# ENHANCEMENT IN PSYCHOSOCIAL LIFE SKILLS

Principles – Field Experience – Outlook

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**Erasmus+ Project**

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[1] The diversity of the content and writing styles reflects the authors' diversity, which is ultimately a reflection of European diversity.

**Summary of the project**

The basic principle of the project “Enhancement in psychosocial life skills” was to describe our contemporary living situation. Among other things, the project found that the increase in decision options for human beings, along with their greater disorientation, pressure to self-improve and the increasingly rapid pace of living conditions go hand-in-hand with a growing alienation from the (social, natural, psychiatric and spiritual) world. Life transitions are increasing and interpersonal relationships are becoming more fragile. Human beings are facing the challenge of steering themselves, designing how they live with one another constructively and in a way that fosters solidarity.

Consequently, mental stress is increasing and diagnoses of illnesses of a psychological nature are on the rise. Many people are seeking refuge in addictions or fundamentalism in an attempt to escape this pressure and to regain control over their lives. The Corona pandemic, which started during the course of the project, has placed the stress faced by human beings and their abilities to overcome this as well as their limitations in even greater focus.

An ideal image of a psychosocial, strong personality was developed that had its foundations in this analysis. Attitudes and abilities were assigned to the basic cornerstones of thinking and feeling, wanting and acting. An assumption was made here that they strengthen the resilience of human beings and their mental health. This is not only important for individuals but also politically and socially relevant, in light of the financial effects of the increase in mental illnesses.

From this preliminary work, a definition was derived of the sphere of activity in adult education “Enhancement in psychosocial life skills“ :

This may be understood as:

- supervision of persons based on a holistic image of a human being

- acquisition, attainment and expansion of fundamental skills for a responsible personal lifestyle and constructive social cooperation
- the availability of (activity) know-how in relation to matters of personal development and the overcoming of crises (psycho information/education)
- an offer that is accessible to all social backgrounds and target groups
- a course offer that takes into account the pedagogical, learning psychological and neurobiological principles of knowledge and competency acquisition

Psychosocial life skills enhancement is a preventative approach for strengthening living proficiency. It promotes the self-regulating ability of human beings in social contexts, supports their self-responsibility and offers possibilities for acquiring a personal orientation system. It strives at support of the (psychological) health of people as well as the extension of equal (health) opportunities and the strengthening of social participation. Psychosocial life skills enhancement is based on the trinity of education, consultation and supervision. It opens up “learning and feedback spaces”, “zones of encounter” and “workshops of success and failure”. It works in a resource-oriented manner, involves the target groups and takes into account forms of self-controlled informal learning. Much attention is paid to the question of knowledge transfer.

Alongside this theoretical basis, new formats were firstly devised, conducted (in some cases they had to be adapted to Corona-induced restrictions) and evaluated. Themes of these new formats were:

- “Up to now and beyond …“ Workshop (St. Virgil Salzburg) for 25- 35-year-olds target group
- “Explain to me with Merve – what effect does the Corona-induced lockdown have on me?“ Online course (Salzburg Adult Education College) for persons with an interest in everyday psychological questions
- “Resilience: What makes us mentally strong“ - Online course (Bremen Adult Education College) for women wishing to design their lives proactively
- “A day of strength for relatives and those affected: First Aid kit for challenging situations“ (Convention Centre at Neustift Abbey) for relatives and affected persons of those who are sick or dying

- “Introduction to deliberate, non-violent communication in adult education courses“ (Eupen Adult Education Institute) for instructors and teachers in adult education for the German-speaking community

Secondly strategies and tools were developed that ensure the quality of offers of psychosocial life skills enhancement and safeguard this. In this way a quality framework and a description of successful learning arose. Furthermore tools were developed for describing the target group, evaluation etc.

During a concluding conference, the results and experience of the Erasmus+ project were presented to and discussed with the wider public. Within this framework, there was evidence of great interest and much positive feedback was received about the project results. In addition, a wide range of suggestions were made about developing the project further and consolidating enhancement in psychosocial life skills based on feedback from both experts and participants.

**Contents**

# 1. Introduction

The first chapter will acquaint the reader with some basic information about the Erasmus+ project “Enhancement in Psychosocial Life Skills“:

- About the Erasmus+ Project: Enhancement in Psychosocial Life Skills (participating institutions, approach etc.) (Chap. 1.1)
- Towards a definition of Enhancement in Psychosocial Life Skills (Chap. 1.2)

## 1.1 About the Erasmus+ project: Enhancement in Psychosocial Life Skills

At the initiative of St. Virgil Adult Education Centre in Salzburg, the Erasmus+ project Enhancement in Psychosocial Life Skills brought together partner institutions from five European countries*. As part of the portfolio of Erasmus+ programmes, this constituted a Strategic Partnership with the aim of exchanging ideas about established processes and, building on these, developing future learning and teaching formats in the area of personality enhancement and health education and subsequently implementing these. The objective was to set enhancement of psychosocial life skills alongside basic cultural and technical education in the form of reading, writing, numeracy and basic digital skills.

Societal developments provided the impetus for this project. Increasingly, our contemporary reality is characterised by complexity as well as a faster pace and greater efficiency. The paths our lives are taking are becoming less and less reliable and predictable. Many find this expansion of decision options and the increase in ruptures in people's life stories, both domestically and from a professional point of view, overwhelming and exhausting. One consequence is the increase in mental stress and the rise in diagnoses of mental illnesses, which go hand-in-hand with an increase in addictions and fundamentalism of a religious and political nature (in the context here, based first and foremost on the countries of the institutions participating in the project).

As educators of adults, we felt it our duty to make a better contribution to preventing this

and asked ourselves how we might facilitate and support learning in the area of psychosocial skills.
An understanding of life skills according to the definition of the World Health Organisation shall serves as the first consideration stage. By life skills, the WHO understands “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life“. Whoever is in possession of such psychosocial skills is capable of integrating themselves into areas of social and cultural life and will help to shape these areas, assume responsibility and be able to look after themselves.

In the conceptional study that follows, we found ourselves moving between the conflicting poles of theoretical education and empiricism. Besides a theoretical basis for psychosocial life skills enhancement, the objectives of this and delimiting it from therapeutic activities, a key task of our Strategic Partnership was to identify examples of best practice. This resulted in important impulses for creating a quality framework as well as a theoretical learning/teaching basis for the enhancement of psychosocial life skills. Such a quality framework will serve to plan, reflect upon, evaluate and further develop the educational programmes on offer; the theoretical basis for teaching/learning is guided by the question of what constitutes successful learning in the sense of enhancement of psychosocial life skills. At the same time, we have developed parameters for the analysis of target groups and provided some considerations regarding potential skill dimensions.

Each institution planned, realised and evaluated a new event format for a specific target-group based on the principles and tools developed (cf. Chap. 4.5).
To summarize we have, so to speak, presented an initial theoretical and practical concept of psychosocial life skills enhancement, which will trigger public debate on the need for such skills and their benefits.

This still requires further development and a range of questions remain for the future. For instance, it is apparent to us that we did not manage often enough to converse with the target groups from our educational formats so that we might also involve them in designing the courses we offer. Furthermore, we see it as a challenge of critical adult education to prevent the risk of health-promoting, preventative access to education being instrumentalised in the interest of ever-increasing efficiency.

All institutions participating in the project provided a strong argument in favour of forming a network for psychosocial life skills enhancement. This might act as the basis for a follow-up Strategic Partnership that focuses on innovation.

*One partner institution – ErwuesseBildung from Luxembourg – had to exit the project after one year.

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***Participating institutions***

St. Virgil Salzburg (Project Management), Austria, is a centre for adult education that operates on a regional, national and international basis. Its education programme provides courses in the areas of general adult education and further education for the vocational and voluntary sectors. Besides presentations, seminars, series of seminars and training courses, it also hosts university courses (University of Salzburg, PMU). The centre includes a hotel and restaurant.


Volkshochschule Salzburg, Austria, is an adult education provider that reaches out to around 48,000 participants each year offering more than 7,000 courses and training programmes. With approximately 90 sites, it is represented throughout the Federal State of Salzburg and provides premium-quality, basic education. Among its main areas are health and pathways in education. With courses such as German as a foreign language or literacy, adult education colleges perform an important bridging function between the various social strata.


Bremer Volkshochschule, Germany, is a metropolitan adult education centre. With more than 1,000 employees from 58 countries, it is the largest provider of further education in Bremen – and, with more than 100 years of experience, presumably one of the oldest. As a municipal provider of education, it considers its mission to consist in balancing out the unequal opportunities life offers, opening up new perspectives and enabling all citizens of Bremen to live together peacefully.

The history of the Convention Centre at Neustift Abbey in Italy as a provider of education goes back to its beginnings as a tourism centre in 1970. Ever since, it has constantly expanded its courses both via its own events and by hiring rooms, with the convention centre having developed to become a recognised project partner both in the South Tyrol and internationally. Its focus is on the design and carrying out of premium quality training as well as on regional development.

The Volkshochschule-Bildungsinstitut Eupen, Belgium, is a recognised adult education organisation from the German-speaking community of Belgium and an education institution of the Movement of Christian Workers. It sees itself as an institute for socio-political education. Since its foundation in 1966, the Volkshochschule-Bildungsinstitut Eupen has sought close contact both with education partners and with stakeholders from the world of work.

