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# Challenges to prophylaxis in modern school

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## Abstract

The article concerns the challenges for the teachers who are engaged in preventative actions in the contemporary school. The author takes the issues relating to the problems faced by teachers implementing school prophylaxis programmes.

This problem was taken up in the study because during interviews and work with teachers the author noted that they are struggling with problems in constructing and implementing school prevention programmes. Not every teacher knows what the standards for prophylaxis interventions are and how they are designed to build programmes.

The research was conducted using the diagnostic survey method, survey technique, questionnaire survey tool. The research group counted a total of 111 subjects.

The goal of theoretical and cognitive research was to diagnose the problems teachers face when designing and implementing a school prophylaxis programmes. The practical and implementation objective was to develop recommendations for schools and municipalities in support of teachers who implement the school prophylaxis programmes.

Research shows that respondents have the support to implement prophylaxis impacts at school, these activities are rather monitored and evaluated, the climate is conducive to school prophylaxis, and the programs are based on scientific basis. However, according to the educators, there are insufficient funds for prophylaxis, and they are rather low in their competence. In addition, teachers with work experience up to 5 years evaluate some areas related to prophylaxis worse than others.

In the end there are also shown areas in which teachers feel the need to improve their competence in the field of prophylaxis.

At the end the conclusions are presented as well as practical recommendations for use in educational institutions, which implement programs in the field of universal prophylaxis.

**Key words:** prophylaxis, school prophylaxis programme, competence of prophylaxis

## Introduction

Preventive measures are mainly conducted by schools. The educational activity of a school is defined, though, among others, by the school prevention programme. Following the contemporary model of prevention, it is primarily teachers who are predestined to realise measures within prevention.

It involves teachers, who next to parents, are the only persons that can be of crucial importance in the upbringing of children and prevention directed at a student-child.

Within the research on the resistance of particular and selected persons, a detailed analysis has been carried out on the features of an individual, on the features and behaviour of parents, teachers and other important persons as well as on the features of social environment. This resulted in obtaining a list of positive factors, the performance of which may turn back the child from the path of risk and can strengthen its resistance. It is possible even in the case of children who initially would seem unable to cope with stress and be doomed to fail in life. The results have shown that the factor changing the lifeline of the respondents who manifested resistance was the positive impact of a caring adult, non-family member: a coach, a priest, a scout leader, a teacher or a kind neighbour (Szymańska, 2012).

The theory of resilience, though involving youth risk, focuses on strengths rather than deficits. It focuses on understanding healthy development despite exposure to risk factors (Fergus, Zimmerman, 2005).

In particular, a very important role in children's education and upbringing is played by those teachers at kindergarten and primary school. On these educational stages, teachers can still be an authority for children and this should be used for example when designing preventive measures at school.

Prophylaxis at school is a process of supporting pupils in coping with difficulties that may endanger appropriate development and healthy life, and it is also a process of reducing and eliminating factors that disturb proper development and disorganize healthy life as well as of introducing and developing factors that foster proper growth and healthy life. In reference to children and teenagers, the preventive measures should:

- derive from the awareness of threats to proper education processes;
- refer to a student, teachers and other significant persons;
- take place at different levels;
- include various strategies;
- include evaluation measures (Gaś, 2003).

However, as stressed by Krzysztof Ostaszewski, a threat to prophylaxis is the submission of this measurement to market mechanisms. This mechanism creates solutions that seem beneficial for schools offering them easy and pleasant measures, like preventive theatres owing to which teachers are relieved from their tasks (Ostaszewski, 2015).

Prophylaxis programmes that are based on etiological theories and behavior change theories focus on tackling a variety of risk factors (Grzelak, 2006).

Risky behaviors are concepts that characterize the various behaviors of children and adolescents that endanger their physical and mental health and are incompatible with social and legal norms (Jessor, 1998).

