

Recommendations for Action

[Final Version, dated 11.4.2011]

Sustainably improving the health opportunities of socially disadvantaged children and young people

I. Introduction

On the initiative of the Federal Centre for Health Education (BZgA), various partners joined forces in the "Health Promotion for the Socially Disadvantaged" Cooperation Network in 2003. The goal: better and more effective prevention for those people who are most dependent on health promotion due to their social situation. The partners are:

- Players from the health sector, who obtain findings of poor health in socially disadvantaged boys and girls in their daily work,
- The BZgA and health insurance funds, whose prevention activities contribute to improving the health of socially disadvantaged people,
- The Federal and Land Associations for Health (Bundes- und Landesvereinigungen für Gesundheit), who cooperate with their partners to develop prevention structures and measures,
- Associations like the German Olympic Sports Federation (DOSB) and the welfare organisations, whose clubs and institutions make valuable contributions to health promotion,
- Partners from key areas of public action, such as the Federal Länder, the local authority associations and the Federal Employment Agency, whose performance tasks are closely related to health promotion,
- Other institutions from the scientific community and civil-society volunteering.

Over the past eight years, the Cooperation Network has gathered knowledge and experience relating to how children and young people living in a difficult social situation can grow up more healthily. It has evaluated this practical knowledge and supported implementation. We have now pooled this experience. The present text addresses political decision-makers, particularly in local authorities, and everyone who can support growing up healthily. **All** children and young people need good health opportunities for their development.

By elaborating this paper, the Cooperation Network is making a professional and concrete contribution to the following programmes:

- It contributes to the "Strategy of the Federal Government for Promoting Child Health" (Federal Ministry of Health 2008).
- It details means and methods for tackling the health inequality that the National Health Target "Growing up healthily: Life skills, exercise, nutrition" aims to fight (Federal Ministry of Health 2010).
- It strengthens health promotion in the Bund-Länder programme "Socially Integrative City".

II. Sustainably improving the health of socially disadvantaged children and young people

Most boys and girls in Germany grow up healthily. However, 15 to 20 percent of children and young people have a poorer state of health, or at least a higher risk of becoming ill (Federal Ministry of Health 2010: 7). These children and young people particularly often live in difficult social conditions. Their environment often lacks stimuli and support for their development. This can have a negative impact on their current and future health from the moment of birth. Health problems due to poverty can accumulate in the course of a lifetime. Particularly serious in this respect is health damage already suffered in the womb or in early childhood (Dragano 2007: 19ff).

What does it mean to have poor health opportunities?

- The health of children and young people is already impaired (Lampert et al. 2010: 24ff).
- They have less chances of developing successfully.
- They are less able than other children to develop lifestyles and protective factors that strengthen them in the long term.
- They are less likely to acquire the necessary life skills and good educational qualifications. This also reduces their chances of a good life perspective, and of a long and healthy life.

The earlier prevention begins, the more likely it is to help against health inequality (Commission on Social Determinants of Health 2008: 51). Scientific evidence documents that even harm suffered in early development phases can still be balanced out. For example, the effects of disadvantages in early childhood can later be alleviated by a high level of schooling (Dragano 2007: 24). So, health promotion and prevention can be effective at any age. They make an essential contribution towards boys and girls being able to develop all their skills and abilities (RKI and BZgA 2008: 169ff).

If children and young people are to grow up healthily, they need promotion in every phase (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth 2009). They need exercise, relaxation and healthy nutrition, but also comprehensive promotion of life skills (Federal Ministry of Health 2009: 11). The health targets must be effective in various settings: family/environment, child day-care centre and school are named by the National Health Target "Growing up healthily".

The experience of the Cooperation Network shows how boys and girls can successfully be given stimuli and opportunities for developing their potentials in their settings – be it in the family, the social environment, the child day-care centre or school. Based on twelve quality criteria¹, the Cooperation Network has identified Good Practice offerings that have succeeded in strengthening the resources of particularly disadvantaged children and families. Boys and girls are in a position to develop a healthy lifestyle as a result. They have better opportunities for the future.

This experience is compiled here. In this context, we are fully aware that appropriate implementation of these recommendations often calls for additional resources which are currently by no means available to all the players and institutions involved. Consequently, the establishment of the right framework conditions by the Federal Government and the Länder – which also includes the provision of adequate financial resources – is a prerequisite for comprehensive initiation of activities by the players and institutions mentioned in these Recommendations for Action.

