror) is known not to protect. Quite the contrary, defence mechanisms are activated, often encouraging students to try the substances. It is worth mentioning that information strategy is one of many preventive strategies which may and need to be used jointly in a varied way. The more strategies used, the more effective prevention of problem behaviours.

Two factors specific to certain types of psychoactive substances, used by pupils, need to be mentioned. This applies to family patterns of high-risk behaviours and involvement in religious practices. It appears that exposure to family patterns of high-risk behaviours is conducive to drinking alcohol. In view of the fact that this risk factor occurs only in case of drinking alcohol (a similar regularity occurs also in other age groups), it must be interpreted deeper than just behaviour modelling. In combination with other factors, it seems that it is rather learning how to handle tension and stress. While watching parents who drink, young people learn how to cope with excessive stress and later, when they face a stressful situation, they reach for the already tested response pattern.

The frequency of religious practices is one of a few protective factors in the environment of secondary school students. Commitment to religious practices correlates with lesser frequency/intensity of alcohol drinking and tobacco smoking. This factor arises from beliefs resulting from the teachings of the Catholic Church as well as other benefits of prayer and participation in a religious community. An important protective role may be played by a positive reference group.

## **Recommendations**

- Taking into account the fact that during puberty, the group is a strong predictor of using psychoactive substances, it is necessary to make an effort of creating fashion for a healthy lifestyle without psychoactive substances. It is a good idea to use fashion for jogging, healthy food, an ecological lifestyle and physical fitness.
- The above-mentioned need to create a fashion for health promoting behaviours, on the one hand follows the already emerging trend of such behaviours (relying on the care about health, appearance and good figure). On the other hand, however, it requires strengthening through social campaigns addressed at young people and tailored to their forms of communication.
- It is advisable to take a preventive intervention aimed at correcting students' normative beliefs with regard to high-risk behaviours. This is one of the strongest predictors of problem behaviours. Without changing these attitudes, it is difficult to expect any shift in the incidence of using psychoactive substances.
- It is advisable to improve the quality of the implemented preventive activities, since conducting them in the previous manner can sometimes encourage problem behaviours. It is necessary to equip teachers and school professionals

(school pedagogists and psychologists) with professional knowledge on effective strategies and methods of preventive interventions.

- Without parents' cooperation in the prevention of alcohol consumption, it is difficult to make any progress. Clashes between the family pattern and school teachings may exacerbate mental tensions, which is one of the factors increasing the risk of alcohol consumption by adolescents. It seems necessary to develop a strategy of integrating parents into preventive intervention undertaken with regard to students who drink alcohol. This strategy may be an element of interventions with parents' involvement or may take the form of an independent prevention programme.
- Limiting the impact of a peer high-risk behaviour model should be an important direction of preventive interventions. The easiest solution to this problem is to introduce peer programmes targeted at building a positive peer influence. In the secondary school environment, educational programmes focusing on providing help with lessons and peer support seem valuable. Another course of interventions should be creating the conditions (through an adequate preparation of teachers and educators) to form constructive peer groups, e.g. on the basis of drama, travel, sports, ecological interests, and with regard to adolescent religious followers - groups which are religious in their nature.
- In the prevention of using psychoactive substances, it is necessary to adjust positive attitudes with regard to high-risk behaviours. This is connected with raising the competences of educators and school professionals in the field of educational and preventive intervention. It particularly applies to teachers who have a better contact with students and build stronger ties. Studies indicate that students are more eager to open to contents passed by a teacher.
- There are very few activities that integrate different strategies of preventive interventions with peer interventions and exploiting the possibilities of new media. The combination of these three layers of prevention should strengthen their efficacy.

### ***Students of technical and vocational schools, 16-18 years of age***

#### **Regularities**

Students of technical and vocational schools are the last analysed group. The division of adolescents, at this age stage, into two age groups results from the specificity of problems and a diverse educational environment. In the environment of adolescents from vocational schools (as in other students groups), there are several factors that are common to all types of psychoactive substances. Increased rates of drug use, drinking alcohol and smoking are associated with such high-risk factors as responding to stress through aggression, a higher level of knowledge about alcohol, exposure to peer patterns of high-risk behaviours, attitudes conducive to high-risk behaviours and educational difficulties. The above mentioned variables can be divided into three areas of managing the experienced problems. The first one is the difficulty in coping with the burdens associated with studying, namely with the organisation of work, motivation for work, self-esteem and experienced emotions. The experienced tensions related to the implementation of these tasks lead to stress, which is managed by the examined adolescents by means of aggression. The second area comprises educational and

preventive failures, which result in attitudes that are conducive to high-risk and preventive behaviours, which provide knowledge about the effects of alcohol and drugs, but do not prevent their use. It may be due to two reasons: firstly, it is an incompetent conduct of information conveying classes (e.g. narrowing the knowledge about psychoactive substances to their effect only), and secondly, reducing preventive interventions primarily to an information strategy. In other words, conducting preventive interventions which are narrowed down merely to information cannot be effective. The third area is the behaviour of adolescents resulting from non-constructive coping with development tasks. During the middle and late adolescence, an important development task is to find one's place in a peer group. In this way, the group becomes an important reference point for all adolescents' behaviours.

