



CARIBBEAN ASSOCIATION OF HOME ECONOMISTS INC.

C.A.H.E 1972

HOME ECONOMICS FOR A BETTER CARIBBEAN COMMUNITY

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STUDENT HEALTH INTERVENTION PROGRAMME (S H I P)

A Community Project to integrate the school into the community

DESCRIPTION OF PROJECT

An outreach programme catering to:

- The well-being of the needy in the school population in a holistic manner
- The nutritional needs of the elderly in the immediate surroundings of the school.

LOCATION An inner-city, co-educational secondary school in Trinidad

RATIONALE

Many factors have contributed to the failure of parents to adequately cater to the needs of their children. Often economic insufficiencies create stressful situations with which parents are unable to cope. This Programme attempts to satisfy the physical needs of the child.

PHILOSOPHY

The school's philosophy is that total development of the child is of paramount importance. Thus the school has a duty to cater to the spiritual, emotional, physical, intellectual and educational needs of its students, thereby affording each one of them an equal opportunity to derive maximum benefit from the school's curriculum.

PROBLEMS IDENTIFIED

Certain behaviours were identified among some of the students:

1. Lack of concentration with regard to study.
2. Unhealthy skin; evidenced by sores and rashes.
3. Physical disability occasioned by hunger and evidenced by fainting spells.
4. Withdrawn behaviour – failure to interact with peers.
5. Anti-social behaviour:-

- Aggression
 - Attention seeking
 - Disruptive tendencies.
 - Dishonesty.
6. Absenteeism / Unpunctuality
 7. Low productivity, failure to hand in assignments.
 8. Other: Each school will have individual needs and problems.

COURSE OF ACTION

1. Close observation of students for potential members of the programme.
2. Consultation with colleagues and the administration of the school.
3. Professional help to be sought for individuals with major problems.
4. Setting up of support system on a continuing basis by Project Committees.
5. Financial support to be sought from:
 - Alumni
 - P.T.A.
 - Business Community
 - Individuals
 - Institutions
 - Network of Non Governmental Organisations for the Advancement of women.

PROGRAMME OBJECTIVES

1. To help minimise the trauma experienced by students as a result of hunger and poor nutrition.
2. To improve students' nutritive state of health.
3. To foster a sense of belonging and self-worth.
4. To improve self esteem.
5. To help students develop into functional citizens despite negative influences.
6. To help students develop adequate coping skills.

7. To help students develop a sense of caring for and sharing with the elderly.
8. Other as deemed necessary, dependent on problems identified.

ACTIVITIES

Specific activities will be initiated to deal with the problems identified, e.g.

1. Mini Workshops.
2. Nutrition theory and practical food preparation classes.
3. Follow-up nutrition information.
4. Family Life Education classes.
5. Role playing and skits.
6. Investigation of the causes of absence, unpunctuality and low productivity.
7. Provision of goods and services.
8. Community survey to identify the needy elderly in the community.
9. Dependent on problems identified and the objectives to be achieved.

COMMENCEMENT OF PROGRAMME

This programme will begin once all logistics are in place, in collaboration with participating professionals, all attempts will be made to ensure that the programme will not undermine the self-esteem and confidence of students.

RULES OF THE PROGRAMME

1. A child on programme must be a bona-fide member of the school.
2. Open to students from Forms 1 – 6 who display one or more of the characteristics listed under Problems Identified (1-7).
3. Elderly recipients must reside in the immediate environs of the school.
4. Once parent's economic situation improves, children should be withdrawn from the programme.

EVALUATION OF THE PROGRAMME:

This programme will be an on-going one with continuous evaluation procedures which will include

1. Observation of visible signs/characteristics of a healthy individual, e.g.
 - proper weight of or height and age;
 - sparkling eyes/good vision;
 - healthy hair;
 - clean skin free of blemishes;
 - alert posture.
2. Referral of students by co-operating medical practitioner to hospital/clinic for testing - consequent adjustment of dietary intake.
3.
 - a. Follow up testing by co-operating optometrist – consequent adjustment to prescription lenses as necessary.
 - b. Periodic visits to dental clinics for diagnosis and treatment.
4. Co-operating Guidance Counsellor will evaluate withdrawn and anti-social behaviour by testing, using various methods:-
 - a. self-directed search;
 - b. self-concept
5. Participating teachers will use observations as their main tool for evaluation. Changes in behaviour which initially was the indicator of a problem are often signs of resolved problems.