

Fell Well, Learn Better (ABMA) in France

1. Need/challenge addressed

- Absenteeism;
- Pupil well-being;
- Social issues.

2. Level of intervention

Universal (applies to all pupils):

- Primary school pupils aged from 6 to 10 years;
- Secondary school students aged from 11 to 19 years.

3. Level of intervention

The intervention is both regular, i.e.: for the support offered by partners (including INPES¹) and the education authority participants involved in the pilot measure. The level of intervention is also continuous, i.e.: for the players (particularly the head teacher) within the pilot school.

4. Conditions and steps were required to implement the programme

For this experiment, a team comprised of members of INPES and of the education authority CESC² was established. This team drew up resource documents and facilitated the selection and training of advisers within the education authority's three districts in order to support the nineteen participating schools.

Each establishment appointed internal advisers to form a project team, which then embarked on a process of analysing the current situation in order to determine priorities and objectives.

The actions undertaken fall within several areas:

- the organisation and operation of the school;
- information and prevention relating to the health topics defined in advance with educational aims; and,
- educational methods and the acquisition of skills in the context of teaching and learning.

5. Stakeholders involved in decisions relating to determining the most appropriate type of support, and its level and intensity

A holistic approach is advocated by the ABMA process. It is not a question of the pilot team imposing a whole body of health topics, but rather them offering a set of tools for schools to take ownership of the process with a broad overall view of it. ABMA is implemented in schools. The support of staff, parents and pupils is encouraged.

The experiment is underpinned and inspired by research carried out within the framework of the European Health Promoting Schools: ABMA covers the same areas and levels of intervention as the Health Promoting Schools, as established by the World Health Organisation's European Regional Office.

¹ National Institute for Prevention and Health Education

² Health and Citizenship Education Committee

6. Delivery of the measure

The project is implemented by the Health and Citizenship Education Committees (CESC) of the participating schools. It aims for comprehensive improvements in the school environment by promoting interpersonal relationships, communication, partnership, management of time and space, and the development of social and personal skills.

7. Overall responsibility for implementing the programme

The head teacher has overall responsibility for implementing the programme, as it is an overall establishment policy for the benefit of all that must be encouraged.

8. Obstacles encountered and how these were overcome

Each establishment moves at its own pace, therefore personalised support is required. There may be a shortage of advisers and of time for consultation.

9. Monitoring/assessment of the measure

At the end of the three-year pilot period, the ABMA pilot will require a monitoring process; and, the definition of indicators to assess the effects on pupil attainment and also on teaching practice, professional relationships, and the school and its environment in a more general sense.

10. Results

The chosen indicators are recorded in the school CESC plan, which include: incidence of days of absenteeism and lateness, numbers of visits to the infirmary, number of incidents within school and of anti-social behaviour, etc.

The overall trend has been a clear improvement in the school environment, characterised in particular by a more positive atmosphere in school, and by increased cohesion and consistency.

11. Resources/funding

This programme requires human resources to be made available.

12. Current status of the measure

The pilot is planned to run for three years, and will end in 2016.