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SCHOOL PROPHYLACTIC PROGRAMMES – ANALYSIS OF DEVELOPMENT AND IMPLEMENTATION STAGES ON THE EXAMPLE ŁÓDZKIE PROVINCE FACILITIES

Introduction

The contemporary world offers ample opportunity of development, self-improvement and life in conditions that, if not optimal, are certainly favourable to health and mental state. Regrettably, it is also full of threats, risk factors to which children and adolescents are especially exposed. Information chaos, functioning at the meeting point of poverty and luxury, educational inefficiency or social pressure on appearance, possessions, educational path may result in young people's displaying undesirable behaviours and choosing solutions that lead to their marginalization.

In the context of major transformations and the rising tide of various threats, all kinds of prophylactic actions become particularly important. School prophylactic programmes and initiatives pursued in their scope are a significant form of influence exerted on children and adolescents with regard to the prevention and elimination of behaviours that violate accepted norms. Students' competences enabling them to constructively face real-life challenges and threats depend, to a large degree, on the quality and effectiveness of prophylactic actions carried out by educational facilities. Therefore, it is worth observing how schools fulfil their

prophylactic duty, with emphasis being placed on its planning and implementation phases. The aim of the presented study is to analyse prophylactic actions pursued in schools of the Łódzkie Province.

Objectives and Tasks of Prophylaxis Carried Out in Schools

The word "prophylaxis" comes from the Greek language (*prophylassien*) and means "beware, prevent" (Kopaliński 1996, p. 414). Specialist literature offers numerous different definitions of prophylaxis that can be divided into three groups:

– prophylaxis seen merely as preventing dysfunctional behaviours from occurring (compare: Radlińska, 1961; Kamiński, 1974; Pytka & Zacharuk, 1995),

– prophylaxis perceived also as actions aimed at stopping undesirable behaviours that have already occurred (compare: Okoń, 1996),

– prophylaxis extended by offering actions alternative to dysfunctional behaviours (compare: Bruno, 1996).

The concept of prophylaxis by Dyffy, modified by Z. B. Gaś (2004, p. 19), seems to be especially useful in carrying out prophylaxis in the school environment. According to it: "prophylaxis is a process that supports the human being in his or her proper development and healthy life by providing him or her with assistance necessary to face complicated, stressful conditions of life, thus enabling him or her to achieve subjectively satisfactory, socially accepted, rich life".

To put it shortly, the aim of prophylaxis is to prevent developmental disorders that deprive one of the sense of comfort and, in the event the disorders have already occurred, eliminate their causes and consequences (Przybycień, 2005). In the context of such an objective, preventive measures aimed at students should simultaneously take into account three areas of activity:

– supporting the student in constructive coping with difficulties that threaten his or her proper development and healthy life,

– eliminating or limiting risk factors that disturb proper development,

– initiating and strengthening protective factors that support proper development and healthy lifestyle (Gaś, 2006).

– Principal tasks of prophylaxis include:

– disseminating true and reliable information about the phenomenon which the prophylaxis concerns,

– shaping conscious consumption models,

– shaping interpersonal skills, in particular: self-awareness, self-esteem, self-discipline,

– developing interpersonal skills, in particular: empathy, cooperation, communication, conflict resolution,

– developing decision making and problem solving skills, including, among others, ability to choose positive solutions in life,

– developing relationships with the social group and sense of responsibility for the group whose member the individual is,

– developing mature responsibility as a proper example of roles to be followed by others (including, among others: lifestyle, attitudes towards use of intoxicants, decision making),

– developing family, peer, social and work environment that would enhance the quality of all its members' lives,

– modelling legal and public rules so that they reflect human needs and support constructive development and positive lifestyle,

– enabling early recognition, diagnosis of threats and development of preventive strategies based on the knowledge of causes of dysfunctional behaviours (compare: Gaś, 2004; Piotrowski, Zajączkowski, 2003).

Irrespective of an adopted definition of the essence of prophylactic actions, all experts agree that prophylaxis can be carried out at three levels: the first-line, second-line and third-line (compare: Sęk 2001, Gaś, 2004, Przybycień, 2005):

• The first-line prophylaxis consists of actions aimed at both health promotion and extension of human life as well as prevention of problems related to dysfunctional lifestyle from arising. In the context of school prophylaxis, all actions whose objective is to build and develop various skills of coping with requirements of life and provision of reliable information adjusted to the specificity of recipients will be of the particular importance. Prophylactic actions at that level are inspired by the awareness of the fact that factors threatening proper development and healthy life occur in school.

• The second-line prophylaxis is aimed at identifying individuals displaying first signs of disorders and assisting them in understanding the essence of their problems and withdrawing from their dysfunctions. Prophylactic actions at that level, taken in educational facilities, should be inspired by the awareness of the fact that, within the school community, there are high-risk group individuals in whom first signs of dysfunctionality occur.

• The third-line prophylaxis is a kind of intervention after therapeutic and rehabilitation assistance is completed. On one hand, its objective is to prevent the recurrence of disorders, while on the other hand, it is to enable the individual to re-join the society and lead a satisfactory and socially accepted lifestyle within it (Gaś, 2004).

