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Child and Adolescent Development in a School-Based Health Promotion and Prevention Perspective

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TRANSLATION

Anglocom

Foreword

This document addresses aspects of a framework for integrated health promotion and prevention (promotion-prevention) actions in schools. It targets professionals from the education network and the health and social services network who work in or with schools. The framework is in keeping with diverse actions deployed over the last 15 years that aim to make the school a setting where actions are planned to sustain health, well-being, and success. This foreword summarizes the steps that have led to the development of this framework.

A shared area of responsibility between education and health

Since 2003, promotion-prevention in Québec schools has been under the purview of the Agreement for the Complementarity of Services between the Education Network and the Health and Social Services Network[1,2]. The Agreement covers children and youth at the preschool, elementary, and secondary levels of the public and private school networks. In keeping with a population-based approach, it addresses all dimensions of intervention targeting young people's development, through a continuum that incorporates health promotion and prevention actions, as well as adaptation and rehabilitation services.

The Healthy Schools Approach was initially designated as the primary method of implementing the promotion-prevention component of the Agreement[3]. Many regional and local initiatives have been undertaken under the Healthy Schools Approach. Various research studies and guidelines have also been published[4–12].

Findings resulting in a reconsideration of interventions by health subjects

Evaluations of the implementation of the Healthy Schools Approach have confirmed the value of actions in this area. However, the following findings have emerged:

1. Promotion-prevention initiatives in Québec schools, while plentiful and proliferating, are often one-time actions, are sometimes improvised, and rely greatly on the willingness of a handful of actors ("champions")

2. These initiatives most often occur at the sidelines of the educational program and schools' aims and objectives (e.g. Educational project, success plan), instead of enhancing learning

3. Schools are having difficulty coordinating the multitude of proposed measures and programs, particularly as these were designed based on various health subjects, resulting in fragmented interventions, accentuating the "silo" effect

Furthermore, health and education network stakeholders have expressed a need for user-friendly tools that clearly identify desirable actions to implement throughout young people's schooling (which interventions are effective and at what grade level?) and benchmarks for more integrated interventions that are better adapted to the realities of schools. A significant achievement toward this goal was the publication of a synthesis of recommendations from health and education experts[a] [13]. However, due to the scope of the synthesis and the recurrence of recommendations, this synthesis is not very user-friendly. In addition, the organization of recommendations by subject (in silos) does not facilitate consistency among practices and among stakeholders.

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[a] The subjects addressed in the synthesis are as follows: self-esteem, harmonious relationships and violence prevention, healthy eating, physically active lifestyle, tobacco abstinence, hygiene (sleep, hygiene, and oral health), alcohol and drugs, games of chance and gambling, safe environments and behaviours, mental health, healthy and responsible sexuality, school-family-community collaboration.

In response to these findings, MSSS (Ministère de la Santé et des Services sociaux) and MÉES (Ministère de l'Éducation et de l'Enseignement supérieur) established a joint work plan (2011-2013)[b] to support the two networks in implementing more integrated actions. INSPQ (Institut national de santé publique du Québec) was mandated specifically to develop a model for integrated interventions and, based on this model, to identify expert recommendations that are common to the various health themes (subjects), in partnership with the ministries[14]. This undertaking resulted in a framework for the health, well-being, and success of young people.

A framework based on a competency approach

The framework is a continuation of the Healthy Schools Approach. The overall goal of the framework is to **support the positive development** of school-aged youth through synergetic actions between the two networks (health and education) at all levels (local, regional, provincial). It is innovative in that it incorporates a competency approach. Seven personal and social competencies were identified through analysis of the expert recommendations published in 2012 by INSPQ[13]. This calls for an intervention perspective centered on the life situations faced by young people at various times during childhood and adolescence (e.g., stress associated with new social and academic requirements in Grade One; challenges of work–school balance in Grade Five).

All the dimensions of the framework will be available in the near future. A conceptual model and the theoretical underpinnings of the model are set out in a report, available in French only, entitled "Pour des interventions intégrées et efficaces de promotion et de prévention en contexte scolaire: assises théoriques, modèle et savoirs incontournables"[14]. Further details on the analyses used to identify the competencies, the specific knowledge, attitudes and skills to be acquired at each grade level, and the most promising actions needed in young people's living environments are forthcoming.

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[b]   For more details, see *Entente MSSS-MELS. Des services accessibles et complémentaires. Priorités nationales et plan de travail 2011-2013*.

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Key Messages

A framework for integrated health promotion and prevention actions based on a competency approach

The framework for integrated promotion and prevention actions in schools seeks to promote the development of competencies that contribute to academic success and are common to a range of subjects related to health and well-being. It is aimed at counteracting the tendency to compartmentalize actions (e.g., healthy eating, sexuality). The framework also lays out the organizational conditions that promote synergy between stakeholders as well as key actions to deploy and knowledge (knowledge, attitudes and skills) to be acquired at different stages in the child's development and school career.

A positive, comprehensive intervention strategy based on the development of personal and social competencies

The framework's intervention strategy has three guiding principles: 1) Act according to a positive and continuous vision of development 2) Focus on the development of personal and social competencies, and 3) Take a comprehensive approach to intervention.

This requires ongoing deployment of various types of actions that shape children's and adolescents' school and community settings (e.g., actions that make schools a place of emotional safety and positive relationships, schools and communities that encourage responsible lifestyle choices, and so on). The intervention strategy is also aimed at deploying educational actions at the right time.

A judicious mix of educational actions and actions targeting settings helps young people develop seven key competencies: self-knowledge, managing emotions and stress, seeking help for oneself and for others, adoption of prosocial behavior, making informed choices about lifestyle habits, managing social influences, and social engagement.

Clear guidelines for deploying educational actions based on development stages and the situations young people face

Young people develop cognitively, socioemotionally, and physically. They must adapt to the increasing demands of school and face a range of situations that can affect their health, well-being, and academic success. To identify what types of knowledge should be prioritized at each step of the school career, the framework takes all these development aspects into account as well as the intentions underlying the educational actions that foster the acquisition of health-related knowledge.

In Secondary Cycle One, for example, educational actions must help young people both adopt daily routines that are conducive to healthy lifestyles and appreciate the effects of social influences (peers, media) on these choices. This means young people must acquire specific knowledge on the impact of lifestyle on health and academic success (particularly smoking, drugs, alcohol, and sleep).

Summary

Background

Health and academic success are intricately interconnected and require integrated actions. But making sure these health promotion and prevention actions consistent, continuous, and are embedded in the school's regular practices is a challenge for those in the education and health and social services networks. MSSS (Ministère de la Santé et des Services sociaux), MÉES (Ministère de l'Éducation et de l'Enseignement supérieur), and INSPQ (Institut national de santé publique du Québec) have therefore launched an initiative to assist in the planning and execution of better-integrated actions and have updated their framework in this regard. The framework identifies key actions to be taken and knowledge (knowledge, attitudes and skills) to be acquired by youth at different stages in their development and academic careers to ensure better coordination of the actions required to support positive development in school-aged children.

Intervention strategy

The framework sets out an intervention strategy based on the following principles: 1) Act according to a positive and continuous vision of development 2) Focus on action strategies that foster the development of personal and social competencies common to several health subjects and contributive to school success, and 3) Take a comprehensive approach to intervention. The goal of this strategy is to equip young people to handle situations they face at various stages in their development and academic careers.

This requires taking action that shapes young people's school, family, and community settings as well as deploying educational actions based on the knowledge to be acquired in each specific year or school cycle.

Seven personal and social competencies are targeted by these actions, which to be effective, must be tailored to the young person's age and development stage, and the situations he or she may be facing. These competencies are self-knowledge, managing emotions and stress, seeking help for oneself and for others, adoption of prosocial behavior, making informed choices about lifestyle habits, managing social influences, and social engagement.

Development stages and domains

During childhood (ages 4 to 9) and adolescence (ages 10 to 17), young people go through a number of cognitive, socioemotional, and physical stages of development. They also must adapt to increasing demands from school and face, depending on their age, a variety of situations that can affect their health and safety. The framework takes into account all these development aspects.

This document sets out what young people must accomplish in each school cycle to develop satisfactorily. It also specifies the intentions that must guide educational actions and the ways of shaping young people's school, family, and community settings in order to help them develop personal and social competencies and to provide healthy, caring, and safe environments.

