

HEALTH PROMOTION WITHIN THE GENERAL EDUCATIONAL PROGRAMME FOR PRESCHOOL EDUCATION

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Abstract: *The paper aims to analyse the General Educational Programme for Preschool Education from the viewpoint of health promotion. It endeavours to compare the content of the Curriculum of Health Promotion in Nursery Schools and the General Educational Programme for Preschool Education. Particular attention is devoted to the conditions for education for children of preschool age that must be created in nursery schools for the purpose of health promotion and the healthy development of children.*

Keywords: *health promotion, conditions for education, competency, educational programmes*

Health promotion has appeared in many various forms in documents preceding Act 561/2004 Sb. on preschool, primary, secondary, higher and other forms of education (hereafter merely the “Education Act”) and the General Educational Programme for Preschool Education, which came into effect along with the Education Act.

These documents include, for example, the White Book¹ and the long-term education plans of both the Czech Republic and its individual regions. These consider education leading towards a healthy lifestyle one of the principal aims of curriculum reform and an important tool having a progressive and long-term influence on the educational process.

Other such documents include the *Strategy for the Prevention of Socio-pathological Phenomena 2001–2004* and the *Programme of Prevention for Nursery Schools, Primary Schools and Educational Institutions*, both from 2001. These documents offer a number of specific ways for schools to begin to promote a healthy lifestyle and create the best possible conditions for the prevention of socially undesirable phenomena. They demand that schools become a safe place for effective education. They see the core of the strategy of prevention lying in **comprehensive changes taking in everything that goes on in the school.**

¹ The National Programme for the Development of Education in the Czech Republic (The White Book). Prague: The Ministry of Education, Youth and Sports, 2001, p. 38.

The reason for the formation of these strategies was the discovery that a far from small proportion of young people is proving unable to come to terms with problems at school and various difficult situations in life. They see a way out in drug and alcohol abuse, truancy, bullying, vandalism and other forms of undesirable behaviour in the area of socio-pathological phenomena. The pages of the Ministry of Education state that, “*Work with the younger generation must be of a formative and educational nature. It must involve a process of shaping and reinforcing moral values, increasing the social competency of children and young people, and developing the skills that lead to a rejection of all forms of self-destruction, demonstrations of aggression and violations of the law.*”²

The Programme of Schools Promoting Health was one of the recommended programmes for the introduction of prevention of pathological phenomena.

One of the most important documents in this area is the government programme *Health 21 – Long-term Programme of Improvement of the State of Health of the Population of the Czech Republic – Health for All in the 21st Century* (debated by the government of the Czech Republic on 30 October 2002 – Government Resolution 1046). One of the requirements of this programme, set out in Goal 13.4, is that at least 50 % of children have the opportunity of attending a nursery school promoting health and 95 % of primary school pupils the opportunity of attending a primary school promoting health by the year 2015. The basis for the implementation of this requirement was the engagement of the state administration and local government at the regional level into coordination that would further the expansion of the network of schools promoting health and the implementation of requirements for health promotion within the General Educational Programmes for both preschool and primary education. This requirement will be specified in greater detail in the following text.

The Education Act is the fundamental document in this area at the present time. Section 29 of the Act obliges schools to create appropriate conditions for the healthy development of children, pupils and students and for the prevention of socio-pathological phenomena. The GEP PE can, therefore, also be expected to consider health promotion. This educational programme does not, however, consider this area explicitly. On the other hand, it can, however, be stated that the concept of the programme demands the creation of such conditions and the development of the kind of skills that should lead to healthy habits in life.

Before we begin comparing the General Educational Programme for Preschool Education (GEP PE) with the Curriculum of Health Promotion in Nursery Schools (CHP NS), we will give a brief mention to the formation of the curriculum and its content. The “Healthy Nursery Schools” project began in 1994. It is now presented under the title *The Promotion of Health at Nursery Schools*. The original project was concerned merely with the creation of appropriate conditions for the healthy development of children. An expansion to include an enumeration of the competencies that should be developed among children of preschool age was not seen until the curriculum drawn up in the year 2000 (i.e. a year before the first version of the GEP PE). The curriculum is divided into three basic areas relating to education for children of preschool age in nursery schools.

² *The Strategy for the Prevention of Socio-pathological Phenomena 2001–2004* [online]. Prague: The Ministry of Education, Youth and Sports, 2000. [cit. 2009-08-06] Available on the internet at <<http://www.msmt.cz/vzdelavani/dokumenty-13>>.

It involves the **conditions** that should be created for the healthy development of children and education in nursery schools, the **educational content** based on the development of competencies, and the **evaluation** of nursery schools. We will analyse the GEP PE from the viewpoint of these three areas.