In addition, the problem of prevention at school can be the skills of teachers-educators who conduct tasks in this scope. Educational standards of preparing teachers to perform their profession, unfortunately do not prepare teachers to

realise tasks related to prevention, though, each school must have and must realize a school prevention programme. It often happens that prevention is treated "instinctively" or is supported by "doctor Google." In such cases there is a problem in the assumptions themselves. In such programmes there is no reference to scientific principles, hence, no use of proven strategies of preventive measures.

Researches on the preventive competence of teachers-educators show that their preventive competences need enhancement, especially concerning preventive measures, i.e. competences related to diagnosis, constructing and implementing school prevention programmes and also monitoring and evaluating preventive effects. Main problems for teachers-educators are methodological issues (Śliwa, 2017).

It happens that school prevention programmes have no appropriate diagnosis preceding programme conceptualization. Moreover, not all programmes are accordingly evaluated and in a later phase are also not modified.

As seen, in order to conduct preventive measures, teachers should be prepared beforehand. Methodological deficiencies in the scope of constructing and implementing school preventive measures may influence their efficiency. It happens that programmes do not use proven strategies of preventive measures, such as the strategy of life skills development, strategy of educational skills development, or strategy of alternatives.

Lack of support for teachers, both methodological and in the realization of school prevention programmes, may impede their realization at school. Moreover, apart from such support, sometimes there is no background to realize preventive measures at school. Teachers do not possess or do not make use of good practices of preventive programmes. It happens there is no financing of such measures at school. As a result, teachers do not have available supporting materials that may enhance their work.

Another disadvantage of school prevention programmes is lack of interest in basic scientific principles. Programmes are elaborated based on experience and common knowledge, rather than on contemporary tendencies connected with prevention that are based on research and analyses.

The analysis of school prevention programmes on the first level of teaching proved lack of a strongly articulated concept or reference to theoretical grounds (theory of justified measures, theory of social learning, theory of attachment, theory of substances "paving the way," theory of difficult behaviours, or the resilience concept). Very often these programmes adopt preventive measures connected with strengthening the protecting factors and reducing or eliminating the risk factors, disregarding the complete assumptions of the theory of difficult behaviours (Śliwa, 2015a).

An obstacle for preventive measures at school may also be the absence of a good school social environment. This may have influence on the quality of the preventive measures and low efficiency.

A positive school environment fosters the adaptation of students to

school requirements and duties, it entails better school results, higher motivation for learning, greater commitment of students during lessons, higher attendance ratio and also lower ratio of students 'falling out' from the school system. Researches of the subject also show the relationship of a good school environment with positive attitudes of students towards school and prosocial measures at school, self-satisfaction and self-esteem (Ostaszewski, 2012).

Therefore, a negative social environment prevailing at school, may effect in the manifestation of unsocial and unhealthy attitudes.

In addition, not all teachers are integrated in the realisation of the school prevention programme. Each school programme should have a coordinator. Moreover, all teachers should be engaged in the realisation of preventive measures and provide their support, like the school management does. Prevention should not be treated marginally, as something obligatory, but as something necessary.

The issues of prevention may also be connected with wrong reception by children and teenagers. These may be unattractive for them, for example because of no encouraging methods of work or selection of inadequate content for the recipients.

Also crucial is the fact that preventive measures are integrated on the local level. The measures should be systemic and municipalities, schools, health centres and non-governmental organizations should cooperate. However, while programming one can already notice inconsistency in creating the municipal programmes related to the prevention of alcoholism or drug addiction as well as domestic violence. On this level, already, it should be pursued to find one, integrated programme. This may affect the efficiency of the preventive measures in a local environment (Śliwa, 2015b).

## Methodological principles

The theoretical and cognitive aim of the research was to diagnose problems teachers face during preparing and implementing a school prevention programme.

The practical and implementation aim was to elaborate recommendations for schools and communities related to support for teachers who realise school prevention programme.

The research issue was included in the following question: *What problems teachers face when preparing and implementing a school prevention programme?*

Detailed problems:

1. If, and what kind of support is given to teachers during the realization of the school prevention programmes?
2. What difficulties emerge during the realisation of the school prevention programme?
3. If, and to what extent teachers are adequately prepared for the realisation of the school prevention programme?