Development stages by school cycle: childhood

Childhood is marked by the start of school and increasing independence. The influence of the family, while still very prevalent, makes way for closer relationships with peers and adults other than the parents. Thus, many new experiences present themselves to children in a variety of settings (school and community).

Reasoning, attention, and linguistic abilities develop, allowing academic learning and social skills to progress. Physical growth and motor development allow children to engage in a wide range of activities. Lifestyle habits (sleep, healthy eating, physical activity, and so on) are still largely under the control of adults, but the child starts to make certain choices.

At each development stage and depending on the situations experienced at the ages corresponding to each school cycle, children must accomplish various tasks. They must first successfully enter preschool (ages 4 to 6) and adapt to the social and academic requirements of Elementary Cycle One (ages 6 to 8). In Elementary Cycle Two (8 to 10), they will probably have to resolve situations that bring their self-esteem, their sense of competence, sex-based stereotypes, interpersonal conflicts, and safe sports behavior into play.

Identifying these situations and tasks helps determine key knowledge and plan educational actions for each cycle based on specific intentions. For example, here are some of the educational actions that should be taken in Elementary Cycle 1:

- Enable children to meet school requirements

- Help children contribute to positive relationships (i.e., recognize their own contribution and that of others, comply with rules, express their emotions and opinions appropriately, have an open attitude, develop their confidence within a group)

Development stages according to school cycle: adolescence

Adolescence is a period characterized by the development of independence, experimentation, identity concerns, and risk-taking. It is marked by a number of transitions, such as puberty and the transition from elementary school to secondary school.

Most adolescents thrive, and manage to deal with all of these situations through suitable adaptation strategies and the support of their families, the school, and the community. However, it is a period of increased vulnerability due to the lag in the development of certain brain areas relative to others. Areas more sensitive to emotional stimuli (e.g., the need to be accepted and admired by peers) mature more quickly, while those associated with decision-making, anticipating consequences, and controlling impulses take longer to mature.

Starting in Elementary Cycle One (ages 10 to 12), adolescents—especially girls—must deal with the first signs of puberty and develop a positive body image during this important period of physical transformation. At this stage, adolescents also become aware of their social roles, explore their identities, affirm their personalities, and develop more exclusive friendships. Previous school experiences contribute to their feeling of academic competence, which can fluctuate during this cycle.

Secondary Cycle One (ages 12 to 14) coincides with the transition to secondary school, which takes a certain amount of adjustment. At this stage, adolescents seek to enrich their social networks, identify with social groups, forge positive ties, and should do so while being respectful of diversity. Young adolescents want more freedom to make their own decisions, spend less time under adult supervision, and start to manage their sleep time, diet, and physical activities. They must learn to handle social influences on their choices and behavior.

In Secondary Cycle Two (ages 14 to 17), adolescents begin the transition to adulthood. They start thinking about their future as a student or as a worker and are able to maintain intimate relationships and to become socially engaged. They must also become increasingly responsible for their health and well-being.

Based on adolescent development and experiences at this age, key educational actions in Secondary Cycle One should take into account the following intentions:

- Help them develop or strengthen their strategies for resisting negative influences and analyze the effects of social influences on their choices (with an emphasis on cigarettes, drugs, and alcohol)

- Foster habits that are beneficial to their health, well-being, and success

Actions that shape settings where young people spend their time

Actions that shape the settings of everyday life complement educational actions because they also help young people develop the seven competencies described above. They also help create and maintain healthy, caring, and safe settings. However, they are less tied to specific development stages and therefore can be deployed continuously.

Seven action categories have been identified, based on the synthesis of recommendations released in 2010 and other recent documentation. These settings-based actions can be of various types. They are initiated by the school or, depending on their type, in cooperation with its partners in the community. These actions provide young people with:

- A school that favour emotional security and positive relationships

- A school that fosters parent involvement in young people's learning

- A school, with the community, that facilitates school transitions

- A school, with the community, that supports youth in difficulty

- A school, with the community, that promotes physical safety

- A school, with the community, that promotes the social engagement of youth and their families

- A school, with the community, that promotes responsible lifestyle choices

1 Introduction

Health promotion and prevention in the school context aims to ensure that schools are settings where planned actions simultaneously support young people's health, well-being, and success.

There is strong consensus that a positive correlation exists between health and education. Children in good health generally achieve better school results, and higher educational levels are associated with better health in adults[15–18]. Several studies also show significant links between young people's lifestyle habits and their cognitive development, attention capacity, and learning ability[19–21]. Likewise, young people's ability to control their behaviours and to demonstrate social skills (e.g., respect, cooperation) is associated with better academic performance in basic subject areas[22,23]. Moreover, numerous studies illustrate how the quality of the school setting—whether through instructional practices, the teacher–student relationship, or the school climate—has an impact on reducing risky behaviours, developing healthy lifestyle habits, and fostering young people's success[24,3,25]. For example, strong teacher–student bonds contribute to a positive perception of school, promote self-esteem, and increase academic motivation.

In order to foster the health and well-being of youth, a number of actions (projects, programs, and other initiatives) are deployed in schools by teachers and other professionals from the health and social services network and from the education network. These actions address diverse subjects: promotion of a healthy lifestyle (in the areas of healthy eating, physical activity, sleep, hygiene, oral health, safe behaviours); development of social skills, of a positive body image, of appropriate means of coping with stress and of positive mental health; prevention of suicide, violence, cyberbullying, sexual assault, early sexualization, sexually transmitted diseases, non-intentional injuries, tobacco use and consumption of other psychoactive substances, etc.

All of these subjects are of interest. However, for schools, which are solicited from all sides, this can create an overload. It can also become difficult to coordinate a multiplicity of actions so that they complement each other (and aren't redundant or contradictory), are continuous, are age-appropriate for youth and reflect the situations they face, and are in keeping with what is known to foster school success. In addition, many of these actions are not embedded in the regular practices of the school, such as the development of the school's educational program or the planning done by teachers.

In response to these challenges, MSSS (Ministère de la Santé et des Services sociaux), MÉES (Ministère de l'Éducation et de l'Enseignement supérieur), and INSPQ (Institut national de santé publique du Québec) have developed a framework for integrated action in health promotion and prevention in the school context.

The overall goal of the framework is to **support the positive development** of school-aged youth through synergetic actions between the two networks (health and education) at all levels (local, regional, provincial). More specifically, it aims to provide young people with the necessary tools for dealing effectively with the life situations they face with respect to health, well-being, and success.

To this end, the framework:

- focuses on the development, throughout the school years, of competencies that are common to various subjects associated with health, well-being and success

- sets out the organizational conditions for embedding actions in the regular practices of schools, maintaining consistency of action, and fostering cooperation among stakeholders; and

- identifies the knowledge, attitudes, and skills specific to each school year (e.g., body image in Grade 5, mental disorders in Secondary 3), as well as the actions to put in place to make settings healthy, caring, safe, and conducive to learning

Better embedding of promotion and prevention actions in the regular practices of school personnel can facilitate implementation and sustainability. By identifying competencies that are common to health, well-being, and success, the framework addresses diverse health subjects in an integrated way, streamlining intervention. The framework thus helps reduce the fragmentation of actions, their redundancy or their deployment "in silos". The identification of promising actions and of the knowledge, attitudes and skills required by youth, according to age, fosters harmonious development in all domains (cognitive, physical and socioemotional). In addition, it is conducive to continuous and coherent action throughout the school years.

Aims of this document

The first section has three aims:

- Outline what is meant by a positive and continuous vision of development and its implications for intervention

- Argue for a focus on the development of personal and social competencies and define those set out in the framework

- Lay out the types of actions put forward by the framework to ensure a comprehensive approach fostering the development of competencies in youth

The second section highlights what is required of youth at each school cycle for satisfactory development. It provides an overview of developmental stages and domains considered within the framework. It also lists milestones for youth ages 4 to 18 for each of the school cycles in the Quebec Education Program. The challenges, tasks, transitions, and/or situations specific to each cycle are described, as are their links to health, well-being, and success. For each cycle, a conclusion summarizes the intentions that must underlie educational actions in support of the development of personal and social competencies.

2 The intervention perspective in health promotion and prevention in schools

The intervention perspective taken by the MSSS-MÉES-INSPQ framework is guided by three complementary objectives: 1) act according to a positive and continuous vision of development 2) focus on action strategies based on the development of personal and social competencies that are common to a number of health subjects, and 3) take a comprehensive intervention approach.