The Regulation of the Minister of National Education and Sport of 26 February 2002 on Pre-School and General Education Core Curricula in Specific Types of Schools has obligated schools to establish not only a school teaching curricula set and educational programme but also its prophylactic programme (Journal of Laws [Dz.U.] No. 51, item 458). As specified by the above-mentioned regulation, a school prophylactic programme should be adjusted to the developmental needs and abilities of students and needs of a particular environment. When comprehensively describing prophylactic content and actions,

a programme ought to be aimed at the community of students, teachers and parents. According to the above-presented levels of prophylactic actions, the school mainly performs actions connected with the first-line prophylaxis, while its second-line prophylactic activities consist chiefly in referring individuals to specialist assistance and support facilities (Miłkowska, 2004). It is worth mentioning, however, as pointed out by E. Jastrun (2002), that the prophylactic duty concerns solely schools and not students or their parents. Those groups may avail themselves of prophylactic actions offered by schools but they make decisions on their own, taking into account the actions' appeal and compatibility with anticipated dangers.

Principles of Developing School Prophylactic Programmes

School prophylactic programmes are systems of initiatives protecting children and adolescents from developmental disruptions as well as actions supporting them when dangers occur (Miłkowska, 2010). Thus, they should coincide with an education and prevention strategy adopted by the school and be characterized by regularity, long-lasting nature and continuity (compare: Jastrun, 2002; Okulicz-Kozaryn, 2011).

The aim of school prophylactic programmes is to increase the effectiveness of educational facilities at the teaching, educational and social levels, hence strengthening their impact on developmental and cognitive processes in their students (Łakomski, 2007). School prophylactic activities should focus on actions allowing as many students as possible to properly socialize (Kozaczuk, 2004).

The development and implementation of a school prophylactic programme is a path leading through five important stages:

– initial identification of school problems,
– diagnosis of school situation,
– conceptualization phase, i.e. the phase of defining goals, tasks, structure, content and manners of carrying out school prophylaxis, based on results of actions taken within the first two stages,
– application of defined principles, executing plans of action,
– evaluation of undertaken initiatives (initial, current/partial and final evaluation providing the starting point for a new and more effective programme (compare: Jastrun, 2002; Gaś, 2004; Miłkowska, 2010).

J. Surzykiewicz (2004) extends the list by adding the need to make arrangements for institutional cooperation and support, preparing information campaigns on the implemented programme (information for potential recipients, representatives of local authorities and institutions), attracting interested individuals within the local environment to the set objectives.

Effectiveness of Implemented Prophylactic Programmes

Results of performed research analyses indicate that the last stage of prophylactic programmes' implementation, i.e. evaluation of their effectiveness, poses a lot of difficulty. Correlation between effects of carried out prophylactic actions and accomplishment of educational facilities' objectives ought to justify the undertaken actions. The effect of prophylactic programmes should be an increase in students' competences related to the raised issue (enhance their knowledge, affect their behaviours and attitudes). That is closely connected with the need for schools to undertake such forms of actions that emphasize all the three specified components.

Specialist literature indicates that any kind of analysis of performed prophylactic actions' effects is relatively rarely carried out and, in general, is limited to assessing the effectiveness of specific prophylactic programmes whose implementation in school is only part of the whole set of prophylactic actions taken by an educational facility (compare: Znajmiecka-Sikora, 2005; Mazur, 2005; Łakomski, 2007). On the other hand, K. Okulicz-Kozaryn (2011) draws attention to the low or non-measurable effectiveness of prophylactic programmes run in schools. In other words, at present, we are able to answer the question about effects to be expected after conducting a widely available prophylactic programme but we do not know the effectiveness of the entirety of initiatives undertaken by schools in the scope of prophylaxis. Moreover, prophylactic programmes that are currently implemented in schools, first and foremost, focus on the emotional and intellectual dimensions of the student, omitting other dimensions of an individual. Popular prophylactic programmes "Noe" and "The Second Primer", whose aim is to prevent alcohol dependence, resulted merely in increasing knowledge of effects of alcohol but did not contribute to changes in students' attitudes towards alcohol as pointed out by (Łakomski, 2007).

Furthermore, although the regulation specifies recipients of school actions, conducted prophylactic programmes seldom offer initiatives aimed at groups other than students and teachers. Thus, the third vital group of prophylaxis recipients, i.e. students' parents, is excluded, which takes on a special importance in the context of examining the functioning level of specific family members in relation to the whole family system (Łakomski, 2007).

K. Okulicz-Kozaryn (2011) also warns against organising one-off entertainment-type prophylactic actions (fetes, competitions etc.), excessive involvement of prophylactic theatres at the expense of other initiatives, applying expository methods and implementing programmes limited to single risk factors. G. Miłkowska (2010) draws attention to the need to emphasize the programme's coherence, compatibility with a specific school environment, certainty as to prophylaxis implementers' indentification with its goals, and thus taking care of

attitudes and behaviours of teachers, school employees so that they reflect prophylactic objectives. Another key factor mentioned is the climate, atmosphere in school as well as emphasis on initiatives that make students' parents involved in prophylaxis.

