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Deutsche Gesetzliche
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Spitzenverband

Information

Strategic concept: "Using health to develop good schools"

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Contents

Preface

The social challenges of the 21st century have necessitated changes or new directions in many areas of our lives. This includes a new way of looking at schools from a preventive perspective. In order to help schools successfully carry out their educational mandate requires an approach which proactively seizes on the interaction between education and health.

The strategic concept "Using health to develop good schools" describes how prevention and the promotion of good health aim to improve the quality of schools. The concept follows the approach of integrated health and quality development with the motto "Good, Healthy Schools" and is the basis for further development of the prevention approach taken by the German Social Accident Insurance (DGUV).

In accordance with the motto "Using health to develop good schools", the DGUV wants to make a substantial contribution to the innovative and holistic promotion of safety and health in schools which in turn improves framework conditions for teaching and learning. Thus, prevention and the promotion of good health are seen as key components for improving scholastic quality which sustainably encourages education and health in both general and vocational schools. The strategic concept "Using health to develop good schools" is an important step towards the goal of developing an awareness of safety and health in children and adolescents.

Munich, 2 February 2013

1 Basic principles and framework

1.1 Legal principles

The seventh book of the German Social Code (SGB VII) forms the central legal basis of the work done by the accident insurance institutions. It defines the framework in which measures and activities can and must be exercised.

According to § 14 ¶ 1 of the SGB VII, the accident insurance institutions are mandated with using all available means at their disposal to prevent workplace accidents, occupational illnesses and work-related health hazards as well as to provide effective first aid. Particularly with regards to preventing work-related health hazards, the law requires in § 14 ¶ 2 of the SGB VII that there be close cooperation with the health insurance providers. Work-related health hazards are generally understood to be all health risks that arise from work. Whereas accidents and occupational illnesses must demonstrate a causal connection to working conditions, work-related health hazards are less stringent.

In addition to this, it is the duty of employers and company owners to provide humane, people-friendly working conditions. In the scholastic context, this results in school-based health work focusing on students, teachers, and learning and teaching conditions as resources and risks for the health of all involved in the school.

The prevailing view is that this covers all types of health hazards that are objectively connected with work and the school and which are likely to affect a person's physical, mental and social health. This goes beyond the classic health hazards associated with health protection and accident prevention. This also includes hazards which not only arise because of the conditions in the school workplace but also those resulting from private life which are adversely influenced in the course of school-related activities and working conditions.

There are basically no limitations for the accident insurance institutions in terms of the means of prevention that they choose. They have to fulfil their legal mandate using all available means. "This extensive empowerment means that they are not limited to only their legal obligations of legislating, monitoring, consulting and training. They can also deploy every imaginable activity which is relevant to prevention: research, poster campaigns, competitions, reward programmes."[1] The use of suitable means includes testing and evaluating. The important thing is whether they are suitable for implementing the prevention mandate. However, interventions may only be of a supportive nature.

This is because the implementation of measures aimed at preventing workplace accidents, occupational illnesses and school-related health hazards in schools is the responsibility of the school funding body and the state Ministries for Education and Cultural Affairs as the authority for schools. The Ministries for Education and Cultural Affairs are responsible for the "internal school area". This includes content, methodology and organisation of lessons; extracurricular events; staff management; and organisational management. Generally, this responsibility is delegated to the school principal. In contrast, according to § 21 SGB VII, the school funding body is responsible, from a legal perspective, for the "external school area". The "external school area" includes school buildings, facilities and equipment, and school grounds.

This joint responsibility is of importance for the work done by the accident insurance institutions because they also determine which support options are available. Whereas the external school area has access to the entire spectrum of intervention options including everything from legislation to pilot projects, the options for the internal school area are limited to "softer" forms of intervention such as consulting and training of teaching staff. Thus, possibilities for providing support to principals, teachers and pupils in the "internal school area" are generally only allowed in an indirect way. Unlike the "external school area", the accident insurance institutions do not have the possibility to set guidelines and monitor their compliance. Regulation and monitoring in the "internal school area" is the responsibility of the school funding body which governs the quality and quantity of prevention and health promotion in its school regulations. Prevention measures are coordinated with the relevant accident insurance institution as specified in § 21 ¶ 2 SGB VII. Due to the fact that school policy is set by each state,

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1   Leube, Konrad: Social Accident Insurance SGB VII. Wiesbaden: Universum Publishing 2005, p. 45
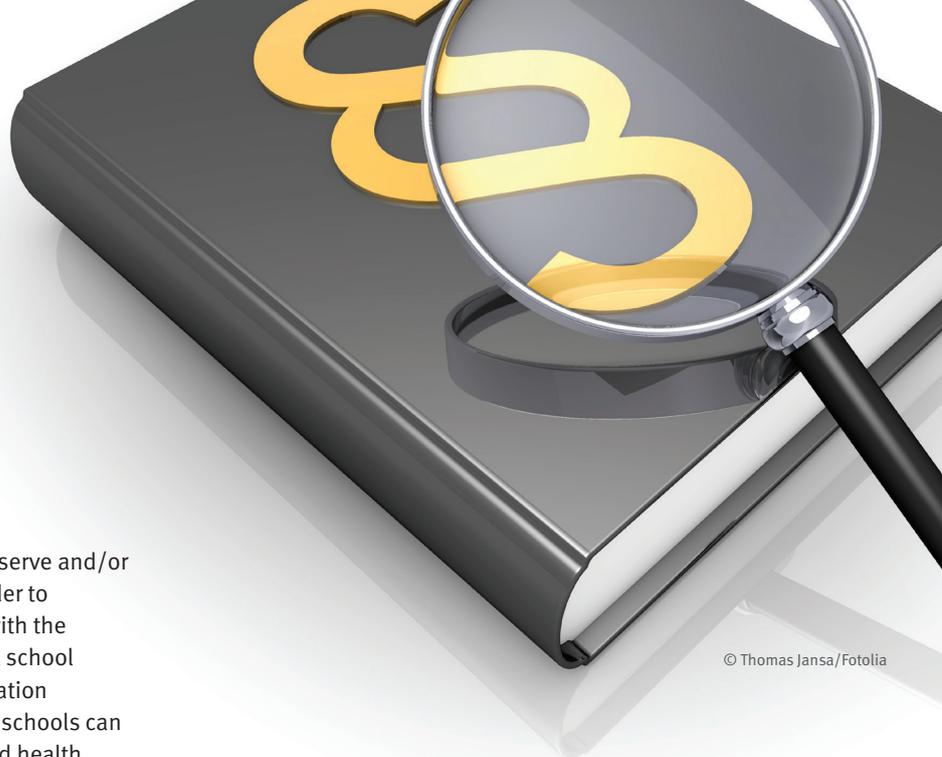
the accident insurance institutions must observe and/or help design state-specific regulations in order to efficiently and effectively support schools with the health-related configuration of the "internal school area". The legal regulations set by the education ministries form the framework within which schools can and should be proactive with prevention and health promotion. Thus, they document the significance that safety and health play not only in school policy but also what level of school development a state has or should have.

The issues of safety and health are included in the school regulations of all federal states but at different levels and with differing degrees of liability and manifestation. Although some health-related aspects such as tolerance and partnership are part of the educational mandate of all schools, health promotion and prevention are not mandatory provisions in all school legislation. For example, students should be taught in Lower Saxony "… to be aware of living a healthy life, …" (§ 2, ¶ 1. Nr. 3 Lower Saxony Schools Act), in Brandenburg to take responsibility "… for their own health…" (§ 4, ¶ 5, Nr. 13 Brandenburg Schools Act), in Berlin "…to have positive physical, social and emotional development …through a healthy lifestyle…" (§ 3, ¶ 3, Nr. 7 Berlin Schools Act) and in North Rhine-Westphalia they should learn "…to enjoy exercise and team sport, to eat well and to live healthily …" (§ 2, ¶ 5, NRW Schools Act). The Thuringian Schools Act requires schools to develop, implement, regularly review and improve a comprehensive concept for maintaining health and healthy lifestyles (Thuringia Schools Act § 47).

There are, however, other state Schools Acts which do not explicitly mention safety and health as a part of the educational mandate apart from obligatory remarks on school health care which is essentially about working with school medical services. Nevertheless, even in these states there are regulations, albeit at a subordinate level, for prevention and health promotion as part of education.

In summary it can be stated that, although prevention and health promotion are part of teaching in all federal states, there needs to be more regulations and they need to be more specific.