2.1 Act according to a positive, continuous vision of young people's development

Traditionally, researchers have studied the various components of a person's development—such as cognition, emotions, or physical maturation—separately, and then attempted to rebuild the overall picture. Moreover, health being generally understood from the perspective of the absence of "problems" or illnesses, emphasis has also been placed on understanding known threats to development: malnutrition, violence and mistreatment, teen pregnancy, drug addiction, and school failure. Concerning adolescents in particular, the tendency has been to portray them in caricatured fashion as potential delinquents that need to be protected from themselves through better understanding of the causes of delinquency and the etiological factors affecting social development[26–30].

In response to this model, a more positive and dynamic approach to human development has gradually taken hold over the last thirty years. According to this perspective, all people—at all ages—have a development potential that can be effectively leveraged[31–34].

> Research suggests that universal interventions targeting young people's positive development have **a variety of beneficial impacts** and **greater potential to be effective** than interventions using deficit-centred approaches, including for disadvantaged youth.

This approach also calls for the consideration of four important points:

- Human development is a comprehensive process. All the dimensions of development (physical, social, and emotional) are interwoven. In other words, child and adolescent development is a gradual and simultaneous process of building all dimensions of a person[35,36].

- Human development does not take place in a vacuum. It is the result of a dynamic process between individual characteristics and the material and social resources available to people. The potential of each individual to have a successful and healthy personal life and become an active member of society is influenced by the opportunities provided by the settings of everyday life (family, school, community). Conversely, as people become older, they alter the physical, sociocultural, political, and economic environments in which they live[28,36,37].

- Human development is a continuous process. A person's potential develops throughout his or her lifetime. Each stage of life has its share of adjustments and may require one to draw on new or adapted competencies[38].

- Over the lifecourse, the early childhood stage and transitions are "sensitive" times that offer a multitude of learning opportunities, but are also likely to place individuals in situations of greater vulnerability[39–41].

In our perspective, intervening with children and adolescents according to a positive vision presupposes intervention for **all young people** throughout this period. **These interventions should start as early as possible and take into account transitions throughout the lifecourse**. Particular care must be taken with respect to individuals and groups experiencing socioeconomic vulnerability.

This approach also requires a focus on protective factors. **Personal and social competencies** that enable youth to deal with life situations they are likely to encounter are such protective factors. Likewise, the **material and social resources available** to youth are also protective factors, since they underpin the development of these competencies and foster empowerment of individuals.

2.2   Focus on action strategies based on the development of personal and social competencies

The **competency-based approach** emphasizes the development of young people's ability to make practical use in life situations of their **personal resources** (knowledge, attitudes, and skills) and the **material and social resources** available to them in their environments (e.g., protective equipment, educational material, resource persons, services, places that are calm and secure, etc.)[42–45].

These competencies (see Table 1) are common to a number of health subjects. The "Managing social influence" competency is a good example of their transversal quality. Mastering this competency enables young people to deal with situations such as those associated with the use of protective equipment when practicing sports (unintentional trauma), wearing a condom (sexuality), or refusing to use psychoactive substances (alcohol, drugs, etc.). Such situations occur at different times in young people's development (as Figure 1 shows) and this timing has an impact on which health subjects to raise and when (e.g., raise the issue of social influence management in connection with alcohol use in Secondary Cycle One and with safe sex practices in Secondary Cycle Two).

It should also be noted that the competencies are complementary and interdependent. The situations mentioned here about protective equipment use and substance use also draw on the "making responsible lifestyle choices" competency.
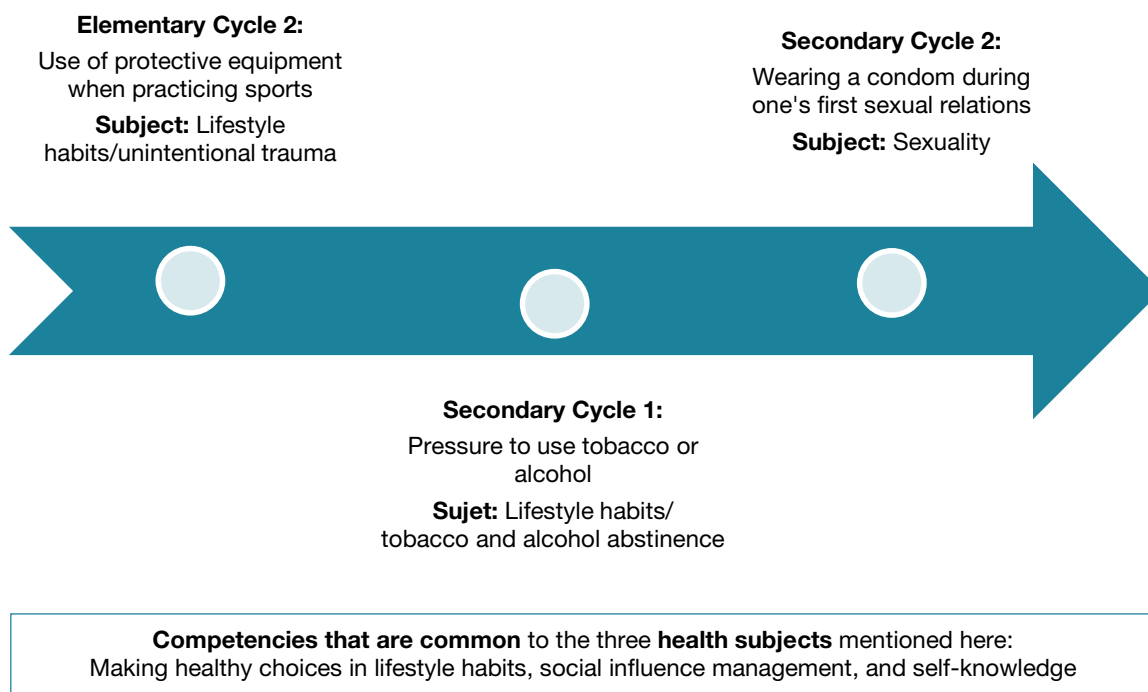
Table 1   The seven competencies identified in the framework and their definition

Competency	Definition
Self-knowledge	Set of characteristics and personal traits, values, and roles that youth recognize as being an intrinsic part of themselves (e.g., tastes, interests, qualities, faults, limitations, strengths, physical characteristics, academic aspirations, etc.). It is not truly a competency in itself, but is of key importance in the development of the other competencies.
Managing emotions and stress	The capacity of youth to cope with stressful or difficult situations. Managing emotions and stress involves understanding their sources, as well as their consequences for success and health, using an appropriate vocabulary to express feelings, and using strategies that are adequate for oneself and not disruptive for others (e.g., relaxation techniques).
Seeking help for oneself or others	Actions to take when a young person or someone in their life is in a situation where the demands upon them exceed their ability to respond. In order to seek help, the youth must identify situations where help is required, understand the barriers to seeking help, seek out useful information, and consult resources in connection with the situation (persons, organizations).
Adoption of prosocial behaviours	Behaviours and attitudes that show consideration for the needs and points of view of others (respect for others and the environment, appropriate communication, cooperation, sharing, openness, empathy) and that characterize positive interactions with others (initiating and maintaining relationships, resolving interpersonal conflicts).
Making informed choices about lifestyle habits	Young people's ability to adopt healthy lifestyle habits, i.e., 1) putting into perspective situations where choices must be made (in connection with eating, sleep, physical activity and safe transportation, hygiene, use of tobacco and other psychoactive substances, and sexuality) 2) grasping the consequences of one choice over another for their personal health, well-being, or success, and 3) setting goals and taking steps to achieve them.
Managing social influences	Young people's ability to resist negative influences and to act as positive models. This requires an understanding of social influences (distinguishing between positive and negative influences, sources of influence, stereotype construction). It also involves understanding the social consequences and potential effects of such influences on health, well-being, and success; taking a critical look at the messages conveyed in society; and using refusal strategies.
Social engagement	Young people's ability to participate actively in decision-making and actions promoting their health, well-being, and success. The actions taken by youth should have an impact on themselves and on the community. Young people's involvement in creating or strengthening favourable environments contributes to their empowerment.

A number of studies show the value of the competencies identified in the proposed framework. In particular, socioemotional competencies (prosocial behaviours, emotional management) play an important role in the achievement of young people's health and well-being objectives (Obradovic and Masten, 2007; Schulenberg et al., 2004). Mastering these competencies leads to more positive social relationships, a decrease in emotional distress (stress, depression), and a decrease in risky behaviours (violence, tobacco use, alcohol and drug use, unsafe sexual practices)[46–50,34,51,33,52–56].

