

RESEARCH AND PRACTICE OF HEALTH PROMOTION

**“ THERE’S NOTHING LIKE
STARTING YOUNG...” –
HEALTH PROMOTION AT
KINDERGARTEN**

Stimuli, views and
models of good practice

VOLUME 12

Federal Centre for Health Education

BZgA

The Federal Centre for Health Education (BZgA) is an authority in the sphere of responsibility of the Federal Ministry of Health and is based in Cologne. In the field of health promotion, it handles both information and communication tasks (education function), as well as quality assurance tasks (clearing and coordination function).

The information and communication tasks include the provision of information and education in subject areas with particular priority as regards health. In cooperation with partners, the BZgA implements campaigns in various fields, such as AIDS prevention, drug prevention, sex education and family planning. The target group-specific work of the BZgA currently focuses on promoting the health of children and young people. The key tasks of the BZgA in quality assurance include the formulation of basic scientific principles, the development of guidelines, and the elaboration of market overviews of media and measures in selected fields.

As part of its quality assurance tasks, the BZgA organises conferences and commissions research projects, expert reports and studies on current topics of health education and health promotion. For the most part, the results of this work are incorporated into the series of scientific publications from the BZgA, in order to make them accessible to the interested public in the various fields of health promotion. The "Research and Practice of Health Promotion" booklet series is intended to be a forum for scientific debate. The primary aim is to expand and promote the dialogue between science and practice and to establish a basis for successful health promotion

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Documentation of an expert conference held by the BZgA from 14th to 15th June 2000 in
Bad Honnef

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Preface

The health of children and young people is one main focus of the work of the Federal Centre for Health Education (BZgA). We can assume that there is great potential for health particularly in early childhood, which should be activated and maintained. There is also a great deal of harm done to health, even in early childhood, and this requires intervention. Successful promotion of competence in health at this age would have wide-reaching effects which would shape the development of children, their ideas and behaviour with regard to health, and therefore also the later behaviour of adults with regard to health.

An ideal field for targeted early health promotion is the environment of kindergartens and child day care centres. The majority of children at this important age and stage of development spend a lot of time in this environment.

With this background in mind, the Federal Centre for Health Education organised a specialist conference on the theme of “Health Promotion at Kindergarten” in June 2000. The aim was to collect current knowledge from scientific and practical work, discuss important aspects together with experts from scientific and practical fields of work and recommend approaches and opportunities for health promotion in kindergartens.

This volume (Volume 12) from the specialist booklet series “Research and Practice of Health Promotion” documents the contents and results of the specialist conference in detail and should contribute to promoting exchange between experts – even after the conference. It should also intensify the promotion of health in this important setting, as represented by kindergartens and child day care centres.

Cologne, July 2003

Dr. Elisabeth Pott
Director of the Federal Centre for
Health Education

Outline of the conference

Theme of the conference: Promotion of health in kindergartens

Aims:

- Ensuring and intensifying health promotion in kindergartens
- Supporting the work of teachers
- Adapting available information (transparency) and inter-linking activities
- Implementing and enhancements of the setting approach in health promotion
- Integration of quality assurance measures

Date of conference: 14th to 15th June 2000

Location of conference: Seminaris Hotel, Bad Honnef, Germany

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Health promotion at kindergarten – an introduction

Dr. Monika Meyer-Nürnbergger

Background to and aims of the conference

The health of children and young people is one of the main themes of the work of the Federal Centre for Health Education (BZgA). The aim is to positively influence the development process of children and young people and to promote their competence in health.

In the past few years, the promotion of competence and development during childhood has increased in significance within the sphere of health promotion. The background to this is a direction of vision, which – relying on Aaron Antonovsky’s model of salutogenesis – inquires less into the causes of illness and more into the (individual) reasons for health. Accordingly, strengthening personal resources, e.g. self-awareness, personal responsibility and the ability to deal with conflict, is an important matter and the aim of promoting health during childhood.

An ideal field for putting into practice early measures to promote health is the setting (environment) of kindergartens/child day care centres – the majority of children of pre-school age can be reached in this way.



The main aim of the conference was to ensure and intensify the promotion of health in kindergartens. Within this the main themes were the adaptation of existing information (transparency) and the interlinking of activities within both Germany and other countries, the implementation and further development of the setting approach in health promotion, the distribution of *models of good practice* and the integration of quality assurance measures.

This holistic approach for health promotion in pre-school age as pursued by the Federal Centre for Health Education served as an important model – taking into account the epidemiological foundations and the prevailing social and institutional conditions as well as considering the work and view of the specialist educational workers.

In view of this background, the course of the expert conference was determined by four thematic blocks (separated by content):

- Promotion of development in pre-school age;
- Promotion of health in everyday life at kindergarten;
- Promotion of health in kindergartens taking into account specific social situation and background;
- Promotion of health in the kindergarten – transparency/interlinking and quality assurance.

Established experts presented papers on the prioritised thematic areas. Building on this, extended discussions relating to implementation were carried out in numerous workshops and the main issues and recommendations were obtained. Successful projects were also presented.

Structure and content of this documentation

After an introduction by Dr. Elisabeth Pott, Director of the Federal Centre for Health Education, and Dr. Rüdiger Krech, representative of the WHO Regional Office for Europe, this documentary report gives an account of the contributions to and results of the four thematic blocks in accordance with the course of the conference.

Promotion of development in pre-school age

The first main topic of the conference was the promotion of development in pre-school age, which – taking into account the individual stage of development of each individual child – aims at supporting children in resolving developmental tasks which are significant to them. The introductory article in *Chapter 1* identifies the central health problems during childhood and, against this background, indicates the need to commence health promotion as early as possible with measures targeted to the age of the children. Good opportunities for establishing this can be found by looking at the educational work of kindergarten teachers, who work with children of an important age and stage of development. Concepts of early childhood education are discussed in workshops, with regard to opportunities for integrating health promoting elements. One main focus is the situation approach. Other working groups discuss gender-specific aspects of promoting development and the special opportunities for promoting development through exercise.

Health promotion in everyday life in kindergartens

Central influential factors on the work in kindergartens are the spatial and staffing conditions of the kindergarten, co-operation within the team, contact with parents and the social/cultural integration of the kindergarten into the local area. Not least, the success of health promotion depends on the “main performers” in the everyday life of the kindergarten – on the children and the teachers.

The introductory paper of the second thematic block (*Chapter 2*) deals with starting points for targeted health promotion within the setting of kindergartens. This illustrates important health resources (physical, personal and social) and highlights the high degree of correspondence between the content of health promotion and training and educational tasks – and therefore the opportunity for integration into the everyday educational work of kindergartens. In this context, the willingness of teachers to concern themselves intensively with exemplary educational ideas is emphasised.

The topics of the workshops, which are subsequently documented and which were directed towards implementation, were: living and working in kindergartens in relation to the requirements of teachers; the role of health promotion/health education within the framework of the range of further training; opportunities to implement health promotion within day-to-day running of kindergartens, taking into account the environment and influential factors; and the prevention of accidents to children, looking at the particular significance of promoting exercise within this context.

Health promotion in kindergartens taking into account specific social situation and background

To what extent can health promotion in pre-school age also reach socially disadvantaged children, e.g. children from areas of social concern or those with a difficult background? What ways are there of accessing this? *Chapter 3* focuses specifically on families with low social status and the limited prospects for development and health associated with this, as well as the problems of migration, which are increasingly coming to the fore. At the centre is the question of how to reach children who particularly need health promotion.

The introductory article initially looks at the concept of social condition and deals with various concepts of health. It makes clear the demands which arise from this for processes of understanding and ways of reaching children and families in various social situations. It also presents the specific value of the work of parents in this context.

The topic of child poverty in Germany, the effects of social disadvantage on the health of children and the opportunities for health promotion through targeted work with parents were fundamental topics of the working groups, which are documented here.

Two working groups are concerned with concrete project work in affected institutions. The priority aims of health work in areas of social concern and the opportunities for the education of children in regions with a greater need for help were discussed. Another important focus is the presentation of new approaches to working with immigrant parents, taking into account especially the specific requirements for Turkish families.

Promotion of health in kindergartens – transparency/interlinking and quality assurance
Strategies for effective health promotion can only be successfully implemented through the teamwork of the various people involved and the political sphere. Central aspects of the in-

troductory article in the fourth thematic block (*Chapter 4*) are: how suitable networks and negotiation systems are able to function; how co-operation between sectors can be promoted, particularly at a local level; and, what problems will need to be overcome in doing this. Concrete examples of qualitative improvement in health promotion, on the basis of new groupings of interests, are illustrated in one of the working groups.

In the context of quality assurance, improving transparency and clarity in the field of care is important. With regard to this, the BZgA's Germany-wide market surveys on the opportunities, media and measures available for health promotion during childhood are presented in this thematic block and the standardised records are included. Another workshop is concerned with the concrete development and use of a criteria framework specifically for assessing media for the promotion of exercise.

A European directory appears under the title "Mental health promotion in pre-school age – strategies for holistic health promotion in comparison with Europe". The main focus of the EU action project is collecting and categorising model projects.

Other articles

Main issues, recommendations and perspectives on health promotion in the kindergarten

Chapter 5 contains a summary of the results of the conference worked out by the participants, in the form of main issues from across the board and recommendations/perspectives. It offers thereby an inventory of current conceptual reflections and of practical projects for health promotion in kindergartens.

Model projects for health promotion in kindergartens

The model projects presented as examples of health promotion in kindergartens during the course of the conference are outlined in *Chapter 6*. The background of the essential selection criteria is also given.

The appendix (*Chapter 7*) contains a detailed overview of literature on the themes of the conference, the programme of the conference and a detailed index of the participants.

Opening of the conference by the Federal Centre for Health Education

Dr. Elisabeth Pott, Director of the Federal Centre for Health Education



Ladies and gentlemen,

I would like to offer you a sincere welcome here, to Bad Honnef and to our expert conference “Health Promotion at Kindergarten”. My special thanks go to the two kindergarten groups from Neuss district – the group from “Kinderwind”, a Protestant child day care centre in Kaarst, and the group from the Catholic day care centre “St. Agatha” in Dormagen. Their enthusiastic performance at the beginning of the conference has helped to create a successful “target group specific” mood. Many thanks to the children and their group leaders.



Children’s health and implementing targeted health promotion as early as possible is important to us all. Accordingly, the topic of child health is an important focus in the preventive work of the Federal Centre for Health Education. In accordance with the life-long holistic approach followed by the BZgA, the starting points for our measures are health promotion during pregnancy and early childhood, and then later for children at kindergarten and school age.

Following this holistic approach to health promotion, the Federal Centre concentrates to a certain extent on work related to the setting. The environment of kindergartens and child day care centres is an ideal field for appropriate health promotion.

Health promotion in the kindergarten is an important and shared task for everyone involved, and the Federal Centre sees itself as the mediator of the process. We have invited you as experts, to clarify the most important current discoveries in scientific and practical work, to promote exchange among experts and to recommend approaches for health promotion and opportunities for implementing this in everyday life in kindergartens. The aim of the two-day conference is to intensify health promotion in kindergartens and child day care centres. Accordingly, we have designed the event to work together with you on solutions which bring us closer to this aim.

I hope that the conference of experts runs smoothly and successfully, the co-operation is constructive, the discussions are interesting and the work brings about good results.

Message from the WHO

Dr. Rüdiger Krech, WHO Regional Office for Europe, Copenhagen



When we think about health promotion in a specific area of life, we should always look beyond this specific setting, how we call it, and consider the conditions. The fact that this is equally applicable to health promotion in kindergartens – the theme of this conference – has already been impressively illustrated by the extensive programme of the conference. Here at the beginning, I would like to mention one aspect, that of child poverty.

Immediately prior to this event, I represented the European region of the WHO in Geneva in an initiative for macro-economic changes and their influence on the development of public health. In this initiative, which had been organised by the Director-General of the WHO, Dr. Brundtland, it was possible to bring together all the important international organisations and the leading non-governmental organisations, and reach an agreement with them on a mutual course of action. Yesterday's event was about fighting poverty. Every environment, even a potentially health-promoting kindergarten must inevitably deal in some way with poverty. However, I will come to that a little later.

The first question I would like to ask you is:

What is the difference between a health-promoting kindergarten and a conventional kindergarten which implements good educational policy?

You probably know that we (the World Health Organisation) together with our member states and other partners have attempted to introduce health promotion into cities, firms, schools, hospitals and now also universities by means of the setting approach for about fifteen years. This first question to you is therefore slightly provocative and implies another question: do we need still more settings to show that health promotion can be implemented in everyday life?

Of course, the experiences that have been gained from efforts in promoting health in other areas of everyday life should also be exploited in kindergartens. I believe that part of the good image of education is learning from others. In my opinion, however, the potential will not be exploited completely by simply copying and transferring these to kindergartens – for example, the approach of health-promoting schools. Where is the added value, the innovative aspect of a health-promoting kindergarten, which can enrich the general setting approach?

In my opinion, such an aspect could be found by examining more closely the basic concept of education, with regard to critical analysis of its effects on health and adjusting this

if necessary – in both practical work and plans for development and further training. Therefore my second question to you is:

Could you work on a salutogenetic approach for kindergartens and develop a salutogenetic early childhood education strategy, together with the BZgA and possibly with us?

Among the projects set up within the course of this conference, there are quite rightly projects of a non-specific nature. They are aimed at the ways in which a feeling of self-worth can be improved, how one's own general competence can be increased in order to prevent e.g. certain addictive mechanisms. And I believe that is exactly the right approach. Hence there is also this question for you: could you use these experiences, which you have chosen for such a non-specific approach to health promotion, to work out a salutogenetic early childhood education strategy?

Of course, a health-promoting kindergarten is always one which includes a healthy nutrition and ensures that mental and physical activities are well distributed. In kindergartens a "good rhythm" is important – comparable with the image of breathing in and breathing out. Mental and physical activities should be alternated.

However, the setting of a kindergarten should be considered beyond the boundaries of the kindergarten. The well-being of the children, the parents or the people to whom the children primarily relate as well as that of the kindergarten staff is heavily dependent on social conditions. One example: the increased flexibility, which is demanded today from almost all employees naturally reflects on everyday life in the family. Taking children to and picking them up from kindergarten often becomes a problem of logistics. The increased stress of mothers with double or triple responsibilities is clearly visible in everyday life in the kindergarten. Professional flexibility is demanded from them more and more frequently and this is very difficult to harmonise with the social role of a mother. Of course, this has a direct influence on the psychosocial structure of the family and we can, with justification, assume that this also has implications for health. Here, for example, co-operation between firms and health-promoting kindergartens could be aimed at the ways in which the greater flexibility demanded of parents could be offset in the kindergarten.

Children are affected by poverty in very specific ways. Today in the USA, for example, 21% of all children and young people live in poverty. The number alone is alarming. But we must also imagine how children experience poverty and what position they are in to deal with this everyday situation. Children do not have the resources for rational explanations which most adults possess. Also, children from about four or five years of age recognise the logo of a specific sports firm and today more than ever it seems to have become a status symbol. In addition, poverty is very closely associated with child illness.

My next question to you is therefore:

Could you work on how a health-promoting kindergarten can attempt to reduce economic inequalities among children?

The context of the kindergarten has changed massively within the last 20 years. Whether a Game boy may be brought into the kindergarten or not is naturally a question of good educational concept. But are all children able to shake off the influence of “Pokemons”? When will the first mobile phones for small children go off during playtime? Kindergarten is an important setting, in which social skills are learnt, in which imagination can be developed and in which human feelings can be trained and refined. The kind of early childhood education used has an influence on later health resources. This is why we from the World Health Organisation propagate a life long approach. The question to you is:

Could you collaborate to discover the medium and long-term changes which a health-promoting education has on people’s health literacy?

Of course, health programmes are a meaningful part of any setting. Healthy food, appropriate physical activity and the best possible balance between physical and mental challenges and support are – as already mentioned – important components in health education. Of course, in a healthy kindergarten the carers should recognise disturbances as early as possible and avoid their manifestation. However, a comprehensive approach to health promotion should also take into account the conditions for health – the setting of a kindergarten is also suited to moving the general issue of health higher up the political agenda: health-promoting kindergartens also affect healthy social and economic policies which take into account people’s health.

We should use the settings of everyday life to understand health in a broad sense. In this respect, it is obvious that also in health promotion the potential for health in a sphere of life is exploited less in so far as the programmes are often specific to illnesses. We should – and here I agree completely with Dr. Kickbusch, one of the leading international experts on public health – start “thinking health”. When I think of health-promoting kindergartens, I therefore also think of a healthy social policy, healthy local policies and healthy education. I would be happy if a few key elements of a health-promoting kindergarten could be identified by the end of this conference. But I would also like to warn you against being too inflexible in your conceptual considerations. Here at this conference you are only lighting the first flame and you should be aware that there will be a long way to go.

In conclusion, please allow me a small analogy: as you know, currently I live in Denmark, where there is a lot of sailing. If I, shall we say, want to sail from Denmark to Norway, I cannot see Norway in front of me. I need therefore, navigational aid for orientation. In addition to that, we usually have winds from various directions and of varying strength. I therefore need, and indeed that is the most exciting thing about it, to change the sail many times, i.e. to tack. The situation is exactly the same for everyday political work. We urgently need basic guidelines (i.e. navigational aid), within which we can then deal with the par-

ticular situation in a flexible manner. Of course, if there are head winds it takes you a bit longer to get to your destination (and sometimes it is rewarding to wait in harbour); with crosswinds the journey is good, although it can get a bit rough. Without navigational aid we can only get to our destination by chance, if we get there at all. So, just as good navigation is taken for granted by professional sailors, we in health promotion and health policy should take for granted precise monitoring and a duty to account for our decision, so that development can be targeted and active. In this sense, the approach of health-promoting kindergartens, which is to be developed, can also make an important contribution.

PROMOTION OF DEVELOPMENT IN PRE-SCHOOL AGE



1.1 Central health problems during childhood and development of strategies for intervention

Dr. Elisabeth Pott

As an introduction to the theme of “Health Promotion at Kindergarten”, fundamental findings on the state of health and health problems during early childhood will be illustrated first. Then, using collected data as a basis, priority thematic fields and areas for action in health promotion will be indicated, as well as opportunities for joint endeavours, in relation to the setting of kindergartens/child day care centres.

Central health problems during childhood

Within the framework of its foundation work, the Federal Centre has analysed results obtained from early diagnosis examinations, school enrolment examinations and specific research projects with regard to frequently occurring, consequential health problems during childhood that could have been influenced by preventive measures in an experts’ workshop.¹ *Figure 1* shows an overview of the main results.

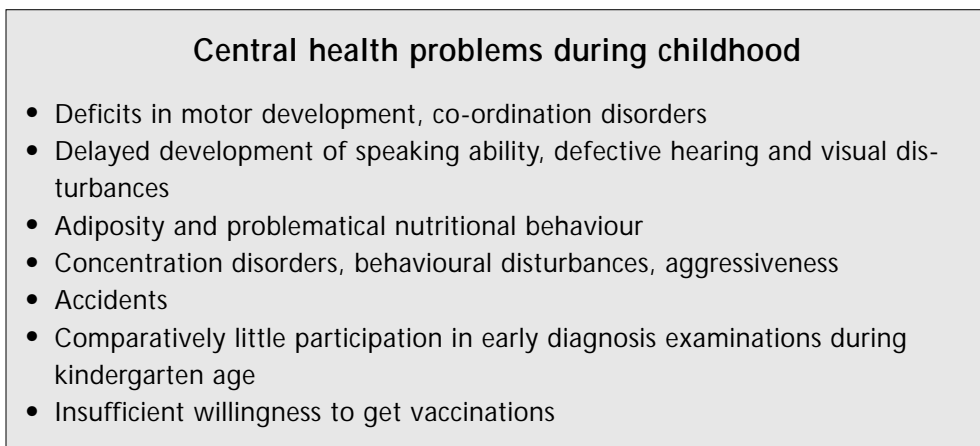


Fig. 1: Central health problems during childhood

– During the pre-school age *problems in motor development and co-ordination disturbances* are frequently diagnosed. Caused by lack of exercises many children exhibit

1 Cf. BZgA (ed.) (1999): *Child Health – Epidemiological Foundations*. Cologne (Research and Practice of Health Promotion, Vol. 5).

deficits in their physical stamina, and age-appropriate physical strength and co-ordination capability. There is also an increase in the diagnosis of postural deficiencies.

- Another problem affects the areas of *speech/speech development and auditory and visual acuity*. Many children of kindergarten age show abnormalities and disorders in this area. They also present developmental disorders stemming from this, a problem which should not be underestimated.
- Overweight and underweight are among the most frequently diagnosed disorders. The severity of forms of *problematical nutritional behaviour* and malnutrition increase with age.
- Furthermore, the thematic complex of *concentration disorders, behavioural problems and aggressiveness* presents an obvious and increasing problem – even though these are difficult to assess and diagnose. These impair the ability to adequately cope with developmental tasks and/or encourage later problematic behaviour.
- Accidents that occur during childhood are closely connected with, on the one hand, a lack of exercise and deficits of perception, development and co-ordination and, on the other, the demands made by a child's environment. After *road traffic accidents* the area of *accidents at home and during leisure time* requires particular attention.
- Furthermore, overall the use of the health services does not appear to be sufficient in a few areas. Hence – despite the relatively high number of participants in the first early diagnosis examinations – *a comparatively low rate of participation in the early diagnosis examinations* is recorded during the kindergarten age. There is also an *insufficient willingness to receive vaccination* regarding the necessary booster vaccinations. Some of these also fall within the pre-school age.

These health problems and disorders, and also the inadequate use of the range of health services, particularly affect children living in socially difficult and disadvantaged conditions.

Health promotion during childhood – priority fields of action

On the basis of the data and the opportunities for primary prevention, the analysis indicated the topics and fields of action shown in *Figure 2* as priorities with regard to health promotion in early childhood.

The prospects for health-promoting measures during childhood are particularly good if they are commenced early and if healthy development of the child is accordingly taken into account in a holistic manner.

Priority subject areas	<ul style="list-style-type: none"> • Education on nutrition • Promotion of exercise • Coping with stress/psychosocial health • Addiction prevention • Sex education • Prevention of accidents • Prevention of violence • Promoting awareness of early diagnosis examinations • Promoting willingness to receive vaccinations
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Fig. 2: Priority subject areas and fields of action in health promotion during early childhood

There are successful courses of action and approaches in various subject areas. The regional examples and model projects presented during the course of the conference showed a range of these (see also the brief presentation of *Models of good practice* in Chapter 6.2).

Health promotion during childhood – requirements for action across the subjects

Requirements for action across the subjects	<p>Measures and initiatives for health promotion during childhood</p> <ul style="list-style-type: none"> • are carried out taking into account children's social environment and daily routine (<i>directed at children's own world and social situation</i>); • link into specific phases of development; • include – in addition to problem-oriented approaches – approaches to improve competence, in relation to children, parents and teachers; • based on strategies which simultaneously bring together and tackle related problems (<i>comprehensive and holistic</i>); • take into account gender differences and integrate gender-specific approaches (<i>oriented to social role</i>); • strive for interdisciplinary co-operation (based on co-operation and division of responsibility, e.g. parents, teacher, paediatrician, sports club); • direct particular attention at socially disadvantaged families and other high risk groups that are difficult to reach.
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Fig. 3: Requirements for action in health promotion during childhood across the subjects

Imprinting of behaviour important to health and stabilisation of a way of life conducive to health is best achieved through early age-appropriate prevention. To some extent the success of health promotion measures during childhood depends on developing and using suitable ways of accessing the target groups. The central aspects presented in *Figure 3* have a special value in this.

Kindergarten as “a place for health promotion” – development of setting-related intervention

A significant proportion of children’s socialisation takes place in child day care institutions. Teachers are the multipliers who accompany the children through this important age and phase of development. The value of “parental work” becomes very clear in this context.

Hence, the kindergarten and child day care centre, as an educationally oriented means of access which embraces all spheres of society, has a central significance in supplementing families in the area of health promotion. Good starting points and requirements for incorporating health education aspects into the daily routine of kindergartens can be discovered by looking at the educational aims of work with children. The pedagogical task of promoting a child’s development into a responsible person with social skills can be combined with concrete elements of health promotion in the daily routine of the kindergarten. One thinks, for example, of the areas of hygiene and nutritional education.

In front of this background the environment of “kindergartens/child day care centres” forms a setting that offers great prospects for health promotion, particularly if you take into consideration the fact that the number of kindergarten places has become very high. Even if there are still bottlenecks in a few regions, it can be assumed that generally the majority of children can be reached through kindergartens.

The question of opportunities to intensify health promotion in kindergartens depends on the interplay of various aspects and elements. In addition to legal principles, important factors are the current prevailing institutional and staff conditions, the social and cultural background and the training and further training situation.

In the past few years, the Federal Government and the Federal State Authorities, sponsoring associations (Associations of Voluntary Welfare Work, public youth assistance/local sponsors), local and religious institutions, governmental and non-governmental training centres, health offices, youth work organisations, health insurance companies and the area of sport have all significantly contributed to improving health education and health promotion in kindergartens and day care centres for children.

Health promotion at kindergarten – a joint task

Establishing and intensifying health promotion in kindergartens can be realised by sharing the task and dividing the work between the participants involved. The BZgA sees itself as a moderator in this area with the aim of improving the kindergarten as “a place for health promotion”. In collaboration with its co-operation partners, the Federal Centre supports the work of educational staff in the area of health promotion through various measures (*Figure 4*).

- **Bringing together scientific principles and fostering their transference into practical work**

The BZgA endeavours to bring together scientific foundations and promote their transference into practical work, e.g. by consensus conferences and specialist publications – today’s conference also has this objective as its aim. In this context I would like to refer to the specialist booklet series “Research and Practice of Health Promotion”² and here specifically to *volume 5, Child Health – Epidemiological Foundations* (*cf. note 1 on page 22*).

Health promotion at kindergarten – a joint task	The BZgA's support includes: <ul style="list-style-type: none">• Bringing together scientific principles and promoting their transference into practical work,• Making standard media available,• Developing practical working material for multipliers,• Carrying out action-related measures in central subject areas,• Working out recommendations and guidelines,• Developing quality criteria,• Drawing up market overviews and analysing the supply situation,• Supporting co-operation and networking.
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Fig. 4: The BZgA's support for educational staff

- **General concepts and recommendations**

The Federal Centre has developed general concepts and recommendations for practical work to support local work relating to the target group and oriented towards the setting.³

² Cf. *Die Fachpublikationen der Bundeszentrale für gesundheitliche Aufklärung*. [Specialist publications from the Federal Centre for Health Education.] Overview. Cologne: BZgA 2003, and on the internet at www.bzga.de under “*Fachpublikationen*”.

³ For example, the general concepts *Health for Children and Adolescents* (Concepts 1, Cologne 1999) and *Health Education and Health Promotion in Schools* (Concepts 2, Cologne 2001) and the general concept *Health Promotion at Kindergarten* (Concepts 3, Cologne 2002).

- **Standard media**

The Federal Centre prepares standard media⁴ on selected thematic areas regarding the health of children (general health education, prevention of addiction, nutritional education, sexual education). These are provided to distributors of information and end readers, usually free of charge.

- **Working materials for distributors of information**

In order to provide further support for work in the field of health promotion, the BZgA develops practical working materials for distributors of information. A new series from the BZgA entitled “Gesundheitsförderung konkret” [Practical Health Promotion] falls within the subject area of practical working aids. The first volume, *Bewegungsförderung im Kindergarten* [Promotion of exercise in the kindergarten]⁵ gives an overview of suitable specialist books and media on promoting exercise, which can help teachers as an aid in decision-making and a basis for their work.

- **Action-related measures in central subject areas**

Synergy effects are to be achieved by carrying out action-related measures in central subject areas (e.g. in the areas of addiction prevention, nutritional education and sex education).

- **Market overviews**

In order to improve transparency and be able to make available basic principles for judging the supply situation, the BZgA draws up nation-wide market surveys of suppliers and services in health promotion.⁶

- **Development of criteria for assessment**

Efforts in the area of developing criteria for assessing services should be increased. This is an area of quality assurance which has to be organised by consent.

- **Supporting co-operation and networking**

Another important focus is supporting co-operation and networking in order to improve the basic principles of a procedure in which the work is divided.

An overview of all the BZgA's current activities can be found on the BZgA homepage at www.bzga.de.

4 Cf. the BZgA's media overview “*Gesundheit von Kindern und Jugendlichen*” [Health of children and young people].

5 Renate Zimmer, *Bewegungsförderung im Kindergarten. Kommentierte Medienübersicht*. [Promotion of exercise in the kindergarten. Overview of media with commentary.] Cologne: BZgA (ed.) 2002 (updated edition) (Gesundheitsförderung konkret, Volume 1).

6 *BZgA Market Observations, Market Analysis*. Cologne: BZgA (ed.) 1999.

1.2 Reports from the working groups

1.2.1 Concepts of early childhood education

Leader: Kornelia Schneider, German Youth Institute, Munich

Introduction

In the round of introductions, initially the participants were to explain their expectations and it was to be resolved to what extent it was possible to fall back on experiences in the discussion about possible approaches to health promotion within the various theories of early childhood education. One participant had a practical background (she was a teacher in charge of a child day care centre). The other participants were key people from administration and politics, and multipliers working in practical projects, training, advice, research and teaching.

The participants of the working groups were mainly interested in clarification of the following questions:

- (1) Which theories allow health promotion to be best conveyed?
- (2) To what extent are we able to fall back on existing approaches?
- (3) Which approaches to health promotion are included in the various theories of early childhood education?

The group agreed to discuss opportunities for health promotion taking the situation approach as a starting point. In her stimulus paper, the leader of the working group initially gave an overview of the basic principles of the situation approach and described the consequences for health promotion that could arise from this.

Principles of the situation approach and consequences for health promotion – foundations of the discussion

Situation approach

The situation approach is an integral approach that takes as a basis the current and – as far as is foreseeable – future conditions of children's lives. It is based on the following democratically motivated aims:

- Autonomy, competence, solidarity,
- Taking account of conditions of children's lives,

- Discovering an aim through social discourse,
- Learning embedded in social relations.

Significance for health promotion

As regards health promotion, there has been a rejection of health education or environmental education as an isolated programme of children's activities. Instead, health has been integrated into the interaction and relationship structures of the environments of child day care centres as a broad theme. Understanding of health should be discussed within the team and with parents, sponsors, and other people and institutions in the community, with regard to the following questions:

- What does healthy development mean?
- What do we (as adults) have to do to ensure it?

As many participants as possible should be included and the following questions should be asked within a continuous analysis of the situation: how healthy are the children in our institution? What endangers and what promotes health within families, within the immediate environment and within child day care institutions?

Initial theses for the discussion

Health promotion is a matter of attitude and outlook. This means that current educational theories are less crucial in health promotion than awareness, the idea of illness and health, the portrayal of children and healthy development and – associated with this – an idea of what adults are able to do or have to do so that children feel healthy.

The situation approach is suited to the aims of health promotion because, like the salutogenetic approach, it is integrated and based on competence for life and well-being. Practical work is built on situation analyses.¹ It is concerned with behaviour towards children which takes them seriously as individual people with their subjective state, their personal cultural background, their experiences, their abilities, their interests and their feelings.

That means:

- Respecting and recognising “equal worth”;
- Dialogue and “one-to-one discussions”.

It is concerned with an attitude that sees health as well-being and an opportunity for personal action and not as an educational theme. In detail, this means:

- Focusing on children's direction and capacity for action,
- Detecting children's physical reactions as signals of their needs and state of health,
- Taking feelings seriously, along with the emotional life;
- Curiosity about the child standing opposite: who he is, what affects him, how he thinks,

¹ As early as the beginning of the 1990's there was a BZgA action and research project to promote health in child day care centres which was based on the situation approach.

- Discovering children’s perspectives through observation, listening and talking with children (e.g. finding out their ideas about health and illness, finding out their experiences and their knowledge of themselves).

It depends on treating children as people, recognising them as individuals of equal value. Educational ideas have to be put aside because health, in the sense of well-being and competence in life, is not something “that you can teach”.

Main focus of discussion in the working group

The subsequent discussion was concerned with the following questions:

- What are we able to do to support the changed attitudes in everyday life on a long-term basis? (Sustainability and continuity),
- How can I maintain a balance between guiding, providing a feeling of security and allowing children space to themselves, especially during early childhood?
- How can we deal with the fact that not all parents support their children in developing a positive sense of self?

Cooperation with parents

In asking the question of how to approach parents and gain their support for health promotion, it became clear that it makes more sense to talk about parents’ involvement or cooperation with parents than to speak of parental work.

Co-operation with parents is required by the Child and Youth Assistance Act (KJHG). There are many different ways of doing this, including opportunities to collaborate with parents, as for example, in the “Benjamin Club” project in Luxembourg (see also *Chapter 6.2*). Apart from the fact that there is often not enough time to deal with each parent individually, there is a hurdle in obtaining parents’ interest in becoming involved. There is also a problem in that childcare institutions often portray themselves as providing perfect care for children and parents are uncertain as to how they should deal with this.

The “Reggio Emilia Approach”

According to the “Reggio Emilia Approach” from North Italy, parents’ participation forms a main pillar of work with children. Parents are involved in management committees of child day care institutions (in the Emilia Romagna region there is a management group for every local child day care centre instead of a single manager), and home visits take place long before a child is taken into a day care centre, in which the child’s habits and his environment are explored. In the day care centre attempts are then made to take these habits as much into consideration as possible and maintain them. On the one hand, this means significantly less stress for the child; on the other, parents and their methods of upbringing are taken seriously.

It is important to genuinely view parents as competent partners, because ultimately, according to the law, they are the ones with the task of upbringing, which they delegate to teachers. Attempts must be made to build up relationships with parents in which rights are truly equal. The “Reggio Emilia Approach”, which is practised in North Italy, is referred to in this context (see box).

Leading and permitting individual space

Another important point of the discussion was the question of to what extent children need leadership and how much individual space they should be permitted. The group agreed that children need personal space to try things out and be able to gain their own experiences. Conflicts also have to be permitted. The question of when intervention is needed is certainly an individual decision and is therefore always dependent on the particular person and situation. It was considered important to reflect on one’s own behaviour and exchange views with others on how much intervention has to do with a personal “pain barrier” and one’s own experiences.² Spaces should be created in which such problems can be discussed. We must look at how children settle conflicts and what children are able to do. One very important consideration for supporting children in conflicts is taking the children’s feelings seriously and responding to them.

Summary and perspectives

With regard to health promotion, the discussion produced the following points as consequences for local practical work:

Results in relation to teachers

- There is a great need for further training and advising, specifically in forms involving colleagues, which build on the experiences of teachers.
- The exchange of experiences is essential and has to be organised, to aid reflections on individual action, among other things, exchange values and to take fears and personal past experience as themes.
- Every child day care centre needs to develop its own theory.
- They should strive for co-operation with other (public) services.
- Space, time and money have to be available to enable co-operation with parents.
- Teachers need opportunities to document the experiences and knowledge they have gained from further training and in their projects, to present them in public and pass them on to other teams of teachers.³

² Cf. the German Youth Institute project “Konfliktverhalten von Kindern in Kindertagesstätten” [Conflict behaviour of children in child day care centres] (1995-1999): Information from www.dji.de.

³ Cf. the project “Strong childhood, strong life” of the Office for the Prevention of Addiction in the Hamburgian Centre for Addiction Issues (Information from www.suchthh.de/projekte/kind.htm). See also *Models of good practice* in *Chapter 6.2*.

Results in relation to parents

- Attempts must be made to understand parents' language and interests, and to respond to them, not only in problem cases.
- Parents' everyday life has to be taken seriously.
- A child day care centre presents itself as a place in which a social network can be established or extended – also for parents' interests.
- It is important to offer parents opportunities to become involved and provide sufficient space and time for developmental processes.

Results in relation to children

- It is necessary to understand children's language and also speak the children's language.
- Integrated examination of development is important.
- The following are valid principles of children's involvement:
 - Acknowledge children's capabilities and provide them with direction;
 - Plan together with children instead of planning for children;
 - Work on something together with children and learn from the children.

It is not enough to initiate health promotion first during the kindergarten phase. Children under the age of three should also be taken into consideration, particularly when theories of early education are involved. If it is a case of discovering and strengthening the potential for health, crèches and toddler groups or mixed aged institutions with toddlers and children of kindergarten age can also be included as settings for health promotion.

The current level of knowledge about children's development demands that children are perceived as people and that they are encouraged to take their lives into their own hands. Together with others, they should be given the strength to create a quality of life which contributes to the well-being of everyone. In this respect, a "good education" is simultaneously a salutogenetically effective education.

1.2.2 Girls and boys in kindergartens

Leader: Prof. Dr. Christian Büttner, Hessen Foundation for Peace and Conflict Research, Frankfurt am Main

After the participants of the workshop had introduced themselves, Prof. Dr. Büttner initially set out the principal characteristics of his considerations about the workshop:

Developmental tasks for boys and girls – an introduction

By the conclusion of children's planned development – called education – there should be people who are in the position to reproduce themselves with enthusiasm. A man and a woman are therefore required (from a biological point of view), who will procreate a child. This is independent of the social context they do this within and how they live on after this procreation.

Biological gender

Biological gender identity lies – with statistically ascertainable deviations – within firm boundaries and can be identified unambiguously: boys – girls. Formation of identity follows the developmental process of maturation up to sexual maturity. Boys and girls can be clearly recognised by the secondary characteristics of gender; however, experiences of transsexuality and bisexuality show that there are also fusions (boundary cross-overs), which are to be attributed to the fact that one parent is responsible for the development of gender (the female).

Social gender

Social gender is determined by the desires and demands of adults, even before conception: by the conscious and sub-conscious desires of the parents and by the expectations of society which are linked with the biological gender. The two lines of expectation can have contradictory and even mutually exclusive aspects and provide the context of development in which the children grow up.

Parents want children and have a certain idea of what they want from boys or girls (e.g. wild/good) even when thinking about having children and a family. The father would really like a son, the mother a daughter: what happens if their wishes are not fulfilled? What if they are? There could be tasks delegated by the parents contained within these wishes at the same time (successor, ideal self, substitute partner, etc.).

Within the family a child's social gender is determined mainly by processes of identification and assimilation, but in socially organised relationships evident and hidden programmes of learning occur. These can coincide with the family's ideas about a child's social gender, but they can also contradict them.

Exclusion and conformity

As boys and girls, children may be exposed to a confusing multitude of gender norms and values. According to the trend, they appear to be forced to decide for one and therefore against the other. This leads to conformity or exclusion on the grounds of “incorrect” gender behaviour:

- *Exclusion*: a boy or a girl, who simply does not want or is not able to be a boy or a girl as the teachers imagine it – it could be that their ideas contradict the family’s expectations of the child or it could be that they are contradictory to the child’s biological gender.
- *Conformity*: the nice boy, the good girl, children of whom there is nothing abnormal to report, who therefore apparently fulfil all the expectations of the person in charge of them.

On the role of teachers

In educational institutions, girls and boys meet women and sometimes also men, who each represent one of the many possibilities of being a man or woman, indeed in all the aspects of gender. Hence children have the opportunity to compare their individual wishes (how they would like to be) with previous experiences, conformity or exclusion. This understanding of children also contains the consistency or inconsistency of the teacher’s self-image and behaviour, e.g. how they are concealed in the implicit or explicit educational demands: “Be like me” (or: “Don’t be like me”). Teachers themselves as individuals are often not unambiguous in their gender diversity. A female teacher’s history can include the attempt to fulfil the contradictory wishes of her own parents or, in accepting the expectations of one parent, rejecting the ideas of gender of the other one. Here only one question should be formulated: what significance does the experience of a “weak” father have in ideas of what boys and girls should be like?

The team agrees on a collective compromise, which is determined not least by the implicit and explicit expectations of the leader. Opportunities to present identification as well as exclusion to both genders depend on the “range” of representatives of the two genders. If one gender is not represented at all (as is indeed the case in most pre-school institutions), the other gender must be substituted – usually by the complementary expectations of the other gender and/or by a peripheral representative of the other gender (e.g. male caretaker, male member of senior staff).

Female teachers are able to fulfil either the traditional maternal aspect or – by means of differentiation of this – the adolescent side of a female. In the first case, the predominant image or character of the institution is rather of the provider (the “mother’s breast”) and children’s sexuality is denied; in the second case, sexual attraction to the opposite sex and denial of pre-oedipal neediness dominates.

The way in which teachers behave towards boys and girls is, as a rule, not an immediate consequence of an educational arrangement, but instead the result of subconscious per-

ceptions and arrangements. Frequently, only the symptoms or “peripheral areas” of gender problems are taken up as themes and converted into educational campaigns. In doing this, however, the connection with the background of problematic behaviour is lost and educational campaigns sometimes become (thoroughly necessary) crisis interventions, which do not fundamentally advance equality of the sexes.

The aggressive behaviour of boys and the fact that they seize a lot of space has led to many centres offering special times and rooms only for girls. However, these characteristics of boys are those that are expected of boys, whether they are made public or hidden. In centres with male carers, the genders are often divided up: the male carers play football with the boys outside (a lot of space), while the girls play in other places, often in defined zones, or stay inside. During outings, the boys spread out in the woods, hunt imaginary enemies and collect materials to build houses, while the girls take care of furnishing the inside and feel responsible for regulating the conditions inside.

What significance does this have for attempts to promote equality of the sexes? Firstly the individual process of development: the more contradictory the developmental demands a child has experienced before entering the educational centre have been, the more a child can appear “disturbed”, even as far as having psychosomatic effects. This is not recognised as the result of gender problems. Disturbances to developmental processes can also appear because of abuse of girls – for example, by their closest relatives – or the absence or constant devaluation of the father or the mother by the other parent, which the child experiences as a consequence of a divorce. On one hand, rather depressive behaviour can feed such a suspicion but on the other, an aggressive reaction can often be misunderstood as a refusal to adjust to educational norms.

In relation to individual children, promoting equality therefore means making an initial “diagnosis”. Secondly, it means distinguishing between the particular representative of the other, “guilty” sex (a consequence of the individual’s past experiences) and general ideas concerning the other sex – particularly if there are a lot of apparently specific, individual experiences. Thirdly, it means replacing the “evil” object of a child’s individual past experiences with a good object. This could be a real person or a collective attitude that values the differences and respective manifestations of psychosexual development in both genders.

Promoting equality and creating a “healthy” climate for development also means providing space in which the children can move in accordance with their own ideas of girls and boys, in fact without teachers intervening immediately – even if they don’t at first like what they see.

Main points of discussion in the working group

The aspect of strangeness of the respective other gender became clear to the participants, male and female alike. Numerous examples made it apparent that children do not remain

faithful to the behaviour that they initially display. If you allow children to develop freely, development can lead to balanced gender behaviour beyond educational involvement, in which neither of the sexes is perceptibly dominant.

One major problem appears to be substitution of the male gender in child day care centres. Without a sufficient number of male employees, subtle, general devaluation of the male gender can occur. This is precisely because the male gender is strange to female teachers, even though they don't consciously sense this (e.g. it is replaced by complementary ideas of their own gender).

Discussing issues of gender with regard to the children can sometimes confuse the personal notions of identity. It therefore also always represents an open or concealed clash with one's self, although this is not usually carried out in a systematic manner. However, it seems to require the presence of both sexes, because aspects of the respective other sex can be found just as strange as those of, for example, a different culture (the "black continent" of the other gender).

1.2.3 Promoting development through exercise – Opportunities for and boundaries of psychomotor work

Leader: Prof. Dr. Renate Zimmer, Osnabrück University

The foundation of the workshop was a stimulus paper from Prof. Dr. Zimmer, in which she explained the elementary and special significance of exercise in a child's developmental process and explained the concept of psychomotor function:

Exercise as an entrance to the world – introduction and basis of work

The child absorbs the world less with his “head”, that is with his intellectual faculties of thinking and understanding, but instead becomes aware of it above all through his senses his activity and with his body. Movement presents a child with access to the world. It mediates between a child and the world; it is the medium through which the world becomes accessible to a child, through which he approaches, discovers and comprehends it. Through movement, a child adapts to the demands of his environment, but he also gets involved in it, shapes it and makes it fit him.

The younger children are, the more they require movement to learn about their material and social environment. Through movement, they examine themselves and their environment; they have many diverse sensory experiences that provide them with information about their own bodies and their spatial and material environment. Hence, sufficient opportunities for exercise are necessary for healthy development of a child. Many “illnesses of civilisation” in children (and also in adults) are closely associated with a lack of exercise.

There is no other age in which exercise has as important a role as it does during childhood, and exercise has never before been as important as it is today, because of the changes in children's environments. This applies to children's daily life within the family, their home environment and even more for institutions with the aim of educating and nurturing children. However, understanding the necessity of fulfilling children's needs to play and move is not a guarantee that an apparently natural demand will be realised, nor does it provide a statement about the way in which such a demand can be made to happen.

The kindergarten, usually the first public education institution in a person's life, has a special responsibility here. As an institution that supplements the family, it can have a lot of influence over children's habits. Fundamental ideas about one's own body are established and the behaviour of children with regard to exercise is decisively influenced, just as in the

parental home. If a kindergarten sees itself as an institution with the task of integrated nurturing and educating of children, then physical experiences and experiences of exercise have to be an integrated component of the everyday routine within the kindergarten. Experiences of movement and sensory experiences should be the basis of education during early childhood and in pre-school age. They should have the status of an “educational” principle, which is taken into account at all times within the everyday routine of the kindergarten. The body, its functions and needs cannot be simply ignored because if it is neglected the child’s developmental process will be seriously disturbed. Hence, experiences of movement are also not interchangeable with experiences that are gained from other significant components of kindergarten work, e.g. making music, handicrafts and artistic work.

Playing and exercising are two of the fundamental forms of activity and expression for children. Like speech, movement can be understood as an elementary means of expression and constitutes the basis of a child’s ability to act. The physical experiences a child has during the first few years of life significantly affect construction of the “self”, the image that a child has of himself, and the confidence he develops in himself.