¹ www.gesundheitliche-chancengleichheit.de/good-practice

III. General Recommendations for Action for healthy growing-up for all

To enable children and young people to grow up healthily, different players first have to jointly establish the necessary prerequisites. There are health promotion offerings for every phase of a child's development. They are only successful if the following quality criteria are met:

1. The children and families should be involved in every phase of prevention: when determining the prevention requirements, and equally during planning, during the offering itself, and in the evaluation. The resources and burdens of the affected persons should be taken into account and incorporated into the prevention work. In health promotion, participation is an essential quality attribute in all settings².
2. Offerings for children and families come from various departments: health, child and youth welfare, education, family and social affairs. Local authorities should systematically pool these offerings and develop them further. Good, interdisciplinary collaboration is a prerequisite for gaining access and for gearing the offerings to the requirements of socially disadvantaged (future) parents and families³.
3. Low-threshold offerings in the neighbourhood, in child day-care centres and schools facilitate access for families in difficult social situations. Offerings of this kind can promote the establishment of social networks and prevent the isolation of families in difficult social situations. The families gain the experience that they are not alone when facing child-raising problems or other family worries. Social networks facilitate empowerment and self-help processes, and help to make it easier for people to access offers of support⁴. Neighbourhoods with social networks generally display more family-friendly development⁵.
4. Empowerment approaches can strengthen the parental skills of socially disadvantaged mothers and fathers. This is demonstrated by the Good Practice offerings.

² E.g. Good Practice offerings "Gesund Kurs halten in Lurup", "Gesund leben lernen", "Schulprogramm Fridtjof-Nansen-Schule", "Medienprojekt 'Wir lassen uns nicht manipulieren'"

³ E.g. Good Practice offerings "Steps", "Mo.Ki – Monheim für Kinder", "Schutzengel e.V."

⁴ E.g. Good Practice offerings "Adebar – Beratung und Begleitung für Familien", "Schutzengel e.V.", "Stillförderprogramm für sozial Benachteiligte / sozial-medizinische Elternberatung", "Gesund essen mit Freude"

⁵ E.g. Good Practice offering "Präventionsprogramm Lenzgesund"

They are effective if they take the resources of the target group into account and approach the families respectfully and professionally⁶.

5. Health promotion has a particularly sustainable effect if it is based on the setting approach, i.e. if offerings of behavioural and situation-based prevention are combined and all the relevant groups participate in lasting changes in the settings (Federal Ministry of Health 2010: 26f; National Association of Statutory Health Insurance Funds 2010: 23ff). Good Practice offerings⁷ have successfully implemented this health promotion concept in child day-care centres, schools and neighbourhoods. They support the affected persons in practising behaviour that leads to better health.
6. In order to reach women and families with a migration background, it has proven successful to use multipliers who belong to the respective (migrant) community and/or are part of the neighbourhood structures⁸. Concepts of this kind are conceivable in connection with integration into the labour market, for example, or in the form of civil-society volunteering⁹. They should be offered in the neighbourhood and together with local partners¹⁰.
7. If volunteers commit themselves to health promotion activities, they should be qualified for the job, their work should be coordinated and honoured¹¹.

The Good Practice experience shows that there are already numerous positive examples. But they need to spread further. The partners in the Cooperation Network agree that the level and quality of health promotion in the institutions should generally be improved.

- Professionals working in the institutions are called upon to approach parents and children with respect at all times, and to involve them more in shaping their everyday life.

⁶ E.g. Good Practice offering "Eltern AG"

⁷ E.g. Good Practice offerings "Kindertagesstätte Regenbogen Wilhelmshaven", "Waldameisen", "Schulprogramm Fridtjof-Nansen-Schule", "Gesund Kurs halten in Lurup"

⁸ E.g. Good Practice offerings "Miges – Migration und Gesundheit", "'Gesund sind wir stark!' in Berlin Kreuzberg", "Modellprojekt Stadtteilmütter in Neukölln"

⁹ E.g. Good Practice offering "Steps": qualified family visitors

¹⁰ E.g. Good Practice offering "Miges – Migration und Gesundheit": the Public Health Office stages its information events together with local migrant clubs

¹¹ E.g. Good Practice offering "Steps": the coordination centre of the family visitors is based at the Youth Welfare Office

- Institutions and operators of facilities can contribute to structuring the institutions and their work in a health-promoting way. This requires role models, qualification of staff (e.g. the child day-care centre Good Practice workshop¹²), opportunities for participation and sufficient resources.
- The perspective is important as well: health promotion should not be seen as a supplementary topic. It is an integral element and a quality attribute of individual promotion, and should be recognised and named as such in the respective subject-specific form.
- Health promotion should be a regular part of the basic/advanced training and continuing education of the professionals, and an integral element of the relevant specialist legislation and programmes.

Everyone benefits from improvements of this kind – boys and girls, parents and, ultimately, the staff of the institutions.

In summary, the experience acquired in the Cooperation Network speaks in favour of realising municipal prevention chains

To allow children to grow up healthily, new prevention approaches may not remain limited to just one age group. Socially disadvantaged boys and girls, in particular, need an interlocking system of health-promoting approaches to help their development over the course of the years. Good Practice examples show that "prevention chains" of this kind are particularly effective. For instance, the "Mo.Ki – Monheim für Kinder" project accompanies pregnant women, supports young families, promotes attendance of child day-care centres for socially disadvantaged children, and helps when transitioning to school or vocational training. This minimises risks and opens up new prospects. After all, it is particularly stressful for children and young people if transitions fail, e.g. between pregnancy and young family, kindergarten and school, school and vocational training.