Competences of Individuals Carrying Out Prophylactic Actions in Schools

School prophylactic programmes require involvement of numerous individuals that specialize in various activities. The most commonly mentioned school prophylaxis implementers are teachers of specific subjects, form tutors, school guidance counsellors, school prophylaxis specialists as well as external experts (Miłkowska, 2010).

Individuals carrying out prophylactic actions should support a mutual opening process between children and parents, teach friendship with others and oneself. Significant desirable features of individuals responsible for school prophylaxis include ability to perform careful, indepth analysis of educational situations, having psychological and pedagogical competences, knowledge of factors that support development and functioning as well as etymology of occurring risk factors (Przybycień, 2005). On the other hand, K. Okulicz-Kozaryn (2011) draws attention to the issue of threats connected with original school prophylaxis programmes. The researcher casts doubt on the factual knowledge of the authors of school programmes and mentions their frequent infringements of copyrights.

Research Questions

The aim of the undertaken study was to analyse prophylactic actions carried out in schools, with emphasis being placed on the ways of developing and implementing school prophylactic programmes.

The following research questions were formulated:

- Do the schools of the Łódzkie Province have current prophylactic programmes?
- Have individuals been designated to be responsible for the development, implementation and evaluation of prophylactic programmes? If so, who is responsible for the development, implementation and monitoring of performed prophylactic actions and who analyses results of those actions?
- Do school prophylactic programmes have defined objectives?
- Are prophylactic programmes adjusted to the age and needs of students? If so, what has been the basis for programme development and what have been the forms of diagnosis?

- What kinds of issues are covered by school prophylactic programmes?
- Is the effectiveness of undertaken prophylactic actions assessed? If so, when and in what form?

Research Method

The study used a questionnaire composed of 7 parts and covering, among others, issues concerning ways of running a prophylactic programme, methods of identifying prophylactic needs, manners of assessing the effectiveness of carried out prophylactic actions.

Description of the Studied Group

The study was carried out in 210 schools of the Łódzkie Province. Out of the 210 studied facilities, a majority were primary schools (42.38%). Lower secondary schools accounted for 22.86% of all the studied facilities, school complexes – for 20.95%, and higher secondary schools (general and specialized) – for 12.86%. Only one basic vocational school and one technical secondary school took part in the study (compare: Figure 1).

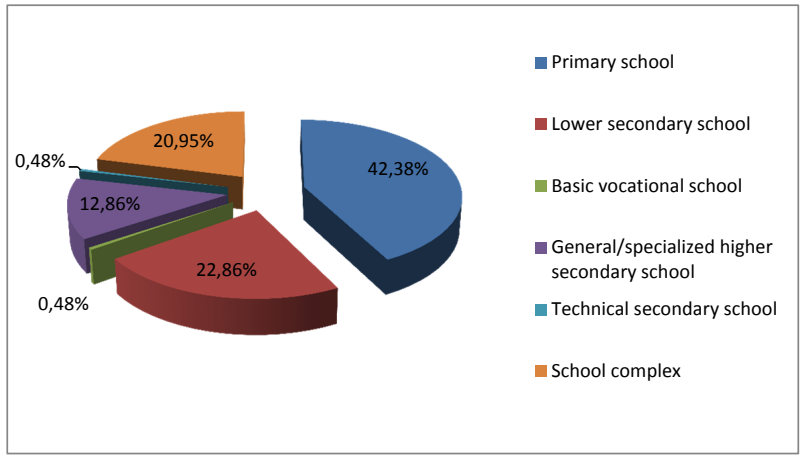

Figure 1. Percentage distribution of schools covered by the study according to their types
Source: Own work

The study was performed on employees indicated by headmasters as those competent in the scope of prophylactic school programme implementation.

In 84.29% of the facilities, the respondent held the position of a school guidance counsellor. The numbers of students in the studied facilities ranged from 26 to 1,300.

Presentation of Research Results

Although the study covered several different types of schools, we have decided, at that stage of research results presentation (initial analysis), not to diversify those on the basis of specific school types due to the following two reasons: firstly, because specialist literature does not indicate statistically significant differences due to the school type in the analysed scope (compare: Mazur, 2005; Łakomski, 2007), and, secondly, it is the first stage of analysis performed at a general level, and it will only be at the further stage that questions will be verified, among others, about differences in implementation of prophylactic programmes due to the type of school or competences of individuals responsible for the development and implementation of prophylactic programmes.

As already mentioned, schools are obligated to have school prophylactic programmes. However, as shown by the study, there are facilities that do not meet that obligation (2.97%) (compare: Figure 2). The received result might be considered satisfactory were it not for the fact that having a school prophylactic programme is compulsory and 2.97% of the studied facilities' headmasters do not fulfil their legal obligation.