There is also room for improvement with regards to embedding the topics of workplace safety, health protection and teacher health into legislation. These do not play a major role in the various state Schools Acts. In only a few of the Schools Acts are they nominated as a responsibility of the school management. Generally speaking, this topic is only found in subordinate school regulations in almost all of the German states.

Overall, despite their pathogenic focus, the scope of permitted activities as specified by the SGB VII and school legislation allows the accident insurance institutions to do proactive and holistic safety and health work in schools, albeit under difficult conditions.

The marginalisation of the topic in school legislation can give those responsible the impression that there are more important things and that health promotion and prevention work are supplementary activities which have little or no importance for the quality of a school. This can reduce awareness of prevention and health promotion as well as the willingness to be actively involved in prevention work.

1.2 Health status

1.2.1 School students

The health of children and adolescents in Germany is generally quite good, as is health care. However, lifestyle and family circumstances influence the chances of growing up healthily. Children and adolescents of today are finding it more and more difficult to create a balance between internal and external demands and internal and external resources, that is, to maintain good health. At the same time there has been a move from acute to chronic illnesses and from somatic to psychological disorders. These disorders are not generally life threatening, however, they can permanently impair a person's state of health, quality of life and their capacity to perform. Children and adolescents from underprivileged families are more at risk than average of being affected by various illnesses, accidents, obesity and psychological disorders.[2]

Looking at all age and social groups of children and adolescents, five critical areas of health development can be identified:

- Regulation of the immune system
  The KiGGS Study[3] conducted by the Robert Koch Institute has provided the most representative data to date concerning the health of children and adolescents. It showed that approx. 20 percent of 3-17 year old children and adolescents suffer from an allergic condition (hayfever, neurodermatitis and asthma) with more boys than girls affected. The prevalence of allergic conditions increases with age. Children and adolescents with an immigration background or from vulnerable families – and this is the exception to the rule – are less affected. According to Hurrelmann, the reason for these illnesses and allergic sensitivities is poor protection against stressors and demands with respect to the material world. Children and adolescents can no

longer develop enough resilience and thus a robust and strong organism cannot be established.[4]

Nutrition and eating behaviour

Approx. 36 percent of children and adolescents aged three to seventeen from the KiGGS Study exhibited poor eating behaviour and nutrition. Around 22 percent had an eating disorder and 15 percent of the children and adolescents were overweight with more than a third of these, 6.3 percent, suffering from adiposity. Extrapolated to the entire German population, this means there are approx. 1.9 million overweight children and adolescents with around 800,000 suffering from adiposity. The proportion of children and adolescents who are overweight increases with age. Whereas 9 percent of 3-6 year-olds weigh too much, this jumps to 15 percent for 7-10 year-olds, 19 percent for 11-13 year-olds and finally 17 percent for 14-17 year-olds. There is a higher risk of obesity and adiposity for children and adolescents from vulnerable families, children with immigration backgrounds and those whose parents are also overweight.[5]

Obesity and adiposity are closely tied to a lack of exercise. As a result of different social and family developments, children today are exercising less and less. Not an insignificant number of children spend as much time during their childhood in front of the television as they do in compulsory schooling. Only around a third of children and adolescents interviewed in the HBSC Study[6] exercise as much as currently is recommended, that is, 60 minutes daily exercise (not only sport) with moderate and increased activity in order to maintain physical status quo.

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2   German Bundestag: 13th Report on Children and Adolescents. Printed Material 16/12860 from 30 April 2009

3   KiGGS Study – Study on the Health of Children and Adolescents in Germany. Conducted by the Robert Koch Institute between 2003-2006.

4   Hurrelmann, Klaus: School as an Opportunity or a Threat. In: Hundeloh, H. / Schnabel, G. / Yurdatap, N. (Red.): Congress "Good Healthy School" – Documentation. Moers o. J. p.33

5   Kurth, B.-M. / Schaffrath-Rosario, A.: The Increased Rate of Overweight and Obese Children and Adolescents in Germany. In: Federal Health Newsletter – Health Promotion – Health Protection 5/6 2007.

6   HBSC = Health Behaviour in School-aged Children. WHO International Comparison study, first conducted in Germany in 2002 and again in 2005/2006

- **Sensory and physical coordination**

  Lack of exercise is a significant cause of deficits in the coordination of senses and movements. Worth mentioning here is the prevalence of constantly sitting in schools, further education and leisure time as well as the sedentary use of electronic media. This results in a one-sided stimulation of the senses of hearing and sight, with other senses being neglected. The negative consequences of this can be seen in the lack of organisation in brain centres and poor control of movement. This, in turn, impairs sensory and motor function. A lack of movement also means a reduction in mobility, communication, self-awareness and breadth of experiences, all of which leads to a poorer quality of life. Lack of exercise and the resulting degradation in sensory coordination are on the increase despite the fact that many children and adolescents are actively involved in sport clubs. Activity as part of daily life is simply not there. Bös came to the conclusion in his studies that the motor performance of 10-year-old primary school students decreased by 20 per cent between 1976 and 1996.[7] Lack of exercise also causes poor and damaged posture. Statistics show that this affects up to 60 per cent of children and adolescents.[8]

- **Mental health**

  It is becoming increasingly difficult for children and adolescents to cope with psychological stress and social demands. Many children and adolescents cannot deal with social conflicts, emotional

disappointment and failure. They react with everything from psychological disorders and abnormalities to violence and the consumption of psychoactive substances.

About 17 percent of children and adolescents aged seven to seventeen in the KiGGS study showed evidence of psychological problems, that is, they have behavioural problems or are borderline. The most common of these problems are general behavioural problems (30.8%), peer problems (22%) and emotional problems (16.3%). The majority of the children and adolescents affected have issues that require observation and counselling. Approx. 5 per cent of them are so severely impaired that they require treatment or therapy.[9]

Around 30 to 40 percent of children and especially adolescents complained of psychosomatic impairments such as headaches, stomachaches, nervousness and tiredness.[10]

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7   Bös, Klaus: Healthy Children and Adolescents through Encouraging Activity. Presentation at the Symposium "What can Handball achieve?" on 17 April 2004

8   www.kid-check.de

9   Paulus, Peter: Mental Health – also a Problem for Schools?, p. 77

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- **Accidents and accident-related injuries**
  Although they are avoidable to a great extent, injuries resulting from accidents account for the most common health issues in children and adolescents. Every year, around 15 percent of children and adolescents suffer an accidental injury that requires medical treatment; boys more often than girls. Younger children most often injure themselves at home, older children and adolescents are more likely to have accidents during sport, in their freetime and at school.

  Approx. 10 percent of school students injure themselves at school or on their way to school. Accidents in sports lessons and breaks account for a total of 80 percent of all accidents. Far less frequent, but with far more serious injuries, are accidents on the way to school which represent the third focus area for school-related accidents. The frequency of accidents occurring in schools continually increases until the age of 14-15 and then starts to fall.

  The proportion of children and adolescents injured at school is independent of social status, migration background and place of residence.

Thus, it cannot be said that all children and adolescents arrive safely at school and remain healthy and safe there. Results of different studies show a differentiated picture of the situation. Some children and adolescents face many burdens and experience impaired development. Other children and adolescents are increasingly deciding themselves to live a healthy life.

Issues relating to the health of children and adolescents are not only important for schools but also for the world of work. It cannot be assumed that a person's health status will automatically improve with age – that they will grow out of their health problems, so to say. Overweight children generally grow up to be overweight adults; muscular weaknesses normally carry through from youth into adulthood; and children with poor self-management and confidence become adults who are less resistant to stress and have limited trust in themselves. Burnout, accidents, dropping out of vocational training or the workforce are thus all pre-programmed. "Child and adolescent illnesses" not only impair physical, emotional and social development but also overall ability to learn, perform and work. Therefore, it is even more important to network everyone involved at the local level in order to effectively make use of resources already available in the school to promote good health. The students of today are the parents and employees of tomorrow.

1.2.2   Teachers
The health of the other people contributing to school quality – the teachers – looks even worse. Every study on teacher health shows one thing: a large proportion of teachers suffer from physical and emotional stress and have health problems. Contrary to the wide-held prejudice, there is a great deal of pressure placed upon teachers. The studies show that teaching results in a high level of psychological stress. In the largest study of teacher health, Psychologist Uwe Schaarschmidt found that compared to other professions, such as nursing staff, police and social workers, the teaching profession is faced with the most critical psychological stress conditions. In no other profession studied by Schaarschmidt is there such a pronounced combination of psychological health problems.