There is also growing evidence of the impact of personal and social competencies on academic skills and school success. For example, pupils with a greater capacity to manage stress use better work methods and show greater persistence in school. Likewise, making informed choices about lifestyle habits requires problem-solving skills, and pupils who master these skills obtain better grades[23,57,58].

Figure 1   **Examples of situations specific to different ages and school cycles, associated with different health subjects that call for three common competencies**

Elementary Cycle 2:
Use of protective equipment when practicing sports
Subject: Lifestyle habits/unintentional trauma

Secondary Cycle 2:
Wearing a condom during one's first sexual relations
Subject: Sexuality

Secondary Cycle 1:
Pressure to use tobacco or alcohol
Sujet: Lifestyle habits/ tobacco and alcohol abstinence

Competencies that are common to the three **health subjects** mentioned here:
Making healthy choices in lifestyle habits, social influence management, and self-knowledge

2.3   Comprehensive approach, integrated and effective actions

Numerous studies that have examined the effectiveness of interventions indicate that those using a comprehensive approach are more likely to achieve sustainable change[59–62].

By "comprehensive approach," we mean action strategies that strengthen people's potential while at the same time creating favourable environments. For this reason, the framework takes an ecosystemic perspective. Such an approach considers youth and their families, schools, and communities throughout their school years.

Hence, **the development of competencies is not limited to engaging individual responsibility through educational actions targeting young people**. Rather, it occurs by way of a consistent combination of educational interventions and actions that shape the settings where young people spend their time ("settings-based actions").

Educational interventions are to have clear objectives and follow appropriate instructional methods. They must also refer to meaningful content based on the young person's age, and allow for the transfer of knowledge to other situations[60,63,64].

Settings-based actions play a crucial role as they allow for the provision of material and social resources that youth require to develop and exercise their competencies (e.g., the availability of sporting equipment and healthy food options is necessary to carry out healthy lifestyle choices)[14].

The settings-based actions proposed in the framework are varied in nature. They are the work of the school and in some cases, they can be carried out in collaboration with its community partners. Table 2 provides an overview of these actions[c].

Table 2 **Categories and examples of settings-based actions proposed in the framework**[d]

Actions that help to provide young people with:	
A school that favours emotional safety and positive relationships	Welcoming and warm attitude toward young people and their parents, facility design that fosters well-being, enforcement of a school code of conduct, valuing students and their accomplishments, taking advantage of all opportunities for young people to demonstrate and observe prosocial behaviours, providing social and emotional support daily through measures that encourage young people to seek help and share their experiences.
A school that fosters parent involvement in young people's learning	Measures to facilitate parent participation in following young people's learning and their involvement in young people's educational success, such as effective communication with families (e.g., providing parents with information on the school's educational project, assessment measures, and homework requirements); encouraging families to adopt practices that reinforce school actions (e.g., a sleep routine conducive to learning).
A school, with the community, that facilitates school transitions	Warm welcome and open communication, school organized to foster group stability and continuity from one cycle to the next, and collaboration with early childcare services.
A school, with the community, that supports youth in difficulty	Guidance and referral to services provided at school or in the community, and actions to raise awareness among all young people about the existence of these resources; consideration of economic inequalities through measures that preserve dignity; support for people experiencing specific situations, e.g., students from immigrant families; respect for confidentiality.
A school, with the community, that promotes physical safety	Development of supervision and emergency plans, management of student circulation, compliance with safety and sanitary standards, measures to ensure safety of movement in the vicinity of the school and in places where young people gather.
A school, with the community, that promotes the social engagement of youth and their families	Opportunities to participate in school life, decision-making within the school, increasing school recognition, or to become involved in a cause.
A school, with the community, that promotes responsible lifestyle choices	Provision of a range of activities that meet a variety of interests, availability of the necessary equipment, sharing of facilities with the community, healthy food choices, maintenance of a smoke-free environment, timetables and transportation that promote good sleep habits, learning, and healthy eating.

These actions also help to create and maintain settings that are healthy (fostering young people's health and facilitating their access to services, as required), caring (pleasant, welcoming, and

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[c]   As with the competencies, these actions are drawn largely from an analysis of the synthesis of recommendations by Palluy (2012), which have been supplemented with more recent research. The methodology will be made available in a forthcoming document.

[d]   In the interests of brevity, we have adopted a format for presenting these actions that may differ from the one published by our Ministry partners, who differentiate between "school," "school-family," and "school-community" actions. However, the actions summarized here are faithful to the intentions of the joint framework.

providing recognition and support for youth, school staff, families, and other community members) and safe (where young people are protected from danger). Such actions also contribute to enabling learning.

Overall, these actions contribute to the development in young people of:

- A sense of physical and emotional security

- A sense of belonging

- A feeling of competence and efficacy

- Autonomy, social engagement, and a sense of responsibility

- Lifestyle habits that foster health, well-being, and success, including the adoption of safe behaviours

Figure 2 illustrates how educational and settings-based actions underpin the development of competencies and contribute to favourable environments.

Figure 2   Actions that support the development of competencies
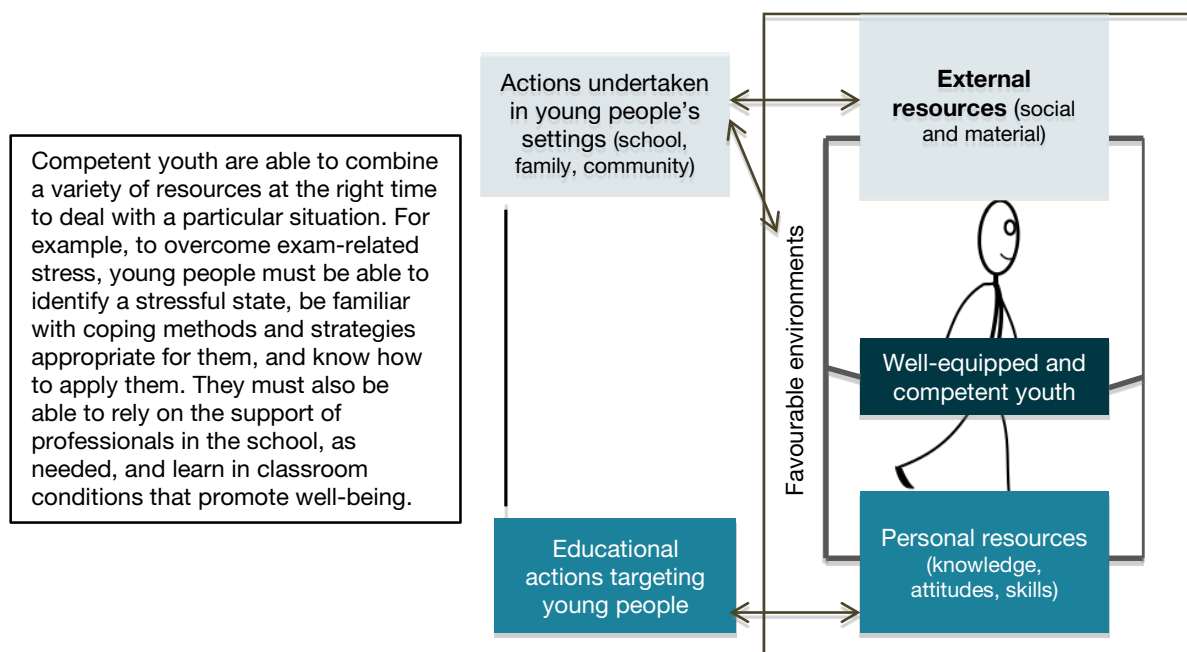
Research highlights the importance of actions targeting the school setting to improve health and success. Specifically, the impact of school climate or its components[e] [(65,66)], addressed by several actions named above, has been abundantly studied. A review by the National School Climate Center in the United States suggests an association between school climate and several aspects of the success, health and well-being of youth[(51)]. For example, with respect to school success, a positive school climate is associated with a reduction in absenteeism, higher motivation toward learning and better academic performance. The review also identifies findings in terms of health and well-being, including a positive association between a favourable climate and a sense of psychological well-

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[e]   Ex. climate as it pertains to relationships, security, belonging, etc.

being, a decrease in self-reported mental health problems and suicidal thoughts, as well as a decrease in risk behaviours such as consuming alcohol use and carrying a weapon.