## 1.2 Enhancement in psychosocial life skills – a definition

A wide range of descriptions and labels exist in order to characterise our present times: We may ascertain, among other things, an expansion both of decision options and constraints on human beings, increased disorientation, a compulsion to improve oneself or an increase in the speed of living circumstances in conjunction with an experience of growing alienation[2] from the (social and natural, psychological and spiritual) world. Life transitions and existential crises are evidently increasing; interpersonal relationships are becoming increasingly fragile.

Human beings – from all walks of life and target groups – are having to face the challenge of designing these new freedoms, guiding themselves and designing communal living constructively and in a way that fosters solidarity.

The results are an increase in mental strain (fatigue, phobias) and an increase in the diagnosis of mental illnesses (depression etc.). In addition, seeking of refuge in addictions or (political or religious) fundamentalism is one possible effect of the increasing expectations placed on individuals and/or their attempts to obtain or gain the right to control over their own lives and living circumstances.

The term "life skills" [3] is often associated with the ability to read/write, numeracy and use digital media.[4] By extension, we shall use it here in a fifth sense as:

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[2] cf. the Resonance approach by Hartmut Rosa, 2016.

[3] In the PIAAC study, it is described as basic education (in a narrower sense): a) Reading competence (writing), b) everyday mathematical competence (numeracy) and c) technology-based problem-solving skills. In Germany and in Austria, different terms are used: "Basisbildung" in Austria, "Grundbildung" in Germany. In Italy/South Tyrol, the skills that make up life skills in the narrow sense of the word are known as "cultural techniques". In Belgium, core skills are communicated based on framework plans, which are drawn up by the Ministry of Education. In Luxembourg the term "école fundamentale" is commonly used in this context.

[4] In all cases there is no doubt about the need for such skills. Yet one critical observation here is that, with this trio of skills, from the point of view of humanist education and of an understanding of education with an underlying Christian basis, no satisfactory description exists for the spectrum of these life skills. The adult educator Ingrid Schoell (2014) ascertained: *'"There is still no comprehensive definition of life skills."* In 1997, UNESCO broadly defined the term "life skills" as follows: *"Life skills for all means people have the opportunity to develop their potential as individuals or in the community regardless of their age. It is not only their right but also their duty and responsibility towards others and to society as a whole. It is important that recognition of the right to lifelong learning is accompanied by measures that create the prerequisites for this right to be exercised."*

- supervision of people on the basis of a holistic humanist worldview[5]
- acquisition, receipt and furthering of basic skills for a responsible personal lifestyle and for constructive social cohesion (cf. the WHO's description of "life skills"[6])
- the availability of (behavioural) knowledge concerning questions of personal development and for coping with crises (saluto information/education)
- a programme accessible to all social milieus and target groups
- a programme that takes into account the pedagogical, learning psychology and neurobiological principles of the acquisition of knowledge and skills

Enhancement in psychosocial life skills[7] is a preventative approach to strengthen the life skills of individuals. The basis for enhancing psychosocial life skills is provided by the family or the ersatz family setting, the preschool and nursery (kindergarten), schools and extra-curricular youth work/education. With respect to adults, the areas of society that concern themselves with (further) education, (skill) development and health promotion for this group of persons constitute a network.

Psychosocial life skills enhancement promotes the self-management skills of human beings in social contexts and therefore supports taking responsibility for one's own self. It reinforces the awareness of human beings of their strengths and potential ("lifelong education") and helps convince human beings of the efficiency of their own self. It strengthens human beings so that they accept their own limitations and makes them capable of empathising for themselves. Psychosocial life skills enhancement strengthens the social skills of learners so that they might act flexibly, do justice to their personality and act constructively in the widest variety of life spheres (family, job, community, environment etc). It enables them to acquire a personal guidance system.

[5] A humanist worldview of this kind is also described as "biopsychosocial spiritual ecological". Different adult education providers weight these factors differently.
[6] The following are considered life skills according to the definition by the WHO: 1) Self-awareness and acceptance; 2) Empathy; 3) Creative thinking; 4) Critical thinking; 5) Decision-making ability; 6) Problem-solving skills; 7) Effective communication skills; 8) Interpersonal relationship skills; 9) Coping with emotions; 10) Coping with stress.
[7] The term "enhancement" has deliberately been chosen instead of "competence" in order to also do justice to ethical aspects. In brief we might state: Enhancement = skills + ethics.

Psychosocial basic skills enhancement is part of

- general education for its goal is to strengthen the ability for self-determination, co-determination and solidarity and is aimed at all basic dimensions of human interests and skills[8]
- personality development, for its goal is to strengthen a personality in order to be able to cope with the challenges of a dynamic society while also fostering solidarity
- health education for – from a salutogenetic perspective – it strengthens the mental and social health of human beings and therefore has a positive effect on physical health
- professional and vocational education for, in the changing world of work (e.g. due to globalisation, digitalisation, work compression) psychosocial skills constitute a fundamental factor for success both for employees and managers.

As well as focussing on the attitudes and conduct of human beings; psychosocial life skills enhancement always take into consideration sociocultural and political conditions too.

Psychosocial life skills enhancement can be differentiated from

- strategies and methods of self-optimisation which do not accept the limitations of human beings,
- an understanding of lifelong learning, which increases the pressure (to learn/act) on human beings,
- incorrectly understood ideas about growth and progress, which also make reference to the mental and spiritual well-being of human beings[9],
- therapeutic activities[10] and

[8] Klafki, 1996
[9] cf. Welzer, 2012
[10] Delimitation between psychosocial life skills enhancement and "psychological therapy/clinical psychological treatment" occurs unintentionally at target level, to the extent of enhancement in contrast to "healing" therapy. Healing is one possible effect of enhancement but not its goal. Three further delimitations may be ascertained: 1) Some psychotherapeutic approaches work on and with resistance. Psychosocial life skills enhancement respects resistance but does not work on or with it. 2) Psychosocial life skills enhancement is aimed at persons whose capability for self-control is largely intact. 3) Ultimately, the interventions and programmes offered by psychosocial life skills enhancement are shorter and more intermittent as a rule than therapeutic processes – even if there may also again be methodical links to short-term therapy.
Other distinctions, e.g. by Meueler (2017), who emphasises that education is always primarily about learning or by Schmitz (1991), who detects more of an interest in education on the part of learners and among clients more of a psychological pressure, require more intensive discussion of the pertinent understanding of learning or the relevant view of learning motivation.

- programmes that cannot be justified rationally and make promises of salvation of a spiritual, psychological or political nature or disregard the individual's self-determination.

Psychosocial life skills enhancement is based on the trinity of education, consulting and supervision. Other learning forms (e.g. blended learning, outdoor education, bodywork and spiritual offers) also occur as part of it. It opens up “learning and resonance spaces“, “encounter zones” and “workshops of success and failure“. It works on a resource basis, seeks participation by the target groups it seeks to address and also takes into account forms of self-controlled, informal learning. Particular attention is also paid to the question of knowledge transfer.

Psychosocial life skills enhancement has the following goals:

- self-acceptance and self-friendship[11]
- to strengthen personal living proficiency and the ability to design one’s life in a self-aware fashion.
- to realise the personality of each individual, their core competences, potential and yearnings.
- support of the (mental) health of human beings[12]
- to promote interpersonal skills in the areas of communication, conflict, cooperation including
- to develop equal (health) opportunities and strengthen social participation: people who are in possession of psychosocial skills can participate in social, cultural and professional activities with self-confidence. In particular they provide those with a background that is not typically characterised by education and those unaccustomed to learning with an opportunity to participate socially. such persons are empowered and encouraged to become involved in professional and sociocultural areas of life. “Strong personalities“ can openly approach those from other nations, cultures and religions. They are able to think critically and handle new media appropriately.
- Social cohesion and cultural further development are strengthened.

[11] cf. Schmid, 2004

[12] It is our understanding that *prevention* is a task of adult education. Adult education is not a way of making good lost time; we do not see it as an area where people can catch up socially nor is it an exercise in “repairing” people.

## 2. About the current status

During the course of the project, much time and care was dedicated to a description of the status quo. In this regard, research and evaluations were conducted on the following topics:

- mental illnesses and their backgrounds (Chap. 2.1)
- best-practice examples and what we might learn from them (Chap. 2.2).

### 2.1 Mental illnesses and their backgrounds

Quantitative and qualitative research results and scientific discussions describe today's human beings as mentally stressed and burdened and attest to an increase in mental strains and in the diagnosis of various types of mental illness. Mental stress can affect a person‘s somatic area.

Mental strains result from various phenomena that can be observed in the current living situation of human beings[13], e.g.:

- growing pressure in the workplace due to acceleration and compression of work processes, innovations, lack of personnel etc.
- increased requirements and the rise in expectations for partnerships and family, in particular in the area of rearing children.
- a growing compulsion towards authenticity: being able to express one's personality and mental state freely and naturally is regarded as an important achievement of (post-)modern human beings.[14]. Yet being genuine, truthful or even original is an exhausting task in the long term and can be stressful or even destructive to social cohesion.
- increasing orientation towards performance even during free time ("leisure time stress")
- continual confrontation with "bad news" in the media

[13] Berndt, 2017, 9 f.; Bahr, 2020

[14] The fact is often overlooked that authenticity not only refers to positive characteristics or mental states but can also encompass insults, anger or violence.

- The environmental crisis too has obvious effects on the mental well-being of people[15]: The journalist Elisabeth von Thadden[16] lists: “Climate gloom, environmental depression or ecological anxiety”. Other “psychological climate consequences” are resignation, feelings of powerlessness or sadness.