Schaarschmidt[11] came to the conclusion in his study, that approximately 60 percent of teachers have had a stressful experience that has negatively impacted their health. Half of these suffer from permanent stress due to demands that they place upon themselves from being excessively available. The other half can be best described as suffering from burnout, that is, a significant reduction in power reserves and emotional capacity resulting in resignation, helplessness and self-doubt. Only one-fifth of all teachers possess a personality structure which is suited to the healthy practise of the teaching profession. It appears that the teaching profession is based on a requirement profile that almost automatically generates stress. Of concern in occupational psychology terms are the ability to deal with people, the educational process based on reciprocity, limited ability to control the effect of actions, and the interactivity of multiple long-term simultaneous demands to meet the educational mandate. Furthermore, teachers feel that the everyday conditions at school, such as increasingly difficult student-teacher ratios, are detrimental to their health.

In addition to burnout and stress with their associated negative impact on health, teachers are often affected by the following health issues: throat and voice problems, musculoskeletal ailments, circulation problems and heart disease.

The poor health of a significant proportion of teachers is alarming in many ways. "The teachers affected have a reduced quality of life and are often not able to meet their professional requirements. This has negative consequences for students and ultimately for the entire society. A knowledge society, whose main asset is the ability of its citizens to innovate, requires high performance schools and these are simply not possible without healthy, effective and well-trained teachers."[12]

Studies on the health of school principals support the conclusion that although a large proportion of school principals have significant pressures placed upon them from time to time, the risk of illness is lower than that for "normal" teachers. This might be because they have more autonomy and planning freedom than teachers.

1.3   Importance of scholastic prevention and health promotion

Prevention and the promotion of good health in everyday school life, in school administration, in school policy and in the educational sciences, plays a rather insignificant role, despite the significant health problems of students and teachers and the consequent drop in performance. However, there have been numerous activities in prevention and health promotion since the proclamation of the Ottawa Charter in 1986. There have been, and still are, many teachers, parents and external partners who have passionately embarked on new ways of making schools a healthy place to work and learn as well as a place to learn about health.

It is, therefore, not surprising that the results of health work in schools to date have been sobering. Empirical studies on health promotion all indicate the same, namely that health promotion is still an issue on the periphery of the great debate on school development and quality development.[13]

The belief that the promotion of good health and prevention is vital for good school quality is not widely accepted in the school system. Generally, health promotion is seen as an ancillary task which can be done if there is time left over and there is enough interest. Holistic, and therefore sustainable, scholastic health work is still in its infancy.[14] Some of the German states have started programmes for health promotion and prevention which touch upon a holistic and salutogenic approach. In addition, health-related criteria are increasingly being included in the quality framework of school inspections and quality analyses in the federal states.

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11 Schaarschmidt, Uwe (2007): The Potsdam Teacher Study: Results, Conclusions and Suggested Measures. In Schule NRW 10/2007, p.542-547. Schaarschmidt, Uwe / Fischer, Andreas. W. (2001): Coping Patterns at Work. Göttingen: Vandenhoeck & Ruprecht.

12 Paulus, Peter: Reference Framework for Scholastic Health Promotion. Draft Version. Manuscript 2006, p. 9

13 Rolff, Hans-Günter: Health Promotion and School Quality. In: Hundeloh, H. /Schnabel, G. / Yurdatap, N. (Editors): Congress "Good Healthy School" – Documentation. Moers 2005, p. 42

14 Paulus / Witteriede (2008) came to the conclusion in their study that only 14 percent of health work done in schools is based on the holistic concept of school health work, p.52.

However, the overall importance of health promotion and prevention in schools remains low. This also illustrates the degree to which risk assessments, which are compulsory under the German OSH Act, have been implemented. More than 15 years after the Act was introduced, a large proportion of schools still have not carried out a risk assessment.

School programmes paint a similar picture. Studies have shown that health promotion is hardly mentioned and therefore is seen as unimportant in school and quality development. Only prevention programmes against addiction and violence are regularly part of school programmes.

The consequence of this lack of consideration of health within the framework of pedagogical work and inadequate networking of people from different fields to promote health is that scholastic health promotion and prevention is often viewed as an additional task by those responsible for schools, school administration and school policy. Consequently, health promotion and prevention is perceived as not making a major contribution to the real educational mandate of schools and their current main topic of quality development.

This ignores the fact that there is a close connection between a school's educational quality and its health quality. This is because it is not only the family that has an impact on the health and safety of children and adolescents but also educational institutions and especially schools. Scientific studies, as well as the everyday experiences of pedagogues, psychologists and doctors, show that there is a manifold link between the health of children and adolescents and their performance at school and educational success.

Education, in general, is of vital importance for health. Education, and especially school education, is one of the most important social factors which affects the quality of health. It influences healthy behaviour and attitudes towards health. It can be seen that:

• longer schooling and the quality of the school-leaving qualification increase life expectancy;

• education paves the way to meaningful living conditions, to a better lifestyle and ultimately to a better quality of life in terms of health;

• many illnesses occur more frequently in people with a basic school education than those with a higher school-leaving qualification.

Health, in turn, is also the basis for good performance at school and thus, for successful education as well. Good education and good school qualifications can only be achieved with students who feel comfortable, safe and healthy in their own skin at school and with teachers who are not burned out or overwhelmed with work. Positive well-being at school encourages the motivation of both teachers and students and helps reduce the disruptive behaviour of students.
However, negative emotions such as fear and helplessness have an adverse effect on learning and teaching. If you want to have a school that performs well and is of better quality, you must maintain, and if necessary boost, the health of those who are responsible for generating this performance and quality.

Several studies have shown it is possible for schools to do this. Over the course of their school career, the chances for children and adolescents to achieve good health can be improved and their awareness of health can be significantly influenced in the right direction.[15] Children and adolescents at school are reached at a time when their behaviour is still being formed and behaviour that is harmful to health has either not developed or is still not overly pronounced. Consequently, the chances of successful empowerment are greater than in adults. There is an old German adage that applies well to health promotion - "If little Hans doesn't learn it now, he'll never learn it". Generally speaking, behaviours and lifestyles developed in childhood and adolescence are decisive for dealing with risks and conflicts for a whole lifetime.

Whether a school uses the chance to develop an awareness of health in adolescents not only depends on the quality of lessons but also on the holistic design of school life. In the context of school, students must be offered a learning atmosphere that allows them to improve or develop their skills with regards to a health-conscious lifestyle. This requires both specific pedagogical content as well as appropriate spatial and social design of the learning environment.

15 cf. Vuielle, J.-C.: The Healthy School in Radical Transition, 2003

Thus, school can be a place which offers students a protective, healthy environment. However, it can also negatively impact the safety and health of children and adolescents. It is not uncommon for students to perceive school as an environment that makes them ill and does little to encourage good health. Difficulties and problems with performing at school are likely to result in noticeable impairments in well-being and in symptoms of stress. In addition to problems with performance, the following are all perceived as deficient or likely to cause illness: quality of teaching, the support and recognition by the school and individual teachers, and opportunities to participate. These factors are not only the cause (or part of the cause) of poor health in children and adolescents but also, to a large extent, a cause of poor performance and for the low ranking of German schools compared to other schools internationally.[16]

And what is true for the health of students, also applies to the health of teachers: Structural aspects of the teaching profession and specific defining circumstances in everyday school life are held responsible for the, in part, massive health complaints of German teachers.

If you ask teachers why they are so often under pressure and suffer from significant health problems, there are three main answers you get, regardless of age, type of school and frustration level:

1. The difficult relationship between teachers and students that has to do with the increasing number of behavioural problems displayed by school students and the large differences in performance between students.

2. Problems cooperating with parents.

3. Lack of support from colleagues.

Other important reasons which regularly occur in everyday school life are: a lack of communication and interaction with school administration, the high number of compulsory teaching hours, the high frequency of classes, and the large amount of administrative work. All of these factors are also important for overall school and teaching quality.

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16 Hurrelmann, K. / Klocke, A. /Melzer, W. /Ravens-Sieberer, U. (Hrsg):
    Youth Health Survey. Weinheim and München: Juventa 2003, p. 330

2   Concept of integrated health and quality management

2.1   Framework conditions for successful health work in schools

A sustainable improvement in safety and health in schools is only achievable if we manage,

- to take into consideration the changes in the school setting that have been happening since PISA. Scholastic health promotion must find new ways of doing things. Concepts developed in the past for the promotion of safety and health have not kept pace with the challenges that schools face today. They have focused too much on the health problems of students, teachers and the school as an organisation. People have failed to see that the school setting has plunged into a deep legitimacy crisis which has forced its pedagogical meaning to be realigned to new educational objectives which are achieved within a framework set by pedagogical school development. School health work must provide a substantial contribution to the development of both the school system as well as individual schools in order to legitimise its role in the school. It is necessary for school health work to systematically and consistently follow the educational mandate of the school.[17]

- to link the topics of health and education across all areas and to follow the school's educational mandate as described in curricula, school regulations and quality concepts. This results in the school perceiving health not as an additional task but rather as a foundation stone for solid, sustainable and effective education. This acceptance is an important prerequisite for ensuring that not only those people interested in health are addressed but also the entire school community.