The research was carried out during the period of January-February 2017 on the randomly selected teachers from Opolskie province. The sample consisted of teachers who participate in various forms of skills improvement training at the Regional Support Centre to Educational Facilities in Opole. In the research participated every second teacher who applied for training or postgraduate studies.

The research used a method of a diagnostics survey, questionnaire technique. The questionnaire was elaborated by Sławomir Śliwa.

The questionnaire consisted of 21 statements with a 5-point Likert scale. At the end there was a statistical part.

The statements dealt with financial problems for school prophylaxis, collaboration with school support institutions, the implementation of prophylaxis interventions in school, the design and quality of preventive interventions, the competence of teachers in prophylaxis and the target groups.

The analysis of data was elaborated with the use of the statistical programme IBM SPSS Statistics 19.

## Characteristics of the respondents

The research sample in total amounted to 111 respondents. The largest group consisted of teachers of 26-35 years old (37.8%), and the smallest group of teachers up to the age of 25 years (1.8%) and above the age of 56 years (5.4%).

The vast majority of the respondents were women (91.0%).

**Table 1.**
*Age of the respondents*

| | Frequency | Percentage |
|---|---|---|
| **up to 25 years** | 2 | 1.8 |
| **26-35 years** | 42 | 37.8 |
| **36-45 years** | 29 | 26.1 |
| **46-55 years** | 32 | 28.8 |
| **above 56 years** | 6 | 5.4 |
| **overall** | 111 | 100.0 |

**Source:** own research.

Among the respondents over half of them consisted of persons with a very long professional experience: from 16 to 25 years – 26.1% and above 25 years – 28.8%. Teachers with working experience up to 5 years accounted for 27.0% of the research group and from 6 to 15 years – 18.0%.

**Table 2.**
*Length of professional experience*

| | Frequency | Percentage |
|---|---|---|
| **up to 5 years** | 30 | 27.0 |
| **from 6 to 15 years** | 20 | 18.0 |
| **from 16 to 25 years** | 29 | 26.1 |
| **powyżej 25 years** | 32 | 28.8 |
| **Total** | 111 | 100.0 |

**Source:** own research.

Nearly half of the respondents have completed studies in the social science (especially pedagogy) – 52.0%. Slightly less, i.e. 29.7% of teachers have completed humanities (i.e. history, literature, linguistics). The remaining faculties classified into fields of science are presented in Table 3.

**Table 3.**
*Completed faculties classified into fields of science*

| | Frequency | Percentage | Cumulative percentage |
|---|---|---|---|
| **Social science** | 52 | 46.8 | 50.0 |
| **Humanities** | 33 | 29.7 | 81.7 |
| **Theology** | 3 | 2.7 | 84.6 |
| **Economic sciences** | 1 | .9 | 85.6 |
| **Mathematical sciences** | 7 | 6.3 | 92.3 |
| **Chemical sciences** | 1 | .9 | 93.3 |
| **Earth science** | 1 | .9 | 94.2 |
| **Engineering sciences** | 2 | 1.8 | 96.2 |
| **Health science** | 4 | 3.6 | 100.0 |
| **Total** | 104 | 93.7 | |
| **Missing data** | 7 | 6.3 | |