Health promotion requires a reliable framework in terms of both time and specialist content that local authorities can define through their decisions. This secures synergistic effects and collaboration, also beyond age-based phases. This framework is offered by municipal pre-

¹² Cf. information at www.gesundheitliche-chancengleichheit.de

vention chains. They lastingly improve health and development opportunities, and they concentrate resources.

The Cooperation Network can compensatorily strengthen health where the need is the greatest. It cannot create the necessary political conditions.

There is a close link between health and poverty. If, for example, social and education policy improves people's social situation, this has a direct health-promoting effect (Federal Ministry of Health 2010: 8). The need for political action should be specifically addressed at the Federal, Länder and municipal level, and the impact of measures taken should be reviewed.

The resources of the Federal Government, the Länder, the local authorities and the health insurance funds must be concentrated more in the future, in order to effectively promote children, young people and families facing the greatest risks and social burdens (RKI and BZgA 2008: 155f).

Specific recommendations for the phases of life are given below.

IV. Pregnancy and early childhood

The situation from the parents' point of view

In the phase surrounding birth, (future) mothers and fathers have great expectations regarding their new situation. At the same time, this period of upheaval is accompanied by insecurities, anxieties, minor and major worries. Everyone involved is expected to accomplish great internal and external adjustments at this time. Parents and relatives must find strategies that enable them to cope with their diverse new tasks. They first have to learn how to handle their child safely and confidently.

The ambition of wanting to be a good mother or father is a great challenge for all parents. In this position, mothers and fathers in difficult social situations have additional burdens to manage.

Apart from money, they frequently also lack occupational prospects, this often being compounded by social isolation, little acknowledgement and a lack of support (particularly for single parents). Socially disadvantaged families are often unaware of the public support and assistance available to them. Or these families fail to make use of such offers because they have reservations, have had bad experiences in the past, or do not speak sufficiently good German. Also, the offers are occasionally too poorly tailored to the complex problems of these families, or they are too remote from the families' situation in life to be able to provide effective help.

How Good Practice offerings have responded adequately

As outreach offerings, Good Practice offerings involving *family midwives*¹³ reach families living with special burdens. The evaluation of the programme in Saxony-Anhalt shows that it can effectively strengthen these families.

Family midwives reach socially disadvantaged families

The offering "*Stillförderprogramm für sozial Benachteiligte*" is another Good Practice project that addresses (future) mothers and fathers as early as possible, even during pregnancy, and successfully sensitises them to the needs of the child. The programme is based directly in the residential area and has been known for its concrete offers of help for many years. As a result, young (future) mothers utilise it as a matter of course. The programme also integrates the (future) fathers and other members of the family. This mobilises supportive resources in the environment at an early stage.

Integration of the offerings in the neighbourhood

Good Practice offerings like "*Schutzengel e.V.*", "*Adebar – Beratung und Begleitung für Familien*", "*Familienhebammenprojekt Kleemobil*" rely on the following elements for supporting families:

- They address all parents in the neighbourhood. However, the institutions and offerings – e.g. parents' café, counselling and group offers, family midwives – are located and active directly on the spot in the so-called social hotspots. Familiarity with them is increased by events with a public impact, such as flea markets for children or exchanges.
- The institutions cooperate closely with other institutions in the neighbourhood. Open meeting places, medical support and other low-threshold offerings provide information

¹³ E.g. Good Practice offerings "Familienhebammen im Kinder- und Familienzentrum (KiFaZ) Barmbek-Süd", "Familienhebammen in Sachsen-Anhalt", "Familienhebammenprojekt Kleemobil", "Schutzengel e.V."

- on more complex offers of help, such as social education counselling or family midwives, or they refer the affected persons directly.
- The quality of the offerings is gauged by whether target groups living with special burdens are reached, e.g. single parents or mothers with a poor knowledge of German. In the case of group offerings, attention is paid to ensuring that the participants have a similar background of experience, thereby promoting social support and avoiding stigmatisation.
 - These offerings are characterised by their respectful attitude towards the families. The assistance provided is always geared to the family's resources, supports the establishment of social networks, and strengthens parental skills by promoting empowerment.
 - Multidisciplinary teams or a well-developed network ensure that justice is done to the complex situations of the families in life. This permits coordinated collaboration between different institutions, as well as need-based, swift and unbureaucratic support "from a single source".

Challenges for the partners in the Cooperation

Network

Some local authorities coordinate their offerings for pregnant women and families in difficult social situations with the youth welfare office, the public health office and other players in the health and social sector. They thus reach the families living in difficult social situations. Not only is this cooperation necessary to coordinate the offerings, but in many cases it makes access to the families possible in the first place.