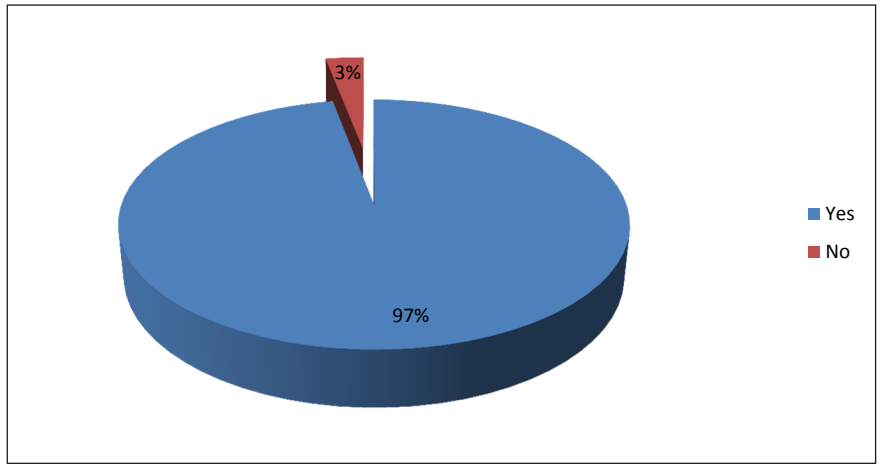

Figure 2. Number distribution of studied schools according to the issue of having a prophylactic programme

Source: Own work

Almost a half of the studied schools (40.31%) carrying out prophylactic actions drew up their current programmes for the period of one year. One-third of the studied schools (33.16%) reported a 3-year programme applicability period. In 11.22% of the schools, programmes expire after 5 years, in 5.61% – as early as after 2 years. Permanent, indefinite-time programmes were developed in 8 facilities (4.08%). Six schools made prophylactic plans for 4 years, 5 schools described periods when their programmes were applicable in a manner characterized by low precision (2.55%, e.g. *pursuant to the regulation, from 1 to several years)*.

About three-fourths (77.72%) of facilities carrying out prophylactic actions offer those to all students. Prophylaxis for selected groups of school children and adolescents is provided by 43 facilities (22.28%) (compare: Figure 3).

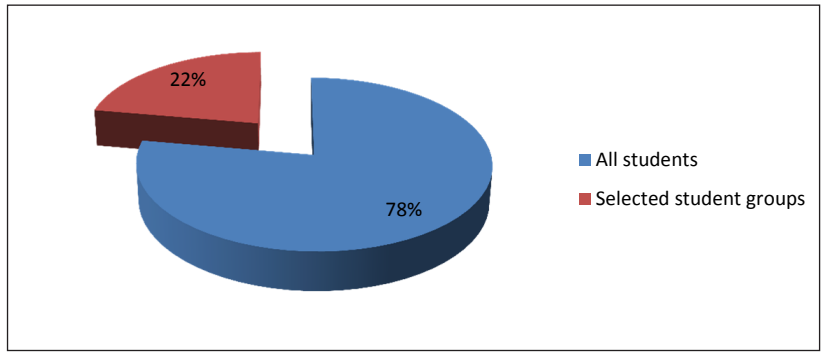

Figure 3. Percentage distribution of studied schools according to the number of students covered by prophylactic actions in one school year

Source: Own work

In 65.31% of the studied facilities there are on average from 1 to 10 hours of classes, prophylactic initiatives per student annually. More than 30 hours of prophylaxis annually are offered to students by only 3.06% of the facilities, while as many as one-fifth of the subjects were unable to specify the number of classes. Regrettably, such a result proves that the SMART criteria are not applied at the stage of setting goals of prophylactic programmes.

A majority of the examined schools (65.82%), in their assumptions, diversify prophylactic actions according to the criterion of students' age. About one-third (34.18%) of the subjects did not apply such diversification. What is interesting, out of those 67 facilities, about 29.85% were primary schools which, as indicated by literature, should take particular care of adjusting the content and form of message to the quickly changing needs and abilities of their students (compare: Obuchowska, 2002).

Individuals Responsible for Developing and Carrying Out Prophylactic Actions

Undertaken actions can be effective thanks to the fact that headmasters assign responsibility for performing specific actions to selected individuals. An optimum solution is to form a team for fulfilling tasks connected with school prophylaxis led by a coordinator whose duties include, among others, taking care of the effectiveness of undertaken actions.

98.47% of the studied facilities declared appointing individuals responsible for the development of prophylactic programmes. School guidance counsellors (75.65%) and teachers, with emphasis on form tutors (48.70%), were most frequently involved in the development process. Almost all the respondents (99.49%), in their programmes, specified individuals responsible for implementing prophylactic programmes. No such specification was noted in one facility (0.51%). Programme implementers were, again, most frequently school guidance counsellors (75.38%) and teachers/form tutors (62.56%). In 7 studied facilities (3.59%) students' parents were also involved in pursuing prophylactic initiatives. In 182 schools (93.33%) individuals responsible for the evaluation of prophylactic programme effectiveness were designated. School guidance counsellor (62.09%) is most often responsible for the evaluation stage.