Significance of exercise in a child’s development

Depending on a child’s age and personal situation, movement can provide very different experiences and therefore also has a varying significance in development.

- **Movement is self-awareness**

A child forms a picture of himself within and through movement. He gets feedback about his own abilities, about his strengths and his weaknesses. He gets to know his own body, comes into conflict with it and therefore also with himself. He learns to estimate his capability, to recognise his own boundaries, and to accept them or extend them.

Within movement situations, a child discovers what others expect of him and how he is by his environment. This knowledge and information lead to ideas and convictions about his own person.

- **Movement is an experience of community, it is a social experience**

Through movement, a child forms relationships with others. Rules for collective games are agreed and social roles are adopted. A child discusses ideas and rules for games with others and reaches an agreement with them. He acquires the foundations for communication: how to give in and assert himself, to respond, to emphasise and to show consideration. Active movement invites social comparisons: measuring yourself against others, competing together, challenging oneself. These are the foundations for dealing with success and failure, with victory and defeat.

- **Movement is a sensory experience**

Experiences of movement are also always associated with sensory experiences. A child absorbs information about his environment and his body through his sensory system. He se-

lects, organizes, orders and processes this information. However, sensory stimuli are also understood individually and interpreted according to previous experiences or expectations. Sensory perception is therefore not a passive occurrence, but instead an active process through which the child is able to influence and shape his environment.

Sensory perception teaches both a sense of self (particularly through the physical senses, through tactile, kinaesthetic and vestibular¹ experiences) and an understanding of the people and the environment around one.

- **Movement is an experience of the world**

A child learns about his spatial and material environment through movement. He learns about objects and materials and gets to know their inherent laws. He adapts himself to the requirements of the material environment or attempts to influence them and make them fit him. In doing this, he makes discoveries about spatial and material conditions, which he is able to process into knowledge and consequently reconstruct the world for himself.

- **Movement is an experience of expression**

A child expresses his feelings, his moods and his emotions in movement. This is usually done unconsciously through his physical posture, gestures and facial expressions; consciously, expressing feelings in movement can also contribute to coming to terms with them.

Movement can also be used as an element of performance: body language, gestures, facial expressions and stylised and parodied movements are all used as performing and communicative techniques. Commonplace patterns of movement and expression can be performed consciously and used, for example, as a communicative technique in a representational game.

- **Movement is an experience of creativity**

To realise your own ideas through movement, to create, produce or change something yourself – these all bring about an experience of creativity. An individual's imagination can be used to solve detected problems or movement tasks; similarly "products" can be created with one's own body (e.g. inventing a trick, such as "standing on your hands"). These experiences are new and unique for the child that is moving.

- **Moving is an emotional experience**

Pleasure in exercise and delight in running, charging and clambering about, in overcoming a difficult task or achieving a new form of movement, and in teamwork within a group – feelings are aroused in and through movement. Intense emotional involvement is a specific characteristic of acts of movement. Both positive and negative emotions can be aroused because movement does not only generate happiness and well-being but also unhappiness, fear and uncertainty.

1 *Vestibular*: affecting the sense of balance.

Obviously even more experiences can be added to those given above. They have a different significance in every stage of development and period of a person's life. For example, during early childhood, the dominant significance of movement is the exploring and discovering aspect – movement is used to experience oneself and the world. By contrast, during adolescence, the social dimensions become prominent.

Besides this we are dealing with various approaches and the same matters that often coincide in reality. The aspects partly complement each other and can overlap. Active movement can often be combined with opportunities for several simultaneous experiences.

Elementary education in exercise takes all these aspects into account and offers the opportunity for experiences which are as diverse as possible. It uses the opportunities for education which the medium of movement offers and consequently considers itself to be “education through exercise”. Here, improving the ability to carry out motor tasks is not at the fore, nor is the aim to direct children towards specific types of sports or help them acquire specific skills. On the contrary, active movement is viewed from the point of its effect on the processes which form personality. The key question in elementary education in exercise is therefore not: “How can I improve motor capability/the sequence of movements?” but: “What effect does motor capability have on the child, on his view of himself, his motivation and his relationship with himself and his environment?”

Psychomotor activities – integrated targeted promotion of development through movement

There is a feeling that psychomotoricity has an obligation in such a matter. It is based on the fundamental assumption that development of personality is always an integrated process: the psychological and physical fields are so closely involved with one another that anything influencing one area of personality simultaneously has effects on another. Discoveries about the body and movement are therefore also always discoveries about the self. Active movement influences not only children's physical and motor capabilities but also has a simultaneous effect on their perception of their own bodies, their ideas regarding their own capabilities and their perception of their own person.

In children, physical and psychological, emotional and intellectual processes are particularly closely connected to one another; for them, the integration of action and experience is particularly strongly pronounced. They take in sensations with the whole of their body: they express their feelings in movement, they react to external tension with physical indisposition and similarly, pleasurable experiences of movement can bring about a relaxed physical and psychological state.

Children's “integrated nature” is visible: they are happy “from head to toe”, they feel their sadness “in their stomach”. They experience themselves as a physical and emotional unity. Hence, expressions of movement offer a child access to his internal world. Behaviour with regard to exercise gives us information about his psychological state, about processes which

he sometimes cannot or will not express in speech, which however are of great significance in understanding problems which are not externally visible. In addition, contact with a child is made easier through games with movement and movement tasks. He reacts more immediately and spontaneously to offers of movement, it is easier to excite him about the activity and encourage him to join in.

A child's development is therefore also always psychomotor development. Psychomotor experiences are experiences which a child makes with his body and mind, with his whole person. Strictly speaking, there are absolutely no movements which do not involve psychological or emotional processes. Elementary education in exercise must therefore also be psychomotor education.

Contents and aims of psychomotor activities

Psychomotor activities arose in medical establishments and special educational institutions. Since then it has extended its scopes and contents. In view of the positive effects of educational measures based on exercise, which had been observed in practical work with children, it is no longer used merely for rehabilitation but also for prevention. At the fore among the requirements of an integrated course of action is promoting the development of a child's entire personality through the medium of movement.

The aim of psychomotor education is to promote a child's individual activity, to encourage them in independent action, and contribute to extending their competence in action and communicative ability by means of experiences within the group.

Today, psychomotor activities are used in diverse fields of work: during the early education phase and in kindergartens it can, for example, be regarded as the foundation of any developmental work; in primary schools and special schools, it has changed sports lessons and furthermore is increasingly understood as a working principle across the subjects. Psychomotoricity presents a specific view of human development and education, in which exercise is regarded as an important medium for supporting and initiating developmental processes.

The concept of "psychomotor function" describes a functional unity of psychological and motor processes, the close association of the physical/motor function with the intellectual/emotional function. This connection can be simply accepted as a fact but the mutual influences can also be used in education and therapy.

Balancing out motor weaknesses and disturbances

On one hand, psychomotor education aims to contribute to stabilising personality through experiences of exercise – i.e. strengthening confidence in one's own ability – but on the other hand, it should also enable a balancing out of motor weaknesses and disturbances. It involves specific opportunities for education, particularly in the areas of perception, experiencing and discovering the body, and social learning. These can have an integrating

and beneficial effect, particularly for children with abnormal movement, and help them to gain access to movement (again).

Psychomotor activities became well known also by means of specific equipment stimulating perception and balance e.g. pedalos, balancing wheels and rolling boards. These instruments were initially intended to help children with abnormal development and movement. However, they have increasingly found also their way into sports and exercise education.

However, simply using a swinging cloth or playing with a slow motion ball does not make the opportunity to exercise into psychomotor education. Although these material objects have considerably enriched the diversity of children's experiences of exercise, the methods by which children discover them and are able to handle them, the sensory context within which opportunities for exercise occur and the ways in which they discover themselves when using them are much more important than utilising specific equipment.

Main points of discussion and further questions

After the concept of "psychomotoricity" had been explained and clarified, the subsequent discussions concentrated particularly on opportunities for implementing psychomotor activities in practical work. One important question arose from this: how organised and well-ordered does psychomotor activities have to be?

Other questions were related to external conditions such as:

- Space and equipment,
- Type of materials and
- Number of children present while it is being carried out.

Two film clips were also used as a basis for the discussion. These were to illustrate what is important and significant from a child's point of view. In the discussion of the film scenes in particular questions of independent learning (under which conditions?) and adults obligatory supervision were discussed:

- As an adult, should I permit a child to indulge his urge for movement without limitation?
- How much can I or should I trust a child? Should I lay down boundaries? If yes, where?
- How much personal space does a child need? What experiences should he have?
- When would I breach my obligation as a responsible adult to exercise proper supervision?

Those presenting the papers pointed out that it is of fundamental importance for a child's development – also in the sense of qualifying life – that adults permit a child's natural urge for movement. The film that was shown provided an example of a child who had this nat-

ural urge for movement and was able to live it out without hindrance. However, there are children who have lost this natural urge to move. Psychomotoricity wishes to stimulate precisely these children to movement and activity.

The film *Immer in Bewegung – Die Bedeutung der Bewegung für die Entwicklung des Kindes*² [Always Moving – The significance of movement in a child's development] shows a child who is very eager to exercise. He has many opportunities to exercise and also tests his own boundaries (e.g. balancing on a wall, jumping down steps, etc.). The child is so to speak on a journey of discovery and his environment becomes accessible to him through creativity and curiosity, through exercise and trials.

Another film excerpt showed an example from the psychomotor education of a child who rejected any contact and also refused to speak. The excerpts from the video made clear how the methods and procedures of psychomotor theory could appear in concrete practical work. The individual steps and interventions were emphasised and additional commentary was provided. The scenes, which were taken over a period of six months, showed the child's development and illustrated how he slowly began to make contact with his carers and occasionally also with other children through role-playing games based on movement. Eventually he also used verbal speech and actively took part in games.

In conclusion, the important aspect of also recognising smaller experiences of success as developmental steps and giving them appropriate praise during the course of psychomotor lessons was emphasised. This should also be made clear to parents and doctors, on the basis of the child's individual stage of development.

2 Renate Zimmer, ed. from German Sports Youth, Frankfurt am Main (VHS, 31 minutes).

HEALTH PROMOTION IN EVERYDAY LIFE OF KINDERGARTENS



2.1 Kindergarten as a setting for health promotion

Prof. Dr. Renate Zimmer

Today, there is no educational institution in which such high and varied expectations are placed as in the kindergarten: it should be a place in which social disadvantages can be balanced out, where the all-round development of a child's personality can be fostered, where sensory experiences can be integrated and where parental upbringing can be supported. You have just got to know about the Reggio Emilia educational theory¹, introduced regular days in the woods, banned toys for a certain time, integrated psychomotor activities and adjusted to open groups – and then health promotion also comes up! Anyone would think you had nothing else to do.

In fact, the openness and willingness to adjust to the individual and rapidly changing conditions of the children's lives is greater in kindergartens than in any other educational institution. Compared with a school, there is also considerably greater scope for action: freedom from the pressure of marks, obligatory attendance, selection, competition, guidelines, administrative instructions and professional bias makes educational work much easier and allows space to consider what today's children really need in order to be able to develop competent and stable personalities. In addition, most teachers are prepared to concern themselves intensively with leading educational recommendations and develop an educational programme.

In the following reflections, I will attend to the question of to what extent health promotion can play a role in this. What is really meant by health promotion in kindergarten: preventing caries, providing an adequate diet or teaching exercises for the back and posture?

Changing children's living conditions and their world of experience

Despite the fact that our care system functions well and there is sufficient medical care for all sections of the population, on no account may we assume that development even during early childhood and in the pre-school age will be unproblematic and normal. There is no doubt that the limitation of opportunities for children to play and exercise as a consequence of increasing and intensifying mechanisation and automation, and the loss of immediate

¹ Cf. also box on page 30 (*Section 1.2.1*).

physical and sensory experiences, have played a decisive role in the large numbers of developmental and behavioural problems in children which have occurred in recent years.

Fundamental developmental processes occur particularly in the pre-school age. These form the basis of later attitudes and capabilities. However, the developing organism is also particularly susceptible to disruptive factors, which are caused by the influence of civilisation – for example, lack of exercise or unbalanced diet.

The reduction of physical and sensory experiences and the lack of opportunities for a child to process the stream of stimuli he experiences, together with limited opportunities to exercise (which often occur at the same time), frequently impair a child's development more extensively. There are increasing numbers of perceptive disorders and behavioural problems. Communication disorders, anxiety, aggressiveness, a lack of concentration and hyperactivity are symptoms which are occurring more and more frequently and which can also be attributed to the changing conditions of children's lives.

Such a change in living conditions and the world of experience has consequences for children's psychosocial development as well as their physical motor development. This is one side that has to have an effect on shaping educational work in kindergartens. However, there is also another side, which should be considered under the aspect of health promotion: there are a lot of children who do not suffer any damage with comparable living conditions, with the same limitations and a similar ecological and social environment. Is it then a question of disposition, of hereditary tendencies, that make a few children more strongly affected than others? Or are there characteristics which could act, so to speak, as protective factors, which make children strong or provide them with opportunities to overcome harmful influences?

Salutogenesis – What makes a person healthy?

Within recent years, a change has appeared within the science of health with regard to thoughts on and research of health. The traditional view of risk factors that damage our health, has taken second place behind the view of protective factors, which shield us from day-to-day pressures or enable us to deal with them. In place of pathogenesis, with the core question of "What makes people ill?", salutogenesis has moved into the foreground with the more crucial question, "How do people stay healthy despite extraordinary pressures?"

This rethink was led by the American-Israeli medical sociologist Aaron Antonovsky² (1993), who began looking for factors that contributed to making some people less prone to illness than others during the 1970s.

² See also the specialist report of Jürgen Bengel, Regine Strittmatter and Hildegard Willmann, *What Keeps People Healthy. The current state of discussion and the relevance of Antonovsky's Salutogenetic Model of Health*. Cologne, BZgA (ed.), 1999 (Research and Practice of Health Promotion, Vol. 4).

The ability to balance out problems depends on whether there are sufficient resistance resources available to us. These include strategies to cope with stress (e.g. relaxation techniques), an intact immune system and the presence of social support. They also include particularly an individual's personal resources, i.e. characteristics of personality, skills and a positive relationship with oneself.

In this sense, it cannot be about avoiding every negative experience and evading all risks. Dealing with risks also offers potential for development, as through this coping strategies can be created, which can then be fallen back on later.

Risk and protective factors during a child's development

The best known and most frequently quoted longitudinal study which deals with the effect of risk and protective factors, is Emmy E. Werner's "Kauai study" (Werner/Smith 1992). This study included all children born on the Hawaiian island of Kauai in 1955 and accompanies their development over a period of 30 years. One third of all the children were described as "high risk" group. They were exposed to at least four risk factors very early in life, among which the author counted poverty, permanent conflicts between the parents, alcohol problems or psychological illness in one or both parents, perinatal problems or severe illness during the child's first year of life. In the opinion of the researcher, developmental and behavioural disorders were certainly to be expected with such a high frequency of risk factors. In reality, two thirds of these "high risk" children showed severe learning and behavioural problems at the age of 10, and during adolescence there were psychological crises, delinquency and drug addiction. However, one third of the "high risk" group developed into competent, self-confident young adults without problems. There were no noticeable disturbances during either childhood or adolescence; they coped well at school and in their social relationships and had ambitious, but realistic plans for the future.

The further main interest of the study was directed at this group of 72 children – described as *resilient children*. How did their living conditions and personality characteristics differ from those children with less positive development? A number of "protective factors" were identified:

- The first group of protective factors affected the social environment: the resilient children who were capable of resisting stress had a strong connection and trusting relationship with at least one adult; if the parents neglected them, grandparents, other relatives, teachers and even older siblings looked after them; they later had a large circle of friends at their disposal.
- The second group of protective factors lay in the personality characteristics of the children. Even as small children, they had a high level of activity and had a tendency to do things themselves, to solve problems on their own. The investigators described them as especially bright, happy and self-confident. During the middle stage of childhood, the

children were noticeable because of their high level of independence and the ability to look for help when necessary in a targeted way. Werner saw the most important and most fundamental personality trait of these children as a deeply rooted feeling that they were good at something and were able to do things: “A feeling of competence and a conviction that they were able to achieve something through their own doing appears to be a general characteristic of these children” (Werner 1990, quoted in Göppel 1997). These trends continue during adolescence. Evaluation of a questionnaire showed that the affected young people had a more positive concept of self, a greater motivation to achieve and also believed that you could not simply and helplessly hand over your fate, but had an influence on your own destiny. They managed to bring a certain structure into their life, even under chaotic circumstances.

The conclusion from such a study cannot be that we can simply leave children to their own devices, trusting in their resistance. The protective factors just mentioned are, on the whole, not factors of innate disposition and personality but instead qualities and characteristics that are gained during early childhood. In addition to an emotional attachment to one or more people, the goals that can be supported and strengthened through education and which, in my view, are wholly compatible with an education in independence include specifically creating a positive sense of self-esteem and independence, and actively dealing with problems. These aims should be aspired to in kindergartens.

The results of the research into risk factors and protective factors during children’s development make it clear that development cannot be seen only as the result of the interplay between predisposition and the environment. Instead it should be seen as a process in which a child’s productive processing of reality, their independence and their individual activity play an important role. Of course, the concrete conditions of the environment within which development takes place must still be taken into account, but recently the focus has moved increasingly to the effect of the child on his environment.

Two key concepts characterise the new understanding of development (and health): activity and resistance. They develop during early childhood and depend on the prevailing conditions which children come across in their family environment, and also particularly in the first public educational institution they visit.

Strengthening personal resources

There are various groups of health resources:

- Physical health resources, such as fitness, an intact immune system and performance of the cardiovascular system,
- Personal health resources, such as a positive concept of self-perception and self-confidence,
- Social health resources, such as acceptance and support within the close social groups.

Hereafter I will consider personal resources in particular because, in my opinion, they play a particularly significant role in development during early childhood. They therefore also have to be taken into particular consideration within kindergartens. Personal resources include especially people's views of themselves, e.g. the conviction that they are able to achieve or change something, and do not helplessly let go of their own destiny.

Hurrelmann (1994) described the following as important personal resources: personal strength, awareness of capabilities, positive "concept of self" and psychological stability. Together they constitute a good basis for successfully combating stress factors. Now the question arises of how these "protective factors" can be built up during the course of development and how one can support their emergence in children.

Self-perception

Whether a child trusts in his own capabilities or judges these as only poor, whether he actively approaches others or opts instead to wait for others to approach him, whether he quickly gives up when faced with difficulties or feels challenged by them – all of these depend on the self-perception of the child. This image of self reflects all the experiences that a child has gained through dealing with his social and material environment, as well as the expectations which the environment has of the child. Within the course of his life, every person develops a system of assumptions about his person in this way: i.e. he provides an answer to the question of "Who am I?"

Concept of self

In this context, the experiences a child has made through his body and movement take on an important value: children get to know about themselves through movement, they get feedback on what they are able to do, they experience success and failure and recognise that they themselves have effected it. But they also experience what others believe them capable of doing, how they are assessed by their social environment. These experiences and this knowledge and information initiate ideas and convictions about their own person. These can be defined with the term "concept of self".

The "concept of self" is made up of various parts. We are able to differentiate between a cognitive component and a subjective emotional component:

- The *self-perception* includes knowledge of facts about oneself, e.g. personal appearance, capabilities, strengths etc.
- In contrast there is the sense of self worth or *self-esteem*, which covers assessment of one's own person (satisfaction with personal appearance, capabilities etc.)

Therefore, self-perception relates more to the features of an individual's personality that can be described neutrally (how tall I am, how much I weigh, I am good at sport, poor at music), while the self-esteem describes the level of satisfaction with the perceptible features.

Hence, the “concept of self” deals with an individual’s interpretations as well as feedback from the environment. Consequently it is based on two “columns”, the more cognitive image of self and the more emotional sense of self-esteem (Zimmer 2000).

The significance of the “concept of self” for development

The “concept of self” strongly affects a person’s behaviour: a child perceives himself in very specific ways, attaches specific qualities to himself and assesses his own person, i.e. he has more or less self-esteem or self respect and this influences his individual ability to act. A positive “concept of self” is expressed, for example, in a conviction that new and difficult demands can be overcome, problems can be dealt with and that the situation is “in hand”:

- Is a difficult situation experienced as an insurmountable problem or as a special challenge?
- How are an individual’s opportunities to overcome problems and their capabilities assessed?

Children have particular physical and motor capabilities, which are of significance in the processes of self-awareness and self-assessment. With the help of these, which are of subjective significance for them, they assess their own skills; but they also have an objective significance as they influence the expectations of behaviour within the social environment.

In this, however, it is of particular importance that all the information that a person obtains about himself is subjectively assessed, interpreted and processed. Achievements that objectively appear equivalent can be classified completely differently according to how someone sees himself. This means that the “concept” of one’s own skills, talents and ability is not necessarily an exact likeness of the real accomplishments. Instead it emerges from the assessment of one’s own actions and achievements. The image that an individual perceives others to have of him is also crucial in self-evaluation. A child often sees himself in the reflection of his playfellows. Although objectively he may not be at all clumsy or awkward, he will assess himself as this if his parents, his teachers or other children judge him to be so.

Therefore, the assessment of one’s own capabilities can become a “self-fulfilling prophecy”. This particularly affects children with impaired movement or physical problems. Motor skilfulness, physical performance and motor capabilities have a high value to children. An experience of physical inferiority, anxiety and uncertainty therefore quickly affects self-perception and consequently also a child’s concept of self. It simultaneously influences social status and the position within the group.

Frequent experiences of failure have the risk that a negative “concept of self” will be created, sometimes subconsciously. In the course of time, a child will believe himself less ca-

pable than he really is. If adults or other children then classify him as “clumsy”, if he is not expected to achieve or have any skills at all, this will confirm his own feeling of being a failure. A few children react with resignation and withdrawal, others try to compensate for the feeling of their own inadequacy by becoming aggressive and looking to conceal their motor inferiority through physical attacks on others.

“Concept of self” as generalised self-awareness

Situations which recur and which are of particular significance for a child bear the risk of generalisation. However, there is a special risk in the fact that generalisations may be made beyond the spheres of capability. In this way, a global “concept of self” can develop from the perception of ability in one situation.

This makes it clear how much the entire behaviour of children – and adults – is influenced by their concept of self. Their level of satisfaction, their willingness to make an effort, the ways of dealing with problems or coming to terms with new situations depends on how they perceive, assess and judge themselves. Hence, children with a more negative “concept of self” more frequently experience unfamiliar situations and new challenges as threatening. They don’t feel equal to them and give up more easily; they react to criticism and failure with inappropriate sensitivity and possess only a low tolerance for frustration. In contrast, children with a positive “concept of self” tackle new tasks with less anxiety and greater energy and are not as easily discouraged by failure.

It is of particular importance that the “concept of self” is usually very stable and resistant to change. Most people tend to maintain a certain fundamental impression of themselves and to steer later experiences so that the concept of self, their own behaviour and the expectations of others correspond – i.e. they try to “stay identical to themselves”. Impressions which are acquired during early childhood are the most difficult to change (Epstein 1984).

As a rule, if a child has a poor “concept of self”, his expectation of success will be lower than if he had a good concept of self. This in turn has consequences for the expectations of those in his social environment – which is fatal for a child’s whole development. If someone doesn’t believe in himself, others will not have much belief in him either (Zimmer 1999).

Self-efficacy and conviction of control

Self-efficacy is one of the most important components of the concept of self. It involves a subjective conviction of an individual’s ability to cause and change things. It also involves accepting having personal control over any situation, feeling capable and being able to influence the material or social environment through one’s own actions.

For example, in games, children learn that they are the cause of specific outcomes. By handling toys and coping with tasks, they provoke an effect and attribute this to themselves. They associate the result of action with their own efforts and their own ability – and this results in the initial understanding of personal abilities. Convictions of self-efficacy are the foundation of the concept of self. If someone believes that the results of his action are under little control, he will not be able to have much pride in what he has achieved (success is attributed less to one's own effort and capabilities and more to luck or coincidence).

Convictions of self-efficacy can be more decisive for success than the objective conditions for achievement. If somebody is confident that he will be able to cope with a task independently, he will tend to take on a certain level of difficulty. This also results in a strongly motivating effect: situations which appear capable of being controlled are searched for again and the individual's expectation of competence increases the individual's self-esteem. In contrast, if an individual's expectations of his own competence to act are poor, we can expect action to be halted, evasive behaviour and negative judgements of the self.

Likewise, children who believe that they are not able to exert any control, will experience success less frequently and consequently their negative expectations will be confirmed. In contrast, those who are convinced that they have a situation under control are more often successful and their convictions are confirmed once again. This implies a self-maintaining cycle (Seligmann 1979).

Consequences for educational work in kindergartens

Measures to promote children's health have to take into account the above aspects if they are to be effective in supporting children while they overcome developmental tasks and are to contribute to the success of children's developmental processes. The measures must not occupy a peripheral position within the framework of the educational programme. Instead they should accord fully with the duties of education and upbringing in the elementary sphere. They are not necessarily tied to specific contents; however, they are most effective if used where children act independently, where they experience their individual effectiveness, where they are personally responsible for the success or failure of an act, and where they are able to determine the meaning of their action largely independently. Playing, particularly exercising, offers many opportunities for provoking interaction with equipment and materials or with the groups, as children are usually active because of their personal drive.

Within these aspects, health promotion acquires a new dimension within the framework of educational work in kindergartens and use can be made of it for work in promoting development (therefore significant to children's futures) and in contributing to fulfilling current needs.

Admittedly, the significance that the kindergarten should really have as the first and fundamental stage of the education system is not yet attributed to it with regard to educational policies. With regard to health policies, however, it can become more effective. Nevertheless in this we must take account of the fact that the success of educational work also depends on the structural conditions. These include the strength of the group and the staff available. At present there is a danger that owing to the pressure of financial bottle-necks conditions will deteriorate rather than improve. As children are being exposed to greater and greater pressures in their everyday life, then optimal conditions should be created, at least in the educational and care institutions which supplement the family.

The risks for children in today's society can be barely stemmed. Therefore, the potential and opportunities to protect and strengthen children's development must be increasingly at the centre of educational interest. This is a positive intellectual approach to education, but it also includes the fact that adults take care of improving children's living conditions and – wherever this is in their range of responsibility – make themselves strong for children.

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2.2 Reports from the working groups

2.2.1 Living and working in kindergartens – Teachers' requirements

Leaders: Sabine Hoffmann-Steuernagel, Regional Association for Health Promotion, Schleswig-Holstein, registered organisation, Kiel
Franz Gigout, Regional Working Group for Health Promotion in Saarland, registered organisation, Saarbrücken

The foundations for the work and discussion in the workshop were the results of two surveys of child day care institutions. These had been carried out by the Regional Association for Health Promotion [Landesvereinigung für Gesundheitsförderung], Schleswig-Holstein, and the Regional Working Group for Health Promotion [Landesarbeitsgemeinschaft für Gesundheitsförderung (LAGS)], Saarland, and were initially presented to the working group:

- “Living and working within the everyday life of kindergartens” – a survey of health and well-being in the workplace for employees of the municipal child day care institutions in Kiel.¹
- “Work and health of employees in child day care institutions” – regional case studies in child day care centres in Saarland.²

“Living and working within the everyday life of kindergartens”

Sabine Hoffmann-Steuernagel

In 1999 the Regional Association for Health Promotion in Schleswig-Holstein, together with specialist advisers from the Youth Welfare Office, carried out a written survey of the employees of municipal child day care institutions.

Objectives

The aim of this survey was:

- To trace the main reason for damage to health at work,
- To strengthen the health awareness of employees,
- To increase the well-being of employees within the everyday routine of kindergartens and to reduce long-term absences,

1 Individual copies available free of charge from the Regional Association for Health Promotion, registered organisation, in Schleswig-Holstein, Flämische Str. 6–10, 24103 Kiel, Germany.

2 Can be obtained from LAGS, Feldmannstr. 110, 66115 Saarbrücken, Germany.

- To be able to develop targeted preventative courses and
- To shape the prevailing conditions, also including aspects of health.

Target group and returns

The survey was directed at educational employees in child day care centres within the Kiel Youth Welfare Office, which provides about 50% of the kindergarten places available in Kiel within a total of 37 institutions. A total of 366 questionnaires were sent out, of which 124 were answered and sent back (proportion of returns approximately 34%). As the questionnaires that were sent back came from employees in all areas of Kiel, the survey can also be considered as meaningful for other kindergarten providers in Kiel.

83 teachers (67%), 28 social educational assistants (23%) and 10 institutional managers (8%) answered. Three people (2%) did not give any details of their role.

Results of the survey

- **The influence of the workplace on health and well-being**

In answer to the question of whether individuals felt particular working conditions affected health, eight people said “Yes, very much” (6%), 83 said “Yes, sometimes” (68%), 20 said “A little/hardly at all” (16%) and 13 said “No” (10%) (see *Figure 1*).

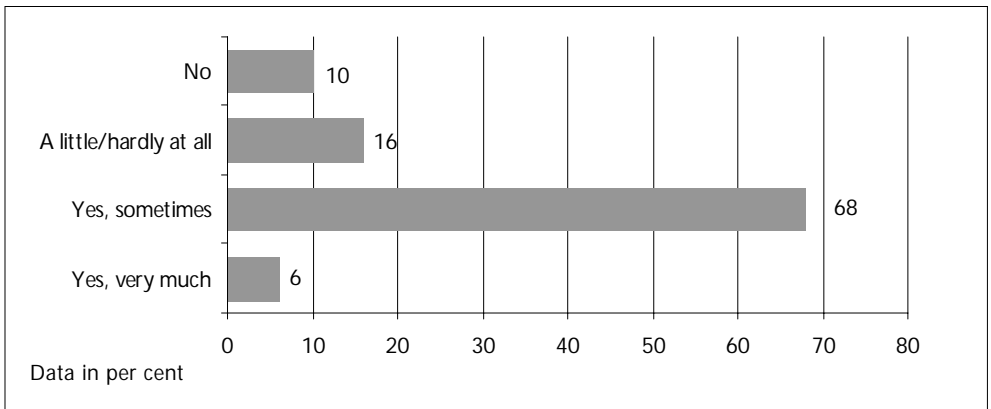


Fig. 1: Self-assessment of those surveyed on the influence of working conditions on health and well-being

The self-assessments of those surveyed show that the work place does affect health, but is not the only decisive factor. Individual factors, such as the type of personal lifestyle, also need to be taken into account.

A majority of those questioned suffered from back pain (55%) followed by headaches (24%), stress/disturbances to concentration (17%) and frequent infections, particularly

colds. This matched the results of the survey in Saarland (see below). Here there appears to be an association within the typical working conditions in the daily routine of kindergartens.

- **Factors influencing well-being**

The causes of damage to health and requested improvements were looked at in various different fields. The most frequent entries relate to design/atmosphere of interior space (79), time and staff conditions (64), planning a career and life (49) and close contact with children (37) (see *Figure 2*).

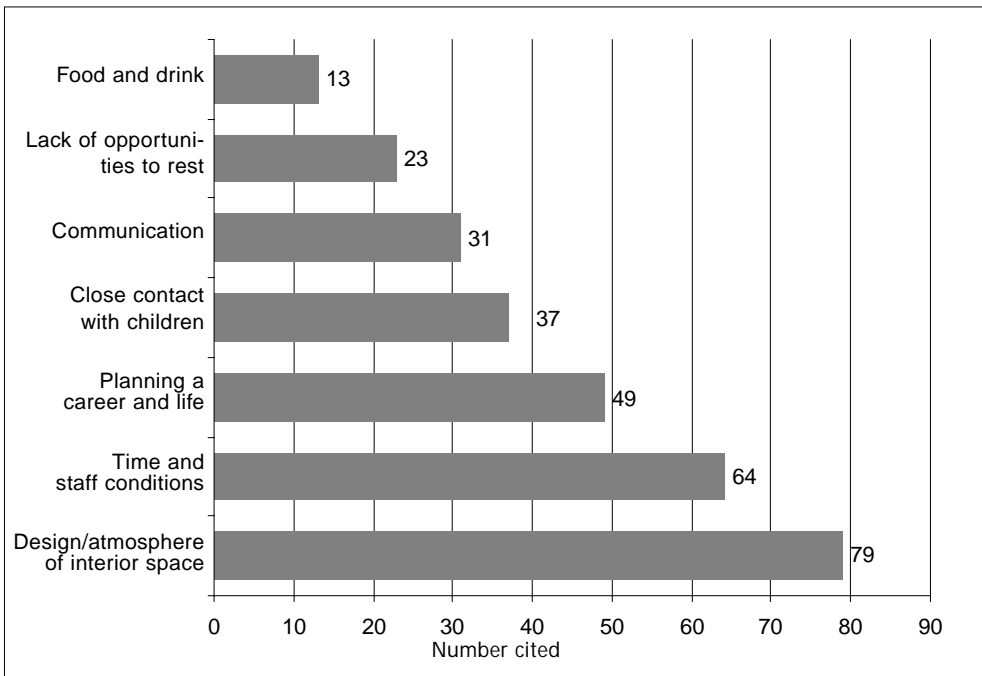


Fig. 2: Areas in which the causes of damage to health are found.

In detail, furnishings, noise, size and climatic conditions of the internal space, lighting and colour scheme were considered be factors which may adversely affect health and well-being in the field of interior design and atmosphere.

According to those we surveyed, in the field of time and staff conditions reasons for damage to health were: staff shortage, no real staff room, high level of work coupled with a lack of time and therefore a feeling of being overtaxed, a lot of changeability, too little time to exchange information and anxiety about the job because of temporary employment contracts.

With regard to planning a career and life, the most important problem areas were insecure employment, prospects for old age and a lack of promotion opportunities. The views of

those surveyed (prospects for old age, poor pay, insecure employment and a lack of promotion opportunities) differed according to age. In the question regarding wishes for further training, a distinction could be made between informative material, teachers' meetings and further training. The most frequently specified topics were back training, coping with stress, relaxation, public speaking and breathing techniques/use of voice.

Conclusions of the Kiel survey

- Targeted further training and information courses with regard to prevention and health promotion, directed at requirements, could be offered to employees in education.
- In the future we will aspire to better co-operation with the staff council and the occupational health service of the kindergarten provider to develop preventive measures.
- More account will be taken of health aspects in the advising work of specialist counsellor.
- More opportunities will be offered to educational employees to exchange experiences on health-related subjects.
- The results of the questionnaire campaign will be used to benefit all kindergartens, crèches and child day care centres throughout Germany via the Service Office for Kindergartens of the Regional Association for Health Promotion, Schleswig-Holstein.

“Work and health of employees in child day care institutions”

Franz Gigout

The written survey was carried out in Saarland in summer 1997. The starting-point was a three-year long project of the Working Group for Health Promotion in Saarland (LAGS), the ISO Institute Saarbrücken (Institute of Social Economy and Social Research) and other co-operation partners for health at work in small and medium-sized firms. This initiative has been promoted by the Federal Ministry of Education and Research within the umbrella project of the German Aerospace (DLR) “Technology and Work”.

Questions

106 employees from 14 child day care institutions participated in the survey, which was carried out using a standardised questionnaire. It did not record objective data, but instead subjective judgements and feelings on individuals' current state of health. Thorough enquiries were made about symptoms resulting from support and exercise equipment as well as about general health complaints. It also assessed the structural conditions of working in child day care institutions and specific features of this employment with questions like: “What particularly bothers you at work?” and “What do you particularly like about your work?”

The data were then compared with the results of a representative survey of employees in Saarland, which made the central problems of working in child day care institutions particularly clear.

Results of the survey

• Health complaints

A lot of employees in child day care centres complained of symptoms in the back (41.3%) and in the shoulder/neck area (39.4%). They suffered from headaches (35.3%), rapid exhaustion (25.7%) and anxiety (22.9%). A large number were also affected by colds. Figure 3 makes it clear that in some cases kindergarten workers mentioned these symptoms considerably more frequently than a comparable group of female employees in the region. Here there is obviously a connection between the health complaints and the specific working conditions in child day care centres.

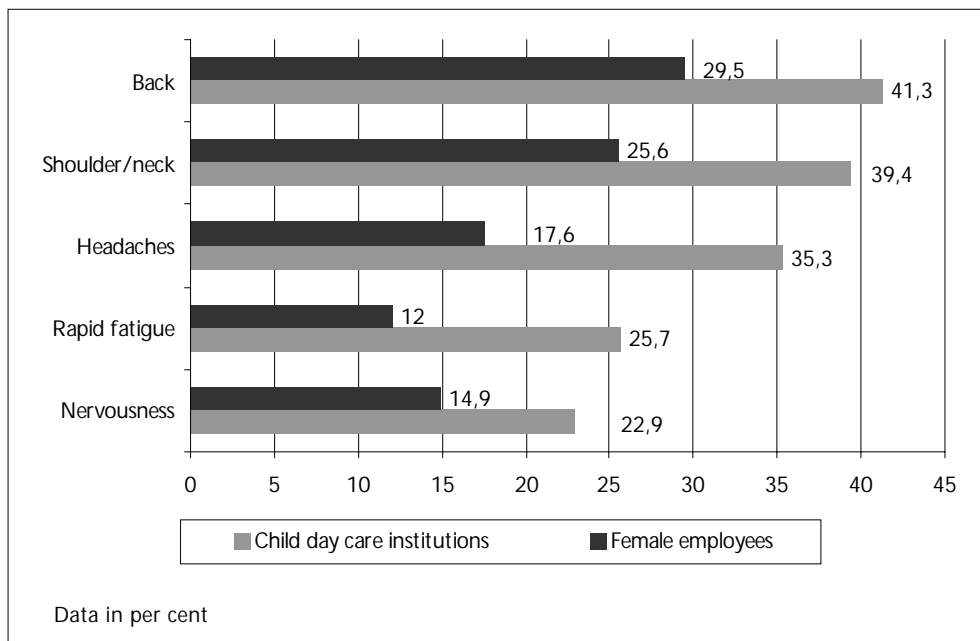


Fig. 3: Health complaints of employees in child day care institutions in Saarland in comparison with other female employees in Saarland.

• General state of health

Figure 4 makes clear teachers' poor estimation of their own general state of health. According to their estimation they suffer more than average female employees in everything from headaches to shortness of breath.

In relation to the control group, teachers clearly assessed the level of nervous strain and stress as more detrimental. Compared with the group of female office workers and civil servants in the Saarland, physical exertion and environmental stress were judged to be particularly damaging. The latter primarily results from the extremely high level of noise and the poor climatic conditions in the institutions.

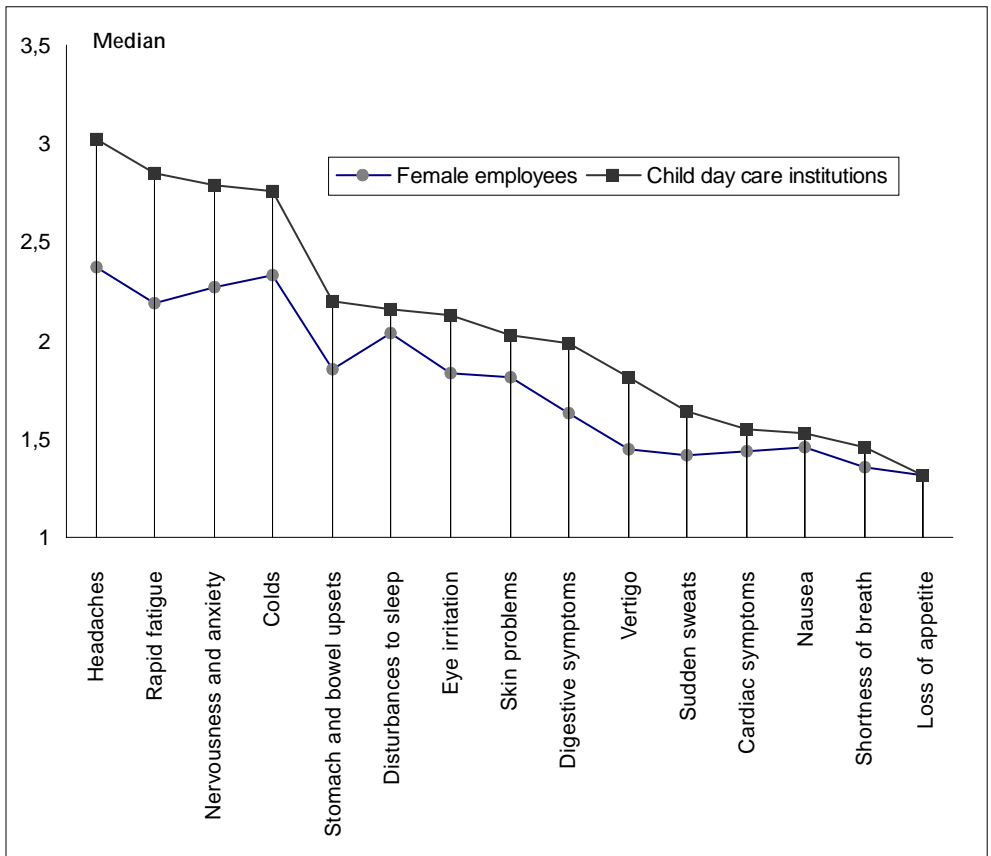


Fig. 4: General health complaints of employees in child day care institutions in the last 12 months in comparison with other female employees (self-assessment on a scale from 1 = never to 5 = severe/often).

- **Factors detrimental to the work situation**

Three quarters of those surveyed said that the lack of esteem for their work was very damaging and almost two thirds (60%) mentioned the low status of their work among the general public. This was also reflected in the assessment of their income: 64% considered themselves underpaid (see *Figure 5*).

According to two thirds of those surveyed, they were not able to give care and support to the children on an individual basis to the extent that they wished. The most significant factor standing in the way of fulfilling their own desires in this context was the size of the groups (45%). Poor financial provision and lack of materials (38%), insufficient preparation time (37%) and a lack of opportunities for further training (30%) were also mentioned. The lack of opportunities to refer to experts – e.g. speech therapists or psychologists – for support in difficult cases was also criticised (30%).

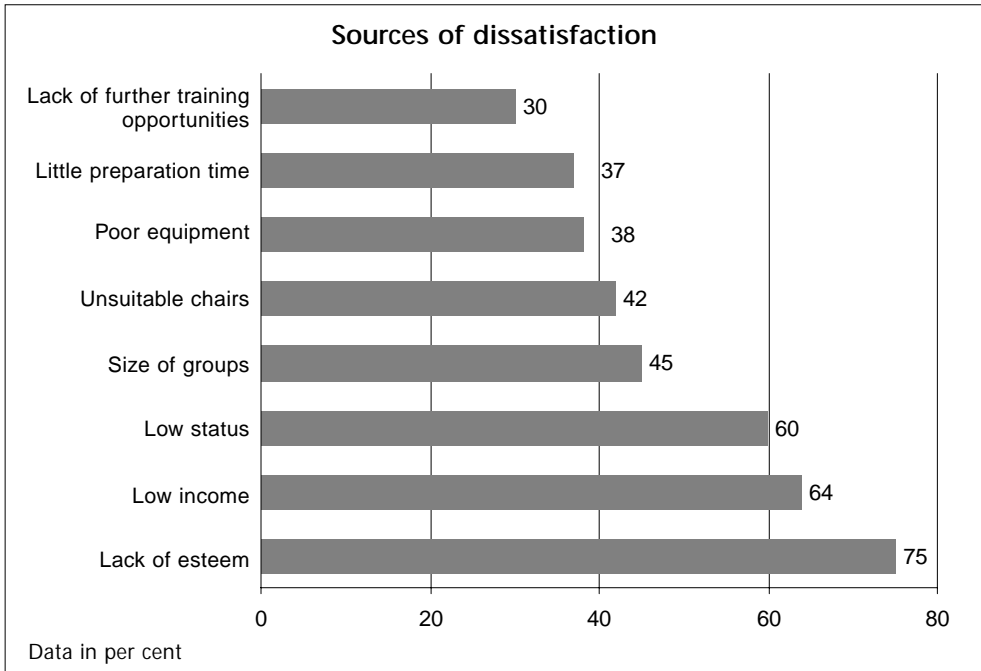


Fig. 5: Factors detrimental to the work situation

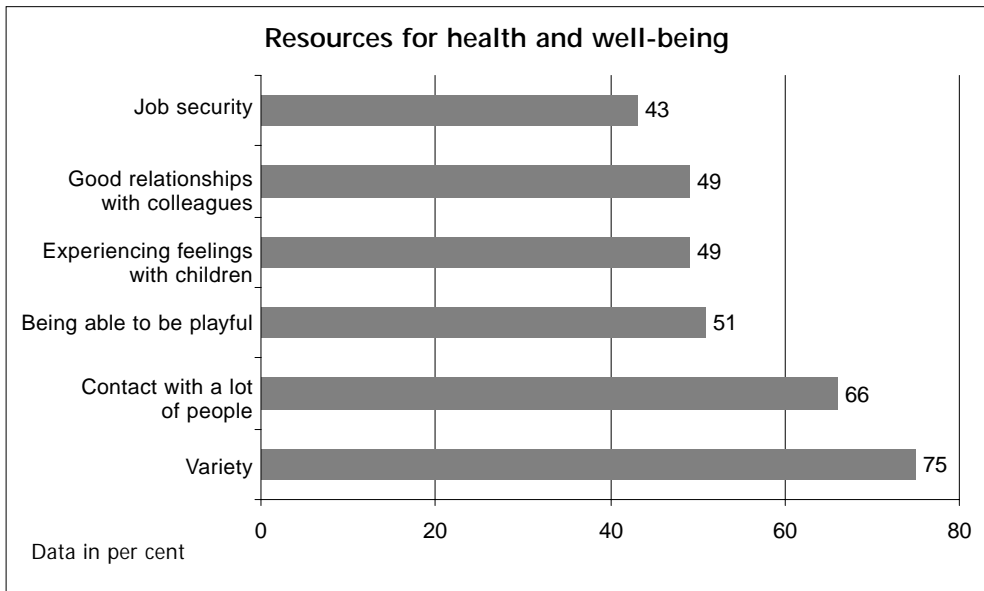


Fig. 6: Positive characteristics of the workplace as sources of job satisfaction

- **Positive characteristics of the work**

Besides the problems mentioned above, positive resources were also seen in the work (see *Figure 6 on page 61*). Three quarters of those surveyed mentioned the variety of work and the opportunity to work independently as the most important grounds for satisfaction at work. Two thirds valued contact with a wide variety of people.