A systematic review[67] examining a variety of actions (e.g., availability of facilities for physical activity, adequate supervision throughout the school) found lower rates of aggression, improved emotional health, and greater levels of physical activity. However, no effect was observed on diet. Based on qualitative analyses, the authors also suggest that certain negative characteristics of schools (ex. poor security, deficient relationships between pupils and school staff, a lack of student participation in decision-making) can undermine health since such conditions can lead to anxiety, disengagement and health-risk behaviours.

To be effective and contribute to the development of competencies, intervention strategies must therefore combine diverse actions coordinated across the settings of everyday life. These actions must also actively engage youth and be deployed continuously and in a coherent sequence throughout the school years, while featuring appropriate contents (i.e. actions not associated with undesirable effects).

3 Development during childhood and adolescence

Throughout their development, toddlers, children, then adolescents and young adults go through various stages linked to changes in all areas of development: physical, cognitive, emotional, and social. Throughout these stages, they build on the fundamental competencies that they will draw upon as adults, when they take responsibility for maintaining their physical and mental health, integrate into society and the workplace, and engage in an active life as citizens. The family and the school, in partnership with the community, support the construction of these competencies by providing young people[f] with settings that allow them to realize their potential and are conducive to their health, well-being, and success.

Research from a variety of sources in the area of development has contributed to broadening our understanding of the various realities that characterize young people of all ages, the challenges that they face, and their needs, thereby shedding light on what measures should be put in place to support them[31,68,68,68–77].

This chapter thus aims to highlight overlaps between 1) healthy development in the areas generally recognized in developmental psychology (physical, cognitive, and socioemotional) 2) characteristics of their school career (e.g., transitions, academic requirements) and 3) certain health- or safety-related situations with which they will likely have to contend.

All people are unique. They have their own distinct characteristics and abilities, and live their lives in different contexts (e.g., socioeconomic status, family composition, ethnocultural setting). Thus, development does not always follow an organized, linear sequence. Despite this variability, it can nevertheless be considered that most individuals of the same generation in a given society go through common developmental steps. These form a continuum presented in the literature according to the major stages of development: early childhood, childhood, adolescence, early adulthood, etc.

In order to develop in a satisfactory manner, young people need to acquire competencies, as well as adopt behaviours and deal with events or situations in ways that meet their needs while satisfying expectations in the settings of everyday life. What they have to accomplish is supported by various mechanisms. Certain events are associated with biological maturation and are common to most people (e.g., walking, language acquisition); others are defined in terms of sociocultural contexts and depend on the values transmitted (e.g., holding a job during their studies). The duration of these processes also varies. Some may require life-long efforts (e.g., maintaining health), some may happen over a relatively long period (e.g., the development of intimate relationships), and some are related to specific life stages (e.g., starting school)[78–80].

By acquiring maturity and experience, young people, with the support of family, school, and community, enrich their repertoire of strategies to deal with challenging situations that can affect their health, well-being, and success.
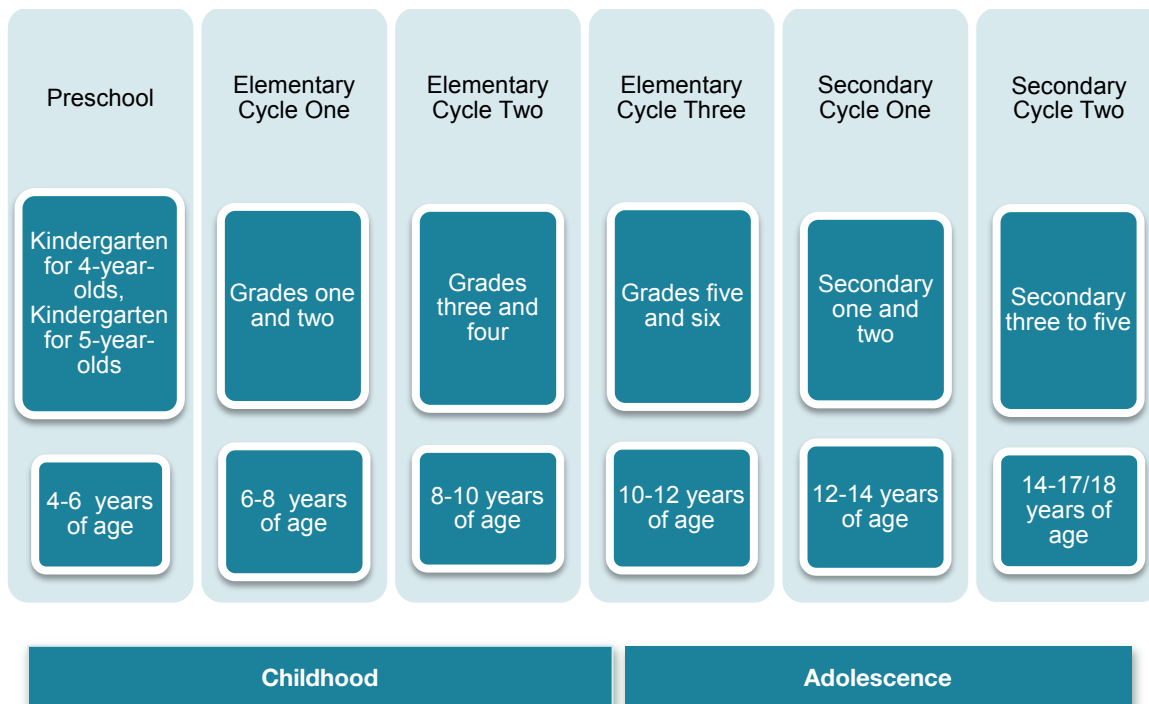
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[f]　Certain authors associate the term "youth" with a stage that generally includes adolescence and early adulthood. In this document, youth is used to designate children or adolescents, without distinction.

3.1   Childhood and adolescence

As is recommended in the literature[70,81], childhood is defined in this document as the period from age 4 to 9, and adolescence (including preadolescence) as the period from age 10 to 18. In addition, as the work involved identifying the most appropriate knowledge for students to acquire in each grade, these periods have been subdivided according to the school cycles in Québec (see figure 3).

Figure 3   Periods and age groups corresponding to each school cycle

Preschool	Elementary Cycle One	Elementary Cycle Two	Elementary Cycle Three	Secondary Cycle One	Secondary Cycle Two
Kindergarten for 4-year-olds, Kindergarten for 5-year-olds	Grades one and two	Grades three and four	Grades five and six	Secondary one and two	Secondary three to five
4-6 years of age	6-8 years of age	8-10 years of age	10-12 years of age	12-14 years of age	14-17/18 years of age

Childhood	Adolescence

3.2   Domains of development

As pointed out above, the vision of development presented here is broader than the domains usually considered in developmental psychology, as it takes into account particular features and requirements of the school setting as well as various aspects of youth health and safety. The fact remains that young people's development in all spheres of their lives is driven in large part by their **cognitive**, **socioemotional**, and **physical** development. Table 3 presents the components that were more specifically considered in each of these three domains. For each of the school cycles, each domain was considered, but each component is not systematically commented on.

Table 3   Domains of development: main components

Cognitive Area	Socioemotional Area	Physical Area
Brain development	**Self-concept** ▪ Self-knowledge (underlying the development of personal, sexual, and social identity) ▪ Self-esteem (sense of one's value, sense of competence)	**Growth** **Sexual development** (anatomical and physiological aspects)
Information processing: **abstraction capability** ▪ Logical reasoning ▪ Capacity to adopt varied and non-egocentric perspectives ▪ Moral aptitude	**Social relationships** ▪ Family relationships ▪ Friendships ▪ Romantic relationships	**Fine and gross motor skills**
Language	**Emotional regulation** (recognition and expression)	

3.3   Childhood: overall picture

Childhood is marked by the start of school and increasing independence. The influence of the family, while still very prevalent, makes way for closer relationships with peers and adults other than the parents[82]. Thus, many new experiences present themselves to children in a variety of settings (school and community). What they experience in these settings affects their health, well-being, and success.

Human development is a continuous process. During this stage, reasoning, attention, and verbal abilities develop significantly, allowing academic learning and social skills to progress. Physical growth and motor development also continue, although at a slower pace than during early childhood. Lifestyle habits (sleep, healthy eating, physical activity, etc.) are still largely under adult control.

3.4   Childhood development by school cycle

3.4.1   PRESCHOOL

Making a successful start to school	Starting school is a generally smooth transition, but it requires some adjustment[83]. The challenges are primarily socioemotional in nature, but development in other areas (cognitive, physical) also contribute to successful adjustment to this new setting.