- to take into consideration and use the reciprocal relationship between health promotion and prevention on the one hand and school quality on the other (Rolff, 2005, p 42). This means that in the context of school health work it can no longer be (or exclusively be) about pursuing health goals and promoting health as an end in itself, but must rather

be about helping the school achieve its educational goals through health intervention. This requires a holistic and comprehensive understanding of health and prevention that links the pathogenic perspective with the salutogenic perspective.

- to take into consideration the individual framework conditions of each school. Consequently, health promotion and prevention in schools must be viewed and implemented as part of school development. Each individual school is the engine of its own development, whose function is, first and foremost, the responsibility of the teachers and the school management with other bodies providing more of a support function and ensuring adequate resources.[18] Therefore, health must be developed and used as a resource to enhance educational quality and school quality as well as to empower all those involved to take into their own hands responsibility for developing active, sustainable and health-promoting processes.[19]

2.2   Principles of integrated health and quality development

Against this background, an integrated approach is required which no longer just views health as a school topic but rather one which develops schools in a healthy manner and in which health and education work side by side. Such an approach is the integrated health and quality concept known as "Good Healthy School" (German: Gute gesunde Schule). This is in the tradition of the promotion of scholastic safety and health which has been implemented by the statutory student accident insurance in Germany since the 1990s.

However, in contrast to this, the integrated quality and health development approach comes from the quality-in-education angle and looks at the contribution that scholastic prevention and health promotion makes to school quality and thus, to designing the school workplace as a place that promotes good health. Compared with the traditional concept of "health-promoting schools", in this approach schools are no

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17 Paulus, Peter : Scholastic Health Promotion. Turned on its Head. In: Aregger, K / Lattmann, U. P. (Pub.) The Health-Promoting School – a Utopia. Oberentfelden: Sauerländer 2003, p. 93-114

18 Rolff, Hans-Günter: School Development: Origins, Concept, Success Factors. In Pädagogik, Vol. 58, No. 4, 2006

19 Nilshon, Ilse / Schminder, Christel: Designing a Good Healthy School. Gütersloh: Verlag Bertelsmann Stiftung 2006. 2nd Ed., p. 14

longer seen as a setting that should be designed to only promote good health. The integrated heath and quality development approach is much more about the implementation of the whole educational mandate of schools.[20]

Health promotion and prevention are, therefore, no longer just ends in themselves but are the means and catalyst for actually achieving the school mandate. Consequently, they must, more than ever, deal with the pedagogical and political discussions about the quality of schools.

A good healthy school is a school which improves its overall educational quality through health intervention and at the same time achieves specific health objectives which belong to the educational mandate of schools (for a comprehensive definition, see box below).[21] Brägger and Posse name eight quality dimensions and forty quality areas in which approaches relating to safety and health are effective. These also have an influence on the prevention and reduction of hazards as well as the development of psychosocial protective factors and subsequently on willingness and ability to perform.[22]

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21 Definition by Brägger, Paulus & Posse from 2005, in Brägger, G./ Posse, N., Vol. 1, 2007, p. 37

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20 see Appendix A

22 see Appendix B

Definition: "Good Healthy School"

"A good healthy school understands its educational mandate, successfully carries it out and thus makes a contribution to education for sustainable development. It demonstrates good qualities in the following areas and ensures their continuous and sustainable improvement through school development:

1. **Pedagogical effects and educational success**
   It fosters skills and attitudes in students which increase their willingness to participate in lifelong learning and empowers them to lead a healthy and successful life in an ever-changing society.

2. **Quality development of the school and lessons**
   It consistently utilises insights from health and educational sciences to design the structures and processes of the school and of lessons. Thus making an integral contribution

   – to the quality of school and teaching processes,

   – to encouraging the learning ability and performance of teachers and students,

   – and to the satisfaction and well-being of all involved.

3. **Health education**
   It encourages students' awareness of health and safety as well as their health skills through:

   – health-promoting teaching principles,

   – integration of health and safety content into lessons and everyday school life,

   – courses and programmes related to pedagogical prevention health promotion."

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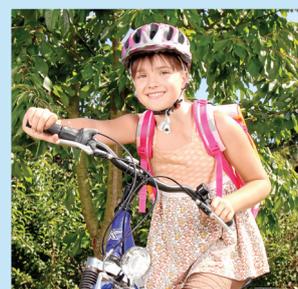
© Kathrin39/Fotolia

They are based on the quality dimensions and areas of a good school. However, whereas a good school is reflected in the two fundamental dimensions of result quality and process quality, a good healthy school exhibits a third dimension due to the interdependence between ability to perform and health – namely the quality of health. Optimal education and school quality is achieved when schools demonstrate good qualities in all three dimensions and put effort into maintaining and improving these qualities.

However, Brägger and Posse have not listed health promotion and prevention as its own dimension but rather have integrated it across all eight quality dimensions. The reason they give for this is that health-related activities are simply indispensable for such a demanding organisation as a school. Nevertheless, in order to emphasize their contribution to a sustainable good and healthy school, Brägger and Posse have listed a separate quality area in each dimension which is closely linked to prevention and health promotion.[23]

The concept of integrated health and quality development with the motto "Good Healthy Schools" offers schools assistance with how to deal with health intervention in lessons and everyday school life so that they can have better educational success. This includes, for example, reducing the negative effects on education for socially disadvantaged students. However, in order to sustain this success, these interventions must be primarily designed and implemented as part of school development. School development is a process that doesn't have an end at some point in the future but rather is principally an ongoing task, even if it is not possible to continually work on it.[24] School development is the (further) development of an individual school and is done to a large degree by those involved in the school itself. It is the triad of personal development, organisational development and teaching development. Therefore, health-related innovation processes essentially do not differ from general school development processes and thus from general personal or organisational development processes.

Learning processes for people and the organisation are characteristic of processes for organisational and school development. They relate to the school as a whole – not just certain areas of the organisation. It is important to have a systematic, planned and gradual development which is not rushed. School development activities do not run lineally but rather are cyclical or spiral processes. The organisational development approach also emphasises that organisations cannot really be changed when the behaviour of the organisation's members does not change and conversely individual change has no effect when organisational framework conditions fail to develop.

23 Posse, Norbert / Brägger, Gerold: Paths to a Good Healthy School. In Brägger, Gerold / Posse, Norbert / Israel, Georg (Red.): Education and Health. Arguments for a Good and Healthy School. Bern: h.e.p. Verlag 2008, p. 35

24 Rolff, H.-G. / Buhren, C. G. / Lindau-Bank, D. / Müller, S.: Manual School Development. 2nd Ed. Weinheim and Basel: Beltz 1999, p. 13

Successfully encouraging safety and health at school level can be achieved with a spiral-shaped approach known as the Quality Cycle which uses a steering group and is project-oriented. Such an approach supports the achievement of objectives which is an important prerequisite of health work. However, compared to general school development processes there are some procedures or methods in the development process which are specifically customised for health in various phases such as health circles and risk assessments.

The quality cycle ideally runs for a specific period of time and is divided into recurring phases and work steps.[25]:

a. Goals and quality standards are agreed upon. These are achievable and appealing to those involved. They are based on an analysis of the current situation.

b. Implementation and responsibilities for action points are planned.

c. Implementation is carried out in a goal-orientated manner.

d. Achievement of goals is checked by evaluating the process and the results of the work done.

e. Insights gained are used for the next quality cycle.

If the quality cycle is used consistently, then even plans or projects that are ambitious and demanding can be successfully achieved because they are broken down into manageable steps.

This process is coordinated by a working group, such as the school steering committee, who manage all school development processes. A less ideal alternative is a specially formed "health steering committee". The steering committee is legitimised by the teachers council or school council and receives their instructions from them as a part of the process. Some decisions can only be made within the framework of these work instructions. Essentially they prepare the decisions and organise implementation of decisions made. Depending on the size of the school, the group consists of three to seven members with the school principal as an obligatory member. The other members are elected by the teaching council or school council.