Although at present the (medium and long-term) psychosocial stress loads of the Corona pandemic are still unforeseeable, it has to be said that, essentially, in qualitative terms no new stress has occurred as a result of it. Covid 19 appears rather to have acted as a magnifying glass, which has placed existing challenges more sharply in focus.[17] Experience of mental stress and the number of diagnoses is currently increasing however and is likely to continue to increase.

The ICD-10 (International Statistical Classification of Diseases and Related Health Problems) distinguishes the following mental illnesses[18]:

| ***“Diagnosis group*** | ***Example*** |
|---|---|
| Organic, including symptomatic mental disorders | Dementia |
| Mental and behavioural disorders due to psychotropic substances | Alcohol abuse, dependency and withdrawal |
| Schizophrenia, schizo-type and delusional disorders | Schizophrenia, schizo-affective disorders (= psychoses) |
| Affective disorders | Depression, bipolar disorders = ‘manic depressive disorders‘ |

[15] In Sydney/Australia, a separate chair exists for climate change and mental health.
[16] Thadden, 2020, 39
[17] *“The pandemic has caused us to focus more sharply on deficits and intensified the contrasts.* The v*irus mercilessly uncovers weaknesses, both individually and socially.“* (Probst, 2020, 35); on the consequences of Corona: Bering & Eichenberg (ed.), 2020; Research Institute for Philosophy Hannover, 2020; Volkmer & Werner (ed)., 2020
[18] https://psychenet.de/de/psychische-gesundheit/themen/basiswissen.html [Letzter Zugriff: 30.10.2019] In 2019 the ICD-11 were decided upon by the 72nd World Health Assembly. This is to come into force starting from 1st January 2022. “*No statements are at present possible about when the ICD-11 will specifically be introduced in Germany.“* (https://www.dimdi.de/dynamic/de/klassifikationen/icd/icd-11/) [Letzter Zugriff: 02.02.2021] The ICD-11 summarises mental illnesses into new categories – associated with the goals of increasing awareness of mental suffering and reducing the (self-)stigmatisation of affected persons (Lechner, 2019). cf. also Renneberg & Herpertz, 2021.

| | |
|---|---|
| Neurotic, stress and somatoform disorders | Anxiety disorders, compulsive disorders, somatoform disorders |
| Behavioural disorders with physical disorders and factors | Anorexia, bulimia, sleep disorders |
| Personality and behavioural disorders | Borderline personality disorder, narcissistic personality disorders, kleptomania = ‘pathological theft‘ |
| Intelligence impairment | |
| Development disorders | Reading and spelling disorders |
| Behavioural and emotional disorders starting in childhood and youth | ADHD, Tourette’s syndrome“ |

When looking for causes and factors in the emergence of mental illnesses, the following group of factors may be useful[19]:

| | |
|---|---|
| “Cerebro-organic causes and risks | With cerebro-organic changes, e.g. due to the dying off of brain cells such as during a stroke, after excessive, harmful alcohol consumption or during an Alzheimer’s illness, the associated mental change is described as a primary disorder. |
| Physical (somatic) causes and risks | If the causes can be located in organs or organ systems outside of the brain such as with a hormonal disorder, we talk about secondary mental disorders. This also includes undesirable effects of medication or poisoning. |
| Psychosocial causes and risks | e.g. stress, long-term stress, unresolved conflicts, traumatic experiences but also inappropriate, learned behaviour (e.g ‘learned helplessness‘) |
| Disposition (tendency) | It is assumed that some people have a heightened genetic disposition to disorders of the transmitter or to other changes to the brain that are genetically conditioned. |

[19] Hendlmeier et.al, 2015, 23

Whether these illnesses have actually increased however is a matter of much controversy. Several authors[20] assume that the number of mental illnesses has not increased: Dornes[21] perceives rather a heightened awareness of mental stress and illnesses. Rather than discerning an increase in mental illness, he speaks about a previous "underdiagnosis" or "revelation of underreported statistics". In contrast to this are statements by epidemiological psychiatrists[22]: Rather than illness reports at health insurance companies these are based on surveys and conclude that the number of psychological problems has increased. In an analysis of the pertinent literature in 2008, Richter et al. concluded "that neither mental illnesses in general nor a clear ongoing trend towards an increase can be proven for specific illness patterns"[23].

How does the impression then arise that mental illnesses are increasing? The following theories might be considered in this regard[24]:
Mood disorders have in recent times been described by responsible specialists as psychiatric symptoms ("psychiatrisation of stress reactions").
Among the populace, a heightened awareness exists among people in relation to their personal mood.[25] Due to changes in the working world (e.g. from industry to the service sector, from manual labour to expertise) even minor psychological disorders have become an important factor in the completion of work tasks. Psychological disorders and illnesses are being destigmatised and are losing their taboo. They are recognised socially and there is a more open approach to them. This is leading to a growing willingness to seek out consultations or medical help.

As adult education institutions, we are aware of such discussions. The growing need for restorative course offers in education is important for those of us who work in education.

[20] e.g. Blech, 2016; Dornes, 2016; a critical note on this can be also be found in Schulte-Markwort, 2016
[21] 2016, 7; more as from 13 ff.
[22] Kleinschmidt, 2018
[23] Richter et al., 2008, 321; this applies also for children and youths
[24] Richter et al., 2008, 327
[25] Berndt, 2019

***The situation in Germany***

The following aspects are suggestive of the theory that mental stress and illness have increased[26]:

- The percentage of sick days caused by mental illness has risen constantly over the past few years. Between 1997 and 2017 the number of sick days with this diagnosis has trebled. *"On average in 2017 each insured person was off work due to psychological stress for 2.5 days on average. Twenty years earlier, it was just 0.7 days of illness per insured person."*[27] 2017 was the peak of this development and, in the year that followed, the numbers dropped slightly.
- The percentage of mental disorders among pensioners with reduced earnings has risen.
- The prevalence of treatment too (frequency of illness – verified by diagnoses) is in the process of rising. The diagnoses indicate the following distribution with respect to frequency of mental disorders[28]:
  1) Depression
  2) Disorders of adaptation following particular life events e.g. serious blows of fate or decisive changes in life
  3) Neurotic disorders
  4) Anxiety disorders

  Based on the mental health report from 2019 by DAK (Deutsche Angestellten Krankenkasse - German Employee's Health Insurance)[29]…
  - the number of sick days grows as the age of the affected persons increases
  - women are more frequently off work ill than men
  - absence days can be ascertained particularly frequently in administrative occupations and health professions
  - The most absence days due to mental illness were counted in the Saarland with the least in Bavaria.

[26] Richter et al 2008, 321; Berndt, 2019; lost work time…, 2019; data applicable for Germany. Data regarding addiction was not recorded cf. not specified. 2015
[27] Working time lost due to sickness…, 2019
[28] DAK Psychoreport 2019
[29] Working time lost due to sickness…, 2019

- Mental illnesses are not just an issue for older sections of the populace, they are increasingly an issue for younger people too: *"Young people are afraid of mental illness more frequently than average. 42 percent of 14 to 29 years-olds fear falling victim to depression or any other form of mental suffering."*[30]
- The Deutsche Psychotherapeutenkammer (German Chamber of Psychotherapists) has found that the number of people taking advantage of psychotherapy over the past ten years has risen by 50 percent.
- The frequency at which psychopharmeceuticals are prescribed has likewise risen.

The increase and expansion in diagnoses of mental illnesses also places a huge strain on the national economy: *"The annual costs for mental illness shot up in 2017 [in Germany] to 44.4 billion euros with the trend continuing to rise. It is evident from the health report by the BKK (Betriebskrankenkasse – Company Health Insurance) from 2018 that the percentage of mental illnesses in cases of work incapacity over the past forty years has risen from 2 to 16.6 percent."*[31]

***The situation in Austria***

*"In Austria, data from the Hauptverband der SV-Träger (Main Association for Social Insurance Agencies) shows an extraordinary rise in mental illnesses (Hauptverband der SV-Träger, 2009). Depression is one of the most frequent mental illnesses and has far-reaching consequences (Wittchen et al. 2010). Worldwide it is one of the main causes of sickness-induced impairments in daily life and accounts for the third-largest share of the entire illness burden in western countries (Lopez et al 2006)."*[32]

In Austria every fourth employee is considered to be at risk of burnout[33]. In particular amongst men, suicide is one of the most frequent causes of death[34]. *"5.7 % of men and 9.2 % of women report they have suffered from depression within the past twelve months. This diagnosis was made by a doctor in case of 77.9 % of the affected persons. Women*

[30] Berndt, 2019a
[31] Lewitan, 2019
[32] BMGF, 2017, 47 f.
[33] Verein fuer prophylaktische Gesundheitsarbeit (Association for prophylactic health work), 2011
[34] Haring et al., 2011; Health Targets for Austria …, 2017, 48

*specified the occurrence of depression more frequently than men though the differences increased with increasing age. The lowest share of people with depression occurred in young adulthood (men: 3.2 %, women: 4.6 %), the highest share was among older people (men: 7.4 %, women: 14.2 %).“*[35]

Sickness rates due to psychological issues accounted for around 2 percent of all sickness cases in 2014 based on the average length of an illness, the share of sickness days for this reason however was 9 percent.
The number of sickness days due to psychological problems rose from 2005 to 2014 by 84 percent (from 51,100 to 94,000 cases), for women it was around 89 percent, for men around 76 percent.