Another complex of resources could be called “responsibility, combined with fun and emotions”. Half of those surveyed valued the fact that in their work it was not necessary to be serious all the time, but that it was also sometimes possible to be boisterous with the children, that they were responsible for the children and also had opportunities to give full expression to feelings like affection and closeness.

Conclusions from the results of the survey

The results of the survey were presented to the child day care centre study group of LAGS and provided the content for several meetings there. Intensive work was carried out on the problem areas of headaches, nervousness and back pain. The starting points for concrete measures were given as:

- Perception of and handling one’s own body and its “signals”,
- Recognising one’s own child day care institution as a workplace.

Possible structural changes to reduce noise, heating that could be regulated separately for each room and ergonomic chairs for employees were named, among others, as concrete measures. However, in this context the most strongly expressed desire was for a greater say in future changes to the institution.

Main points of discussion in the working group

In the subsequent discussion it became clear that such surveys are of great significance. One female participant in the working group was able to give supplementary evidence of the frequency of burn-out syndrome and depression among teachers from her own study, which was currently undergoing analysis.

The suggestions for improvements given below were worked out on the basis of the results of the surveys presented to the group and the statement: “I consider the following changes necessary to positively change the health and well-being of teachers”.

Individual initiative is required

The participants of the working group considered it important that every employee was personally active in the matter of health and aware of their personal responsibility for it. A teacher should not see herself merely as a link to the child, but instead as a person. She

should discover her own professionalism, develop strategies to deal with stress, be able and allowed to say “no” sometimes and have the courage to occasionally withdraw from events. She should explain the significance of sport and exercise and develop her own ability to act in this field; she should involve parents in the work and also find time to discuss things with them and create a good atmosphere.

The kindergarten management or the team must be active

With a concerted effort, every kindergarten or every team can do a lot to ensure a health promoting lifestyle and way of working within the everyday routine of kindergartens. The following suggestions were collected:

- Hold project days with children and parents,
- Get training from skilled personnel within the kindergarten,
- Carry out project days for colleagues on health-related themes,
- Alter rooms,
- Demand a say in plans,
- Incorporate time to exchange opinions within the weekly routine of work,
- Cultivate communication and a culture of debate within the team,
- Close the kindergarten for so-called team days or further training days,
- Take advantage of aid offered by the sponsor,
- Organise social sponsoring, from architectural consultations to interior design (within self-help),
- Encourage good co-operation among the management team,
- Create information corners for teachers to exchange experiences,
- Solve problems jointly,
- Create time for preparation,
- Explain the significance of work in kindergartens to parents,
- Organise a sports circle during work in the kindergarten (company sports).

The sponsor must create structural conditions

To a large extent the fashioning of structural conditions is in the hands of the sponsor of the kindergarten. Its tasks should include creating spaces for rest, considering the division of space, particularly in new buildings, improving the internal arrangements and furnishing rest and recovery rooms. It should facilitate further training and information on health-related themes in a wider sense and offer training in dealing with conflict, presentation and self-representation and further training for managers in kindergartens. Teachers should be given the impression that they do not always have to be perfect.

Policies are needed

There is also a great need for action on a political level to improve health and well-being in kindergartens. The following ideas were collected together:

- Critical examination and enhancement of the content of training,
- Taking teachers' health as an express aim of training and projects,
- Including strategies against back pain in the training,

- Develop awareness of the body during training,
- Strive for working alliances with the police and youth assistance (leisure time),
- Extend the teachers' lobby,
- Strengthen and publish research on the performance and efficiency of teachers,
- Local assistance from doctors in the public health service and advice centres.

Possible first steps – summary and perspectives

In the short time available, a multitude of ideas and suggestions were collected together but these are by no means complete. Building on this, a catalogue of initial concrete steps and feasible measures was formulated.

What teachers are able to do

In addition to developing everyday strategies and individual initiatives (“you have to get on and do things yourself!”) in the personal sphere, it was suggested that projects within the local area are used, e.g. approaching sports clubs with a view to co-operation. Creating clear structures also promises to make things easier, e.g. through clearly defined times for parental consultations and strict regulations on breaks. This should offer additional opportunities for activity (e.g. exercise).

What the team is able to do

The keywords here are transparency and clarity. This includes jointly developing and making public the educational concept, in order to make one's own work clear to the sponsor, parents and colleagues. It also includes a clearly structured framework for breaks. Communication should be developed within the team and use should be made of specialist skills within the team (keyword: use of resources). Organising project days and looking harder for external support in the form of sponsorship (also through parents) are other suggestions for improvements with regard to the team.

What the sponsor is able to do

Sponsors must be prepared to invest more heavily in their employees. Above all, this requires supplying further training in management qualifications and co-operation with other public services and their organisations.

What policy makers are able to do

The sphere of educational training is a political responsibility. Curricula should be revised so that the aspects of integration and all facets of health are taken into account. This also has to have an effect on the choice of and further training for each lecturer. An alliance with other public services and institutions should be sought, in order to use resources effectively (e.g. joint work on a dissertation with educationalists). Policies are also required to provide funds for research and foster model projects more vigorously than ever before. Statutory health insurance companies should be included in this responsibility.

Summary

In conclusion, within the setting of kindergartens, internal health promotion must retain an important value. Ultimately, this does not profit only the employees and the employer, but also the children and their parents. Content employees are less often ill and produce better work. Role models who are aware of health pass on this attitude to children and thereby make an important contribution to health education.

2.2.2 Health promotion/health education in the further training courses offered to teachers

Leaders: Peter Sabo, Society for Applied Youth and Health Research, registered organisation, (GJG), Schwabenheim a.d. Selz
Christa Wanzeck-Sielert, Landesinstitut Schleswig-Holstein – Institute for Practice and Theory of Schools (IPTS), Kronshagen near Kiel

Introduction

Within the workshop, the situation of further training in health promotion/health education for teachers was to be presented. The role of sex education within training and further education for teachers was described by way of an example. Subsequently, the opportunities for health promotion and health education in further training were to be discussed and compared with the experiences and ideas of the participants.

The foundations of the workshop were a study on the situation regarding further training in the area of health promotion/health education for teachers in child day care centres (for children aged between 3 and 6 years) carried out by the Society for Applied Youth and Health Research [GJG, Gesellschaft für angewandte Jugend- und Gesundheitsforschung], and a model project in the field of sex education, carried out by the Landesinstitut Schleswig-Holstein – Institute for Practice and Theory of Schools [IPTS, Landesinstitut für Praxis und Theorie der Schule]).

The situation regarding further training in health promotion/health education for teachers in Germany

Peter Sabo

The aim of the study was to obtain information regarding the scope, contents and form of further training courses, and their providers and subjects – particularly if the contents are related to health promotion and health education. The requirements of specialist advisers

and teachers in further training courses on the subject of health promotion/health education were also to be assessed and a recommendation expressed that health promotion/health education in further training should be improved.

The investigation into the further training situation covered the 1997/1998 further education programmes of 116 providers in the northern Federal States of Schleswig-Holstein, Hamburg and Mecklenburg-Western Pomerania and the 1998/1999 further training programmes of 21 providers in the Federal States of Hessen, Rhineland-Palatinate and Saarland.

Courses and providers

There is a comprehensive and varied range of further training courses from the most diverse providers for those teaching children aged between 3 and 6 years in kindergartens. The providers are mainly public and private kindergarten sponsors offering further training courses through their respective (multi-)regional institutions:

- Public sponsors of child day care institutions (town and district councils) offer further training for kindergarten teachers through the respective Youth Welfare Offices and their specialist advisers. The number and subjects of courses vary and depend on the number of institutions, available staff and the requirements of the teachers.
- Further training at a regional/local level is sometimes carried out by the relevant specialist counsellor and is directed at the current organisational and educational requirements of teachers within the area of responsibility.
- In the individual federal states, the respective regional Youth Welfare Offices or their institutions are responsible for state-run further social educational training (e.g. in Rhineland-Palatinate the Centre for Further Social Educational Training in Mainz; in Hessen the Hessian Further Training Centre for specialist social workers in Wiesbaden). These institutions offer their own further training programmes to teachers regardless of the kindergarten sponsor.
- Several regional associations (regional centres) for health promotion offer further training courses for teachers within the framework of their theme-related work or within projects. However, this is not provided in the consistent and nationwide form that the public kindergarten sponsors and regional Youth Welfare Offices offer and is only directed at health promotion and health education. Other associations, e.g. regional sports clubs, also have courses for teachers within their training programmes.
- Individual health insurance companies, adult education centres and other training institutions, for example family training centres, also offer further training to teachers.
- Among interest groups (nature conservancy etc.), organisations and individuals, there are suppliers who have specialised in (early) educational and other current themes (individual integration). Sometimes these are directed at profit and their work is not always professional.

Qualified providers are also used as external teachers by the actual further training institutions of the sponsors and regional governments. In various events several providers co-

operate with other partners, e.g. with the regional centres for health promotion or the regional offices against the dangers of addiction, with regional sports clubs, health authorities, ambulance services, youth offices, specialist schools, adult education institutions, other welfare groups and private providers.

Organisation and forms of further training

In accordance with regional laws on leave for training and the regulations of sponsor associations, teachers have the right to further training and opportunities for this.

One-day (multi-)regional events, events for several days with or without accommodation (spending the night at home), courses in several parts – also as introductory/continuation courses –, conferences and informative events are offered. Costs are almost always applicable and these are usually met by the sponsor.

Further training at a regional/local level by specialist counsellors is aimed at teachers (sometimes all the teachers in one institution) and managers of kindergartens. There are additional study days, meetings/conferences of managers and work reviews for the team.

Subjects of the further training courses

The courses within the further training programmes analysed (see above) with health-oriented titles have been documented in a table with the title, categorisation of subjects, form and duration. The general subjects are documented by title and subject.

- **Proportion of health-oriented courses in the further training programmes**
According to the evaluation of the further training programmes offered by a total of 128 providers in 1997–1999, the proportion of courses with health-oriented titles and – as far as could be ascertained from the description – content relevant to health was relatively high within the total range of further training courses. Although the proportion varied from provider to provider, from state to federal state and from year to year, health-oriented courses made up about 35–70% of the total number of courses. In 1998 there were 459 health-oriented further training courses in the six Federal States examined.

The providers themselves saw the further training situation for health promotion/health education in very varied ways. Just over half of those who gave a view on this saw the range as “sufficient”; slightly fewer saw the range as “too little”.

- **Subject areas of the further training courses**

The documented further training courses in health promotion/health education were classified into the subject areas used in the BZgA's market survey.

In the summarised analysis of the further training courses in all six Federal States (*Table 1*), promotion of exercise is by far the most frequent course with a percentage of more than 28%. Next are sessions in psychosocial health with almost 11%. Further training courses

with titles like “Dealing with conflict”, “Working with traumatised children”, “Problem children – children with problems”, “Restless – peaceful children”, “Discussions with children – understanding children better”, “Hyperactive children”, “Dealing with children with conspicuous behaviour”, “Reflecting on death and dying with children” were classified as belonging to this subject area.

No.	Subject	Number of courses 1998
1	Promoting exercise	133
2	Psychosocial health	59
3	Environment/nature	38
4	Coping with stress	34
5	Sensory awareness	31
6	Primary prevention of addiction	28
7	Violence/aggression	25
8	General promotion of development	20
9	Mental/physical disability	20
10	Health promotion	14
11	Sexual abuse	11
12	Speech development	11
13	First aid	7
14	Nutrition	6
15	Media education	6
16	Sex education	6
17	Accident prevention	6
18	Road safety	2
19	Precautions/early diagnosis	2
20	Allergies	–
21	Vaccinations/infectious illnesses	–
22	Dental health	–
Total		459

Table 1: Subject areas of further training courses in Schleswig-Holstein, Hamburg, Mecklenburg-Western Pomerania, Hessen, Rhineland-Palatinate and Saarland in 1998, arranged by frequency

The subjects of environment/nature, coping with stress, sensory awareness, prevention of addiction and violence/aggression were the next most frequent, each with a proportion between 8-5%. There were no courses on the subjects of allergies, vaccinations/infectious illnesses and dental health.

According to this overview, there does not currently appear to be an interest, from either the providers or the users of further training, in the classic subjects of health education other than promotion of exercise, e.g. nutrition, precautions/early diagnosis, accident prevention, dental health or vaccinations/infectious illnesses.

In the absence of relevant studies, the reasons for this can only be assumed on the basis of current developments and observations from this setting. The under-represented subjects have been more frequently dealt with in the past (nutrition/dental health) and/or are brought into kindergartens from external sources (precautions, dental health, accident prevention, vaccinations/infectious illnesses). The subjects now offered as priorities are more concerned with the everyday problems and needs of teachers and children (coping with stress, psychosocial health, sensory awareness, speech development) and correspond more to the educational intentions of teachers, as well as social problems which are now brought into kindergartens from outside (prevention of addiction, violence/aggression, sexual abuse).

In a separate analysis of the courses in the northern Federal States and those in Hessen, Rhineland-Palatinate and Saarland, the frequency of a few subject areas shifted. In both analyses the greatest number of courses were still on promoting exercise and in the northern Federal States the ten most frequent subject areas remained the same – with a slight increase in the subject of psychosocial health. However, in Hessen, Rhineland-Palatinate and Saarland, the subject area of environment/nature appeared considerably less frequently and there was a comparative increase in the number of further training courses dealing with the subjects of disability and speech development.

The spectrum of further education courses should be made clear using the selected courses of further training programmes from two multi-regional providers in 1998. The lists are divided into courses with health-oriented subjects and those with educational and functional themes (*Tables 2 to 5* on the following pages).

The examples given also show recent developments. In one case, the individual integration of disabled children into the institution is a specific subject within the field of health. In another case, promoting perception/sensory training is a current topic. In the courses offered by religious sponsors, there are an appropriate number of religious education topics.

Further training courses at institution X in 1998

Title	Subject/form	Duration
<i>Disability in everyday life?</i>	Integration and situation approach	3 days
<i>Structural conditions of individual integration</i>	Information conference for sponsors and teams	1 day
<i>Integration: understanding people</i>	Consequences for programme of action	3 days
<i>Parents' questions on individual integration</i>	Information and counselling	1 day
<i>Be perfect!</i>	Instruction in being imperfect	Weekend
<i>Children that stand out</i>	Further training in two parts for part-time employees	3 days
<i>Difficult situations with children</i>	Course in observing and understanding	6 half days + 1 whole day
<i>Meditative exercises with children</i>	Being at peace with yourself	3 days
<i>Death as a subject for children</i>		3 days
<i>Inconspicuous and conspicuous children</i>	Further training in two parts	2 x 5 days
<i>Rows and arguments within the group of children</i>		5 days
<i>Conscience</i>	Do children know what they are doing?	5 days
<i>Listening... and what reaches the ear</i>	Suggestions for music therapy in practical educational work	5 days
<i>Just how does a child speak?</i>	Development of speech and promoting speech	3 days
<i>Education in perception</i>	Further training in three parts	3 x 5 days
<i>Psychomotor activities – integrated exercise education at the kindergarten</i>	Further training in three parts	3 x 5 days
<i>Fidgety children and slowcoaches</i>	Movement and psychosocial contexts	3 days
<i>Rhythms of movement</i>	Trying out diverse forms of rhythmical movement	3 days
<i>Living and working with more awareness of the body</i>	Awareness through movement – the Feldenkrais method. Further training in several parts	2 weekends + 4 individual days

Table 2: Health promotion/health education courses in institution X

Title	Subject/form	Duration
<i>Guitar course for teachers</i>	Foundation course	10 evenings
<i>Guitar course for teachers</i>	Advanced course	10 evenings
<i>TPS writing workshop</i>	Public relations work	5 days
<i>Singing – and what else you can do with songs</i>	Approaches to religious educational work	3 days
<i>Workshop: large sculptures</i>	Experimenting in large areas, construction and handicrafts	3 days
<i>Workshop: clay, breeze block, paper</i>	Methods of working in kindergartens and afternoon care centres for schoolchildren	5 days
<i>Workshop: sculpting</i>	Further training in two parts	2 weekends
<i>Painting and experimenting with colour with children</i>	Rediscovering personal competence	5 days
<i>Discussions with parents in difficult situations</i>		5 days
<i>Understanding of dramatics – drama</i>	Understanding “production”: significance of communication; methodical testing of symbolic action; use of puppets as a method of communication	3 days
<i>Below and above the age of three in kindergartens</i>	Information on children’s development; analysis of basic themes; reflections on educational understanding of self; practical aids	3 days
<i>Children – comedy – cabaret</i>	Theatre workshops, public relations work – in collaboration with the Institute for Media Pedagogy and Communication, LFD Hessen (Regional Film Service)	3 days
<i>Working with groups</i>	Leaders – further training in several sections	2 x 5, 2 x 1 day
<i>Children’s conference – involving children in the everyday life</i>	Further training in two parts	2 x 2 days
<i>Rituals</i>	Approaches to religious educational work	3 days
<i>Islam and everyday educational culture</i>	Kindergartens and afternoon care centres for schoolchildren	3 days
<i>Sponsoring</i>	Information and advice	1 day
<i>Deputy management</i>	The role of deputy... or not getting anywhere?	5 days
<i>What is to become of our kindergartens?</i>	Workshop on the future	3 days

Table 3: General further training courses in institution X

Title	Subject/form	Duration
<i>Instructing trainees – or “Place of learning: practical experience”</i>	Further training in two parts	2 x 5 days
<i>Management and co-operation</i>	Information event	1 day
<i>Quality management and conception</i>	Course for managers	5 days
<i>Specialist teachers: PR and advertising</i>	Further training in two parts	2 x 5 days
<i>Becoming managers</i>	Further training in two parts	2 x 5 days
<i>Communicative competence: advising in professional employment</i>	Further training in two parts	2 x 5 days
<i>Describing quality and developing criteria</i>		3 days
<i>Time management</i>	Dealing with boundaries and stress. Course for managers.	5 days

Table 3: General further training courses of institution X (continued)

Range of further training in institution Y in 1998

Title	Subject/form	Duration
<i>Speech development and fostering speech during childhood</i>		2 x 1 day
<i>Perception and perception disorders</i>		2 days
<i>With all the senses, outdoors and indoors</i>		3 days
<i>Upset to calm</i>		3 days
<i>Relaxing with children</i>		2 days
<i>Communication and dialogue</i>	Leading constructive discussions and solving conflicts	3 days
<i>Chaotic kindergarten or – through the jungle with a beer mat</i>		3 days

Table 4: Health promotion/health education courses in institution Y

Title	Subject/form	Duration
<i>Go your own way</i>	Religious education	3 x 1 day
<i>I have a friend, that is a tree</i>	Religious education	3 x 1 day
<i>Arranging scripture readings and prayers in kindergartens</i>	Religious education	3 days
<i>I bear a great name</i>	Religious education	3 days
<i>Profile of Catholic kindergartens</i>	Christian belief and educational training	2 days
<i>Bibles and fairy tales</i>	Messages for our lives. Religious education	3 days
<i>Religious education courses in 1998/99</i>	First announcement	
<i>Output-oriented guidance in youth welfare work</i>	Administrative reform and the consequences for educational work in child day care institutions	1 day
<i>"Make a name for yourself"</i>	Foundations of social marketing	2 days
<i>Workshop: quality management</i>		3 days
<i>A complaint is a gift</i>	Managing complaints as the key to further development	2 days
<i>Action, negotiation, talking</i>		4 days
<i>Welcome to the service paradise of kindergartens</i>	Quality management	2 days
<i>I want to be a manager</i>		3 days
<i>Professional induction course for new managers</i>	First announcement for spring 1999	
<i>Training course for managers of Catholic child day care centres</i>	1 information day, 4 course phases	1 day 4 x 5 days
<i>Developing a team as a leadership duty – a never-ending task?</i>	Workshop	3 days
<i>Using time</i>	Possibilities of time management and self-management, particularly taking into account current regulations for part-time workers	2 days
<i>Group supervision for managers</i>		15 x 2 hours
<i>Group supervision for group leaders</i>		15 x 2 hours
<i>Media-related childhood</i>	Television, computers and tamagotchis	3 days
<i>Gifted children in kindergartens</i>		1 day
<i>Another view of parents' work</i>		3 days

Table 5: General further training courses in institution Y

Title	Subject/form	Duration
<i>On the way to a central educational idea in child day care centres</i>		3 days
<i>Discovering and interpreting the world with children</i>	Integrated education, continuation course	3 days
<i>Educating after being educated</i>	Influence of one's own education on work	3 days
<i>Situation-oriented work in kindergartens</i>	Course for support workers without specific educational training	3 days
<i>Here, we only play</i>	Aspects of education through games	2 days
<i>Dealing with boys in child day care centres</i>		2 days
<i>The sound of pictures</i>	Artistic and musical experiments	3 days
<i>Extending the view – from the island of the kindergarten to the world of the community</i>	The concept of social work orientated towards the environment. Specialist conference 1998.	1 day
<i>Discover 100 languages and 100 worlds</i>	Stimuli of the Reggio Emilia Approach in kindergartens. Presentation	1 day

Table 5: General further training courses in institution Y (continued)

Ideas for and requirements of further training from suppliers of further training, experts and specialist counsellors

The written surveys and oral opinion polls in the Federal States studied gave rise to a variety of suggestions and ideas on possible requirements in health promotion/health education subjects, as well as in answer to the question of how health promotion can be developed further within child day care centres.

The subject areas suggested most frequently were: fostering of general development, promoting exercise, nutrition, environment/nature and prevention of addiction. The following were mentioned individually: first aid, sexual abuse, traffic safety and dental health.

Other suggested subjects that also referred to specific problem situations were:

- Obligation to lead and exercise proper supervision,
- Handling health certificates,
- Leading discussions with colleagues and parents,
- Diagnosis through observation.

Within the large range of suggestions for furthering health promotion/health education, there were numerous individual suggestions and also a few that were mentioned several times, in both the written surveys and more extensive discussions. They were concerned with the form, aims and contents of further training courses.

Regarding the form of further training courses, it was suggested that they should be structured over a longer period, carried out regularly and offered to the team of an institution as well as to doctors, therapists and parents. An umbrella organisation for providers should also be set up.

In addition to further training courses the following suggestions were made:

- Offering counselling locally in kindergartens,
- Setting up and supporting study groups,
- Setting up team sessions with experts,
- Making it possible to handle crises within a team,
- Offering parents' evenings with experts.

With regard to the intentions and contents of further training courses, it was mentioned frequently that it was not so much a question of presenting and examining individual subjects; instead, further training should convey that

- health promotion is a cross-sectional task,
- an integrated approach is to be pursued through health promotion (as opposed to "health education")
- health promotion includes self-reflection and awareness of the one's own function as a role model,
- health promotion demands appropriate behaviour and attitudes from oneself.

Furthermore, further training should communicate specialist competence, provide aids to develop concepts and offer opportunities to gain experience. It should offer examples of existing practical activities and projects and enable discussion about social changes.

Sex education: from studying personality to orientation towards the field of work – a model project in technical and vocational training colleges for social education

Christa Wanzeck-Sielert

The project

The model project “Sex education courses in vocational training colleges (educational social work)” commenced on 1st September 1996 and concluded on 30th September 1999. The results of the three-year project were presented to a specialist audience during the course of a specialist conference in Kiel with the topic of “Sex education from studying personality to orientation towards the field of work”.

The project was financed by the Federal Centre for Health Education, supported by the Ministry of Education in Schleswig-Holstein and carried out by the Landesinstitut Schleswig-Holstein – Institute for Practice and Theory of Schools (IPTS). The Institute of Education in Kiel University provided scientific support and evaluation of the project.

The project group consisted of a qualified educationalist as leader, two other qualified educationalists as scientific colleagues and four teachers from technical and vocational colleges for social education.

Preliminary study

The model project was preceded by a situation analysis, which was carried out in technical colleges for social education within Schleswig-Holstein in 1995 by a research group from Kiel University on behalf of the BZgA.

This preliminary study included an analysis of the fields of work in which educationalists are currently active – elementary sphere, open work with children and young people, home education and people with a mental handicap – as well as a survey of teachers and students.

In the fields of work examined, sexuality can be described as a fundamental theme and task in educational processes. Sexuality becomes the object of educational work in many and diverse ways. Nevertheless, sex education is often carried out as a re-action to behaviour which is judged to be problematic and therefore has a “fire service” function.

Sexuality is a theme within the training for kindergarten teachers in technical colleges for social education in Schleswig-Holstein and both teachers and students rate it as significant and important.

In this study, the teachers mentioned many different active skills, which kindergarten teachers require in their later practical work. Reflection on one’s own sexuality and sexual

norms and values was named as an important requirement. During the period of practical instruction, trainees were often confronted with the subject of sexuality. A large number of students, both boys and girls, raised personal and didactic questions on dealing with the subject in an educational manner.

A significant proportion of the teachers said that they felt unsure in the personal and particularly in the specialist informative areas of sex education. They expressed a substantial need for further training.

The students surveyed said that the existing range of sex education in technical colleges was not sufficient. The majority felt uncertain at the end of their training and wanted to deal with the subjects of sexuality and sex education more intensively. Questions that arose during practical work were not dealt with satisfactorily during lessons.

The model project

The model project took up the most important results of the preliminary study and attempted to integrate these into the work. There were four central aims:

- (1) Working out a curriculum for sex education with recommended material for use in technical and vocational training colleges for social education.
- (2) Testing the curriculum by teachers in Schleswig-Holstein.
- (3) Developing and testing a programme of further training for teachers in technical and vocational training colleges.
- (4) Transferring the results of the model project into technical and vocational training colleges for social education in Schleswig-Holstein and other federal states.

A few practical examples from the field of “kindergartens and afternoon care centres for schoolchildren” should make clear the orientation towards the field of work and the study of personality:

- Recently, two six-year-old boys would never leave a four-year-old girl alone when she went to the toilet. They always followed her, watched her as she weed and made derogatory remarks. Sobbing, the girl went to her teacher.
- During the morning circle, two children started fighting and verbally abused one another with “You gay pig” and “Tart”.
- One six-year-old boy excitedly approached a teacher and told her that in the puppets’ corner, two children were “fucking”. Almost all the children were standing in front of the puppets’ corner and watching.
- One teacher was approached by a mother: “My child told me that after the walk in the rain yesterday, you showered naked together with the children and soaped each other. What were you thinking of?”

The content of the work is directed at the theory and practice of emancipatory sex education, in which the central basic values are self-determination and respect for life. Both eth-

ical positions have a long tradition and serve as orientation points within sex education work.

The task of the project was to develop teaching materials, not just for Schleswig-Holstein but also for all the federal states. Hence, the programme has to be open and varied and it has to offer distinct methodical approaches. For this reason, a modular principle was chosen, in which various collections of subjects, methods and materials can be found.

On the further training concept

In parallel to developing didactic modules, another task of the model project was to conceive a further training course for teachers in technical and vocational training colleges for social education. The aim was to make teachers in various subjects and/or fields of learning more competent in sex education, bearing in mind the interlinking of teaching materials. The design particularly took into account the BZgA's quality criteria: scientific rigour and relation to theoretical work, self-reflection, interdisciplinary work, degree of obligation or voluntary nature, communicating competence in educational action and reflection and practical orientation.

These criteria for requirements brought the group to the following concepts of further training in sex education:

- Basic further training,
- Further training in the field of work,
- Subject-oriented further training,
- Introducing teaching materials.

Studying personality as a subject in teachers' further training in sex education

The basic further training centres on studying personality. This is made clear through the central points of the subject:

1. Course: "Theory of sex education"
2. Course: "Biography, norms, values and sexuality"
3. Course: "Body, language and sexuality"
4. Course: "Practical reflection on sex education"

Self-reflection is an important prerequisite for successful work in sex education. The practical examples of sex education given above from everyday life in a kindergarten and the themes of the basic further training underline the necessity of studying personality. It means increasing competence in action and reflection. For teachers, studying personality is a pre-requisite of dealing with sex education. A sex-friendly attitude to education is also supported, at the centre of which are the developmental themes of those who are adolescent.

Studying personality within a sex education context means supervised examination of one's own biography, of social norms and values, and of sexual behaviour and attitudes to sex. Until now there had not been any theoretical basis. This was made possible through the BLK¹ project "Sex education within higher education", which was carried out by the Institute for Education in Kiel University from 1994 to 1997. Students were asked for their opinions on the way the subject of sexuality was treated personally and professionally.

Studying personality is concerned with identity. Within the whole identity, sexual identity is of great significance for various reasons. It is:

- closely connected with physicality,
- frequently associated with diverse emotions,
- strongly influenced by feedback from people of emotional importance; is affected by examples portrayed in the media,
- associated with negative and positive memories.

Hence, it becomes clear that sexuality concerns kindergarten teachers even more than other subjects, and sex education – i.e. supervised examination of the subject of sexuality – is also relevant to identity even without conscious study of personality. A presentation on the thematic complex of sex education, no matter how theoretical, has an effect and is subjectively meaningful.

In blind spots, there is inevitably the danger that personal ideas regarding sexuality and sexual morals will be simply passed on without reflection. Therefore, it is essential to determine a personal standpoint.

What we have described makes it clear that the systematically structured study of personality within the context of sex education requires teachers who have personal, technical and methodical skills at their disposal. In the "Sex education within higher education" pilot scheme in Kiel, students also mentioned the significance of teachers' personal skills in the interviews:

- "If someone asks me to take a good look at myself, and I feel as though he should do the same, I can't really take it very seriously."
- "It's a bad thing if you don't know you've got problems with it."

In addition, the students stated the things they wanted from good teachers of sex education; these requirements were also named simultaneously as aims for themselves:

- Having a viewpoint,
- Having a line, something clear that you are able to come up against,
- Being self-assured in what you say,
- Making your own contribution,

1 The intergovernmental Bund-Länder Commission for Educational Planning and Research Promotion.

- Giving serious thought to subjects and being prepared to work further on them, thinking critically about oneself,
- Being able to change personal opinions.

These comments refer to the students' need to learn from the role model of the teacher. In these statements it is also clear that teachers are not role models for particular behaviour but rather role models for successful examination of oneself.

Practical implementation of studying personality in training and further education means working on the "concept of self" (cognitive level), on feelings of self-esteem (emotional level) and on the conviction of control (active/activity level). A feeling of self-esteem, which is as positive as possible but not excessive, can be seen above all in self-acceptance.

In summary, professional ideas and action within the context of sex education should contain:

- Relatively undistorted perception of one's own person and others,
- Authenticity and capacity for empathy with regard to sexuality,
- Ability to communicate about sexuality in a relaxed and reassured way taking into account how one is personally affected,
- Dealing with people who have different attitudes and values with regard to sexuality with respect,
- Composure in conflicts,
- Confidence in maintaining a balance between closeness and distance,
- Being a suitable model for dealing with oneself, with others, with one's own sexuality and with the subject of sexuality in an adequate manner.

Summary and theses of the discussion within the working group

On the basis of the two papers, a discussion developed into which the participants introduced their own experiences of the further training situation. With regard to further development in health promotion within further training for teachers, the following suggestions and ideas arose:

- Health promotion requires a structural framework and competent, multi-professional further training staff.
- Health promotion requires specialist knowledge, competence in speaking and, for teachers, study of personality through further training.
- If necessary, staff in further training have to be trained themselves in an integrated vision of health promotion. The level of competence of further training staff decisively influences whether health promotion is accepted.
- Training should be structured over longer periods and directed at the team, to create an atmosphere of trust, in which the study of personality will be really possible.

- training courses should also be held at a regional level.
- Further training should be more often associated with practical work.

Overall, it was felt that health promotion – in addition to further training, supervision etc. – must be emphasised as a significant marker of quality in kindergartens, and awareness of this should be promoted.



2.2.3 Everyday life in kindergartens and implementation of health promotion

Leader: Margarete Mix, Health Manager, Kindergarten Principal, Hamburg

The starting point of the workshop was the question of what everyday routine in kindergartens really means and what conditions and prerequisites for health promotion arise from this. The basis of the discussion and work was a report from the chair of the workshop on her everyday experiences within a kindergarten.

Everyday experiences within a kindergarten

Our subject is everyday routine within kindergartens and this does not sound like the most exciting and thrilling of topics. And yet it is, because in kindergartens we deal with a wide variety of children every day. They demand a lot of us, but they also bring with them a wealth of pleasure, energy, individuality and problems. Thus the daily routine is chaotic and appears different in every institution depending on the children's living conditions.

Initial situation

In everyday culture, there are hardly any differences between the objective living conditions of children and adults. Children are confronted with economic, social, ecological and political processes without protection. Many children are faced with demands early in life that barely differ from those of adults in their quality of stress. They deal with oppressive living conditions and react to being overtaxed with psychological conspicuity, emotional behavioural disorders or psychosomatic illnesses.

The most important background role is played by the immediate living sphere of the family. As the nucleus of experienced socialisation, the family has the greatest influence on a

child's habits and understanding of personal value. This promotes his physical and mental health and shapes it right into adulthood. Parents have an influence as models of behaviour and they are often overtaxed in their function of role model.

In its task of augmenting the family, a child day care centre is required to take into account a child's individual requirements and needs. However, it also has to include the family, the environment and influential factors. Integrated health promotion is only possible if there is interaction between the related levels of child-family-environment.

Environment and influential factors

The schematic representation in *Figure 1* explains the internal and external conditions of health promotion in kindergartens.

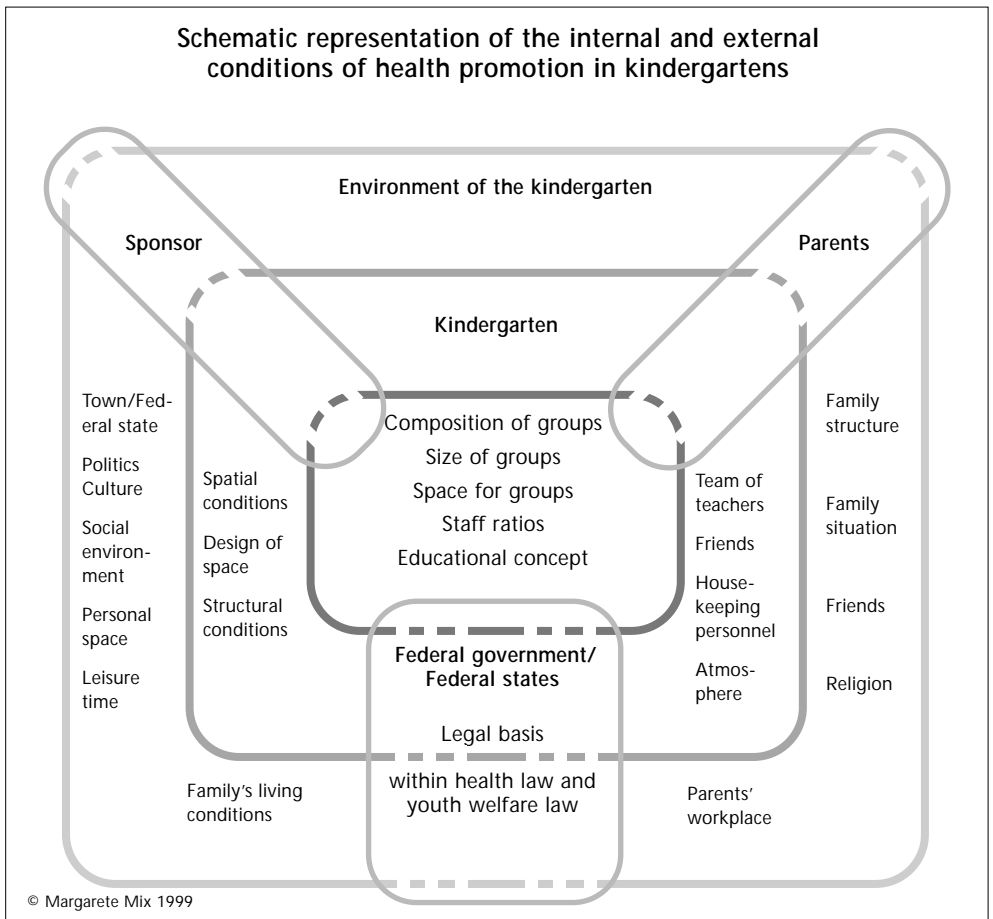


Fig. 1: Internal and external conditions of health promotion in kindergartens

The *internal block* represents the nucleus of the kindergarten, which is surrounded by the external structural conditions and then by the extended milieu of the kindergarten. The rights of the *parents*, the *sponsor* and the *state* (in terms of health, child and youth welfare legislation) affect the nucleus of the kindergarten and can considerably influence the quality of health promotion.

The legislation governing the design of kindergartens lays down firm basic conditions e.g. regarding the size of rooms and groups, distribution of staff and range of age/opening times. Interior design and the educational concept are decided by the sponsor and teachers.

Children's living conditions are very influential in today's educational policies within kindergartens and their conceptual foundations. Their living conditions are made the starting point, object and aim of educational work and the target is children's life skills. This conceptual organisation is constructed on the principle of "learning directed at the situation" and there was intense further development in this during the 1990's. Learning directed at the situation occurs through experiencing and comprehending sensory connections, through children's individual activity and self-organisation, through supporting individual developmental processes adapted to the amount of time the child needs and through promoting group processes. This way of looking at a child's personality corresponds to the challenges of a holistic health promotion, as does collaboration with parents and co-operation partners from community and health authorities.

The form and scope of the *extended kindergarten circle* is characterised by structural conditions, the layout and hygiene of the rooms and the design of outside space. It is very important to a child that it has space for experiences and a say in the design. Health promotion is also concerned with the actual working conditions and working atmosphere. The way that a teacher deals with herself, her colleagues and mutual respect creates an atmosphere and constitutes a base for health care. In addition to health-related training, a teacher needs further training courses that support her projects and motivate her to develop further.

Every sponsor should be open to an innovative, professional health policy. If he sees teachers as the engine of health-promoting and preventative processes, he will respect their specialist ability, permit them space to make decisions and offer opportunities for further training. Dialogue between the sponsor and the teachers is just as necessary as that between the sponsor and the parents.

The influential factors in the milieu of the kindergarten and their effects have already been mentioned at the beginning. We have to take into account particularly the living conditions of a child, whether it grows up in a town or in the countryside.

The effects of the influencing factors and pressures on the child often give the teacher a feeling of powerlessness and inability to act, because she has little direct influence on them.

She is only able to influence them indirectly by offering the children space and time where experiences supplementary to family life are possible and previously lost areas of experience can be regained.

Opportunities for co-operation

For good prevailing conditions and conceptual foundations for work in kindergartens, it is important to recognise areas for co-operation within the health care system and to cultivate contact with these (see *Figure 2*).

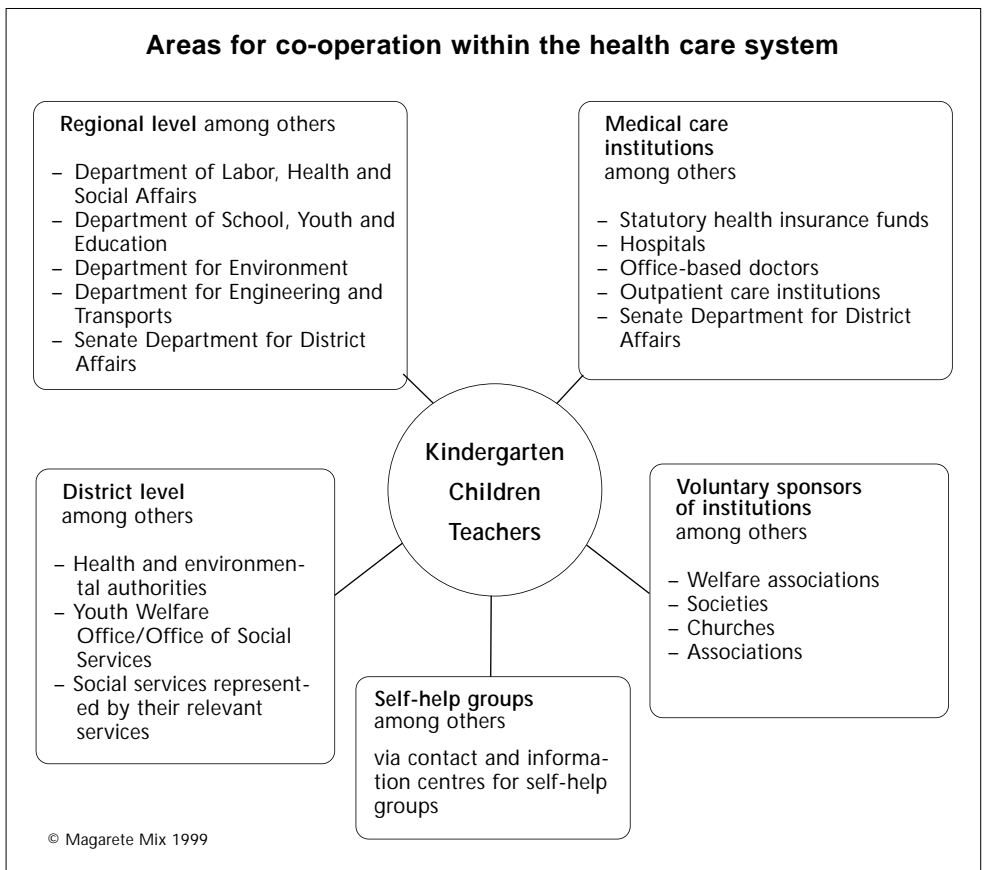
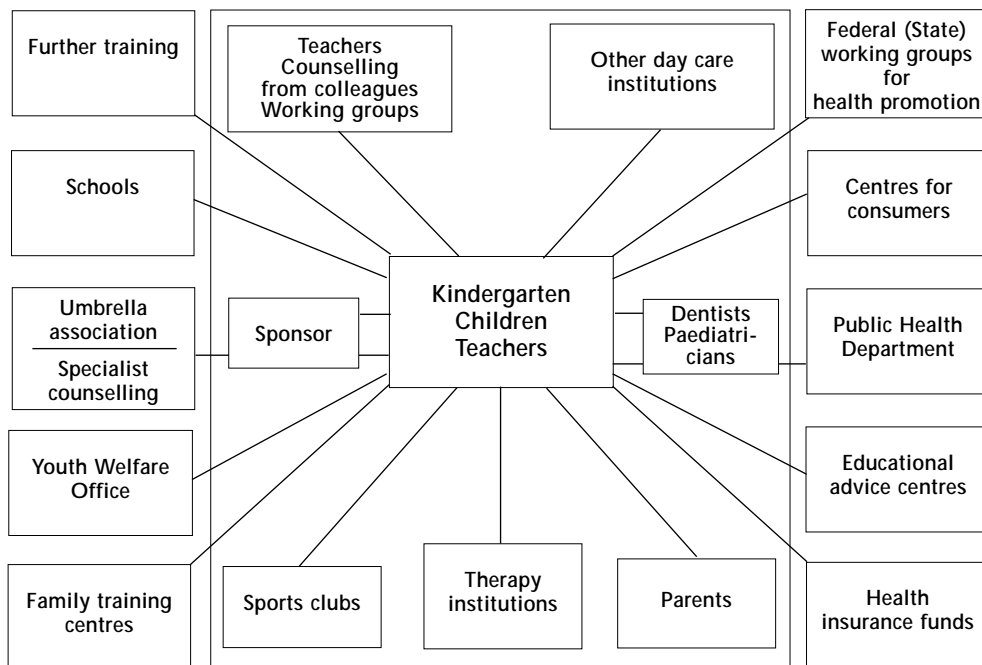


Fig. 2: Areas of co-operation within the health care system

A broad network of co-operation partners is useful when implementing educational aims (see *Figure 3*).

Co-operation partners of kindergartens to support health promotion



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Fig. 3: Co-operation partners for the kindergarten to support health promotion

Broadly structured health promotion within kindergartens does not have to be achieved through brilliant campaigns. Instead it will be better accomplished through real situations, occasions, courses of events and the “small things” in the everyday routine of the kindergarten, in which the aims and content of health promotion are “concealed”. If these deal with physical, emotional and social well-being, then foundations have been created to experience health as a component of daily life (Ottawa charter).

Examples of practical work

Here is a selection of examples of practical work in health promotion from the last five years. Even though these examples seem to be “highlights” they can be integrated into the everyday routine of kindergartens unproblematically:

- First aid courses with children as first aiders (“from bystander to rescuer”). These have been successfully carried out regularly for five years with all children. A parallel first aid course has been offered to parents in the evenings.
- Fire safety exercises with the fire service in the kindergarten.
- Designing and producing blinds for one firm as an example of co-operation between companies and kindergartens

- “Make children strong” – preventing addiction in kindergartens, a three-year project in Hamburg with seven child day care centres.
- Workshop during a parents’ evening in which parents themselves worked out seven suggestions for parents and teachers on the subject of “What children need” in an illustrated chart.
- Study on children’s health and the health implications of social disadvantage across all sections of society.

The results of the work in these campaigns were recorded in daily newspapers and in the form of articles in specialist journals, reports to parents, radio interviews and a documentary report.

Main points of discussion in the working group and results

In the subsequent working phase of the workshop, attention was focused on the following questions:

1. What are the ideal aims of achieving health promotion in kindergartens?
2. What obstacles are there to implementing these aims?
3. Who are the possible partners?
4. What are the partners able to do?
5. What do the partners find difficult?
6. What proposals can be made for solutions?