Improving municipal coordination

First of all, help needs confidence in the person giving advice – that is an experience acquired not only in the Good Practice project *Steps*. Confidence is a fundamental prerequisite for recommendations and pointers to other offers being accepted. However, once acquired, confidence also has to be fostered and maintained.

Building confidence

The experience from the Good Practice offerings shows¹⁴ that complex problem situations of the families also necessitate networking, e.g. with debt counselling centres, or mediation in dealing with the Joint Agency of the Federal Employment Agency (ARGE). Especially for young mothers with no school-leaving or occupational qualifications, important future prospects are opened up by offers that were developed in collaboration with job centres and do justice to the respective situation in life¹⁵.

Linking up with further social services

V. Children aged 1 – 6 years

Special situation of children in this phase of life

Through exercise, playing, talking and social interaction, children between the ages of one and six years expand and differentiate the skills they acquired in their first months of life. Very important are the bond with the parents and the right balance between closeness, security and autonomy¹⁶. If stimuli, interaction and room for this development are lacking, this impairs development and can lead to the children also being incapable of successfully mastering later challenges, such as the start of school¹⁷.

¹⁴ E.g. Good Practice offerings "Adebar – Beratung und Begleitung für Familien", "Familienhebammenprojekt Kleemobil"

¹⁵ E.g. Good Practice offering "JUMP – Junge-Mütter-Projekt in Husum und Friedrichstadt"

¹⁶ BZgA, RKI. Erkennen – Bewerten – Handeln. 2008: 170

¹⁷ Child and Youth Welfare Report 2009: p. 92. Social attention is learned from the age of about 3 years. It forms the basis for largely positive, socially appropriate behaviour, prevents emotional and behavioural disorders and thus also forms a basis for later success at school

How Good Practice offerings have responded adequately

Good Practice offerings¹⁸ show that empowerment strategies can promote the children's development. They strengthen the parents' skills and promote the social inclusion of the families. Mothers and fathers experience support and gain self-confidence in an exchange with other parents. Social networks of this kind can also be promoted by neighbourhood centres, family cafés and child day-care centres¹⁹.

Strengthening parents' self-confidence

Statutory health insurance funds or other providers support families in developing a healthy lifestyle. Offers of this kind are successful if they are geared to the lifestyle of the families and, for example, acknowledge and strengthen the skills of mothers in their capacity as experts within the families. They build on municipal structures and change them in a sustainable manner²⁰. This enables families to rethink in the long term and develop stable, healthier lifestyles as regards nutrition, education or leisure time – as part of their own social self-image. Local authorities and neighbourhood players who promote community initiatives of this kind contribute to the development of every child.

Coordinated approach, e.g. between local authorities and health insurance funds

Particularly in socially disadvantaged neighbourhoods, child day-care centres can make a valuable contribution to a family-friendly residential area. This is demonstrated by Good Practice projects like *Monheim für Kinder*, *Kita Regenbogen*, *Das schmeckt gut!* and others. In turn, child day-care centres benefit from their co-operation with other players in the neighbourhood, because they significantly expand their offering for the parents and children²¹. However, if they want to work with the children and additionally

Creating win-win situations

¹⁸ E.g. Good Practice offering "Eltern AG"

¹⁹ E.g. Good Practice offerings "Frauengesundheit in Tenever", "Mo.Ki – Monheim für Kinder"

²⁰ E.g. Good Practice offering "Gesund essen mit Freude"

²¹ E.g. Good Practice offerings "Kinder gestalten ihren Naschgarten", "Früh übt sich Minifit"

promote networking in the neighbourhood, they need sufficient human resources and time.

Health promotion in child day-care centres works: positive effects are demonstrably achieved where corresponding offers are constantly integrated into everyday life. There was seen to be an improvement in health, e.g. in exercise behaviour²², especially among socially disadvantaged children. Qualification programmes and manuals that facilitate the integration of measures of this kind into the everyday activities of the child day-care centres have proven to be successful²³.

Multiplier manuals increase sustainability

The Good Practice examples at child day-care centres work on the basis of a holistic approach (*Kinder Stärken!*, *Kita Regenbogen*, *Bewegte Kinder*, etc.). In this way, children are given a wide variety of stimuli and incentives for their development. Health promotion becomes an integral element of day-to-day interaction.

Preference of the setting approach

- Local authorities can help community initiatives to develop that pool resources and work in coordinated fashion with the goal of creating a family-oriented, health- and exercise-promoting setting for children and parents. The partners of such projects include the statutory health insurance funds, which promote setting-based prevention in accordance with Section 20 of Book V of the German Social Security Code (SGB V)²⁴.
- Child day-care centres that act in the spirit of the setting approach and integrate health promotion in their everyday activities, see health as being one part of a holistic concept that integrates everyone involved and has a positive feedback effect on them – on parents, children, educators and other

²² E.g. Good Practice offering "Fitness für Kids"

²³ E.g. Good Practice offering "Ernährung, Umwelt, Zahngesundheit und Bewegung in KiTas"

²⁴ Cf. National Association of Statutory Health Insurance Funds. Leitfaden der gesetzlichen Krankenkassen zur Umsetzung von § 20 SGB V. 2010

players in the neighbourhood.