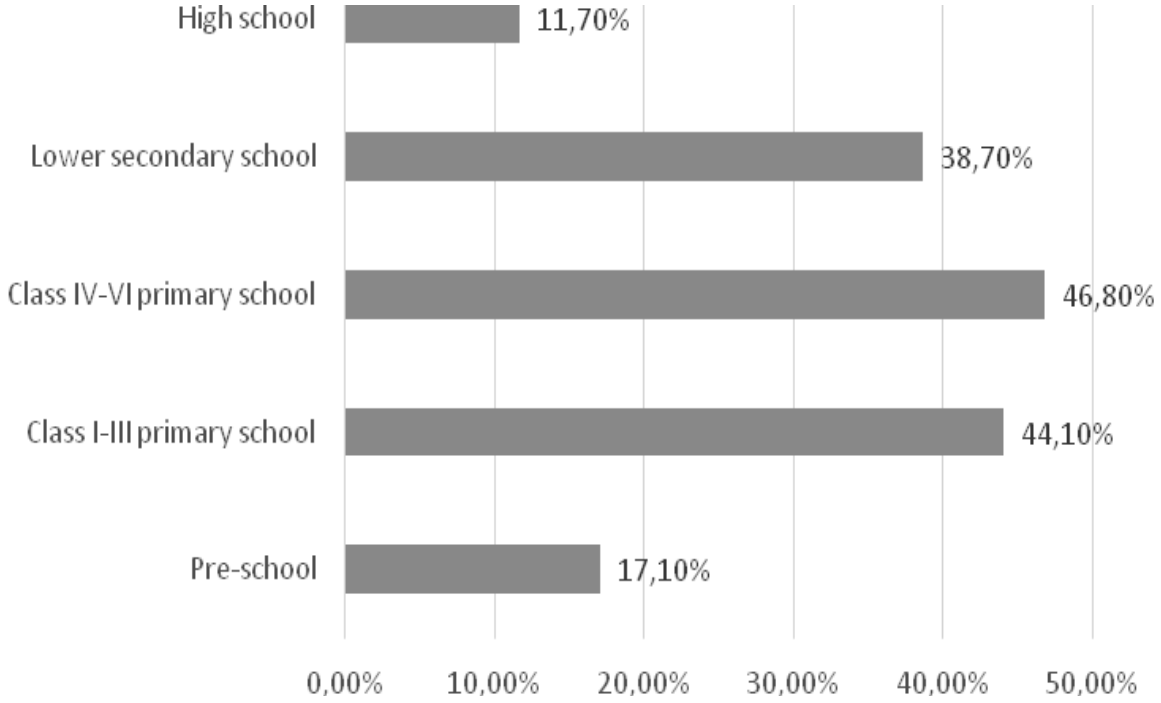
**Source:** own research.

Over half of the respondents have acquired a Master's degree during the long-cycle Master's studies (64.9%), over 1/3 of the respondents (34.2%) have acquired the same degree at the two-tier university studies. Only one person possessed the academic degree of a PhD (0.9%).

Teachers working in classes IV-VI of primary schools accounted for the largest research group (46.8%). Slightly less, i.e. 44.1% have been teachers of primary education.

It needs to be noted that some teachers have worked on two or even three educational stages.

***Figure 1.***
Employment of the surveyed teachers with a breakdown into educational stages




**Source:** own research.

As far as levels of professional promotion, over half of the respondents (54.1%) hold the title of a certified teacher. Teacher trainees accounted for 12.6% of the respondents, certified teachers – 24.3%, and appointed academic teachers – 9.0% of the total of the respondents.

Almost half of the respondents have worked at village schools – 45.9%. 11.7% have worked in towns with up to ten thousand inhabitants, 25.2% - in towns from ten to fifty thousand, 8.1% - from fifty to a hundred thousand and 9.0% - in cities with more than one hundred thousand inhabitants.

## Findings

The research revealed that over 1/3 of the respondents (13.5% to a greater extent and 23.4% to a lesser extent) believe there is an insufficient amount of means at school for the realisation of preventive measures. Almost as many teachers (32.5%) cannot clearly respond to this observation. Every fifth respondent (24.3%) believes there is a sufficient amount of means for the realisation of preventive measures, whereas 6.3% of the respondents believe that certainly there is a sufficient amount of means for the realisation of preventive measures.

It is clear that the opinion is divided. This may be because of the fact that financial plans at each educational establishment are drafted and approved differently. Depending on school budget, tasks related to the realization of the preventive measures can be financed in various ways.