Significant changes occur in routines (meal and nap times). Changes also take place in interactions with adults (higher child/adult ratio, following group instructions to facilitate group functioning and group member safety) and interactions with other children (following the pace of the group, creating new connections, affirming their preferences while respecting others). Free play time also decreases and is taken up by schooling activities[84].

Preschool-aged children show sensitivity to social norms (e.g., acceptable versus unacceptable behaviours). They learn how to express themselves in interactions with others (e.g., words to describe simple emotions such as anger, joy, sadness and fear, and how strongly they are felt). This contributes to their ability to regulate and manage their emotions. They also recognize simple emotions in others. With help, children are also capable of better control over their impulses, for example by mastering their motor impulses. They are able to follow a few simple rules. All of this facilitates their relationships in their new setting[85,86].

Their friends tend to be the children they are in contact with, and collaboration on a project is possible in groups of two or three children. With the help of an adult, they are able to resolve their conflicts. At this stage, children also begin to internalize that they are boys or girls, which prepares the ground for social interactions increasingly centered on same-sex friends[87–89].

Their reasoning is based on appearances and on their intuition, but they are beginning to distinguish between what is real and what is imaginary, and between good and bad. This cognitive development prepares them for academic learning[87].

In addition, their increasing coordination and balance make it possible to engage in a variety of activities. However, they have a tendency to overestimate their abilities. Therefore, among other things, they must be reminded to be careful during physical activities, and rest times must be planned. All of their lifestyle habits (sleep, healthy eating, hygiene, physical activity) underpin their ability to learn, their health, and even their social skills[90–92].

> **To foster the health, well-being, and success of preschool children, educational actions should take into account the following intentions:**
>
> - Support their ability to regulate their emotions and to interact in a respectful manner (e.g., recognize non-verbal signals and simple emotions)
>
> - Support them through the enforcement of school rules, including safety and hygiene rules,
>
> - Support them in asserting their preferences and their personality
>
> - Support the adoption of new routines and raise their awareness of the importance of routines for health and well-being (e.g., snacks contribute to healthy eating, and resting contributes to recuperation and well-being)

3.4.2 ELEMENTARY CYCLE ONE

| **Adapting to the academic and social requirements of the school setting** |

The beginning of this cycle is marked by a gradual adaptation of the child to school requirements, to their "job as students." Among the most significant changes: the structured and systematic learning of language, mathematics, and other disciplinary knowledge; formal instruction; learning methods less focused on play; management of their own school supplies; and a longer school day[87].

Cognitively, children aged 6 to 8 can resist distractions and can concentrate for about 15 minutes. This enhances their ability to learn and reason, two requirements they are now better equipped to meet. In particular, they can perform mental operations and process information to resolve concrete problems (classification, seriation, manipulation of numbers, principle of conservation of materials)[69].

At the same time, precise finger movement control increases. Thanks to the development of fine motor skills, they are able to cut out complex shapes and to write legibly[69].

The relationships that children forge with their peers and with adults also constitute important aspects of their daily school experience. These meaningful relationships and the adoption of prosocial behaviours that they are increasingly capable of demonstrating at this age (e.g., empathy, mutual assistance, listening, inclusion, cooperation, sharing) are associated with educational success. These relationships are supported by various aspects of socioemotional development[93–95].

Children recognize that their actions and words have an effect on others. In general, they manage to master their impulsiveness (e.g., remaining calm and waiting their turn, following instructions even when they don't like them). They can resolve interpersonal conflicts without the help of an adult, if they feel that they have some degree of control over the situation. However, they have trouble comprehending that emotions such as happiness and sadness can be felt simultaneously in the same situation (e.g., being happy to win a competition, but sad that their friend lost)[69].

With respect to identity development and self-knowledge, they assert their interests and preferences more than in preschool. Their representation of themselves is also enriched by the schooling experience (e.g., preferences in their choice of activities and academic interests, a sense of academic competence). They begin to look at themselves critically, in particular by comparing themselves to others. This brings them to recognize their strengths and limitations. They need to be reassured in order to persevere after a failure, and they need to learn to identify situations that are difficult for them[69,96].

Opportunities for physical activity are welcome. They give students a chance to let off steam, channel their energy, and take advantage of their growing strength, coordination, and cardiorespiratory endurance. Skipping with a jump rope and climbing, for example, are motor skills that they master increasingly well[82]. Furthermore, engaging in physical activity improves their understanding of their body (body percept)[69]. At the same time, their propensity to explore exposes them to certain risks to their health and safety, particularly during active transportation[78].

> **To foster the health, well-being, and success of children in Elementary Cycle One, educational actions should take into account the following intentions:**
>
> - Support adaptation to school requirements
>
> - Support their contribution to positive relationships (recognizing their contribution and that of others, following the rules, finding appropriate ways to express their emotions and points of view)
>
> - Lead them to recognize their strengths and limitations
>
> - Lead them to reflect on potential sources of danger
>
> - Lead them to think of simple ways to improve their lifestyle habits, such as physical activity

3.4.3   ELEMENTARY CYCLE TWO

Maintaining their sense of competence and their self-esteem

This cycle coincides with the beginning of a strengthening feeling of academic competence (from 9 to 12 years, approximately). A lower self-esteem or a lack of academic motivation may make an appearance in some, a phenomenon that affects more and more young people until the middle of secondary school. Children also become aware of their own limitations, and that the image they construct of themselves can differ from the perception that others have. The possibility of having positive experiences and feeling valued at school, in spite of any learning difficulties they may have, helps them to maintain their self-esteem and academic motivation[97–99].

Overcoming gender-based stereotypes

The development of sexual identity begun during early childhood continues. At six or seven years of age, children are already aware of their gender identity and its permanence. Over the years, they have internalized social expectations regarding behaviours, activities, and roles typically assigned to their sex. Compliance with roles based on female/male categories tends to vary according to the age of the child. At the beginning of this cycle (8 years of age), their conduct and choice of activities are largely influenced by rigid gender schemes and sexual stereotypes. Children will also tend to identify with adults of the same sex and to form friendships with children of the same sex exclusively. Sometimes, antagonism and exclusion in relation to the opposite sex can even be observed[89,100,101].

Stereotyped representations of gender-based roles are also conveyed at school; for example, boys are better in math, girls in English; school and reading are for girls; there are fewer female engineers because girls are not as good as boys at problem-solving, etc. Studies reveal the indirect influence of gender stereotypes on school success, namely that these stereotypes can differentially affect motivation towards subject matters, or commitment to education, particularly for boys[102]. From an equal opportunity perspective, it is essential to support a non-stereotyped vision of the role of girls and boys at school and in society.

Managing conflict situations

More generally, the cognitive abilities that are present in this cycle open up a world of possibilities for learning and for group living. In particular, children start to use deductive reasoning and to disregard irrelevant information when they resolve a problem or a conflict[69].

Socially, friendships occupy an increasingly important place, and the way children view friendship evolves significantly during this period. Friendships are not based solely on proximity and common interests, but more and more on mutual support, and tend to grow more stable[82]. Children also understand that others can have different interpretations of situations than they do or different reactions to them.

Moral reasoning continues to be based on adult rules (children seek to avoid punishment or to obtain rewards), but the more children advance in this cycle, the more they recognize the benefits of having rules. They internalize attitudes and behaviours that are harmful or favourable to group living (e.g., managing emotions such as anger and frustration, resisting negative influences, accepting or offering help)[103–105].

Protecting themselves from accidents

Children feel the need to excel, especially through competition or feats of prowess, and so may behave as daredevils. Athletic performance continues to improve in all motor activities, and children explore a broad range of opportunities in this regard. This reckless side, associated with their poor ability

to assess risks, makes them vulnerable to injuries. They must therefore also learn ways to protect themselves[106,107].

> **To foster the health, well-being, and success of children in Elementary Cycle Two, educational actions should take into account the following intentions:**
>
> - Support reflection about identity development: perceptions of others, compliments and criticisms, whether expectations are realistic, positive models
>
> - Support reflection about gender-based stereotypes and the influences they have on choices; encourage openness and non-sexist attitudes
>
> - Support reflection about safety and safe behaviours, in particular to prevent injuries; equip young people with strategies to resist unsafe practices
>
> - Help young people better understand what influences people to ask or to fail to ask for help and what actions they should take in situations where people need their assistance or they need assistance themselves
>
> - Make sure young people know how to act in the event of conflict, anger, or frustration

3.5 Adolescence: overall picture

Adolescence is a period characterized by the development of independence, experimentation, identity concerns, and risk-taking. It is marked by a number of transitions: puberty, or the transition from childhood to adolescence, the transition from the family circle to the circle of peers (distancing from adults), the transition from elementary school to secondary school, and near the end of adolescence, preparation for the transition to adult life (casual employment, choice of studies or an occupation, etc.). Most adolescents develop and thrive, and manage to deal with all of these situations through suitable adaptation strategies and the support of their families, the school, and the community.