The results for the individual sets of questions were summarised as follows.

1. Ideal aims of achieving health promotion in kindergartens

- | | |
|-------------------------------------|---|
| Ideal aims with regard to the child | <ul style="list-style-type: none"> • Healthy children • A view that is directed at the whole child • Motivating the child to eat healthily • A lot of space for exercise • Taking account of the child’s entire way of life • Health promotion commenced early • Supporting individual processes of development • Experiencing and grasping sensory connections • Space for experience and moulding • Individual activity and self-organisation |
|-------------------------------------|---|

- | | |
|------------------------------------|--|
| Ideal aims with regard to teachers | <ul style="list-style-type: none"> • Healthy teachers • Strengthening personal resources |
|------------------------------------|--|

- Integrating parents
 - Opportunities to be oneself in the child day care centres
 - Secure employment for staff (child day care centres amendment/staff ratios)
 - Integrating further education/training
 - Recognition of their specialist competence
 - Teachers' partnership with parents
 - Exchange of experiences among teachers
- Ideal aims with regard to the structural conditions
- Include all those involved in the setting of child day care centres
 - Interlinking kindergartens
 - Link to setting
 - Health-promoting living and working conditions for children and teachers
- Ideal aims with regard to conceptual design
- Primary prevention of addiction
 - Being aware of feelings (teachers, parents, children)
 - Child day care centres as a place for well-being
 - Having time for action and rest
 - Learning appropriate to the situation and needs
 - Mixed age groups
 - Openness to the environment
 - Inclusion of parents
 - Interaction between child-family-environment

2. Obstacles to implementing these aims

- Obstacles among the structural conditions
- Lack of time
 - Financial shortages
 - Obstructions caused by the sponsor
 - Spatial conditions
 - A lot of external tasks
 - Cultural conditions
 - Training
 - Staff ratios
 - Limited opportunities
- Obstacles with regard to the conception
- Old patterns of behaviour
 - Limited health idea

- Creating transparency for those external to the kindergarten
 - Level of knowledge about health promotion
 - Language (foreigners)
- Specific obstacles with regard to health promotion
- Fear of new things
 - Lack of understanding
 - Too little imagination
 - Internal obstructions
 - Other things are more important
 - Personal attitude
 - Too little knowledge of the subject
 - Devaluation of the subject
 - Lack of qualification
 - Deficits in training/further education
- With partners
- Parents not involved enough
 - A lack of knowledge about administrative processes/help
 - A lack of transparency
 - Diverse objectives

In summary, on this point of discussion it was established that the participants coming from a practical background mainly contributed personal, emotional arguments characterised by their own experiences. In contrast, the participants from the planning and decision-making levels made predominantly material arguments.

3. Possible partners

The partners involved in realising and implementing health promotion in kindergartens are other day care institutions, the authorities – represented by schools, the Youth Welfare Office and the public health department –, regional working groups and educational advice centres. Other possible partners are associations and societies, for example sports clubs, doctors, health insurance funds, umbrella organisations, consumer centres and individuals from further training, represented by medical institutions and family training centres.

4. What partners are able to do

- With regard to the structural conditions
- Create personal space
 - Offer their services
 - Offer their know-how

With regard to providing financial support

- Donations
- Sponsoring
- Involvement in financing

With regard to further education/further training

- Operate as multiplier
- Enable teachers to become multipliers
- Provide materials
- Involvement in quality assurance
- Supervision and specialist advising

With regard to the conceptual design

- Support in public relations work
- Range of media
- Supporting the range of projects

5. What the partners find difficult

Many partners have great difficulties with technical language. Different definitions and concepts can easily cause misunderstandings. Consequently it is difficult for many to appreciate health promotion and to finance projects.

Nevertheless, aspects such as a lack of esteem, a lack of willingness to co-operate, fear of competition, problems with networking and co-operation because of the lack of time and lack of appreciation of specialist competence are seen as far more problematic for relationships with partners.

6. Proposed solutions when implementing health promotion

With regard to the structural conditions

- Surveying the needs of children and teachers
- Directing the educational theory to the social structure
- Interaction between child-family-environment
- Improving time management
- Opening times suited to needs
- Improved training
- Creating sufficient space for exercise
- Design of space appropriate to needs
- Improving staff ratios
- Sufficient working hours for increasing demands
- Increased inclusion of the sponsor in the responsibility
- Producing a good working atmosphere

With regard to the conceptual design and educational foundations

- The kindergartens, parents, sponsors and authorities should have common aims
- Directed at the district
- Work suited to needs
- Having a good concept
- Positive concept of health
- Directed at children
- Using personal space
- Courage in implementation
- Motivation
- Creating incentives
- Fun/pleasure
- Permitting exercise
- Balanced daily routine
- Improving knowledge in the following areas: nutrition, mental hygiene, exercise, sexuality, dental health, media, illness/disability, environment, social relations and health care

With regard to concrete implementation of aims

- Working in small spaces
- Positively changing behaviour
- Changing attitudes
- Work involving persuasion
- Proceeding by small steps
- Being satisfied with small steps (averting stress)
- Checking and improving individual structures
- Developing imagination and showing flexibility/openness

With regard to co-operation with partners

- Further training
- Seeking allies
- Being prepared to allow partners into the child day care centre
- Good co-operation with the sponsors
- Seeing parents as partners
- Mutual esteem
- Agreement of common aims
- Integration into community events

2.2.4 Prevention of accidents to children

Leader: Inke Schmidt, German Child Safety Alliance, Federal Association for Health, registered association, Bonn

The basis for the discussion and work within the workshop was a brief overview of the statistical survey of accidents in kindergartens in 1998 and a presentation of two examples of practical work in accident prevention:

- “Movement in the nursery” of the German Gymnastics Association (DTB) [Deutscher Turnerbund] and
- a further training course for teachers which was developed and evaluated by the DTB, the German Road Safety Council and the Central Federation of Public Sector Accident Insurers within the framework of the German Child Safety Alliance.

2

Risk of accidents and their causes

In the view of the experts in the workshop, the greatest risk of accidents and the most frequent accidents in kindergartens could be attributed to three reasons:

- (1) Lack of (developmental) experiences for children,
- (2) Lack of organisation within the everyday routine in child day care centres and
- (3) Structural and technical deficits in the design and furnishing of the kindergarten.

The possible causes of this are summarised in *Table 1*.

Lack of (developmental) experiences for children	<ul style="list-style-type: none">• Changed behaviour when playing• Lack of experiences of exercise• Motor deficits• Lack of ability to assess risks
Lack of organisation	<ul style="list-style-type: none">• Teacher's inattentiveness• Lack of time• Restrictions• Large groups
Structural and technical deficits	<ul style="list-style-type: none">• Lack of space• Dangerous playgrounds• Lack of open space

Table 1: Causes of accidents in kindergartens

Data from the accident statistics

Accident insurance is required by law for all children attending day care institutions (kindergartens, crèches, afternoon care centres, schools). Therefore all accidents that oc-

cur in kindergartens, or on the way there or the way home, are in the area of responsibility of the statutory accident insurance (GUV). They records and analyses any accident requiring medical attention.

In 1998 a total of approximately 150,000 accidents in kindergartens were reported to the GUV. Accidents to boys (62.5%) occurred much more frequently than those to girls. Most accidents were falls, which occurred while the children were moving – the majority inside the kindergarten (43.5%) or in the playground (28.3%). Of the children injured, 50% had injuries to the head, followed by injuries to the feet (17%) and hands (12%). Most were slight injuries such as grazes or slight bruising. In 50% of cases the cause of the accident was reported to be the child himself. In contrast, only 7% of accidents were caused by floor-coverings and playground equipment respectively.

It is indisputable that promoting exercise is an important measure in accident prevention and should be implemented extensively within the everyday routine in kindergartens. There are a range of projects which impressively demonstrate the successes and benefits.¹ Brief descriptions of two examples of practical work are given below.

DTB campaign “Movement in the nursery”

Starting position

In view of the alarming observations from doctors, physiotherapists, sports teachers and other specialists with regard to deficits in children’s motor development, the German Gymnastics Association, (DTB) and SIGNAL/IDUNA have created the campaign “Movement in the nursery”.

“Movement in the nursery” has been carried out in DTB clubs with great success since the middle of 1997 and additionally offered in kindergartens since May 1999 because of the high demand from teachers.

Target group and aims of the campaign

Teachers and exercise leaders are usually aware of the significance that exercise has in the integrated development of children, but parents are not. This frequently leads to conflicts: while teachers try to create opportunities and occasions for exercise within the institutions, many parents, even today, still believe that avoiding any risks – that is “unnecessary” exercise activities – equals protecting their child from injury.

Accordingly, the campaign “Movement in the nursery” is primarily directed at parents of children aged between three and six years. Its aim is to inform parents of the importance

¹ Cf. e.g. Das “*Move it*” Buch [The “Move It” Book] of the German Accident Prevention Organisation, Meckenheim, GHS (1997) and *Kinder mit mangelnden Bewegungserfahrungen* [Children with insufficient experiences of exercise], Part 1, edited by NRW Sports Youth, Duisburg (1998).

of exercise in the development of a child's whole personality and provide them with practical tips and suggestions for more exercise within the home.

Contents

The "Movement in the nursery" campaign is carried out by specially trained experts from the DTB in gymnastics clubs and kindergartens. It is composed of a practical and a theoretical element.

- Practical element

The practical element entails playing with everyday materials for about one hour. These materials can be found in every household and consequently the activity can be carried out at home without any cost. Parents and children play together.

- Theoretical element

The theoretical element involves a presentation on the subject of promoting exercise during early childhood, which lasts approximately 30 minutes, followed by a discussion and an opportunity to exchange views and discuss various aspects.

Teachers have an opportunity to participate in a three-hour information event on the subject of promoting exercise in connection with the "Movement in the nursery" campaign.

Outcome

From the middle of 1997 to June 2000, the DTB and SIGNAL/IDUNA held a total of approximately 1,200 events. So far the campaign has reached more than 19,000 parents and almost 27,000 children. Throughout Germany, 92 advisers are employed within the campaign "Movement in the nursery".

"Preventing accidents through education in exercise" – Further training for teachers

Starting position

Children with varied experiences of movement are not only healthier; they also have better motor skills, more confident behaviour and are less at risk from accidents – during leisure time and not least within traffic. Consequently, comprehensive and systematic education in exercise protects children in their everyday life and on roads, and prevents accidents.

As fewer and fewer elementary experiences of movement can be gained during leisure time, proposals for organised exercise for children are becoming increasingly significant. In view of this background, the German Road Safety Council, (DVR), the Central Federation of Public Sector Accident Insurers (BUK) and the German Gymnastics Association, (DTB)

have formed a partnership for action in accident prevention through education in exercise within the framework of the German Child Safety Alliance.

Target group

The campaign is aimed at educationalists who are employed in various child care institutions and have a relatively large part in the upbringing of children there.

General objective

The starting point of the joint campaign is further training for teachers. In accordance with the central issue of the planned campaign, they are to be informed of the connections between education in exercise and accident prevention and provided with practical aids for dealing with the tasks.

In accordance with the objectives of the partnership for action, teachers should

- Learn to recognise education in exercise as an important and attractive module within accident prevention,
- Be motivated to take up the subject of education in exercise and also integrate it into work with parents and
- Be supported in looking at the environment for exercise within the kindergartens from a safety point of view and in making improvements, if necessary.

Measures

In detail the measures consist of:

- Drawing up and testing the conceptual design for further training of teachers (10 lesson units)
- Working out the required teaching and working materials (portfolio of work) and
- Carrying out further training through the member organisations of the BUK.

Summary of the results of the discussion and perspectives

The conclusion of the working group was that various measures are necessary if the problem of accidents in kindergartens is to be dealt with satisfactorily:

- **Basic scientific research**

Scientific analysis of typical patterns of accidents and of the ways in which specific preventative measures operate is of fundamental importance as persuasive evidence for parents and carers.

Scientists and multipliers should use the high level of acceptance of the media (e.g. television) to provide information on important scientific discoveries and positive examples of practical work. A project exchange with evaluated and assessed programmes for the planning and development of their own projects would also be very useful for teachers.

- **Further training/education/information**

Regular further training for teachers on various subjects is an important module. The transference of scientific discoveries into the practical sphere can be ensured particularly through further training events. They also offer an opportunity for the urgently required exchange of information and experiences with one another.

However, the sponsors of child day care institutions should also participate regularly in appropriate further training courses so that the framework for changes to the everyday routine in kindergartens can be extended.

The different fields of accident prevention and health promotion should be explained to parents by competent experts during parents' evenings or in seminars. This has been carried out extensively and with great success for many years within the field of the prevention of road traffic accidents with the programme "Children and Traffic". Similar programmes should be developed for the risks of accidents outside the area of traffic.

- **Opening up the kindergarten/gaining partners**

The above example from the DTB shows that the kindergarten, parents and the sports club can all profit from co-operation.


By constructing all-embracing structures, the kindergarten can make use of existing resources within the community and gain co-operation partners. Welfare associations (offering first aid courses), intercultural centres/refuges (offering events for parents in various languages) or paediatricians/doctors (information events), for example, are suggested in relation to this.

- **Reaching socially disadvantaged groups**

Various studies have shown that children from socially disadvantaged groups of the population (e.g. families of foreign origin and families in a low social position) have accidents particularly frequently. Therefore, the implementation and development of measures in accident prevention are of particular significance specifically for these groups.

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**HEALTH PROMOTION
AT KINDERGARTEN
TAKING INTO ACCOUNT SPECIAL SOCIAL
SITUATIONS AND BACKGROUNDS**

3.1 Ways of accessing children from different social situations and backgrounds

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We have been used to thinking in categories for a long time: there are concepts of health promotion that are related to the phase of life or development and others that are sensitive to gender, which consider the differences according to the ages and genders of the children. Approaches that consider the “different social situation” – i.e. the different societies and environments according to social origin, schooling and cultural background -, also have a long history. These predominantly focus more directly on the “disadvantages” of certain social groups, instead of neutrally discussing the “differences” of social position. Admittedly, there has not been a lot said about this approach in recent years, so the greater attention that is again being paid to this subject should be welcomed warmly.

The BZgA considers action to be particularly required in directing attention at socially disadvantaged families and other high risk groups that are difficult to reach. There is a sound technical basis for this because statistics show that the health situation of children in these circumstances is particularly precarious, and simultaneously there is a particularly great distance from health promotion projects. Those that most urgently need health promotion are precisely those that are the most difficult to reach. This means that special efforts have to be made and special approaches have to be developed to appeal to these groups. Generally speaking, there is today a demand that, as well as gender-specific aspects, social situations are also taken into account in setting up health service projects (cf. Hurrelmann 1994).

Spatial environment (the district), organisation of the everyday life, resources, problems and cultural orientation differ according to income or membership of an ethnic group. Today's kindergartens are certainly institutions that embrace all sections of society in the sense that children from all social levels attend kindergartens.¹ However, the individual kindergartens usually have well marked catchment areas, which are frequently home to specific social groups. Health promotion in kindergartens has to find links to these specific environments if it wishes to reach specific target groups – e.g. according to social position.

Within the working groups, concrete examples of ways of accessing children and families in areas of social concern and areas with a history of immigration were presented along with examples of health promotion for target groups whose circumstances are characterised by poverty and disadvantage. Beforehand I would like to introduce a few general re-

¹ Even if the proportion of children that have attended kindergarten for less than a year at the time of school enrolment is greater in areas with a higher proportion of recipients of social welfare (Cologne 1996: 11% in areas with the highest number of people receiving welfare benefits and 5% in areas with the lowest proportion: Mersmann 1999:71).

flections and deal with aspects which are helpful to consider when concentrating work on specific areas. They could also be used as aids for persuasive argument, when projects in this field are being carried out within the community. After clarifying what should be understood by “social disadvantage”, I will examine three aspects in more detail:

- (1) *Social position and children's health*: What do we know about the influence of social position on children's health in pre-school age?
- (2) *Social position and understanding the concepts of health that parents have in relation to their children's health*. Health promotion in kindergartens means understanding the significance of health. What do we know about the understanding of health, the significance of (childhood) illnesses and the use of care services in different sectors of society?
- (3) *Social position and integrating the kindergarten as a locale within the larger, structured setting of the family*. From the point of view of the children and families, kindergarten is only a part of the everyday world, a world in itself. How is the kindergarten, and consequently health promotion, integrated into this whole everyday world? How are transitions between kindergartens and e.g. the private world of the families possible in different social circumstances?

Indicators of social position and social disadvantage

Which groups do we mean when we talk about “socially disadvantaged groups”? The social paediatrician H. Schlack (1999:45) made a list of factors of social interaction that affect children's health:

- Unwanted children,
- Neglect,
- Little or one-sided stimulus,
- Psychological disorder of the reference person,
- Violence within the family,
- Excessive demand on the child.

To indicate the significance of social position within a larger context, he gave the following as influential external living conditions:

- Low social status, poverty,
- Incompleteness/instability in the family,
- Poor living conditions,
- Minority status, exclusion,
- Limited educational opportunities.

In the Health Report for Germany, low income is said to be a risk factor of social position, next to education, living conditions and employment/unemployment. If social welfare income is taken as an indicator, then the number of socially disadvantaged children under

the age of six has dramatically increased: the number of families with children under the age of six receiving regular income aid has increased approximately six fold within the last 20 years, and families affected by poverty are confronted with other difficult living conditions (Statistisches Bundesamt 1999; cf. Otto 1997).

Children from families with a background of migration also belong to the “difficult to reach” groups. Here, however, we should distinguish between whether they are difficult to reach as a result of the aspects of minority status which are often associated with migration (poor housing provision, poverty and limited educational opportunities) or whether this is a consequence of specific cultural orientation. Only in the second case are there barriers that can be attributed specifically to migration (and a requirement for intercultural work); in the first case it is not, or only indirectly, an migration problem but rather a problem of poor social position. In concrete practical work, however, the two aspects cannot be separated.

As a rule, the work of kindergartens is related to the district and they are integrated into the activities of one area. Therefore it makes sense to relate the concept of social disadvantage not to individual families but to districts. The following have been shown to be important social indicators of socially disadvantaged districts which influence children’s health (Mersmann 1999:59):

- Proportion of children or households receiving social welfare,
- Proportion of non-native residents,
- Insufficient knowledge of the German language.

These indicators are closely connected with one another: migrant families are more frequently affected by low income and shortage of living space (Hanesch et al. 1994). We must therefore assume a complex of difficult material conditions, poor living conditions and excessive demands, which produces health problems and also makes it difficult to reach the family.

What does this mean for the issue of methods of approach? A quote from the interim report of the “Living with Children” project of the Freiburg public health department, which tries to reach women and particularly female immigrants with children under the age of three, makes this clear:

“We suspected that the small daughter of one female immigrant, who came to the morning sessions only very irregularly, had delayed linguistic and motor development. Unfortunately we have not yet been able to bring up the subject of the conspicuity with the mother and commence the necessary assistance as we are only able to contact the families when they come to us and use our service.”

Social position and children's health

Even during infancy, the particular risks of a disadvantaged social position and migration status manifest themselves in increased infant mortality and lower birth weight. In the lower levels of society, this can be explained by the higher proportion of risk pregnancies and pregnancies at a young age, the greater number of births and heavy smoking. The higher infant mortality rate for non-German families (650 deaths in every 10,000 compared to 510 for German infants) is associated with the reluctance to use antenatal services. This explanation indicates an adverse starting position, which also affects surviving infants and children.

During childhood there is a clear difference between German and non-German children with regard to injuries, cases of poisoning and burns. A few illnesses, such as tuberculosis, are known to occur more frequently if housing and living conditions are unsatisfactory (Statistisches Bundesamt 1999:270). The effects of poor conditions when growing up often emerge later in poor health and increased mortality, even during adulthood.

It is not only illnesses but also the indicators of delayed development that depend on social position. In 1996, the higher the proportion of recipients of social welfare in a district of Cologne, the more frequently adiposity, basic motor co-ordination disorders, impairments to fine and visual motor skills and speech and behavioural disorders were diagnosed in the school enrolment examinations (Mersmann 1999:65).

All the studies agreed in proving that families in the lower levels of society or with a migration background were more removed from general preventive health services and services concerning children's health. This was applicable to antenatal care and attendance of the eighth and ninth early diagnosis examinations (but less so to the vaccination quotas: Mersmann 1999:63). The Health Report for Germany explicitly draws attention to the poor use of preventive healthcare measures for children by unemployed parents (Statistisches Bundesamt 1999:120).

Overall, there is a noticeable lack of nationwide data on the influence of social living conditions on children's health and development in pre-school age in comparison with other European countries and the USA. It is often assumed that the existence of health insurance has eliminated social inequality with regard to health and illness because everyone is guaranteed a high level of care. But the hardship regulations of the statutory health insurance (social proviso and crisis proviso), which offer partial or total exemption from contributions to medical treatment, do not seem to be effective for those in socially disadvantaged groups, as they frequently do not take advantage of them because of shame or ignorance (Statistisches Bundesamt 1999:107). The existing regional reports on children's health deal with aspects of social position with varying levels of intensity (Hamburg, Brandenburg, Schleswig-Holstein, Baden-Württemberg, North Rhine-Westphalia).

3

Social position and understanding the concepts of health that parents have with regard to their children's health

Kindergartens are institutions to support the family. They have to work together with the families and communicate with them. I would like to confine myself to one aspect of this interface between a setting approach and an orientation to living conditions in work with children: how can the teachers in kindergartens and the parents come to an agreement on what children's health really is, for example, how we can measure it and what we should do to preserve it, or how we can, should or must deal with (symptoms of) illness and make use of medical care. All of these ideas, when related to health and illness, are summarised by the term "concept of health".

The central aims of the BZgA's concept for "Health Promotion at Kindergarten"² are given as promoting a successful developmental process, enabling the achievement of age-specific developmental tasks and communicating and strengthening competence in health. On its part this comprises knowledge, motivation and action. This approach to promoting competence also includes parents. Parents are central people when we are dealing with children's health; for example, participation in early diagnosis examinations depends on them, they are important role models for managing symptoms and disturbances to the state of health and they communicate the concepts of health that are valid within the family. A whole range of projects in health promotion revolves around the work of parents.

Understanding starts with language. This is the primary reason to employ teachers from the various immigrant cultures. But linguistic understanding can also be difficult in another sense, when the professional terminology of education encounters the more simple and pragmatic code of socially disadvantaged members of society.

The second aspect concerns the content of concepts of health which parents bring to health promotion and which they communicate to their children at home within everyday and subconscious health education. We know a little about the health concepts of adults – different for men and women and according to social position. However, no studies have yet been undertaken on the health concepts that parents have in relation to the health of their children. Let us take two examples of the significance of different concepts of health:

- A health concept was described for members of the lower social classes, and in particular for men, in which health is defined through the functioning of the body and physical overexertion. Illness is something negative and is only comprehended when nothing works any more. Is this concept transmitted to children? Do these parents regard their children as healthy as long as they are functioning? Could it be, for example, that the BZgA's approach to developmental skills, on which the "Make children

2 BZgA (ed.) (2002): Health Promotion at Kindergarten. Cologne, BZgA (Concepts 3).

strong” campaign is based, comes across as “Making children hard” to some sections of society?

- Another understanding of health – rather more specific to the middle class and generally the one used as a basis for health promotion – associates health with a condition of feeling well. For example, the body is able to express its right to rest and consideration and so, in the interests of health, it is good to listen to its voice. Health promotion, particularly integrated health promotion, tends to follow this concept of health, in which health is something of value and not merely a pre-condition of efficiency. Concepts of nutrition and exercise are associated with concepts of health and these are, in turn, integrated into children’s behaviour and attitudes. These complexes of ideas are fundamental in understanding health promotion in kindergartens.

It could be that concepts regarding children’s health are different to concepts regarding adults’ health. Ultimately children have special rights, duties and requirements for protection. And children’s health is usually associated with healthy development in a wider sense, i.e. – in a different way to adults – educational concepts and health concepts are more closely associated with one another.

Social position affects concepts of health – particularly concretely in personal space, even in being able to take note of well-being during the daily overexertion at work, or just having to see functionality as a priority. But social position also influences health-related behaviour. Parents’ concepts of health and their health behaviour have a lot to do with how much they are able to take notice of their children’s health (just as their personal concepts of health with regard to themselves have much to do with how much attention they are able to pay to their own health). Behaviour cannot always follow the norms which are put forward within concepts of health.

A concept in which the body has a right to consideration can be associated with behaviour in which the body is not considered – and, for example, demanding that children should function. In a positive sense, we can assume that parents are interested in their children being healthy. Health always means healthy development, particularly for children, i.e. functioning in the sense of developing as desired. But healthy children are less work than ill or even bedridden children. Particularly in families in which all the adults responsible for caring for the child are in employment, the question arises of: what will happen if the child is ill? Are they allowed to get ill? Do today’s children not simply have to be healthy and well developed? And in the face of the many standards regarding at what age a child has to have mastered which steps of development, even healthy development can become a duty. With this obligation to be healthy, an expectation that the children will perform – not only typical of the middle classes or a difficult material situation typical of the lower classes – can be equally crucial in making a child’s illness barely tolerable as an additional strain.

Concepts of health also include attitudes to dealing with children’s illnesses and symptoms, whether they are concrete signs of illness or signs of psychosocial problems and delayed de-

velopment. How much attention is paid to noting symptoms? There is a definite difference between the sexes here: what if a father tells his son that a man should not take any notice of small complaints? Does this convey that illness is something irritating, and that psychological disorders and adaptation problems can be made to disappear with medicine? Concepts of health also include views e.g. on the value of prevention, on averting illness and on the reasons and times for making use of medical provision for children.

For those in socially disadvantaged groups this means that: the usually greater distance of parents in lower social classes from the care system is carried over to their use of the care system for their children. The distance from prevention can also have other reasons and may arise from certain attitudes to illness. As a rule we see illness complete with a previous history of threatened illness; we think that illness can lie dormant and therefore it is advisable to intervene in advance. If parents' concept of illness is only when the symptoms appear, then the significance of disease prevention as a precautionary measure has to be communicated first. As long as there are no symptoms, there is no illness; the person is healthy and preventative measures are not needed.

A further point contributes to the distance from health provision and health promotion. Health can also be experienced as an imposition and public institutions' involvement in the subject of health is feared as a form of social control. It is possible that parents are ashamed of a child that is unhealthy or has not developed healthily. That means that they see the symptoms, for example, of delayed development and do not seek any help precisely for this reason. In the symptoms they can see an indication of their failure and they fear that intervention will follow and, in the worst case scenario, the child will be taken away from them.

Finding ways of accessing children in different social positions means ensuring that the implicit concepts of health in health promotion within kindergartens match parents' concepts of health, development and upbringing. The concept of "intercultural work with parents" does not have to be limited to work with children from families of immigrants; it can also relate to work with children from various "health cultures" within the native population. Health promotion within kindergartens has to pick up parents' ideas and – with these as a starting point – strengthen parents' health skills in relation to appropriate concepts of dealing with children's health and illness.

Social position and integrating the kindergarten as a setting within the larger, structured setting of the family

From the point of view of the children and families, kindergarten is only a part of the everyday world. If it remains a world in itself, is the family cut off? How are transitions between kindergartens and e.g. the private world of the families possible in different social circumstances?

Children can best be reached by means of the high degree of care in child day care centres. The question of whether *the parents* can also be reached arises particularly for 'difficult to reach' and high risk families. Families may send their children to kindergarten but shield themselves and their private world at home. If in doubt, ask the question: health promotion together with parents, without the parents or even against the parents? But even before this question is or has to be asked, opportunities for co-operation and communication can be used, which may make the question unnecessary.

From the point of view of the children and their parents, kindergarten is a part of their everyday world. The complete living situation of the family consists of a "structured everyday routine", made up of various "zones" or "everyday worlds", e.g. the parents' workplaces, the community, authorities and officials, the district, the private life within the home, family members, leisure activities and – very important in connection with health – medical care. As a rule, public institutions like the workplace or schools have little patience to go into specific living conditions. Instead they follow their own institution's logic. Parents from middle-class families do not notice either the structure of the everyday world or the quality of borders between the sectors to the extent that parents from socially disadvantaged groups do. This is because they have sufficient knowledge of authority and possess a language that institutions understand. Consequently, they are able to move in many zones with command of the situation and in a natural way without having to fear stigmatisation.

The transitions and alternation between these zones are particularly difficult for parents with an excluded status and from the lower social classes (Thiersch 1978). Thiersch shows this by using an example that is familiar to many in practical fields of work: people from lower social positions that seek advice are frequently more uncertain when they are confronted with different behavioural and linguistic habits. A central theme in discussing ways of accessing children in different social positions is therefore communication, coping with the transitions between the zones and worlds. These transitions are sometimes difficult for immigrant families because they do not have sufficient information available. But public authority institutions are unfathomable areas, and spheres in which their own experiences of social powerlessness are repeatedly made evident not only to them, but also to other people who have been pushed to the edge of society. When institutions represent "the state" or parents consider them to be representatives of public interests (this may also be applicable to a kindergarten), they can be seen as adversaries. The shame of appearing like a petitioner to institutions can mean that these institutions are avoided or even approached with challenges.

What should we do? Here one keyword increases in importance: networking. Networking assumes co-operation between the kindergarten and the "zones" in which excluded and detached families feel at home, and in which relationships of trust already exist. That means that firstly an approach should be looked for in which these relationships or zones of trust can be connected with the work of the kindergarten and particularly with health promotion within a community context – frequently involving neighbouring mediators and spokespeople.

Information and transparency as ways of making parents competent on the one hand, and intercultural approaches and indications that parents are accepted by the teachers in the kindergarten on the other hand, also act as bridges between the zones and, as it were, clear corridors.

A simpler passage will also – from the perspective of parents – make entering the world of the kindergarten, which is otherwise held at a distance, easier and the kindergarten can perhaps become a “zone of trust” itself. Apart from this, kindergartens are the second most important external co-operation partners for the Social Educational Family Assistance (after the Youth Welfare Offices), particularly in caring for families which detach themselves because of individual problems, e.g. families with addiction problems, families with problems of abuse (Helming et al. 1998). Finding access to these families is of crucial importance particularly for primary prevention of addiction.

Outlook

Finding a way of accessing children in different situations and from difficult to reach families therefore means three things:

- (1) Matching the priorities and aims for action in health promotion to the specific need,
- (2) Entering into a process of understanding about the significance of health and illness and of development and education (attainability at the level of symbolic ideas),
- (3) Establishing the kindergarten as a zone within the “structured everyday routine” (e.g. through networking) which can be accessed with confidence (attainability at the level of structures in the social sphere).

The fact that children come to the kindergarten often conceals the necessity of going to the parents. Health promotion within kindergartens, with its tendency to be directed at the middle classes, can open up options by connecting a setting approach with orientation to the living conditions. With this help, specific challenges can be overcome, like gaining families from difficult to reach sections of society for co-operation.

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3.2 Reports from the working groups

3.2.1 Project work in areas of social concern

Leader: Martina Abel, Cologne Public Health Department

Introduction

The workshop that formed the basis of this article was divided into three parts. These will be described in order within this report:

- Discussion of participants’ experiences,
- Presentation of a project in community health promotion (FAKIR, Public Health Department, Cologne),
- Transference of the results of the project into the participants’ fields of action and outlook.

The participants initially reported how they had experienced the situation of clients in areas of social concern and which observations were particularly important in this area. This gave rise to consequences for the aims of working with socially disadvantaged families as well as strategies and methods for achieving the aims. With this basis, the specific requirements with which those involved in health projects would have to cope were worked out and ideas for practical implementation were developed.

Starting point: the special situation of kindergartens in areas of social concern

Surveys and reports from teachers show that enormous health problems for children are recorded particularly in areas of social concern. The main problem areas are motor and functional disorders, a lack of hygiene, insufficient ability to deal with everyday life, unhealthy nutrition, a lack of social skills, emotional disorders and speech deficits. A very high proportion of foreigners presents a further challenge (in one study in Cologne, up to 80% of the children in one institution were not native Germans and up to 15 different nationalities were represented).

Questions and initial answers

From this description of the situation, the following questions arose:

- What can be the aims of health promotion in areas of social concern?
- How can these aims be achieved?
- Are children's deficits even noticed and is there appropriate reaction to them?
- How can we make people aware of the need for action?

Aims of health work in areas of social concern and ways to achieve them

In an initial task, the participants worked out the aims of health promotion in areas of social concern with the help of subject cards. The main points that began to emerge from this are portrayed in *Figure 1*.

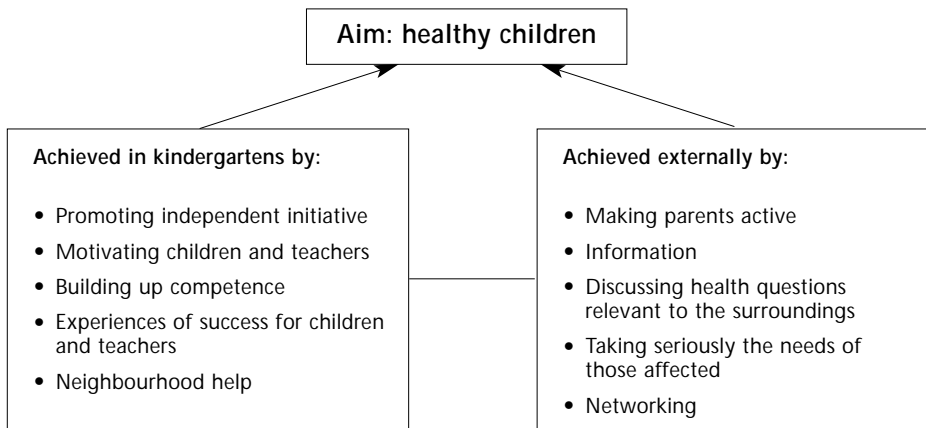


Fig. 1: Aims of health promotion in areas of social concern

One possible way of achieving these aims was considered to be project work.

Projects as a method

If projects are a feasible method, the question arises of how they have to come across if they are to cope with the increased challenges that arise from the difficult target group. In relation to this, the participants of the workshop produced the keywords displayed in *Figure 2* concerning the organisation and content of projects.

Organisational aspects	Aspects of content
<ul style="list-style-type: none"> • Financial security • Support from authorities etc. • Round-table discussions (parents, industry etc.) • Honorary position 	<ul style="list-style-type: none"> • Analysis of situation as basis • Independent initiative • Identification with the project • Relation to living conditions • Orientation to the aim • Transferability • Small steps

Fig. 2: Aspects of project work in areas of social concern

The FAKIR project in Cologne was then presented as an example of project work in districts with a high requirement for assistance.

Support services for children in regions with a high requirement for assistance – the FAKIR project in Cologne

The FAKIR project stems from the Cologne Public Health Department's approach of promoting health locally and in this concentrating on socially disadvantaged groups and groups that are disadvantaged with regard to health care. Community health promotion is the way in which the city of Cologne sees itself in terms of health policy and practical action. The following aims were pursued in this project:

- Promoting healthy ways of living and healthy living conditions,
- Equality of health opportunities,
- Strengthening personal initiative and self-help, participation of residents,
- Developing co-operation and networking across areas of responsibility,
- Testing new, across-the-board health services,
- Innovative stimuli, activation, stimulation.

The institutions of the city of Cologne attempt to achieve community health promotion step by step within projects. The relevant specialist section of "Co-ordination, health reporting and public relations work" within the Public Health Department is responsible for co-ordination; the other sections support both the conceptual and practical phases – depending on the subject. Health promotion projects are carried out in co-operation with other au-

thorities and institutions, with the medical profession and health insurance companies, with private sponsors and with those affected by the projects.

Many of these projects are targeted specifically at children and young people because during childhood and adolescence attitudes and ways of life significant to health are practised and social skills are acquired. Abortive health development during this phase of life has long-term effects on health behaviour and the emergence of chronic illnesses as well as on academic and vocational prospects and on the position in society.

The earlier that health measures are commenced, the better the chances of a healthy future. The kindergarten is an ideal place for this because all children can be included in the activities – even children from socially disadvantaged families who are otherwise difficult to reach. Within the everyday life of kindergartens, we can find out about children's state of health and simultaneously children can play an active part in determining their health.

Including the FAKIR project in the pilot programme “Local co-ordination of health provision”

Between 1995 and 1999, the city of Cologne participated in the North Rhine-Westphalia's pilot programme, “Local co-ordination of health provision”. The aim of this programme was to strengthen co-ordination in the field of health, improve local health provision and work out subject-specific recommendations for action in relation to this.

Within the framework of this pilot programme, one of the main points to be dealt with was “Health promotion for children at kindergarten age in regions with a particular requirement for assistance”. A crucial factor in choosing this theme was the fact that a large number of health and developmental deficits are diagnosed among children in municipal districts in which a high proportion of socially disadvantaged families live. Detailed evidence to prove this connection is found in the data of the health service for children and young people.

Development of concept

In order to develop a concept of how health services specifically for children in socially problematic areas could be implemented, a working group was set up in 1998 to look at “Health promotion for children at kindergarten age in regions with a particular requirement for assistance”. Among others, the Public Health Department, the Youth Welfare Office, the Sports Office, the Department for Children's Interests, private sponsors, qualified paediatricians, early care and counselling institutions and health insurance companies were involved. The recommendations for action formulated by this working group formed the foundations of the FAKIR project.

Aims

In accordance with the objective of contributing to improving health opportunities for socially disadvantaged children and children disadvantaged with regard to health in pre-

school age, activities to promote health should be directed at individual children and their families as well as the participating child day care centres, as systems within a social context (setting approach).

In order to describe the project with a catchy working title, the working group introduced the term FAKIR as a title. This can be deciphered as:

Förder-Angebote für Kinder in Regionen mit erhöhtem Hilfebedarf

[Care Services for Children in Regions with a particular requirement for assistance]

Früherkennung – Aktivierung – Kariesprophylaxe – Impfberatung – Reden lernen

[Early diagnosis – Activation – Preventing caries – Vaccination counselling – Learning to speak]

3

Target groups

The target groups are kindergarten children aged between three and six years in municipal districts that have been proven to have a high requirement for assistance according to the youth welfare plan of the city of Cologne. Consequently a panel of “socially disadvantaged children” was indirectly selected. Admittedly, there was no demonstrable disadvantage in the individual cases – and this was not desired in order to avoid stigmatisation -, but it was to be assumed that there would be a high proportion of children from families living in difficult socio-economic conditions represented among them. The health measures were addressed to all the children on principle, i.e. they were not concentrated exclusively on “problem children”.

Putting the aims into concrete terms and description of the problems

Analysis of the school entry examinations data shows that the most frequent problems for school-starters are speech disorders, motor deficits, behavioural conspicuity and adiposity. The regional distribution tallies with information from the municipal youth welfare planning department on areas of particular social disadvantage. From this it can be assumed that a large number of the problems mentioned had already manifested themselves during the kindergarten age, and this was confirmed by the observations of paediatricians and teachers, who were sometimes able to give depressing reports about affected children.

In order to survey the previous experiences of kindergartens’ and ascertain the need for health promotion, the public health authority carried out a survey of a total of 105 child day care centres in selected municipal districts. The districts were chosen on the basis of socio-demographic data and put in an order of precedence by means of indicators. All the day care centres ranked 1–25, i.e. in the most problematic districts, were surveyed.

By way of a summary, it can be said that the child day care centres surveyed indicated a broad need for support with regard to health. More than half of the institutions surveyed

(54) returned usable questionnaires; of these, 29 institutions definitely wanted to participate in a health promotion project and 21 possibly wanted to participate. The central subjects desired in the implementation of the project were:

- Healthy nutrition,
- Promoting exercise,
- Communication and speech,
- Social competence,
- Preventing addiction,
- Medical questions.

Analysis of participants

Taking these results as a starting point, the working group examined which resources the participating institutions could provide dealing with the main issues given above, where other competent specialist support could be brought in from outside and which projects they had already carried out within this context. Examples of strategies to increase the health opportunities of kindergarten children in other districts were also presented and the working group examined to what extent they could be transferred to the situations of the surveyed kindergartens. In doing this, it became clear that work in areas of social concern requires particularly flexible action and intensive dialogue with all the partners.

It also became apparent that the bounds of the project would have to be relatively restricted, as there are no resources for core financing of community health projects. Additional permanent employees could not be taken on for the project work and instead the project work had to be accomplished by changing priorities or increased personal commitment.

Individual aims

On this basis, the working group laid down the following aims for the FAKIR project:

- Early recognition of disorders and introduction of necessary assistance,
- General health promotion measures in kindergartens,
- Targeted care programmes in small groups,
- Improving the health skills of the kindergarten staff,
- Work with parents on issues related to health,
- Providing supportive information,
- Designing a health-friendly daily routine for kindergartens and health-friendly structural conditions,
- Improving co-operation between kindergartens and institutions/staff within the youth and health welfare system.

Implementation, scope and contents

A total of 16 child day care centres were able to be involved in the planned health programme as pilot institutions. These were those that had expressed an unreserved desire to participate in the above survey and that were located in regions that had not previously been included in the Public Health Department's pilot projects. Various sponsors were represented and there was diversity in the size of the institutions and the basic conditions.

In each participating institution, the child and youth health service held an introductory discussion with the kindergarten management based on the main theme, in order to obtain further information on the individual need for support and advice. A specific profile of services was developed for each kindergarten on the basis of the documented results of the discussion, which picked up on the main health issues established within the institution. At the same time, the discussion partners explained the methodology and the setting for co-operation and came to an initial agreement on practical implementation.

The following principles were agreed:

- Term of at least one year, then continued independently if possible.
- Regular medical consultations with the youth health service in all participating institutions depending on the size, clientele and need for care.
- Tailoring of the care services to the individual requirements and basic conditions of the child day care centres with continuous feedback between all participants.
- Dealing with a maximum of two health topics at one time.
- Arranging implementation of measures through clear division of tasks and taking on responsibilities for action.
- Creating a collection of materials on the subject of health and on supplementary local health services and co-operation partners as a service for the child day care institutions.
- Documentation and evaluation, as far as this is possible.

Figure 3 (page 114) shows an overview of the staff and institutions involved in the development and implementation of the project.

Time frame

The total duration of the FAKIR project was to be 18 months, not taking into account the conceptual and preparatory work of the working group and the institutions involved in the implementation. Three months were scheduled for co-ordination – co-operation and co-ordination discussions with those involved, particularly with the kindergarten teams. The programme was to be carried out in the child day care centres during the last six months of 1999 with a term of one year. The evaluation and production of a report were to be carried out in autumn 2000.

Required and available resources

Professional specialist staff had to be employed to co-ordinate the whole project as well as to organise, implement and provide specialist support for the FAKIR programme. The Public Health Department was given the overall responsibility for achieving these tasks.

Management of the project was originally to have been taken care of by setting up a job creation scheme office within the Public Health Department. Unfortunately this could not be accomplished because the conditions for support within the employment department changed. The chair of the “Local co-ordination” office was only able to take over limited aspects of this task because of restricted capacity in terms of time.

Working structure of the FAKIR project

Co-operation committee

Tasks

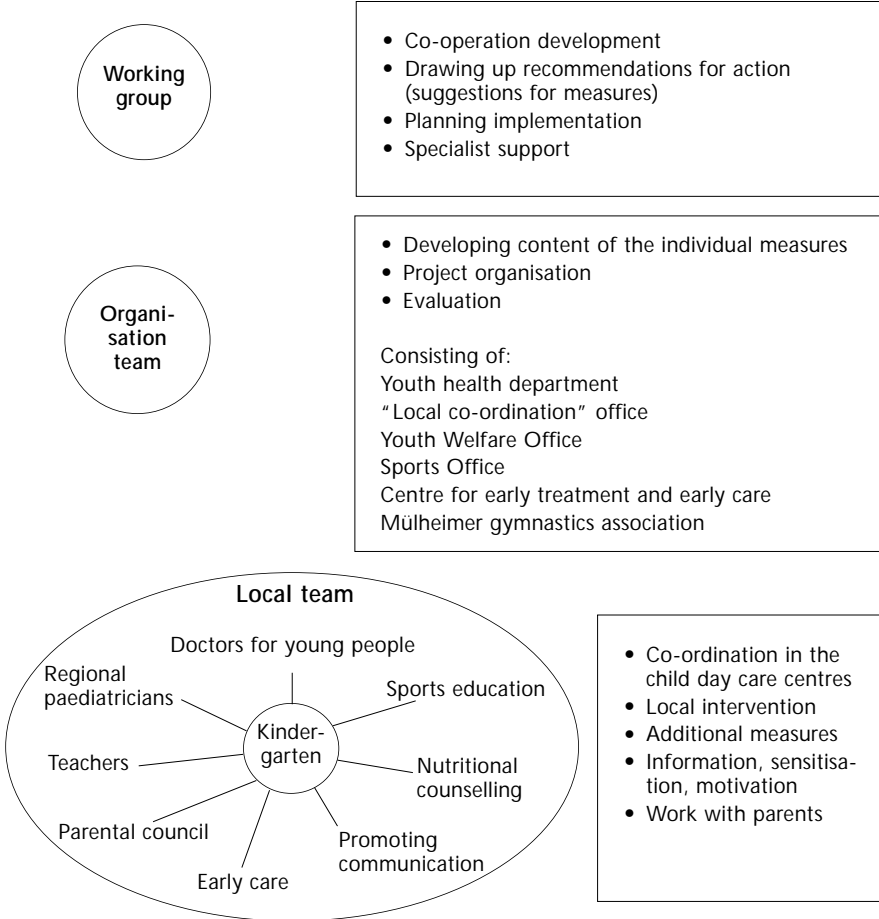


Fig. 3: Staff and institutions involved in developing and implementing the FAKIR project

The child and youth health service was responsible for developing and setting up the FAKIR programme within the child day care centres, in agreement with the kindergarten managers. External skilled staff were employed to carry out the individual health and care services, in collaboration with members of the working group. To be precise, these were the municipal Sports Office, the Mülheimer Gymnastics Association and the Centre for Early Care.