The length of sickness due to psychological problems increased during the same period – contrary to the trend for sickness days overall: During 2005, the average length was 30 days, while in 2014 it was 39 days. *“Women are more frequently sick due to psychological problems than men (2014: 57,960 vs. 36,091 cases), the average length however both for men and women is around 39 days.“*[36]

***The situation in Belgium***

In Belgium too, the number of diagnoses in the area of mental health is rising. If we consider people “who have been at home for more than a year due to mental illness,” we ascertain: *“At the end of 2017 there were more than 140,000 persons, 39 percent more than five years ago and 85 % more than in 2010.“*[37]

This rise in figures – according to the experts – can mainly be traced to the increase in diagnoses of burnout syndrome. *“In 2017, the Landesinstitut für Kranken- und Invalidenversicherung (State Institute for Sickness and Invalidity insurance - Likiv) paid out almost two billion euros to those suffering from long-term mental illness“*[38]

[35] BMSGPK (ed.), 2020, 29
[36] BMGF, 2016, 52
[37] unverified source., 2019, 3
[38] as above, 2019, 3

Regarding individual aspects of mental health, we may state the following for the German-speaking community in Belgium[39]:

- Mental health: 17% of inhabitants in the German-speaking community of Belgium – aged 15 or older – had an indisposition of a psychological nature in 2008. In contrast to figures for the populace as a whole, evidence of mental stress among women (16%) was not significantly greater (19%). The ratio of persons suffering from mental stress drops with increasing age: from 21% of young persons aged between 15-24 years to 12% among people above 65 years of age.
- Depressive impairments: 3.8% of inhabitants of Belgium's German-speaking community – above 15 years – suffered from depressive moods in 2008. No differences were observed between women (4.5%) and men (3%). It was however possible to ascertain that depressive problems tended rather to occur among middle-aged persons between 25 and 44 years (8%) and between 45 and 64 years (4%).
- Anxiety: 1.7 % of the populace of the German-speaking community above 15 years of age suffer from anxiety. Among women (2.3%) anxiety is not significantly higher than among men (0.9%). The low number means it is not possible to derive any conclusions about age and educational background.
- Sleeping disorders: 16% of the populace of the German-speaking community above 15 years of age suffer from sleeping disorders. This affects men and women equally but those affected vary very much with age: from 1% among young people between 15 and 24 years of age and 20% for senior citizens of 65 or older.
- Use of psychotropic drugs: 15% of the inhabitants of Belgium's German-speaking community admit to having taken psychotropic drugs during the last two weeks. Excluding intake of combinations of drugs, sleep-inducing drugs were the most frequent (13%), followed by sedatives (7%) and anti-depressants (3%). Generally speaking, psychotropic pharmaceuticals are consumed more often by women (23 %) than by men (4.5%). This consumption increases with age: there was no intake between 15-24 years[40], this rose to 4-9 % among persons between 25 and 65 and was as high as 40% among 65-year-olds or older! Higher usage of psychotropic pharmaceuticals was also recorded among persons with lower levels of education (26%) than it was for other educational backgrounds (10-15%) but the difference was not significant in

[39] Gisle et al. 2020, 31 ff.
[40] The survey of the age group was very small and not representative.

statistical terms.

***The situation in Italy[41]***

According to data from Passi, 3.5% of South Tyroleans in the ages from 18-69 suffer from depressive complaints. Depressive symptoms occur more frequently at an advanced age: The percentage increases from 1.4% for 18–34-year-olds to 5.4% of 50–69-year-olds. Mental well-being is influenced by social status, which is measured based on level of education, nationality, professional status and income situation. The chronically ill are also at higher risk of depression, as are those who live alone. Men in the South Tyrol (3.1%) suffer almost as frequently from depressive symptoms as women (3.8%). Three out of four people affected in this region seek help and support, though in most cases the doctor or family members are the first points of contact. Psychological well-being influences the perception of one's own health condition, which is deemed negative by persons with depressive symptoms in one out of two cases.

South Tyroleans with depressive complaints suffer from a poor mental disposition on almost 17 days per month on average. On a further 10 days per month, they have to struggle with physical problems and on 7 days per month they are unable to deal with their day-to-day tasks. Regional differences can barely be discerned. Evaluation of the previous year's data shows an initial increase in this phenomenon but over the past few years, a slight downward trend can be observed across the entire region.

The number of persons in Italy under the supervision of specialist psychiatric services amounts to 837,027 units[42] (excluding data from the Department of Education in Bozen), although the standardised rates are between 96.7 per 10,000 adult citizens on Sardinia and 227.2 in the Calabria region (total value for Italy was 166.6). The users are female in 53.8% of cases though the age composition reflects ageing of the general populace, with a large percentage of patients above 45 (68.3%).

[41] Sources for this chapter: Analisi…, 2018; Monitoring Agency for South Tyrol, no date.; Le rete italiana…, no date; Rapporto Passi 2015-2018, 2019

[42] Units are to be understood as therapeutic or psychosocial consultations with a minimum duration of 45 minutes.

With both sexes, there are less patients below 25 years of age (particularly among women) whereas the highest concentration can be found in the category of 45 to 54-year-olds (25% for men; 23.1% for women); the percentage of women is higher in the category > 75 years (7.5% for men and 12.3% for women).

In 2018, the number of patients who contacted mental health departments for the first time was 323,707 units during the course of the year, 93.4% of whom contacted these services for the first time in their lives (302,392 units for the first time ever).

The rates for schizophrenic disorders, personality disorders, substance abuse disorders and mental retardation are higher for men than for women, while for affective, neurotic and depressive disorders, the opposite is the case.

In particular with depression, the rate among women is almost twice as high as that for men (29.2 per 10,000 inhabitants for men and 48.6 per 10,000 inhabitants for women).

Services provided by health institutions in the region in 2018 amounted to 11,039,492 with an average of 14.2 services per user. Overall 76.3% of services were provided on site, 8.2% at home and the rest at an external site. The most important providers were doctors (32.5%) and nurses (44.2 %); 31.0% of interventions occurred during care activities at home or in care homes.

## 2.2 Examples of best practice and what we can learn from them

With regard to examples of best practice, various references points were used by those involved with the project. The participants became aware of these in a variety of ways:

- Firstly via contact with experts and during collaborations with institutions, networks or individual representatives of those providing best practice examples
- Secondly, by means of (internet) searches or other research on examples of best practice that appeared of interest and relevant, which were then looked at more closely and evaluated in relation to the theme of the project.