- If counselling offers for parents are closely linked to everyday routines, e.g. based in child day-care centres, parents are more likely to take up this help²⁵ and are thereby strengthened in their parental skills²⁶. If local authorities concentrate their resources in residential areas facing problem situations and burdens, they can thereby effectively support families in difficult social situations. Collaboration between different institutions providing assistance and support ensures that the offers reach families better.

Challenges for the cooperation partners

Child day-care centres are important institutions of elementary education. If they are adequately equipped and the staff qualified, they can provide incentives and offers that promote every child. Especially children from socially disadvantaged families need the diverse stimuli, the regular day structures and the promotion offered by a child day-care centre, all of which support their development. But these children, in particular, attend child day-care centres less often or for a shorter period. Socially disadvantaged parents are usually aware of the positive effects of a child day-care centre on their children. Consequently, they should be specifically asked why they do not send their children to the day-care centre. Fears, reservations and financial obstacles should be eliminated whenever possible.

Family support and security is an important, health promoting protective factor for children. If parents participate in the day-to-day activities of the child day-care centre, and if children experience that the coherence of the family is valued, this has a posi-

Strategies for encouraging attendance of child day-care centres, especially for socially disadvantaged families

Qualification of child day-care centre staff in the field of health promotion

²⁵ E.g. Good Practice offering "Mo.Ki – Monheim für Kinder"

²⁶ E.g. competent dealing with closeness and distance, in order to provide the right answers to the child's developing needs for security and autonomy

tive impact on the boys and girls. However, this participation and prejudice-conscious dealing with families are not a matter of course. Corresponding commitment on the part of the professionals is indispensable for successful prevention programmes and work with parents²⁷. For this purpose, these topics must be regularly addressed in professional exchanges and when qualifying the sponsors of child day-care centres (e.g. the welfare associations). And these topics must be developed as a profile-defining element of the institutions and associations. The Good Practice workshops developed by the Cooperation Network to this end support child day-care centres and the sponsors of child day-care centres in this process.

These processes can be supported by provision of corresponding financial resources for the child day-care centres by the local authorities, and by a municipal overall concept that promotes the development of all children. And they can avoid family poverty having a negative impact on children's development opportunities.

Municipal overall concept

VI. Children of primary school age

Special situation of children in this phase of life

The start of school confronts boys and girls with new demands. The more the child feels up to them, the more it can cope with demands and enter into relationships, e.g. with peers, the better boys and girls can develop their strengths²⁸. In addition to family support, personal protective factors become more important in this phase of development²⁹. If boys and girls develop and acquire optimism and confidence, personal activity and independ-

²⁷ Hartung et al. 2009: 43

²⁸ 13th Child and Youth Report. 2009: 100f.

²⁹ BZgA, RKI. Erkennen – Bewerten – Handeln. 2008:178

ence, communication and conflict-handling skills in their day-to-day life, this promotes their health in the long term³⁰.

However, a child's looking forward to school and enjoyment of school can rapidly disappear if success is not achieved in recognising and promoting the abilities of the boys and girls, and supporting the development of the children. If parents had their own negative experiences in connection with education, and have reservations about school, this can have an impact on the attitude of their children. Due to a lack of language skills, parents with a migration background are sometimes additionally distanced from school, or they have a different understanding of what school is for cultural reasons. Parents frequently underestimate the great importance of their participation and interest in school for the boys and girls.

How Good Practice offerings have responded adequately

Good Practice offerings like *Mo.Ki*³¹ start even before primary school. Educators from the child day-care centre cooperate with primary school teachers to structure the transition from child day-care centre to primary school. In this way, the generally closer contact with parents in the child day-care centre can also be passed on to the teaching staff. As a result, cooperation with the parents begins at an early stage. In addition, continuing support can be given for the resources that the boys and girls are reported to have. Established health promotion routines from the child day-care centres can be taken up and further developed in school.

Additional offers only for parents facilitate access to them and

Child day-care centres and primary schools should jointly support the transition for socially disadvantaged children

Additional offers for and with parents at primary

³⁰ BZgA, RKI. Loc. cit.