Regardless of the variables that co-occur with all types of exploited psychoactive substances, there are also specific ones for each of these types. Thus, drug use is associated with such factors as: a negative attitude towards learning, experiencing stress in a way which is focused on emotions; additionally, in isolation and loneliness, being a victim of aggression and bullying on the part of others and knowledge about drugs. On the other hand, alcohol consumption is connected with such factors as: a manner of spending free time (drinking alcohol becomes a form of recreation), impulsive behaviour and exposure to family patterns of high-risk behaviours. This last factor is also important for the use of tobacco. Other variables correlating with the use of this psychoactive substance is breaking school discipline (measured by the student's conduct grade), low self-control and lack of after-school support with lessons (in case of educational difficulties, the students rely only on themselves).

The above analysis may lead to an assumption that students of a slightly different risk profile reach for different psychoactive substances. Drug are used by adolescents who experience strong internal tensions and tend to close in themselves. On the other hand, drinking alcohol is the domain of youths who have learned to deal with frustration when drinking alcohol in the company of other young people. Tobacco smoking is also a trained a way of coping with stress, however among people for whom finding their own place in the world of social rules proves difficult.

## **Recommendations**

The above-identified regularities may be the basis for the formulation of advice or recommendations aimed at improving educational and preventive influences with regard to vocational school students.

- Many of the problems experienced by vocational school students derive from difficulties in coping with the burdens of learning. This observation confirms the fact that embedding prevention in the school environment is a good solution. More interventions which support students in overcoming learning difficulties are needed, such as classes on how to study and how to become motivated for learning, especially that this is stage of life, in which adolescents are capable of brooding over their own life. It should be analyzed what can be improved in passing knowledge and assessment so that young people could better deal with educational tasks. The peer education, proposed earlier, in this environment may encounter strong resistance from negative peer pressure. It seems, however, that if these activities were backed up by well- prepared educators inside the school,

it could bring a desired result. Certainly, students need compensatory lessons and tutoring, since those who receive such assistance are less exposed to high-risk behaviours.

- Another problem is coping with stress and strong emotions. The analysis of the collected material shows that vocational school students find it most challenging. They deal with emotional burdens in a dysfunctional manner, which becomes a vicious circle. Mental tension are released in an unacceptable way, which leads to a confrontation with educators and generates further emotions. Young people need preventive interventions to be taught how to manage emotions. Mere learning how to deal with the consequences of stress can be an insufficient intervention, because it is implemented too late.
- It seems necessary to improve the efficacy of preventive interventions, both in terms of information interventions and the diversity of used impacts. It is supported by a rather small number of protective factors in the environment of adolescents. The protective factors at the level of behaviours, highlighted by Richard and Shirley L. Jessor (involvement in religious practices and holding school successes in high regard), remained unconfirmed among vocational school students.
- A great deal of adolescents have difficulty expressing emotions, at the same time adopting unconstructive ways of spending free time. It is a good idea to teach adolescents the skills of spending leisure time constructively, especially with the active participation of young people who set a positive behaviour pattern.
- Breaking school rules is a predictor of smoking. In view of the above, it is essential to particularly focus on students who have not started to smoke yet and have poor behaviour grades. Educational interventions and prevention of smoking should be carried out for them.
- The research shows that drugs are taken, among others, by adolescents who experienced violence from others. One may presume that they did not receive enough support. Hence, people experiencing violence should be treated as a high-risk group. Consideration should be given to the development of an intervention programme dedicated for this group of students.

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### **3.6. Schools and local environment animation for prevention interventions**

Contemporary studies show that the effective implementation of school prevention programmes relies on a collaboration between:

- educational workers,
- mental health specialists
- committed representatives of the parents-students community (Weist, Ambrose, & Lewis, 2006).

A natural basis for the implementation of preventive interventions which build the health of the school community in a manner based on a cooperation between professionals and persons who experience problems is a model of managing the relationships with community representatives- stakeholders, the so-called *Stakeholder Theory of Management* (Sturdy, Smith-Merry, & Freeman, 2012).

The mere existence of the school or local preventive coalition in a community does not, however, prove successful. Efficient interventions based on the community require proper preparation, including:

- clearly defined, clearly targeted and easy-to-manage goals;
- properly planned execution time;
- reliance on research data on what needs to be changed in the community and what actions allow achieving expected results policy implementation, practices, and prevention programmes with evidence-based efficacy;
- careful monitoring, ensuring the quality of implementation (Fagan et al., 2011).

A prerequisite for the implementation of community-based approaches is its willingness to thoroughly engage in prevention efforts. The readiness of the community to cooperate in the implementation of the preventive objectives must be assessed before the introduction of social programmes. In the process of examining the maturity of a community to cooperate, it is necessary to check which institutions and persons are perceived as natural leaders of the preventive coalition (Paltzer, Black, & Moberg, 2013).

The implementation of preventive programmes and good practices of conduct for the well-being of adolescents and reducing the incidence of high-risk behaviours should take into account:

1. Personal and social ties. An example is more convincing than an appeal. An important source of motivating young people to act is the need of belongingness. Peers are the most important model, as well as a point of reference. Prevention will be effective when it becomes a part of daily social relationships and interpersonal bonds among youths.
2. An interest in health issues in the environment, all that is common is a norm. Prevention can be effective only when the community members gathered around the school, especially parents, will support prevention efforts on a large scale and in many credible forms. A thorough involvement of specialists is equally important for the efficacy of prevention, as well as constant presence of parents,



in the community, and a broad representation of selected members of the local community.