Conditions

The philosophy of health promotion is a holistic and interactive approach to health. It perceives health as the resultant of the relationships between the environment (immediate and distant, natural and social) and the human being in all its diverse scope (the organism, the psyche, the personality). For this reason, the authors of the programme take an extremely thorough approach to considering the formation of the kind of conditions that would lead children in a targeted manner towards respect for their health and practical skills protecting their health.

The table below states the conditions contained in both the GEP PE and the CHP NS.

GEP PE	CHP NS
Material conditions	The teacher promoting health
Daily regime	Classes of mixed ages
Psychosocial conditions	A rhythmical order to life and the day
Organisation	Physical well-being and unrestricted movement
The management of nursery schools	Healthy nutrition
Staffing and teaching staff	Spontaneous play
The participation of parents	A stimulating environment
	A safe social environment
	Participative and team management
	Partnership relations with parents
	Co-operation between nursery schools and primary schools
	Incorporation of the nursery school into the life of the local area

The above table shows that the CHP NS fulfils the requirements of the GEP PE, while expanding the recommended conditions to include a number of others.

It sees the condition of *classes of mixed ages*, for example, as the creation of a natural environment appropriate for the social adaptation of the child. This arrangement enables the implementation of social learning and the children learning from one another to a far greater extent.

It considers *physical well-being and unrestricted movement* essential to healthy development and overall physical and mental well-being. The allocation of specifically targeted spaces, times and means is required for *spontaneous play*, corresponding to the natural needs and interests of the child. The child's development would be stunted without this.

The GEP PE presents the seven conditions given above merely as *additional* conditions. It considers legislative definition by means of the pertinent legal standards to be the *basic* conditions that must be observed during the education of children.

It can, therefore, be deduced that the GEP PE does not consider the creation of these conditions absolutely essential or closely linked to the development of competencies in the same way as the CHP NS.

Educational content

The first version of the GEP PE came out in 2001. It did not, however, contain competencies, which were not included until the second version of 2004.

In the current conception of preschool education, competencies represent the basis of lifelong learning, linked with further levels of education. They are a group of activity-based output, important not merely from the viewpoint of preparation of the child for the commencement of systematic education, but also for further stages in its life. The GEP PE talks of the fact that, “*good and adequate foundations of key competencies established at a preschool age may be an essential promise of further favourable development and education for the child; inadequate foundations may, in contrast, represent an obstacle disadvantaging the child at the beginning of its path through life and the educational process*”.³

In drawing up key competencies, the CHP NS was based on “*programmes of health promotion for the adult population and inspired by national curricula in countries such as Scotland in Europe and Rhode Island in the USA*”.⁴

The following table shows that the conception of these competencies is again in agreement in general terms. The CHP NS, however, links them more consistently with the development of competencies promoting a healthy lifestyle.

GEP PE	CHP NS
Competencies for learning	Understands a holistic conception of health and the concepts of health promotion and the prevention of illness
Competencies for problem-solving	Realises that health is a priority value
Communicative competencies	Able to solve problems. Solves problems in real life
Social and personal competencies	A well-developed sense of responsibility for one’s own behaviour and lifestyle
Activity and civic competencies	Strengthens mental resilience
	Has skills important to communication and co-operation
	Makes an active contribution to the creation of conditions and an environment for the health of all

The GEP PE contains just one competency focusing exclusively on health promotion:

- caring for one’s own personal health and safety and the health and safety of others, behaving responsibly with a view to a healthy and safe environment (natural and social)
- Social, personal, civic and activity competency should also develop the kind of

³ *The General Programme for Preschool Education*. Ministry of Education, Youth and Sports Gazette, Issue 2, Volume LXI, February 2005, p. 10.

⁴ HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. and team. *Curriculum of Health Promotion in Nursery Schools (updated programme)*. Prague: Portal, 2006, p. 93. ISBN 80-7376-061-5

skills among children that are associated with the prevention of pathological phenomena, such as:

- the child realising that it is responsible for itself and its behaviour and bearing the consequences
- being sensitive and considerate to others in a manner appropriate to a child, helping those weaker than itself, recognising inappropriate behaviour; perceiving injustice, ill-treatment, aggressiveness and indifference
- behaving cautiously when meeting strangers and in unfamiliar situations; knowing how to reject inappropriate behaviour and communication that it finds unpleasant
- being able to estimate the risks associated with its own ideas, following its goals courageously, while proving able to change direction and adapt to the given circumstances
- knowing the importance of the environment in which it lives, realising that its own behaviour contributes towards and has an influence on this environment

Further on, the educational areas are divided in a similar way – biological, psychological, interpersonal, socio-cultural and environmental. The only difference lies in the fact that the GEP PE presents individual goals given in individual areas without linkage to the development of competencies. The CHP NS gives individual goals in individual areas in tables along with the competencies they develop and the pertinent indicators that aid the assessment of whether or not development of the given competencies has occurred, enabling the teacher to make a realistic assessment.