³¹ Good Practice offering "Mo.Ki – Monheim für Kinder"

help to recruit them for activities in the school – e.g. German courses in cooperation with an adult education centre or cookery classes together with the school social worker³². Good Practice offerings have proven this. This can mean parents' cafés and parents' evenings, for example. They are important for involving mothers and fathers in the school and for understanding parents as partners for successful development of the child³³.

school

Experiences of self-efficacy are very important for the further development and health of the children. To give them these experiences, Good Practice offerings like *Gesund Leben Lernen*, *Kiezdetektive* and *Unser Platz* rely on participation in everyday school life, in the residential environment and in offers of leisure-time activities. The children are involved in decisions from the outset – e.g. in the form of a children's or pupils' parliament. They participate in project planning and realisation. This sets off sustainable learning processes in children and adults, and promotes the positive self-estimation and identity of the boys and girls.

Promoting participation of the schoolchildren

School can become a place that also supports boys and girls in their need for exercise, relaxation and healthy nutrition, and assists them in developing life skills and a healthy lifestyle. This is demonstrated by Good Practice offerings like *Gesundheitsfördernde Schule als Ganztagsangebot Mittweida* and *Fridtjof-Nansen-Schulprogramm*. In this case, school is regarded not only as a place for learning, but also as a setting that can either burden or promote the health of all concerned – teachers, pupils and parents.

Jointly shaping the school as a setting

However, the Good Practice programme *Gesund leben lernen* in Lower Saxony also made it clear that this kind of organisational development mainly succeeds where the partners receive external support regarding the health-promoting structuring of their

External support of schools

³² E.g. Good Practice offerings "Mo.Ki – Monheim für Kinder", "Gesund essen mit Freude"

³³ E.g. Good Practice offerings "Mo.Ki – Monheim für Kinder", "Schulprogramm Fridtjof-Nansen-Schule"

school.

There is a great variety of successful Good Practice projects for a healthier daily life. It ranges from the "school station", which also offers parents counselling on different subjects, or holistic promotion of girls and boys through child-oriented, regularly structured everyday school life, all the way to readily available spaces for exercise and freedom for encountering and examining Nature. In this way, health promotion participates in the education process and is part of education work.

Cooperation with the neighbourhood gives schools additional resources for health-promoting initiatives. This is shown by the Good Practice examples *Mentor – Die Leselernhelfer* or *Schulpädagogische Sozialarbeit und Schuljugendarbeit an der Staatlichen Regelschule "Werner-Seelenbinder" in Apolda*. The neighbourhood and the local authority can consciously focus on this collaboration and, where appropriate, pool resources from different departments for processes of this kind.

Boys and girls become more independent and more mobile during their time at school. Health-promoting leisure-time offers in the all-day school or in the neighbourhood enable them to gain new experiences that allow them to test their abilities. This is an additional opportunity for boys and girls to develop self-confidence, social contacts and healthy lifestyles, e.g. through offers of sport and exercise that interest them³⁴.

- Cooperation between child day-care centre and primary school during the transition supports children at the start of the new phase of development. This is especially important for boys and girls whose families are exposed to particular burdens for social reasons: obstacles when switching to primary school can be reduced, and parents recruited for par-

Health promotion as an integral element of education work

Cooperation between school and neighbourhood

Health-promoting structuring of all-day schools

³⁴ E.g. Good Practice offerings "Kiez-Detektive", "Unser Platz", "fit ist cool - Thüringer Netzwerk für mehr Bewegung und ausgewogene Ernährung"

ticipation in school life at an early stage.

- Boys and girls want to be actively involved in structuring their settings, be it at school, in their leisure time or in the neighbourhood. This gives them the valuable experience that their wishes and expectations are taken seriously and appreciated – they experience that they can help to shape their own environment. This experience of their own self-efficacy is an important health-promoting resource for boys and girls.
- School, leisure-time institutions and neighbourhood can be developed into health-promoting settings. The participation of children, employees and parents in this process creates conditions that make healthy lifestyles easier and reduce health-related burdens.
- Ministries, local authorities and sponsors of institutions can support this development by having it supervised by external professionals. Important partners in shaping a health-promoting day-to-day life are clubs and institutions from the neighbourhood, e.g. sports clubs, health insurance funds and neighbourhood initiatives.

Challenges for the partners in the Cooperation Network

Every boy and every girl must be able to develop his or her personality and achieve learning successes. The diversity, interests and resources that the children bring with them must be taken into account in this context. This demands of schools, and also of neighbourhood initiatives, clubs and associations, that they involve the children and give them the opportunity to discover their own strengths and abilities.

Greater involvement of the children

This child orientation calls for rethinking, especially on the part of

Qualification in health promotion and collabora-

schools. Teacher training must pay greater attention to this task and become more practice-oriented. Schools need a learning culture that also promotes social skills and the participation of children, teachers and parents. Schools can receive assistance in this context, e.g. from partners in the neighbourhood and the local authority, such as sports clubs, leisure-time institutions and offers of the child and youth welfare department. Health-related resources and abilities should be consciously strengthened in the offerings.

tion with organisations from outside the school

Up to now, little attention has been paid to the transition to secondary school. And yet, it is often a particular hurdle for boys and girls from socially disadvantaged families. Adolescents cannot exploit their potentials and possibilities in terms of education if parents or teaching staff make decisions on the basis of stereotypes or prejudices. In this respect, offers made by the school can support and advise parents and young people, much as in the "school stations" in the Good Practice project *Gesundheitsfördernde Schule als Ganztagsprojekt*.