The project was financed by the ongoing use of personnel resources and materials in the public health department and by making use of members of the working group and em-

ployees of the child day care centres (brought from their original institutions). A total of app. 46,000 Euro was also made available by the “Ernst-Wendt foundation” for the expenses involved and for educational materials.

Admittedly the existing personnel resources were not sufficient to fulfil the demands of the project satisfactorily. The project management tasks were varied and could not be achieved “by the way”. For example, it was necessary to draw up an overview of the activities in 16 kindergartens, to ensure agreement on content and completion of contracts with the partners implementing the project, to create a *corporate identity* and to look after public relations work and the evaluation. Co-ordination in each kindergarten by the relevant paediatrician required a relatively large amount of time and was particularly demanding with regard to understanding roles, interdisciplinary work and directing the process.

A high degree of commitment was necessary from the participating kindergartens as well, although this was not always given because of tight staff numbers. The expectations from the project (easing the strain, care, comprehensive advising) had to be adjusted to the reality; additional individual input and integration of the project into the everyday life of kindergartens had to be ensured.

Co-operative process-oriented approach to work

So that the daily educational routine would go hand-in-hand with health promotion, FAKIR provided interested kindergartens with a package of supportive services. The kindergarten and the public health department decided together on the form in which the subjects should be dealt with. The subjects, which could be selected as individual services, were geared towards the results of the survey (see above), i.e. nutrition, exercise, speech development and communication, social competence, early diagnosis examinations and general medical counselling. The methodical approach was specified in conjunction with the team from the kindergarten.

Among others, the following methods of working were used:

- Counselling on all health issues, e.g. in the form of doctors’ consultations for teachers, parents and children,
- Training for multipliers on the above subjects,
- Group services for children in kindergartens, e.g. motor function courses or language improvement groups,
- Parents’ evenings or flexible forms of work with parents involving going out to them,
- Development of a concept, e.g. to design a movement oriented everyday life,
- Counselling on designing health-friendly rooms and ground outside,
- Integration of healthy nutrition into the everyday life of kindergartens, e.g. at communal breakfasts,
- Support for the team within the context of team meetings on reviewing health topics and with regard to the need for clarification on specific issues e.g. allergies, healthy development, hygiene etc.

The provision of contact with other useful organisations or people and the distribution of informative material supplemented this range.

The special thing about FAKIR is that an individual service is developed for every participating kindergarten, which is tailored to its needs, opportunities and basic conditions. The measures to be implemented and the distribution of tasks are worked out through co-operative action directed at the process. Ongoing feedback allows implementation in the form of a “learning project”: there should be constant contact between planners and practical workers and the execution should be adapted to the changing situations on site.

Evaluation

Evaluation of the FAKIR project could only be carried out in a fragmentary fashion, as there was no personnel capacity for this. Unfortunately, no scientific institution that could have supported the evaluation had been included beforehand. This is even more regrettable as the empirical evidence of the success of the project could have contributed to improving the starting point for new projects.

In assessment of the structure of the project, the fact that the project management was not adequately comprehensive and the lack of structures for short-term feedback should be judged negatively. The large number of specialist staff involved in the implementation made it difficult to ensure uniformity and ongoing quality control. There were also problems with communication between the specialist staff.

With regard to the evaluation of the process, it should be noted that there was no ongoing overview of the current events in each kindergarten because of the necessarily flexible, individualised action directed at the process. A standardised system was not employed to document the individual activities.

Only open discussions were carried out to ascertain the intermediate conditions. Minutes were made of these but no comprehensive analysis was carried out. The planned survey of the participating child day care centres on the progress of the project should allow at least a final assessment.

The necessary evaluation of the results should have been initiated on multiple levels. There was a lack of resources to support research in determining the progress made in health by the participating children, such as standardised preliminary and follow-up studies of all children plus observation of a control group.

Expansion of knowledge, greater certainty in action, changes to the way a teacher communicates and even changes in the daily routines of kindergartens are difficult to measure. It was beyond the resources of the project to establish indicators for these or to evaluate the achieved effects by means of qualitative approaches. With regard to assessing work with parents, the varying frequency of contact, the different approaches to work and the large number of intervening variables made evaluation difficult.

Finally it should be said that all those involved in the project were convinced that the health work carried out in the kindergartens had brought about visible changes in the children and teachers and within the daily educational routine. The positive developments that had been observed in the children were recorded, at the latest, in the next school enrolment examinations. The final questionnaire should shed light on the respects in which the status of health has changed within the kindergartens and whether an increase in the health skills of staff has been achieved, and, if so, what effects this has had.

Project experiences with regard to work in areas of social concern

The work in the FAKIR project indicated that special features have to be taken into account when working with socially disadvantaged families.

In outline they are:

- Parents have poor health competence and lack information,
- Specific forms of communication within socially disadvantaged families,
- Different awareness of problems (different behavioural norms, standards of development),
- Fear of stigmatisation, official intervention etc.,
- Difficulties in dealing with everyday life, overburdening through/with the tasks of upbringing and support,
- Barriers to accessing welfare services that are difficult to overcome,
- Little tolerance of frustration, rapid insecurity and also inflexibility.

These result in specific challenges for specialist staff that carry out health promotion with socially disadvantaged families. As a rule, members of socially disadvantaged groups can only be reached through a mediating point of access, like schools, child day care centres and youth welfare institutions, that is via institutions and people where a basis of trust already exists. In this, key people are very significant and intensive relationship work is often necessary to effect continuous contact and appropriate changes, e.g. to the behaviour relating to upbringing or health.

The pre-conditions for the emergence of a trusting relationship are:

- Acceptance of the families' ways of life, values and norms,
- Discretion in the choice of subject, empathy,
- Dealing with the immense need for education, information and counselling,
- Sensitivity when dealing with certain concepts,
- Developing strategies for lasting motivation (feedback),
- Developing new ways of working (adapting).

This means that health work with this target group has to be a learning process at the same time, in which learning by doing tests how services have to be tailored so that they reach those affected. Practical workers want on site support for this learning process from health experts: they should explore what skills are necessary and which strategies have proved to be effective and long-lasting.

Discussion in the working group: Personal experiences and further perspectives

The subsequent discussion reflected the experience that projects must not be felt to be an additional burden by the participating partners. They have to link into needs and the content has to be capable of being transferred into everyday action. Therefore, teachers should be included directly in the project planning and adults should be regarded as the (mediating) target group. One important aspect that was emphasised was trying out new forms of communication and using illustrated materials.

The main experiences that were mentioned with regard to successful work in kindergartens in areas of social concern were:

- The use of unconventional methods,
- Not setting demands too high, seeing small steps as progress,
- The necessity of practical and concrete measures,
- Promoting voluntary collaboration,
- Having “an ear out for needs”,
- Getting the attention of policy makers.

Perspectives

The participants of the workshop put together the following challenges:

- The political will to promote health has to be stronger (children as a priority, health as a priority).
- Financial resources should be made available.
- Integrated approaches are necessary.
- Pool financing by health insurance companies (§ 20 Social Security Act V) and the government is reasonable as this is an entirely political task.
- More sponsoring should be made possible.

Ultimately desires and reservations and criticisms were expressed in an open discussion. The following points were debated:

- There is a general feeling of powerlessness because the problems of socially disadvantaged children are immense and diverse.
- Among those responsible for policy, an “open ear” is hard to find and their attention has to be drawn to the problems directly on site.
- The kindergarten is frequently regarded as a delineated unit, into which external input cannot or should not be given.
- One very significant problem is adequate and long-term financing of health projects.

According to the group, successful projects should not have a limited duration. Instead they should be structured on a long-term basis, in order to establish or even institutionalise them.

3.2.2 Health promotion in kindergartens taking migrant families into account

Leader: Dr. Mehmet Alpbek, New Education Working Group (ANE), Berlin

The basis of the working discussion was an introduction to the topic by the leader of the workshop. The subsequent discussion was characterised by an animated exchange of experiences, information and insights by the very mixed working group.

The “Intercultural work with parents” project – an introduction to the themes

Despite the fact that a majority of the Turkish population living in Germany have decided to remain in the Federal Republic permanently, structurally limited active skills for taking action and frequent social isolation can be seen – even after an immigration process lasting more than 40 years – because legal equality has been withheld. This is even more remarkable when we consider that the Turkish population makes up the largest immigrant group in Germany with over two million members.

The development of the Turkish population in Germany presents a multi-layered heterogeneity of family groupings with different experiences of socialisation and migration and varying living conditions. The changes that have taken place during the period of immigration have had an important effect on educational ideas and practical educational work. Experiences of consultations with Turkish parents also indicate that frequently many parents are not sufficiently aware of the significance of education as a category of action.

Objective of the project

As early as the 1980s, the New Education Working Group (ANE) [Arbeitskreis Neue Erziehung] developed a project to support Turkish parents' questions about education. The specific educational requirements of Turkish families and the insufficient provision of support and counselling services encouraged the ANE to set up the “Intercultural work with parents” project in 1996. A further reason for the New Education Working Group to create a new project to support parents of Turkish origin was the Child and Youth Assistance Act (KJHG), which came into force at the beginning of the 1990s. In § 1, this established the right of every young person “to fostering (of his) development and to upbringing to make him a responsible person capable of being a member of society”.

The aims of the project are to support parents of Turkish origin in their upbringing tasks through various services, to strengthen their active skills and to achieve a situation where migrants and the host society live and work together on equal terms by interlinking German and Turkish parental organisations. It was important that all the services which were developed through the project dealt with the immediate reality of life for the Turkish mi-

norities, considered their experiences of migration and their conflicts, and that they were intercultural and in no way directed at deficiencies.

In order to achieve its aims, the project was carried out along multiple lines and using as many media as possible. Among other ways, this was put into practice

- through intensive public relations work, with which the theme of early childhood development was to be taken into the Turkish communities,
- through individual, reflective approaches by means of specially developed letters to parents and
- through setting up and overseeing a Turkish-German infrastructure, that worked as a network and matched the services to the requirements of the immigrant parents.

The services of the project were provided to the parents in two languages, which also corresponded to the reality of life for the Turkish population living in Germany.

In its work, the project attempted to use newer approaches for the work with immigrant parents. These were aimed at strengthening the self-confidence of the minority groups, extending their opportunities for participation and supporting the interlinking of migrant organisations.

The current services of the “Intercultural work with parents” project

Essentially the current services comprise:

- the Turkish-German letters to parents,
 - a further training course to improve quality in Turkish organisations and
 - further training for teachers to support practical work and extend intercultural skills.
-
- **Turkish-German letters to parents**

The Turkish-German letters to parents are in the tradition of the well known parent’s letters of the New Education Working Group. Their content was developed with the participation of a large circle of experts (the majority of Turkish origin) and explains the history of a nuclear family of Turkish origin in Germany. The letters to parents deal with important questions of upbringing during early childhood (0–6 years), which are of interest to young parents. The story (stories) have been written in Turkish by Kemal Kurt, an author of books for children and young people, and translated into German. The portrayal of the family and their experiences of everyday upbringing had a very positive response even after the third letter. A large majority agreed with the educational views and measures that were advocated in the letters.

So far nine Turkish-German letters to parents have appeared¹ with the following main topics: the first few years after birth (nutrition, sleeping, precautions etc.), speech develop-

1 Information updated February 2002.

ment/bilingualism, independence/gender-specific education, pre-school upbringing/kindergartens, creating boundaries, bilingualism, home and sibling relationships,

The topic of health/health promotion had a special place in the very first Turkish-German letter to parents. In addition to questions about breastfeeding, sleeping habits or medical check-ups, migrant-specific problems were also taken up, like generation conflicts (elders' interference; problems with mothers-in-law/daughters-in-law) or traditional methods of child care.

- **Developing quality in Turkish organisations (further training course)**

The aim of the further training is to make employees of Turkish organisations working with parents more aware of the issues of upbringing during early childhood. The further training should give them an educational foundation, which is important for their work, as well as the knowledge and tools to put the acquired knowledge into practice in their organisations.

Studies during the first phase of the project indicated that the project's expectation that Turkish parental organisations would be interlinked was false. There were just as few connections as those with German institutions for the child and youth welfare departments. There was hardly any time devoted to the themes of upbringing in early childhood in the current work of the organisations. The existing services usually commenced after entry into primary school. Turkish organisations were therefore offered a package of further training on the thematic complexes of "Early childhood development" and "Developing an association". This further training programme was implemented throughout Germany in six regions (Berlin, Hamburg, Hanover, Munich, North Rhine-Westphalia and Stuttgart) and was supported by a comprehensive quality development programme, carried out by Cologne University.

- **Further training for teachers to support practical work and extend intercultural skills**

The lack of intercultural skills for work in pre-school educational institutions with a high proportion of migrants frequently means that teachers feel overburdened and this has a negative effect on their educational work.

Further training to support practical work should promote an interest in intercultural education and communicate new viewpoints on the everyday educational routine. The initial experiences of this costly further training course in extending intercultural skills were made over the past two years in district child day care centres of the Berlin-Schöneberg Youth Welfare Office and have been documented.²

In the long-term, the project also plans to use new media (Internet, CD-ROM etc.) to make new courses available to interested parents and specialist staff.³

2 *Dokumentation der praxisbegleitenden Fortbildung zur Erweiterung der interkulturellen Kompetenz.* [Documentary report of the further training to support practical work and extend intercultural skills.] Berlin, 1999.

3 Current information can be found in the internet at www.arbeitskreis-neue-erziehung.de

Financing

The “Intercultural work with parents” project was financed mainly with funds from the Dutch Bernard-van-Leer Foundation (BvLF). Funds were obtained from the German Lottery, Berlin, the German ‘Stamps to help Young People’ Foundation, the Young People and Family Foundation, Berlin, German Welfare Work and the Federal Ministry for Family Affairs, Senior Citizen, Women and Youth for the implementation of further modules of the project.

Summary of the discussion in the working group and viewpoints

Initial theses and questions

The following questions were put to the workshop participants for the discussion phase:

- How much do migrant parents understand about health and health promotion (with regard to their children)?
- Do migrant children experience nurturing suitable to their age at home – e.g. in development of movement?
- Do migrant parents have a different attitude to medication and participation in medical check-ups?
- Is health promotion a sector-specific problem or a cultural problem?
- Do migrant parents have too little information?
- Do migrant families have a different understanding of kindergarten education?
- What function do teachers have in this context?

In order to clarify the concept of migrants (what/who are migrants?), at the beginning of the discussion it was established that there are diverse groups of migrants (working migrants with long-term stays, refugees etc) with different needs. At the same time, it was emphasised – particularly by the participants with a practical background – that the class-specific behaviour of German parents and migrant parents is comparable. However, this statement does not exclude the fact that migrants exhibit – culture-specific – differences in many of the issues of health promotion.

Within the working group it was emphasised that when working with migrant families, it is particularly important to take account of their cultural background, level of education and living conditions as this can result in many prejudices and misunderstandings being broken down.

It is important to create methods of approach. The following were given as opportunities for and examples of this:

- Writing to migrant families in their mother tongue (e.g. through letters to parents),
- Designing more friendly official correspondence, e.g. the request for vaccinations, and toning down the overly severe officious character presented to the outside world,

- More informal style of parents' evenings, so that parents feel at ease and not as if they are sitting in an office,
- Visits to the families in their homes,
- Offering courses, e.g. in co-operation with institutions of the public health department (access could be created for example through sewing courses etc. in the course of which subjects like health promotion are also touched on),
- Initially create a basis of trust for families that are residing here illegally,
- Contact with migrant organisations as intermediaries, putting these in the position to take over these tasks through supportive measures.

As established in the discussion, migrant parents have high expectations of the kindergarten and educational staff. Among other things, these expectations are increased by the pressure to prepare children for school and teach them the German language. However, teachers are often not able to deal with this task, as they have not been prepared for intercultural work. The following suggestions could be used as remedies:

- All teachers should be made aware of questions of intercultural work during their further training and ways of accessing migrant parents and children should be opened up to them.
- Teachers should – in their daily work with non-German children and parents – show acceptance of foreign cultures and language (for example, you should not be immediately offended if children talk to one another in their mother tongue).
- They should be put in a position – e.g. through specialist advising – to understand the different behaviours of children.

In addition, more teachers with non-German mother tongues should be involved in kindergarten work, because they are often able to remove many misunderstandings, explain behaviour which others do not recognise and answer a variety of frank questions. They are able to detect deficits in the children's mother tongue and thereby help in a better assessment of language problems in the German language. The problem here is that only few teachers of foreign origin are employed by the civil service and unfortunately the intercultural skills that they could bring into the work are not regarded as specialist skills.

Résumé of the working group

- Ways of accessing migrant families have to be found. The supporting institutions must not wait until migrants come to them.
- The existing skills of migrants (and migrant parents) have to be highlighted to them and they have to be supported in using them.
- Nationwide networking has to take place (examples of existing information networks are the nationwide Migration Working Group or the BZgA's information service Migration and Public Health) and be accessible to all organisations that are active in migration work.
- Migrant organisations have to be open to the public and take on a sense of responsibility. However, in order to do this, they also have to have public support in developing their infrastructure.

- Media have to be created in all mother tongues. These should take account of the culture-specific characteristics of various migrant groups. Simply translating existing German materials is not sufficient.

3.2.3 Health implications of social disadvantage on children – Implementing recommendations, particularly taking into account work with parents

Leaders: Margarete Mix, Health Manager, Kindergarten Principal, Hamburg
Dr. Ursula Dirksen-Kauerz, Department of the Environment and Health, Hamburg

The basis for the work in the workshop was a report on a project in Hamburg on comparing upper and middle class kindergartens with a kindergarten in an area of social concern (led by Dr. Dirksen-Kauerz) as well as a comparison of an upper class kindergarten with an institution in an area of social concern by Ms Mix. With the background of these reports, the working group discussed the ways in which the situation in areas of social concern could be improved and who could help with this.

Hamburg study on health implications of social disadvantage for children

Dr. Ursula Dirksen-Kauerz

In the opening speech of the 1999 annual conference of the German Society for Social Paediatrics, Professor von Voß, head of the Centre for Social Paediatrics in Munich, and successor of Professor Hellbrügge, called upon the audience to undertake more social tasks, in the context of medical and social provision for children.

This accorded with the objectives of the Conference of the Federal States Health Ministers (GMK). The Hamburg-based study group for implementing the GMK's recommendations provided the impetus for starting this: in mid-1999, we visited a child day care centre in an area of social concern in the inner city district of Hamburg, where we made ourselves familiar with the conditions and special features of the situation for the children, parents and teachers on site. The foundations of our study were laid during this visit, the results of which are presented below.

Various co-operation partners took part in the broad, methodological pilot study: Hamburg-Eppendorf University Hospital represented by Prof. Heß, specialist in phonetics and paediatric audiology, and his colleagues (ENT doctor, speech therapist, psychologist, audiometrist, student taking a doctorate), Dr. Ravens-Sieberer, Department of Medical Psychology in the University Hospital, the Department of Health and Consumer Protection of the then Health, Labor and Social Services Authority represented by various employees and three Hamburg kindergartens, one from the uppermost middle class, one from the lower middle class and one in an area of social concern.

Components and course of the study

The study comprised a social history, a survey of psychosocial stress factors, the quality of life (rated by parents and children), Vineland scales of social maturity, a motor function test (MOT), an eye test, a linguistic test, a hearing test and a burn-out study of the teachers (state of health, depression, stress factors, life history).

The initial study process included counselling co-operation partners on methods and resources and agreeing the schedule. This was followed by discussions with teachers on site which produced additions and modifications. Parents were sent a letter requesting their consent and a parents' evening was held to give explanations, present the study plan and provide an opportunity for a discussion and questions. It was only then that the series of studies were carried out with documentation of the findings.

An individual counselling service for parents and teachers was introduced after the results of the study had been published and this was used by many people. Finally, feedback was given to the teachers on the collected (anonymous) results with written recommendations on co-operation or extending local services.

Results

Children in the uppermost middle section of society did not appear to require any amendments to visual aids or corrective measures, while 40% of children from the area of social concern displayed abnormalities in their sight.

The motor function tests showed almost identical findings for motor ability for all sections of society. In the middle social section, young children particularly displayed an astonishingly high level of emotional stability. There was a definite need for improving skills in activities like throwing, catching and jumping.

In the child day care centres in the area of social concern, 20% of the children studied were German and 80% were of foreign origin. The motor capacity of these children was clearly being used less fully, although their primary enjoyment of exercise was greater. Only 9% of these children were members of a sports club (compared with 65% of children from the uppermost middle class). There were significant language barriers for the group of German children as well as the non-German children in following instructions for a task. These children were due to start school in summer 2000.

In the area of social concern, 88% of the children were exposed to considerable psychosocial risk factors; in the uppermost middle level 45% of children were affected by these and in the lowest middle section the proportion was 56%. There were definite differences in the quality of these problems. It was especially striking that children in the uppermost middle section were particularly affected by psychological and physical illnesses and disabilities within the family and demonstrated disturbances. A publication by Professor Riedesser, child and youth psychiatrist in Hamburg University Hospital, took up this theme through an article in the 'Deutsches Ärzteblatt' [German Medical Journal] in 1999.¹

The children's self-assessment of their quality of life confirmed the damage caused by psychosocial stress factors: 64% of children in the area of social concern stated that they "always felt ill" compared with 9% of the children in the uppermost middle level.

Children in areas of social concern are particularly in danger of developing illnesses and disabilities because of unemployment, unstable social conditions as a consequence of migration and other particularly difficult conditions, also for their parents. There are not sufficient opportunities for nurture of the children within the home and this affects particularly speech development as well as other health risks (in the fields of vision, hearing, movement and mental development). The differing results of the hearing and speech tests are the subject of a dissertation for a doctorate and will be published elsewhere.

The ability to learn German as a second language – for 80% of the children from the area of social concern in this case – is dependent on the ability to deal with the mother tongue confidently. Consequently, in our opinion, intensive language support in the mother tongue as well as in the second language is essential in pre-school age. Otherwise it is predetermined that these children will fail at normal schools because of deficient language comprehension, even if they have a normal level of intelligence. This sets the course for later socialisation – and this is a task for us all.

According to the experiences and reports of teachers, it is necessary to build up more trust with parents of children in areas of social concern. This means winning over co-operation partners and implementing measures.

As a résumé of our study in the three Hamburg kindergartens from different levels of society, a list of suggestions for co-ordination and extending local services has been made. Special emphasis was placed on social educational counselling (help for families and children) and extending the services in the pre-school field to promote psychomotor development.

1 Prof. Dr. med. Peter Riedesser, Prof. Dr. med. Michael Schulte-Markwort: "Kinder körperlich kranker Eltern: Psychische Folgen und Möglichkeiten der Prävention." [Children of physically ill parents: mental consequences and opportunities for prevention.] *Deutsches Ärzteblatt* 96 Issue 38 dated 24.09.99, page A-2353..

Recommendations of the GMK steering group, Hamburg

The theme of a conference in Hamburg organised by the Conference of the Federal States Health Ministers steering group was the equality of opportunity in health and social care for children. People involved in the organisation of health and social care worked out quality aims on this theme in the form of the following recommendations:

- Regional co-operation between those involved in the organisation of health and social care (creating conditions for making contact and for co-operation).
- Integration of the programme of health promotion into the social development programme for municipal districts.
- Extending early care to reflect the general public's interests.
- Targeted collaboration between gynaecologists, paediatricians, midwives, counselling centres for pregnant or nursing mothers, hospitals and other co-operation partners.
- Better range of educational and training courses to promote the educational, psychological, psychosocial and methodological skills of involved partners.
- Inclusion of institutions and people from outside the field of health to communicate health-related information.

Comparison of the structure of a day care centre in an area of social concern with a kindergarten for upper class children and the effect on work with parents

Margarete Mix

The results of the study made an impact and indicated how much children from both levels react to their environment and influential factors and display conspicuities in accordance with these. In the present day, a child's immediate environment, the family, is particularly susceptible to powerful social, economic and ecological influences. Upper class families and families from an area of social concern are affected by these in different ways and children react like "seismographs" of health.

The family has a key role in creating models for dealing with everyday life, but parents are often overtaxed in their function as role models. The child day care centre, with its task of supplementing family life, is required not only to take into account the individual situation and needs of a child but also to involve the family and environment. Only an interaction between the three related levels of child-family-environment makes integrated health promotion possible. A teacher is only able to accomplish this work if she possesses a good level of knowledge about the child's environment and if targeted co-operation with the parents is possible.

The structural conditions of the two child day care centres clearly show the differences between the living conditions of the children in the two regions. They also indicate that work with parents can only be efficient if the form of parental work is tailored to the living conditions.

Comparative analysis/structural differences between the child day care centres

The overview below presents the results of the comparative analysis of the two child day care centres:

Institution:	St. Bernard's kindergarten Hamburg-Poppenbüttel Half-day institution with 4 employees	Kita – Karo – Kids Hamburg-Karolinenviertel Whole day institution with 10 employees, full and part time
Sponsor:	St. Bernard's catholic parish	Association of municipal child day care centres, registered organisation
Catchment area:	7 districts in the surrounding area	Karolinenviertel district
Number of children:	3 groups comprising 62 pre-school children, aged 3–4 years	Groups comprising 44 pre-school children, aged 3–6 years 44 schoolchildren, aged 6–15 years
Nationality:	Children from 4 nations, <ul style="list-style-type: none"> • 57 German • 2 Polish • 2 Portuguese • 1 French 	Children from 16 countries, <ul style="list-style-type: none"> • 65 Turkish • 15 Yugoslavian (Bosnian, Croatian, Romany) • 2 German • 2 Ghanaian • 1 Korean and others
Participation in the study:	58 children	42 children
Living conditions:	<ul style="list-style-type: none"> • Living in the country • Predominantly detached houses on large plots of land • Mainly ownership, only a few rented homes • Friends' are mainly reached by car 	<ul style="list-style-type: none"> • In the city centre • Multi-storey flats with council housing • Small flats with a lot of family members • Friends can be visited on foot
Family situation:	<ul style="list-style-type: none"> • 50% of parents are in the high income band, 40% in the middle band and approximately 10% have a rather low income • 28% with income from two working parents • No recipients of income support • No unemployment 	<ul style="list-style-type: none"> • 80% of parents have a low income • 70% of parents have a residence permit • 30% only have temporary residence status • Many parents are illiterate

Educational work:	<ul style="list-style-type: none"> • Further development of situation approach • Directed at religious education and prevention of addiction • New children admitted in the autumn • Children are able to have a say in the daily routine and operation • Children “have a say” • All children are brought by car 	<ul style="list-style-type: none"> • Loosely structured kindergarten work • New children admitted throughout the year • The daily routine is characterised by simple, clear structures to avoid demanding too much • The children’s spoken German is poor • All the children arrive on foot
Work with parents:	<ul style="list-style-type: none"> • Parents are educational partners • Many-facetted work with parents: <ul style="list-style-type: none"> – discussions with parents – planning and designing together – excursions, projects – sponsoring by parents – themed parents’ evenings – group evenings • Outline plan put up to provide information 	<ul style="list-style-type: none"> • 14 days of “gentle” settling in for the child with the mother • Contact with the parents of pre-school children • Little contact with the parents of the schoolchildren • It is not possible to arrange appointments for discussions with parents • Parents expect to be listened to immediately • Four family parties every year
Co-operation:	<ul style="list-style-type: none"> • Fostering contact with many co-operation partners (nearby kindergartens, schools, paediatricians, dentists, police, firms, public and community institutions etc.) 	<ul style="list-style-type: none"> • Contact with community institutions
Problems:	<ul style="list-style-type: none"> • More time used for work with parents (reason: parents’ uncertainty about educational issues, helplessness in dealing with their own lives) • Parents’ compulsion to achieve and the tempo of their life-styles are transmitted to the children • Course of day compressed and heteronomous • Demands of achievement not specific to age • Inundation of “well-meant” free time activities • Overloading of activities like music, sport, ballet, drawing etc. • “Insular existence” of activities for only 45 minutes suppresses opportunities for experimentation 	<ul style="list-style-type: none"> • Parents’ educational ideas are completely different to those used in the everyday life in the kindergarten • Educational ideas depend on whether the parents are the first, second or third generation living in Germany • Parents’ behaviour is hierarchical and authoritarian • Depending on the family situation, there was either not enough or too much attention • Turkish and Romany men do not accept the authority of the teachers, and consequently neither do their sons • Every Romany group has different values

	<ul style="list-style-type: none"> • The children are spoilt and overprotected • High demand for healthy nutrition • Inconsistency in observing agreements • Setting boundaries was often understood as intolerance and pressure by the parents • As car passengers, the children suffer from a lack of exercise and are not confident around traffic 	<ul style="list-style-type: none"> • The behaviour of Romany children is completely unstructured • It is almost impossible to treat the children fairly and individually taking into account the mutual rules • Deficient nutrition because of fast food • Laborious struggle to persuade the parents to take part in a discussion or collaboration
Teachers' problems:	<ul style="list-style-type: none"> • They lack time to replace the children's lost personal space • They are used by parents as confidantes, specialists, marriage counsellors and therapists • They feel overtaxed and like lone warriors 	<ul style="list-style-type: none"> • They live in two completely different worlds • The work is gruelling and they feel drained • They change workplace frequently • They let their vocabulary fall • They fight against the loss of their standards • They lose sight of an overview for further development of educational approaches

Summary of the results of the work in the workshop

In view of the background of the presented study reports and recommendations, the work of the participants concentrated on the following questions:

- (1) Who has to/is able to/could be able to help?
- (2) How should/can/could help be given?

1. Who has to/is able to/could be able to help?

In the view of the working group, help is needed from almost all social fields to achieve equality of opportunities in health and social care for children. Help is required particularly from government departments, local authorities, associations and sponsors of child and youth institutions as well as from the immediate environment – the neighbourhood and the social environment –, cultural and religious associations and sports and special interest organisations. The linking and networking of institutions and the implementation of joint projects were mentioned as important aspects in this context.

2. How should/can/could help be given?

The following suggestions were made as measures to improve conditions for children in relation to the current situation:

- Enlarging children's space for exercise on all levels (child day care centres, city districts, housing construction),
- Offering free German courses to children,
- Opening times suited to needs including sufficient provision of food,
- Opening up child day care centres as "family centres",
- Contact with older people to enrich care,
- Possibly offer sports through sports students and/or by means of co-operation with schools (gymnasiums),
- Café or another kind of meeting point, possibly with food,
- Bicycle repair workshop or other workshops for children, in which they are able to create or repair something.

Among others, the following suggestions were made for possible measures in relation to parents:

- Services exchange market (e.g. babysitting in exchange for decorating),
- Holding community parties,
- Free German courses for parents,
- District committees
- Setting up intercultural centres,
- Providing a spokesman (ombudsman, to help with official procedures etc.)

The following suggestions were made, among others, to ease the situation for teachers:

- Provide time and money,
- Supervision and specialist counselling,
- Teachers from various cultures,
- Exchange of experiences among teachers,
- Health education as a subject in social education,
- Computers, own homepage, exchange with other institutions,
- Multi-lingual information sheets for parents, making translations available,
- District work of the Youth Welfare Office.

3.2.4 Child poverty in Germany – Aspects of health promotion

Leaders: Prof. Dr. Eva Luber, Magdeburg-Stendal University
Bernd Müller-Senfleben, Ministry of Occupational, Social Affairs, Health and Women, Potsdam

Introduction

The initial basis for the discussion and the work was an introduction to the theme by Prof. Luber, which made clear the connection between poverty and health and the necessity of general political intervention, among other things. Following this, a practical example was presented in the form of a programme from Brandenburg, which is aimed at widespread early recognition of health deficits and disabilities. This programme should allow all children an opportunity for healthy development – regardless of social standing – by making (medical and/or educational) intervention possible before “disturbances” become manifest, through intensive observation and examinations of the children. The setting of kindergartens is appropriate for this.

The subsequent working phase and the results of this were characterised by the participants’ expectations expressed in the preliminary phase: a few of them had been sent to this event by the sponsor of their institution, so that they could prepare for future activities in the field of “health promotion for socially disadvantaged children”; others brought many and diverse experiences with them – whether in the organisation of events, in the field of sports, in health reporting taking particular account of social conditions or in creating curricula for training of teachers at a regional level.

Child poverty in Germany – an introduction

Prof. Dr. Eva Luber

The introductory presentation concentrated on the following four points:

- (1) Child poverty in Germany is increasing – necessity of general political intervention.
- (2) There is scientific proof of the connection between poverty and health.
- (3) Health promotion within the setting of kindergartens.
- (4) Distinction between prevention and health promotion.

The necessity of general political intervention

Approximately one fifth of all children and young people in Germany today are affected by poverty. As well as low income, this includes unequal social networks and opportunities. In addition, in Germany, children represent a risk of poverty for their parents, as the risk of

poverty clearly increases with every child: families without children are definitely less affected by poverty (2.3%) than families with one child (12%) or three children (18%).

Today, children and young people in Germany are definitely more frequently affected by poverty than old people – a development of the last two decades, during which time financial relief has been given to families without children at the cost of those with children. Through this a structural poverty has been created, which can only be rectified through action in the political sphere. One example of this was the demand for child benefit of around 250 Euro, to cover current costs, made at the 1998 nationwide “Poverty and Health” conference (which takes place every December in Berlin). This child benefit should not be taken into account when calculating social welfare if children are to be liberated from dependence on social welfare in the long term. At any rate, it is now no longer doubted (as it was in the public discussions at that time) that social welfare – also called “controlled poverty” – cannot overcome the reality of child poverty. Social welfare are not created to support the survival and growing up of children on a long term basis. In a few communities, particularly those with a high proportion of foreigners, up to half the children and young people currently live on income support.

The connection between poverty and health

We have little data. The most important sources of data for assessing children’s health are the school enrolment examinations and the early diagnosis examinations as there is no unified and comprehensive system of health reporting. However, these usually omit social aspects, and in addition, early diagnosis examinations are seldom carried out for disadvantaged children and they are not evaluated in a systematic epidemiological manner.

The subjective assessment of their own health by children and young people, as used in the HBSC questionnaire (*Health Behaviour in School-aged Children*), is only effectual for older children. In the kindergarten age there have been good experiences of group consultations, in which children express their opinions through good and bad cards, or smiley and sad faces (an example from many institutions). These methods deserve greater attention and should be developed further.

The basis of today’s knowledge is principally the school enrolment examinations, especially as they link into the drawing up of social reports in some communities and states. One example of this worth mentioning is a report from the Federal State of Brandenburg, “School beginners in Brandenburg: social position and health in 1999”, which was the source of the results below.

“School beginners in Brandenburg: social position and health in 1999”

From the analysis of the data of new school beginners in Brandenburg (time period 1994 to 1998), it became clear that there has been a general increase in the number of underprivileged children.

In 1994, 19.3% of school beginners were affected by poverty; by 1998 the proportion had risen to 23.6%. Their condition of health is clearly poorer than that of children belonging to the middle or upper classes (one exception was the number of allergies). This particularly affects children's psychosocial health, but the number of underprivileged children with language, speech and verbal disorders was clearly greater at 15.8% (compared with 8% of middle class children and 4.5% of upper class children). It is also worth mentioning that children of a low social standing definitely have accidents more frequently.

Most, if not all, projects and measures in health promotion for children that have been carried out in the past few years have scarcely reached underprivileged children, so there is a great need for action for these children in particular (cf. the report below on the early diagnosis programme in Brandenburg).

Health promotion in the setting of the kindergarten

Kindergartens and schools are ideal as settings for health promotion, as contact can be made with all the children or even young people in the group without distinguishing between them. Parents are informed of activities and invited and called upon to support them but they are not the force carrying them through. Even if this cannot put an end to social disadvantage, it can reduce it. It is important that the activities are as suitable for the children as possible and that they intend to provide group experiences, identify feelings and strengthen children's skills, in non-cognitive areas as well.

However, we always have to consider those that are not reached and – additionally – how these “unreachables” (e.g. Turkish children, street children or school truants) can be approached in other ways. In the old federal states, foreign children, in particular, were often not sent to kindergarten and poorer children did not go because of the costs, but in Brandenburg, for example, kindergarten attendance is so widespread that a large proportion even of underprivileged children can also be reached within this setting. Priority should be given to institutions in areas of social concern for health promotion, although this is no easy task, as health promotion works better with middle class children. If anyone needs a rapid feeling of achievement, then they should not just follow the social compensatory aspect.

Primary prevention and health promotion

Health promotion means work in health, in different fields and with different starting points. Well-being, communal experiences and pleasure in exercise, including pleasure in one's own physicality, constitute health promotion. This also indicates another disadvantage for children living in poverty: before health promotion can be effective for children of low social standing, existing deficits have to be balanced out, in many cases.

However, early diagnosis examinations, recommendations on early care, treatment or prevention of caries, improving the level of vaccination, etc. are measures of primary prevention, which must not be neglected but also should not be confused with health promotion.

They have to be understood as precautions against illness, even if they are sometimes employed as treatment or rehabilitation. In practical work today primary prevention is too often equated with health promotion – particularly for underprivileged children.

The Brandenburg programme for widespread early recognition of health deficits and disabilities

Bernd Müller-Senftleben

The system of widespread early recognition of health deficits and disabilities, created by the Federal State of Brandenburg as the protagonist, should allow early medical and/or educational intervention through intensive observation and examinations of the children, and thereby allow all children – irrespective of their social situation – to develop healthily. Starting from the standpoint that effective health promotion – particularly for socially disadvantaged children – is not possible if there are already clear deficiencies or disturbances, the state attached a lot of significance to early recognition (“regional political intention”). In accordance with the aim, intervention should be as early as possible to form a basis for successful health promotion. In the future, very different requirements for help and care structures are to be expected as positive consequences of this early warning system.

Intersectoral co-operation of the health and social services departments of the Ministry for Occupational, Social Affairs, Health and Women is characteristic of the programme in Brandenburg, which made a connection of health and social reporting possible.

The task of early recognition has been given to the health authorities by statutory order. This includes the following action:

- Children in the institutions will be observed from the 18th to 24th month of life in a targeted way by teachers, who will be gradually prepared for their new duty.
- From the third year of life, all children in all child day care centres will be examined annually by paediatricians employed by the public health service. This task is a priority.
- The school enrolment examinations are another important element of the early warning system.

Discussion in the working group

In the working group’s discussion, attention was particularly focused on the system of early recognition implemented in Brandenburg as a practical example. The questions here concentrated particularly on the provision of sites and funds for the annual examinations of all kindergarten children, as well as the statutory order in Brandenburg.

Almost all the participants remarked that they could not imagine a similar operation in their area – whether because of financial shortages or different decision-makers or as a consequence of a lack of co-ordination. The question of whether the public health authority's detailed consultation would not tend to frighten many parents – particularly those of lower social status – was analysed critically. A “pathway of steps” with selected measures in health promotion was seen as possibly more effective in building up trust than a comprehensive system introduced “by those above”.

Another discussion point arose from the question of the extent to which teachers are in a position to assess abnormalities and – one suggestion that was introduced -whether their assessments are to be included in the examinations of paediatricians employed by the public health authorities. Another question was how the data obtained in Brandenburg should be dealt with (transfer of knowledge with regard to the health concept?).

On this point, the participants reported from experience that the observation work of teachers was sometimes insufficient or, as a rule, their observations are not accepted well by doctors. Improved training/further training with regard to structured observations was demanded as an objective. The experts explained that the teachers in Brandenburg were receiving further training through the Youth Welfare Offices and the public health authorities were already training lecturers for the further training course. However, co-operation between teachers and doctors in the direction of “inclusion” has not (yet) improved.

Despite doubts that the Brandenburg model could be transferred, particularly to the old federal states, the working group emphasised positively the results of this action and expressed interest in further developments in Brandenburg. Health promotion during childhood, particularly within a setting approach, is lasting affected by the prevailing social conditions. The agreed result of the workshop was that health promotion needs intersectoral co-operation and can only succeed if the various professional groups co-operate.

4

HEALTH PROMOTION AT KINDERGARTEN – TRANSPARENCY/NETWORKING AND QUALITY ASSURANCE

4.1

Health promotion in the pre-school age – Opportunities for community co-operation

Prof. Dr. Volker Rittner

In recent years, kindergarten research has made significant advances – as the current research reports and overviews show. Characteristic of these are, among other things, further developments in the discussion regarding theoretical foundations, the development of concepts and the assimilation of new social changes, specifically the processes of individualisation and the changes to lifestyle and ways of life (Zimmer et al. 1997; Sturzbecher 1998; Fthenakis/Textor 1998; Fthenakis/Eirich 1998). They are also concerned with the implementation of pilot projects and evaluation and surveys of these. The necessity of this upturn was pressing for two reasons: (1) a tradition of neglect and underestimation of the potential and contributions of kindergartens in the field of children's socialisation had to be overcome; (2) it was finally necessary to deal with the complete social changes to children's socialisation because the traditional models and concepts regarding children's formation and discovery of identity were becoming increasingly obsolete. In fact, after initial approaches in health education during early childhood, the subjects of health promotion were also being increasingly picked out as central themes.

Despite all these advances, however, there can be no doubt that today there is still a considerable need for research and action, particularly in two areas. The first is the development of strategies for effective health promotion in kindergartens, which involves effective implementation and quality assurance right from the very beginning; secondly, many of the problems with community co-operation and the creation of interdisciplinary networks (cf. Bundesvereinigung für Gesundheit n.d.) have not yet been resolved or not yet adequately described. This must be surprising as the development of health sciences, in particular, allows new objectives and perspectives to be formulated, by means of which a central problem area in social development – a changed panorama of illness – can be conceptualised appropriately. However, until now, they have not been systematically taken up in the discussion regarding kindergarten.

The subsequent remarks should initially present the pre-conditions for a community health policy directed at intersectoral work. The next stage is then concerned particularly with the presentation of a concrete project through the "Model of integrated sport and health promotion" in Neuss district. This resulted in a successful kindergarten project – the "Hüpf-dötzchen – kindergarten in motion" project – within the framework of an intensive process of community interaction and co-operation. Numerous experiences regarding the problem of how health promotion measures in kindergartens can be shown off to advantage and implemented within the community are associated with this project. In view of this back-

ground, the project simultaneously appears to be a model for gaining attention and recognition within the fields of community interests and power. “Hüpfdötchen” therefore contributes to improving the position of kindergartens within the structures of community power.

Besides this, the project was continued in the town of Kamp-Lintfort in the district of Wesel with the “Things are starting to happen” project, which is presented in the “Perspectives on community co-operation – Opportunities for and problems of intersectoral co-operation” workshop (see *Section 4.2.2*). This is also an example of social initiative, through which local authority areas and regions could adapt to the new quality of health and environmental problems with new systems of action and participation. The project can therefore perhaps lay claim to a certain degree of originality because it intervened by extremely simple means and with the participation of many people involved in making regional health policies, and also activated and reached both professionals (people involved with the health system and teachers) and citizens (children and parents) in demonstrable ways, thereby resolving the problems of future potential. It achieved public recognition not least by winning first prize (together with another project) in the “Healthy state North Rhine-Westphalia” project network of the North Rhine-Westphalia Ministry of Health, which had set out its focus on the “Health of children and young people in North Rhine-Westphalia” in its 1999 announcement. Since 2000, the project has been part of the “Healthy state North Rhine-Westphalia” project association and part of the WHO network “Regions for Health”.

Conditions of an intersectoral health policy

The WHO’s Ottawa charter particularly assumes that health promotion measures make the integration of community structures and guidelines necessary. This attaches key significance to the concept of an intersectoral health policy or appropriate strategies of health promotion. Intersectoral health policies and health promotion imply at least three things:

- (1) Overcoming a restricted concept of health and corresponding strategies with a singular cause;
- (2) Developing competence in the field of different policy areas which are usually separate from one another;
- (3) Thinking in interorganisational relationships.

In fact, the Ottawa charter is consistent in this respect. It depicts the problems of the changed panorama of illness in developed industrial societies and thereby does justice to the aetiology of chronic/degenerative illnesses. By identifying the complex foundations for an appropriate health policy (conditions with many factors; social origin of illnesses) it makes clear the need to conceive appropriate programmes of action in different settings and structures of co-operation.

Problems of intersectoral health policy

However, the central problem of health promotion today – specifically also health promotion in kindergartens – is no longer so much in the field of theoretical foundations and adopting models. These exist, at least in basic outline, in the newer insights into the science of health and the programmes of the WHO. The sharp conceptual line between demands and reality is much more problematic. In fact, the reality of community strategies and implementation lags behind the theoretical insights – despite all the commendable exceptions. The greatest problem is that the systemic pre-conditions of intersectoral action have not been sufficiently understood or considered. This is particularly applicable to kindergartens, i.e. for settings with little public attention and limited community power.

Different levels of thought and action or different systems of logic

Intersectoral action implies, above all, differentiation between different levels of thought and action or different systems of logic. We have to distinguish between:

- The specialist level,
- The level of interorganisational relationships and
- The operational level of concrete work with the different people involved and different interests.

Selection of the right subject is still one of the most important conditions for the success of an intersectoral health policy which is intended to overcome the attention threshold and power of persistence of routine and everyday life. In selecting the subject, the following aspects are particularly important: relation to the problem, basis of knowledge (relation to science), adequate interpretation and mediating/communicating the aims. Finally, three other elements are particularly crucial: constructing structures for participation, evaluation measures and documentation.

Benefits of co-operation, networks and systems of negotiation

The social world of communities does not consist merely of institutions and organisations or groups; it opens up particularly as a network of the most varied participants working in different domains. The Neuss “Model of integrated sport and health promotion” is not least interesting from the viewpoint that it provides revealing input on shaping, extending and steering community networks in the two fields of sport and health.

