

# **SOCIAL ISSUES IN THE CZECH ELEMENTARY SCHOOL CURRICULUM AS RELATED TO CHILDREN WITH SPECIFIC EDUCATIONAL NEEDS AND IN THE CONTEXT OF COOPERATION WITH PROFESSIONAL INSTITUTIONS**

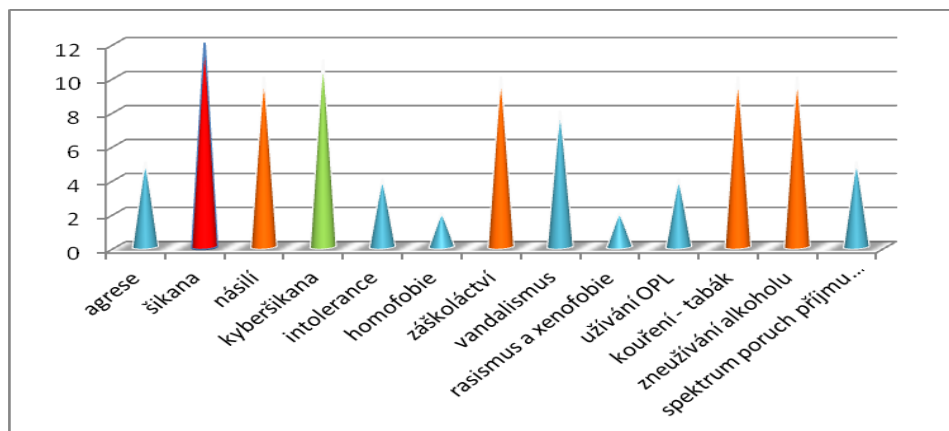
## **INTRODUCTION**

Social issues relating to the prevention of risk behaviour in children and youth (previously referred to as the prevention of social-pathological phenomena) are regarded by the Ministry of Education, Youth and Sports of the Czech Republic as one of its priorities. They are addressed on various levels, e.g. by developing the National Strategy for Primary Prevention of Risk Behaviour in Children and Youth for the period 2013–2018 (Národní strategie primární prevence rizikového chování dětí a mládeže na období 2013–2018). Furthermore, they are also significantly represented in basic curricular documents ranging from preschool to grammar school education, or in general, secondary school education. These documents are called *Framework Education Programme (plus the name of a particular level of education)*, and specify educational objectives and key competencies to be attained by pupils. Last but not least, cooperation between individual subjects acting in the sphere of risk behaviour prevention, i.e. family – school – professional organisations, is also supported.

The significance of healthy lifestyle promotion and risk behaviour prevention is confirmed by a number of surveys mapping the life habits of children and adolescents. For example, in the field of nutrition, it follows from the National Report on the Health and Lifestyle of Children and School Children, produced in the framework of an international survey *Health Behaviour in School-aged Children: WHO Collaborative Cross-National Study (HBSC)* conducted in 2010, that for example, 33% of 13-year-old girls consume sweets on a daily basis, 27% of 13-year-old boys drink sweetened beverages on a daily basis, and only 42% of 15-year-old girls and 46% of 15-year-old boys have breakfast on a daily basis. As far as movement activities are

concerned, the report suggests that a large proportion of school-aged children are insufficiently active, and more than 80 % of youth watch TV for 5 hours a day (Kalman at all 2011). The international ESPAD study (The European School Project on Alcohol and Other Drugs) implies that 75% of students in the Czech Republic consumed alcohol within the last month (in consequence, the Czech Republic has ranked first among involved European countries, along with Denmark (Espad 2013). The national report on the structure of the deceased sorted by disease classes in 2011 suggests that cardiovascular diseases are still the leading cause of death (49.3%), followed by neoplasms (25.8%) and injuries and intoxication (5.6%) (Poppová, Štyglerová 2012). According to the Czech AIDS Help Society (Česká společnost AIDS pomoc) and its statistics, it is obvious that the number of HIV-positive people in the Czech Republic are still on the rise. In 2000, 442 HIV-positive people were registered in the Czech Republic; by 28 February 2014, the number grew to 2,172 (Česká společnost AIDS pomoc).