3. High quality of prevention. Good tools can be more effective. Proven programmes of health promotion and preventive programmes of verified values offer the greatest chances to achieve results. It is worth choosing programmes of a proven quality that may lead to, or at least can be actively supported by all school community members, not only specialists.

The intervention which fulfils the above proposals for effective prevention should be, as mentioned previously, long-term and based on stimulation and involvement in preventive interventions of the largest possible number of participants of the local community. In modern individualized and atomized societies, involvement in social matters is not always a fully natural process. For effective involvement of the local community in prevention, which revolves around the school, it is essential to meet several conditions, and in particular:

1. the community or its important representatives are willing to show cooperation not only in a form of declarations, but also through real spontaneous undertaking of active preventive roles.
2. The principles and general rules and local rules enable the formalization of action by communities (e.g. forming associations or building a coalition).
3. The binding community values which are conducive to health (e.g. high position of health, respect for tolerance) and health standards eliminate high-risk behaviours (e.g. low approval for substance use, strong anti-drug, anti-alcohol, anti-tobacco, anti-risk norms).
4. The strength of the social impact and cultural identity of the communities is high (Johnson et al., 2007).

### **Examples of approaches involving strategies of the local community integration around health promoting/preventive goals**

The integration of the local community around the health promoting goals runs in several stages and may be conducted both directly through agreements, and indirectly through an implementation of prevention programmes addressed to all the community. Undertaking the actions presented below jointly creates an added value, synergy, which provides greater efficacy and durability for prevention and health promoting programmes. These effects are achieved due to a multilateral and long-term support for direct and indirect results of prevention by all members of the local community.

#### *Community in Action - Leadership by Uniting*

An example of a procedure for the effective implementation of preventive interventions which are based on the school community is the model proposed and tested in action by the IDEA Partnership (Cashman et al., 2014). The most important steps of this procedure, in accordance with the textbook developed by the authors, are as follows:

1. Integration around problems (primary) - becoming familiarized with perspectives.
2. Ensuring adequate participation and representative character - stimulation.
3. Working together - integration in action.
4. Social leadership and cooperation in prevention - uniting the community through change.

The next steps are carried out and monitored by prepared social animators until the community becomes independent in the implementation of the steps. In each step,

social actions are based on joint seeking of answers to key questions (Cashman et al., 2014):

Step 1. Integration around problems - animation of activity through broadly-addressed activating questions, which are aimed at deepening the reflections about the situation and needs to change it. Searching for common concerns is encouraged by the following questions: What brings people together? Where do many perspectives of viewing the problems begin to diverge? Where is there a possibility of finding a consensus? How can we use information/activity that already exists? How can we cooperate in addressing this issue?

Step 2. Ensuring adequate participation. We ask questions which encourage and motivate community members and relevant persons/institutions outside the community: Who needs to be involved to ensure real changes? What will enable policy makers, practitioners, aid recipients to play an active role? What tools and channels of communication will back up the involvement?

Step 3. Working together - the clarification of the objectives and rules of cooperation by operationalizing and undertaking an action, involving all community members in a partnership manner which unites parents', teachers' and experts' force in the preventive intervention. We ask the following questions: How did the existing relations and joint actions improve work and learning? What individual objectives will be achieved by performing the work together? What common objectives will be achieved by performing the work together?

Step 4. Social leadership in school prevention - gradual replacement of responsibility for the direction and form of the implementation of preventive interventions, revolving around the school, on the part of the community with the participation of families, teachers, school experts and external experts and also representatives of institutions of the school surroundings. Partners are encouraged to brood over by asking: Which of the persons holding any roles in a community oriented at common preventive goals (Community in Action) may become leaders of the community development? How can we transform complex challenges so that each of us can actively contribute to solving them? In what way can individuals support the development of the Community and the achievement of its objectives, acting as delegates of the change within their own social network? (Cashman et al., 2014; Cashman, Linehan, & Rosser, 2007)

### *Nurtured Heart Approach*

An example of approaches targeted at individuals, taking into consideration the integration of the community around preventive goals, can be a programme called *Nurtured Heart Approach*®. The most crucial elements of this approach are concentrated on individuals who experience difficulties. It is worthwhile mentioning that the programme thoroughly includes the context of the family, class, teachers and other representatives of communities in contact with a child experiencing problems. A leading objective of the programme is to support students in building a sense of inner wealth, which allows facing the challenges and threats which they have been unable to cope with before.

The programme focuses on simple strategies that are building the environment which supports students, owing to the involvement of parents and members of the school community. The adult programme participants learn how to relate to children in a manner that helps them use positively their properties, by changing the message of "not dealing" with the child for a message about the joy of specifically named successes. Parents and teachers become acquainted with the principles of talking to children with

ADHD so that they perceive their sensitivity and excitability as a path to success and not as a deficit or something that they should be ashamed of or worried about. The methods used in the programme are based on three fundamental principles:

1. "Definitely NOT" - moving away from matters and manners of action which go wrong, lack of involvement of negative energy.
2. "Definitely YES" - building concrete successes and celebrating them in a clear manner, energetic rewarding of everything that goes well.
3. "Definitely CLEAR" - clear defining the boundaries, expectations and the consequences that are solid, simple, understandable for everyone and do not absorb attention or energy.