Supporting the transition from primary to secondary school, particularly for socially disadvantaged children and young people

VII. Young people

Situation of young people

Health promotion has to date given relatively little consideration to young people³⁵. This is a deficit, because this phase of life involves extensive development tasks and important decisions. The boys and girls undergo major physical changes and have to find their own identity³⁶. Their radius expands, they are capable of more and want more – and they are in search of limits. This is an important, health-relevant developmental task³⁷. Friendships with

³⁵ Expert meeting "Sichere Übergänge – gesund aufwachsen" of the Cooperation Network "Health Promotion for the Socially Disadvantaged", 18.02.2010

³⁶ 13th Child and Youth Report. 2009: 117

³⁷ 13th Child and Youth Report. Loc. cit.

peers acquire new significance. The confirmation and acknowledgement that young people experience in these relationships can help to compensate for experiences of insecure bonds in early childhood³⁸.

When it comes to educational and career opportunities, socially disadvantaged boys and girls often have limited prospects in their youth already. They need support and encouragement in order to be able to develop a new view of their own prospects for the future and life. Role models and persons of confidence can support young people in developing their own ideas and actually putting them into practice.

How Good Practice offerings have responded adequately

Schools with a health-promoting structure³⁹ support boys and girls in their developmental tasks, either alone or in collaboration⁴⁰ with day-care centres and leisure-time offerings for young people. This is shown by Good Practice examples. They provide ideas regarding how day-care centre, school and other partners can jointly organise activities relating to the prevention of violence and addiction, or also school and leisure-time sports, and finance these offers, e.g. through the youth welfare office⁴¹. One way of reorganising municipal networking with the aim of promoting health is the "GUT DRAUF" campaign of the BZgA. The "GUT DRAUF" seal makes local authorities, schools and youth lei-

Integrated action concepts in the community for schools, day-care centres and youth leisure-time institutions

³⁸ 13th Child and Youth Report. 2009: 118

³⁹ E.g. Good Practice offering "Gesund leben lernen" and "BodyGuard" programme of the Internationaler Bund (IB)

⁴⁰ E.g. Good Practice offering "Schulpädagogische Sozialarbeit und Schuljugendarbeit an der Staatlichen Regelschule Werner-Seelenbinder" in Apolda, networking with the youth club of the CJD

⁴¹ E.g. Good Practice offerings "Starke Kids und Fit für's Leben", "fit ist cool – Thüringer Netzwerk für mehr Bewegung und ausgewogene Ernährung" and "Kinderhaus Malstatt"

sure-time institutions more attractive for young people. To get it, they have to meet criteria regarding healthy nutrition, exercise and stress regulation⁴². The topics used to address young people also include how to deal with alcohol and other addictive substances. These prevention offerings present alternatives and support positive life concepts⁴³.

Good Practice offerings⁴⁴ show how boys and girls find space for testing themselves and developing independently. Experience reveals that the offerings are more successful if the young people themselves can help to develop and structure them⁴⁵. Participation opportunities give the boys and girls a chance to develop their abilities and enable them to accept responsibility for themselves and others. This at the same time includes respect in dealing with each other and appreciation, which is put into practice in everyday school life. These experiences can also motivate young people to take up other health-promoting offers. Offers of sport enable them to learn in teams and accept the rules of the group⁴⁶. They should have a low threshold for reaching the young people, i.e. be located in the residential neighbourhood and have no compulsory membership and participation fees.

In this phase, however, boys and girls also need stimuli and support in order to themselves develop sustainable, positive prospects for life and the future – and thus ultimately a healthy lifestyle. It is still important for them to have dependable, adult persons of reference, who they can talk to in the event of problems at school, in the parental home or regarding career orientation⁴⁷. It is important that the young people get to know a wide range of possible occupations, because handed-down career patterns

Health-promoting participation and appreciation in school organisation and in dealing with young people

Social counselling in special problem situations

⁴² <http://www.gutdrauf.net/>

⁴³ Cf. www.kenn-dein-limit.de, www.rauch-frei.info, www.drugcom.de

⁴⁴ E.g. Good Practice media project "Wir lassen uns nicht manipulieren"

⁴⁵ E.g. Good Practice offerings "Body Guard", "Unser Platz"

⁴⁶ E.g. Good Practice offering "Sport gegen Gewalt, Intoleranz und Fremdenfeindlichkeit"

⁴⁷ E.g. Good Practice offering "Schulpädagogische Sozialarbeit und Schuljugendarbeit an der Staatlichen Regelschule Werner-Seelenbinder" in Apolda: networking with the youth club of the CJD

are frequently dominant in their personal environment. According to the experience of the cooperation partners, good access channels for counselling offers of this kind are youth-oriented forms of communication, such as text messages or mobile-phone videos, that young people use to interact with their environment⁴⁸.