Based on the information obtained from regional school coordinators of prevention and the data in regional prevention plans for 2013, the following incidence rate of risk behaviour types (in 2012) in a school environment was identified: bullying proved to be the most common phenomenon, followed by cyberbullying, smoking tobacco, alcohol abuse, violence, truancy and other negative behaviour types (refer to Graph 1).



**Legend:** aggression, bullying, violence, cyberbullying, intolerance, homophobia, truancy, vandalism, racism and xenophobia, use of NPS, smoking – tobacco, alcohol abuse, a spectrum of eating disorders

### Graph 1. Incidence rate of risk behaviour types in a school environment in 2012

Source: *National Strategy for Primary Prevention of Risk Behaviour in Children and Youth for the period 2013–2018*, p. 5)

The *National Strategy for Primary Prevention of Risk Behaviour in Children and Youth for the period 2013–2018* defines the following target groups for risk behaviour prevention:

- Children from the age of 3 until young adults aged 26 on a general level – so-called general prevention.
- Specific groups of children and youth – where an increased risk of behavioural problems is assumed (e.g. children in families with a criminal record, addiction to alcohol etc.) – so-called selective prevention.
- Individuals with risk behaviour – those whose behaviour meets, in certain aspects, the characteristics of risk behaviour (e.g. experimenters with drugs, truants, aggressors etc.) – so-called indicated prevention.

General prevention is closely linked to the educational system that deals with the issue in curricular documents at all levels of education. This paper shall concentrate on the detailed analysis of the Framework Education Programme for Elementary Education with emphasis put on Stage 2 of elementary education.

## THE FRAMEWORK EDUCATION PROGRAMME FOR ELEMENTARY EDUCATION IN RELATION TO SOCIAL ISSUES AND RISK BEHAVIOUR PREVENTION

In the past decade, the Czech educational system has gone through a so-called curriculum reform, i.e. new curricular documents, so-called Framework Education Programmes, have been introduced. Social education with an emphasis put on risk behaviour prevention (previously referred to as social-pathological phenomena) has been included in the education portfolio, and is thus reflected in preschool as well as primary and middle school, or vocational education. Social issues, including risk behaviour prevention, are closely related to health education and healthy lifestyle promotion. In consequence, they have been incorporated into the curriculum at both stages of elementary education, which complies with a requirement for the healthy lifestyle education to be systematic, comprehensive, reflecting the latest scientific findings, adapted to the child's bio-psycho-social needs and delivered at the earliest age (Machová, Kubátová 2009).

The document governing education at stage 1 and 2 of elementary education is called a **Framework Education Programme for Elementary Education** (FEP EE).

The education based on the document became binding for pupils in 1<sup>st</sup> and 5<sup>th</sup> forms of elementary schools in September 2007. The FEP EE has been re-

viewed several times, most recently on 1 September 2013. The FEP EE is structured into nine main educational areas, many of which are further divided into educational fields. The FEP EE defines main educational objectives and key competencies to be attained by pupils upon completing elementary education.

The key competencies are defined as a set of knowledge, skills, abilities, attitudes and values important for personal development of an individual and the individual's participation in society. Their selection and conception are based on values generally accepted in society as well as commonly held ideas on which competencies of an individual contribute to his/her education, contented and successful life and to strengthening the functions of civil society (FEP EE. 2013). The basic competencies are: learning competency, problem-solving competency, communication competency, social and personal competency, civic competency, professional competency.

At Stage 1 of elementary education, the risk behaviour prevention issue is primarily covered in the educational area, or rather educational field **Man and His World**, specifically in thematic areas *People Around Us* and *Man and His Health*.

At Stage 2 of elementary education, risk behaviour prevention (prevention of addictions, risk sexual behaviour, eating disorders, aggressiveness and bullying, etc.) is incorporated into several educational areas and fields, most significantly into the educational area **Man and Health**, specifically into the educational field **Health Education**.

*Note: Before a detailed analysis of the educational field Health Education is carried out, it must be noted that the subject should be preferably taught by professionals qualified in Health Education. For that reason, with the FEP EE coming into effect, faculties of education throughout the Czech Republic started to train teachers in this field of study (e.g. Faculty of Education of Palacký University, Olomouc; Faculty of Education of Masaryk University, Brno; Faculty of Education of Charles University, Prague; etc.). In spite of this, there are only 30 % of teachers qualified in Health Education at schools (Hřivnová 2013 c: 292-307).*

The educational field Health Education is primarily focused on the promotion of health, protection of health and healthy lifestyle. It is a subject that draws on a number of scientific disciplines (a multidisciplinary subject), adapts the latest knowledge didactically, and presents it in a form adequate to mental and other abilities of pupils. Also, it must balance the impact on cognitive, affective and psychomotor areas appropriately while respecting bio-psycho-social aspects of an individual and his/her health.