Political or policy networks then appear “...as the predominantly informal, but also formal, interaction between participants, usually organisations or individuals (as members

of organisations), with different but mutually dependent interests, who work on a shared problem of action at a decentralised, non-hierarchical level” (Héritier 1993:438-439). They work as a “sectional system for communicating interests between people involved in state and private areas”, which gain a certain degree of interactive and structural stability through institutions and established patterns of behaviour (Döhler 1989:34). This specific type of action in networks is made particularly clear by the work and operations within the area of public health concepts. The networks appear as “processes for communicating interests and for negotiation between the state and interest groups” (Jansen/Schubert 1995:10) and they are based on principles of exchange and negotiation, i.e. they function as systems of negotiation. Systems of negotiation are then a specific form of co-operation, which differ from relationships shaped by the market and hierarchical relationships (Wilkesmann 1995). They are an acknowledgement of the fact that policy formulation and implementation has to move through the filter of intermediary systems which operate in the real world.

This background makes clear the benefits of co-operation and the functions of networks and systems of negotiation. The following points should be mentioned in particular:

- Exchange of resources,
- Determination of standing or position within a community context,
- Adaptation to the changed environment (relationship between organisation and environment),
- Opportunities for learning within the organisation,
- Internal and external mobilisation,
- Gaining scope to act as an involved party.

Activation of involved parties, attention and community power

Strategies for activating the people currently involved, who appear as a further important element in gaining creative power and community power, have to take up the outlined connections. Networks that already exist allow activation to be rapid and efficient; however, for the objectives of community health promotion it is characteristic that appropriate structures first have to be generated through activation. This usually occurs through themes that have an “originality value” or an “added value”.

Added value can be described in several ways:

- It has to be targeted at a general awareness of the problem, which brings vitality to the subject;
- The subject has to be convincing for other policy areas;
- It has to be organised or put into project form, and
- It has to be suitable for the public.

Only through these will the necessary breakthrough come into being.

It still has to be considered that within the information society, attentiveness is generally a rare possession. It is obvious that within an information society, both the public and politicians tend to have very selective attention for problems. Attentiveness becomes scarcer the further that a person is removed from his traditional area of influence and activity. Another experience is associated with this: attention is particularly scarce the higher the hierarchical level of the decision maker. If we think about this with regard to the structures of a town or a district, then the attentiveness and willingness to make decisions of mayors, heads of departments and chief administrative officers of districts must be especially scarce. One criterion of effectiveness for strategies directed at community power is also associated with this. They will be successful if they manage to infiltrate their view of the problem to this level and if sufficient measures and courses of action are implemented on this basis.

However, this only describes one aspect. In relationships of attentiveness, other people involved with the health system, in particular, also have to be persuaded, who pursue and attempt to push through very varied interests and aims in the fields of community and regional interests – depending on their viewpoints and domains.

The following, wholly pragmatic, key questions arise in connection with this:

- How do I get the attention and notice of the audience?
- How do I get the attention, notice and acceptance of more immediate experts and colleagues?
- How do I get attention within the institution (intra-organisational attention)?
- How do I get the attention of other people involved in community policy and the health system (inter-organisational attention)?
- How do I get attention and legitimisation from the public (public attention)?
- How do I get the attention of policy makers in order to obtain the necessary resources?

Intersectoral health planning in Neuss district: the model of “Local co-ordination of health and social care”

The systematic activation of people involved in community sport and health policy in Neuss district was tested particularly within the framework of the “Local co-ordination of health and social care” pilot scheme. This was initially carried out from December 1995 to December 1998 in Neuss district and in 27 other districts and towns administered as districts in their own right in North Rhine-Westphalia. The pilot scheme was directed at the principles of a modern health policy related to the population (public health), which included, among other things, parcelling together the existing resources in the public health service and using them in a targeted way. Another element within the framework of this health science approach that resulted from this was optimisation of co-operation and co-ordination between the institutions involved in community public health.

The Health Conference of Neuss district

The Health Conference of Neuss district is currently the most important instrument of a health policy directed at intersectoral work, with the objectives of activation, which were associated with discovering themes and the participation of citizens. It works as a system of negotiation at the highest level. The objectives discussed in the theoretical literature could be implemented at least partially: exchange of resources, gaining attention and consequently gaining community power. In fact, since its conception the Health Conference has implemented or at least made progress with a range of aims on the foundation of a shared basis of information:

- Improving transparency and clarity within the field of health care;
- Promoting communication between the sponsors, institutions and services on the one hand and the users of health services on the other;
- Optimisation of co-operation between health institutions and services and social institutions and services;
- Closing the gaps in the field of health care;
- Extending opportunities for self-help;
- Taking more account of the health and social position of disadvantaged groups of the population and
- Improving participation of citizens.

Subject-specific study groups

Subject-specific study groups are the working groups of the Health Conference. We could say that they function as systems of negotiation directed at implementation, in which specific specialist tasks are to be discussed professionally and accomplished. They have to endeavour to continuously balance out the various viewpoints and interests and organise a process for coming to an agreement. Their tasks are to analyse the content of the main topics selected by the health committee, detect deficiencies and formulate recommendations for action on this basis, which will allow improvements to the care situation in this main area. After these recommendations for action have been passed by the Health Conference, the study groups have the task of supporting their implementation.

The “Hüpfdötzchen – kindergarten in motion” project

The principles and elements of the “Hüpfdötzchen – kindergarten in motion” concept in Neuss district, which resulted from the “Prevention during childhood and adolescence” working group, will be presented below. They are concerned with the objective and the problem area, the people involved, the concrete course of action and evaluation/quality assurance measures. The origin and working methods of this working group itself are a document for the interlinking of measures. The working group was agreed on by the district Health Conference with a view to involving as many people concerned with policies on health, children and young people as possible. In fact it was possible to integrate a large number of people active in relevant fields into the work of the working group relatively rapidly (cf. *Figure 1*).

“Prevention during childhood and adolescence” working group

- Local Health Care Funds (AOK) Rhineland, regional management Neuss
- North Rhine pharmacists’ chamber, district office Neuss
- Working group of company health insurance funds in Neuss district
- Working group of the Voluntary Welfare Associations
- North Rhine Medical Association, district office Neuss
- Officials responsible for sport in primary schools in the Neuss district
- Grevenbroich vocational training centre
- German Gymnastics Association
- North Rhine guild health insurance fund (IKK), regional management Düsseldorf and Neuss
- Institute of Sport Sociology, German Sport University, Cologne
- Physiotherapists and motopedists
- Neuss district Public Health Authority
- Neuss district Youth Welfare Office
- Neuss district Sports Federation
- “Local co-ordination” project office
- Rhine region Gymnastics Association
- Neuss district Education Authority
- Association for training and education

Fig. 1: Institutions involved in the “Prevention during childhood and adolescence” working group

Objectives and problem area

The “Hüpfdötchen – kindergarten in motion” project pursues the aim of imparting coping strategies with a long-term effect by means of measures or activities related to exercise during childhood. The kindergarten is the first stage for this. It represents a setting which fulfils at least four important basic principles for intervention strategies:

- (1) It reaches almost the entire population of the respective age range;
- (2) It can commence its measures early;
- (3) It provides opportunities for co-operation with a profession;
- (4) Additional, non-circumstantial relationships with other settings can be established through the kindergarten (family, leisure institutions etc.)

Hence, health disorders predominantly caused by a lack of exercise can be combated as early as kindergarten age.

In this context, the central concepts of exercise or the promotion of exercise are not directed at “making kindergartens sporty” with the aim of supreme achievements in sport. Instead they are concerned with providing children with optimal conditions for gaining varied experiences of exercise, with the emphasis on fun. “Hüpfdötchen” therefore follows the recommendations of the Ottawa charter, according to which long-term changes to behaviour are only possible through shaping living conditions to promote health.

Organisational structure

The organisational structure of the “Hüpfdötchen – kindergarten in motion” project makes clear the ways in which health promotion strategies based on an intersectoral network could be successfully planned, realised and implemented.

While the working group established the theme and the content and course of the project, the “Local co-ordination” project office co-ordinated communication between the kindergartens, project employees and the Sport University Cologne (as the scientific institution) (see *Figure 2*). The activity of the working group was characterised by the great enthusiasm of all the participants right from the beginning.

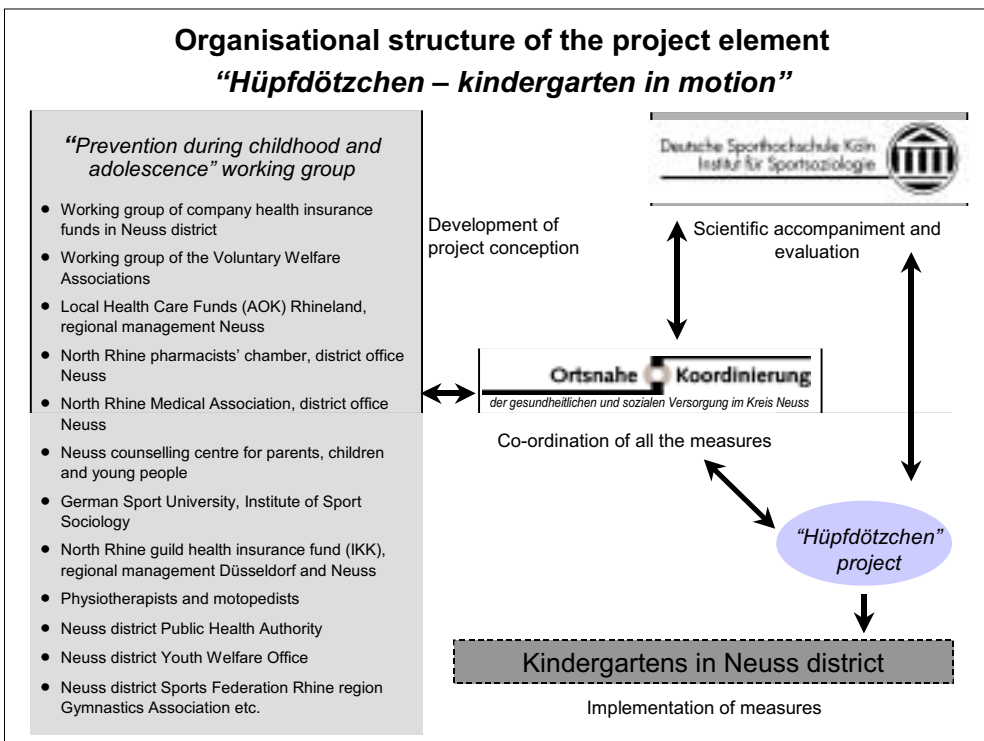


Fig. 2: Organisational structure of the “Hüpfdötchen – kindergarten in motion” project

Activation

Every project would do well to include those affected by it early in the planning stage and concrete work and to take part in reflecting on the idea of the venture. The choice of subject undoubtedly provided an important pre-condition of activating those involved in the health system as well as those in the target group and other related groups. By directly integrating potential participants, another element of activation was realised. Kindergarten managers were consulted about the subject of motor conspicuities and the usefulness of and

opportunities for promoting exercise in their own institution. Another element of activation was undoubtedly the medium itself, as this encouraged practical realisation. Accordingly, the aspect of practical demonstrations achieved greater importance. Finally, we must not forget the involvement of paediatricians and representatives of sports clubs as another aspect of comprehensive activation.

Kindergarten survey in Neuss district

A specially developed questionnaire, which was sent out to all kindergartens in Neuss district, contained, in particular, questions on the perceived frequency of motor conspicuities, in order to assess the usefulness of increased promotion of exercise in the kindergartens as well as the willingness and opportunities for collaboration in each institution. Of the 198 kindergarten managers written to, 124 completed questionnaires were returned, giving a return rate of 62.6%.

The results demonstrate the close connection between awareness of a problem, presentation of a subject and involvement or engagement, which should be aspired to in every approach for activating participation. Accordingly, the results match problems detected in the field of movement and psychomotor development, and also correspond to agreement on the necessary action.

Over 90% of the managers surveyed remarked that motor and co-ordination problems in children in kindergartens had increased (cf. *Figure 3*). As a consequence of this development, 87.9% of those surveyed considered that increased promotion of exercise in kindergartens would be useful (cf. *Figure 4*). 85.6% felt that increased promotion of exercise would be possible in their institution.

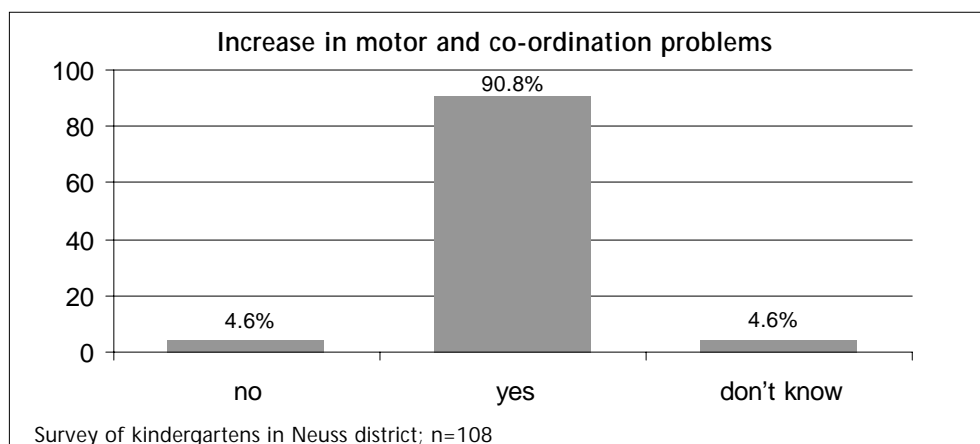


Fig. 3

Furthermore, over 62% of the managers surveyed expressed an interest in participating in a project for promoting exercise. Another 30.3% were interested in later involvement. Only 7.6% had by and large no interest in involvement.

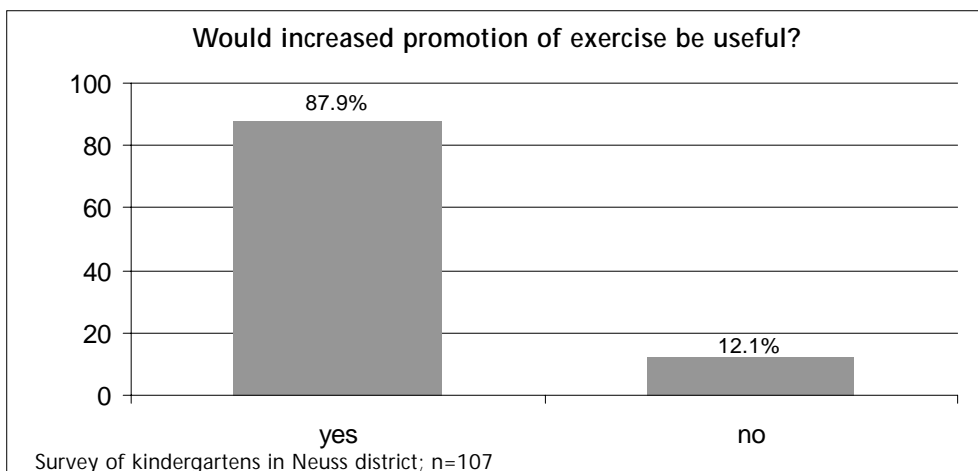


Fig. 4

Besides this, it was also ascertained to what extent aspects of promotion of exercise/psychomotor education had been taken into account in teachers' training. This was predominantly seen in a critical light. 76.8% felt that training in this field was completely insufficient, 22.1% saw it as average and only 1.1% as particularly positive.

The results obtained from the kindergarten survey clearly show that the subject of exercise has taken on a high value among teachers. Sport and exercise were seen as important resources for influencing kindergarten children's health behaviour.

Steps of concrete implementation and elements of the project

A specific concept of implementation was associated with the elements and idea of activation and participation, which are an essential element of the project philosophy. The highest possible degree of practical work and networking should be achieved through four elements. These are:

- (1) Measures for further training for teachers,
- (2) Carrying out information events for parents,
- (3) Practical demonstrations for promoting exercise during early childhood and
- (4) Evaluation of the course of the project.

Further training for teachers

Two further training events each lasting approximately two hours were carried out in each kindergarten. All the kindergarten staff participated in these events, which were carried out after work had finished in each institution. This was to ensure that every teacher would be reached, even those that usually concentrated on other issues within their educational ac-

tivity. The organisation of the event was conceived so that both theoretical and practical knowledge from the field of promoting exercise in early childhood could be communicated. Special value was placed on a relaxed and open atmosphere at the events.

Information events for parents

Parents were invited to the information event and informed about the planned project in writing in advance. The complexity of the problem was taken into account through the interdisciplinary character of the information and presentations, in which various professions participated (sports teachers, educationalists, paediatricians, representatives of sports clubs, physiotherapists).

In every case, the organisation of the information events for parents provided for seven elements:

- (1) Participating parents overcoming an obstacle course in the entrance hall as a practical introduction to the subject and literal “activation”;
- (2) Presentation by a sports teacher (project leader) on the significance of exercise in a child’s development;
- (3) Presentation by a paediatrician on the subject of “Lack of exercise – a health risk for your child?”
- (4) Exercise break – carrying out games with exercise;
- (5) Presentation of the “Hüpfdötchen – kindergarten in motion” project;
- (6) Presentation of services by local sports clubs;
- (7) Discussion.

Practical demonstration of promotion of exercise in early childhood

After the further training events and information events for parents, the third focus of the project was carrying out practical demonstrations of promotion of exercise during early childhood. This programme was carried out twice in every institution and was aimed at arousing children’s pleasure in exercise within a framework of new games with movement. A sports teacher taught numerous games with movement and psychomotor exercises. In this context it is particularly important to reach those children that usually react to offers of exercise with anxiety or reserve. Furthermore, the practical demonstrations are designed so that teachers will also profit from them. On the one hand, they have an opportunity to implement the contents communicated to them in the further training event in a practical way; on the other, new ideas for their own practical activity are also conveyed to them. In this, the didactic principle of simple adaptability is respected. For example, everyday materials are used to carry out games with exercise or a simple-to-use and easily affordable index card system is utilised.

A ‘play bus’ is used as a special attraction, as much as time constraints make this possible. This bus was specially redesigned into an environment for exercise for the project. Under the supervision of a student from the German Sport University Cologne, the children have opportunities to balance, climb, swing and play in the bus. Equipment which is brought

along, such as pedalos, scooters and gyroscopes, allows the children to have diverse experiences of movement. The use of the play bus usually develops into a play party with the theme of “movement”, involving the whole of the kindergarten.

Experiences from the implementation

The further training measures for teachers took place without exception in a very productive climate. Admittedly, the further training programme, which lasted a total of three hours, could not adequately satisfy the vast need for information, concerning, among other things, questions on exercise-friendly designs for group rooms and playgrounds. Consequently, a desire for continuation of the appropriate initiatives was expressed in numerous kindergartens and a specialist conference on exercise-friendly designs for playgrounds was carried out for this purpose, under the overall control of the Institute of Sports Sociology. There was not a lot of public relations work, but the enormous response, with just under 400 participants, indicated the general awareness of the problem and the mobilisation power of the subject.

The importance of the meetings with parents was shown in the fact that a large number of parents followed up the invitations. There were about 25 to 35 parents present at each event, corresponding to a participation quota of about 50%. The response to the attendance of both a sports teacher and a paediatrician was extremely good, as this meant that the subject of “exercise” could be discussed with experts with varied specialist knowledge. There was often a lively discussion and many, sometimes very concrete questions were put to the speakers. The parents were especially attentive in picking up information on simple games for promoting exercise. In private discussions numerous parents repeatedly expressed a desire for further information on the practical implementation of old and new games involving movement.

Evaluation of the project

In order to examine whether the project had achieved any of its aims, evaluation of the project was carried out. The central components of the evaluation were:

- Checking changes to children’s co-ordination abilities by means of a motor test,
- Evaluation of the information events for parents and
- A survey of the teachers involved in the project.

• Motor test

Measuring instrument

The children’s co-ordination capability (complete physical co-ordination) was measured by means of the Schilling and Kiphard (1974) physical co-ordination test for children (KTK). This consists of four tasks:

- (1) Balancing backwards,
- (2) Hopping on one leg,
- (3) Jumping from side to side and
- (4) Moving sideways.

In order to be able to make a statement about the co-ordination capability of a child, the points achieved in the individual sub-scales (raw values) have to be compared with the average values of a corresponding age group (year of reference: 1974). So-called MQ values are used as normal values, which are distributed around the arithmetic mean of 100 in a mean range of 15 MQ values. The MQ values of the individual tasks were added together and also compared with the average values of children of the same age (year of reference: 1974). This gave the total individual KTK value. The average value in 1974 was 100.

In order to be able to measure changes, the KTK measurement was carried out twice: immediately before and immediately after the period of intervention. In addition to the children from the 14 institutions participating in the intervention, children from eight control kindergartens were also tested to check variables of disruption. As the KTK is only standardised for children aged between 5 and 14 years, only the 5 and 6-year-old children were included in the analysis.

Results of the KTK

The tests carried out at the t_1 time of measurement confirmed the results of the school enrolment examinations already mentioned elsewhere.¹ The co-ordination capability of the 5 and 6-year-olds had not been cultivated well. The children in the Neuss district (n=489) had an average value of 84.5 and were clearly below the 1974 normal value of 100 (cf. *Figure 5*).

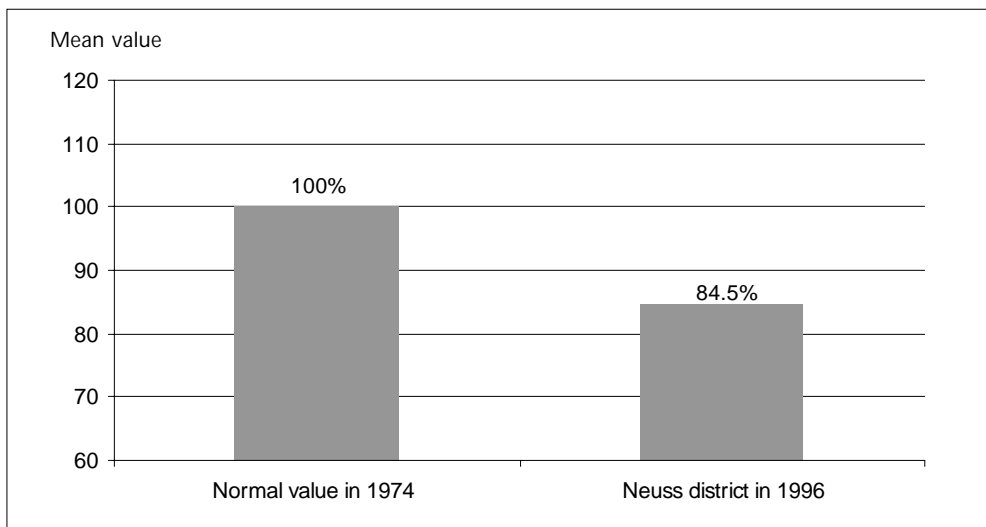


Fig. 5: Comparison of average co-ordination capability at measuring time t_1 with the normal value in 1974

In 1974, the co-ordination capability of children – in accordance with the standard normal distribution – was classified as 2% very good, 14% good, 68% normal, 14% conspicu-

¹ Cf. Chapter 3.1.

ous and 2% impaired; in Neuss district at the measurement time t₁, a clearly higher distribution in the areas “conspicuous” (38.5%) and “impaired” (14.5%) was recorded. By contrast, none of the children exhibited very good physical co-ordination and only 0.6% of the children had good physical co-ordination (cf. *Figure 6*).

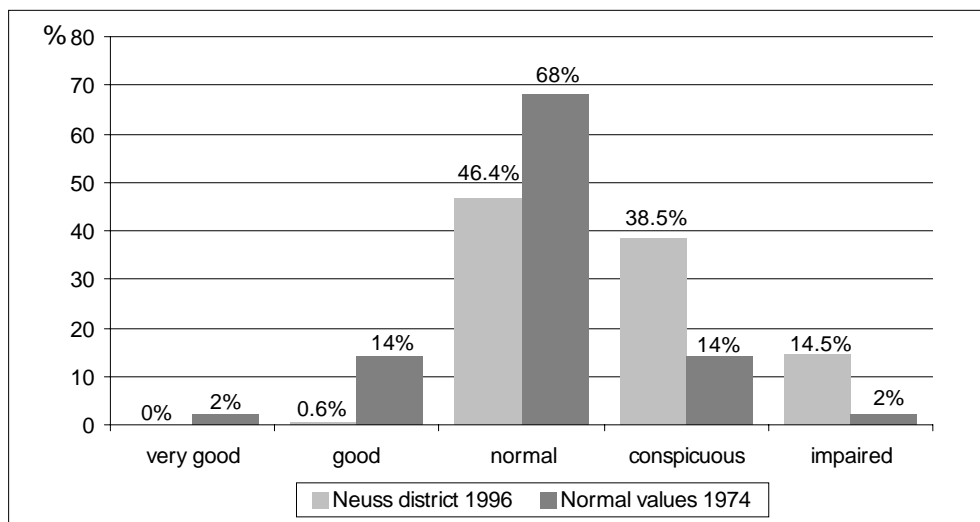


Fig. 6: Comparison of co-ordination capability at measuring time t₁ with the normal values in 1974, differentiated according to categories of capability.

Just as in Schilling and Kiphard’s standardisation (1974), there was no significant difference in the average values between the children from the city and children from the countryside in Neuss district.

During the term of the project, which was approximately seven months, an intensified range of exercise, with the emphasis on games and fun, was initiated in the participating kindergartens. The fact that this arrangement, together with the information events for parents, through which attempts were also made to influence the setting of the family, had a positive effect on children’s co-ordination capability is made clear in *Figure 7* (next page). A definite improvement can be seen for the trial group with an average test value of 94.8%. By contrast the slight improvement in the control group (87.9) can be attributed to the children’s general motor development.

Résumé of the co-ordination test

The difference of improvement in the test and control groups can be attributed to the “Hüpfdötchen – kindergarten in motion” project in view of the arrangements of the control groups. The approach to promotion of exercise in Neuss district, which was related to the living situation, appeared to be well suited to removing or averting motor deficits.

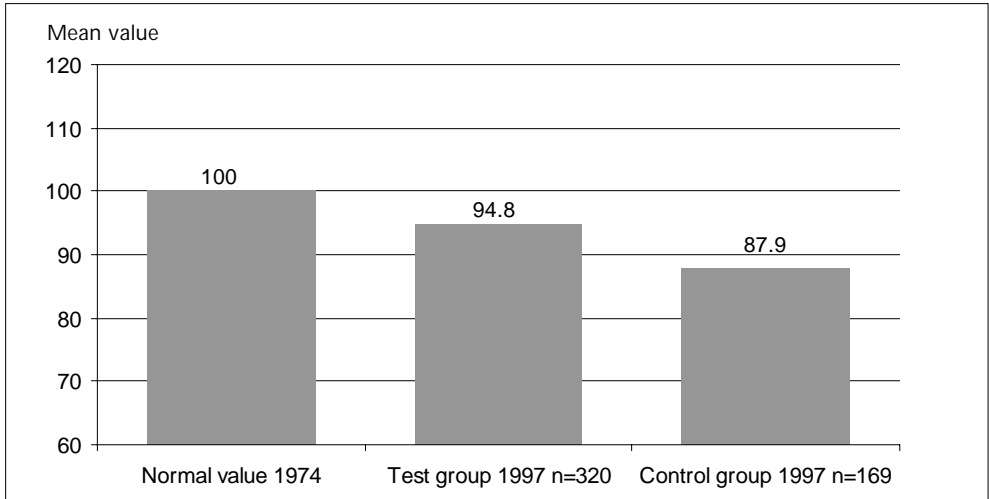


Fig. 7: Comparison of average co-ordination capability at the measuring time t2 with the normal value in 1974

Nevertheless attention has to be paid to the importance of exercise within other fields of children’s environment, which could not be integrated into this approach. One indication of this is the difference between the values of the group participating in intervention and the normal values in 1974, which still persists and must not be neglected.

- **Evaluation of the information events for parents**

At the end of the period of intervention, the parents of the kindergarten children were asked in writing for their assessment of the information event for parents. In connection with this 345 questionnaires were analysed. Of the people surveyed, 168 had participated in the information event for parents.

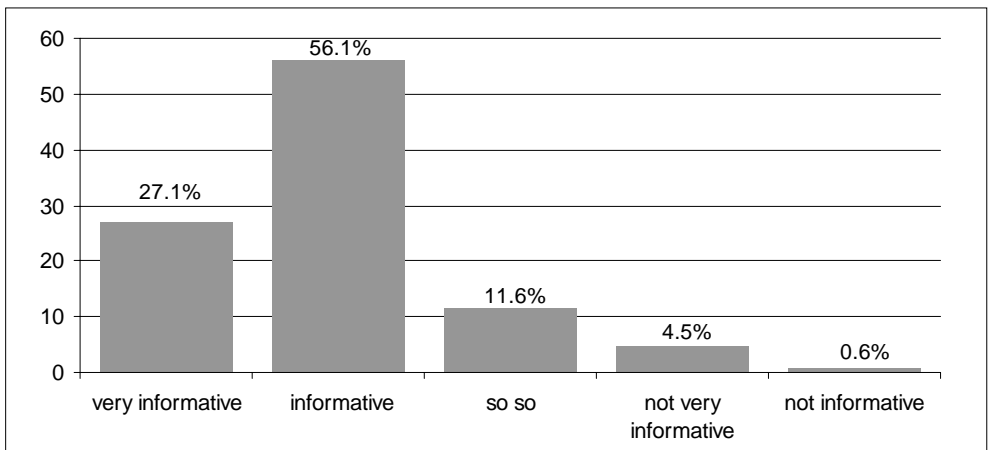


Fig. 8: Assessment of the information event for parents

Results of the survey

The response to the information event for parents was overwhelmingly positive. 83.2% of the parents surveyed (n = 155) assessed the event as very informative or informative (cf. Figure 8).

The information provided by the sports teacher and paediatrician was considered to be particularly important. The attendance of the club representative was not considered to be quite as important, but the overall assessment of this was also positive (cf. Figure 9).

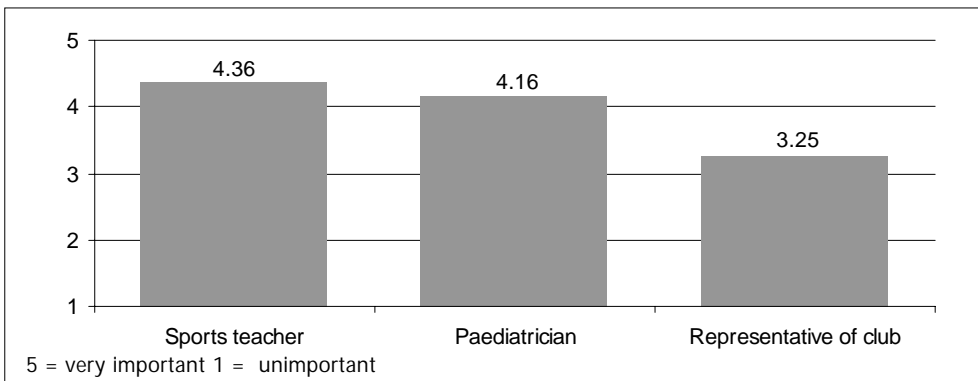


Fig. 9: Importance of information from representatives of various institutions (n = 91–160)

With regard to content, the parents were particularly interested in the significance of exercise within the context of a child's whole development, and the danger of illnesses or accidents possibly caused by a lack of exercise.

Examples of exercise-friendly designs for nurseries and information on furniture to improve posture were also categorised as important. By contrast, the significance of information on play clothes suitable for children was put into the middle range. The fact that 83.3% of the parents (n = 323) were interested in another information event made it clear that there was a lot of interest in the topic of "exercise/lack of exercise". Continuation of appropriate activities in primary schools was considered important by 93.3% (very important 66.6%, important 26.7%).

• Survey of teachers

After the project had been concluded, the teachers participating in the project were also surveyed with the help of a questionnaire on whether the project aims had been achieved. This provided information on three particular areas:

- (1) On the effectiveness of the activities carried out in the kindergartens,
- (2) On the benefits of the further training event for everyday work,
- (3) On willingness to pay more attention to aspects of promoting exercise in the future.

In an initial evaluation round in 1997, 38 questionnaires could be evaluated; in a second round in 1999, 91 questionnaires were then analysed. Teachers were also asked to assess the various elements of the project.

Overall the results indicated the success of the measures. 62% assessed the project as effective; 35% were rather undecided (so so) and only 3% saw no effect at all. This generally positive assessment in 1997 was exceeded in the second survey in 1999. This time 86% assessed the measures as effective, 12% chose “so so” and 2% saw no benefits.

According to the information from teachers, the stimuli communicated during the project had brought about real changes in the everyday life of the kindergartens. 74.2% of those surveyed reported that they had taken up elements of the promotion of exercise to a greater extent within their work (evaluation 1997). However, in a critical analysis of the methods, it should be mentioned that the effects of social desirability cannot be ruled out as the evaluation team was the same as the project team. Therefore we may suspect certain differences between the teachers’ answers and the social reality within the kindergartens.

Of the teachers surveyed 91.7% would also like to integrate aspects of exercise to a greater extent within their work in the future. The 1999 survey produced similar results; 83% agreed with the statement that they would like to include aspects of exercise in their work to a greater extent in the future (n = 89).

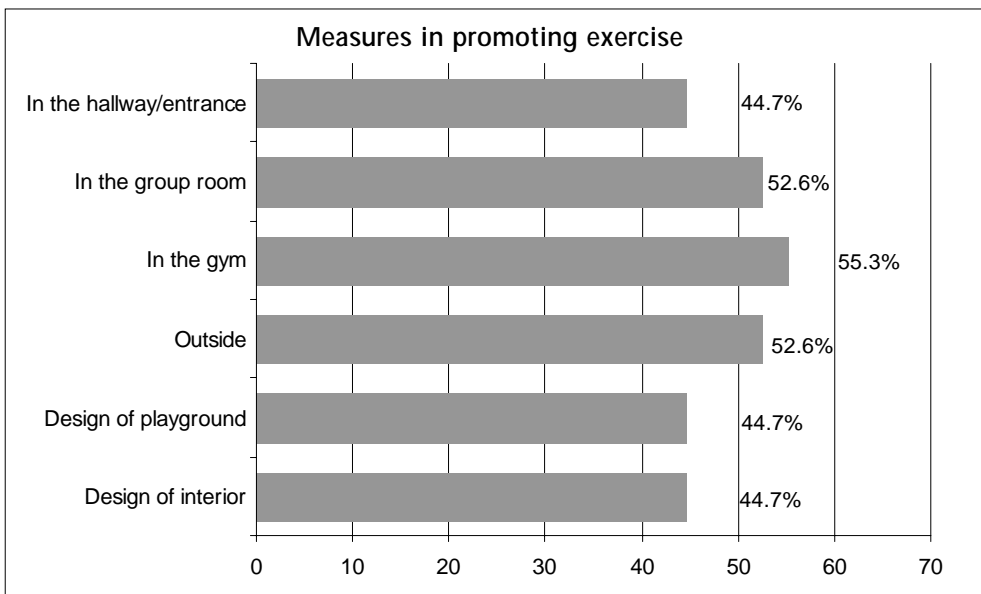


Fig. 10: Measures carried out to promote exercise

The content presented during the further training event was beneficial for the daily work of 71% of the teachers surveyed. Nevertheless, almost half of them would have liked even more elements relevant to practical work. 69.7% had used elements of education in exercise in early childhood to a greater extent in their work as a result of the content suggested to them. Games involving movement and everyday materials had been integrated particularly frequently. The majority of the institutions (77.8%) had implemented other measures in promoting exercise. *Figure 10* clearly shows the most prominent measures.

The practical demonstrations with children were useful for 80% of the teachers in their practical everyday work. There was hardly any change to this in the 1999 assessment (81% agreed; n=83). The information events for parents carried out within the framework of the project were also assessed positively by many teachers. 95.7% assessed the event as very informative or informative.

Résumé

If we review the most important requirements of intersectoral health policy, then the following discoveries, in particular, were made in Neuss district:

- An important stimulus with a demonstrable effect could be passed on for health promotion in kindergartens in the Neuss district and implemented accordingly by means of a comparatively simple medium and course of action; the effectiveness was evaluated in various respects.
- The success of the project was due to two particular elements. The basic idea of the project (to take up a simple medium and a general awareness of a problem) was put into an intersectoral perspective and implemented within systems of procedures or groupings of networks. This was able to achieve interest within the institution (intraorganisational attention) as well as interest from other people involved in community policy and the health system (interorganisational attention).
- Attention for, interest in and acceptance of measures for health promotion related to exercise was effected through the circle of the kindergarten environment. Among the successful outcomes, the project won first prize in the “Healthy state North Rhine-Westphalia” competition organised by the North Rhine-Westphalia Ministry of Health. The “Hüpfdötchen” project is now also a part of the WHO “Regions for Health” network.

In the various planning and implementation phases of the project, however, the importance of observing the rules of intersectoral logic and operating within systems of negotiation embracing all kindergartens became extremely clear, i.e. any grouping in which kindergartens have to fight for attention, interest and resources with their important work, and in which balancing interests and intelligent limiting of one’s aims is important.

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4.2 Reports from the working groups

4.2.1 Health promotion media and measures – Creating transparency through nationwide overviews

Leaders: Peter Sabo, Society for Applied Youth and Health Research, registered organisation (GJG), Schwabenheim a.d. Selz
Oliver Bönsch, German Sport University Cologne

Against the background of the BZgA's market analysis of general health promotion media, measures and projects, particularly within the setting of the kindergarten – presented by Peter Sabo –, the working group was to discuss the setting up, use and maintenance of market overviews. Opportunities for applying quality standards were also to be presented and discussed and, with the example of the selection of projects for the conference, quality criteria for selecting projects and evaluating media were also to be produced (Oliver Bönsch).

4

BZgA's market analysis of health promotion media, measures and projects in kindergartens

Peter Sabo

In view of the immense variety of services, projects, media and measures in the health promotion market, it is necessary to create nationwide overviews and establish transparency – particularly with regard to quality criteria and evaluation. The Federal Centre for Health Education's work in the field of "Market Observation/Market Analysis" should also contribute to this. Work in this field ought to create reliable principles for assessing the care situation, promote networking and co-operation and, through this, support action based on the division of labour.

Aims and scope of the market analysis

Within the framework of the BZgA's "Market Observation/Market Analysis", which is a cross-sectional task, nationwide market overviews have been drawn up on the media, measures and people involved in selected topics, target groups or settings. The objective is to contribute to improving transparency and quality assurance. The complex documentation of this is standardised within the BZgA's data base.

The nationwide inventory of "Health promotion at kindergarten" will be presented here.

Investigations into health education and health promotion at kindergarten

Non-commercial providers and media were included in the investigation. The aim was a nationwide market overview on the thematic complex of “Health promotion for children at kindergarten age”, and the following areas were to be documented in detail:

- Which institutions are active in this field,
- What the activities (measures, projects, media) consist of and
- Which target groups and audiences these activities are directed at.

The nationwide investigation carried out on this extended over the following sources of information:

- Sponsors of institutions for children aged between three and six years (community sponsors, voluntary welfare associations),
- Further training institutions (governmental and non-governmental)
- Health promotion and youth work institutions as well as counselling centres (regional institutions, youth welfare offices, non-governmental institutions, initiatives),
- Specialist journals,
- Information in the press,
- SOMED Public Health Information data base of literature,
- Inventory of the Federal Association for Health on preventing accidents to children.

Results of the market analysis on the setting of kindergarten

On the basis of the results of the investigation, so far 255 measures and media from 86 different institutions have been documented in the data base.

The quantitative assessment of the varied information shows that numerous and diverse measures and projects on health promotion/health education have been carried out in kindergartens. In many cases, the contents and experiences have been dealt with within daily practical work without the teachers always seeing them as specific health education activities.

In addition to routine measures, like dental and paediatric examinations, several health-promoting activities belong to the everyday life of many institutions. These include, for example, foot exercises, gymnastics for children, food/nutrition, swimming and relaxation exercises. Education in road safety also belongs to the programme of regular events.

Information on these measures that can be documented is hard to come by, as the daily work of teachers is not recorded in an appropriate manner.

At a regional level, there are varied further training courses for teachers on the topic of health promotion/health education. In a few cases, these courses are also used by employees in institutions supported by different sponsors. There is also co-operation between the experts and specialist counsellors of the various sponsors. There are also further training courses – particularly on the subject of nutrition – for non-educational employees in the institutions (housekeeping staff).

Health promotion/health education themes are frequently dealt with in specialist journals and specialist literature. The articles mainly concentrate on theoretical or conceptual themes; sometimes they also deal with projects and less often with media.

The main focus of activities in the institutions surveyed was measures, while media services were significantly less important. By contrast, commercial providers offer a significantly greater number of media (picture books, games, music cassettes, videos etc.) for children of pre-school age. This could not be taken into consideration within the framework of this investigation.

- **Main topics**

The media and measures documented could be classified into 18 subject areas according to their main topic. These subjects had been dealt with in 193 measures and in 62 types of media (see *Table 1*). The number of institutions that had worked on each individual subject is also shown in the table.

Topics	Institutions	Measures	Media
Allergies	1	1	–
General prevention	3	2	8
Exercise/posture	23	40	9
Nutrition	11	12	12
First aid	2	2	–
Health promotion	18	16	8
Violence among children	8	7	2
Vaccinations	1	–	1
Media education	3	2	1
Psychosocial health	10	35	–
Sex education	15	16	–
Sexual abuse of children	7	8	–
Sensory perception	8	13	–
Prevention of addiction	22	19	9
Environment	4	5	–
Prevention of accidents	14	9	7
Road safety	3	3	3
Dental health	3	3	2
Total	*	193	62
* Because a few institutions that are active in different subject areas are cited more than once the total is not given here			

Table 1: Main topics of health promotion/health education in kindergartens listed alphabetically with the number of institutions, measures and media

- **Main topics of the measures**

In the 193 documented measures (training courses, projects and events), the dominant topics were exercise/posture and psychosocial health, followed by the topics of prevention of addiction, sex education, health promotion, sensory perception and nutrition. General prevention, first aid, media education, allergies and vaccinations were represented less frequently (see *Table 2*).

Topics	Measures	Training courses	Projects	Events
Exercise/posture	40	37	3	–
Psychosocial health	35	35	–	–
Prevention of addiction	19	5	12	2
Sex education	16	15	1	–
Health promotion	16	10	3	3
Sensory perception	13	13	–	–
Nutrition	12	10	2	–
Accident prevention	9	2	1	6
Violence among children	7	7	–	–
Sexual abuse of children	8	8	–	–
Environment	5	3	1	1
Road safety	3	–	1	2
Dental health	3	–	–	3
General prevention	2	1	1	–
First aid	2	2	–	–
Media education	2	2	–	–
Allergies	1	1	–	–
Vaccinations	–	–	–	–
Totals	193	151	25	17

Table 2: Main topics of the measures, listed according to frequency

Projects were particularly carried out on the prevention of addiction and health promotion and in the field of exercise/posture. These projects were usually documented and, in a few cases, evaluated by the participating institutions. Many projects result from co-operation with external institutions or through their initiatives. These institutions are concerned with, for example, the prevention of addiction and health promotion and are interested in projects in child day care centres because of the nature of their task. They bring in specialist knowledge and often resources as well. The fact that co-operation was almost always successful meant that these projects had not been imposed by an external source but instead integrated into the educational work by the teachers themselves.

The activities in the institutions reflect the further training courses for teachers, which are concerned with the topics of exercise/posture, psychosocial health, nutrition and health promotion. Other further training courses offer orientation in and suggestions for specific subjects or problem areas, for example, sex education, violence among children, sexual abuse of children, sensory perception, speech development and speech disorders. According to information from the sponsors, the numerous partners within further training include public health authorities, paediatricians and doctors for young people, dentists, counselling centres, the German Red Cross, St John's Ambulance Service, PRO FAMILIA and consumer organisations.

• Main topics in the media

Almost 90% of the 62 documented media concentrated on five topics: nutrition, exercise/posture, prevention of addiction, general prevention, health promotion and accident prevention (see *Table 3*).

Topics	Media
Nutrition	12
Exercise/posture	9
Prevention of addiction	9
General prevention	8
Health promotion	8
Accident prevention	7
Road safety	3
Violence among children	2
Dental health	2
Vaccinations	1
Media education	1
Allergies	-
First aid	-
Psychosocial health	-
Sex education	-
Sexual abuse of children	-
Sensory perception	-
Environment	-
Totals	62

Table 3: Main topics of the media, listed according to frequency

Further development of the data base and perspectives

The documented media and measures are currently listed by keywords in order to allow versatile use of the data base created.

In the view of the experts, there are two particular tasks with regard to further development:

- (1) updating of the data base and
- (2) possible evaluation of the service.

A first step in this context can be seen in the “Promotion of exercise in the kindergarten”¹ media overview with commentary, which was drawn up on the instructions of the BZgA and presented during the course of the specialist conference (see *Chapter 4.2.3*).

Quality criteria for selecting projects

Oliver Bönsch

A few projects were selected according to fixed criteria for a separate presentation and as a preliminary stage in selecting projects for the specialist conference. These were documented according to a set pattern.²

The quality criteria were established according to the following basic criteria:

- Target group covered (parents, children, teachers),
- Documentation and evaluation,
- Approach encompassing multiple topics,
- Co-operation/networking.

With this background, the selection criteria were finally established according to six relevant aspects.

1. Theoretical basis of the project
2. Testing of content and structure in the project
3. Transferability of the project
4. Evaluation/documentation of the project (internally/externally)
5. Institutional networking
6. Integration of parents

Project documentation using the example of “Toy-free kindergarten”

The project was presented in a standardised framework (see *Figure 1* on the next page).

1 Renate Zimmer, *Bewegungsförderung im Kindergarten. Kommentierte Medienübersicht*. Cologne: BZgA (ed.) 2002 (updated edition) (Gesundheitsförderung konkret, Volume 1).