Prophylactic Programme Development Stage – Objectives, Areas of Activity (Issues)

In 80.10% of the studied schools prophylactic programmes were based on applicable legal documents (the Constitution, acts, regulations). 88.27% of the facilities also took into account the diagnosis of prophylactic needs when developing their activity profiles. In 23 schools other premises of programme development were reported.

Forms of prophylactic needs diagnosis most commonly mentioned by the respondents included: observations by teachers (79.49%), analyses of current social phenomena (74.36%), questionnaires for students (73.47%) and open questions asked to students' parents (70.92%). More than a half of the respondents (56.12%) indicated also diagnosis of students' local environment, while 41.84% – open questions asked to students. Seven facilities declared using other forms of determining prophylactic needs of their service recipients (compare: Figure 4).

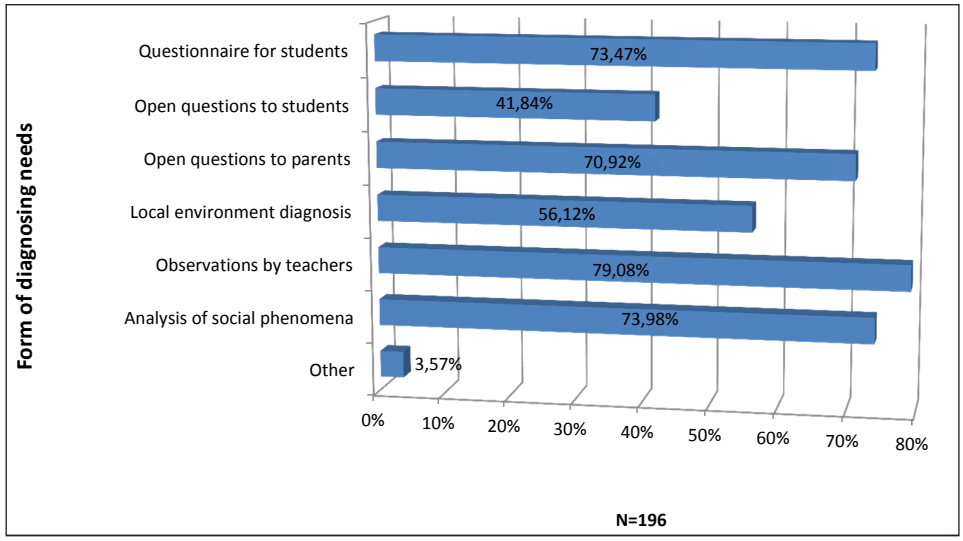

Figure 4. Number distribution of studied schools according to the form of prophylactic needs diagnosis

Source: Own work

Almost all analysed school prophylactic programmes (93.88%) comprised general objectives of actions planned by the facilities. In 12 schools (6.12%) the respondents were unable to identify those assumptions in their programmes (compare: Figure 5).

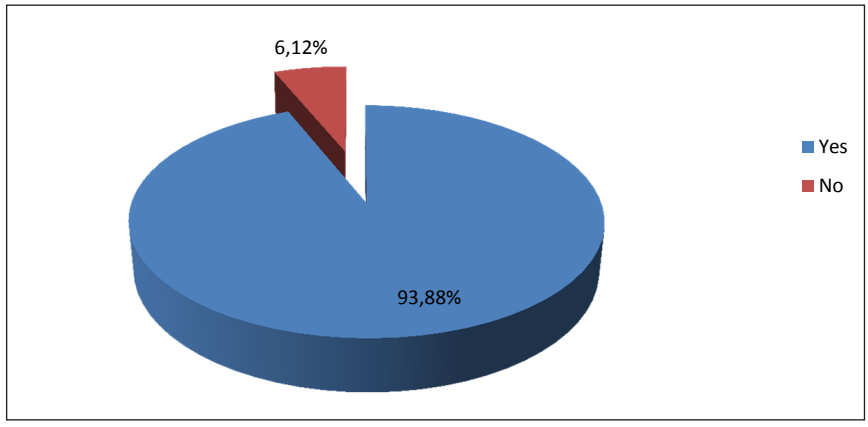

Figure 5. Number distribution of studied schools according to the issue of specifying general objectives in prophylactic programmes

Source: Own work

The most commonly specified general goals of prophylactic programmes concerned the categories of promoting, propagating healthy lifestyle (29.89%), shaping social skills (22.28%) and preventing addictions (19.02%). Qualitative analysis indicated that none of the reported goals met the SMART criteria commonly applied in management and reflecting conditions set out for objectives, among others, by M. Łakomski (2007) and G. Miłkowska (2010). Most frequently, the goals did not fulfil the criteria of specificity, measurability and attainability (e.g. protecting the student against threats at each stage of his or her development, preparing for life in the contemporary world conditions, supporting comprehensive, harmonious development of the student, education focused on ideals). There were also statements indicating the lack of basic knowledge of programme development issues such as, among others, diagnosis of needs, individual assistance and support in difficult situations, specified by schools as objectives of their prophylactic programmes. Through the goals, schools sometimes indirectly revealed their attitudes towards prophylaxis. In one of the schools the general goal was the struggle against addictions, mainly dependence and aggression, encouraging to work on oneself.