The FEP EE (version 2013) delimits the educational field Health Education, as well as other educational fields at Stage 2 of elementary education, by means of so-called *expected outcomes* and *subject matter*.

The Health Education comprises 16 expected outcomes specifying what a pupil should accomplish by the end of the 9<sup>th</sup> form of elementary school. The risk behaviour prevention issue is directly linked to two expected outcomes (EO), i.e. EO 13 and EO 14. Nevertheless, a detailed analysis of other EOs made clear that the risk behaviour prevention issue is also included in other EOs, e.g. EO 3, 4, 5, 6, 7, 8, 9, 12 (compare FEP EE 2013):

## EXPECTED OUTCOMES IN HEALTH EDUCATION

### **The pupil shall:**

- VZ-9-1-01 respect the accepted rules for coexistence among peers and partners; contribute to the formation of good interpersonal relationships in society;
- VZ-9-1-02 explicate the roles of the members of the community (family, class, association) and give examples of positive and negative influence on the quality of social atmosphere (peer group, family environment) in terms of being beneficial for health;
- VZ-9-1-03 explain on examples direct connections between physical, mental and social health; explain the connection between satisfying basic human needs and the value of health;
- VZ-9-1-04 assess various ways of human behaviour in terms of responsibility for one's own health and the health of others, and deduce personal responsibility in favour of actively promoting health from them;
- VZ-9-1-05 endeavour within his/her abilities and experience to support health actively;
- VZ-9-1-06 express his/her own opinions on the issues of health and discuss them with his/her peers, family and immediate surroundings;
- VZ-9-1-07 put the composition of one's diet and eating habits in connection with the development of lifestyle diseases, and apply healthy eating habits within his/her possibilities;
- VZ-9-1-08 apply the mastered preventative methods of decision making, behaviour and conduct in relation to common, transmitted, lifestyle and other diseases; confide his/her health problems to someone and, if necessary, seek professional help;
- VZ-9-1-09 demonstrate a responsible approach to himself/herself, to the process of his/her adolescence and to the rules of healthy lifestyle; participate voluntarily in programmes promoting health within school and the municipality;
- VZ-9-1-10 use the mastered compensation and relaxation techniques and social skills independently to regenerate the body, overcome tiredness and prevent stressful situations;

VZ-9-1-11 respect physiological changes in adolescence, react optimally to them and behave towards the opposite sex in a cultivated manner;

VZ-9-1-12 assume responsibility for safe sexual behaviour in connection with health, ethics, morals and positive life goals; understand the importance of continence in adolescence and responsible sexual behaviour;

**VZ-9-1-13 put into context the health and psycho-social risks associated with the abuse of addictive substances and young person's life prospects; apply the mastered social skills and models of behaviour when faced with sociopathic phenomena at school and outside of it; seek professional help for himself/herself or others if necessary**

**VZ-9-1-14 evaluate on the basis of his/her knowledge and experience the potential manipulative influence of his/her peers, the media, sects; apply the mastered defensive communication skills against manipulation and aggression;**

VZ-9-1-15 manifest responsible behaviour in risk situation in road and railway traffic; actively prevent situations when health and personal safety are endangered; provide adequate first aid if necessary;

VZ-9-1-16 apply appropriate ways of behaviour and protection in model situations of threat, danger and emergency situations (FEP EE 2013: 81).

Achieving the EOs is also preconditioned by mastering the subject matter specified in the FEP EE for the educational field Health Education. The subject matter is structured into six thematic areas with specified partial topics. Topics relating to risk behaviour prevention are written in bold, namely (FEP EE 2013: 81-83):

### **1. INTERPERSONAL RELATIONS AND FORMS OF COEXISTENCE:**

two-person relationships – companionship, friendship, love, partnership, marriage and parenthood;

**relations and rules of coexistence within the community** – family, school, **peer group**, municipality, association.

### **2. LIFE CHANGES AND WHAT THEY INVOLVE:**

childhood, puberty, adolescence – physical, mental and social changes;

**sexual maturation and reproductive health** – health of the reproductive system, sexuality as a part of personality forming, continence, **premature sexual experience, promiscuity; teenage pregnancy and parenthood**; sexual identity disorders.