2 Cf. also *Chapters 6.1* and *6.2*.

Title	Toy-free kindergarten	Data record No. 1065
Topic	Prevention of addiction	
Sponsor/organiser	District administration Weilheim-Schongau, Office for Young People and Family Affairs Addiction working group, Weilheim-Schongau district	
Aims	Opportunities and personal space for creativity, leisure, self-determined rhythm	
Target group	Teachers, parents, children	
Content	Further training for teachers, parents' evenings. The group room was cleared of all toys for a certain period of time. The children were given tools and materials to play with on request.	
Partners	Aktion Jugendschutz, Landesarbeitsstelle Bayern e.V. 8 child day care centres	
Evaluation	By Dr. phil. Anna Winner, Munich, in 1996 on behalf of the Action Jugendschutz, Landesarbeitsstelle Bayern e.V.	
Experiences	<p>Promotion of social, communicative and cognitive competences by strengthening the ability to form relationships, the perception of personal needs and self-confidence, speech skills, tolerance of frustration and capacity for playing.</p> <p>Changing the role of teachers: learning to observe and listen, becoming mediators and counsellors, discovering their own life skills.</p>	
Remarks	The experiences of this project in numerous child day care centres in Bavaria and their publication led to many similar projects in the whole of Germany.	

Fig. 1: Framework for presenting projects with the example of “Toy-free kindergarten”

Summary of the discussion in the working group and further questions

In the working phase of the workshop, attention was focused on the following questions and topics:

- Participants’ experiences with regard to market overviews and transparency as well as their own ideas about them;
- Experiences and ideas with regard to quality assurance;
- Principal experiences of the participants
 - as addressees (practical level),
 - as key people (planning and decision level);
- Desires for improvement and viewpoints;
- Open questions.

Personal experiences

Accounts were given of experiences with the development of data bases from two institutions. The Protection of Young People campaign (prevention of addiction among children and young people) in Bavaria has already designed and implemented a data base and market overview for Bavaria (with support from the BZgA, software provision and modification according to region-specific criteria). This is to be made available on-line. The necessity and problems of continuous updating were looked at.

The second example of experience concerned the creation of a region-specific data base by the regional health authority in Baden-Württemberg on the thematic complex of health promotion. Here, the desire for nationwide openness and networking was expressed and an argument was addressed to the participants of the workshop for implementation in the respective regions or federal states.

Ideas and desires

The following ideas and desires of the participants with regard to the further development of the data base and market overviews resulted from the discussion:

- A desire was expressed for nationwide networking of the market overview through the BZgA to create transparency.
- A retrieval option for regional criteria (e.g. searches by postcode) should be set up, to ensure utilization of regional information.
- The forms/questionnaires for establishing the data base should not have too extensive a design as this could deter people (keep inhibition level low, subtle “packaging” of the questionnaires/forms instead of direct questions on the quality criteria).
- There is a need for quality criteria to improve objectivity and quality assurance (taking account of the applicability).
- Assessments should be transparent to the user.

The important questions or tasks that were obtained from this were:

- How will the data base be looked after (organised centrally/decentralised, in regional or nationwide data bases)? Problems with financing and time for continuous updating of the data base were mentioned here. One possible solution appeared to be the use of appropriate service firms, although this still left the question of who would pay for this.
- Development of quality criteria that could be agreed on and were designed to be user-friendly (transparency of the assessment).

4.2.2 Perspectives on community co-operation – Opportunities for and problems of intersectoral co-operation

Leaders: Prof. Dr. Volker Rittner, German Sport University Cologne
Dr. Christoph Müllmann, City administration Kamp-Lintfort

Introduction

Generally recognised objectives and good arguments, as important as they are for health promotion measures, are not sufficient if we are concerned with implementing them and putting them into force within the fields of community interests through appropriate measures. The WHO rightly speaks of the need for an intersectoral health policy directed at integration (e.g. Ottawa charter and successive papers), but there are few experiences of how this can be translated into concrete terms and made to happen, i.e. how appropriate plans and measures could actually gain influence and the means of implementation within the structures of community decisions and therefore gain aspects of community power. This is applicable, in any case, for the setting of kindergartens or the field of pre-school education.

Against the background of these problems, further elements of the “Hüpfdötchen – kindergarten in motion” project were presented within the working group by means of a video presentation (broadcast by WDR) to supplement and reinforce the stimulus paper “Health promotion in the pre-school phase. Opportunities for community co-operation” (see *Chapter 4.1*). The “Da bewegt sich was” [Things are starting to happen] project in the town of Kamp-Lintfort was also presented to the working group.

Professor Rittner particularly emphasised five points:

- (1) The importance of a satisfactory description of the problem;
- (2) The availability of a suitable medium (in this case, sport and exercise);
- (3) The importance of community co-operation and thinking in networks;
- (4) The importance of public relations work (involvement of the press) as well as
- (5) Evaluation/documentation.

In the case of the “Da bewegt sich was” project, it is worth mentioning that an appropriate project could be implemented in Kamp-Lintfort with measures costing relatively little. The community was made aware of the appropriate objectives and it was able to establish a health-promoting network with a community system of negotiation. Christoph Müllmann, the First Deputy Mayor of the town of Kamp-Lintfort, reported on the emergence of the project and its implementation within the community, including his experiences as a community policy maker.

After the reports on the projects had been presented, the insights gained from this were discussed and personal experiences in the field of pursuing community interests were reported.

Principles and experiences of community co-operation in the field of health promotion

Prof. Dr. Volker Rittner

Importance of networks

It is particularly important for an institution which is rather underestimated by the public, as kindergartens appear to be, to understand that social networks or systems of negotiation are a suitable means for portraying individual aims and intentions more effectively. In this case, networks are interesting as instruments and mechanisms for gaining influence. This is applicable, in any case, for local groupings of interests and structures of communication. Nevertheless, we have to recognise the characteristics and rules of networks or working in networks if we are to operate this instrument with a view to success. Aspects of an intersectoral policy have to be heeded in this, i.e. the requirements of an “influential logic” in communication between institutions and organisations and appropriate interaction with one another. The interorganisational characteristics of an “influential logic” or an understanding of intersectoral policy fundamentally differ from the so-called “member’s logic”, i.e. they differ from the instruments and active solutions to action which are used for communication within an organisation.

In fact, it was possible to integrate a large number of involved people into the projects in both the Neuss district and the town of Kamp-Lintfort. Joint decisions and project measures were brought into being remarkably quickly taking into account the outlined requirements for work in networks and for action in systems of negotiation. Admittedly one prerequisite for this was the continuous steering of the networks (project office in Neuss district; involvement of the Sport and Youth Office in the case of Kamp-Lintfort).

Importance of sufficient description of the situation and problem

Within networks, specifically systems of negotiation, the participants very quickly come up against the very different viewpoints, perceptions, attitudes, routines of action and interests of very heterogeneous organisations (public administration, non-profit sector, clubs). In view of this background, it is important that the viewpoints of the other organisations are taken into consideration respectively, in the sense of taking the role of the other. This requires surmounting one’s own limited viewpoint. In fact, there was and there are many specific problems of kindergarten groupings, which are significant and unavoidable for self-understanding of the environment itself. However, they do not easily provoke attention and interest or willingness to act and energy for co-operation (in the partners to be gained).

Against this background, the choice of a task to be identified or a problem to be defined which can meet with agreement is extremely important. Both the partners and the public

have to be able to connect with it. The following requirements are of particular importance in this:

- The general nature and explosive nature of the problem that is to be worked on, and portrayal of it in an appropriate way;
- Scientific substantiation of a problem or definition of a problem;
- An interpretation of the problem which is sufficient for the community (what does this mean for us in the Neuss district or Kamp-Lintfort?);
- The demonstration of possible solutions to the problem by the participants (*encouragement or empowerment*), i.e. the practicality of the project.

Against this background, it was undoubtedly an advantage that a representative of the German Sport University Cologne was able to present the scientific background to the planned measures in both the Neuss district and Kamp-Lintfort. Hence, it can only be recommended that co-operation with scientific institutions is sought for similar planned projects in other communities and that they are gained as project partners. A change in the university landscape would be beneficial for this. In the meantime, universities and specialist colleges have become much more open-minded on issues regarding the transfer of knowledge and also with regard to co-operation projects.

Background to the problem and relevance to the community

In the case of the two projects in Neuss district and Kamp-Lintfort, a change in the panorama of illness could be seen in the social-epidemiological data, which was obtained specifically for the Neuss district within the course of a public health project (Rittner et al. 1994). In Neuss district – according to the results of the representative survey of the population – 70.4% of the population complained of back and joint pain and 42.6% of cardiovascular symptoms (cf. *Figure 1*). This picture of symptoms reflects the significance of chronic-degenerative illnesses caused by lifestyle.

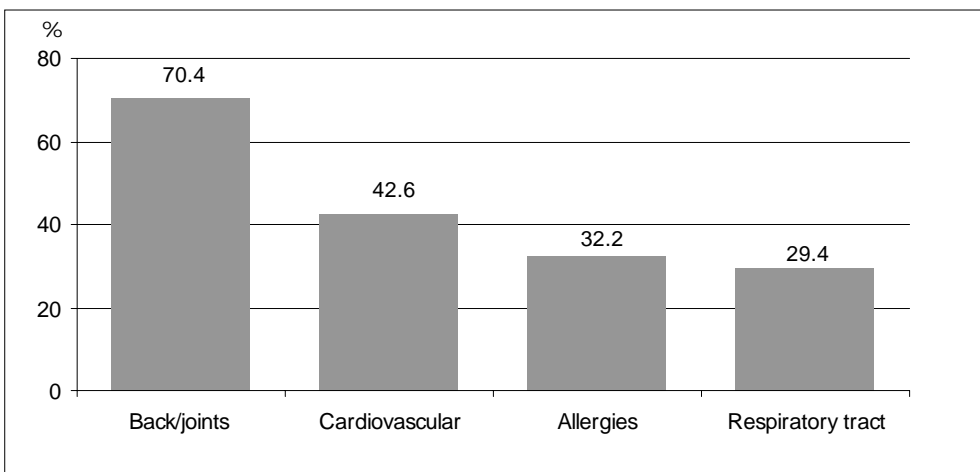


Fig. 1: Main health problems

Significance of the medium of sport and exercise

From the same study, it is clear that sport and exercise are perceived to be and used as the most important methods for guaranteeing health by the population. For example, exercise appears to be more important than healthy eating, the use of medical services or medication (cf. *Figure 2*). This shows considerable acceptance of a medium which has only been taken up and used half-heartedly within health promotion until now. In the meantime, it has taken on the character of a practice of self-medication.

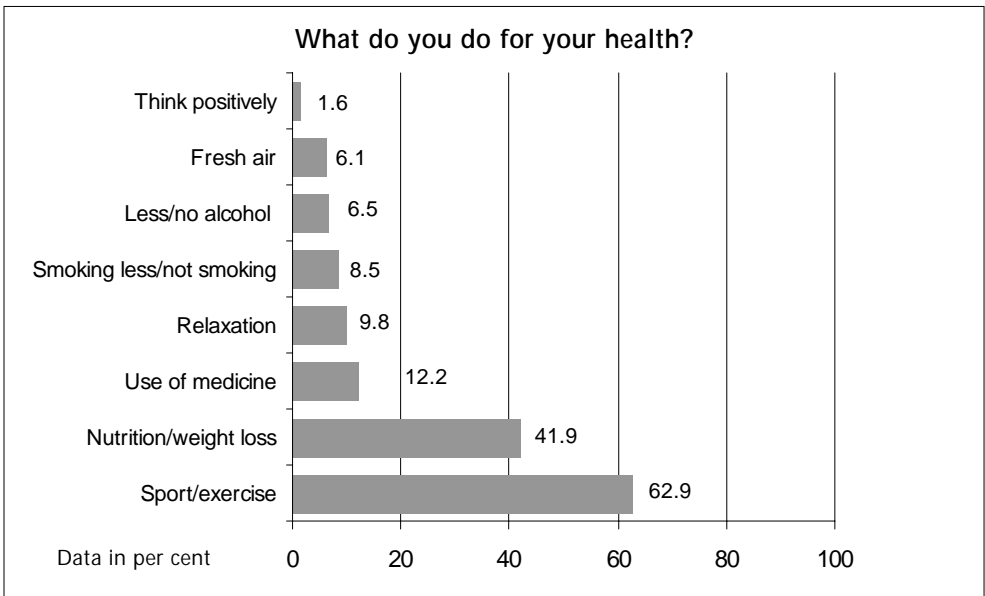


Fig. 2: Forms of healthy behaviour practised

In fact sport and exercise have begun to be identified with the role of a health medium. In a changed panorama of sport, the traditional character of competitive sport is only one model among many others. Healthy sport, which has cultivated its own logic, has become a type of “social exercise”, in which the motivation for health overlaps the motivation for sport. The medium is interesting from four viewpoints:

- (1) It is a means of access to people with very different lifestyles and in very different living conditions because of its increased popularity.
- (2) It sets out explicit health roles.
- (3) It generates a willingness to act comparatively easily.
- (4) Sports organisations already represent a social network, which is more and more receptive to appropriate objectives and fits into, for example, public health strategies.

Corresponding characteristics of the medium of sport/exercise emerged even more clearly when the population survey made enquiries into further improvements to healthy behav-

our. In this case the difference between the perceived importance of sport and exercise and that of nutrition/weight loss, smoking and relaxation techniques increased still further (cf. *Figure 3*).



Fig. 3: Suggestions on improving personal health behaviour

Projects as the ideal way to gain attention

Projects are the ideal way to guarantee getting community attention and consideration and, particularly, the collaboration of other people involved in many health promotion situations. The measures in Neuss district and Kamp-Lintfort also pursued this path.

The following advantages are associated with projects:

- Obligation to set clear objectives,
- Construction of an action plan,
- Clear time structure,
- Definitions of aims and realisation of aims,
- Opportunity to show results.

From these points of view, a time limit is initially an advantage. Nevertheless, a good project always has to bear in mind the period after conclusion of the project and ensure that the experiences and findings have a lasting effect.

The “Things are starting to happen” project in Kamp-Lintfort

Dr. Christoph Müllmann

The Lower Rhine town of Kamp-Lintfort has approximately 40,000 inhabitants. There are 14 child day care centres, of which six are maintained by community sponsors and three

by religious sponsors. Three are supported by the AWO (Workers' Welfare Association) and two are initiative institutions. The 48 sports clubs in the town have 12,500 members.

The "Things are starting to happen" project in the town of Kamp-Lintfort adapted several elements of the "Hüpfdötchen" project.

Previous history to the emergence of the project

In 1997, the "First municipal forum for sport" was organised. This was concerned with the question of the extent to which the town of Kamp-Lintfort could collaborate with sports organisations on new initiatives and solutions in the field of general sport development. This objective, which was initially related more to sport and rather general, was extended and amended to become a question explicitly related to health during the sports forum – which was attended by representatives from the field of kindergartens and other people involved like representatives from the Youth Welfare Office, health insurance companies and politicians. In addition to other questions on the situation of the sports clubs, the connection with community kindergartens was established at various further levels of the discussion and in other systems of negotiation. The following questions and responsibilities were associated with this:

- To what extent can the medium of sport/exercise be used better in the context of the increasing problem of illnesses related to lifestyle (chronic-degenerative illnesses) within a community setting, involving kindergartens, sports clubs, paediatricians and other involved parties?
- To what extent could new discoveries on the importance of sport and exercise in prevention be implemented in a concrete fashion for children and parents in Kamp-Lintfort?
- To what extent is it possible to discover new forms of joint co-operation between the various people involved within the community sphere?

The various people involved were able to agree on a first concrete measure, the "Things are starting to happen" project, surprisingly quickly (by 1998).

Three objectives were formulated:

- (1) Improving the psychomotor or sport motor function skills of children at kindergarten age by developing, organising and implementing a project on promoting exercise in kindergartens.
- (2) Creating working relationships and relationships of co-operation for community self-help.
- (3) Long-lasting anchoring of the stimuli in kindergartens and co-operation partners.

Activation of people involved in the community

In the sense of activating the community, the head of the administrative department, teachers, the Youth Welfare Office, the Sports Office and Sports Committee, the Local health care fund (AOK), parents, sports clubs and paediatricians could be motivated to help with the

project. The activation of sports clubs, in particular, brought about long-term relationships of co-operation between individual sports clubs and kindergartens. By contrast, the voluntary sponsors of kindergartens and other health insurance companies could not be activated (in the short time available).

An action day followed in 1999 (“Sport in schools and clubs”), was concerned with promoting exercise for 6- to 12-year-olds – taking the experiences in the kindergarten project as a starting point.

Conclusion from the two projects

In both cases – in the Neuss district and the town of Kamp-Lintfort – there was an increase in esteem for and substantiation of work in kindergartens. Through this kindergartens gained a role as active parties in the field of health, measurable improvements in co-ordination ability were effected through the promotion of exercise/co-ordination, and last but not least, it resulted in new structures for co-operation and a general sensitisation to the problem in an important field of social development.

Other viewpoints

- (1) The measures should be continued in the institutions and other kindergartens should be included in the projects. The Public Health Authority in Neuss district, for example, sees the measures as a long-term task.
- (2) The project should be expanded to the primary school area.
- (3) Co-operation should be maintained and developed further.
- (4) Project co-ordination should be institutionalised.
- (5) The measures should be integrated into a plan for developing community sport/leisure time.

Discussion in the working group and viewpoints

With the background of the presented projects, a discussion took place on the general question of how it is possible to demonstrate that community investments in the field of prevention actually turn out to be profitable, within the contexts of legitimisation and support.

In this context, the WHO representative (Dr. Krech) argued that health should be seen as an investment for the future, in which illness is a ‘cost centre’. We should ask the question of what ‘added value’ means for a region if health is placed at the centre of political decisions. In this context, a larger WHO project in West Saxony was mentioned, during the course of which health investments were examined within a viewpoint which encompassed multiple sectors and political decisions were made on this basis.

Another discussion point was the reality of health promotion in the many communities which were considered to be very far removed from the statements and wishes of programmes, because no-one really feels responsible for health promotion here. In this context a question was asked about the extent to which, for example, the community policy makers in Neuss district were prepared to finance the project, not just as an isolated measure but also for institutionalising the measures. In fact, certain conclusions were drawn from the results of the quoted survey drawn up within the course of the public health project: within the Public Health Department, one office was set up with a clear responsibility for public health (including taking care of the district's Health Conference, establishing health reporting and initiating and supporting projects) and the "Hüpfdötchen" project was continued. After the first and second phases had been supported by Neuss district, the institutions now each contributed app. 130 Euro themselves.

Later in the discussion stage the participants' interest was particularly concentrated on concrete questions regarding the presented projects.

- Had the contents of training in relation to psychomotor development changed because of the projects?

Teachers are very willing to learn in this field. They reported that there are deficits in training in this field. Possible changes as a consequence of the project were not followed up further within the course of the project.

- Was there a cost-benefit analysis during the course of the projects?

This question was not followed up specifically in either project. Admittedly this question affects a general dilemma: a health-economic output does not provide a return of invest as quickly as when drawing up routine economic valuations. The measures are structured on a long-term basis and the groupings of variables are extraordinarily complex. According to one seminar participant, however, the sport had led to a recorded reduction in vandalism in areas of social concern.

Experiences and discoveries of the study group from their own project work

- Activation for such measures is only possible if certain involved people are included (e.g. paediatricians, sports clubs, health insurance companies, colleges).
- In order to achieve anything, the participating organisations have to be shown how they can profit from such a project.
- When things change we have to look for new methods (e.g. new decision-makers in community policy), we cannot stubbornly insist on the conventional way.
- Before we begin a project, we have to seek out the appropriate decision-maker.
- There is only a "short attention span". Therefore such projects should only deal with central questions which are transparent to the people involved.

- Quality assurance is also connected to the financial framework of the project.
- It is important to communicate to the people involved in the project, that the project is intended to fulfil the needs of the population.
- Attention has to be paid to the fact that every group of people involved (policy-makers, sociologists, teachers) has a different language. Targeted measures have to take this into account to ensure that the audience group is reached.
- Funds are available if you make an impression, i.e. if you make clear the attractiveness and the benefits of a measure.

According to the working group, there is still a large gap between demands and reality in community health promotion. The setting of the kindergarten in particular is largely underestimated within the community in relation to salutogenetic potential. On the other hand, all the discoveries of health experts encourage more consideration of pre-school education. Good arguments are therefore given. However, at an operational level, more attention has to be paid to the principles and rules of intersectoral thought and action if the gulf between demand and reality is to be overcome. The examples in Neuss district and Kamp-Lintfort provide proof that success is possible.

Literature

Rittner, V. / Mrazek, J. / Meyer, M. / Hahnemann, G. (1999): *Gesundheit im Kreis Neuss. Präventive Potentiale in der Bevölkerung und Möglichkeiten ihrer Nutzung im Öffentlichen Gesundheitsdienst*. Cologne.

4.2.3 Aspects of quality assurance – Criteria for selecting media on promoting exercise

Leader: Prof. Dr. Renate Zimmer, Osnabrück University

Introduction

Specialist educational staff have gained a greater insight into the need to take more account of children's requirement for exercise. The kindergarten in particular has adjusted to the increasing limitation of opportunities for free play and exercise within the everyday life and has attempted to create compensatory opportunities. In many pre-school institutions the promotion of development through perception and movement is firmly anchored in the educational concept.

Although teachers' training still does not give the significance of exercise across subjects the status which it really has to have according to scientific findings, the awareness of people active in practical work has increased. This is expressed in the high level of acceptance of further training courses on the topics of perception and exercise and in the willingness of many teachers to train themselves further through self-study of literature.

The range of specialist books, brochures and guides on the subject of promoting development and exercise in the media market has also increased accordingly. There is an abundance of printed media on the subjects of sensory perception, exercise, games, rhythm, dance and psychomotor education and more and more sound recordings and video films dealing with these subjects are being produced. Teachers are often spoilt for choice because of the immense number of books, brochures, music cassettes and other sound recording media. The title, the external presentation of a book, the list of contents or the illustrations do not always reveal whether it really corresponds to the expectations of it when purchased. With sound media and video films it is not usually possible to test the quality before buying – you are not able to listen to the music or watch the films.

The current situation of the media market and the different types of media were to be presented to the working group through the example of the media overview on promoting exercise in kindergartens, commissioned by the BZgA, and the selection criteria on which the media overview was based were to be explained and discussed.

Media overview *Promotion of Exercise in the kindergarten* – Central questions as selection criteria

The media overview with commentary on promoting exercise in the kindergarten¹, drawn up on the commission of the BZgA, should offer help to teachers and other specialist educational staff in selecting and assessing the diverse range of specialist literature and audiovisual media.

It offers an overview of tried and tested and new media on education in exercise for children and has been structured in accordance with the following main points:

<ol style="list-style-type: none">1. Specialist books<ol style="list-style-type: none">1.1. Education in exercise/psychomotor education1.2. Promoting perception/sensory games1.3. Relaxation/calming exercises1.4. Rhythm/dance1.5. Space for exercise2. Brochures and teaching materials3. Playing cards4. Auditory media5. Audiovisual media

4

Table 1: *Structure of the Promotion of exercise in the kindergarten* media overview with commentary

A large number of the currently published and available media on the subject of promoting exercise, which are addressed at the target group of specialist educational staff in kindergartens and directed at work with children in the pre-school age, were examined and assessed.

The media include specialist books, brochures and teaching materials produced by associations, playing cards, audiovisual media (teachers' films) and auditory media (CDs, music cassettes).

Assessment criteria

In order to assess the suitability of the media as working materials for teachers, a framework of criteria was drawn up using 14 central questions (see *Table 2*). One significant aspect in this was health promotion, which was supplemented by other important aspects of an integrated promotion of development using exercise.

¹ Renate Zimmer, *Bewegungsförderung im Kindergarten. Kommentierte Medienübersicht*. Cologne: BZgA (ed.) 2002 (updated edition) (Gesundheitsförderung konkret, Volume 1).

<ol style="list-style-type: none"> 1. Are aspects of health education made into themes, <ul style="list-style-type: none"> – in which reference is made to the preventative and rehabilitative effects of promoting exercise, – in which the dangers of children's living conditions today are indicated, – in which the significance of perception and exercise in the child's development is made clear, – in which the combined effects of physical, psychological, social and ecological factors are pointed out? 2. Is the connection between psychological, social and motor development clear (integrated nature instead of isolated nurturing of physical/motor functions)? 3. Is the relationship to educational concepts in the educational policy of kindergartens established? Is the value of exercise in different educational concepts taken into account and are other alternative concepts also addressed? 4. Are the practical examples and suggestions for exercises/games directed at the physical/motor requirements of children in pre-school age? Movement tasks can also be unhealthy. Are over-exertion, incorrect stresses and "training" inappropriate for children avoided? 5. Can the practical examples be transferred into the kindergarten, do they require specific spatial and material conditions or can they be realised with simple prerequisites and little cost? 6. Is information about designing space for exercise included (internally as well as externally)? 7. Are teachers given reasons as to why specific suggestions for games and movement tasks are meaningful and important? Is reference made to the interactions of sensory, motor, cognitive and psychosocial experiences? 8. Can the media also be used for work with parents (information for parents about pushing children too little or too much at home, unsuitable chairs, planning free time with children outside the kindergarten)? 9. Do the suggestions for games allow teachers to have their own ideas and variations, do they stimulate creativity and imagination? The promotion of exercise can also have health-promoting effects on teachers. 10. Are the problems regarding accident prevention, the responsibility of exercising proper supervision and safety measures touched on or taken into account? 11. Are the problems of timid children or children with conspicuous development or impaired motor function dealt with? Is didactic and methodological information given on dealing with such children? 12. Is attention paid to the importance of motivation in the suggestions for games and exercises (pleasure, fun, enjoyment in exercise)? 13. Are the contents communicated in a comprehensive way and described vividly, is the relation to practical work established? 14. Is the text structured and organised clearly, are important passages emphasised? Do illustrations facilitate practical implementation?

Table 2: Criteria for assessing media on promoting exercise in the kindergarten

Main points of discussion in the working group and viewpoints

The workshop participants confirmed how time-consuming and arduous the process of selecting suitable literature was in a working day, in which time was short anyway.

A desire was expressed for updating of the media overviews to guarantee topicality. It should also be possible to access the BZgA's data bases. In the opinion of some of the participants in the discussion, development and continual updating of the media overview should also include the subject of "integration of disabled children", as too little attention is paid to this in the existing literature.

The internet was certainly welcomed as a means of acquiring information, but it must not be the only source of getting information about suitable working materials or gaining an impression about the suitability and quality of the media.

Later in the discussion, the role of teachers in movement games or movement exercises with children was taken as a theme. In this context, reference was made to the significance of one's own behaviour as a role model and model of learning for the children. The unanimous opinion was that for this reason it is extremely important for teachers to participate actively in the games and exercises. A wish was expressed for more consideration of this aspect in the literature and other media, as well as for appropriate further training events with opportunities for personal experience. The forms of the games and exercises should provide stimuli for and concrete information on the role and behaviour of the teacher.

With regard to choosing audiovisual media, it was emphasised that there is seldom an opportunity to watch a film before buying it. The media overview was therefore considered to be particularly important in this area and positive remarks were made on the fact that the overview did not only contain information on content, but also gave practical information on suppliers etc.

4.2.4 Mental Health Promotion in pre-school age – Strategies for holistic health promotion in comparison with Europe

Leader: Josée van Remoortel, Mental Health Europe, Brussels

The basis of the workshop was a presentation of the objectives and contents of Mental Health Europe, based in Brussels, the EU Action Project on Mental Health Promotion for Children up to 6 Years and the outlined quality criteria for selecting "successful" pilot projects. The subsequent discussion phase was particularly concerned with the problems of canvassing for EU-supported projects in the field of health promotion for children in kindergartens (which is often carried out by smaller organisations), and with the subject of creating a European network.

Mental health promotion in pre-school age – the action project of Mental Health Europe

Mental Health Europe is a non-governmental organisation, registered in Brussels. The declared aim of Mental Health Europe is the promotion of mental health and the secondary prevention of mental problems. The core ideas and objectives in detail are:

- Development of international quality criteria directed at practical work,
- Stimulus for exchange of information and experiences (information market for successful projects),
- Creation of a European network (synergy effects).

It is generally accepted that kindergartens offer an ideal framework for promoting mental health, as they make contact with parents, teachers, educationalists and health experts, as well as children from various social, cultural and ethnic origins. The aim of Mental Health Europe is therefore to make available the multi-disciplinary knowledge acquired over two and a half years, in order to make children's mental health a priority.

The action project

The Action Project on Mental Health Promotion for Children up to 6 Years originates from an EU initiative. A programme was to be developed to identify, collect and categorise good examples of practice for the mental health of children up to the sixth year of life. Criteria for effective activities – on both a national and international (European) level – were also to be developed, and an exchange of information and experiences in the field of promoting the mental health of children was to be encouraged and organised. The aim was to form an intensive network at a European level.

A very broad and impressive range of projects was presented to the committee of experts, which showed that there is already a great diversity of approaches within Europe in the field of mental health promotion for children. The aim of the committee of experts was not to judge these projects positively or negatively. We are all striving very hard to develop programmes in the field of mental health. It became clear that countries were at various stages of development in this field.

Problem

One particular problem in assessing the pilot projects was the lack of nationally or internationally recognised quality criteria and standards. Other problems were:

- Different views on criteria and success,
- Different views on acceptable evidence,
- Differences at a national level in the methods for investigating analyses,
- Lack of a standardised and internationally recognised report form,
- Difficulties in obtaining information,
- Problems for the participants in interpreting the project aims,

- No ‘overall picture’ of the long-term effects of development, distribution, implementation and certainty of results.

The projects and programmes sent in were very varied with regard to the stage of their development. While a few projects were still in a conceptual or test phase, others were already being used daily – without their effectiveness having been tested. Only a minority were able to substantiate the effectiveness or value of their project.

Quality criteria

A successful programme should fulfil the following pragmatic quality criteria:

- Transferability of the project taking account of the sociocultural idiosyncrasies of respective countries (i.e. implementation in other countries has to be possible and practicable),
- Applicability/benefits of transfer into practical work (e.g. in view of financial aspects),
- External evaluation,
- Correspondence to the topic (health promotion),
- Orientation to target groups (age, mental health etc.),
- Practical implementation of a theoretical concept has already been carried out,
- Time frame of the project (duration of not less than six months),
- Satisfaction of the participants.

Many criteria can be used to assess the quality of a project – aims, precision of defined tasks, etc. However, in order to decide whether a programme can be replicated or used by other communities, we have to ask: is the programme suitable for a specific community? Does this programme offer materials that can be used and transferred to a different community?

The Directory of Mental Health¹

We hope that the Directory will encourage and induce a range of organisations – both governmental and non-governmental – to develop projects and strategies which contribute to promoting and improving the mental health of citizens, and particularly of young children.

The Directory has two aims:

- (1) It wishes to function as an “awareness document” that brings home the importance of promoting mental health in general and that of young children in particular, to everyone that is interested in the well-being of people living in their neighbourhood, i.e. people who are professionally active in this sector and decision makers.
- (2) It offers examples of existing projects and encourages the exchange of information and the replication of successful projects. The Directory is the result of an investigation into projects aimed at promoting the mental health of young children, carried out in the fifteen EU member states and Norway.

¹ Mental Health Europe (ed.): *Mental Health Promotion for Children up to 6 years. Directory of Projects in the European Union*. Brussels, 1999.

Obviously the Directory does not present a complete list of all the projects developed and introduced within the European Union and Norway. The 195 projects described in the Directory were chosen by national partners on the basis of available information and suggested to the European action project. Of those suggested 27 were judged to be effective pilot projects by the group of experts.

In view of the time limit and the limited budget, it was not possible to describe every project in detail. However, an overview and information on the content of every project selected by the national partners can be found in the Directory (see *Figure 1*). Interested parties should contact the relevant project co-ordinators cited in the project description, or the Mental Health office for additional information.

Table of Content	
<i>Preamble</i>	Appeal for the development of strategies to promote mental health and, in particular, strategies and initiatives that deal with the needs of young children. This part underlines the necessity of supporting effective programmes and the effect of developing the promotion of mental health further.
<i>Milestones</i>	This part explains the frame of the action project: <ul style="list-style-type: none"> • Creation of the network • Definition of use • List of quality criteria
<i>Recommendations</i>	–
<i>Directory</i>	<ul style="list-style-type: none"> • Effective model projects: description of 27 projects that were selected to be good examples. • Classification: three types of classification tables. The first classifies the 195 projects concerned with the primary target and age group (either all children aged between 0 and 6 years, particularly susceptible children with regard to health, children of susceptible parents etc.). The second table concerns the interme-diary target group (parents, health experts, carers in primary health care, child carers etc.). In the third table, the projects are divided according to the setting of their implementation (schools, kindergartens, hospitals, hostels etc.). • Information on content: short description of the 195 projects including contact addresses for project co-ordinators. The projects are listed in alphabetical order.

Fig. 1: Content of the EU project index *Mental Health Promotion for Children up to 6 years. Directory of Projects in the European Union.*

Summary and theses

Regardless of their ethnic origin, their religion, their gender or their state of health or disability,² children have the human right to be protected and supported in their development towards internal well-being and a psychologically healthy life style.³ Promoting mental health in early childhood brings with it numerous positive results, including improved mental health, a lower risk of psychological and behavioural problems, improved quality of life and a range of positive social and economic outcomes.

The European Network on Mental Health Promotion recommends increasing awareness of the importance of children's mental health and developing policies to promote mental health and well-being of children and families by:

- Supporting parental upbringing, responsible and sensitive parenting and facilitating the relationship between child and its parents,
- Paying particular attention to vulnerable children, above all,
 - children with health or psychosocial vulnerabilities (e.g. premature babies, disabled or chronically ill children, children with developmental or early behavioural problems),
 - children within a vulnerable family environment (e.g. abused or neglected children, children from single-parent families or with adolescent parents, adopted/fostered children; children in families with a lot of conflict, children from mentally ill parents or parents with addiction problems),
 - children with socio-cultural vulnerabilities (refugees, immigrants, unemployed parents),
- Supporting a safe, child-friendly, non-violent and cooperative environment, which promote and protect children's mental health,⁴
- Setting up kindergartens and day care centres focusing on promoting children's mental health,
- Facilitating schools to create mental health promoting environments, curricula and programmes,⁵
- Increasing the recognition of children's needs through preventive measures and early intervention in both social services and health services (e.g. primary health care, general practitioners, hospitals and other health services, libraries, playgrounds etc.), and by supporting education and social support for children and families,
- Encouraging employers to provide an environment which promotes the mental health of parents and supports family life,
- Enhancing and monitoring the legal frameworks of childcare and protection to guarantee the mental health promotion for and the protection of children.

2 Article 13 of the Treaty on the European Community, Amsterdam, June 1997.

3 United Nations Convention on the Rights of Children (20th November 1989).

4 Megapoles – Public Health Network for Capital Cities/Regions; contact: Kerstin Tode, Unit of Social Medicine, Stockholm County Council, Norrbacka, 17176 Stockholm, Sweden; Tel. +46-8-51777943, fax: +46-8-33-4693, email: kerstin.tode@socmed.sll.se.

5 European Network on Health Promotion Schools; contact: Vivian Barnekow Rasmussen, Technical Secretariat, WHO Regional Office for Europe, 8 Scherfigsvej, 2100 Copenhagen, Denmark; Tel. +45-39-171 235, Fax: +45-39-171 818, e-mail: vbm@who.dk.

In order to implement and consolidate these recommendations it is essential to provide special funding which supports the development, implementation and maintenance of effective and economical initiatives on promoting children's and families' mental health and welfare in various environments, and also supports research, formation and development of guidelines and the transfer of knowledge.

Main points of discussion in the working group

The discussion in the working group was particularly concerned with canvassing for EU-supported projects related to themes. The lack of transparency with regard to structures and sponsor guidelines, i.e. the discrepancy between criteria for proposals and decisions, was seen as problematic.

The exchange of experiences within a network and the honouring of projects through the European Award were seen as positive, as this would lead to enhanced national standing and internal organisational and personal motivation for further committed project work.

The working group particularly emphasised more transparency in the EU proposals and project awards and the development of practical quality criteria for practical work and standardisation of this (at an international level) as future aspirations.



**MAIN ISSUES, RECOMMENDATIONS AND
PERSPECTIVES ON HEALTH PROMOTION
IN THE KINDERGARTEN**

5 Main issues, recommendations and perspectives on health promotion in the kindergarten

Prof. Dr. Peter Franzkowiak

Main issues

A large number of specific aspects were examined in the workshops. In addition to the individual themes, the participants also put together common issues across the subjects, which can be seen as the basic issues or main issues of health promotion in the kindergarten. The main issues represent a (self-) critical inventory of the current position of conceptual ideas, of established aims and target groups, of the situation regarding methods and of co-ordination with other fields of activity/professionals.

As in other fields of prevention and health promotion, such quite fundamental questions cannot be answered once and for all or conclusively. Instead they demand continuous reflection and clarification of one's own standpoint and concepts. They represent the unavoidable "background murmuring" of conceptual, practical and evaluative work.

The core questions of the participants in this specialist conference can be classified into four thematic areas:

(1) Health concepts and orientation to the living conditions

- What does healthy development mean? Are there reliable, generally valid indicators for healthy bio-psycho-social development in children and young people?
- What health concepts do teachers have? What health concepts do parents have? How can we mediate between the two concepts in cases of conflict?
- What does orientation to gender and the living conditions of the children and their parents mean in practice?
- Which interfaces exist between educational approaches and children's and parents' methods of promoting development, personality and health?

(2) Relation to target group and possibility of analysis

- Where and for whom is target group-specific health promotion necessary? How specific should this be, how discriminating should it be?
- Which audiences particularly require urgent/priority intervention?
- What are the characteristics and indicators of successful target group-specific work (e.g. in areas of social concern, with migrants, related to gender)? What are the indicators of failure?
- What are the characteristics and indicators of successful work with parents?

(3) Professional skills and coping with problems

- Which profiles of skills distinguish “good” health promoters in the kindergarten? What are the key skills for this?
- Which requirements for training and further training can be drawn from this?
- How can professional everyday routines be designed so that there are as few problems as possible?
- How can health promoters be put in a position where they are able to cope with problems constructively? Which structural conditions and personal abilities/support have to be guaranteed to avoid burn-out?

(4) Effective public relations work, practical work and networking

- How can we present (better) the effectiveness of kindergarten work directed at prevention within the local, professional and general public spheres? What are effective strategies of public relations work for health promotion in the kindergarten?
- How can the “market” of materials, methods, concepts, qualifications and evaluations be made (more) transparent? Where are overviews and quality assessments, how can easy access be guaranteed?
- How and where can health promoters find examples of practical implementation and solutions to problems?
- What are the characteristics of successful networking and co-operation between specialist staff and interested parties who are active in health promotion in the kindergarten or who would like to be active? With whom should there definitely be co-operation, with whom could co-operation be useful?

Recommendations and prospects

In connection with the formulation of the main issues, the workshop participants developed recommendations and prospects for theoretical and practical work in health promotion in kindergartens across the topics. One part of the recommendations was derived directly from the main issues. The other part points over and above this marking supplementary demands and fields of work.

The recommendations and prospects of the participants can be classified into six thematic fields:

(1) General guidelines

- The following should be of central importance, as regards content, for health promotion in the kindergarten, as well as in schools and for out-of-school activities:
 - Promotion of physical sensation and pleasure in exercise,
 - Support of self-efficacy and social competence,

- Immunisation against health-endangering influences within the family and living environment and
- communication of life skills appropriate to age.
- Teachers and practical approaches should be or should become sensitive to different living conditions. They should be able to recognise children's and parent's culture-specific concepts of health and react to them appropriately.
- Gender-specific work should be established as an approach across topics.

(2) Personal aspects and structural conditions

- Teachers should be qualified to practise personal health-promoting behaviour. They should be able to act as effective models for children and parents. They should be given support in implementing and maintaining these functions.
- The working and structural conditions for health promotion in the kindergarten have to be improved. Structural conditions for health promotion should be guaranteed. A guarantee of continuity of the measures and participants is important.

(3) Co-operation and networking

- Health promotion requires the creation and cultivation of partnerships. These are primarily partnerships with parents. However, professional co-operation within regional networks is also essential. We should strive for intersectoral co-operation (e.g. with community authorities, paediatricians, sports clubs).
- Health promotion in the kindergarten requires public effectiveness and public relations work.
- Methods of successful implementation should be made transparent locally, regionally and nationwide. A manual should be developed for intersectoral co-operation.

(4) Information and communication

- Regional forums for information and exchange (networks) should be created, in which teachers are able to retrieve and exchange successful methods, models of good practice, proven methods, experiences with selected target groups, documentation and evaluations of programmes.
- The BZgA should expand its function as a clearing house. The first step could be setting up a project exchange for evaluated programmes in health promotion in kindergartens (e.g. via an internet homepage).

(5) Skills and need for training

- The profile of skills of the group of professional people active in (health-promoting) kindergarten education should be improved.

- Further training in health promotion is an investment in good employees and in good practice. As such, they should be enhanced.
- Health-related training measures should be concentrated on the main issues. We should strive to create basic and continuation modular courses with reflection on methods and practical trials.
- Further training should be given to teaching teams as a matter of priority. In this, we have to ensure that the theory and practice of integrated health promotion is communicated and orientation to practical work is absolutely guaranteed.

(6) Market transparency and quality assurance

- The transparency of the general market, the media and the courses has to be continuously improved.
- The development of quality standards for media, measures and projects is of primary significance. They should be developed and tested jointly by kindergarten teachers, health promoters, planners and researchers, within a practical environment.
- Quality standards and indicators should be developed for practical concepts, the applicability/transfer of methods, work with different target groups, models of good practice and practical evaluations of measures.
- Quality standards and market transparency for training in health promotion in kindergartens and for further training measures have to be developed.
- Preventive and health-promoting work has to be documented. Practical evaluation of all the individual measures and longer-term projects should be strived for. Evaluation is also an essential element of quality assurance in the setting of the kindergarten.



MODEL PROJECTS FOR HEALTH PROMOTION IN THE KINDERGARTEN

6.1 Aspects of quality assurance

The quality criteria established were oriented towards the selection made previously by the Federal Centre for Health Education within the framework of the market analyses, in accordance with the following basic criteria:

- Relation to target group (parents, children and teachers),
- Documentation and evaluation,
- Approach across subjects,
- Co-operation/networking.

After the criteria had been optimised in the sense of quality assuring project selection, the selection criteria were put into six relevant categories:

1. Theoretical <i>foundation</i> of the project	<ul style="list-style-type: none"> • Relevance to health • Understanding of health • Salutogenetic approach • Integration of early childhood/social education concepts • Setting approach • Directed at the child (relation to living conditions, orientation to the child's ideas and needs)
2. <i>Testing</i> of the project's content and structure	<ul style="list-style-type: none"> • Outcomes • Continuity • Further developments (improvement of "quality of education") • Change to structural conditions
3. <i>Transferability</i> of the project	<ul style="list-style-type: none"> • Practicality and applicability • Conceptions of further training and materials • Transfers already completed if appropriate • Basic financial conditions (with regard to opportunities for transfer)
4. <i>Evaluation/documentation</i> of the project (internal/external)	
5. Institutional <i>networking</i>	<ul style="list-style-type: none"> • Institutional partners • Creating networks at a community level • Professionalism
6. Inclusion of parents	<ul style="list-style-type: none"> • As central mediators in health promotion • Methods of approach across social sectors • Continuity and quality of events

Table 1: Selection criteria for the choice of project

6.2 Brief presentation of the *Models of good practice*

Overview of the model projects

Within the course of the specialist conference there was time for the projects cited below to be presented within an exhibition. A brief description of the individual projects follows this overview.

