

Federal Centre for Health Education

HEALTH PROMOTION AT KINDERGARTEN

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The Federal Centre for Health Education (BZgA) is an authority in the area of responsibility of the Federal Ministry for Health, based in Cologne.

The BZgA has the task of promoting health at a national level. To achieve this, it implements educational campaigns on central health issues.

A second issue on which the BZgA focuses is quality assurance. To ensure this, it carries out scientific investigations in various subject areas, notes requirements and promotes transparency through market observation and market analysis. Qualification, co-operation and the development of programmes and innovative strategies are other key fields in this sphere of work.

Following the concepts on “Health for Children and Adolescents” and “Health Education and Health Promotion in Schools”, which have already been published, these notes on the promotion of health at kindergarten are the necessary supplement to the work focusing on “Health for Children and Adolescents” carried out by the BZgA. It gives the kindergarten environment a central significance, in addition to that of the family, in the area of health promotion. Against the background of priority subject areas and areas of action concerning children's health, the objectives of the promotion of health in kindergartens and central aspects will be set out as a guide. The BZgA's tasks in the area of health promotion in kindergartens will be described, along with those involved in co-operative action based on the division of the work.

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START UP COURSE

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Introduction

In its medium-term target group specific focus on “Health for Children and Adolescents”^{1, 2}, the Federal Centre for Health Education is concentrating in particular on setting-related³ work, adapted to an integral approach. As behaviour which is relevant to health and the stabilisation of a lifestyle which will promote health is best achieved by early prevention at the appropriate age, for children aged 3-6 the area of “Day care centres for children/kindergartens” – in addition to the family – is a particularly important aspect. An integral approach to the health promotion and the inclusion of the parents as central mediators is important. The identification of central health problems and requirements for action are based on epidemiological foundations.⁴

A not insignificant amount of children's socialisation takes place in day care centres for children. At kindergarten, the teachers accompany the children in the first stage of the education system, during a central phase with regard to age and development, in which not least there are considerable opportunities for the promotion of health.

Kindergarten teachers acquire a key role in this area related to the intensification of health education in kindergarten.

1 BZgA (1998): *BZgA – Tasks and Objectives. A new orientation for the BZgA*. Köln.

2 BZgA (1998): *Health for Children and Adolescents*. Köln (Concepts 1).

3 Setting approach as a key strategy in health promotion. Setting here means: environment, area of life, framework/social system in which people spend a large amount of time and in which conditions for the promotion of health can be created. Cf: WHO (1998): *Health Promotion Glossary*. Geneva; BZgA (Ed.) (1996): *Leitbegriffe der Gesundheitsförderung* (Leading Concepts in the Promotion of Health). Schwabenheim a.d. Selz: Peter Sabo Publishing Company (Reihe “Blickpunkt Gesundheit” series 3).

4 BZgA (1999): *Child Health – Epidemiological Foundations*. Köln (Research and Practice of Health Promotion, volume 5)

As an educationally orientated method of access, kindergarten can acquire a central significance in addition to the family in the area of health promotion. Attention should be paid to the basic conditions of the institutions. The Federal government⁵, church and municipal institutions, the representatives of the welfare services, governmental and non-governmental further education establishments, the Public Health Departments, institutions for youth work and health insurance companies have already made a significant contribution to improvements in health education and the promotion of health in the area of day care centres for children in recent years. Very different approaches exist side by side. An increase in activities regarding information and the improvement of transparency are necessary, as well as co-ordinating and networking measures.

5 Lipp-Petz, Ch./Hinze, K./Krahl, K. P. (1996): *Die Kindertageseinrichtung als Ort der Förderung von Gesundheit I und II* (Day Care Centres for Children as a place for the Promotion of Health I and II. Materials for social education in practice (MSP) 27. Frankfurt a.M.: Deutscher Verein für öffentliche und private Fürsorge (Ed.).

Starting situation

Basic conditions of society

In the modern industrial societies a striking change has taken place in the family environment. This has been characterised by a pluralisation of types of household and ways of life.⁶ In addition to the family as a traditional institution – couple and child/children – other family groups and arrangements for care, support, living and costs are becoming increasingly significant. Against the background of real society, the aspect of immigration should also be included in this context. In addition, there are structural changes in the medical system and the frequently insufficient use of preventative measures.