In addition to the school development approach and integrated understanding of quality, there are other factors that are of core importance to integrated health and quality development:

1. Multidimensional and subjective concept of health
Health is a multidimensional concept consisting of physical, psychological, social and ecological well-being; all of which influence one another. Thus, subjective perception and awareness of health are central. Prevention and health promotion offer starting points for participative strategies. Objective aspects of health such as the results of school medical examinations are also taken into consideration when planning, carrying out and evaluating measures.

2. Health as an active engagement with internal and external demands
Good health is achievable and must be continually maintained. It can only be developed through the interaction between the socio-cultural, economic and physical-technical environment of those involved. As such, a person's current state of health is not static, but rather a dynamic state of balance and the result of an active process which depends significantly on a person's own commitment and self-responsibility. They must develop the ability to actively create conditions which promote well-being and the ability to recognise and change conditions which endanger their well-being.

A state of well-being exists when a person's physical, emotional, social and cognitive areas of development are in harmony with their own opportunities, goals and external life conditions.

The physical-technical environment includes school buildings and grounds, equipment and facilities. The socio-cultural environment includes people who are temporarily or permanently involved in school life as well as the standards and values that regulate living and working together in the school.

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25 Brägger / Posse 2007, p. 55

3. Cooperation

School health work focuses on adding value through cooperation and networking. This interaction creates synergies which can lead to greater success than a series of individual activities.

To successfully implement school health work it is important to have networking and cooperation within the school, with other educational institutions, and with other partners. Cooperation includes achieving consensus regarding the setting of objectives, focus areas, and/or carrying out specific measures. Cooperation and networking are necessary, because

- there is a great deal of overlap between individual topics in the context of prevention and health promotion.

- school resources are limited and the possibilities the school has should not be overestimated. Too many projects and activities are likely to demotivate.

- limited human resources and financial capacity can be more effectively used. Different aspects and problems can be addressed with a holistic concept in the school.

- they support the gathering and optimisation of information and thus, a more effective design of measures and processes.

4. Focus on resources and risks

Activities relating to health promotion and prevention in schools are developed from a salutogenic and pathogenic perspective. On one hand, it is about preventing or reducing hazards, risks, illnesses and accidents. On the other hand, it is about strengthening the personal resources of children and adolescents, teachers, other staff, and parents as well as strengthening the protective factors of the organisation and the school environment.

Core to the preservation or restoration of safety and health are health-related knowledge, motor and sensory-motor skills, and a feeling of coherence and everyday skills.

This feeling of coherence is a kind of meta-resource. It is not a special coping strategy but rather a general attitude to life with a feeling of trust that is comprehensive and lasting but also dynamic.

The starting point is the assumption that a person's state of health or illness is largely determined by the basic attitude of the individual towards the world and their own life. This basic attitude determines how well a person can use the resources available to them in order to maintain their health. According to Antonowsky, this basic attitude towards how the world works and how to make sense of it is are unconscious and developed early on in life. It consists of three elements:[26]

- Feeling of comprehension
  A person trusts that events in their life can be understood, explained and, in principal, mastered. The world is perceived as ordered and structured and not as chaotic, random and incomprehensible.

- Feeling of manageability
  The conviction that difficulties in a person's life can be solved and that they have the potential needed to do this.

- Feeling of meaningfulness
  The attitude that it is worthwhile investing energy into the demands of everyday life. It is worth being actively engaged with the world. Problems are seen as challenges.

The greater a person's feeling of coherence, the more they trust their own skills and abilities. As such, they see demanding situations as less threatening and are less likely to become stressed. A strongly developed feeling of coherence leads to a person being able to react flexibly to demands and constant stressors in life. Coherence is not a concept of how one deals with stressors, but rather a characteristic which enables strategies to be used which a person needs in order to meet the demands in their life.

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26 Antonovsky, A.: Salutogenesis. Demystifying Health. Tübingen: dgvt-Verlag 1997, p. 33 ff

Everyday life skills and abilities, as understood by the WHO definition of skills and abilities, are those which enable an individual to effectively cope with the demands and challenges of life.[27] This includes such things as the ability to make decisions, to solve problems and to communicate with other people.

Life skills also includes risk competency which is particularly important for the prevention of accidents and resulting injuries. Risk competency is understood as the ability and willingness to recognise and deal with risks and dangers in order to remain safe. School students have to learn these as they get older. This requires, amongst other things, dealing with real risks that they face. For everyday school life this means that safety and health cannot be achieved by overprotection and one-sided risk minimisation. A person's safety depends significantly on the risks they are faced with or seek out and how they have learned to deal with these risks. Therefore, safe behaviour requires a person who can stand on their own and who has learned to take responsibility for their own risk competency. As such, being allowed to have adventures or task risks and gambles is as much a part of fostering health and safety as are regulations and restrictions.

5.   Changes in conditions and behaviour

In the context of prevention and health promotion, behavioural modifications and decisions about behaviour do not occur in a vacuum but rather in the settings in which a person lives, works, learns, plays and spends a large part of their time. Schools are one of these places for learning, living and experiencing for children and adolescents, but also for teachers and non-teaching staff. The design and structure of these living spaces in terms of construction, design, organisation and social aspects can significantly influence the safety and health behaviour of all those involved.

Health promotion and prevention foster the individual competencies required for healthy behaviour. At the same time they provide the right conditions under which it is possible or easier to maintain and/or improve health.

6.   Leadership and management responsibilities

Prevention and health promotion in educational institutions is a leadership and management responsibility and above all a responsibility of school principals. The person the principal is and their professional conduct and commitment are central factors for the quality of safety and health. How they act in everyday life has a direct and indirect influence on the well-being, health, motivation, job satisfaction and absenteeism of teachers and students. By creating a working environment that promotes good health and appreciates teachers and students alike, they can release a greater potential in everyone at school where people work together in a productive and fair manner.

Behind a high level of health quality in a school, there always stands good school management with a salutogenic leadership style. The result of this is not only low levels of teacher absenteeism but also a low number of teachers who retire early. However, the influence of school management on the health of teachers is not only direct (school principal ⟶ teachers) but also indirect (school principal ⟶ school staff ⟶ teachers) because the principal's management style acts as a model for how the teaching staff act with one another.[28]

Senior staff in the school system are not just members of the school management team but they are also teachers themselves. Therefore, their leadership behaviour during curricular and extra-curricular activities is just as important for the health of students as that of the school principal for the health of the staff.

27 WHO: Health Promotion Glossary. Geneva: 1998, p. 6

28 Rosenbusch, H. In: Schule NRW 5/2007, p. 231

7. Participation

Scholastic health work primarily serves to improve the health and well-being of staff and students. Generally speaking, they are also the better experts in the relationship between teaching, learning and health. Their active participation is just as important for successful health promotion and prevention as the credible commitment of senior staff.

The different people involved in the school must, therefore, recognise the logic and benefits of health promotion and prevention in their life as well as having the appropriate skills to take part in the conception and implementation of school health work from the very beginning: in the diagnosis, goal-setting, intervention planning, implementation of the planned measures as well as their evaluation.[29] Thus, they are involved in the change process of their school. Sustainable change cannot be expected without activating the people involved and mobilising their own strengths (empowerment).

8. Heterogeneity

In the context of scholastic prevention and health promotion, human diversity must be taken into account across all levels and all areas and contexts of planning, decision-making and implementation. Varying developmental requirements and skills of children, adolescents, teachers and non-teaching staff must be taken into account. Special consideration should be given to inclusion and gender equality as part of gender mainstreaming.

9. Sustainability

Prevention and health promotion in schools should always support the strategy of sustainability. This means that paths to sustainable development must be found, opened up and reflected upon as part of scholastic health work. In addition, measures taken as part of scholastic health promotion and prevention should contribute to:

- improving the efficiency of processes and structures,

- increasing consistency with other measures,

- ensuring maintainability,

- improving the functional efficiency of the school's eco-systems.

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29 Vgl. Badura, Bernhard: Preamble. In Bertelsmann Stiftung, Hans-Böckler-Stiftung (Hrsg.): Success through Health Management. Gütersloh: Verlag Bertelsmann Stiftung 2000, p. 30

3 The work of the accident insurance institutions

3.1 Objectives

The central objective of the accident insurance institutions at school policy level is the integration of health promotion and prevention into the education sciences and especially into school and education policy. This is done through joint projects, initiatives and programmes, particularly through lobbying, advocacy and participation in committees. Thus, it is particularly important to integrate both the topic of health as well as the accident insurance institutions into those school regulations which are relevant to school development and administration. It is also becoming increasingly important for the community to become involved in school development.

At school level, linking safety and health promotion with quality development means that scholastic safety and health promotion are measured by the contribution that they make to reaching educational objectives. Consequently, the objectives set by the accident insurance institutions for the concept of integrated health and quality development with the motto "Good Healthy School" include both health goals and educational goals.