Evaluation

The GEP PE characterises self-evaluation as *“a process of continuous assessment of educational activities, situations and conditions within the nursery school that proceed in a number of interconnected and continually repeating phases. The information obtained by this continuous assessment provides teachers with feedback relating to the quality of their own work, and should be used by teachers in a targeted manner for the purposes of optimisation and improvement of the educational process and the conditions under which teaching occurs. It does not involve one-off or random assessment of a particular phenomenon on the basis of the subjective impression of the teacher, but is rather a process implemented on a systematic basis in accordance with a plan prepared in advance.”*⁵

The CHP NS differentiates *internal* and *external* evaluation. The result of both taken together is *evaluation* as a comprehensive assessment of the work of the nursery school as a whole. It states that self-evaluation (internal evaluation) is to be performed by the school itself, without the participation of outsiders. It is a significant and essential part of the work of the school, *“...to be more precise, before anyone from outside can determine and analyse the school’s situation and problems. The fact that the school deliberately monitors and compares the results it achieves and seeks solutions to any*

⁵ *The General Educational Programme for Preschool Education*. Ministry of Education, Youth and Sports Gazette, Issue 2, Volume LXI, February 2005, p. 37.

*problems arising is the most valuable contribution made by self-evaluation. In order to fulfil its purpose, rather than being a merely formal affair, this evaluation must be conducted on a **regular and systematic** basis applying the correct **methodical approach**, focusing on **predetermined areas** for which the nursery school has stipulated indicators (criteria, indices and quality aspects). Another important precondition is for everyone involved to approach the task with an awareness of the fact that the process provides essential information for **decision-making** and the **planning** of the future development of the school.*"⁶

Considerable agreement can be seen in the two documents from the viewpoint of self-evaluation. They both see it as a process leading to improvement of preschool education. The only difference lies in the fact that tools for the assessment of conditions (the INDI questionnaire from the Ministry of Education) and for the assessment of educational results (SUKy) are created for schools within the Schools Promoting Health network.

It can be said in conclusion that the GEP PE is conceived in a similar way to the CHP NS. The curriculum is, however, conceived as a programme for the targeted creation of conditions as a basis for the development of competencies relating to the development of healthy habits in life and attitudes leading to good habits.

In essence, the GEP PE fulfils strategy requirements by creating a systematic change in the work of nursery schools. It is not, however, so closely linked to systematic development of healthy habits in life. These relate merely to certain "particulars".

When comparing these two documents, we cannot overlook the fact that the CHP NS was concerned with competencies from the very beginning (2000), while the GEP PE only began to consider competencies in its second version (2004). Similarly, self-evaluation as a component of the development of a school and the systematic improvement of its work was included in the system of schools promoting health from the beginning (1995).

It is clear that the CHP NS was ahead of its time and preceded the reform of the educational system in the Czech Republic. It considered the development of competencies and evaluation far earlier than they appeared in the legal documents. Its conception also makes it a unique and integral document concerning targeted and comprehensive development of healthy habits in life at the very beginning of the educational process, at an age at which lifelong skills and attitudes are being formed.

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⁶ HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. and team. *Curriculum of Health Promotion in Nursery Schools (updated programme)*. Prague: Portal, 2006, p. 185. ISBN 80-7376-061-5

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PODPORA ZDRAVÍ V RÁMCOVÉM VZDĚLÁVACÍM PROGRAMU PRO PŘEDŠKOLNÍ VZDĚLÁVÁNÍ

Abstrakt: Příspěvek se pokouší analyzovat Rámcový vzdělávací program pro předškolní vzdělávání z hlediska podpory zdraví. Snaží se o komparaci obsahu Kurikula podpory zdraví v mateřských školách a Rámcového vzdělávacího programu pro předškolní vzdělávání. Pozornost je věnována především podmínkám pro vzdělávání dětí předškolního věku, které je nutné v mateřských školách vytvářet vzhledem k podpoře zdraví a zdravému vývoji dětí. Současně jsou posuzovány kompetence obou programů, které vedou k rozvoji zdravých životních návyků. Závěr příspěvku patří vlastnímu hodnocení školy, které mělo v Programu podpory zdraví své pevné místo již od roku 2000, tedy o sedm roků dříve, než se jeho povinnost objevila ve školském zákoně.

Klíčová slova: podpora zdraví, podmínky pro vzdělávání, kompetence, vzdělávací programy