Statistics regarding the situation of care⁷

In Germany in 1999 there were 2,374,553 children under three years of age (of which 297,053 were of non-German nationality), 3,170,472 children aged 3-6 years (of which 395,259 were of non-German nationality). According to article 24 of the Kinder- und Jugendhilfegesetz⁸ (KJHG – Child and Youth Assistance Act), “Organisation of the possibilities for support in day care centres”, children have the right to attend a kindergarten from the completion of their third year of life until they start school. In this section, the representatives of public youth aid are asked to make a corresponding number of places available and to expand the care available in addition to and in support of families as required.

6 Federal Ministry for Family Affairs, Senior Citizens, Women and Youth: *Zehnter Kinder- und Jugendbericht* (Tenth report on the Children and Adolescents) Bonn 1998.

7 Federal Statistical Office 2001

8 Happe, G./Saubier, H. (1998): *Kinder und Jugendhilfegesetz. Texte jugendrechtlicher Vorschriften* (Child and Youth Assistance Act. Text of the regulations concerning Laws relating to young persons. Stuttgart, Berlin, Köln: Kohlhammer (21st revised edition).

In around 48,000 day care centres for children (including crèches, kindergartens, nurseries, and establishments for specific age groups and groups of mixed ages) maintained in various ways, over 3 million children are looked after by around 373,000 qualified employees (teachers). A large proportion of pre-school age children can therefore be reached via day care centres.

Kindergarten as a place for health promotion^{9,10}

Since the 1970s kindergartens have developed into recognised establishments for the care, education and upbringing of children.

The “Principles of the support of children in day care centres” listed in article 22 of the KJHG¹¹ name the development of the child “Into a person capable of taking responsibility for himself and of functioning in a community” as the aim of support. In order to fulfil this task, the care, upbringing and education of the child should be geared towards the needs of the children and their families with regard to education and organisation. The aims of educational work with children are simultaneously the requirement for the development of behaviour and actions which will promote health.

In practice, this is characterised firstly by a variety of representatives: the social welfare associations and the representatives of public youth welfare (youth welfare offices) constitute the central representatives of kindergartens. The basic conditions with regard to space and personnel structure the everyday life in the kindergarten and the course of the day. It is also characterised by various educational arrangements and a variety of methods.

9 Cf. Becker-Textor, I. (1994): *Kindergarten 2010. Traum – Vision – Realität* (Kindergarten 2010, dream – vision – reality). Freiburg: Herder; Lipp-Petz, Ch./Hinze, K./Krahl, K. P. (1996): *Die Kindertageseinrichtung als Ort der Förderung von Gesundheit 1 und 11* (Day care centres for children as a place for health promotion 1 and 11). Materials for the practice of social education (MSP) 27. Frankfurt a.M.: Deutscher Verein für öffentliche und private Fürsorge (Ed.).

10 *Prävention* 1/1997, 20th year, booklet focussing on “Health promotion in day care centres for children”.

11 Happe, G./Saubier, H. (1998) *Kinder und Jugendhilfegesetz. Texte jugendrechtlicher Vorschriften* (Child and Youth Assistance Act. Text of the regulations concerning Laws relating to young persons. Stuttgart, Berlin, Köln: Kohlhammer (21st revised edition).

In addition, the social background of the families and the willingness of parents and teachers to co-operate have an effect on the central themes and the realisation of aspects of general education and health education. The principles pursued on the basis of the widespread approach of situation theory^{12,13} open up diverse possibilities and interfaces for the intensification of the subject “Health education/health promotion” in day care centres for children.¹⁴ Admittedly, explicit sensitisation of the occupational groups of teachers in the subject in the promotion of health is required in this area. It is necessary to acknowledge the qualified teaching employees in their work, which already includes many aspects of health promotion, and to make it endorse that this is not a new, additional task, but that it is a matter of strengthening and structuring elements which are already being realised.

Within the framework of a varied and heterogeneous range of further training, the subject of “Health Promotion” is already represented with items of varying form and content. A continuous and close co-operation between the representatives of training and further education, intensification of networking, an improvement in transparency¹⁵ and target orientated focussing as well as – in the longer term – incorporation of appropriate modules into the curricula would be a good basis for the reinforcement of activities to promote health in day care centres for children.

Against the background of the basically positive plurality described in various areas, the need for overview/orientation including quality assurance measures becomes clear.

12 Zimmer, J./Preissing, Ch./Thiel, Th./Heck, A./Krappmann, L. (1997): *Kindergärten auf dem Prüfstand. Dem Situationsansatz auf der Spur* (Kindergartens under the microscope. On the trail of a situational approach). Seelze: Kallmeyer.

13 Laewen, H.-J./Neumann, K./Zimmer, J. (Eds.) (1997): *Der Situationsansatz – Vergangenheit und Zukunft* (The situational approach – past and future). Seelze: Kallmeyer.