The basic objectives at school level are:

1. Encourage healthy behaviour and experiences as well as a good attitude to, and awareness of, health: to empower students, teachers and non-teaching staff to make an informed and competent choice for their health and safety, and thus, to lead a successful, safe and healthy life in an ever-changing society.

2. Improve the health situation of all people in the educational facility: to make schools aware of the topic of health and to qualify them to design framework conditions for teaching and learning that promote good health.

3. Improve educational quality: to take the insights learned from the health and safety sciences as well as health-related insights from the educational sciences and use them to help schools improve overall quality and the quality of school and teaching processes which ultimately improves the well-being and satisfaction of all those involved.

3.2 Areas of activity

At content level, achieving school goals requires a comprehensive and holistic approach to health work with the goal of optimising the social, personal and functional design and development potential of a school. Comprehensive here means linking the pathogenic with the salutogenic perspectives of a school's educational and health affairs. Therefore, health-related development work must include aspects of protection and promotion; it must deal with the prevention of educational deficits, poor health and impairments as well as the promotion of good education and health; it must minimise and eliminate risks and hazards as well as establish and improve resources. The questions from a health perspective should be "What makes a person ill?" and "What endangers their health?" as well as the question "What prevents and what maintains good health?"

The answers to these complex questions imply the need for an approach in different areas of school health work and their cross-linking. Activities are particularly necessary in the following well-known areas:

- occupational health and safety including accident prevention,

- health promotion,

- crisis and emergency management.

It is important not to look at, and work on, the three areas in isolation but rather in their entirety and interdependence. In terms of their content and strategic direction, they complement one another and only achieve their true potential in combination.

The double term "workplace safety and health protection" refers to the preservation of life and health in connection with the school. Workplace safety and health protection include the prevention of acute accidents and work-related health hazards in order to provide protection against work-related accidents and illnesses as well as to minimize risks and hazards in the workplace by employing various technical, organizational and personnel measures.

The aim of workplace safety and health protection is the design of a human-friendly working environment. This is achieved when work fulfils the physical and psychological requirements that employees need to perform well. Furthermore, work should help foster a strong personality and a feeling of satisfaction.

Accident prevention is complementary to workplace safety and health protection. The term "accident prevention" refers to all technical and organisational measures which are suitable for preventing accidents and minimising accident risks. Like work safety and health protection, accident prevention also takes a predominantly pathogenic direction because it deals with risks and hazards which are present in the school. It looks at what causes accidents and what makes people ill.

The focus in work safety, health protection and accident prevention are acute hazards, risks, and the prevention of illnesses and accidents. The focus of health promotion is the optimisation of resources and strengthening the people and systems which are suited to preventing health impairments in the future.

Under the Ottawa Charter from the WHO (1986), fostering these resources should help individuals and groups of people have more self-determination in terms of their health. This process is known as empowerment.

The third area that the providers of social accident insurance are active in as part of integrated health and quality development is crisis and emergency management. Its aim is to prevent emergencies and crises, to ensure a swift, structured and coordinated course of action in the acute phase and to contain the negative impact of such events as much as possible. In contrast to health protection and health promotion, crisis and emergency management includes not only preventive measures but also those needed for intervention and after care.

3.3 Strategies and topics

In order to achieve the goals described in the three action areas, the accident insurance institutions have two suitable strategies available to them. The first is the training of health through education.[30] This mainly includes measures related to health education where students are the main focus. It aims at embedding safety and health topics into the education and upbringing of students, that is, the acquisition of health-related competencies. For this strategy to be successful, health education must focus on the developmental needs of children and adolescents as well as addressing the issues they face in their everyday life, at school, at home and with their peers. They have to focus on behaviour and actions, convey a positive overall picture of being healthy, and improve coping skills. Health must be holistically incorporated into facets and determinants (risks and resources). Its implementation should involve the cooperation of parents, educators, external specialists and organisations.[31]

The health-related skills and competencies that need to be provided both in and out of lessons are of a diverse nature. They include practical skills, self-competencies, methods and social skills. Competencies are understood to be the cognitive skills and abilities that individuals have or can learn in order to solve certain problems. It also includes the ability to use motivation, volition and social skills required to effectively and responsibly solve problems in differing situations. As such, competency is a disposition which enables people to successfully solve certain types of problems, that is, to deal with specific demanding situations of a certain type.[32] The individual character of competency is determined by different facets: ability, knowledge, understanding, skill, action, experience and motivation. Competencies do not just develop on their own but rather through systematic development, through intelligent networking and through situational embedding of knowledge (awareness of health, health-related competencies, health literacy).

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30 Paulus, Peter: Anschub.de – a Programme for Promoting a Good Healthy School. Münster: Waxmann 2009, p. 28 ff.

31 Paulus, Peter: Reference Framework for Scholastic Health Promotion. Health Quality in the Context of School Quality. Draft version. Manuscript 2006, p. 25

32 Weinert, Franz: Measuring Performance in Schools. Weinheim: Beltz 2001, p. 27f.

There are three priority topics relating to the training of "Health through Education" which are important for the work done by the accident insurance institutions:

- Accidents and accident related injuries,

- physical and social health including the prevention of violence,

- exercise, games and sport.

These are the health topics

- in which the school plays a causal role,

- that are important for the development of both a school's health quality as well as school quality overall,

- that are important in terms of the statutory mandate of the accident insurance institutions,

- that are relevant because of policy provisions (Joint German OSH Strategy).

Taken from the perspective of the "Good Healthy School", the question is how to do work on these topics so that a level of quality can be achieved which covers the entire spectrum of quality dimensions of a good school. It is important to look at whether there is enough good material for schools and in which areas there is still room for improvement. Furthermore, there needs to be clarification of how teachers and senior staff must and can be trained. The success of the "Health through Education" strategy is in no small part dependent on the competencies of the teaching staff

with regards to health education and how they behave as role models.

The second strategic access point, "Education through Health", looks at the area which deals with improving the educational work of the school through health-related interventions. This approach focuses on the quality of health in the school. In the integrated health and quality development approach it denotes the extent to which health-related interventions for students, teachers and non-teaching staff increase the likelihood that health and/or educational objectives will be reached. This is based on the understanding and conviction that the tools of scholastic safety and health intervention and promotion, of empowerment, and of salutogenesis are well suited to helping achieve and optimise good education work in schools. This means that schools can use health-related planning and design to improve workplace quality, they can use violence prevention to improve the social climate, and they can support individuals in order to reduce stress in students.

Even though all quality dimensions and areas of the good healthy school[33] are important for health and educational quality, the scholastic work done by the accident insurance institutions focuses on the following dimensions and areas:

- Quality dimension "Lessons" and "Educational and learning processes"
  Teaching and learning have always been the core activities of a school. A school fulfils its educational

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33 This refers to the quality dimensions and quality areas of the IQES Q-Table.

mandate primarily by offering a learning environment and setting up the learning and educational processes which are embedded in traditional lesson structures. Whether students can acquire health-related competencies and the degree to which they and their teachers feel that their health is being negatively affected depends largely on the set-up of learning and educational processes and on lesson design in terms of content, methodology and organisation. The quality of lessons also depends on the number of accidents and the number of students who skip school.

Topics addressed by the accident insurance institutions in this quality dimension include classroom management, class environment, teaching methods that promote good health, individual support, learning with all senses, health-related curriculum, cooperative learning and teaching, a culture of feedback and evaluation of lessons.

- Quality dimension - "School culture and school climate"
  Summarizing all the available results, it can be stated unequivocally that a good school climate makes a significant contribution to achieving a good healthy school. It influences both the level of performance and the well-being of everyone in the school.

  The climate and culture of a school is not so much influenced by the official school programme or large-scale school development activities, but to a much larger extent by the way people deal with each other and how they solve problems and resolve conflicts. A good school climate is based on a school culture in which teachers and students are encouraged to have a better learning and working experience (culture of recognition and cooperation[34]). The culture of a school is characterized by three aspects: beliefs and attitudes, expressed values, and everyday living together. As part of integrated health and quality development, it is necessary to deal with all three spheres of influence.

As part of the work done by the accident insurance institutions, the following issues can be addressed: feedback culture, communication, school programme and mission, conflict management, support services, intercultural learning, violence prevention and intervention, crisis and emergency management, school festivals, parental involvement, student participation, and school rules.