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| Convention Centre at Neustift Abbey | **Ten life skills for a successful life** | This course is aimed at persons wishing to work actively on a successful and self-determined life based on the life skills identified by the WHO. The participants develop a feeling of self-worth and courage to face life in order to be able to design existing challenges actively and creatively. | The content taught, tools and exercises concern the psychosocial area. The ten life skills also served as a basis for discussion when working out limitations and as a task for therapy and further training. |
| Convention Centre at Neustift Abbey | **Resilience trainer & coach** | The course is directed at managers of companies or health and social institutions. The participants are trained as resilience trainers in order to strengthen the | The content and training skills to be acquired during the training concern the psychosocial |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| | | ability to work under pressure and resilience of their employees. | sphere. |
| ErwuesseBildung Luxembourg | **Attentiveness** | The course is directed at people from “15-115 years” from a western cultural background. During the seminar, participants seek to increase their attentive awareness and strengthen their inner resources in order to be able to live a more attentive and harmonious life. The participants learn to discern everything that is happening in the present moment with a benevolent, non-judgemental attitude . They use targeted exercises to return to the present instead of becoming stuck in thought loops about the past or the future. The participants learn how to acquire a more resilient attitude to life and are also able to utilise the power of their inner resources better in difficult situations. | The course is based on self-managed, participative training. |
| ErwuesseBildung Luxembourg | **Enhancing awareness using film and discussion** | The course is aimed at persons between 25 and 50 years. People of various worldviews and social backgrounds come together to discuss with one another and find out what others consider to be worth striving and living for. | New target groups are reached that do not come from the “customary backgrounds”. |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| St. Virgil Salzburg | **What I really, really want: embarking on new professional and personal paths** | The course is geared at people who are experiencing a phase of professional or personal upheaval and sense that new times lie around the corner. They are supported in discovering their own personal paths and developing their first steps along these paths. | Importance is placed on accompaniment on a longer learning path. Supplementary individual coaching is also offered to participants. Use of lecturers from various specialisms with different methodical approaches has proven a positive aspect. |
| St. Virgil Salzburg | **Recuperate me, please: a journey to becoming friends with yourself** | The course is aimed at adults between 18 and 39 years of age. They reflect upon their own lives and discuss their experiences with others in similar life situations. They receive help with important topics in life and experience spirituality as a source of strength. | Working on my relationship with my own self: Focus on appreciating one's own strengths. Recognition of “downers”: Illnesses…<br>The restricted age group means there is a strong orientation towards a certain life phase. |
| St. Virgil Salzburg | **Psychosocial life skills: Impulses** | The current social situation and work situation is introduced. Descriptions of skills are derived from this and | The obligation to lifelong learn- |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| | **from a salutogenetic perspective:** | discussed (e.g. life or health skills, resilience and research on salutogenesis). | ing should not lead to excessive pressure being placed on individuals and their stress being increased even further. |
| VHS-Bildungsinstitut Eupen | **Integration course** | The course is directed at migrants. They are accompanied on their first steps into everyday life in East Belgium and receive support with this. The goals are successful integration into the employment market as well as incorporation into society. | Individual supervision is provided by a social worker; particular attention is paid to the promotion of trauma-sensitive work with refugees. |
| VHS-Bildungsinstitut Eupen | **Bagic** | The course is aimed at those active in the socio-cultural area, the non-commercial sector and job seekers. They are trained as project coordinators. The goal is to increase their opportunities on the job market and strengthen and accompany them on their path to professionalism in the workplace. | Individual accompaniment, coaching, supervision, strengthening of group feeling, resilience and personal development. This long further training course is an opportunity to support and accompany people in their professional and personal development processes. |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| Bremer Volks-hochschule | **Social/learning accompaniment in integration courses** | The target group for the project are participants in integration courses at Bremen VHS, support in coping with certain topics of day-to-day organisation or also those with psycho-mental-social or learning problems. The tasks include a joint analysis of problems, (referral) consultation, accompaniment to specific consultation offers and institutions as well as support for course participants in psychiatric emergencies and re-assignment to support institutions such as a crisis intervention services or addiction counselling. It also includes support by course leaders during conflicts or other lesson disruptions by consultation and if requested by conducting team-building measures in the classroom. | Support of a vulnerable group by means of consultation, supervision and accompanied support in case of learning difficulties to encourage self-empowerment when having to cope with day-to-day life. |
| Bremer Volks-hochschule | **Health promotion during day-to-day work with Taijia and Qigong** | The course is aimed at employees. It encourages their understanding of their own health siltation. The goal is for them to recognise factors that conserve their health while at the same time becoming familiar with how relaxation exercises are conducive to a healthy lifestyle. | Reaching out to new target groups and promoting awareness of the options for one's own healthcare, creating a space for reflection and mutual exchange about this matter. |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| Initiative for social rehabilitation e. V. FOKUS Centre for education and participation | **Empowerment training** | The seminars are aimed at people who have suffered crises or have experience of psychiatric care, their relatives and close supporters as well as any interested citizens. The goals are to strengthen resources; to raise hope, regain control over one's own life and develop self-empowerment. | Seminars are always conducted in tandem (affected persons and experts, people who have suffered crises are incorporated into psychosocial life skills enhancement formats. |
| Bremer Heimstiftung (Bremen Care Home Foundation) | **Health in old age – the fourth life phase as a new challenge** | Firstly a thorough analysis is presented of the target group, which is persons over the age of 80. Thereafter, education formats for senior citizens are derived from this and presented. | It became particularly clear here how helpful a thorough analysis of the target group is in developing educational offers.<br>Subject-appropriate suggestions on psychosocial life skills enhancement: moderator training for conflicts in old age, promotion of "parental maturity", dialogue between generations |
| Leibniz Insti- | **Evaluation – fundamentals** | Suggestions on the question of how valid empirical evidence can be ascertained in order to confirm that a | The quality framework for enhancement of psychosocial life |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| tute for Prevention Research and Epidemiology – BIPS GmbH | | "programme" should be implemented and record its effects. | skills must provide for a certain type of evaluation. |
| Patient consultation + meeting | **Patient consultation + meeting** | Two goals are pursued here: strengthening health competency, acquiring competence in the areas of nutrition and mental health | "Mental" health rather than "psychiatric" health.<br>Paying attention to words is always important to prevent any stigmatisation. |
| Patient consultation + get-together | **Feel good: Recognise – recover – relax** | The course is aimed at employees. The goal is for them to become aware of their own needs, reflect on their day-to-day work, recognise their limitations, recuperate and take time out. | Attention should be paid to the fear of stigmatisation and avoiding humiliation |
| Dienst Gesundheitsinfo der Christlichen Krankenkasse Ostbelgien (Health | **Respectful communication in the workplace** | The course is aimed at employees, managers, trainees and students from the non-commercial sector – with the goal of improving communication between colleagues and hence improving the well-being of participants in the workplace. | Respectful and trusting communication is the basis for harmonious and efficient cooperation in the workplace – among colleagues, with superiors, em- |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| Information Service of the Christian Health Insurance Company for East Belgium) | | | ployees and customers. People who are noticed and taken seriously, respect themselves and hence feel well in their workplace will be in a position to master the challenges of their everyday working life and prevent mental illness occurring, particularly burnout syndrome. |
| volver consulting SolutionStudio – occupational psychology practice | **Company health management** | Two different health concepts exist here and subsequently motivations for attaining good health: health as a possibility for optimising performance efficiency and health in the sense of vitality (resonance with culture, nature etc.) | A survey is made of motivations prior to developing the course offered, target groups are involved in order to create a process with vitality and resonance – without any fixed format |
| Katholieke Universiteit Leuven – B | **Burnout assessment tool** | This is the result of a 3-year project at the Catholic University of Leuven.<br>List of scientific questions in order to diagnose quickly | Tool for checking self-esteem and whether there is a risk of overload or burnout; |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| (Catholic University of Leuven) | | whether there is a risk of burnout. | Information about how to contact support institutions |
| Catholic University of Leuven – B | **Mindmates** | This course is aimed at students of the Catholic University of Leuven.<br>The goal is to remove the taboo from topics like depression and suicide, inform participants about these and highlight opportunities for help.<br>Mindmates aims to fetch people at risk of mental illness back out of their social isolation, destigmatise them and increase their opportunities to become integrated. A volunteer (known as a buddy) is linked to a person with psychiatric problems (participant). They meet up for a chat, go for a walk or to the cinema, go cycling ... | Participants/affected persons are accompanied by a buddy.<br>Mindmates aims to<br>• break the silence<br>• discuss problems better<br>• ensure that students find their own paths faster and receive suitable help. |
| Catholic University of Leuven – B<br>UCL Faculty of Humanities | **Preventing Burnout Test** | The course offer is aimed firstly at companies and secondly at professional mentors. The goal is to locate persons at risk and mentor these preventively. The tool was founded in 2016 in order to research fatigue states in the workplace. A test was developed for employees | The PBT helps employees to improve the well-being of their employees. It is designed for individual mentoring of persons at risk. After the questionnaire |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| | | in order to find out which staff are at risk of suffering from burnout. | has been completed, recommendations are submitted so that immediate solutions can be offered. |
| Christliche Krankenkasse | **I'm well** | This website is operated by Health Info (Infor Santé), the health promotional service of the Christliche Krankenkasse (Christian Health Insurance Company). Health info is accessible to all: parents, teachers, students, educators, nurses … or those merely interested in health issues. Online solutions regarding well-being are offered. | Contact to those affected is initially made online<br>Awareness of the topic of "mental health and well-being".<br>Presentation of projects and activities for locating a solution |
| Federal Ministry of Health – B | **Prévention Burnout** | Pilot projects by the Belgian Ministry for Health for to combat burnout in the workplace: Projects in the hospital and banking sectors.<br>New campaigns for detecting signs of burnout and assessing these. | Implementation of steps to prevent burnout |
| Fitbase | **Online course for stress management and relaxation – online** | The course consists of 10 course units, which are composed of knowledge, tasks, quizzes and exercises. The goal of the course is to work on practical know-how so | This is an example of an online course (not widely available prior to the pandemic) from the area of mental health, which is |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
|---|---|---|---|
| | | that stress can be recognised in due time and appropriate steps taken to reduce this. The course units consist of exercises from the areas of relaxation, self-management, office yoga, brain games and workouts. | offered as a self-study program Queries may be sent and consultations take place by e-mail or via a hotline. |
| Salzburger Gebietskrankenkasse (now ÖGK - Salzburg Regional Health Insurance Company) and University of Salzburg/Department of Psychology | **fidel$^{io}$project** | A course promoting health and prevention for men and women aged 50+ with the goal of maintaining health, self-determination and quality of life. | Target-group oriented access, which takes into account the target group's living situation and health condition. Scientific mentors are available for the course. |
| VHS Klagenfurt (Klagenfurt Adult Education Centre) | **Psychosocial health – first aid for the soul** | In this course mental health first aiders are trained in accompanying spiritual crises in order to alleviate the suffering of the affected persons. | Area of activity that is of interest to enhancement of psychosocial life skills |

| HOST | SUBJECT | DESCRIPTION | RELEVANCE FOR PSYCHOSOCIAL CONSULTING AND TREATMENT |
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| Pro mente | | | |

## 3. Goals of enhancing psychosocial life skills

Having described the initial situation, we now set about defining the direction that enhancement in psychosocial life skills should take. To do this,

- we used the national health targets for the participating countries as a basis (Chap. 3.1)
- we outlined the basic traits of a strong personality (Chap. 3.2)
- and looked at the concepts of salutogenesis and resilience (Chap. 3.3)

### 3.1 National health targets

In inspecting national health targets for the countries that participated in the project, the goal was to create an argumentation basis so that psychosocial life skills enhancement might be better entrenched in the relevant countries.