14 Troschke, v. J./Gerber, U./Reiser, U. (1997): “Gesundheitsförderung im Kindergarten. Erfahrungen mit einem Modellprojekt der Techniker Krankenkasse” (Health promotion at Kindergarten. Experiences in a pilot scheme for the technical health insurance company); Hassel, H./Matlick, H. (1997): “Gesundheitsförderung in Kitas” (Health promotion of in in day care centres). Both in: *Prävention*, 1/1997, 20th year, booklet focussing on “Health promotion in day care centres for children”.

15 BZgA: Grundmann-Simsek, D. / Nöcker, G. (1997): “Materialien zur Suchtprävention im Vorschulalter” (Materials for the prevention of addiction at pre-school age). *Prävention*, 1/1997, 20th year, booklet focussing on “The promotion of health in day care centres for children”.

3 Health for children – priority areas for action

With regard to the state of health and health related behaviour of children, only a few statistics are available which are valid nationwide. A scientific conference held by the BZgA in order to collect relevant data sources (e.g. data from school entrance examinations, data from health insurance companies in the area of early diagnosis examinations) and for the identification of priority requirements for action produced significant results.¹⁶ On the basis of the results of the conference, the following subject areas and areas of action were distinguished as central areas of action in health promotion and prevention at pre-school age:

Subject areas and areas of action

- Nutrition education
- Promotion of physical exercise
- Coping with stress/psychosocial health
- Prevention of accidents
- Prevention of violence
- Prevention of addiction
- Sex education
- Promotion of the awareness of early diagnosis examinations
- Promotion of willingness to undergo vaccination

The promotion of health at kindergarten, particularly in these priority subject areas, is therefore a central task for all those involved in the “setting” of kindergarten – a community task to which the BZgA wishes to contribute by creating transparency and networks.

¹⁶ BZgA (1999): *Child Health – Epidemiological Foundations*. Köln (Research and Practice of Health Promotion, volume 5).

Objectives of health promotion at kindergarten

On the basis of the insights available, the promotion of health at kindergarten must be improved in specific ways. A general aim of the promotion of health at kindergarten is the healthy development of the child. The starting point is a social/psychological development model, which describes the following target dimensions, which are imbedded in an integral approach:

- the physical and psychological development and how this is dealt with;
- the development of motor abilities;
- the development of speech and cognition;
- the development of social behaviour;
- the development of an identity determined by the child himself;
- the promotion of the ability to make assessments and judgments.

In parallel to these general developmental tasks, special competence in health is to be promoted among children through:

- the passing on of health related knowledge;
- motivation with regard to behaviour which will promote health;
- the practice of the correct behaviour to ensure health.

Measures which ultimately should lead to the correct behaviour and actions to ensure health offer opportunity and support with regard to one's own abilities and skills in healthy living. They are a part of a strategy for social learning.

5

Health promotion in day care centres for children – points for orientation

The requirements for intensification and implementation of measures to promote health in the everyday life at kindergarten include – in addition to measures concerning the conditions, which create the basic conditions for health promotion at kindergarten – motivation, support and training of central multipliers.

As a result, consensual development, the distribution and implementation of guidelines and quality criteria are at the forefront of the BZgA's work in the kindergarten sector in the interest of a more intensive influence on the above areas of development by teachers in the context of everyday life at kindergarten.

Within the framework of specialist conferences of the Federal Centre for Health Education,¹⁷ together with experts in science and practice, were able to develop the following general recommendations as central aspects of health promotion at kindergarten:

Measures and initiatives for the promotion of health at kindergarten

- **are carried out with reference to target groups and take into account the social environment and everyday life of the children** (orientation with regard to living environment and life situation);
- **are linked to specific phases of development** (led by theory);

¹⁷ BZgA (1999): *Child Health – Epidemiological Foundations*. Köln (Research and Practice of Health Promotion, volume 5).

- **cover – in addition to problem orientated approaches – approaches for the promotion of competence with relation to children, parents and teachers** (salutogenetic orientation);
- **form the basis for strategies which focus on problems which are connected and deal with them simultaneously** (comprehensively and integrally) – taking into account the limitation of the individual aspects of disturbances to development and health;
- **aim for interdisciplinary co-operation** (based on co-operation and the division of work, e.g. co-operation with parents, co-operation between teacher, paediatrician, sports club);
- **take into account differences between genders and incorporate gender-specific approaches** (roll orientation);
- **pay attention to different living environments and culture-specific features** (take into account specific health concepts);
- **pay particular attention to families at a social disadvantage and other social groups which are difficult to reach that are heavily burdened** (social/political orientation).