Addiction prevention in child day care centres	Regional Centre for Health Promotion in Rhineland-Palatinate, registered organisation (LZG)
Sex education courses in technical and vocational training colleges for social education	Landesinstitut Schleswig-Holstein – Institute for Practice and Theory of Schools (IPTS)
Strong childhood, strong life	Office for the Prevention of Addiction in the Hamburgian Centre for Addiction Issues, Hamburg Youth Office
Early prevention of violence	Educational and Family Counselling Centre of the Offenbach/Main Caritas Association (Catholic welfare)
‘Hüpfdötchen’ – kindergarten in motion	Neuss District Public Health Authority
Conflict as opportunity	Institution for Applied Research into Families, Childhood and Adolescence at Potsdam University
Analysis of the state of health care for migrants in the municipal district of Friedrichshain/Berlin	BAYOUMA-house Intercultural Community Centre, Friedrichshain District Association for Workers' Welfare
Benjamin-Club – integrative early education	Luxembourg Ministry of Education (psychological counselling centre)
Healthy child day care centres – experiencing and designing	Landesvereinigung – Association for health promotion in Thuringia, registered organisation, AGETHUR
Toy-free kindergarten	Aktion Jugendschutz, Landesarbeitsstelle Bayern, registered organisation
Prevention of addiction and health promotion in the pre-school phase	Bremen-North Prevention Centre
"More exercise in the kindergarten" initiative	Hessen Sports Youth
Psychomotor child day care centres	Förderverein Psychomotorik, Bonn, registered organisation
Make children strong – prevention of addiction in the kindergarten	Kassel working group "Make children strong – prevention of addiction in the kindergarten"

Table 1: Overview of the *Models of good practice* involved in the presentation

Addiction prevention in child day care centres



Sponsor/organiser: Regional Centre for Health Promotion in Rhineland-Palatinate, registered organisation (LZG)

Duration: 1996–1998

Partner/network: Ministry for Culture, Youth, Family Affairs and Women, Rhineland-Palatinate
Specialist staff in prevention from the local addiction counselling centre, Koblenz University of Applied Sciences

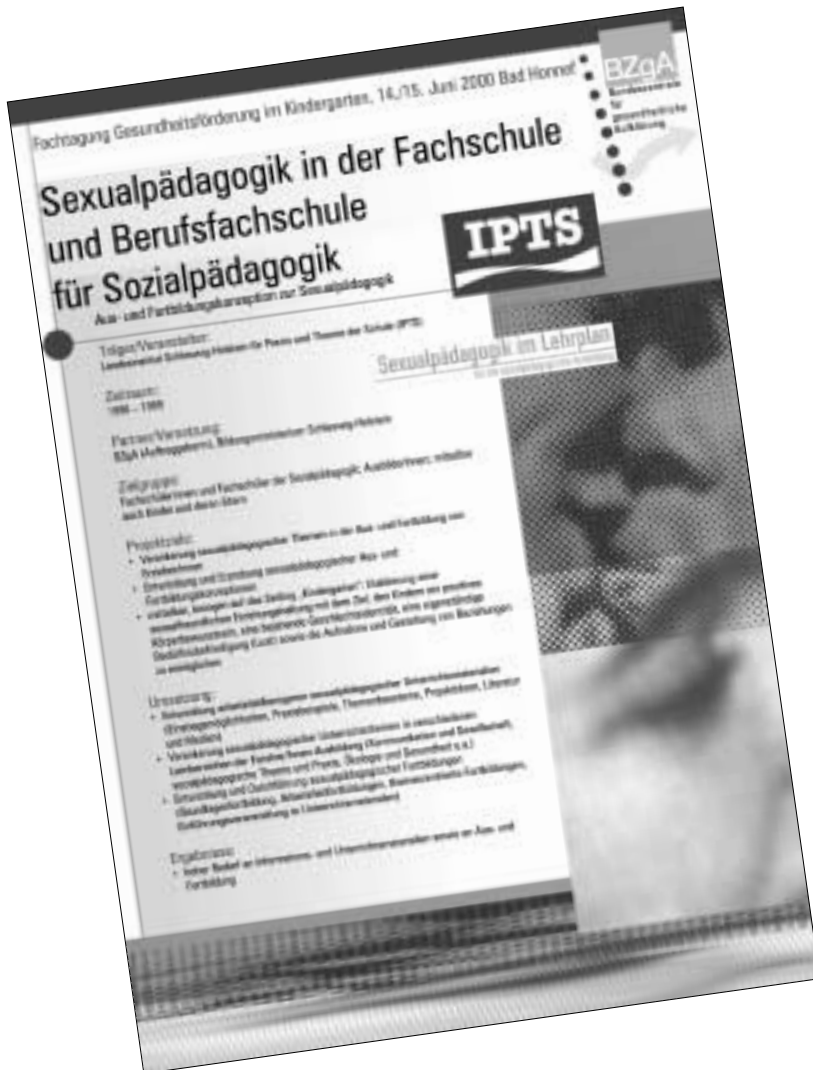
Target group: Teachers, children, parents

Project aims: Continuous promotion of children's life skills, by promoting, among other things, a realistic self-perception/feeling of self-esteem, independence/individual activity, an ability to deal with relationships and conflicts, an ability to perceive and express, and ability to enjoy and experience

Implementation:	<p><i>Division into three project phases:</i></p> <ol style="list-style-type: none"> 1. Dealing with conflicts <ul style="list-style-type: none"> • Strengthening children's feeling of self-esteem • Expression of and dealing with feelings • Improving the atmosphere in the group • Integrating children into the process of resolution and decision-making 2. Promoting creativity <ul style="list-style-type: none"> • Setting up an improvisation theatre • Creating masks and playing with masks • Theatre on subjects of development related to the situation • Experimenting with natural materials 3. Simple games – alternatives to consumer behaviour <ul style="list-style-type: none"> • Promoting creativity • Range of exercises and games • Design of rooms • Project week on handling alternative toys/play materials <p>Parallel to this: project-supporting seminars for all those involved on the course of the project and in the planning of the project, integration of parents into the progress of the project</p>
Evaluation:	<p>Internal: documentation of the practical experiences by project employees External: Koblenz University of Applied Sciences</p>
Results:	<p><i>Children's development:</i></p> <ul style="list-style-type: none"> • More trusting and more open atmosphere among the children • Increased independence • Intensification of work on the subject of "feelings" • Greater concentration and perseverance observed <p><i>With regard to work with parents:</i></p> <ul style="list-style-type: none"> • Increased confidence in the work of teachers • New forms of work with parents tried out • Development of long-term services for parents • Integration of parents into project preparation and project planning
Materials/photos:	<ul style="list-style-type: none"> • Conference reader (LZG's working group for addiction prevention with basic texts, brief description of the whole project with practical examples and project themes as documentation) • For planning: collection of materials for teachers with stimuli for work on health promotion and the prevention of addiction
Remarks:	<p>The project experiences formed a component of the LZG's range of seminars for teachers.</p>
Contact address:	<p>Landeszentrale für Gesundheitsförderung in Rheinland-Pfalz e.V. Karmeliterplatz 3 55116 Mainz, Germany</p>

Sex education courses in technical and vocational training colleges for social education

Concepts of training and further training in sex education



Sponsor/organiser: Landesinstitut Schleswig-Holstein – Institute for Practice and Theory of Schools (IPTS)

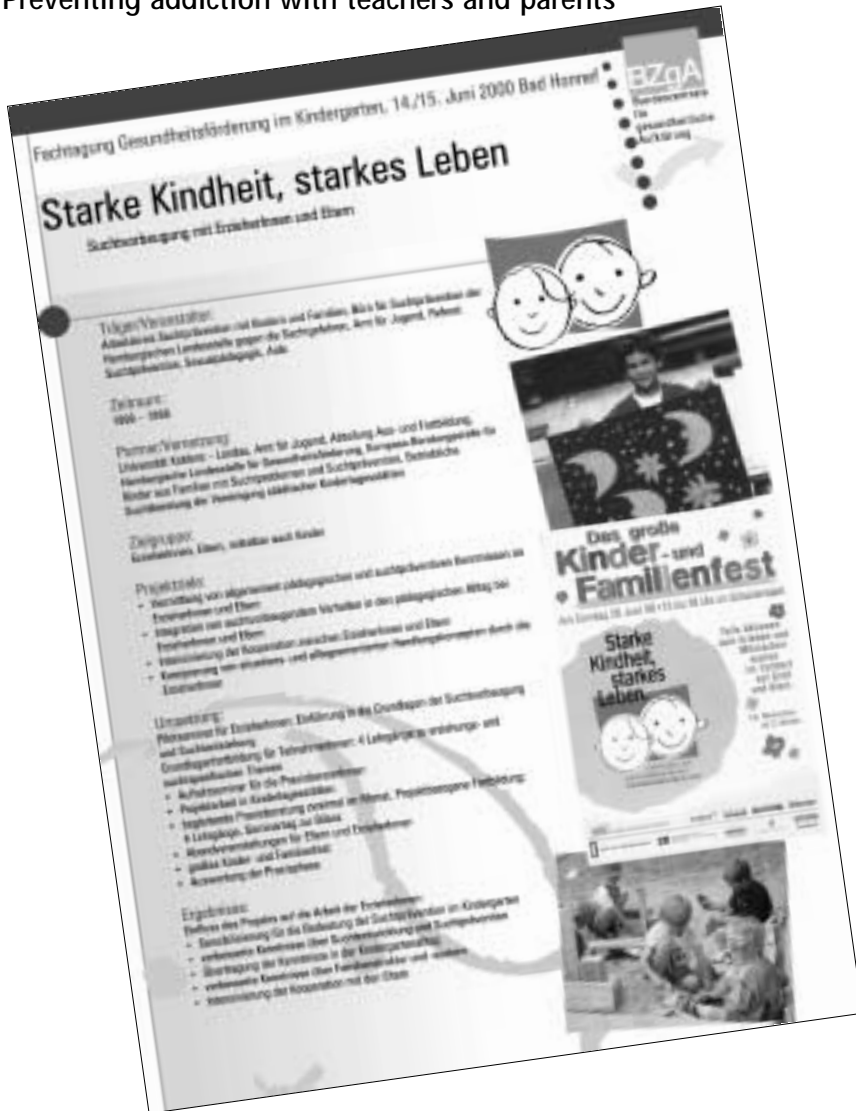
Duration: 1996–1999

Partner/network: BZgA (client)
Schleswig-Holstein Ministry of Education

Target group:	Students specialising in social education, teachers, indirectly also children and their parents
Project aims:	<ul style="list-style-type: none"> • Anchoring sex education themes in teachers' training and further training • Development and testing of concepts of sex education in training/ further training <p><i>Indirectly, related to the kindergarten setting:</i></p> <ul style="list-style-type: none"> • Establishing sex-friendly educational behaviour with the aim of enabling children to have a positive awareness of their body, an affirmative gender identity, independent satisfaction of their needs (pleasure) and to establish and shape relationships
Implementation:	<ul style="list-style-type: none"> • Development of sex education teaching material related to the field of work (opportunities for approach, practical examples, thematic modules, project ideas, literature and media) • Establishing lesson themes related to sex education in different areas of learning within teachers' training (communication and society, social education theory and practical work, ecology, health, etc.) • Development and implementation of further training in sex education (foundation further training, further training in the field of work, subject-oriented further training, introductory sessions on the teaching materials)
Evaluation:	<p>External: Kiel University (evaluation research group)</p> <p>Internal: documentation of results within a specialist booklet produced by the BZgA</p>
Results:	Increased requirement for information and lesson materials and for training and further training
Materials/photos:	<ul style="list-style-type: none"> • <i>Sexualpädagogik im Lehrplan</i> [Sex education in the curricula] and <i>Sexualpädagogische Fortbildungen</i> [Further training in sex education] (brochures) • <i>Sexualpädagogik zwischen Persönlichkeitslernen und Arbeitsfeldorientierung</i>, [Sex education: from studying personality to orientation towards the field of work] Cologne, BZgA 1999 (BZgA specialist booklet series Forschung und Praxis der Sexualaufklärung und Familienplanung, Vol. 16)
Remarks:	The pilot project was related not only to the field of work of "the kindergarten" but also to public work with children and young people, home education and institutions for people with mental disabilities
Contact address:	Christa Wanzeck-Sielert Universität Flensburg, Institut für Gesundheitsbildung Schützenkuhle 26 24937 Flensburg, Germany

Strong childhood, strong life

Preventing addiction with teachers and parents



Sponsor/organiser: Prevention of Addiction with Children and Families working group
Office for the Prevention of Addiction in the Hamburgian Centre for
Addiction Issues (overall control)
Hamburg Youth Office (overall control), Department for addiction prevention,
sex education, AIDS

Duration: 1996–1998

Partner/network:	Koblenz-Landau University Youth Office, Department for Training and Further Education Hamburg Regional Office for Health Promotion Kompass Counselling Centre for children from families with problems of addiction and for the prevention of addiction Internal Addiction Counselling Service of the Association of Municipal Child Day Care Centres
Target group:	Teachers, parents, indirectly also children
Project aims:	<ul style="list-style-type: none"> • Communicating general knowledge regarding education and the prevention of addiction to teachers and parents • Integrating addiction preventing behaviour into the everyday educational routines of teachers and parents • Intensifying co-operation between teachers and parents • Teachers conceiving concepts of action directed at the situation and everyday life
Implementation:	<ul style="list-style-type: none"> • Pilot seminar for teachers: introduction to the foundations of preventing addiction and the development of addiction • Foundation further training for participants: four half-day courses on subjects specific to education and addiction • Introduction seminars for practical counsellors • Project work in child day care centres • Supportive practical advising twice a month, for 1.5 hours each time • Further training related to the project: four half-day courses, seminar day on outcome • Evening sessions for parents and teachers from all participating institutions • Large parties for children and families • Analysis of the practical phase
Evaluation:	<p>Internal: self-evaluation, documentation</p> <p>External: Koblenz-Landau University</p>
Results:	<p><i>Influence of the project on teachers' work</i></p> <ul style="list-style-type: none"> • Awareness of the significance of the prevention of addiction in the kindergarten • Improved knowledge regarding the development of addiction and the prevention of addiction • Transferring the knowledge into the everyday routine of the kindergarten • Improved knowledge of family structures and systems • Intensifying co-operation with parents
Materials/photos:	<ul style="list-style-type: none"> • Project documentation • Photographs from various child day care centres
Contact address:	Büro für Suchtprävention Hamburg Brenner Str. 90 20099 Hamburg, Germany

Early prevention of violence

Training employees in child day care centres, afternoon care centres for school-children and primary schools



Sponsor/organiser: Educational and Family Counselling Centre of the Offenbach/Main Caritas Association (Catholic welfare)

Duration: Since 1993
Series of further training over six afternoons, each for 3½ hours

Partner/network:	Community networking through “networks of social work” and prevention counselling centres Vertical networking through integration in the Caritas association
Target group:	Employees in child day care centres, afternoon care centres and primary schools; indirectly children and their families
Project aims:	<ul style="list-style-type: none"> • Strengthening children's social skills and their ability to deal with conflict • Improving co-operation among educationalists/teachers and strengthening their ability to deal with conflict (also in the sense of their function as role models) • Improving co-operation between educationalists/teachers and parents (information and collaboration)
Implementation:	<p><i>Contents of further training for internal teams</i></p> <ul style="list-style-type: none"> • Conflict as an opportunity for social learning; improvising, painting • Guidelines on resolving conflict; ritual of reconciliation • Methods of reciprocal support; model for supervision • Internal counselling • Motivation for work with parents • Planning parents' evenings
Evaluation:	<p>External: Darmstadt University</p> <p>Documentation of the approach through a book and brochures</p>
Results:	<ul style="list-style-type: none"> • General improvement to the situation in child day care centres, schools and afternoon care centres for school-children; less verbal and physical violence, increasing ability to deal with conflict, rituals of reconciliation in the everyday life, etc. • A lot of demand for information materials and further training
Materials/photos:	<ul style="list-style-type: none"> • Covering letter, essay, brochure on practical work, laudation, newspaper articles • Also available: video films and book
Remarks:	Award of the Hessen Prevention Prize in 1999
Contact address:	<p>Caritasverband Offenbach/M Psychologische Beratungsstelle für Eltern, Kinder und Jugendliche Franz-Werner Müller Frankfurter Str. 33 63500 Seligenstadt, Germany</p>

'Hüpfdötchen' – kindergarten in motion



Sponsor/organiser: "Prevention during childhood and adolescence" working group, Neuss district, under the organisational direction of Neuss District Public Health Authority, Local co-ordination project office

Duration: Pilot phase October 1996 to September 1997, carried out annually since then

Partner/network: Working group "Prevention during childhood and adolescence"
 Working group of company health insurance funds in Neuss district • Working group of the Voluntary Welfare Associations • Local Health Care Funds (AOK) Rhineland, regional management Neuss • North Rhine pharmacists' chamber, district office Neuss • Institute of Sport Sociology, German Sport University, Cologne • German Gymnastics Association • North Rhine guild health insurance fund (IKK), regional management Düsseldorf and Neuss • Physiotherapists and motopedists • Neuss district Public Health Authority • Neuss district Youth Welfare Office • Neuss district Sports Federation • Regional Parents' Association of the primary schools in North Rhine-Westphalia • Rhine region Gymnastics Association • Neuss district Education Authority • Office for Counselling on Sports, Neuss district • Sports clubs

Target group:	Children, parents and teachers
Project aims:	<ul style="list-style-type: none"> • Creating daily opportunities for exercise within the everyday life of the kindergarten and in the parental home to reduce co-ordination deficits and motor abnormalities in the long-term • Creating transparency through further training courses, advice, practical help and other services, e.g. exercise workshop in Neuss district • Promoting inter-institutional co-operation, e.g. with sports clubs • Orientation to children's living conditions integrating the settings of 'parental home' and 'kindergarten' in accordance with the Ottawa charter to promote health
Implementation:	<ul style="list-style-type: none"> • Preliminary discussion: explanation of the basic conditions, desires and interests of the kindergarten • Parents' evening: information and suggestions from qualified sports teachers, paediatricians, physiotherapists and specialists in motor orthopaedics • Further training for teachers: creating opportunities for exercise directed at the situation/exercise-friendly redesigning of internal and outside space • Carrying out psychomotor games with movement/local counselling and supervision by qualified sports teachers • Follow-up discussion: joint reflection on the content of the project, further offers of support
Evaluation:	<p>Internal through the German Sport University Cologne and the Local co-ordination project office</p> <p>Publications in specialist journals</p>
Results:	<ul style="list-style-type: none"> • Children's exercise behaviour improved • Teachers viewed exercise and education in exercise differently • Teachers' specialist skills improved through experiences of their own bodies • Building up an institutionalised network • Implementation of the concept in the Kamp-Lintfort district ("Things are starting to happen"; see also <i>Chapter 4.2.2</i>) and transfer into schools ("Lively schools")
Materials/photos:	<ul style="list-style-type: none"> • Covering letter, brochures on practical work (collection of materials) • Description of project • Internet sites • Publications within the framework of the first report on the health situation of children and young people in Neuss district
Contact address:	<p>Kreisgesundheitsamt Neuss Geschäftsstelle Ortsnahe Koordinierung Lindenstraße 16 41515 Grevenbroich, Germany</p>

Conflict as opportunity

Research and intervention programme to promote social participation of children aged 5 to 8 years in kindergartens and schools



Sponsor/organiser: Institute for Applied Research into Families, Childhood and Adolescence at Potsdam University

Duration: 1997–2001

Partner/network: Federal Ministry for Education and Research • Senator of women, health, youth welfare, social welfare and the environment of the Free Hanseatic City of Bremen • Ministry for science, research and culture, Brandenburg • Lower Saxony Ministry for culture • Brandenburg Youth Welfare Office • Mecklenburg-Western Pomerania Regional Youth Welfare Office • Central Brandenburg bank, Potsdam • Safety committee of the state capital Potsdam

Target group: Parents, kindergarten teachers, primary school teachers and children

Project aims:	<ul style="list-style-type: none"> • Identifying the opportunities children have to take on social responsibility and responsibly overcome social conflicts within the kindergarten and school • Analysis of structural, interpersonal and intrapersonal conditions, which permit the development of abilities to carry out or integrate one's own interests • Communicating psychological understanding of development and conflict to teachers to optimise children's participation and promote children's social skills • Specialist support for the institutions involved in the pilot project by building up existing freedom for participation in decision-making
Implementation:	<p><i>Research programme:</i></p> <ul style="list-style-type: none"> • Research programme in 22 institutions in several states, organised as a longitudinal study, to obtain an insight into the development of coping abilities in the transition phase from kindergarten to school <p><i>Further training programme for teachers:</i></p> <ul style="list-style-type: none"> • Further training modules with the themes of "Co-operation, participation and aggression", "Pro-social behaviour and taking on responsibility", "Self-confidence and accepting viewpoints in games and learning" <p><i>Intervention programme:</i></p> <ul style="list-style-type: none"> • Establishing and developing different forms of social participation • Creating conditions that promote co-operation • Opportunities for exerting educational influence on overcoming interpersonal conflicts: developing and trying out didactic units for social education <p><i>Programme for multipliers:</i></p> <ul style="list-style-type: none"> • Practical further education through training, integration into the research work and involvement in the intervention measures
Evaluation:	Internal: ongoing
Results:	<p>Interim results in: Sturzbecher, D. / Langner, W. / Waltz, C. (2000): "Wie viel Autonomie besitzen Kinder? Ein Vergleich der Perspektiven von Kindern und ihren Erziehungspersonen. [How much autonomy do children have? A comparison of children's viewpoints with those of the people responsible for their upbringing.] In: Krappmann, L. / Kuhn, H.-P. / Uhlendorff, H. (ed.): <i>Sozialisation zur Mitbürgerlichkeit</i>. Opladen: Leske + Budrich.</p> <p>Sturzbecher, D. / Großmann, H. (ed.) 2001: <i>Besserwisser, Faxenmacher, Meckertanten. Wie Kinder ihre Eltern und Erzieherinnen erleben</i>. [Know-alls, clowns, moaners. How children see their parents and teachers.] Neuwied: Luchterhand.</p> <p>Sturzbecher, D. / Großmann, H.: <i>Soziale Partizipation in Kindergarten und Grundschule</i> [Social participation in the kindergarten and primary school.] (Further training handbook for practical work) (published by Luchterhand publishing house, Neuwied in 2002)</p>
Materials/photos:	IFK bulletin 1999, 2000 (issues 1 and 2)
Contact address:	<p>Institut für angewandte Familien-, Kindheits- und Jugendforschung an der Universität Potsdam (IFK) Attn. Dr. Heidrun Großmann Burgwall 15 16727 Vehlefanz, Germany</p>



Analysis of the state of health care for migrants at Municipal district of Friedrichshain/Berlin



Sponsor/organiser: BAYOUMA-house Intercultural Community Centre
Friedrichshain District Association for Workers' Welfare

Duration: ongoing

Partner/network:	Friedrichshain Public Health Authority • Health Service for Children and Young People • Counselling Centre for people with hearing and speech problems • Youth and Family Services department of the district authority • Friedrichshain Hospital • Qualified doctors • Social Medical Service • MUT society for Health/Berlin • VHS [Adult education centre] Friedrichshain • Hostels for foreigners • Associations, initiatives, self-help groups and counselling centres from Vietnam, Africa, Latin America and the Arabic region
Target group:	Migrants, medical personnel, social workers, teachers, authorities
Project aims:	<ul style="list-style-type: none"> • Exposing deficits and developing opportunities to remedy them • Developing sufficient work in prevention • Networking existing services • Making the public more aware of the subject
Implementation:	<ul style="list-style-type: none"> • Drawing up multi-lingual information material on the following themes: vaccinations, a diet plan for infants with illnesses involving diarrhoea, bilingualism, contraception, breast cancer care, nutrition, HIV/AIDS education, addiction and drugs • Free medical services for migrants with no insurance • Range of seminars on the topic of 'bilingualism' in collaboration with the VHS • Together with the Health Service for Children and Young People, letters to parents of newborn children in the area were composed and translated into various languages as a means of accessing foreign mothers • Translation of leaflets on the subjects of hygiene and accidents to children • Interlinking qualified doctors with language services • Support/interpretation during consultations with doctors
Evaluation:	Documentation of the progress of the project
Results:	<p><i>There is a requirement for action in the following areas:</i></p> <ul style="list-style-type: none"> • Language (comprehension difficulties, ignorance and uncertainty in consultations with doctors) • Information materials in various languages • Health promotion directed at the target group • Sufficient services in the psychosocial sphere
Materials/photos:	Documentation of the project
Remarks:	The analysis on the state of health care for migrants in the municipal district of Friedrichshain was drawn up on the instructions of the Health Committee of BVV Friedrichshain
Contact address:	Interkulturelle Begegnungsstätte "BAYOUMA Haus" Natascha Garay Colbestraße 11 10245 Berlin, Germany



Benjamin-Club – integrative early education



Sponsor/organiser: Luxembourg Ministry of Education (Psychological Counselling Centre)

Duration: Since 1981 (ongoing)

Partner/network: Departments of the Ministry for Health, the Ministry for Families and the Ministry of Justice, Nancy University (France)

Target group:

- Primarily children aged 0.8 to 4 years from socially disadvantaged risk groups, disabled children, immigrant children, parents

Project aims:

- Developing the psychological and personal resources of children and parents
- Integrating problem children and their parents into the project work or project groups
- Close collaboration with parents
- Improving quality of intervention in the pre-school phase
- Creating structures at a community level
- Developing new diagnostic instruments
- Creating opportunities for co-operation and therapeutic support

Implementation: *Divided into four project phases:*

Phase 1 (1981–1984):

- Founding of a non-profit organisation
- Networking of public and private providers
- Function as an additional psycho-educational counselling and care service during the first year of life

- *Pilot project*: creating experimental and control groups in three districts/outpatient psycho-educational care – home visits for selected problem children

Phase 2 (1985–1989):

- Convention of the Luxembourg Ministry of Education (financing for the specialist staff)
- Founding and building up the first Benjamin Club (as an integrative group for play and care)
- *Psycho-educational follow-up study* (age 2–4 years): communication/ language
- Extending the service: language promotion on an outpatient basis
- Work with parents: integration of parents into educational early care
- Development of a test on early development (Benjamin test)

Phase 3 (1990–1993):

- Extended to six play groups (300 children) in districts
- *Follow-up study*: experimental and control group in the transition into primary school
- Creating materials for playing and working, suitable for children
- Intensifying work with parents (90 parents)

Phase 4 (1994–1999):

- Twelve play groups (600 children)
- Developing new psychological questionnaires for parents and teachers on child development and upbringing within the family
- Seminars on educational training for parents
- Intensifying educational integration of parents into the play and care groups (180 parents)

Evaluation:	External: Nancy University; internal: Luxembourg Ministry of Education
Results:	<ul style="list-style-type: none"> • “Development ratio” (Brunet-Lézine, Uzgiris-Hunt) improved, particularly for high-risk children • The follow-up study after 5 or 6 years (Nancy University) showed a significant reduction in the potential for aggression • Other social and academic indicators were brought into line with those of the control groups (level of concentration, obedience, articulateness, utilisation of teachers, problems with work) • Efficient institutions in the field of “integration and early development” created • Better integration of work with parents into the project
Materials/photos:	Benjamin test • Questionnaires • Organisation • Procedure for registration and early recognition • Photo album
Remarks:	Expenses allowance for participating parents
Contact address:	Centre Benjamin/Benjamin Action Research Institute c/o Dr. Nico Kneip Postbox 268 4 rue de Deich, 9003 Ettelbrück, Luxembourg



Healthy child day care centres – experiencing and designing



Sponsor/organiser: Landesvereinigung – Association for health promotion in Thuringia, registered organisation, AGETHUR

Duration: 1996–1997

Partner/network: German Nutrition Society, Thuringia section • Thuringia Regional Sports Association • PRO FAMILIA, Weimar • Association for Work and Women, Erfurt • Thuringia Cancer Society • Students from technical schools and universities • Child day care centre sponsors

Target group: Children, parents and specialist educational staff

Project aims:

- Supporting children in dealing with themselves and their environment in a responsible and aware manner
- Integrating health promotion into the sphere of learning and experience in child day care centres (health promotion as a universal principle)

- Taking into account the settings of 'parental home' and 'kindergarten'
- Co-operation and exchange of experiences between specialist educational staff in various institutions
- Transferring the project into nearby primary schools in the long-term

Implementation:

- *Five thematic modules:* nutrition, environment and dental health; exercise, games and sport; prevention of addiction; prevention of violence; sex education
- Project carried out in nine child day care centres in the city of Weimar and the surrounding area (five different sponsors); one weekly session for each theme, over approximately four weeks (45–90 minutes)
- Preparation and assessment by teachers in collaboration with parents
- Providing working materials for independent further development and enhancement of the subjects
- Methods of implementation: including self-discovery games, games involving interaction, role plays, puppet theatre, acquiring health-promoting abilities, games parties

Evaluation:

Internal: evaluative support from AGETHUR

Results:

A total of 400 children aged between two and six years in the nine institutions were reached through the sessions

Thematic modules used:

- Prevention of violence in four day care centres
- Prevention of addiction in four day care centres
- Nutrition in two day care centres
- Exercise in three day care centres
- Teachers in the "Anne Frank" child day care centre resolved to develop their institution into a 'healthy kindergarten' after the end of the project

Materials/photos:

- Music cassettes, live video recordings
- Working materials for teachers
- Presentation of the project via the BZgA information service
- Project documentation

Remarks:

The financial cost for the first implementation of the project in three child day care centres was approximately 3,800 Euro (expenses, travel costs and costs for materials).

Use of elements from 'Flirpse'.

To intensify the effect of multipliers: application to the Thuringia Ministry for Social services and Health to take up the content of the subjects in practical teacher training.

Contact address:

Landesvereinigung für Gesundheitsförderung Thüringen e.V. – AGETHUR
Carl-August-Allee 1
99423 Weimar, Germany



“Toy-free kindergarten”

A project on preventing addiction for children and with children



Sponsor/organiser: Aktion Jugendschutz, Landesarbeitsstelle Bayern, registered organisation

Duration: Since 1992

Partner/network: *Initiative:* “Kindergarten” working group of the Weilheim-Schongau addiction working group, Public Health Authority (E. Schubert), Office for Youth and Families (R. Strick)

Implementation and co-ordination: Aktion Jugendschutz, Landesarbeitsstelle, Bavaria, registered organisation

Put into practice in: numerous kindergartens

Target group:	Children, parents and teachers
Project aims:	<ul style="list-style-type: none">• Promoting children's life competence, including ability to communicate and deal with conflict, self-confidence, tolerance of frustration
Implementation:	<ul style="list-style-type: none">• Removal of all toys for three months• Tools and materials supplied only when requested by the children• Teachers did not give any suggestions• Regular practical counselling for the teachers• Parents' evenings: integration of grandparents
Evaluation:	<p>External: accompanying study by independent scientists</p> <p>Internal: documentation of the course of the project by teachers via a special registration framework, reports on experiences and observation sheets</p>
Results:	<p><i>Strengthening of children's competence in the following areas:</i></p> <ul style="list-style-type: none">• Self-confidence• Ability to form relationships• Awareness of personal needs• Communication skills• Creativity and critical thinking• Tolerance of frustration/ability to play
Materials/photos:	<ul style="list-style-type: none">• Documentation of the project• Guidelines on implementation• Information for parents• Video film• Accompanying scientific study• Textbook on supporting the project• Press report
Remarks:	<p>Replication within Germany and in Austria and Switzerland</p> <p>Well over 100 kindergartens involved in the project, a regular component of the kindergarten year in many</p> <p>Entry in the list of "Effective model projects" in <i>Mental Health Promotion for Children up to 6 Years – Directory of Projects in the European Union</i> (see also <i>Chapter 4.2.4</i> for this Directory).</p>
Contact address:	Aktion Jugendschutz, Landesarbeitsstelle Bayern e.V. Fasaneriestraße 17 80636 Munich, Germany

Prevention of addiction and health promotion in the pre-school phase



Sponsor/organiser: Bremen-North Prevention Centre

Duration: 1994-1997

Partner/network: Bremen-North Health Intersection
Health insurance fund for technicians, TK
Bremen University
Bremen Prevention of Addiction
Barmer Substitutional Health Insurance, Bremen
Bremen Office for Social Services

Target group: Teachers, parents and indirectly also children

Project aims: *Promoting teachers' competence:*

- Increased awareness of the subject of addiction
- Promoting ability for self-reflection
- Extending active skills for dealing with children and parents
- Developing and implementing projects to prevent addiction in the participating kindergartens
- Improving internal and external communication
- Networking with other relevant institutions

Implementation:

- Setting up a continuous range of further training for teachers
- Creating a working group to develop health-promoting projects in kindergartens
- Specialist and staff support for carrying out the project
- Holding themed evenings for teachers and parents (planning activities with parents)
- Provision of materials and literature
- Integration of employees from other institutions (e.g. teachers' counselling centres)

Evaluation: External and internal, involving the Psychology Faculty of Bremen University

Results:

- Extending communicative abilities in teachers
- Integrating ideas on addiction prevention into the everyday life of kindergartens
- Extending teachers' and parents' active skills
- Improved ability to assess children's health
- Changed awareness in relation to one's own health behaviour

Materials/photos:

- Evaluation of the pilot project
- Documentation of the specialist conference "Experiences from a pilot project with kindergartens in Bremen-North"
- Documentation of the specialist conference "Parents as partners in educational work"
- Prevention of addiction and health promotion in the pre-school phase:
Part 1: Range of further training for teachers
Part 2: Range of evening events "Education in times of uncertainty", projects to prevent addiction in individual child day care centres.

Contact address: Präventionszentrum Bremen-Nord
Weserstr. 16
28757 Bremen, Germany

“More exercise in the kindergarten” initiative

Co-operation between kindergartens and sports clubs



Sponsor/organiser: Hessen Sports Youth

Duration: Two phases of implementation: 1998/1999 and 1999/2000 (kindergarten year)
Continuation in 2001/2002

Partner/network: Hessen Ministry of the Interior • Hessen accident insurance scheme • Toy manufacturer eibe • Hessen Youth Gymnastics

Target group: Kindergarten children, teachers, exercise leaders, parents, decision-makers in kindergartens and clubs, the public within the district

Project aims:

- Setting up co-operation between kindergartens and sports clubs for better utilisation of qualitative and material resources
- Better integration of exercise within the everyday life of kindergartens in the sense of holistic development of personality, life-long health promotion and active prevention of accidents
- Services to promote awareness and exercise on the basis of psychomotor education and integration and improvement of additional space and materials
- Advertising for services of sports clubs and kindergarten work within the local area

Implementation:	<ul style="list-style-type: none"> • State-wide advertising for the initiative • 40 co-operation projects selected for each kindergarten year • Signing of a co-operation contract between kindergartens and sports clubs • Regional counselling meetings • Use of exercise leaders within kindergartens as “experts in exercise” (exercise lessons implemented jointly by the exercise leader and the teacher) • Training for teachers and exercise leaders within the weekly course of practical work and through regional further training courses • Supporting sports clubs through subsidy for the exercise leaders (app. 400 Euro); supporting co-operation through vouchers for materials (a total of app. 250 Euro per year and per co-operation scheme) • Active public relations work by the co-operation schemes and Sports Youth • Integration of parents through information evenings and parties
Evaluation:	<p>External: by Darmstadt Protestant University of Applied Sciences/Frankfurt University</p> <p>Internal: through questionnaires, interim and annual reports, final meeting, press reports</p> <p>Drawing up documentation (planned)</p>
Results:	<ul style="list-style-type: none"> • Positive feedback from the participating co-operation partners (kindergartens and sports clubs) • Good co-operation between teachers and exercise leaders • Awareness of and training for teachers in child care directed at exercise extended • Children reacted positively to additional exercise courses, acted independently, lost anxieties, aggression reduced etc. • Parents recognised the importance of exercise for their children's development • Positive reaction in the regional and multi-regional press • A lot of feedback and many enquiries
Materials/photos:	<ul style="list-style-type: none"> • Covering letter, revised frame, brief analysis • Documents on co-operation • Press reports • Journal articles • Information brochures • Information on the internet (from www.sportjugend-hessen.de) • Documentation (planned)
Remarks:	<p>Project analysis planned for spring 2000</p> <p>Integration of the initiative into specialist conferences, further training courses etc.</p>
Contact address:	<p>Sportjugend Hessen Stephan Schulz-Algie Otto-Fleck-Schneise 4 60528 Frankfurt am Main, Germany</p>

Psychomotor child day care centres



Sponsor/organiser: Förderverein Psychomotorik Bonn, registered organisation

Duration: Since 1997

Partner/network: *Internal integration into the Förderverein Psychomotorik Bonn with the central institutions:*
E. J. Kiphard Support Centre (Rhineland pilot institution for psychomotor education, counselling centre for child development)
Institute for Applied Research into Exercise (scientific support)
Rhineland Academy (training and further training sessions)

External partners:

Administration of the City of Bonn

Rhine-Sieg district

Co-operation contracts with clubs (Psychomotor Network Rhineland)

Undenominational Welfare Association, Disabled Sports Club, Psychomotor Action Circle etc.

Target group:

Children, indirectly also parents, educationalists, teachers

Project aims:

- Promoting children's development of personality and ability to act in the areas of self-competence, material skills and social skills
- Comprehensive and decentralised courses on promoting development 'on site'
- Training and further education for educationalists, teachers, etc.

Implementation:

- Integration of psychomotor methods of working into the everyday life of child day care centres
- Perception and movement as central starting points for educational work
- Teachers trained in psychomotor education as dependable people for children to rely on and take as an example
- Specific designs for internal space and outside areas, including playgrounds and functional areas for awareness, role-playing, building and construction, music/rhythm and creative design
- Clear time structures in the everyday life which act as points of orientation for the children

Evaluation:

Internal: evaluation, supervision, integration into the Förderverein Psychomotorik Bonn
Special scientific projects
Numerous specialist publications

Results:

- Great demand for kindergarten places and other services in greater Bonn area
- Numerous further training courses
- Nationwide seminars and specialist conferences

Materials/photos:

- Information brochure "Förderverein Psychomotorik Bonn e.V."
- Annual further training programme
- "Haus des Fördervereins" (floppy disc)

Contact address:

Förderverein Psychomotorik Bonn e.V.
Rudolf Lensing-Conrady, Hans Jürgen Beins
Wernher-von-Braun-Str. 3
53113 Bonn, Germany

Make children strong – prevention of addiction in the kindergarten



Sponsor/organiser: Kassel working group “Make children strong – prevention of addiction in the kindergarten” supported by the BZgA and the Hessian Association for Health Education (HAGE)

Duration: 1996–1998

Partner/network: Kassel working group “Make children strong – prevention of addiction in the kindergarten”
 Anneliese Augustin (former member of the German Parliament)
 Drugs Association, North Hessen
 Specialist Authority for the Prevention of Addiction, city of Kassel
 Kassel City Health Department and Kassel City Youth Department
 Working group for Health Education, Hessen
 J. Sondermann practice for supervision and organisational advice

Association of Protestant Child Day Care Centres in welfare and social work, Kurhessen-Waldeck

“Moving – playing – learning” association

Conceptual support from the BZgA and the Co-ordination Office for Addiction Prevention in Hessen (KSH)

Financial support from the BZgA, the Kassel Savings Bank, the Association of Research-based Pharmaceutical Companies in Germany (VFA), the working group of the Kassel Sickness Funds and the Federal Association of Pharmaceutical Industry in Germany (BPI)

Target group: Children, parents and teachers

- Project aims:**
- Changing parents' and teachers' attitudes to addiction-specific problems
 - Promoting ability and skills in coping with life
 - Strengthening life-skills with the intention of conveying healthy and strong self-confidence
 - Building up protective factors like a playful, positive attitude to one's own body, communicative ability, ability to enjoy, tolerance of frustration, dealing with feelings like boredom, fear and anger
 - Orientation to the realistic role models of teachers and parents, who set an example of and convey responsible handling of addictive substances
 - Strengthening self-esteem through a fundamental attitude during upbringing that emphasises feelings and success, not failure or faults
 - Exercise as a central medium for coming to terms with one's own person and environment, in order to strengthen consideration for the body and self-esteem
 - Integration of addiction prevention as a component of health promotion in kindergartens in the city of Kassel (public relations work)

Implementation: *Implementation and integration of the three target groups was achieved through three project components:*

- **Information section**

Information on the topic of addiction prevention for parents and teachers: 3–5 evening sessions to inform them about addiction behaviour and analyse their own consumer behaviour.

- **Encouragement section**

Strengthening teachers' feelings of self-esteem: supervisor carried out supervision of and further training for all teachers. This was concerned with a fundamental attitude of emphasising feelings and success in education, having the courage to praise children and be able to overcome their own anxieties. Confidence in one's own ability is a pre-condition of success.

- **Psychomotor section (20 sessions per kindergarten)**

Promoting children's physical experiences: motor specialists carry out psychomotor exercise lessons supported by teachers. Children need opportunities to test their abilities, courage and self-confidence in their own bodies. At the same time, further training is given to teachers on their own integration of psychomotor elements into the everyday life of the kindergarten.

Evaluation:

- Initial documentation with institution's analysis of the integrated kindergartens



	<ul style="list-style-type: none"> • Evaluation of the process with documentation of the information and further training sessions and the psychomotor lessons • Evaluation of the effect with survey of attitudes to addiction prevention, parents' and teachers' self-confidence and effects on the children • Follow-up survey by HAGE of the children involved in the project between the ages of 14–18 is planned
Results:	<ul style="list-style-type: none"> • Complete transferability of the project modules into the everyday life of the kindergarten: continuous and rapid consequence of intervention • Significant changes with regard to teachers' and parents' behaviour and attitudes • Changes to children's behaviour: they are more independent and more self-aware, their social behaviour is more balanced, better integration of 'outsiders' and 'weaker' children • Changed educational attitudes of parents and teachers, which interact with the changed behaviour of the children • Taking up new and additional stimuli in educational work, e.g. construction of areas for exercise, creation of a forest group
Materials/photos:	<p><i>Documentation of the approach through publications in specialist journals, the internet, press articles and documentary reports:</i></p> <ul style="list-style-type: none"> • Description of the project • Evaluation report • Comprehensive press portfolio • Photograph exhibition • Internet sites • Documentation in <i>Mental Health Promotion for Children up to 6 years – Directory of projects in the European Union</i> (see also Chapter 4.2.4 on this Directory published by Mental Health Europe)
Remarks:	<p>Transfer and further development of the project in other kindergartens and primary schools is planned</p> <p>Integration of elements of the project as modules for the curriculum in teachers' training</p>
Contact address:	<p>Hessische Arbeitsgemeinschaft für Gesundheitserziehung e.V. (HAGE) Heinrich-Heine-Straße 44 35039 Marburg, Germany</p>

APPENDIX



7.1 References

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7.2 Conference programme

“Health promotion at kindergarten”

Specialist conference of the BZgA 14th to 15th June 2000 in the Seminaris Hotel,
Bad Honnef, Germany

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Wednesday 14.06.00

from 12.30 Arrival, participants welcomed, conference café

- 13.45–14.30
- **Display by the kindergarten groups**
„Kinderwind“, Kaarst, und „St. Agatha“, Dormagen
 - **Welcome and opening speech**
Dr. Elisabeth Pott, Director of the Federal Centre for Health Education
 - **Message from the WHO**
Dr. Rüdiger Krech, WHO-Regional Office for Europe, Copenhagen

14.30–15.00 **Stimulus paper 1:**
Central health problems during childhood and development of strategies for intervention
Dr. Elisabeth Pott, BZgA, Cologne

15.00–15.30 **Stimulus paper 2:**
The kindergarten as a setting for health promotion
Prof. Dr. Renate Zimmer, Osnabrück University

15.30–16.30 **Conference café opened:**
Presentation of the „Models of good practice“¹

16.30–18.30 **Workshops Block I:**
Promotion of development in pre-school age

Workshop a

Concepts of early childhood education

Kornelia Schneider, German Youth Institute, Munich

Workshop b

Girls and boys in kindergartens

Prof. Dr. Christian Büttner, Hessen Foundation for Peace and Conflict Research, Frankfurt/M.

Workshop c

Promoting development through exercise – Opportunities for and boundaries of psychomotor work

Prof. Dr. Renate Zimmer, Osnabrück University

1 For an overview and brief description of the presented projects see *Chapter 6.2*.

Workshop d

Mental Health Promotion in pre-school age – Strategies for holistic health promotion in comparison with Europe

Josée van Remoortel, Mental Health Europe, Brussels

Workshops Block II:

Health promotion in everyday life of kindergartens

Workshop a

Living and working in kindergartens – Teachers' requirements

Sabine Hoffmann-Stuernagel, Regional Association for
Health Promotion (LVG) Schleswig-Holstein, Kiel/
Franz Gigout, Regional Working Group for Health
Promotion (LAG) in Saarland, Saarbrücken.

Workshop b

Health promotion/health education in the further training courses offered to teachers

Peter Sabo, Society for Applied Youth and Health
Research (GJG), Schwabenheim a.d. Selz

Workshop c

Song, humour and zest for life – Aspects of integrated health promotion g (cancelled)

Prof. Dr. Fredrik Vahle, Gießen University

Workshop d

Everyday life in kindergartens and implementation of health promotion

Margarete Mix, Health Manager/Kindergarten Principal,
Hamburg

Workshop e

Prevention of accidents to children

Inke Schmitt, German Child Safety Alliance (BAG),
Federal Association for Health, Bonn

from 19.30 Dinner



Thursday, 15.6.00

9.00–9.30 **Stimulus paper 3:**
Ways of accessing children from different social situations and backgrounds
Prof. Dr. Cornelia Helfferich, Protestant University of Applied Sciences, Freiburg

9.30–10.00 **Stimulus paper 4:**
Health promotion in the pre-school age – Opportunities for community co-operation
Prof. Dr. Volker Rittner, German Sport University Cologne

10.00 Conference café

10.30–12.30 **Workshops Block III:**
Health promotion in kindergartens taking into account special social situations and backgrounds

Workshop a

Project work in areas of social concern
Martina Abel, Cologne Public Health Department

Workshop b

Health promotion in kindergartens taking migrant families into account
Dr. Mehmet Alpbek, New Education study group (ANE), Berlin

Workshop c

Health implications of social disadvantage on children – Implementing recommendations, particularly taking into account work with parents
Margarete Mix, Health Manager/Kindergarten Principal, Hamburg/Dr. Ursula Dirksen-Kauerz, Advice centre on sight, hearing, movement and speech, Hamburg

Workshop d

Child poverty in Germany – Aspects of health promotion
Prof. Dr. Eva Luber, Magdeburg-Stendal University/Bernd Müller-Senftleben, Brandenburg Ministry of Occupational, Social Affairs, Health and Women MASGF, Potsdam

Workshops Block IV:

Health promotion in the kindergarten – Transparency/networking and quality assurance

Workshop a

Health promotion media and measures – Creating transparency through nationwide overviews
Peter Sabo, Society for Applied Youth and Health Research, Schwabenheim an der Selz/German Sport University Cologne

Workshop b

Aspects of quality assurance – Criteria for selecting media on promoting exercise
Prof. Dr. Renate Zimmer, Osnabrück University

Workshop c

Perspectives on community co-operation – Opportunities for and problems of intersectoral co-operation
Prof. Dr. Volker Rittner, German Sport University Cologne/Dr. Christoph Müllmann, First Deputy Mayor of the town of Kamp-Lintfort

12.30 Lunch

13.30–14.30 Presentation of the “Models of good practice” in the conference café

14.30–15.30 Recommendations for health promotion in the kindergarten

- **Evaluation and results**
Prof. Dr. Peter Franzkowiak, Koblenz University of Applied Sciences
- **Closing remarks**
Harald Lehmann, Head of the Department “Effectiveness and Efficiency of Health Education” and Head of the Department “Sex Education, Contraception and Family Planning” of the Federal Centre for Health Education

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7.3 Index of participants

The following list of participants was drawn up on the basis of registration. Although we have endeavoured to make this as complete as possible, we cannot guarantee that all participants of the conference have been mentioned

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