This approach is based on stories which help adults memorize individual rules, using the methodologies of a relationship "here and now". The programme helps adults to replace the previous responses to the symptoms of difficulties with an active creation of a safe and friendly environment for a child to learn their strengths. In the programme, the changes in the behaviour and school performance start not by changing a child, but by making a safe and supportive environment, which is a catalyst for improvements in other dimensions.

The assumptions of the *Nurtured Heart Approach* are in line with the goals of positive psychology. The training introduces parents and teachers into the rules of conduct. Further activities provide support in implementing the rules and dealing with difficulties. Subsequent meetings allow building a supportive environment through an exchange of experience and an observation of progress between parents and teachers, with the participation of specialists from institutions cooperating with the school. The training groups are gradually creating a support community.

#### *Preventive impulses and choice architecture*

Prevention strategies based on the impulse model have long been present in the mainstream prevention. The concept of impulses (*nudges*) has recently gained popularity because of the Nobel Prize awarded in 2017 to a psychologist and an economist Richard Thaler, promoting their use for pro-social purposes. The impulses are proposals of interventions that do not block a choice to anyone but promote beneficial solutions, providing tools to implement the interventions in a convenient way, during daily activities. The impulses can work as individual acts, however, their efficiency significantly increases when they create a system of well-planned and coherent health-promoting incentives, referred to as "choice architecture". Choice architecture integrates the achievements of cognitive-behavioural psychology, health sciences, sociology and economics in order to support behaviours which are advantageous for individuals and societies (Thaler & Sunstein, 2017). Impulses are constructed using knowledge about the pitfalls of thinking, in connection with, for instance, an unreasonably high assessment of the likelihood of success of one's own actions, illusion of exercising control of one's own behaviour and the behaviour of others, as described by Daniel Kahneman, a psychologist and an economist, the Nobel prize winner of 2002 (Kahneman, 2012).

The examples of impulses widely used in prevention are long known efforts to reduce the availability of psychoactive substances and dysfunctional patterns and facilitating the undertaken health promoting behaviours. At the level of environmental modification or legal modifications, they include an obligation to move away the location of tobacco and alcohol sales points from schools vicinity or a restriction of the sale of psychoactive substances for juveniles. There is a limited exposure to patterns of alcohol drinking by prohibiting smoking and consumption of alcoholic beverages in public

spaces, legal regulations limiting the advertising time of tobacco and alcohol, introducing information activities, which impose the need to supplement the advertisements with reliable and clear information about the dangers of tobacco smoking and drinking alcohol, adding a high excise on tobacco and alcohol products, as well as introducing the obligation of allocating a steady part of the revenues from the sale of alcohol on preventive measures.

The impulses warning against a risk and impeding risk-taking by reducing availability are often supplemented by impulses promoting pro-health behaviours. The examples of promotions relate to increasing the availability of playgrounds and other areas of physical activity, care about a healthy diet through an access to foods low in sugar or fat and high in fibre at school. The impulses, which are psychosocial and educational interventions, are increasing the availability of mediation that replaces aggression, introducing peer teaching programmes which support the achievement of educational successes, and teaching the techniques of mindfulness, which reduce the stress levels and increase self-regulation. An important role is played by information interventions, in the form of advertising and public campaigns to promote health behaviours and sensitize to the needs of other people. At this point one may mention extensive promotion of supporting people with reduced mobility and medical problems, increase the responsiveness to manifestations of aggression, violence and web threats, as well as sensitivity to mental health problems, for instance depression.

The choice architecture seeks to connect higher impulses and add new ones, forming a coherent system, which in its nature is addressed to the entire school community or the local community. An example might be a project to counter passive smoking at the airport in Copenhagen. Attempts to eliminate smoking from places of particularly high pedestrian traffic in front of the entrances to the airport halls were fruitless. No prohibitions or penalties seemed to work. The enclosure of areas for smokers away from the most crowded passages proved to be effective. These were simply enclosed parts of the passageways, marked bold yellow lines painted on the pavement, with a visible cigarette symbol at a distance. Smokers headed at the enclosed areas, although smoking at the entrance was not punished. In consequence of this simple impulse, the number of persons smoking by the entrances decreased from 58% to 39% in comparison to the initial value (Schmidt et al., 2016). Similarly, an obesity reduction programme was made in cooperation with hypermarket chains in the US and the UK. Within this project, the following measures were introduced: a reduction of soft drink portions available in the stores, a change of the location on the shelf of the unsweetened drinks (readily available) and sweetened (less accessible), changing the shape of the container. These interventions were compared with the increase in charges for sweetened drinks and traditional education interventions. The impulses, used in this programme, were accepted by those who came into contact with them, even when no prior information on the use of such interventions was given (Petrescu, Hollands, Couturier, Ng, & Marteau, 2016).

