

# European Network of Health Promoting Schools

## Study Visit, Luneburg, 17–21 March 2008

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Learning and Teaching Scotland



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Very early on Sunday 16 March a delegation of ten representatives from Scottish Government, NHS HealthScotland, Learning and Teaching Scotland and Scottish Local Authorities, set off at the invitation of Professor Peter Paulus of the University of Lüneburg, to find out more about the Anshub.de (Alliance for Sustainable School Health and Education) Project, to compare developments in Germany and in Scotland, and to share some of our own experiences and challenges in our attempts to develop Health Promoting Schools.



With limited knowledge of the work that German schools were doing in the area of health promotion, and of the education system in general, we wanted to find out what the key health issues were, the extent of the concept of the 'health-promoting school', and the links between health, the curriculum, learning and the wider community.



The Anshub.de Project was developed by Professor Paulus in partnership with the Bertelsmann Foundation in response to what was perceived to be a lack of a coherent approach to health promoting schools, and was heavily

influenced by the work of Ian Young and others in Scotland, where the setting up of a Health Promoting Schools Unit, and national targets for all schools to be health promoting by 2007 had led to a much more effective integration of the health and education agendas.

The aim of the project is to improve sustainably the quality of education in schools through good health, the overall focus on bringing together important national institutions and organizations from the field of health promotion, prevention and education, so that they can work together as partners in an alliance to increase the small number of schools (14%) which see themselves as health-promoting. In Professor Paulus's own words, 'to make schools fit for pupils rather than pupils fit for schools'. The definition of the 'Gute Gesunde Schule' was consequently developed in relation to school effectiveness, school management, the health of pupils, the professionalism and health of teachers, and the quality of learning and teaching.



An important stop on our itinerary was a visit to the headquarters of the key partner in the Anschub.de Project, the Bertelsmann Foundation in Gutersloh. Criticised by some for its 'neoliberal' approach to social and educational reform, the Foundation is the largest private operating non-profit foundation in Germany, created in 1977 by

Reinhard Mohn of the Bertelsmann and Mohn families (the Bertelsmann family being the founders of the Bertelsmann publishing conglomerate), and currently funds a number of projects aimed at 'using the topic of health as a tool for realising sustainable, holistic school development'.



The philosophy of the organisation is that by providing citizens with information, data and transparency, you will enable them to take control of their lives and make changes, that the change will not come from the centre, but through finding good coaches and local 'champions' and



supporting them to develop regional networks. The work of the foundation is based on an extremely sophisticated and intricate intelligence-gathering operation and web-based set of data, which led some of our Scottish colleagues to determine to find out on their return to Scotland the extent to which our schools and authorities have access to and use local health data to good effect.

Closely related to the use of data was the issue of evaluation. How would they know what impact they were having, if any? In this respect, the quality development of schools in Lower Saxony was interesting. Motivated by, among other things, a poor national performance in the most recent PISA study, it has developed from a system with little or no quality control to one where school principals are accountable for the processes and effects, teachers are responsible for the results of learning and teaching, pupils are responsible for their own learning, and parents are responsible for their own children. In addition, new qualifications for headteachers have been introduced and health is integrated into school inspections. It was interesting also to note that the key elements of *How Good is Our School* were being adopted in this transformation, causing us to reflect on whether we need to have a toolkit for health promoting schools based on HGIOS 3.

One thing we learned very quickly on the trip was that, although many of the key issues affecting and influencing health promotion in schools in Scotland and Germany – obesity, lack of exercise, demographic change, social disadvantage, and the degree of autonomy



of schools in determining their own curriculum – were very similar, the question of scale is a hugely significant factor. Having a federal government with a Chancellor and a Cabinet and 16 states each with its own local cabinet, there appears to be a wide range of approaches to health promotion in schools across the country, and a significant degree of autonomy within each of the states to determine its own curriculum.



Another striking difference is in the way that public healthcare is funded, with 80% of the population paying 'national insurance' to any one of a large number of private accident and insurance companies, which in turn have a statutory duty to invest in health-promoting projects in schools. There seemed to be little evidence of partnership working between health and education at national, regional or local level, with a medical model of health in schools still prevalent and school doctors responsible for immunization programmes and routine health checks but with little or no educational input. This convinced us more than ever that if schools are to be truly health-promoting we need all of our services for children and young people working together; schools cannot deliver the desired improvements on their own.



One unintended outcome of the trip was an introduction to some research which had been carried out on Teachers in Bullying Situations (TIBS), the German contribution to the European Commission's Daphne II Programme 'to prevent and combat violence against children, young people and women and to protect victims and groups at risk'. This appears to challenge many of the conventional views on bullying, in particular the perception that bullying



is a problem created in school which needs to be resolved in school. Instead it recognises that bullying takes place within a wider culture and context, which provides greater opportunities to improve the outcomes for all those involved, including victim, perpetrator and families. (the full report can be read at <http://www.leuphana.de/zag/tibs2008.pdf>)

Another important lesson learned from colleagues in Germany is that although the school structure is more hierarchical than it is in Scotland, within the 16 federal states a great deal of effort is put into the middle school programme and vocational qualifications. This seems to be a large area of investment producing opportunities for young people to obtain qualifications leading to well-paid jobs across a range of sectors from banking to car manufacture.

A disappointing aspect of the visit was that planned visits to schools in Berlin had to be abandoned due to Easter holidays, which made it difficult to get any real sense of partnership working at operational level, or how teachers and pupils view the notion of the health promoting school within their community. It would have been interesting and useful to look at approaches to outdoor learning, compulsory physical education (of which there seemed to be significantly more than in Scotland), the relationship between physical activity and learning, the relationship between sport in schools and sports clubs, and a host of other questions which remain unanswered but provide the perfect excuse for a follow-up visit at some time in the future.

Overall, however, the trip provided an invaluable opportunity for Scottish colleagues to discuss and share, formally and informally, many of the challenging issues around making our own schools healthier environments for learning, and to develop the partnerships which are the key to making that transformation. That we were able to do this in the beautiful city of Luneburg and surrounding area while learning something of the international dimension was an added privilege.

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## Delegates

**Anne Aberdeen**, Integrated Schools Senior Health Promotion Officer, Fife Council

**Philip Ashley-Smith**, Active Schools Manager, Shetland Islands Council

**Bill Boyd**, Programme Manager, Learning and Teaching Scotland

**Elaine Crosbie**, Senior Health Promotion Officer, NHS Lanarkshire

**Gordon Currie**, The Scottish Government, Schools Directorate, Curriculum Division

**Peter Diamond**, Assistant Director (Pupil Support), Orkney Islands Council

**Anne Lee**, Health Improvement Programme Manager (Education), NHS HealthScotland

**Linda Morris**, Senior Health Promotion Officer, NHS Greater Glasgow and Clyde

**Maria McCann**, Scottish Government

**David Pattison**, Specialist Public Health Adviser, Scottish Government

Special thanks are due to Professor Peter Paulus and his team at the University of Luneburg for their exceptional hospitality and for giving so generously of their time, and also to Anne Lee, as organiser of the trip, for her hard work and remarkable patience before, during and after the event.