***National health targets for Austria***

The national health targets for Austria were formulated for the first time in 2012. They are designed to specify the direction for health policy up until the year 2032. Their main objective is expressed in the preamble: *"The objective is to preserve the health of human beings rather than responding whenever they become ill."*[43] A further objective is that people spend more years of their life in good health: *"The health targets are designed to make a specific contribution to increasing the years spent in good health by two years on average over the next twenty years. … The health targets therefore focus on factors that influence health decisively such as* ***education****, working situation, social security or environmental influences."*[44]

[43] BMGF, 2017, Preamble
[44] BMGF, 2017, Preamble; bold by H.Kl.

| ***Selected health targets*[45]** | | |
|---|---|---|
| Target 2 | To ensure equal health opportunities between sexes and socioeconomic groupings, regardless of background, for all age groups. | *"**Education** is, alongside social status and income, a key factor influencing health."*[46] |
| Target 3 | To strengthen people's health literacy | *"Health literacy is an important basis for promoting health and equal health opportunities among the populace. It is aimed at helping people make decisions in everyday life that are good for their health on their own initiative."*[47] |
| Target 9 | To promote mental health among all sections of the populace | *"Psychosocial health is an important factor in quality of life and has reciprocal effects on acute and particularly chronic illnesses. Living and working conditions should be designed such that psychosocial health is promoted during all phases of life and psychosocial loads and stress are reduced as much as possible. Particular attention should be paid to enhancing life skills and measures to prevent violence and addiction (e.g. dependency on legal or illegal substances, substance addictions like eating disorders). Knowledge and awareness in relation to mental illness should be increased with the aim of comprehensively eliminating stigmatization.* People with mental illnesses and their relatives (in par- |

[45] BMGF, 2017, 10 Health targets for Austria
[46] BMGF, 2017, 10 Health goals for Austria; bold by H.Kl.
[47] BMGF, 2017, 10 Health Targets for Austria

| | | |
|---|---|---|
| | | ticular parents and children) require extensive needs-based care and must remain integrated in society or else become integrated into it." [48] |

*"Areas of action for the prevention of mental illnesses and care of the mentally ill are education and information about illnesses as well as their effects among the populace but experts need to be trained so that early detection and appropriate care are possible. Identification of groups at risk and the presence of needs-based prevention and care structures specific to target groups are also essential for those affected."*[49]

In view of target 9, three areas of action are identified in particular[50]:

- Health promotion, prevention and early detection
- Care, rehabilitation and training
- Society and destigmatization

***Health targets in Belgium / Wallonia / German-speaking community***

The target of the Plan for Prevention and Health Promotion[51] in Wallonia is to improve the state of health, well-being and quality of life of the populace in the Wallonian part of Belgium (including the German-speaking community).

The first part of the Plan for Healthcare and Health Promotion identifies six main thematic axes based on their importance for health, their severity and their possibilities for eliminating or reducing illness by prevention and promotional strategies. Two of these axes are particularly relevant for enhancing psychosocial life skills[52]:

[48] BMGF, 2017a, 47
[49] BMGF, 2017a, 49
[50] Austrian Ministry for Work, Social, Health and Consumer protection, 10
[51] Coppieters / Scheen, 2018. In this article Yves Coppieters and Bénédicte Scheen from the School of Public Health (ESP) at the ULB (University of Brussels) introduce the development process as well as the main axes for the strategic plan and the recommendations that have been submitted. Translated and summarized by Liliane Mreyen.
[52] The other four axes were: Axis 2: Prevention of addictive habits and reducing the risk, Axis 4: Prevention of chronic illnesses, Axis 5: Prevention of infectious diseases including vaccination policy and Axis 6: Prevention of accidental injuries and promotion of safety.

| ***Selected main axes (relevant for enhancing psychosocial life skills)*** | | |
|---|---|---|
| Axis 1 | Promotion of healthy lifestyles and environments | This axis is concerned with, on the one hand, the promotion of balanced and sustainable nutrition, movement and regular physical activity. One of the main goals is the preservation of health and quality of life of the Wallonian populace e.g. changing lifestyle such as diet and physical activities. At the same time, the goal is to develop legislative, regulatory and organisational measures in order to facilitate access to a balanced diet and a healthy environment, create offers that promote an active lifestyle.<br>Another issue is combating smoking. The goal is to raise the starting age and reduce the number of young people who take up smoking in the age from 11 to 24, increase the number of smokers giving up the habit among young people and adults and reduce people's exposure to tobacco smoke. |
| Axis 3 | Promotion of good mental health and general well-being | When promoting mental health, the goal is to promote positive mental health acquisition by strengthening an individual’s resilience, creating support environments, and examining the influence of certain factors (social, cultural, economical, political and ecological).<br>The goal is to improve protective factors, help individuals, families and communities to cope with incidents and strengthen social cohesion in order to reduce the risk factors for mental health problems.<br>The idea is to promote the well-being of the entire populace and reduce the rate of suicide attempts and number of annual suicides. |

The strategic plan also defines eleven comprehensive strategic goals. It is essential these goals are taken into account in order to deal with current health challenges in Wallonia and undertake effective preventative and health-promoting measures.

| ***Comprehensive strategic goals*** | |
|---|---|
| Target 1 | To promote health in all areas |
| Target 2 | To undertake strategic adjustments in order to combat health inequality in society |
| Target 3 | To promote accessibility to health services and guarantee effective coverage of the region in relation to prevention and health promotion |
| Target 4 | To guarantee efficiency of measures and create a culture of continuous assessment |
| Target 5 | To incorporate health priorities during the course of one's lives |
| Target 6 | To incorporate health priorities into people's lives with continuity |
| Target 7 | To strengthen community campaigns (bottom-up), to promote citizen participation and empowerment |
| Target 8 | To develop networks and cross-sector partnerships |
| Target 9 | To create health-promoting environments (living environments) |
| Target 10 | To focus on health promotion from a sustainable perspective |
| Target 11 | To promote innovations in health services |

Based on the six priority axes, eleven theme-based working groups were defined by the cabinet and the region. Particularly relevant for enhancing psychosocial life skills is

| | |
|---|---|
| Working group 3 | Promotion of well-being and mental health |

The working groups are made up of more than 150 partners: Stakeholders from the various sectors affected, experts in health promotion and basic care, stakeholders from associations, representatives of local authorities, beneficiaries and stakeholders in living environments, members of AViQ (Wallonian Agency for Quality of Life) and other interested groups from science, monitoring bodies and municipal health promotion services.

***Health targets in Germany***

*"In the year 2000, the Federal Ministry for Health took steps to stipulate and develop national health targets and implement these in day-to-day healthcare in Germany. The Gesellschaft für Versicherungswissenschaft und -gestaltung e. V. (GVG Society for Insurance Science and Design) was commissioned with a corresponding model project called 'Forum gesundheitsziele.de' (Health Targets.de Forum)."*[53]

A wide variety of social strata and institutions were involved in formulating these health goals: federal and state governments, public and private health insurance companies and pension funds, doctors and other health management service providers as well as patient representatives and self-help groups. Health targets have to date been drawn up on the widest variety of topics – and are relevant for enhancement of psychosocial life skills:

- Growing up healthy: Life skills, exercise, nutrition (2003; updated 2010)
- Increasing health literacy and consolidating patient sovereignty (2003; updated 2011)[54]
- Depressive illnesses; prevention, early detection, sustainable treatment (2006)
- Ageing healthily (2012)

The health target of "increasing heath literacy and consolidating patient sovereignty" is of particular significance to enhancement of psychosocial life skills: *"The goal of increasing health literacy and active participation of the affected patient(s) and citizens is intended to change health and illness behaviour, promote prevention, thereby improving treatment success."*[55]

[53] https://www.bundesgesundheitsministerium.de/themen/gesundheitswesen/gesundheitsziele.html
[54] Hoelling et al, 2011
[55] Hoelling et al, 2011, 1

This “rough goal” was divided up into four target areas[56]. These target areas were then specified further into subareas[57]:

| **Target area 1:**<br>*“Citizens and patients are supported by quality-assured, independent, comprehensive offers of target-group oriented health information and consultation (increasing transparency).”* | **Target area 2:**<br>*“Health literacy appropriate for individuals and requested by citizens or patients is enhanced; motivational and supporting offers are available (developing literacy).”* |
|---|---|
| Subgoal 1.1:<br>*“Information is provided on health products and services (quality, prices), service providers (qualification, number of treatments), medical treatment processes, care and healthcare methods and structures.“* | Subgoal 2.1:<br>*“Individually appropriate, health self-management as requested by citizens and patients is stimulated and promoted; self-aware, self-determined behaviour by citizens and patients in the area of health promotion and prevention are supported and promoted.“* |
| Subgoal 1.2:<br>*“Patient and citizen-based communication and explanation of health information provided is guaranteed.“* | Subgoal 2.2:<br>*“Self-help options for enhancing individual and social health-based skills are stimulated and developed.“* |
| Subgoal 1.3:<br>*“Health information is available for specific sections of the populace.“* | Subgoal 2.3:<br>*“Patient-oriented methods of working and the communicative skills of institutions and service providers are further developed and enhanced in healthcare .“* |

[56] Hoelling et al, 2011, 2

[57] In the following only target areas 1 and 2 are explained further since they are particularly relevant for enhancement in psychosocial life skills. Hoelling et al, 2011, 7- different ways of writing gender in the original.

For subgoal 1.2 the following priority measures have been specified – relevant for enhancing psychosocial life skills[58]:

- *"Extension and further development of courses for promoting individual communication and health literacy in further education institutions, kindergartens, schools and companies.*
- *These course offers are differentiated based on the support required by the addressees among the specific sections of the populace (e g women, men, older people, the socially disadvantaged, people with disabilities, people with a migration background)."*

***Health targets in Italy / South Tyrol[59]***

In Italy, earlier campaign programmes in the area of mental health led to the consolidation of an organisational model at regional level and stipulation of operational practices that aim at actively and directly intervening in the region in cooperation with families and volunteer associations, general medical practitioners and other health and social services (at home, in the school, in the workplace etc.). Quantitative distribution of all services is in accordance with the standards of the national trend, with higher values for centres for mental health, day centres and residential institutions (both public and private). Human resources deployed and quality of interventions between the different regions and within the individual regions varies unequally across the region. The following critical points may be emphasised with regard to the work of mental health centres, which assume responsibility for these services and for therapeutic continuity,:

a. A lack of knowledge exists among the populace about the existence of services for treatment of mental illness in general and about the treatment options;
b. There is a high risk of many services not being able to provide the desired treatment both due to organisational deficiencies and due to insufficient personnel;
c. Difficulties exist with admissions of patients not willing to consent or those that are uncooperative;

[58] Hoelling et al, 2011, 7; What are referred to as "patient universities are cited as an example for the first bullet point e.g. at Hanover Medical University (http://www.patienten-universitaet.de/), at Jena University Clinic or at the University Medical School in Goettingen. See also the Patient University in Dusseldorf: https://www.florence-nightingale-krankenhaus.de/de/unser-krankenhaus/unser-krankenhaus/patientenuniversitaet.html

[59] Translation and summary by Margarethe Profunser

d. The rehabilitation programme is subject to unscheduled interruptions;
e. Initial contact with “serious” patients who often already arrive at medical services with a chronic past history of mental illness and subsequently with a lower potential for recovery, is too late in many cases.