The interventions based on preventive impulses should be implemented in the immediate vicinity of the persons to whom they are addressed so that they are recorded incidentally. Apart from the classrooms, it is worth remembering about other spaces in which the addressees of the impulses stay as well as the time of their exploitation that should precede the potential high-risk behaviours. In the case of information impulses, it is a good idea to place them at sales points or in places, in which legal psychoactive substances are used and also in which young people spend their time. It might prove useful to use impulses during the relaxation of school normativity, which coincides with

holiday trips. An effective tool for exploiting the impulses is also the use of mobile communications technology ever present in the life of young people (Fishbach & Hofmann, 2015; Neațu, 2015).

Access to information useful in creating impulses is widespread in Poland. Numerous resources are distributed in the form of printed materials workshops and through websites running a preventive activity such as the Chief Sanitary Inspectorate (CSI), the State Agency for the Prevention of Alcohol-Related Problems, Centre for Education Development, National Bureau for Drug Prevention, numerous foundations, non-governmental organizations and implemented projects in order to increase access to such resources, as for example "Stawiam na Zdrowie (*I Bet on Health*), run by the CSI in cooperation with the State Agency for the Prevention of Alcohol-Related Problems and two medical institutes, or publications by the Institute for Integrated Prevention (Grzelak et al., 2015).

Critics claim that choice architecture increases the likelihood of manipulation on a social scale (Alemanno, 2012). These arguments, although weighty from the viewpoint of ethics, are debateable with regard to the protection of health. The negative consequences of the use of psychoactive substances are quite well recognized and the issues of their harmfulness are not subject to a broader discussion. Different points of view usually occur as a result of the pressure on the part of the producers of these substances or populist politicians who promote or push forward e.g. the legalization of the recreational use of cannabis. The same applies to aggression, violence and cyberbullying. The detrimental consequences are obvious and visible, often at first sight, often leaving permanent traces in the physiology of the nervous system (Masten et al., 2009; Riva, Montali, Wirth, Curioni, & Williams, 2017). Protecting young people against the damage to health, from this perspective, seems to be the only suitable choice, although not devoid of some risk. It must be remembered that the use of the system of pro-health impulses in comparison with the scale of the actions implemented by the producers and sellers of psychoactive substances, unhealthy food and unhealthy behavioural patterns is only an attempt to bring about slight levelling of opportunities. The manufacturers and dealers, use impulses on a huge scale to tempt into a purchase and use of their products or services. Impulses from the tobacco, alcohol or gambling industry are provided to consumers explicitly and in a hidden manner, using advanced advertising technologies and word-of-mouth marketing. It is worth emphasizing that a well-prepared and implemented system of preventive impulses always gives people an opportunity to take another decision than suggested.

## **Conclusion**

The efficacy of prevention is based on its scale. The mass-market aspect, frequency and cyclic returns to the already familiar plots translate into results. Specialized programs with a proven scientific value play an important role in the prevention system, although they are not the only valuable solutions. The role of specialists is of particular importance in selective and indicated prevention. Professionals can be leading partners of prevention focused on the needs of students, families, teachers and schools, however, they may not effectively replace the activity of all the listed school community members and its surroundings in everyday situations.

The key to ensure the efficacy of universal prevention and long-term growth of well-being of individuals and social groups is the integration of local communities around the issues of health and prevention. It is important to engage the community in the leading role in prevention and implementation of best practices in cooperation with

specialists. Building a coalition of practitioners around the needs of school may bring a wide dissemination of health-promoting effects while reducing their costs.

The tools which facilitate an increase in the efficacy of prevention at all levels, particularly universal prevention, through its dissemination are a procedure of the inclusion of all school community groups and the school environment in the planning of preventive measures and conscious shaping of the school environment in a manner which is conducive to health. Recommendations for the creation of impulses and merging them into systems within a well-devised social choice architecture can significantly aid universal prevention. It is worth mentioning that for the effective development of health and prevention of school, based on the integration of the community around the needs of the school, we need professionals specializing in the community animation and preparing the community to act on the basis of integration around the problems.

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## **Prevention System in Poland - summary**

The aim of prevention is to protect public health from risk factors by supporting people experiencing risks in dealing with difficulties, reducing and eliminating risk factors and initiating and supporting protection factors (Gaś, 2011). Preventive interventions make sense primarily, when they are implemented before problems develop (Winkler, Caulkins, Behrens, & Tragler, 2004). The challenges facing prevention are significant. Nicotine, alcohol and opioids, contained in illegal psychoactive substances and certain medicines affect directly the brain reward system and modify the physiology of the nervous system in the long term (Chu i in., 2015; Durazzo i in., 2014; Guterstam i in., 2013; Heinz, Beck, Grüsser, Grace, & Wrase, 2009; Younger i in., 2011). In prevention, such strong incentives may not be applied, what in turn, reduces prevention effectiveness in respect to the persons whose experimenting with psychoactive substances goes beyond single episodes. The leading role of prevention in such situations, should be protection against the development of a health damaging schematic behaviour, especially at the stage of experimenting undertaken in the phase of adolescence, accompanied by an impaired cognitive control and a tendency to respond impulsively and emotionally (Botdorf, Rosenbaum, Patrianakos, Steinberg, & Chein, 2017).