A vast majority of teachers think that school cooperates with other institutions during the realisation of preventive measures (47.7% "I agree" and 32.5% "I definitely agree"). Only 2.7% of the respondents to a greater extent did not agree with this statement and 4.5% to a lesser extent. 12.6% of the respondents could not clearly respond to this statement.

On that basis it can be concluded that schools tend to cooperate with other institutions through the realization of school prevention programmes, which encourages these measures. Owing to such approach, prevention can be treated in a systemic manner.

Over half of the respondents (48.7% "yes" and 14.4% "definitely yes") agree that schools carry trainings allowing teachers to upgrade their skills related to prevention. Only 7.2% of the respondents had a completely different stance, 15.3% different, and 14.4% of the respondents did not know what to answer.

This proves that teaching staff is continuously increasing qualifications in the scope of the realisation of preventive measures. This is a good sign, as effectiveness of preventive measures is connected with tendencies found in this area, which are bound with the researches on the prevention determinants. Studies show that despite undergoing changes in approaching prevention, still some old and not effective models are applied, for example meetings with neophytes or lectures carried on the harmful effect of psychoactive substances.

Surveys have shown that at most schools there is a person responsible for school prevention programmes. It has been confirmed by over ¾ of the respondents (37.8% "I agree" and 37.8% "I definitely agree"), whereas 21.7% of the respondents have not been able to provide a clear reply and only 2.7% said there is no such person at school.

A crucial matter is the fact there is such a person at school who coordinates all the preventive measures. As it can be noted, based on the researches, this takes place at most of the schools. This is an element that influences the quality improvement of preventive measures.

Some of the teachers' replies show that the preventive programme was imposed from above (15.3% "I agree" and 12.6% "I definitely agree"). However, nearly half of the respondents have a different opinion (30.6% "no" and 17.1% "definitely no").

Based on this data, one can conclude that school prevention programmes are rather consulted by the teaching staff council. This is confirmed by the fact that a great number of teachers believe that a social atmosphere at school favours the realisation of the prevention programme – 66.7% answers (53.2% to a lesser extent and 1.5% to a higher extent). Only 14.4% of the respondents have been of a different opinion, and 18.9% declared "difficult to say."

In addition, a statistically significant difference has been noted ($x^2$= 47.125, df=12, p=0.001, Phi=0.652). Persons with less than 5 years of professional experience have been more sceptical towards this statement. This may be due to the fact that young teachers have their own visions of how their work should look like, whereas schools stick to their own standard procedures. If the school man-

agement staff are open to new suggestions and young teachers are allowed to show their creativity, then young teachers' attitude may change.

Nearly ¾ of teaching staff (47.7% "yes" and 27.0% "definitely yes") claim that school prevention measures are monitored and evaluated, which favours the effectiveness of prevention at school and helps teachers to reach their assumed aims. Only 9.0% of the respondents have not agreed with the above.

Slightly fewer teachers – 68.5% (53.2% to a lesser extent and 15.3% to a higher extent) have indicated that during the realisation of tasks they can count on the assistance of specialists. A different opinion has been given by 14.4% (8.1% "I do not agree" and 6.3% "I definitely do not agree"), and 17.1% of the respondents could not provide a clear reply.

This is a good sign that teachers can count on the support of specialists. This contributes to the realisation of school measures and influences the effectiveness of prevention. However, the research has shown that persons with less than 5 years and from 6 to 15 years of professional experience have agreed with this statement to a lesser extent than those more experienced ($x^2$= 44.854, df=12, p=0.001, Phi=0.636). This may be caused by the fact that persons with professional experience of more than 15 years have better knowledge and guidance network obtained during the number of years of service. They can also be more acquainted as to where to seek help outside of school.

Moreover, above 80% (45.9% to a lesser extent and 35,2% to a higher extent) of the respondents have declared that during the realisation of school prevention programme, they have cooperated with other institutions, e.g. psychological and pedagogical counselling centres. Only 9.0% of teachers think differently.