### **3. HEALTHY LIFESTYLE AND SELF CARE FOR HEALTH:**

diet and health – fundamentals of a healthy diet, drinking regimen, the influence of living conditions and eating habits on health; eating disorders;

influences of the inner and outer environment on health – quality of air and water, noise level, light, temperature;

physical and mental hygiene, daily regimen – fundamental habits for personal, intimate and mental hygiene, hardening, daily regimen, balance of work and relax activities, the importance of movement for health, movement regimen;

**protection against transmitted diseases – basic ways of diseases transmission and their prevention**, respiratory diseases, food-borne diseases, diseases transmitted outdoors, **blood-borne and sexually transmitted diseases**, diseases transmitted through insect bite or contact with animals;

protection from chronic non-transmitted diseases and injuries – prevention of cardiovascular and metabolic diseases; preventive and medical care; responsible behaviour in case of injury and life-threatening situations (household, sports, workplace, traffic injuries), first aid basics.

#### 4. HEALTH RISKS AND THEIR AVOIDANCE:

stress and its relation to health – compensation, relaxation and regenerative techniques for overcoming tiredness, reactions to stress and strengthening mental resistance;

**self-destructive addictions** – mental disorders, violence against oneself, **risk behaviour (alcohol, active and passive smoking, weapons, dangerous substances and objects, dangerous Internet), violent behaviour**, difficult situations in life and how to manage them, **criminal activity**, doping in sport;

**hidden forms and levels of individual violence and abuse, sexual criminality** – bullying and other expressions of violence; **forms of sexual abuse of children; youth criminality; communication with professional aid services;**

**safe conduct and communication** – communication with peers and strangers, movement in high-risk environments, danger of communication via electronic media, self-protection and mutual help in risk and in life-threatening situations;

observation of the rules of safety and health protection – safe school environment, health protection during various activities, traffic safety, road and railway traffic risks, relations between road traffic participants, including managing aggressiveness, procedure in case of a road accident (emergency call, securing safety);

**manipulative advertising and information** – influences of advertising, activity of sects

personal safety in emergency situations – classification of emergency situations, alert signals and other methods of warning, basic tasks of population protection, evacuation, post-emergency situation activity, prevention of emergency situations.

#### **5. VALUE AND PROMOTION OF HEALTH:**

**holistic concept of the individual in health and illness** – components of health and their interaction, basic human needs and their hierarchy;

**health promotion and its forms** – prevention and intervention, acting on a change in the quality of the environment and **human behaviour, individual responsibility for health, healthy lifestyle promotion, health promotion programmes.**

#### **6. PERSONALITY AND SOCIAL DEVELOPMENT:**

**self-awareness and self-conception** – relation to oneself, to others; healthy and balanced self-conception, forming the awareness of one's own identity;

**self-regulation and self-organisation of activities and behaviour** – practising self-reflexion, **self-control and self-restraint and managing difficult situations; setting personal goals and the steps to achieve them; assuming value attitudes and decision-making skills in order to resolve problems in interpersonal relationships; helping and prosocial behaviour;**

**mental hygiene** – social skills for preventing and managing stress, seeking assistance when in need;

**interpersonal relationships, communication and cooperation** – **respecting oneself and others, accepting the opinions of others, empathy; behaviour nurturing good relationships, active listening, dialogue, effective and assertive communication and cooperation in various situations, consequences of one's own conduct and behaviour** (FEP EE 2013: 76-78).

A survey "The Implementation of Health Education at Elementary Schools in the Czech Republic", conducted by the Healthy Lifestyle Research Centre at the Faculty of Education of Palacký University, Olomouc in co-operation with the Health Promotion and Education Association, identified thematic areas most thoroughly covered in Health Education lessons (Hřivnová 2013 c). Table 1 shows an overview of the areas. The survey implies that teachers most often care about thematic balance; as far as individual topics are concerned, the issue of healthy eating followed by the prevention of addictions are predominantly covered.