The research results presented in the second part of the study indicate that preventive actions in Poland are carried out primarily as short term interventions based on the efforts of teachers who implement prevention during educational classes. Such measures restrict development of risky behaviours during adolescence, but do not, however, lead to outcomes going beyond the average tendency in European countries, and primarily ensure efficacy in the reduction of alcohol consumption in young people (Sieroslawski, 2015). The obtained results can be understood by the readers less familiar with research as an argument supporting an impression that prevention does not meet social expectations. This, however, is not an adequate interpretation as indicated by more careful researchers, understanding the sustainability and multitude of prevention processes determinants (Okulicz-Kozaryn, 2004).

Comparison of the dominant short-term form of prevention implementation by teachers on the basis of their authorial programmes to long-term actions based on the programmes of a proven scientific value, conducted by trained implementers shows the strengths and weaknesses of prevention in Poland. The analysis of the majority of the diagnosis covered dimensions indicates a similar impact of unprofessional and professional actions in curbing the growth of risky behaviours occurring in adolescence. The results obtained probably originate from different mechanisms of these two models of prevention implementing. Implementing a short-term prevention by teachers provides immediacy and frequency of relation with implementers sustaining the effects achieved in the classroom, which balances the impact of intra-school prevention with effects of classes outsourced to external experts, usually acting more efficiently, but only occasionally, compared to everyday contact with teachers. On the basis of the results of the studies it can be assumed that the determining factors for the effectiveness of social prevention actions are their number, duration of programme implementation devoted to



specific topics in the scale of the school year as well as to what degree the results of reliable research are included in the programme and how well they are tailored to the local needs. The effectiveness is related both to the implementation of prevention programmes of a proven efficacy of a 10 or more hour duration and carrying out reliable local research. It is worth noting that short term preventive interventions of up to two hour duration, are particularly well received by the majority of pupils and teachers. The results are most conspicuous in the group of students up to 14 years of age which suggests the purposefulness of merging short termed prevention programs into thematic cycles of dozen hourly duration, distributed evenly in the course of the school year. These suggestions find confirmation in the results observed in the implementations of prevention systems to ensure long-term actions in the scale of the whole community, which go beyond the school and involve parents. Long-term evaluation research shows spectacular efficacy of prevention organised in such a manner as can be observed for example on Icelandic model, obviously making allowance for correction related to a small population of this community (Kristjansson, James, Allegrante, Sigfusdottir, & Helgason, 2010).

### **Results of the study**

The questionnaires results of pupils at the age of 9 years presented in the second part of the book are optimistic and evidence an increase of the desired behaviours when this age group is covered by prevention programme. The greatest influence on an increase in positive behaviours (socialisation and activity) is exerted by the number of preventive activities implemented in the school and kept within 3-4 interventions per year. The limitation of non-compliance with the school rules and excessive attracting attention to oneself is most visible when published as well as locally developed programmes not yet requiring intervention on the basis of recommended programs are implemented.

Smoking and drinking alcohol start in the group of students aged 10-13 years, what causes the surge in the index of risky behaviours frequency. The programmes restricting this increase are those that go beyond thematic educational classes, like recommended and published programmes. Implementing prevention by persons professionally prepared, including psychologists/pedagogists or external experts plays a key role in curbing an increase in alcohol consumption. The activities carried out by school psychologists/pedagogists have a beneficial impact on reducing impulsiveness and the activities carried out by teachers apparently improve pupils' behaviour.

Students aged 14-16 years significantly increase the number of risky behaviour within a year. An increase in the frequency of psychoactive substances use in this group concerns all psychoactive substances both legal and illegal, and mostly the frequency and the quantity of consumed alcohol. The use of aggression and violence constantly shows an increase tendency, although the intensification does not grow significantly. The dynamics of changes in the indices of risky behaviours is linked to the professionalization of implemented preventive activities and their number within the school year. The enhancement of pro-health behaviours with regard to smoking, mentioned in the study before, is observed in this group thanks to students' participation in educational classes run by teachers. The frequency of preventive actions conducted one - two times per year is also conducive to lowering the risks of smoking.

A several dozen percent increase in the indices of psychoactive substances use within a year between the measurements is observed in 17-19 years old. Changes in the indices of aggression and violence remain on a similar level with a gentle decline tendency. An increase in alcohol consumed on a single occasion is significantly lower among pupils

covered by qualified prevention (recommended and published programmes). There is also an important differentiation of long term and short term programmes effects in reference to the alcohol consumption. The longer the programme, the lower the alcohol drinking index.

An increase, recorded in all groups, in the frequency of psychoactive substances use from about 10 years of age is conspicuous and rises with the examined persons' age. This phenomenon is characteristic for the process of puberty. Risky behaviours are not however, a developmental regularity but its threat. It is worth reminding that the results presented in the second part of the book show changes within a year, they are not an analysis of multiannual social trends. Cyclic ESPAD research shows positive long-term changes such as a significant decrease in the scale of alcohol consumption and tobacco smoking among Polish 15-16 year-olds in the last twenty years. Polish youth compared to 35 European countries covered by monitoring, still unfortunately remains above the average of smoking or designer drugs use frequency (Sieroslawski, 2015), which certainly requires a continuation of preventive programmes. Looking at the results of preventive interventions it can be assumed that the system of prevention in Poland could be improved and more effectively serve the purpose of health protection.