3.5.1 COGNITIVE DEVELOPMENT IN ADOLESCENCE

Adolescent brain development is characterized by an imbalance on the one hand between the maturation of certain areas of the brain that become particularly sensitive to emotional stimuli during this time and, on the other hand, slower maturation of regions responsible for executive functions. The maturation of executive functions, which continues until adulthood (18-25 years), is associated with the ability to organize information, plan, make decisions and anticipate their consequences, control impulses, and delay gratification. Given their role in self-control and cognitive flexibility (creativity, problem solving, adaptation to situations), they are essential for managing emotions and stress, managing social influences, and making healthy, responsible choices[108–111].

The adolescent period is also known as a time when youth develop the ability to use abstract reasoning. In addition, they gradually develop the potential to transfer their reasoning strategies to a number of contexts, to consider long-term perspectives, and to examine situations from different points of view. This contributes to the gradual development of empathy and effective communication and negotiation skills, two key elements in the adoption of prosocial behaviours and positive social relationships[72,112].

3.6   Adolescent development by school cycle

3.6.1   ELEMENTARY CYCLE THREE

Dealing with puberty

It is during preadolescence that the first signs of puberty manifest themselves, resulting in rapid growth and major physical and physiological transformations. These transformations tend to appear earlier in girls (9-11 years) than in boys (11-13 years). They are accompanied by greater strength and better gross motor skills, but also by a change in body percept[g] causing young people to readjust their way of moving in space[113,114].

Constructing a positive body image

During puberty, young people may feel worried about all the changes they are experiencing. How young people view themselves also changes, and they must become accustomed to their new body image[h]. The latter is influenced by various factors, including the value that youth place on their appearance and the social norms conveyed in their circles and in the media. Concerns about being thin and about beauty standards may affect young girls in particular, since they reach puberty in greater numbers than boys during this period. These concerns continue to be significant for young people until the end of adolescence. Girls also tend to be more critical and negative toward themselves than boys are. A negative body image contributes, among other factors, to a decrease in physical activity, especially for adolescent girls[113,115].

Exploring their identity

The time around 10–12 years of age also marks the beginning of what Erikson (116) defined as the identity stage. This period of exploration stretches throughout adolescence and is a time of gradual strengthening of the youth's identity on all levels (personal, social, gender, sexual, vocational, etc.). Self-knowledge constitutes the foundation of this exploration. Preadolescents have reached a stage where they can describe themselves in every way: their temperament, their emotional self (e.g., I do not become angry easily), their social self, and their physical characteristics. They become aware of their various social roles (e.g., student, older brother, best friend). They seek to assert their personality, especially through clothing and musical choices. They begin to question the rules and values of their family and adults in their lives. This is one of the first steps in the development of their independence. Nonetheless, attachment to their family and significant adults remains central to their self-fulfillment[69,72].

Strengthening their sense of academic competence

The school experiences that young people have had up to this point help them better understand who they are as students (academic preferences, relationship to school, etc.) and get a sense of their academic competence. The acquisition of formal thinking gives them the ability to project themselves into the future. They wonder about their interests and what they want to study or do for a living, an important dimension of academic motivation. Their hopes and dreams, however changing or unrealistic they may be, need to meet with a supportive attitude. They require validation as students to strengthen their sense of academic competence, which can waver. In grade six, students have mixed feelings at the thought of entering secondary school. They may be both excited about having greater autonomy and worried that they will fall short of the new academic requirements. More negative feelings can cause a certain level of stress and can even lead them to doubt their abilities[69,72,117].

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[g]   Awareness of their body in space, in motion, and at rest.
[h]   Body image, an aspect of self-concept, refers to the assessment that young people make about their body morphology and physical appearance.

| Establishing significant friendships | With preadolescence, a trend begins that will last throughout adolescence: friendships and peer groups take on increased importance. At this age, young people (especially girls) feel the need to exchange and share secrets; they start to cultivate more exclusive friendships ("best friends"). In addition, their greater |

ability to process cognitive and social information results in a greater ability to resolve conflicts in social situations. Their moral reasoning relies more and more on the rules of the group, such that the opinions of their friends have more influence over their consumer and lifestyle choices[70,118].

It is during this time as well that young people may experience their first romantic feelings. They have greater curiosity about sexuality and intimate relationships.

To foster the health, well-being, and success of children in Elementary Cycle Three, educational actions should take into account the following intentions:

- Help them understand the changes and feelings associated with puberty, as well as the effects of lifestyle habits on growth

- Get them to reflect about what influences their body image and to analyze the effects of the messages about body image and consumer choices conveyed in the media and among their family and friends

- Foster the ability to deal with the changes of puberty and the transition from elementary school to secondary school

- Be supportive of their understanding of themselves (in particular as students) and help them to find ways to develop their strengths and deal with their limitations

- Support their reflection on the importance of maintaining significant relationships

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3.6.2   SECONDARY CYCLE ONE

| Adjusting to secondary school | The transition between elementary school and secondary school is a developmental step that can have an impact on academic performance and perseverance. Young people lose their reference points and have to adapt on many levels. They must become familiar with new rules, engage with peers from |

multiple backgrounds (as they are entering a less homogeneous social environment), adapt to having more than one teacher, deal with an environment that demands greater work organization autonomy, and adopt new routines. For most young people, this transition is an exciting time, despite the concerns that it can generate and the doubts they may have about their academic competence. It is crucial to consider their need for belonging, safety, and recognition in order to ease the transition[117,119,120].

| Building positive connections in a manner respectful of diversity | The transition to secondary school requires most young people to recreate or enrich their social networks at a time when peers and belonging to a social group play an essential role in their development. |

Young adolescents give considerable importance to acceptance by their peers. This is reflected in concern about their popularity, which they hope will be as widespread as possible. At the same time, they seek to establish friendships based on sharing and solidarity. They devote a huge amount of time to interaction with other young people, including via social media. While they continue to favour relationships with same-sex friends, they occasionally spend time with the opposite sex when they are in groups. Their association with peers allows them to explore facets

of their identity and to establish their own values in relation to other young people and significant adults in their lives[70,121–124].

It is also during this time that identity associated with belonging to one or more social groups is strengthened (e.g., sports team, ethnocultural group). Young people take a certain pride in their affiliations. They may display their attachment through distinctive signs (clothing, types of activities, and codes of conduct) specific to the group. The need to belong to a group may lead to the formation of cliques, which is not necessarily negative in itself, except when it results in exclusion. Learning to balance their need for a distinctive social identity with respect for diversity can be a challenge for some youth[70,122].

Strengthening their capacity to establish positive and respectful social relationships is all the more important since they are not yet fully able to regulate their emotions and stress. At this age, they recognize the importance of mutual expression of emotions for quality relationships. Notwithstanding, their mood swings and the intensity of their emotions can sometimes lead to aggressive attitudes and to conflict. Quality (constructive and safe) social relationships help with the development of lasting personal and social skills, and the social support of friends contributes to the healthy development of young people. In addition, the establishment of significant relationships with their peers and school staff nurtures their sense of belonging to the school, a factor associated with better academic performance[20,77,125,126].

| **Choosing routines conducive to healthy lifestyles** | Young adolescents aspire to greater decision-making autonomy. They are increasingly free to go where they please and they spend more time without adult supervision than they did during childhood. They start to take responsibility for their sleep and eating habits, and for having an active |

lifestyle. This period also coincides with all kinds of changes in routines. Hormonal changes lead to changes in wakefulness and sleep cycles. Young people delay bedtime more and more. The time they invest in their friendships may also be at the expense of the sleep they require to be functional. The opportunity to eat elsewhere than at home or in the school cafeteria brings them to make food choices and can result in increased patronage of fast food restaurants. Most of their physical activities are also of their own choosing (e.g., registration in extracurricular activities). All of these lifestyle changes occur precisely at a time when routines and habits conducive to healthy eating, physical activity, and sleep are fundamental to their healthy development and their success[19,127–130].

| **Dealing with social influences in their choices and conduct** | Compared with children and preadolescents, they have the ability to better assess the risks of their actions and to evaluate the consequences of their strategies, which, in principle, helps them to make informed decisions. Paradoxically, there is a tendency for young people to adopt habits that are bad for their health or to engage in potentially dangerous activities[i] [131] (e.g., |

smoking cigarettes or using psychoactive substances, engaging in risky sports practices). Adolescents must be given special support to help them make objective decisions, particularly when 1) peers are present (the social reward—such as the admiration of friends—can be more powerful than the desire for risk avoidance) 2) there is a highly charged emotional context and 3) they have to choose between short-term gains and long-term consequences[108,132–135]. Young people seem to be particularly vulnerable between the ages of 13 and 14[j] [77,136]. With support, young people's ability to

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[i]   Adolescents are over-represented in statistics regarding injuries sustained while engaging in recreational activities and sports.