In the vast majority of programmes of the studied schools (87.76%) detailed goals of prophylactic actions were emphasized. In 24 schools (12.24%) that category of objectives was not developed. In 66.67%, detailed objectives of programmes coincided with general ones.

Manners of Implementing School Prophylactic Programmes

The issue most commonly raised within the framework of school prophylaxis is preventing addictions (59.18%), with special stress on fight against designer drugs, reported by 34 facilities. 34.18% of schools engaged in various forms of eliminating aggressive behaviours, 30.61% – in promotion of healthy lifestyle and 29.08% – in developing social skills.

The categorization of prophylactic issues applied the same categories as that of general goals, which was done in order to examine convergence, coherence between objectives and raised issues. As it turned out, the objectives put strong emphasis on health promotion (it ranked third among the issues) and social competences (ranking fourth among the issues). Coherence between general goals and scope of the issues was observed in a half of the studied facilities.

In almost all the studied facilities (94.90%) programmes take into account the school's cooperation with experts in prophylaxis-related fields. Police officers (62.37%) and psychologists (47.31%) are most often invited to schools. Quite a high percentage of the facilities also welcome municipal police (26.34%). The study did not confirm reports emphasized by K. Okulicz-Kozaryn (2011) that schools often use dubious-value services of prophylactic theatres. Out of 186 facilities using assistance of external experts, 11 schools mentioned actors of prophylactic theatres, which accounts for merely 5.91% of all. Still, despite their

proved low effectiveness, expository methods are applied within the programmes of 72.45% of the facilities. A comparable number of schools use educational films (64.29%), workshops (60.71%) and theme competitions (57.65%); 45.92% of the studied schools distribute prophylactic materials. 37.24% of the facilities employ prophylactic programmes available in the publishing market. The publications most commonly used by schools are "YES or NO"[1] (21.92%), "I am OK"[2] (15.07%), "7 Steps"[3] (13.70%) and "Aggression Replacement Training" (10.96%). Almost one-tenth (8.72%) of the schools mentioned other programme implementation methods, among others, e-learning, support groups for teachers or the already mentioned prophylactic theatre (compare: Figure 6).

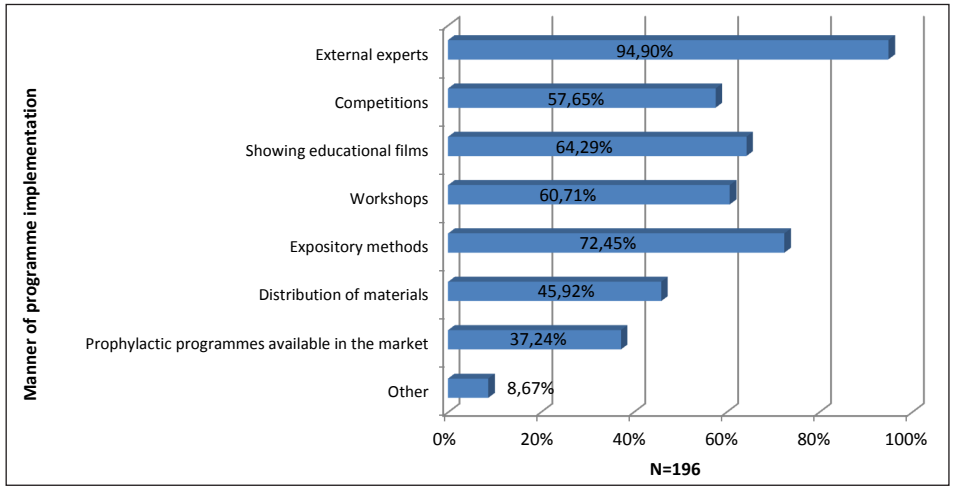

Figure 6. Number distribution of studied schools according to the manner of prophylactic programme implementation

Source: Own work

Evaluation of Prophylaxis Effectiveness in School

More than a half of the studied schools (63.27%) declared carrying out partial evaluation of prophylactic programme effectiveness. In 72 facilities (36.73%) no decision or action was taken in that scope (compare: Figure 7). The most

[1] "YES or NO" Programme – an addiction prophylaxis programme aimed at post-primary school children and adolescents (www.prom.org.pl). [20.07.2012]

[2] "I am OK" Programme – an early addiction prophylaxis programme meant for fourth and fifth form primary school students (www.prom.org.pl). [20.07.2012]

[3] "The Third Primer or the Seven-Step Programme" – a prophylactic programme preventing alcoholism, drug addiction and aggression among the youth (http://www.narkotyki.pl/aktualnosci/art940,trzeci-elementarz-czyli-program-siedmiu-krokow.html).

frequently reported form of partial programme evaluation was a questionnaire addressed to students, teachers and/or students' parents (65.32%), with observations (25.00%) and interviews (25.00%) ranking second.

A half of the facilities performing partial assessment of prophylactic programmes (50.81%) scheduled that procedure to be conducted twice a year – on the semester-basis. 18.55% of schools assess prophylaxis once a year and 11.29% of facilities evaluate their activities after every class. Moreover, such answers were given to the question as every 3, 5 years, if the need arises or all the time.