### **Lines of action**

Detailed proposals intended to increase the efficacy of prevention in Poland presented in the third part of the book show several leading trends. One of the lines of improving the system of prevention may be a partial modification of highlights pertaining to economic and organizational determinants of prevention. Improvements in interventions addressed at individual age groups and forms of work related to particular problem behaviours may certainly bring beneficial results.

#### *Economic, organizational and regulatory, administrative determinants*

Legislative and organizational prevention system frameworks are systematically organized. The regulations contained in the algorithm of general educational subsidy distribution to local government units indicate the intention of a greater preventive needs support. Identification of the group of objectives contained in the algorithm might be helpful in this respect, even without indication of specific instruments but with the requirement of an unambiguous specification within the framework at the local level, depending on the scale of a maladjustment type. Local authorities should base their decisions on broader data concerning the scale of preventive needs on their territory, with an indication of changes tendency in the monitored areas. Support in defining needs at all levels could be offered by the implementation of diagnostic and reporting system based on solutions found in business intelligence, the outline of which is presented separately. The decisions of local government units for prevention based on the data should be the subject of information exchange on a wider scale, perhaps supported by their comprehensive assessment and the reference to the recommendations issued cyclically by PARPA or GIS and KBPN, which would help identify and promote good practices on a wider scale. Schools thanks to the data from the research and tailored financing corresponding to the diagnosed needs could focus more on the implementation of preventive tasks as well as on possibilities of evaluation and analysis of the implemented prevention programmes efficacy, including the analysis of investments to achieved outcomes proportion. The efficacy of prevention implementation could be increased by shifting the schools' focus to the execution of preventive tasks and relieving them from the burden of some administrative tasks while ensuring the financing

proportional to their needs, multifaceted evaluation of the implementation tasks and broad cooperation with the school's environments which is based on social approaches.

### *Socio-cultural background*

Socio-cultural support for prevention may be expanded by enhancing the schools and teachers position in the local environment. A broader preparation of form masters for conducting prevention activities can be helpful in this respect. Trainings in strategies and tools for effective prevention should be addressed at decision makers responsible for financing prevention programmes at a local administration level as well as the school's management at all levels (Porzak, 1999). It is also desirable to supplement the teachers' academic training which is a mandatory professional educational path with the blocks of classes preparing for basic preventive interventions. Similarly, it is recommended to document basic prevention competences training in the requirements for teachers' professional promotion (Porzak, 2014). It is also desirable to formalise the promotion of teachers who are the role models of personal conduct which is expressed by going beyond the professional activity standards (Baryla-Matejczuk, 2016). The programs based on the social model, including the prudent use of health promoting impulses can play an important role in building the socio-cultural support for prevention. Social networking and pro-health impulses can significantly increase the involvement of parents in prevention programs.

### *Stages of education*

Prevention carried out at all stages of education should be enhanced by stronger relationship with health promotion trends, increasingly more popular in our society, although currently occurring only selectively for example in maintaining a recreational physical activity and a healthy diet (CBOS, 2016). In relation to the students aged 7- 9 years, it would be advisable to use long-term prevention programmes implemented by teachers, focused on building positive teacher-student relations and encouraging students to pro-social activities. It seems desirable to prepare the teachers of this age group to more effective implementation of undesirable behaviour corrective classes by enhancing positive behaviours and normative trends in children, paying particular attention to the activities carried out in the intensive cooperation with parents.

The best prevention results in the group of students aged 10-13 years are achieved in the course of long-term programmes of evidence-based efficacy, which should be promoted and expanded maximally. Substance use initiation happens in this age group. This observation points to the need for the implementation of a large-scale action delaying the first contact with psychoactive substances. Elimination of home and peer environment patterns as well as providing support in the peer environment for alternative activities and fashion to follow them in such a way as to preclude the use of psychoactive substances are important factors delaying psychoactive substances use. It is also essential to provide support in coping with stress resulting from the beginning of puberty spurt and the reorganization of cognitive functions at this age.

Students aged 14-16 years obtain more preventive benefits during thematic educational classes tailored to their current needs, especially focusing on tobacco smoking. It would be recommendable to prepare teachers to conduct simple, short-term interventions of evidence-based efficacy on other prevention issues, including in particular restricting the use of alcohol and avoiding illegal psychoactive substances. It would be important to introduce for this group of students recommended programmes focusing on these issues. Preventive actions targeted at persons completing the primary

school could also be focused on a constructive adaptive stress management, without releasing anxiety by means of psychoactive substances use, in particular illegal ones, as well as substances with not fully regulated status, the so called designer drugs.

The group of students aged 17-19 years derives the greatest benefits from participation in published and recommended preventive actions aimed at the reduction of alcohol consumption. Particularly long-term programs have beneficial impact on the group. In addition to extending their scale, it would be important to supplement prevention resources for secondary school teachers by a pool of diverse preventive programmes pertaining to particular substances, based on the teachers' psychoeducational skills which either the teachers already possess or need to be somewhat supplemented. Such programs could be implemented in a consistent thematic cycles covering the majority of the school year. Positive peer pressure programmes and using preventive impulses merged into the system of choice architecture, implemented with a use of mobile communication technologies may play an important role in this age group.