A great number of the respondents, i.e. 67.6% (45.9% "yes" and 21.6% "definitely yes"), have declared that school has supporting materials for the realisation of school prevention programmes, e.g. lessons scenarios, educational materials and other aids. It needs noting that only 10.8% of the respondents have not agreed with the statement.

Support materials also play an important role in the implementation of prevention measures at school. Creation of own working tools by teachers is one of the most time consuming and most tedious stages while preparing for the realisation of school prevention. For some this can be discouraging when realising their own measures. Therefore, aids that are already at hand may help and encourage teachers to undertake challenges related to the realisation of school prevention programmes.

Over half of the respondents (33.3% "I agree" and 22.5% "I definitely agree") believe that all teachers commit themselves in the realisation of the prevention measures. However, 26.1% (19.8% "I do not agree" and 6.3% "I definitely do not agree") have been of a different opinion. Probably this has not a positive influence on the effectiveness of prevention. First of all, for the prevention to be successful, the entire teaching staff should participate in the measures. Secondly, this does not favour working as a team and creates some conflicts among teachers.

Satisfactory is the fact that a vast majority (52.3% to a lesser extent and 27.9% to a higher extent) of the respondents are convinced the management body gives support in the realisation of measures related to prevention. Only 10.8% of the respondents have not agreed.

Appreciation of the teachers' engagement and support of the management is a motivating incentive to undertake measures and it is surely beneficial.

However, definitely less people have declared they can count on the supervision while implementing and executing the prevention programme. Only 28.8% of the respondents have responded "yes" and 10.8% – "definitely yes". As many as 36.9% have not been able to provide any kind of answer and 18.9% replied "no" and 4.6% "definitely no".

Moreover, persons with service up to 5 years also provided a lower evaluation of support to their measures given by the management ($x^2$= 34.262, df=12, p=0.01, Phi=0.556).

The element that is bound up with the teachers' support and successful prevention measures is also the participation of parents in the initiatives of prevention. Hence, 35.1% of the respondents have said that parents participate in measures and 10.8% they participate a lot. However, as many as 22.5% of teachers have declared "no" and 5.4% "definitely no".

Nearly ¾ of the respondents (48. 6% to a lesser extent and 23.4% to a higher extent) is of the opinion that the prevention programmes at their schools are based on scientific principles, e.g. knowledge about protective and risk factors, theory of risky behaviours. Only 17.2% of the respondents have not been able to respond to this statement, and 10.8% have not agreed.

Even more teachers (80.2% - 66.7% "I agree" and 13.5% "I definitely agree") have declared that in prevention programmes verified strategies of prevention measures are used, e.g. strategy of life skills development, strategy of educational skills development or strategy of alternatives. Only 9.0% of the respondents have thought differently and 10.8% could not clearly respond to this statement.

This proves that school prevention programmes are constructed based on general standards of prevention measures, which favours the effectiveness of prevention measures and at the same time it is not an issue for teachers.

A vast majority of the respondents have also been of an opinion that the prevention programme is adjusted to a defined social and cultural school reality – 77.5% (50.5% "I agree" and 27.0% "I definitely agree"). Declarations of "difficult to say" constituted 16.2% of the answers, "I do not agree" – 4.5% and "I definitely do not agree" – 1.8%.

Also, the respondents have been of an opinion that prevention programmes at their schools include the needs of children and teenagers from the groups with higher risk, e.g. children from families with alcohol problems (49.5% to a lesser extent and 27.0% to a higher extent). 14.4% of the respondents have had problems with answering the question, 3.6% did not agree and 5.4% definitely did not agree.

Based on this data, it can be concluded that school prevention programmes include the needs of a given school society. This has to be preceded by an

appropriate diagnosis, which is a crucial element when preparing a school prevention programme.

However, despite this optimistic data, teachers do not feel completely competent in elaborating and implementing school prevention programmes. Nearly ¼ of the respondents (22.5% to a lesser extent and 2.7% to a higher extent) believe they do not possess skills in this scope and 27.0% could not clearly respond to this statement. Only 47.8% (40.6% to a higher extent and 7.2% to a lesser extent) possess appropriate qualifications. Moreover, nearly the same percentage of teachers – 46.8% have declared they know contemporary directions of development of prevention measures and nearly 1/3 of the respondents (31.5%) could not answer this question and as many as 21.6% of the respondents have not agreed.