Thematic area	No. of schools in %
<b>Thematic balance</b>	<b>53.9</b>
Diet and eating habits	36.4
<b>Prevention of addictions</b>	<b>36.4</b>
Prevention of bullying, aggressiveness etc.	29.7
First aid and emergency situations	27.9
Reproductive health and sexual education	21.2
Health and its risk and preventive factors	19.4
Movement and movement activities	16.4
Mental health and stress prevention	13.9
Another variant	1.8

**Also, so-called Standards for Elementary Education, in particular those for the educational field Health Education, deserve to be mentioned.**

In connection with the version of FEP EE 2013 in effect, the development of standards and their introduction in the school practice are entering the system. **Standards for Elementary Education** are defined in the FEP EE as follows: *appendix to the → Framework Education Programme for Elementary Education. The standards consist of indicators specifying the expected outcomes* (FEP EE 2013: 14).

At present, the Standards for Elementary Education are approved for educational fields Czech Language and Literature, Mathematics and Its Applications and Foreign Language (English, German, French). The Standards are available at the portal of the Ministry of Education, Youth and Sports of the Czech Republic.

The Standards for Health Education are now only available in a draft version. On the web sites, a draft version of 30 April 2013 (Standardy pro základní vzdělávání – Výchova ke zdraví 2013a) is posted, which was updated as at 30 June 2013 (Standardy pro základní vzdělávání – Výchova ke zdraví 2013b), and the final version is still being reviewed. The task force commissioned by the MEYS consists of members of the Ministry of Education, Youth and Sports, National Institute for Education, National Institute for Further Education, academic sphere for the field of Health Education and representatives of elementary schools and professional associations.

The standards development is motivated by the requirement for the “refinement and specification” of set expected outcomes. The specification of the EOs assumes the form of so-called indicators, five of which are defined on average for one EO. The indicators are formulated using so-called active verbs in perfective aspect in agreement with so-called Bloom’s Taxonomy of

Educational Objectives. Hence, the indicators specify in greater detail what a pupil should accomplish by the end of elementary school in the educational field Health Education. Also, one of the indicator-related requirements is that they must cover all the scope of an expected outcome, i.e. not only its partial components. In addition, the indicators must not “double” in individual EOs, and shall be defined with respect to all three components of personality (bio-psycho-social view) and the cognitive, affective and psychomotor educational objectives in Health Education. The indicators are formulated for education professionals, i.e. for teachers. The wording of the indicators shall be clear, comprehensible and unambiguous. Also, the subject matter defined in the FEP EE 2013 shall be covered in full, and the indicators shall reflect the latest scientific findings.

Illustrative tasks, forming an inseparable part of the standards being developed, have been designed for selected indicators and allow to check accomplishing the indicators, and thus the expected outcomes. For the time being, 1-2 illustrative tasks are offered for one EO (presumably, the bank of illustrative tasks for individual EOs will be extended and made available to teachers).

At present, the illustrative tasks already worked out are designed so that they reflect not only the cognitive, but also affective and psychomotor objectives of education.

The demandingness of current standards should be at so-called minimum level, i.e. the relevant indicators should be accomplished successfully by most (over 80 %) pupils of the 9<sup>th</sup> form.

As mentioned before, expected outcomes 13 and 14 are most closely linked to risk behaviour prevention in the educational field Health Education. That is why examples of Standards of Health Education draft version (Standardy pro základní vzdělávání – Výchova ke zdraví 2013b), are provided below for the expected outcomes 13 and 14.

<b>Educational field</b>	Health Education
<b>Form</b>	9 <sup>th</sup>
<b>Thematic area</b>	
<b>Expected outcome according to FEP EE</b>	<b>VZ-9-1-13</b> The pupil shall put into context the health and psychosocial risks associated with the abuse of addictive substances and young person's life prospects; apply the mastered social skills and models of behaviour when faced with sociopathic phenomena at school and outside of it; seek professional help for himself/herself or others if necessary