- Quality dimension - "School Management"
  The quality of a school rises and falls with the quality of school management. This finding from research into school effectiveness applies to school quality in general and to health quality in particular. The school principal is responsible for the work of the whole school. The more autonomy a school has, the more their creative freedom grows. At the same time, their duty to take responsibility for the performance and results of the school also increases. Against this backdrop it can be seen that health management and health-oriented leadership behaviour are of central importance to achieving a good healthy school.

  Health management means designing, managing and controlling. In the context of health management it is about managing and integrating all school processes as well as designing structures with the goal of maintaining and improving the health and well-being of everyone involved in the school. Thus, health is viewed as a strategic factor which influences the organisation's performance, culture and image. The idea is to design the school setting from a material and social point of view as well as to influence the lifestyle and work habits of the people in the school. Therefore, health management is seen as a task that goes across all areas including organisational management and lesson development. In terms of the multitude of different tasks that a school principal must do, health management also means health protection and health promotion in their own right. Ultimately, health management will only be effective when it is done using a leadership style that itself is healthy. This is founded on basic values such as esteem, trust and reliability.

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34 Vgl. Brägger, Gerold / Posse, Norbert : Tools for Quality Development and Evaluation in Schools. Vol. 1. Bern: h.e.p. Verlag 2007, p. 111 f.

The activities of the accident insurance institutions should address topics in this quality dimension such as salutogenic management, self-management, risk assessment, conference management, evaluation, support bodies such as health circles, first aid, mission statement development, change management, integrated health and education reporting.

- Quality dimension - "School as a place to live and experience"
In this dimension, the framework conditions at the forefront are those which, to an extent, cannot be specified and changed by the school administration alone but rather in cooperation with, or alone by, the education authorities. However, the material, legal, personnel and structural conditions have a decisive influence on processes and results, and therefore also determine the extent to which a school can be improved with health. This applies in particular to spatial and temporal conditions. They are important factors for effective and healthy learning processes.

The space, including the exterior space of a school, has been underestimated in terms of its importance for education. It is the "third pedagogue" in addition to the adults and other children and adolescents. Small-sized classrooms not only hinder educational concepts that use flexible teaching in individual, partner and group work, but also generate stress and consequently aggressive behaviour. Classrooms should, therefore, be large and well-equipped with furniture that allows for different learning arrangements and, above all, movement. It should not be underestimated how important movement is for successful learning and teaching as well as for the healthy development of adolescents.

The same can be said for the school climate because its quality is also influenced by the school space. The creation of work areas for teachers promotes teamwork and cooperation with parents. Such a configuration of a school's space sustainably improves the health of teachers and the satisfaction of everyone involved.

The importance of time as a framework condition is due to the fact that learning is an individual process that is either encouraged or hampered by the environment in which it takes place. Learners have their individual learning speeds, some learn faster, others slower. Sometimes the material requires a lot of learning time, other times it can be processed and understood by the students in a short period of time. For this reason, education and learning researchers, psychologists, doctors and teachers are more and more expressing their discomfort at the relatively strict time arrangements and established traditions in their schools. They are calling for a change in time structures and for a rhythm in everyday school life that is focused on the requirements of all those involved.

The activities that the accident insurance institutions can initiate and carry out in this quality dimension include school buildings and equipment as well as structural and organizational issues. The range of topics include room design and fit-out, styling, colour design, noise and acoustics, furniture and furnishings, plants and planting, hygiene, room climate and ventilation, light and lighting, but also the rhythm of school life, the design and culture of lesson breaks, space principles or working hours.

3.4 Measures

Schools that are interested in becoming a good healthy school need to be given a wide range of safety and health-related measures and aids (policy mix). Wide ranging because each school has its own requirements, interests, problems and needs. Schools, therefore, must be able to select the offers and aids that fit their specific situation. The measures and aids themselves must be suited to maintaining and improving the health of individual people at the school as well as the school overall. They must also be suited to addressing questions and issues of school development in each individual school and thus contribute to lesson and school development and improve their quality. Everyone involved in the school, the educational institution as an organisation, the insurance institutions and other people and institutions affected are regarded as relevant variables that make their own specific contribution to improving health and educational quality.

It also very important that the services and aids that are developed for schools take into consideration insights from as many health and education-related sciences as possible. This includes the educational sciences, health and sport sciences, occupational safety and health sciences, medical sciences, nutritional sciences, psychology, and sociology.

To an extent, the measures that the statutory student accident insurance institutions can put into place as part of integrated health and quality development are specified in Volume VII of the German Social Security Code (SGB VII). However, other measures can be taken which are in accordance with the principle of "prevention by all appropriate means" and can be freely chosen and designed with consideration of the principles of economic efficiency and effectiveness. This generally means the following measures and activities:

- Training
  Training helps to create a good healthy school by motivating important target groups and helping them to be able to design health-promoting and preventive processes and structures in the school as well as to manage their own health and safety. Training, like other personal measures, counts as one of the key measures, since it is extremely well suited to supporting the acquisition of necessary skills, and also to analysing and specifying the needs and requirements of the target groups.

  The training offered must, therefore, primarily address those target groups that have a greater impact or influence on school processes: members of the school inspectorate, members of school management and steering groups, health officials, senior teachers and trainee teachers, and teacher trainers. Training activities include courses, seminars, conferences, congresses, specialist meetings and web-based services.

- Consultation and monitoring
  Two of the fundamental and legally obligatory accident prevention measures are consultation and monitoring. The latter is carried out with the aim of checking that legally required measures have been implemented. The monitoring tool is used in particular for specific events such as accidents, injuries, and evidence of specific hazards both for

prevention and in the event of complaints. The monitoring process identifies existing deficits and makes suggestions for how to eliminate them, so effectively monitoring and consulting are done together. It is useful to link monitoring with the school administration's own controlling processes (school inspections, quality analysis).

Consultation is becoming increasingly important in the context of a systematic and systemic approach. Its aim is to support school management and school officials with designing and implementing preventive and health-promoting concepts and processes as well as to provide general assistance.

In view of the integrative approach, it appears that in the future it will be necessary to focus on advice given to schools in terms of school development consulting. Schools often require not only expert advice but also advice on health processes if they want to develop into good healthy schools.

- Quality development and assurance
  Safety and health promotion measures must be effective. This means not only evaluating measures, but also developing, evaluating and working on scientific principles, knowledge and data. In addition, basic rules as part of school rules must be developed and regulations for accident insurance institutions are required, since they define the framework and the importance of school health work. However, the development, testing and evaluation of innovative strategies and methods such as pilot projects and programmes are necessary in order to ensure the highest possible quality of work and services of the accident insurance institutions.

  Projects and programmes are especially effective when appropriate solutions for certain problems must be found under restricted conditions and limited resources (human and financial). They are effective when it comes to developing and testing customised strategies for obtaining information or for implementing activities in complex situations. They are particularly well suited to generating analyses and solutions for cross-institutional issues.

One Stop Solution!

- Quality
- Consultation
- Service

- **Communication**
  Mass communication, which mainly refers to ads, posters, brochures, newspapers, videos, CDs, the Internet and campaigns primarily acts as a means of widely distributing content and of supporting health-related processes. It is suitable for raising awareness of a topic, encouraging initial discussion of the subject and providing additional information.

  Personal communication measures are suitable for providing a more in-depth look at specific content and as an introduction to health-related processes. Their aim is to establish personal references to topics, to address specific questions and to help learn through example. Included in this set of measures are exhibitions, theatre, dance and music, campaign-related activities and peer projects.

- **Incentive schemes**
  Incentive schemes in the form of bonus models, competitions and awards aim to motivate schools and accentuate their education and quality development in terms of promoting health. Furthermore, schools which have developed into a good healthy school, or are on their way there, should be given recognition and praised publicly. Thus, incentive schemes direct attention to schools that are examples of good practice and which can be role models for other schools.

  Taking into consideration the quality debate and increasing competition between schools, it is clear that public awards and commendations will become increasingly important in the future. On the part of the accident insurance institutions, they should only

be used if they are incorporated into an overall strategy of integrated health and quality development and if they support other activities.

3.5 Cooperation

The accident insurance institutions are responsible for about 45,000 general and vocational schools in which 12 million students are taught by approximately 800,000 full-time teachers. Additional employees in the schools include caretakers, secretaries, social workers and psychologists. This diverse target group, limited resources and the overlap with the priorities of other protagonists means that it makes sense to often provide and carry out these activities and services jointly with other providers, particularly with health insurance companies and government ministries.