The “Nationale Kommission für psychische Gesundheit” (National Commission for Psychiatric Health) was recently set up in the German Health Ministry in coordination with the “Nationaler Rat für psychische Gesundheit” (National Council for Psychiatric Health) in order to deal with unresolved questions regarding access to care by psychiatric patients. At the same time, the senate’s Gesundheits- und Hygienekommission (Health and Hygiene Commission) launched an enquiry into the conditions of psychiatric care in Italy and started to implement target projects to protect mental health. This survey, based on Law 180 dated 13th May 1978, (the goal of which was to protect patients’ rights, encourage their social recovery as well as an expanded care model in the region), is part of a modified institutional and legal framework, which entrusts regions with the administration of psychiatric care. Targets to be achieved are:

- attaining quality in mental health centres that enables them to react to demand for the treatment of various mental illnesses, fight stigmatisation and shorten waiting lists, thereby rationalising the way patients are cared for;
- different courses for different patient types using evidence-based guidelines and methods of consensus;
- improving adherence to care and the ability to care for “uncooperative” patients;
- activation of early detection programs for schizophrenic psychoses; ability to react to treatment requests in case of mood disorders is to be improved (in particular for depression across all age groups) and eating disorders (in particular anorexia);
- in-patient institutions are to be accredited based on their social therapeutic, rehabilitative value;
- protocols are to be implemented for cooperation between adult and developmental age services in order to ensure therapeutic continuity when treating mental disorders in childhood and youth.
- interventions are to be initiated and implemented in prisons to support prisoners with mental disorders;

- guaranteeing help and social reintegration for patients who have been admitted to forensic psychiatric hospitals (OPG) particularly after patients have been discharged;
- carrying out of programmes to combat stigmatisation and prejudice against mental illness;
- a national information system is to be implemented for mental health.

The following may be understood as particular target groups for the enhancement of psychosocial life skills:

- families
- migrants and marginal groups in society
- workers

The National Action Plan for Mental Health comprises the areas of initial stages, early intervention, frequent disorders, high incidence and prevalence (depression, anxiety disorders), ongoing serious disorders and complex disorders during childhood and youth. In addition to this plan, other questions are to be promoted by facilitating the definition of differentiated tools with separate documents since there are certain questions that need to be examined further. Mood disorders, suicide prevention, personality disorders and eating and autism spectrum disorders in particular require the acceptance and implementation of specific guidelines for diagnosis and treatment. In addition, ad-hoc guidelines need to be created in the face of the growing importance of in-patient psychiatric treatment and the lack of homogeneity between the different regions, which define the goals, instruments and evaluation of results at the clinical and social integration level precisely. The needs of the migrant population too in the area of mental health must be tackled in a targeted fashion.

When it comes to protecting mental health during childhood and youth, principles and dialogue are appropriate here too, as is reflection on differentiation in care methods. Yet particular aspects apply when specifying neuropsychological disorders during childhood and youth and for interventions during developmental age. Multidisciplinary team intervention is not restricted to particularly serious and complex cases but is the rule, due to constant interaction between the various lines of development and the high co-morbidity

index among disorders from the different axes.[60]

The Ministerial Order from 24th January 2019 established a Technical Working Group for mental health in order to integrate the measures already carried out by the Health Ministry in the area of mental health and formulate operational proposals for dealing with critical points in implementing reference legislation, particularly with respect to evaluating appropriateness of intervention in case of mandatory and voluntary health treatments. The working group has the task of:

a) checking implementation of guidelines, regulations and scientific documents including agreements made at the state/regional conference and United Conference for Implementing the National Action Plan for mental health.
b) checking the appropriateness and quality of treatment and rehabilitation courses envisaged for psychiatric disorders;
c) consolidating knowledge about the existence of critical problems in regional services and developing proposals on how to deal with these problems and optimise the services network by strengthening it;
d) proposing operative and regulative measures for promoting implementation of best practice intervention models for diagnosis, treatment and psychosocial rehabilitation for persons with psychiatric complaints aimed at reducing mandatory and voluntary health treatments (TSO) and mechanical and pharmacological/chemical inhibitions.

## 3.2 The strong personality

Psychosocial life skills enhancement that accompanies people and aims to strengthen them in the development and unveiling of their personality must answer the call for a vision or guiding idea about a strong personality. To do this, theory and research provide concepts that, on the one hand, describe current situations of individuals[61], while on the other outlining the characteristics of a strong personality. Concepts of this type have been shaped historically and culturally.

[60] http://www.salute.gov.it/imgs/C_17_pubblicazioni_1905_allegato.pdf
[61] e.g. Broeckling (2013): “The entrepreneurial self“, Sennett (2006): “The flexible person” or Pongratz & Voss (2004): “Arbeitskraftunternehmer“, Reckwitz (2020): “hybrid subject”

Strong personalities are described using various characteristics[62]: “postheroic“[63], “matured”, "educated”, “responsible” or “developed”[64], “competent” or “resilient” [65].

The virtually endless list of strong personality aspects by the educational theorist Rolf Arnold illustrates particularly clearly that realistic, practicable adult education needs to ask not just persons but target groups about their relevant learning needs, wishes and motives. In trying to summarize aspects of a strong – or however we might describe it – personality as outlined here, these may be arranged into the areas of thinking and feeling, acting and wanting and thus form a basis for psychosocial life skills enhancement[66]. The borders between the four fields are open and permeable.

| ***Salient features of a strong personality*** | |
|---|---|
| ***Thinking*** | ***Feeling*** |
| 1. Strong personalities are able to scrutinise their own thinking patterns and certainties but also stand by these following thorough inspection.<br>2. Such persons are open to other, new positions, can accept a variety of interpretations (tolerating ambiguities) and are capable of integrating other people’s points of view into their own thinking.<br>3. They are far-sighted and capable of detecting interrelations, reciprocal effects and medium/long-term consequences. | 1. Strong personalities can perceive, reflect upon and articulate their own emotional disposition and their biographical development appropriately.<br>2. Such persons are able to empathize with others but also able to distinguish inappropriate emotions.<br>3. They practice this empathy not only in relation to their social contemporaries but with the natural environment and subsequent generations (posterity) too. |
| ***Acting*** | ***Wanting*** |
| 1. Strong personalities understand how | 1. Strong personalities are based on |

[62] cf. also Rauthmann, 2017; different approaches of personality psychology are discussed here.
[63] Dornes, 2016
[64] All four attributions in Arnold, 2016
[65] Kalisch, 2020
[66] cf. also the transcriptions of goals in the definition of psychosocial life skills enhancement

| | |
|---|---|
| to decide and act flexibly and approach challenges in a solution-oriented manner.<br>2. Such persons are also capable of non-action and abstinence where this seems appropriate.<br>3. Constructive/communicative or cooperative action is a mark of such personalities. | well-founded values.<br>2. Their thoughts, feelings and action are borne by a personal and social feeling of responsibility.<br>3. Respect (= deference), tolerance and civility are inherent to such personalities. |

### 3.3 Resilience and salutogenesis

Over the past few years, the issue of psychiatric resilience in the face of awkward life situations has enjoyed increasing popularity. Two terms above all are cited in this context – frequently in the same breath: “resilience” and "salutogenesis”, the meanings of which are – incorrectly – confused.

Resilience and resilience research goes back to long-term studies carried out by the US psychologist Emmy Werner (1929–2017), who examined 600 disadvantaged children on the island of Kauai for 40 years. During this time, she was able to ascertain that almost every third child managed to remain healthy and capable of acting despite extremely poor conditions.

Studies carried out around the same time involving holocaust survivors by the US Israeli medical sociologist Aaron Antonovsky (1923–1994) were taken up less and the word salutogenesis and its concept are not really known to a wide section of the populace to this day whereas discussion about resilience is increasing at present. The reason for this may be down to terminology among other things. Whereas the term and research into salutogenesis was initially accepted into use, mainly by the areas of health promotion and psychosomatics, resilience has only become fashionable as a term over the past few years and has also become widely established in education and further education.