This demonstrates that teachers do not feel fully confident in creating and implementing school prevention programmes. Data suggests it needs to be ensured that educational standards of teaching include also education effects related to prevention measures.

Statistically significant differences have been noted, which refer to declaration on the skills possessed in the scope of preparing and implementing prevention programme as well as professional experience ($x^2$= 39.713, df=12, p=0.001, Phi=0.598) and also the level of professional career ($x^2$= 40.220, df=12, p=0.01, Phi=0.602). Teachers with professional experience from 16 to 25 years and above 25 years, as well as with the title of an appointed academic teacher and a certified teacher, feel more confident about their qualifications comparing with younger colleagues. This is quite common phenomenon that teachers with more professional experience and higher professional degree feel more self-confident when referring to their competences.

## Conclusion

As seen in the above data, the teachers surveyed do not complain about the lack of support in realising school preventive measures. The respondents in particular are satisfied with the cooperation with other institutions from the local environment that get involved in prevention, and they can also count on the support of specialists. Moreover, the respondents have declared that during the realisation of the school prevention programme they also cooperate with other institutions such as psychological and pedagogical counselling centres.

Schools, however, should also start working with research centers, such as universities, to increase the effectiveness of preventive interventions. Keep in mind that in the reformed school today, it is the people in the science world that combine it with practice, set standards for the implementation of prevention programs now. It is therefore good that each school is also able to undergo external evaluation.

Prevention programmes are mainly consulted by teaching staff council. Measures are monitored and evaluated and at most of the schools there are per-

sons responsible for coordination of school prevention programmes. Teachers also believe the management supports their measures related to prevention.

Most of the teachers have also declared that the social environment observed in the educational establishments fosters preventive measures; moreover, there are didactic materials at schools that can be used while pursuing their measures.

Most of the respondents believe that school prevention programmes are based on scientific principles, are adjusted to the school's social and cultural reality, and also to the needs of children and teenagers from the groups with higher risk attending such schools.

However, in the opinion of the respondents, means for prevention measures could be increased. Prevention at schools surely is not as expensive as prevention realised by specialists, however, finances can impact the quality of measures and efficiency. Thanks to financial resources, tasks related to the strategy of alternative measures and development of interests, e.g. through sport or culture, can be attained.

Perhaps schools and coordinators of prevention programs by working with local non-governmental organizations involved in prevention should seek joint solutions on how to organize prevention in the local community and thus at school. Communes organize contests for the implementation of prevention tasks. Very often NGOs have an idea for prevention, but it is not fully consistent with the expectations of the public. It happens that prophylactic programmes first come into being and then the diagnosis is made and the 'force' is looking for recipients.

Moreover, teachers have fairly low evaluation of their skills in the scope of preparing and implementing prevention measures. Despite a positive atmosphere at schools towards prevention measures, teachers do not feel confident while realising school prevention programmes. Therefore, regular training for teachers would be desirable. School directors should schedule cyclic training within the pedagogical councils. Here too, consideration should be given to extending cooperation with centers dealing with prevention and higher education. In addition, regional centers for teacher development also organize training in this area. Tracking their offerings, as well as providing information on training needs in this area will certainly help teachers.

Attention should also be drawn to young teachers. Teachers with less than 5 years of professional experience perceive more unfavourably the social environment at schools and support provided by the management. More time should be dedicated to these teachers in the course of adaptation. Furthermore, possibly a good idea would be to carry supervisions of young teachers together with the school management. It is worth mentioning that this group of persons with a short professional experience may face problems and such assistance is strongly required.

In addition, during the realisation of the prevention measures at schools, active participation of all the teachers and parents should be encouraged. In order for the prevention to be successful, it should concern not only children and teenagers, but also teachers and parents.

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