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FOR HEALTHIER SCHOOLCHILDREN

Good health among schoolchildren, and the pinpointing and treating of disorders of whatever nature that might affect them are necessary conditions to learning. In parallel, State Education, which is responsible for schooling over 12 million children and young people over an average period of over 18 years, plays a key role in sustainable disease prevention. And in our country, where healthcare practices still focus too much on curative treatment, prevention is a reality that we must lose no time in incorporating. For the ESEC, health education must finally enable schoolchildren and the adults they will become to be actors in their own good health.

Since the 1990s, there have been increasing numbers of official texts reasserting the public authorities' determination to make health at school a priority. Introduced at the start of the 2016/2017 school year, the Health Education Pathway (PES) is one of the system's key components. It comprises a series of lessons and educational practices covering all levels, from nursery to upper secondary school. Similarly, signature of a framework agreement between the Ministries of Health and National Education in 2016 highlighted a new awareness of the need to "reinforce positive interaction between healthcare and education, in particular in favour of the more fragile pupils".

It has to be said, however, that school health is a neglected area. Teachers and parents alike are highlighting the risks the current situation holds as regards disease prevention, diagnosis of disorders, and children's and teenagers' schooling. They are worried by increasing health inequalities between citizens and between territories. Urgent action needs to be taken. Compulsory medical examinations are too often not carried out, and health problems

and learning disorders not adequately detected. Pathologies are treated too late or not at all. Risked connected with exposure to run-down environments are not assessed. All this has a cost for society.

Through these opinions, the ESEC does not simply wish to add its voice to the many that have already had their say. It hopes to initiate a change, convinced that emergency situations can only be resolved by involving everyone. It makes decompartmentalisation and coordination central to its recommendations, proposing avenues giving them greater operability. Its recommendations also seek to make the utmost of work carried out by all those who are actively implementing such coordination. And finally, going beyond simple statements of principle, the ESEC requests that more regular, in-depth assessment be carried out of progress made, in direct contact with schools themselves.



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FOCUS 1: STEPPING UP INVOLVEMENT IN PREVENTIVE ACTION

- Improving training in disease prevention, coordination and management of partnerships, in particular through training courses open to healthcare professionals and State Education staff
- Ensuring a quality school environment. In order to do so, carrying out a full situational analysis of health risks that schoolchildren are exposed to, and seeing that the State and local authorities live up to their obligations with regard to protection of health and the environment in procurement contracts and urban planning
- Better informing and involving parents and schoolchildren: Publishing guides on their rights and resource centres, organising information actions with healthcare professionals, setting up peer groups, dynamising Health and Citizenship Education Committees (CESCs) and setting up similar bodies in primary schools, adapted to children's ages
- When a pupil's state of health requires it, bringing the entire teaching staff together with a view to implementing whatever measures are required to organise his/her schooling, and informing parents and pupils of this possibility at the start of each school year

FOCUS 2: GUARANTEEING A QUICK RESPONSE ADAPTED TO PUPILS' NEEDS

- Acting within schools to improve health equality: prioritising an increase in resources assigned to school health services in the territories where it is most needed due to their economic and social specificities and the existing healthcare offer, and providing for extension of the PASS Santé Jeunes (Youth Health Pass) to other types of consultations in such a way as to ensure autonomous, confidential access free of charge
- Universalising medical examinations for children in the first year of lower secondary education, and making them a departure point for coordination, in close collaboration with Mother and Child Protection Centres (PMLs), parents and family doctors, and improving transmission of information via Shared Medical Records (DMPs)
- Organising healthcare coordination at local level and perpetuating it by involving the State Education health service in negotiation of local healthcare contracts and by coordinating action between school health services, family doctors and university health services.
- Setting up an easily accessible platform to provide rapid guidance to schoolchildren and their families when they are faced with physical or mental health problems

FOCUS 3: PROMOTING, ASSESSING AND MONITORING SCHOOL ACTION ON HEALTH

- Making careers in school healthcare more attractive through the coordination and management missions and responsibilities they include, at the crossroads between school and health
- Setting up an epidemiological watch and including school medical services in research networks
- Using a set of indicators to follow, assess and monitor schools' active implementation of health promotion and health/school coordination actions