The BZgA recommends that the above orientation points are taken into account as a foundation for the planning of initiation/intensification of activities to promote health at kindergartens.

The aspect of “Migration and health” is becoming increasingly important; it demands adaptation of the intervention strategies. As immigrant families have a greater need for the promotion of health and are also more difficult to reach, the possibility of access via kindergarten should be used. The setting approach offers particularly good opportunities for children with a background of migration with regard to making health care available and promoting competence in health. For this it is necessary to provide teachers with the appropriate intercultural knowledge, e.g. the culture-related understanding of health and illness, through training. One important aspect is that the immigrants' knowledge should not be seen as deficient, rather as culturally different, with the possibility of learning from each other.

In order to consolidate the promotion of health as a component of everyday life at kindergarten, it is necessary to reflect on the underlying concepts and the opportunities for conversion into a concrete situation, which are perceived or may potentially be perceived, on the spot.

Measures for local co-operation between sectors (e.g. partnerships between kindergartens and parents; co-operation between kindergartens, paediatricians and sports clubs) can therefore contribute to the long-term conversion into reality of the promotion of health in the kindergartens of the region. This can be supported by appropriate public relations work and the documentation and practical evaluation of the projects carried out. Corresponding training and support in this sector (e.g. through improvement of clarity, passing on of information, development of orientation criteria and guidelines) is a central area of joint responsibility. The considerations are also a basis for the development and application of quality criteria.

Of crucial importance in this context is the attitude to health and the promotion of health of teachers and their function as an example. Appropriate training and qualification measures to support the occupational group should be seen as a good investment in the promotion of health in kindergartens.

The BZgA's tasks in the field of health promotion at kindergarten

The BZgA includes kindergarten in its thematic focus on health education, e.g. sex education, nutrition education and the prevention of addiction as an important place for the promotion of health. In addition, the BZgA will make a contribution in its function as a “clearing house” through the support of transparency (e.g. overviews of media, measures, projects for the promotion of health in kindergartens) and networking, to generally strengthen the “kindergarten as a place for the health promotion”.

The BZgA as a supplier of media and measures for health education at kindergarten

Within the framework of medium-term and long-term educational strategies which have been conceived as ways of approaching life, the BZgA promotes the corresponding communication for working with children.

The offers are currently concentrated on the subject areas of the prevention of addiction, nutrition education, sex education and general medical aspects of children's health, such as the promotion of awareness of early diagnosis examinations. The offers generally include both media for the children and aids for multipliers/teachers.¹⁸

18 BZgA (1999): Media overview “*Gesundheit von Kindern und Jugendlichen*” (Health of Children and Adolescents). Köln.

Note

The media overview *Gesundheit von Kindern und Jugendlichen* (Health of Children and Adolescents, only in German) gives an overview of the corresponding media available from the BZgA. Further up to date information on each subject area can also be obtained from the BZgA's homepage at www.bzga.de.

The BZgA as a clearing house in the health promotion at kindergarten

In addition to its work in information and communication on a national level, the BZgA has increasingly been undertaking quality assurance work in the form of a clearing and co-ordination point. In this sector, the BZgA is working on scientific foundations in the area of children's health¹⁹ and is – in co-operation with other relevant parties – particularly active in the following fields:


Creation of transparency and foundations for assessment

- Overview and analysis of what is available/suppliers (overview of the market) e.g. *Bewegungsförderung im Kindergarten. Kommentierte Medienübersicht*. (Promotion of exercise at kindergarten. Media overview with comments). Volume 1 of BZgA's series “Gesundheitsförderung konkret” (Practical Health Promotion), BZgA 2000 (only in German).
- Development of criteria for the examination and assessment of what is available (orientation).
- Publication of quality standards.
- Development of training measures.

Support for networking

- The promotion of information, communication and co-operation structures.

¹⁹ BZgA (1999): *Child Health – Epidemiological Foundations*. Köln (Research and Practice of Health Promotion, volume 5).

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- Organisation of the exchange of information and experience using electronic systems.
 - Support of the exchange between research and practice.
 - Reaching an agreement on quality criteria/recommendations.
 - Support of community projects (e.g. children's caravan) and innovative projects.
 - International co-operation.

These areas of responsibility run hand in hand and are realised as a co-operative task.