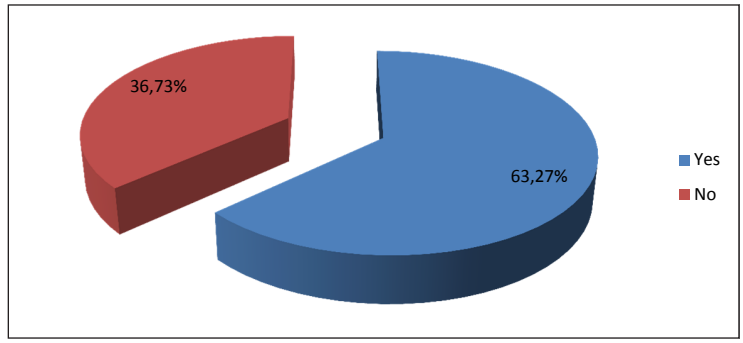

Figure 7. Number distribution of studied schools according to the issue of conducting partial assessment of prophylactic programme effectiveness

Source: Own work

In almost all the studied schools (94.90%) final evaluation of prophylactic programme effectiveness was scheduled to be performed, while 10 facilities (5.10%) did not consider final evaluation of carried out actions (compare: Figure 8).

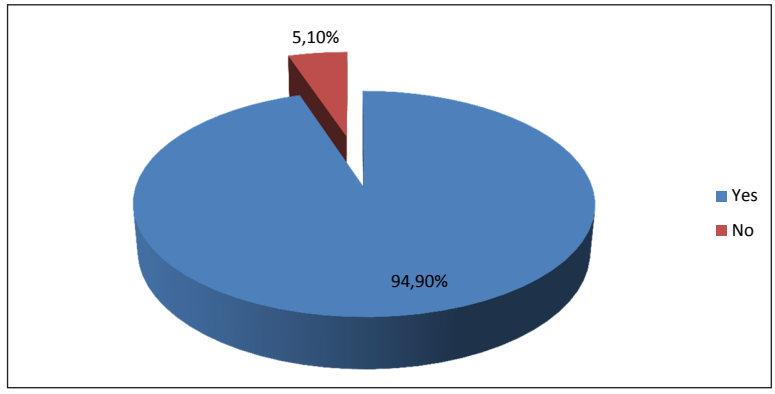

Figure 8. Number distribution of studied schools according to the issue of conducting final assessment of prophylactic programme effectiveness

Source: Own work

The most commonly mentioned form of final evaluation of programme effectiveness was an evaluation questionnaire measuring the level of students' satisfaction with the programme (69.39%) and an evaluation questionnaire meant for students' parents (53.06%). Almost half of the facilities also decide to assess students' knowledge of prophylaxis and 43.88% – to compare their behaviours before and after programme implementation. Moreover, 61 schools conduct analysis of programme benefits and 5 apply other forms of final evaluation (compare: Figure 9).

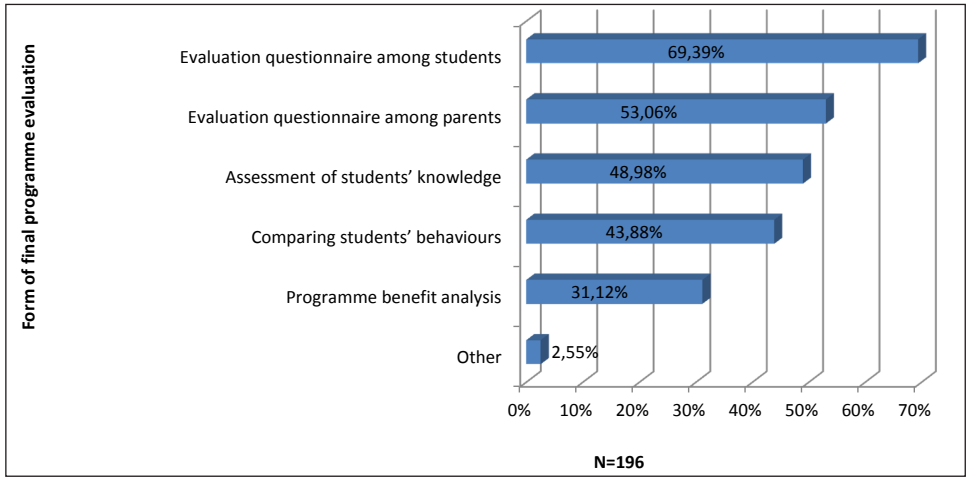

Figure 9. Number distribution of studied schools according to the form of final assessment of prophylactic programme effectiveness