Boys and girls from socially disadvantaged families often receive less support than their peers when transitioning from school to further vocational training or the working world. This is where the *komm auf Tour*⁴⁹ programme of the BZgA steps in. In collaboration with employment agencies, schools, health and social counselling services, boys and girls are sensitised to their strengths from Class 7 onwards, and given support and ideas for developing their own life prospects. This is done in the context of life planning and career orientation.

Support of the parents plays an important role in this phase, too. Although the young people also distance themselves from their parental home at this age, it is still often the families that define career and role prospects, especially in families with a migration background. Parents frequently need support themselves in order to be able to help their children in this phase. A trusting relationship that has developed with a school social worker or a teacher, or time-proven contact with family-supporting institutions in the neighbourhood can give them this support. At the same time, the young people must be offered alternatives to the notions possibly prevailing in the parental home⁵⁰.

- Participatory concepts enable young people to acquire their own experiences and thereby discover their abilities. Schools, youth leisure centres and local authorities that offer boys and girls participation opportunities of this kind give them the chance to test themselves and cope with new tasks. Young

Transition to working life with collaboration between schools and employment agencies

Work with parents as an integral element of work with young people in health promotion

⁴⁸ E.g. the careers advice project of Cologne Job Centre uses text messaging to arrange appointments

⁴⁹ www.komm-auf-tour.de

⁵⁰ E.g. Good Practice offerings "Kinderhaus Malstatt" and "Schulpädagogische Sozialarbeit und Schularbeit an der Staatlichen Regelschule Werner-Seelenbinder"

people can also fall back on these important, health-promoting experiences when facing challenges in the future.

- Career options should be communicated to young people as early as possible, from Class 7 onwards at the latest. School, careers advice, industry, health and social counselling services can cooperate on devising corresponding offers and thereby support boys and girls in developing life and career prospects.
- Local authorities can promote the involvement of young people by making them offers of participation and strengthening community activities that support participatory approaches.

Challenges for the partners in the Cooperation Network

The partners of the Cooperation Network can support the Ministries of Education and Cultural Affairs of the Länder and the local authorities in structuring health-promoting offerings with boys and girls. In this context, institutions from the fields of child and youth welfare, sport, health and accident insurance funds, etc. should implement concepts of this kind jointly with young people in schools and neighbourhoods. Involving and empowering boys and girls is an important element as regards developing life skills and a healthy lifestyle.

The Good Practice criteria of the Cooperation Network help the partners to develop the quality of their health promotion offerings and identify health-relevant aspects. Above all, the offerings should reflect the needs and communication forms of young people⁵¹.

The partner organisations in the Cooperation Network should also approach the Ministries of Education and Cultural Affairs of the Länder

The Cooperation Network should provide youth-oriented means of communication

⁵¹ E.g. Socially Integrative City project <http://www.bolzplatzliga.org/>

In order to find their way, young people likewise need support in this development phase, from adults who are models and a help to them. Parents must encounter offers and framework conditions that put them in a position to stand by their children's side.

Availability of offerings for parents

VIII. References

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Ed.) (2009): 13.

Kinder- und Jugendbericht. Bericht über die Lebenssituation junger Menschen und die Leistungen der Kinder- und Jugendhilfe in Deutschland. Cologne.

Federal Ministry of Health (Ed.) (2008): Strategie der Bundesregierung zur Förderung der Kindergesundheit. Berlin.

Federal Ministry of Health (Ed.) (2010): Nationales Gesundheitsziel. Gesund Aufwachsen: Lebenskompetenz, Bewegung, Ernährung. Berlin.

Commission on Social Determinants of Health (2008): Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. World Health Organization, Geneva.

Dragano, N. (2007): Gesundheitliche Ungleichheit im Lebenslauf, in: Aus Politik und Zeitgeschichte 42/2007, 18-25.

National Association of Statutory Health Insurance Funds (2010): Leitfaden Prävention. Berlin.

Hartung, S., Kluwe, S., Sahrai, D. (2009): Neue Wege in der Elternarbeit. Evaluation von Elternbildungsprogrammen und weiterführende Ergebnisse zur präventiven Elternarbeit. Bielefeld University.

Lampert, T., Hagen, C., Heizmann, B. (2010): Gesundheitliche Ungleichheit bei Kindern und Jugendlichen in Deutschland. Beiträge zur Gesundheitsberichterstattung des Bundes. Berlin: Robert Koch Institute.

Robert Koch Institute (Ed.), Federal Centre for Health Education (Ed.) (2008): Erkennen – Bewerten – Handeln: Zur Gesundheit von Kindern und Jugendlichen in Deutschland. RKI, Berlin.