Appendix A

Chart: "The good healthy school"
compared to the "health promoting school"

	Good healthy school	Health promoting school
Concept	Supporting education through health	Supporting health through the school
Perspective	Health contributes to school quality	School in service of health
Motto	Using health to make good schools	Making health a topic at school
View of school	School as an institution and organisation of education with an educational mandate	School as a setting that can be designed to promote health
Starting point	Scholastic-pedagogical view of issues: It is based primarily on educational reporting	Health related view of issues: It is based primarily on health reporting
Approach	Pedagogical approach to school development which addresses the quality dimensions of a good school	Organisational sciences approach to school development which looks at the health promoting quality dimensions of schools • curriculum • school culture and school environment • school health management • service and cooperation partners
Objectives	A good healthy school that more effectively and sustainably achieves educational quality in a school development process through targeted health interventions in the quality dimensions of a good school	A health promoting school that more effectively and sustainably promotes the health of students, teachers and other staff in schools as a requirement that educational quality of the school is achieved in a school development process
Strategies 1. Children and adolescents	Achievement of health education goals for students as part of the educational mandate of the school	Achievement of health goals for children and adolescents as part of health promotion in schools
2. Teachers, non-teaching staff, organisation (school as workplace, school as company)	Achievement of quality objectives for a good school through targeted health prevention strategy	Achievement of health objectives through activities and measures that promote health
3. School level	Community school landscape with out-of-school local representatives, national active alliance partners	Nationwide network of health promoting schools and out- of-school partners
Motivation of schools	• All schools want to be good schools • Great potential to interested schools	• Only a small number of schools want to be health promoting schools • Limited number of interested schools

from Paulus, 2004, p. 10

Appendix B

Quality Framework "Good Healthy School" (Brägger/Posse, 2007)

1	2	3	4	5	6	7	8
Living environment	Lessons	Learning	School climate	School management	Personal development	Quality management	Effects
Health status T+S	School programme HP+Prevent	Self-regulating healthy life	School community	Pedagogical leadership	Goal-oriented personal development	Quality objectives	Educational mandate
Learning space	Lesson design	Cooperative learning	Feedback culture	Clever task allocation	Skills development	Steering of Q-processes	Skills
Day structure	Class management	Learning with all senses	Cooperation and teamwork	Decision processes	Resource management	Individual feedback	Successful school career
Working conditions	Guided learning	Needs oriented	Participation of parents and students	School organisation	Recognition of Q-deficits & social support	School development, evaluation	Satisfaction for beneficiaries
Health promotion (HP) with external partner	HP courses & programmes	Individual consultation	HP school climate	HP as management responsibility	Workplace health promotion	QM of HP and prevention	Health and well-being

modifiziert nach Brägger und Posse, 2007, S. 31

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Glossary[35]

Advocacy
Advocacy refers to one of the three action strategies for health promotion highlighted in the Ottawa Charter. It is a combination of individual and social activities used to achieve political responsibility and support, social acceptance, and system support for a specific health objective or programme.

Concept
A concept is a provisional description of connected objectives, content, methods and processes which belong to an action model (e.g. activities, project).

Education
Education can be understood as a life-long, ongoing process in which individuals develop an understanding of the world around them and their place in it (orientational knowledge), through "automatic" acquisition of knowledge resources (factual knowledge) and reflected processing of the forces influencing them. Education also refers to the provision of knowledge, attitudes and skills to children and adolescents which enable them to live a successful, independent life in terms of different demands and thus, the ability to function as part of a social system of standards and values.

Evaluation
Evaluation in health, education and social services is defined as the systematic collection, evaluation and assessment of information regarding the progress and results of activities, projects, programmes, etc. using qualitative and/or quantitative research methods.

Gender Mainstreaming & Managing Diversity
This refers to political or business strategies which aim to provide women and men with equal opportunities in all political fields, in public administration and in large international companies as well as equal chances for individuals in all their diversity in social systems.

Health and Illness
The terms health and illness designate the general state of subjective perception (e.g. the absence of illness, sense of well-being, state of equilibrium). Universally acknowledged definitions do not exist.

Good Healthy School
The "Good Healthy School" concept describes a school which is committed to the quality dimension of a good school in its development and which puts into place targeted health intervention as part of their educational mandate.

Health Education
"Health education" can refer to either self-action in the sense of self-direction and self-acquisition in the learning process or as the conscious influencing of a person's behaviour through professionals.

Health Intervention
Health intervention refers generally to any activities from the health sciences which relate to work processes, providing skills, organisational structures, lifestyle and living conditions.

Health Promotion
Health promotion is the process of enabling people to increase control over, and to improve, their health. Participation is essential to sustain health promotion action (WHO, 1998, p.1).

Health Resources
Health resources, as per the Ottawa Charter, refers to the health potential of people (e.g. positive feeling of self-worth) to maintain good health and promote their well-being.

Management
The term "management" refers to the leadership of an organisation, a project or programme and includes all activities relating to the systematic planning and guiding of individual work processes and developments.

Measure
A measure is an activity to achieve specific objectives or milestones with set timing and responsibilities and which is derived from a mission statement and appropriately defined strategies.

Methods
Methods are specific, planned forms of action that are geared towards achieving a defined objective or addressing particular issues and have proven themselves for the intended purpose.

Mission Statement
A mission statement is the summary of an organisation's mission, long-term objectives, responsibilities, principles and code of practice (not legislative!).

Models of Good Practice
Models of good practice help other people in the same field to achieve their own good practice based on quality criteria.

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35 from Witteriede, Heinz: Glossary of Health – Education - Development, 2010.

Networking

Health promotion requires the coordination of all areas of influence (health, education and social spheres) in order to produce healthy living conditions, good health and well-being for people.

Programme

The term programme refers to a well-designed idea for a structured but time-limited course of action which has a specific mission statement, binding guidelines, clear guiding principles, appropriate guiding strategies, methods and measures.

Project

A project is an undertaking with clear objectives, a fixed budget, and a defined beginning and end which attempts to implement an intervention, to answer a research question or to fulfil a work request.

Protective Factors

The extent to which people manage to successfully cope with acute or chronic health stressors depends on personal (internal), social and environmental (external) resources which act as protective factors. Under the Ottawa Charter, these are also described as health resources.

Quality

Quality refers to the extent to which health services are likely to increase the chance of achieving the desired results for a person, group of people or organisation. It also refers to how consistent they are with current professional knowledge (evidence).

Quality Development

Quality development means the continuous optimisation of structures, processes and results of an organisation, programme or project based on regular systematic analysis of developmental status and results for strategy modification.

Salutogenesis

The salutogenic model was developed by the Israeli medical sociologist Aaron Antonovsky. According to his approach, health is a unit on a continuum (health-disease-continuum) with smooth transitions. At the forefront of his approach are the protective factors which significantly contribute to a person's ability to remain healthy despite threats from such things as stress, accidents, bacteria and viruses. Inevitably linked with this is the search for promising ways of increasing fundamental resources which enable people to resist these threats and maintain/improve their health (health resources).

School Programme

The school programme can be viewed as a "Director's Script" or "Guideline" for each individual school. It contains the school's principle orientation (e.g. pedagogical self-understanding, methodological and organisational focus) and the current situation. It also describes fixed plans and measures for systematically implementing, developing and evaluating its activities.

Setting Approach

The Setting Approach is a core strategy of health promotion. It focuses on socially demarcated systems/living habitats of people (e.g. school) and combines systematic and holistic interventions which are geared towards improving living conditions with measures aimed at individuals (e.g. training leadership skills, encouraging physical activity).

Social and Health Inequality

Social inequality describes how people occupy different positions in society based on various determining factors which leads to relatively permanent advantageous or disadvantageous distribution of essential resources (educational level, income) and thus have an influence on the quality of life and social status.
Health inequality refers to the connection between social status and the rate of morbidity and mortality. There is a wealth of empirical evidence that people with "low socio-economic status (e.g. low-level education) have particularly poor health".

Strategy

A strategy is a long-term approach combining several activities and measures which is carried out by an institution, an organisation or a project in order to achieve long-term objectives in context of their environment.

Sustainable Development

In health promotion, sustainable development is particularly important in terms of building healthy public policy, and supportive environments for health in ways which improve living conditions, support healthy lifestyles, and achieve greater equity in health both now and in the future (WHO, 1998, S. 20).

Target Groups/Addressees

Target groups for health intervention work are selected groups of people (students, teachers) who are reached with a specific objective. The target group does not always need to be the addressee of an intervention. For example, teachers, parents and legal guardians might be the addresses of a health intervention message.

Workplace Safety and Health Protection

The key objective of "people-friendly workplace design" is embedded in the German Occupational Safety & Health Act. In our modern understanding of workplace safety and health protection, it establishes a "holistic understanding" which sees "the preservation, protection and promotion of health as a core responsibility".