Source: Own work

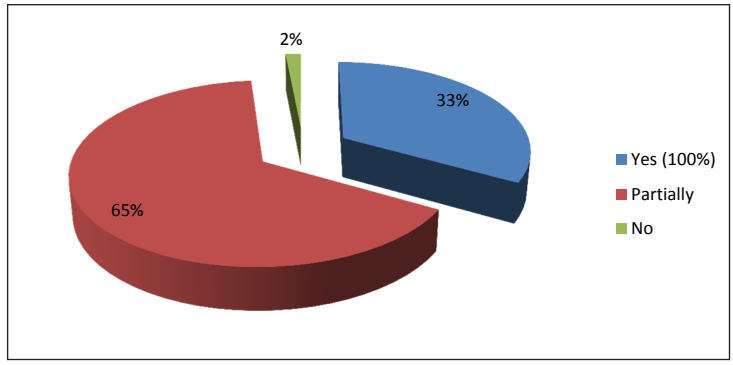

Figure 10. Number distribution of studied schools according to the degree of fulfilling objectives set for previous prophylactic programme

Source: Own work

65 schools declared 100% fulfilment of previous prophylactic programme objectives and 128 – partial achievement of set goals. Three facilities (1.53%) reported failure to fulfil all established objectives (compare: Figure 10).

Out of the 128 schools that in the year(s) preceding the study partially accomplished their prophylactic objectives, 64.89% take or took corrective measures. In a majority of facilities those actions were part of a currently implemented programme. The schools decided to modify ineffective parts of their programmes, with regard to both their contents and forms of prophylactic influence, increased emphasis on the diagnosis of needs and made efforts aimed at organizing individual classes for risk-group students. About one-third (35.11%) of the studied facilities did not draw up a corrective programme for their abortive prophylactic actions.

Final Conclusions

Based on analyses of the received study results, it can be stated that the vast majority of schools have programmes and carry out prophylactic activities. In order to develop, implement and evaluate prophylactic programmes, the facilities form prophylaxis teams most frequently composed of school guidance counsellors, which confirms reports by G. Miłkowska (2010).

At the programme development stage, almost all the studied schools define general objectives of programmes, with the majority of facilities making them more specific by setting detailed goals. Regrettably, results of quantitative analyses that fill with pride are not reflected by qualitative analyses. None of the respondents formulated their objectives according to recommendations of the SMART criteria that are commonly applied in project management nowadays. The most frequent charges levelled against schools' objectives included: excessively high degree of generality, incapability of or considerable difficulty in evaluating success of undertaken initiatives and low attainability level. Moreover, divergence between general and detailed goals was noticed in about one-third of the analysed programmes; detailed objectives did not stem from general ones.

Also, almost one-third of the studied schools did not diversify actions within their programmes based on their students' age, of which 29.85% were primary schools that should put particular emphasis on that initiative selection criterion.

Almost all the schools planned final evaluation of prophylactic programme effectiveness; more than a half of the facilities perform partial evaluation of carried out activities as well. That undoubtedly optimistic data and very high level of established goals' attainability declared by the schools for preceding years are clouded by the fact that the schools do not properly set their objectives and have no reliable tools to assess the effectiveness of performed actions. The self-assessment

by the facilities is, therefore, highly subjective and often, regrettably, excessively optimistic.

While developing prophylactic programmes, the majority of facilities took into account applicable legal documents and declared the diagnosis of prophylactic needs. Most often through widely available prophylactic programmes, the schools strive to prevent addictions and aggression, promote health and increase their students' social competences. Only in a half of the studied schools the scope of prophylactic issues coincided with general objectives of their programmes.

In connection with the already mentioned anniversary of the duty to carry out prophylaxis in Polish schools and projects to increase financial outlays on those activities, that area is worth closer analysis. It seems interesting to what extent the Polish school is able to anticipate potential threats (with regard to the first-line prophylaxis) and how well it copes with already existing problems (the second-line prophylaxis). How are the effectiveness and appeal of school prophylaxis assessed by its specific recipients and to what degree are those assessments similar?

A tendency to capture studied phenomena in a holistic manner encourages to apply, particularly in that case, triangulation of sources, and thus consider, in the research, judgments and opinions of all prophylactic actions' recipients pursuant to the regulation.

As for teachers, teachers-implementers of prophylactic recommendations, a key issue seem to be that group's competences to fulfil duties arising from prophylactic programmes (knowledge of prophylaxis) as, to a large extent, *the school of prophylaxis determines the school prophylaxis.* Other interesting issues are teachers' attitudes towards prophylaxis in general as well as assessments of usefulness and adequacy of actions taken by schools in the discussed area.

Students, main recipients of school prophylactic programmes, should express their opinions about problems they see in the world around them (hence enabling evaluation of coherence between programmes' objectives and needs), ways of prophylaxis implementation – their appeal and strength of influence as well as relevance of issues raised by prophylaxis (risk of programme petrification).

Studied in respect of their awareness of contemporary children and adolescents' problems and school prophylactic actions in that scope, parents may provide supplementary information valuable for research, while simultaneously allowing insight into the effectiveness of actions aimed at achieving the currently promoted state of symmetrical relationship between parents and school.

To sum up, it can be said that the applicable legal provisions forced headmasters to carry out prophylactic actions but the quality of performed actions remains dubious. Mistakes occur at the stages of programme development, implementation and evaluation and, what is more, the lack of clearly defined indicators and appropriate measurement methods prevents the proper evaluation of activities.

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