<b>Indicators</b>	<ol style="list-style-type: none"> <li>1. the pupil shall provide characteristics of physical, psychological and social addictions</li> <li>2. the pupil shall give reasons why certain addictive substances are tolerated by the society while others are banned; explicate why it is prohibited by law to sell alcohol and tobacco products to people under 18</li> <li>3. the pupil shall provide an overview of basic legal and illegal addictive substances; explicate how the addictive substances are used; explain health and other risks related to the abuse of the substances</li> <li>4. the pupil shall demonstrate suitable ways of refusing addictive substances in a model situation</li> <li>5. the pupil shall discuss non-substance addictions in terms of their influence on a person's health and life (addiction to work, person, gaming and gambling machines etc.).</li> <li>6. the pupil shall search for contacts to specialised centres providing prevention and addiction treatment in the region</li> </ol>																		
<b>Illustrative task</b>																			
Write either letter L or letter I next to each of the addictive substances listed. L = legal (an addictive substance tolerated by law), I = illegal (an addictive substance prohibited by law).																			
<table border="1"> <tbody> <tr><td>Alcohol</td><td></td></tr> <tr><td>Marihuana</td><td></td></tr> <tr><td>Heroin</td><td></td></tr> <tr><td>Coffee</td><td></td></tr> <tr><td>Pervitin</td><td></td></tr> <tr><td>Ecstasy</td><td></td></tr> <tr><td>Tobacco</td><td></td></tr> <tr><td>Cocaine</td><td></td></tr> <tr><td>LSD</td><td></td></tr> </tbody> </table>		Alcohol		Marihuana		Heroin		Coffee		Pervitin		Ecstasy		Tobacco		Cocaine		LSD	
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<b>Notes to the illustrative task</b>	VZ-9-1-13.3																		
<b>Illustrative task</b>																			
Think about the reasons why a young person may start using addictive substances. Discuss with your classmates the reasons and situations leading a young person to using an addictive substance. Based on the discussion, select five most common reasons why a young person may start using addictive substances.																			
<b>Notes to the illustrative task</b>	VZ-9-1-13.5																		

<b>Educational field</b>	Health Education				
<b>Form</b>	9 <sup>th</sup>				
<b>Thematic area</b>					
<b>Expected outcome according to FEP EE</b>	<b>VZ-9-1-14</b> The pupil shall evaluate on the basis of his/her knowledge and experience the potential manipulative influence of his/her peers, the media, sects; apply the mastered defensive communication skills against manipulation and aggression				
<b>Indicators</b>	<ol style="list-style-type: none"> <li>1. the pupil shall express in his/her own words how certain social groups or individuals can manipulate other people and specify possible risks of manipulation</li> <li>2. the pupil shall clarify the need of a critical approach to the media information</li> <li>3. the pupil shall analyse the information on products packaging and other available information materials; assess the truthfulness of statements in specific advertisements</li> <li>4. the pupil shall name the rules of assertive communication; apply the assertive and other communication skills in model situations to defend himself/herself against manipulative influences</li> <li>5. the pupil shall discuss manipulation and aggressive behaviour; give examples of possible solutions for the victim of manipulation or aggression (e.g. contacts to professional aid)</li> <li>6. the pupil shall adhere to the rules of safe behaviour on the Internet or social networks</li> </ol>				
<b>Illustrative task</b>					
Match the words with individual roles in the table: emotional blackmail, compromise, well-meant advice, threatening, proposal of a solution, pressure, continuous surveillance, objective criticism.					
<table border="1"> <tr> <td>MANIPULATOR</td><td>FRIEND</td></tr> <tr> <td></td><td></td></tr> </table>		MANIPULATOR	FRIEND		
MANIPULATOR	FRIEND				
<b>Notes to the illustrative task</b>	VZ-9-1-14.1				
<b>Illustrative task</b>					
Circle the rules in conflict with the rules of safe behaviour on the Internet and social networks: <ol style="list-style-type: none"> <li>a) I shall report an inappropriate or dangerous text I have found on the Internet to specialists, e.g. at: <a href="http://aplikace.policie.cz/hotline/">http://aplikace.policie.cz/hotline/</a>;</li> <li>b) When chatting, I shall only give my real address to a person who has given me his/hers;</li> <li>c) I shall not use facebook before my 13<sup>th</sup> birthday;</li> </ol>					

d) In principle, I shall not reply to offensive, rude or vulgar e-mails and messages; e) I shall never open attachments to e-mails delivered from unknown addresses; f) I shall send photographs of mine, in particular intimate ones, only to my best friends; g) When using facebook, I shall always bear in mind that all my photographs and personal information will be stored there even after I cancel my account.	
<b>Notes to the illustrative task</b>	VZ-9-1-14.6