#### *Prevention of traditional and digital aggression and violence*

Preventive actions designed to build relationships without aggression and violence use should be based primarily on promoting health and target the whole school community. The climate of the school and support from teachers and parents play a particularly important role in the early stages of education. Actions supporting healthy social relations, based on approaches focused on building the sense of inner wealth, should be implemented with particular intensity at the early education stage. In successive stages of education, preventive interventions should be based on careful, regular monitoring of the intensification of violence and cyber-violence and comprehensive approach, which integrates all the school community and its environment members into performance standards without violence, based on intra-school developed policy pertaining to this field. Useful violence prevention forms are based on cohesion of impacts from the entire environment, hence education of parents, school staff and persons from the school's social environment is of particular importance. Actions addressed at perpetrators and victims of violence which has already occurred should be implemented immediately after its manifestation is recognised. Interventions targeted at victims and perpetrators should be based on highly professional, direct and individual approaches, with the aim of preventing secondary victimisation.

#### *Prevention of psychoactive substances use*

Measures preventing the use of psychoactive substances should be incorporated in a broad preventive interventions system. The implementation of this type of prevention should be integrated with health promoting actions and targeted at the causes of resorting to psychoactive substance use, not only at the specifics of particular legal or illegal substances. An important differentiation concerns the stages of preventive intervention implementation for individual age groups. Preventive measures for pupils completing the early stage of education and their parents and teachers should relate to supporting students in dealing with the educational challenges and burdens and negative peer group pressure, through e.g. building self-esteem, involvement in the positive educational environment such as social, hobby or spiritual activities. Interventions concerning individual psychoactive substances should be implemented on a large scale from the start of education, initially in relation to tobacco and alcohol which are easily accessible to students and often present as the consumption pattern at home. From this

stage, the implementation of high-quality and proven performance programmes, though short-termed and arranged in a multi-stage cycle, becomes more important. The end of the primary school and transition to the next stage of education marks the beginning of a large scale substance use for seemingly adaptive goals and therefore it should be pre-emptively counteracted through programmes reinforcing satisfaction from positive functioning in the peer group without substance use, including social and religious commitment. At this age, preventive measures against substances use should be differentiated as to the nature of the substance, with particular reference to serious health and legal consequences of illegal substances use. It is important that professional prevention of proven efficacy and credibility of a health environmental standard, with a particular focus on the patterns of tobacco and alcohol consumption among adult school community members. It may be helpful to apply preventive impulses with a use of electronic communication media.

### *Standards and Regulations*

High quality preventive actions based on scientifically substantiated evidence of efficacy form the fundamentals of selective and indicated prevention. The results of the research submitted in the second part of the study allow to believe that the asset of universal prevention is primarily its social proximity and its anchoring in a widely approved by local community orientation on healthy development, which is confirmed by the research previously conducted in this field (Conrod & Bukstein, 2013; Sharma, 2006). In this widest spectrum of prevention, quality can be equated partially with the reliability of implementers and compatibility of prevention messages with social trends.

The impact of prevention standards and institutions implementing these standards on the forms and scale of preventive action implementation should remain in balance with the decisions of the local community. The regulator, even the most equitable and enlightened, will be objective only initially. With the elapse of time the equal and the more equal will emerge (Zingales, 2017). All regulations degenerate easily and this may lead to building inefficient structures and a waste of resources. This is the so called regulatory capture theory (Dal Bó, 2006). At the same time one should be aware that a complete lack of regulations is also a kind of regulation, which in the case of prevention may easily lead to the domination of tobacco and alcohol as well as, in some countries, recreational cannabis businesses.

One of the ways to deal with these problems is bringing decision-making centres closer to direct preventive programme participants while ensuring the widest possible repertoire of available and tested tools for attaining prevention goals as well as implementing the system of monitoring and objectified assessment of preventive actions effects introduced by the framework regulations at the highest level. This approach refers to the social model of prevention. A continuous exchange of policy makers representing parents and pupils and teachers increases the likelihood of matching the system of prevention to the needs of a given school community or locality.

The approach to school prevention based on school community emphasizes the need for broad involvement of all the actors, at all stages of preventive intervention, from the moment of taking up the effort of seeking a common definition of the problem, by further specification of needs, objectives identification, selection of activities and their implementation up to the activities evaluation. This process requires effort, however, not undertaken spontaneously. For the effective implementation of the local communities activation system, it would be necessary to train local animators of such activities, empowered in the school environment.

A set of diagnostic tools used in the research and available for school use to facilitate the diagnosis of environmental preventive needs and the evaluation of their implementation may be the source of incentives for a wide range and high quality preventive interventions. Such a system, after being supplemented with a reporting module, can enhance the results of preventive interventions by providing cyclically updated information on changes in the environment and effectiveness of prevention to school community and institutions clustered around the school. On the other hand, linking the system of needs diagnosis and assessment of preventive interventions efficacy with the mechanism of school prevention funding, understood as one of the most important impulses to conduct effective preventive actions can ensure their quality without resigning from local immediacy. Moreover, the application of the diagnostic-reporting system could definitely reduce the scale of expenditure on prevention needs diagnosis alone.

The results of research and suggestions for preventive interventions implementation presented in this study do not form a close set. Extensive studies will be the subject of further description and results interpretation expansion. The recommendations emerging from them will be systematically published by the authors. We encourage readers to track these activities on profilaktycy.pl website as well as to support health and efficient prevention by sharing their own experiences.

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