7

Those involved in the field

Networking, co-operation and action based on this division of work are crucial foundations for intensification of measures for the promotion of health. Success depends on common objectives and on the focussing of interventions.

Corresponding to the fields of work, the following institutions and establishments are active in the field. Generally, they have an overview of regional contacts or they deal with the subject matter scientifically.

Science

- Academy for Public Health, Düsseldorf
- Institutions for education and further training
- German Youth Institute (registered society), Munich
- Research establishments, universities and specialist colleges
- NRW Social Education Institute, Cologne
- Staatsinstitut für Frühpädagogik (National Institute for Early Education), Munich
- Scientific Institutes and Specialist Establishments under the responsibilities of the Federal Ministry of Health (e.g. Robert Koch Institute)

Public Health

- Berufsverband der Kinder- und Jugendärzte e.V. (Professional association of paediatricians and youth doctors), Cologne
- German Medical Association, Cologne
- Bundesarbeitsgemeinschaft für Haltung- und Bewegungsförderung e.V. (Federal Association for the Promotion of Posture and Exercise), Wiesbaden

- Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes e.V. (National Association of Doctors in the Public Health Service), Hamburg
- Federal Association for Health (registered society), Bonn
- German Nutrition Society (registered society), Bonn
- Deutsche Gesellschaft für Kinderheilkunde und Jugendmedizin e.V. (German Society for Paediatrics and Youth Medicine), St. Augustin
- Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin e.V. (German Society for Social Paediatrics and Youth Medicine), Munich
- German Centre on Addiction Problems, Hamm
- German Green Cross, Marburg
- National Association of Statutory Health Insurance Physicians, Cologne
- Health Insurance Companies
- Landesinstitute für den öffentlichen Gesundheitsdienst (Regional Institutes for the Public Health Service)
- Regional Associations for Health Promotion
- Public Health Service
- Self-help groups
- Central Research Institute of Ambulatory Health Care in Germany, Cologne

Children and adolescents

- German Child Safety Alliance, Bonn
- Deutsche Liga für das Kind in Familie und Gesellschaft e.V. (German League for the Child in the Family and Society), Berlin
- German Society for the Protection of Children (registered society), Hannover
- German Sports Confederation, Frankfurt a.M., and its special federations
- German Youth Hostel Association, Detmold
- Youth welfare institutions
- Youth Welfare Offices and independent representatives of youth institutions
- Kindernetzwerk e.V. für kranke und behinderte Kinder und Jugendliche in der Gesellschaft (Children's network for sick and

handicapped children and adolescents in society), Aschaffenburg

- Commercial and non-commercial leisure facilities
- Commercial and non-commercial media for children and adolescents

Other important institutions

- Federal Association of Voluntary Welfare Work, Berlin
- Federal Association of State Youth Welfare Offices, Cologne
- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Berlin
- Federation of German Local Authorities' Associations, Cologne
- Deutscher Familienverband (German Family Association), Berlin
- German Road Safety Council (registered society), Bonn
- German Adult Education Association, Bonn
- Ministries of the Federal States (Länder) and city governments

International field

- WHO
- European Commission
- Unicef, Children's Relief Organisation of the United Nations
- European Regional Council of the World Federation for Mental Health/Mental Health Europe

Selection of English media on the subject of “Health for Children and Adolescents”

The publications of the BZgA can be ordered by writing to: BZgA, 51101 Köln, Germany. Further information can be found on the internet at www.bzga.de, where a lot of the specialist publications can also be downloaded.

❑ Overview

Gesundheit von Kindern und Jugendlichen (Health of Children and Adolescents)
Detailed media overview (only in German). Order No.: 60 401 070

❑ Concepts

General Concept for Sex Education
Order No.: 13 002 100

Concept Sex Education for Youths
Order No.: 13 006 070

Concept 1: *Health for Children and Adolescents*
Order No.: 60 401 070

Concept 2: *Health Education and Health Promotion in Schools*
Order No.: 60 402 070

❑ Specialist booklet series “Research and Practice of Health Promotion”

Volume 1: *Gender-related Drug Prevention for Youths*
Order No.: 60 802 070

Volume 4: *What Keeps People Healthy? Antonovsky's Salutogenic Model of Health*
Order No.: 60 804 070

Volume 5: *Child Health – Epidemiological Foundations*
Order No.: 60 805 070

Volume 6.1: *Evaluation as a Quality Assurance Tool in Health Promotion*
Order No.: 60 806 070

Volume 6.2: *Evaluation – un instrument d'assurance qualité dans la promotion de la santé*
Order No.: 60 806 080

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Order No.: 60 810 070



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