## EDUCATION OF PUPILS WITH SPECIFIC EDUCATIONAL NEEDS AND A LINK TO RISK BEHAVIOUR PREVENTION

An appendix to the Framework Education Programme for Elementary Education is concerned with the education of pupils with special educational needs. The group of pupils with special educational needs includes pupils with disabilities (physical disability, visual and/or hearing impairment, mental retardation, autism, speech impediments, simultaneously handicapped with multiple disabilities and learning or behavioural developmental disorders), and physically handicapped pupils (physical debilitation, long-term illness and mild health disorders leading to learning and behavioural problems). **The group also includes socially disadvantaged pupils (coming from a family background with low socio-cultural position, at risk of sociopathic phenomena, having court-ordered institutional care or education in a juvenile correction institution and pupils in refugee status and asylum-seekers).**

Obviously, risk behaviour shall only be prevented in the last group. In terms of education of socially disadvantaged pupils, the FEP EE pays special attention to the conditions of education of pupils from different socio-cultural backgrounds, but also to **pupils coming from a family background with a low socio-cultural and economic position that are most at risk of sociopathic phenomena.**

According to the FEP EE 2013, the following conditions shall be fulfilled for the education of socially disadvantaged pupils to be successful:

- individual or group care;
- preparatory classes;
- help of an assistant teacher;
- a smaller number of pupils in the class;
- corresponding methods and forms of work;
- specific textbooks and materials;
- regular communication and feedback;

- cooperation with a psychologist, special education teacher – child behaviour-disorder specialist, social worker or other specialists (FEP EE 2013: 126-128).

However, the educational objectives, key competencies, expected outcomes and subject matter are identical for these pupils, which is also the case of the educational field Health Education.

To conclude the issue of introduction of risk behaviour prevention in the education of pupils at Czech schools, in particular in the educational field Health Education, it can be stated that health education has its place in the education of pupils (and even pupils with specific educational needs). The survey “The Implementation of Health Education at Elementary Schools in the Czech Republic”, conducted by the Healthy Lifestyle Research Centre (Centrum výzkumu zdravého životního stylu) at the Faculty of Education of Palacký University, Olomouc, in co-operation with the Health Promotion and Education Association, showed, among others, that 95% of elementary school head-teachers consider it meaningful to educate pupils in this field, and 70 % of them think that health education can impact on the society as a whole (e.g. through the decrease in the incidence of risk behaviour and other undesirable phenomena) (Hřivnová 2013 a, b, c, d).

## **PROFESSIONAL INSTITUTIONS INVOLVED IN THE PREVENTION OF RISK BEHAVIOUR IN CHILDREN AND YOUTH**

There is a whole range of professional institutions involved in the risk behaviour prevention. These are both governmental and nongovernmental institutions. As far as the role of the government is concerned, an important position belongs to the Ministry of Education, Youth and Sports of the Czech Republic (MEYS) which has set primary prevention of risk behaviour as one of its priorities. In the field of prevention, the MEYS holds responsibility, among others, for the conception, content and coordination of specific primary prevention, works out methodical materials for selective primary prevention and prepares legislative materials, organises work meetings with regional school coordinators of prevention, prevention methodologists in pedagogical-psychological counselling centres and employees of educational care centres working in the field of primary prevention. Furthermore, it certifies the professional competence of risk behaviour primary prevention programmes, cooperates with professional associations, pedagogical initiatives and nongovernmental organisations working in the field of specific primary prevention of risk behaviour. ([www.msmt.cz](http://www.msmt.cz)).

In order to ensure effective communication with all the institutions or individuals involved, the MEYS has established a web portal *Prevence-info.cz* for those who are engaged in primary prevention and strive to implement activities aimed at preventing risk behaviour-related problems and consequences, or possibly minimising their effect (*Prevence rizikového chování*).