[j]   For example, over half of young people have taken their first puff (54.5%) and their first whole cigarette (59.2%) between the ages of 12 and 14 years.

put the advantages of their life choices into perspective, particularly a long-term perspective, continues to improve until the end of adolescence.

> **To foster the health, well-being, and success of children in Secondary Cycle One, educational actions should take into account the following intentions:**
>
> - Support the development or strengthening of strategies that enable young people to cope with stressful situations, including situations where they must handle new school requirements (e.g., work methods)
>
> - Help young people use the right strategies in situations that require assistance for themselves or for others (e.g., ways to report violent behaviours, use of support services)
>
> - Support the enrichment of their social networks (including ethical and responsible use of cyberspace) and their strategies for establishing positive and egalitarian relationships (inclusive, non-discriminatory)
>
> - Help them develop or strengthen their strategies for resisting negative influences and analyze the effects of social influences on their choices (with an emphasis on cigarettes, drugs, and alcohol)
>
> - Foster habits that are beneficial to their health, well-being, and success

3.6.3 SECONDARY CYCLE TWO

Preparing for their future lives as students or workers

During this period, young people will have to make (or will have made) decisions concerning the general and specific programs that they would like to pursue at the secondary level. They also begin to think seriously about their future as workers: choosing a trade, occupation, or profession; whether or not to pursue postsecondary studies; choosing a program and educational institution, etc. Such reflections lead them to examine their aspirations, which sometimes differ from family expectations, and to explore whether the goals they wish to attain are realistic, and what efforts must be made to reach them. All of this can give young people the feeling that their future hinges on their decisions and can cause worries. It is an ideal time for helping youth to connect the dots between studies and their future hopes and dreams, and to ponder the choices they have to make, in particular towards the end of secondary school. With some guidance, youth demonstrate a growing capacity to plan for the short, medium, and long term[137–139].

Part-time work can be a valuable way for youth to see what interests them, obtain recognition and validation, and acquire a sense of responsibility as well as some form of financial independence (e.g., some leeway in their consumer choices). In their final year of secondary school, 55% of Quebec students hold a job (paid or unpaid). The student role can be compatible with work, provided that a balance is maintained between job and school obligations, as well as sports or social activities. To support young people in balancing school and work, it is particularly important to help them become aware of the potentially negative impact on their health and academic performance of excessive work hours or particular working conditions (e.g., sleep deprivation, anxiety, alcohol and drug use). In addition, since young workers are more at risk of accidents or harassment, employers should actively seek to protect the health of their younger employees[140–143].

Entering into an intimate relationship

The desire to please and preadolescent crushes give way to sexual attraction and the desire to experience a romantic relationship. As young people grow older, they feel ready to have a close personal relationship. In fact, at 17 years of age, more than half of Quebec secondary students have had their first consensual sexual relationship. At this age, however, sexual relationships are not always based on emotional intimacy. This need for closeness forces adolescents to confront their sexual orientation and may create uneasiness for those who have questions about their attraction to persons of the same sex[77,144–147].

Young people may still be somewhat inflexible in how they view gender identities, particularly with regard to sexual roles (seductive behaviours, typical behaviours associated with virility and femininity, sexual needs). It is important to ensure they understand the mechanisms of stereotype construction, so that young couples can avoid sexist stereotypes that prevent true equality in their relationships. Nonetheless, the prosocial behaviours they have developed since childhood constitute the foundation of egalitarian couple relationships: respect, sharing, respectful communication, and concern for the other person.

Youth also continue to have friendships through which they also seek to have more intimacy, based on mutual understanding and support. More and more, they appreciate their friends for their personal qualities, which are sometimes different from their own[88,122,124].

Engaging as citizens

Support for the development of moral judgment leads young people increasingly to consider the principles that are essential to the well-being of the community: justice, dignity, human rights, social solidarity, etc. They thus develop their civic awareness and, given the opportunity, they experiment with various forms of engagement: involvement in community/volunteer organizations or school committees, participation in decision-making processes or consultations, advocacy or support for a cause[72,77,148–150].

Taking charge of their personal health and well-being

Between 14 and 17 years of age, adolescents do not always manage their stress and their emotions as well as adults do, making them more vulnerable to mental health problems when they face difficult situations (e.g., repeated school failures, relationship break-ups, bullying, etc.). In addition, when too many factors build up, it can have an effect on their well-being, including their perception of stress in daily life, their perhaps still-wavering self-esteem, and a tendency in certain people to dramatize and see everything in black as soon as an obstacle appears. Adolescence and young adulthood are the time when mental disorders (e.g., depression) are most likely to appear. However, the cognitive abilities of young people enable them—with support and in conditions of low emotional stress—to use appropriate and rational strategies to control their impulses, regulate their emotions, and adjust their behaviours or attitudes. They are also able to use the appropriate resources provided in their settings and to use cognitive strategies to regulate their stress (e.g., playing down a situation)[20,77,151,152].

Just as in Secondary Cycle One, young people of this age face a variety of new situations that force them to make choices on their own regarding lifestyle habits: driving a car (following speed limits, not using alcohol, refraining from texting), their first sexual relations (protection against blood-borne and sexually transmitted infections and against pregnancy), their first job (complying with safety rules at work), or more opportunities to party (such as the graduation prom, where drugs and alcohol may be used[k]). Younger adolescents still have trouble weighing the risks of their actions against the

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[k] Alcohol and drug use increases with age, with a slightly greater rise starting in the second or third year of secondary school.

immediate benefits (desire to explore, thrill seeking, being popular). Older ones begin to develop an awareness of intrinsic awards (e.g., personal satisfaction). The ability to make considered choices improves with the development of critical judgment, experience, and support for their skills development[19,76,153,154].

> **To foster the health, well-being, and success of children in Secondary Cycle Two, educational actions should take into account the following intentions:**
>
> - Lead them to reflect on maintaining their mental health (e.g., protective factors, distress signals, cognitive strategies to deal with stress, calls for help) and the connections between mental and physical health, positive relationships, stressful situations, and lifestyle habits
>
> - Foster attitudes and behaviours that are conducive to sexual health (e.g., characteristics of an egalitarian romantic relationship and a consensual sexual relationship, and safe sex practices)
>
> - Support the social involvement of young people in healthy, caring, and safe settings
>
> - Lead young people to reflect on risk-taking in situations that are meaningful for their age (e.g., impaired driving, binge drinking, unprotected sexual relations, etc.) and steps to take to ensure their health throughout their adult life
>
> - Support young people in their transition to young adulthood (to vocational training, college education, or the job market)
>
> - Guide them to reflect on work/school balance

4   Conclusion

The framework for integrated health promotion and prevention actions in schools aims to equip youth to deal with the situations they encounter at different stages of their development and school career through actions fostering the development of social and personal competencies. These actions include those that shape the settings of everyday life for youth, as well as educational actions targeting youth.

This report lays out the positive and continuous perspective of development underlying the framework, for the benefit of actors engaged in health promotion and prevention initiatives. It also highlights the intentions that are to be taken into account when deploying educational actions. These intentions, combined with the knowledge, attitudes and skills to be acquired by youth during each school year, will assist teachers and educational consultants in their development of educational actions that are in keeping with the framework.

The distribution of knowledge, attitudes and skills across the school years will be shared at a later time, along with the other contents of the framework. This will support the planning and implementation of a range of promotion and prevention actions supporting health, well-being and success from kindergarten through the last year of secondary school. It helps answer the concern raised by actors regarding the best actions to deploy and when to deploy them.

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