The MEYS coordinates the risk behaviour prevention activities both on a horizontal and vertical level. On the horizontal level, the prevention assumes the form of a close co-operation with the Ministry of Health, the Ministry of the Interior (National Crime Prevention Committee), the Office of the Government of the Czech Republic (Government Council for Drug Policy Coordination). On the vertical level, the MEYS leads and coordinates the activities of regional school coordinators of prevention, prevention methodologists (employees of pedagogical-psychological counselling centres) and school prevention methodologists through regional school coordinators and methodologists of prevention. The MEYS also allocates on average CZK 20 million to the implementation of activities in the field of the prevention of risk behaviour in children and youth. Projects subsidised from this grant scheme are mainly projects of schools and educational facilities, projects of services for schools and educational facilities and information delivery projects ([www.msmt.cz](http://www.msmt.cz)).

In addition to the governmental institutions engaged in the primary prevention, there are also nongovernmental institutions in the Czech Republic. The nongovernmental organisations dealing with the youth's risk behaviour prevention include, among others, civic associations as per Act no. 83/1990 and public benefit companies as per Act no. 245/1995. The MEYS registers approximately 90 of these institutions in the Czech Republic. In the Olomouc region, this applies to the following organisations: E.g. Kappa Help, Pontis Šumperk, P-centrum Olomouc and Sdružení Podané ruce (*Prevence rizikového chování*).

Using the P-centrum civic association as an example, we shall now explicate the activities of these associations and societies. P-centrum Olomouc provides services in the field of care of families with children, works with endangered families with children in the U Mloka family centre, provides people addicted to drugs, alcohol, and gambling and their relatives with outpatient treatment and counselling, offers clients after drug-addiction treatment follow-up programmes, including sheltered flats, and also implements programmes of primary antidrug prevention for schools. In this area, P-centrum presents itself as a professional centre providing services in the sphere of specific primary prevention to class teams at elementary and se-

condary schools, individual pupils, parents, education professionals and university students mainly in Olomouc Region. The aid is based on a comprehensive preventive programme reflecting the “KAB” model, i.e. affecting not only children’s knowledge but also their skills and attitudes. Preventive programmes promoting healthy lifestyle and focused on legal as well as illegal drugs are adapted to the current situation at the place of the client’s residence (school). The main objective of the educational activities is to deepen and extend teachers’ knowledge and skills in the field of work with children prone to risk behaviour. The association also trains school methodologists of prevention so that they are capable of identifying pupils at risk and recommending intervention preventive programmes for pupils and classes (p-centrum.cz).

## CONCLUSION

Based on the analysis of the Framework Education Programme for Pre-school Education and Framework Education Programme for Elementary Education, it can be stated that the issue of risk behaviour prevention has a firm place in curricular documents, and manifests itself most predominantly at Stage 2 of elementary education. The topics are fully integrated in both the expected outcomes and the subject matter and even in the newly developed Standards of Health Education in the Framework Education Programme for Elementary Education, in the educational area Human and Health and the educational field Health Education. Risk behaviour prevention is also emphasised in “Appendix D” of the FEP EE 2013 that governs, among others, the education of socially disadvantaged pupils who are most often at risk of social-pathological behaviour.

The general, selective and indicated prevention in the Czech Republic is also covered by both governmental and nongovernmental professional institutions. On the governmental level, the Ministry of Education, Youth and Sports plays a vital part as a coordinating body; on the nongovernmental level, non-profit organisations, such as civic associations and public benefit societies, are also important.

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### Summary

Since 2007 education in the Czech Republic has followed a new curricular document called the Framework Education Programme for Elementary Education. This document has been amended and reviewed several times, most recently in September 2013. The key competencies that elementary school students should acquire include communicative competency, social and personal competency and civil competency. Their development is also supported by the educational area Man and Health and the educational field Health Education. The specific expected outcomes and content of this field of study include a very wide issue associated with health care in all bio-psycho-social aspects, promotion of healthy lifestyle and elimination of risk factors. They also include personality and social development and social issues including the prevention of risk behaviour and social-pathological phenomena. These issues are addressed both in the context of the education of pupils without specific educational needs and pupils with specific educational needs, e.g. at special schools. In the context of cooperation between educational institutions and professional subjects, particularly primary, but also the secondary and tertiary prevention, involves searching for an optimum solution in the area of risk behaviour or social-pathological phenomena.

**Key words:** Framework Education Programme for Elementary Education, key competencies, Health Education, expected outcomes, a pupil with specific educational needs, risk behaviour (social-pathological phenomena), primary prevention, professional institutions