**Concept of salutogenesis[67]**

The meaning of the largely unknown term of salutogenesis and its concept can be derived from its name: in Latin, “salus” means more or less “health“ or “well-being” and the suffix “-genesis” can be translated as “emergence of”, “birth”. Salutogenesis therefore means the emergence of health. The focus is explicitly aimed at factors and framework conditions that enable us to become healthy and remain thus.[68]

In contrast to the WHO’s definition of health[69] Antonovsky sees health as a process rather than a condition but one in which risk and safety or resistance factors mutually affect one another. Conditions and factors that are capable of bringing people closer to the “health“ pole have been described by Antonovsky as “generalised resistance resources” or “protective factors”. These include:

- the presence of **physical powers of resistance**: an intact immune system, a generally good physical constitution etc.
- the possession of **mental and cognitive resources**: e.g. intelligence, education, a strong ego, problem solving skills etc.
- possible recourse to **material resources**: e.g. money, work
- **psychosocial sources**: the quality of social relationships, a sense of belonging, social support, recognition
- In addition it includes **social sources of resistance**, e.g. inner peace, orientation to cultural, aesthetic, political and religious values.[70]

Antonovsky started from the premise that what he called a “sense of coherence” resulted from the availability of such resources, which he defines as “a global orientation that expresses the extent to which a person has a pervasive, lasting and nonetheless dynamic feeling of confidence,[71] which:

1. structures events resulting from interior and exterior influences during the course of one’s life, making them predictable and explainable (**comprehensibility)**

[67] Franke, n.y.
[68] https://de.wikipedia.org/wiki/Salutogenese [Last access. 01.08.2021]
[69] *“Health is a state of complete physical, mental and social well-being and not just lack of illness or frailty.“* See for this WHO’s constitution: https://fedlex.data.admin.ch/filestore/fedlex.data.admin.ch/eli/cc/1948/1015_1002_976/20200706/de/pdf-a/fedlex-data-admin-ch-eli-cc-1948-1015_1002_976-20200706-de-pdf-a.pdf [Letzter Zugriff: 01.08.2021]
[70] Reinshagen, 2008
[71] Antonovsky, 1997, 36

2. provides resources that cater for needs resulting from these events (**feasibility or manageability)**
3. understands these requirements as challenges for which it is worth making an effort and committing oneself (**meaningfulness).** [72]

**Concept of resilience**

The term “resilience” comes from material science and describes an object that can return to its original condition after pressure. The word stems from the Latin verb “resilire” and means “to rebound”. With this concept, we understand mental powers of resistance, or the ability to overcome without any lasting impact difficult life situations and to develop oneself successfully.[73]

Various studies have shown that people who can cope particularly well with blows of fate, crises, uncertainty or stress are equipped with certain characteristics and inner attitudes to life and its challenges. Often, stressful situations increase their strength. The concept of resilience is made up of seven factors or pillars/key elements in this regard:

1. **Acceptance**: Accepting what cannot be changed
2. **Optimism**: Believing in solutions to problems
3. **Assuming responsibility**: Abandoning passiveness and designing one’s life proactively
4. **Self-efficacy**: Believing in oneself.
5. **Network orientation**: Building up a supporting network
6. **Solution orientation**: Placing the focus on solutions
7. **Future orientation**: Creating visions and goals[74]

These protective factors make people resilient when dealing with internal and external stress factors. By activating and enhancing one’s resources, problems can be overcome and hence the ability to deal successfully with stressful situations. At the same time resilience enables a person to activate their own powers of self-healing so that good health can be actively initiated.

[72] Antonovsky, 1997, 36
[73] https://de.wikipedia.org/wiki/Resilienz_(Psychologie) [Letzter Zugriff: 01.08.2021]
[74] https://www.resilienz-akademie.com/sieben-saeulen-der-resilienz [Letzter Zugriff. 01.08.2021]

The counterpart to resilience is vulnerability. Vulnerable people are susceptible to external influences and at risk in their healthy development.

**Commonalities and differences**

Resilience and salutogenesis are very similar and both concepts are valuable considerations when it comes to enhancing health promotion. Both approaches are united by the assumption that health is not a fixed condition but rather a process. Again and again, there will be phases in which illness gains the upper hand over a person's health. Resilience is no guarantee that life will be free of crises and a greater feeling of coherence does not guarantee long-term health.

Resilience describes an inner force of resistance, which strengthens us in crises and ensures that we can get back up on our feet again quickly.

Salutogenesis searches for explanations and conditions for enhancing health and lessening illness and postulates a reorientation away from ideas of deficiency and symptoms towards a resources and strength perspective. It is not just a matter of enhancing the power of resistance of human beings who have to live and work under difficult conditions but of the way human beings can develop healthily if they have better living and working conditions.

Resilience enables and promotes adaptation to one's circumstances, surroundings and framework conditions and overcoming the resultant long-term confrontation with stress factors. Salutogenesis is concerned with framework conditions for designing circumstances and the environment in a way that promotes health and with the goal of generating less stress. Put (very) simply, resilience enables adaptation to stress, while salutogenesis aims at reducing or preventing stress. Resilience accepts the framework conditions, while salutogenesis demands health-giving conditions. Resilience aims at a reaction, salutogenesis at prevention.

**Importance for psychosocial life skills enhancement**

As Emmy Werner emphasised in her analysis, resilience can be learned, strengthened and trained – over a lifetime. This initial position establishes a wide range of themes in

the area of personality development for psychosocial life skills enhancement.

Salutogensis aims more at prevention and the active design of framework conditions and for this psychosocial life skills enhancement might be required to stimulate and maintain sociopolitical, economic and ecological discourse on this. The question about framework conditions for the target groups and the associated need for systematic analysis of the target groups might be posed here too and has to be answered before new further education formats can be developed.

# 4. Teaching and learning in the context of enhancement in psychosocial life skills

In this chapter the emphasis shall be on the pedagogical side of psychosocial life skills.

- In doing this, we shall take a look at current discussions relating to the term competence (Chap. 4.1)
- We shall present a definition of "successful learning" in psychosocial life skills enhancement (Chapter 4.2).
- We shall ask the question: online psychosocial life skills – how can this work? (Chap. 4.3)
- We shall present a quality framework for psychosocial life skills enhancement (Chap. 4.4)
- and introduce pilot projects from the Erasmus+ project (Chap. 4.5)

## 4.1 About the term competence

The term competence has advanced to become a key term in the context of (adult) education [75]. It is usually traced back to the linguist Noam Chomsky, who used it as a complement to the term 'performance' towards the end of the 1960s. The OECD defines the term – in light of a postulated "global competency" – as follows: *"A competence is the ability to mobilise knowledge, skills, attitudes and values, alongside a reflective approach to the processes of learning, in order to engage with and act in the world."*[76]

To this day there is no uniform, generally recognised definition of "competence". According to this, competences are constructs that retain a strong relation to theory[77]. They are comprised of different elements:

- *knowledge and information* describe the totality of facts, basic principles, theories and

[75] One example is the memorandum on life-long learning by the European Commission 2000
[76] OECD 2016, 2
[77] Erpenbeck & von Rosenstiel, 2003

practices in a learning or working area as a result of learning and understanding processes[78].

- *skills and abilities* "in learning processes cover acquired forms of physical or mental skills based on practice, which are relatively established and automated"[79]. They are used to apply knowledge and hence solve tasks and problems[80].
- *dispositions* describe "all temporally fixed inner prerequisites developed for mental regulation of an activity at the relevant point in time[81].
- *values can be identified as basic orientation used for human actions and social harmony*. They are formed historically, are relative to a culture but can also be designed deliberately[82].
- *motivations* comprise emotional driving forces and interests that animate persons to actions[83].

Competences normally apply as action prerequisites that stress in particular the implementation of knowledge and skills appropriate for the situation[84]. Accordingly, psychosocial life skills must also take into account competent actions as a target corridor of individuals – in the sense of subjective behavioural competence and by contrast to mere knowledge. If the terminology construct "psychosocial" is split down into its semantic components, we see how: "psycho" refers more to introspective aspects. whereas "social" focuses more on externally directed relationships. Even at word level, it is clear that psychosocial life skills have to be founded on competence dimensions that sufficiently address both these sides.

The list of potential competency dimensions of psychosocial life skills that follows makes no claim to be either empirically backed up nor in any way exhaustive. Rather it tries to suggest a possible spectrum of skill dimensions based on theory – and hence deductively. When developing this competence system, it became evident that competences cannot always be distinctly separated from each other, which in our view suggests they

[78] Arbeitskreis Deutscher Qualifikationsrahmen (German Qualification Framework) working group, 2011, 10
[79] Erpenbeck 2010, 49
[80] Arbeitskreis Deutscher Qualifikationsrahmen working group, 2011, 8
[81] Kirchhoefer 2004, 61
[82] Kichhoefer, 2004, 62; Erpenbeck 2010, 48; Gnahs 2007, 26
[83] Gnahs, 2007, 26 f.
[84] Hof, 2009, 83

have a mutually interdependent relationship. Put bluntly, just as modes of action of competent psychosocial behaviour can barely be distinguished from one another during day-to-day practice and the transition between them is fluent, it is equally unlikely that necessary competences can be separated off from one another precisely for relevant actions.

## Life skills

### *Emotional competence*

The adult education scientists Rolf Arnold and Claudia Gómez Tutor base emotional competence on the concept of emotional maturity developed by the psychologist Erika Landau: *"Emotional maturity is, for me, the ability to accept the challenge that society makes of me freely, safely and, in spite of fear, in accordance with my potential. The creative and integrative self of the self-renewing personality is a harmonious balance between intellect and feelings, between one's own world and the environment."*[85]

The emotion researcher Carolyn Saarni[86] hints at the complexity and multi-facetedness of this area of competence. She distinguishes eight basic skills of emotional competence:

1. Awareness of one's own emotions
2. Perception and understanding of the emotions of others
3. Communicating emotions
4. Ability to empathise
5. Ability to differentiate between emotional experience and expression
6. Coping with negative emotions
7. Emotional communication in social relationships
8. Self-efficacy

Her definition of emotionally competent behaviour is of particular interest with regard to the concept of a psychosocial life skills enhancement. The latter is said to pertain if the subject handles his or her emotions *with self-efficacy* during social interactions. In other

[85] Landau, 1999, 29, cited in Arnold & Gómez Tutor, 2007, 181
[86] 1999

words, individuals are not only able to consciously perceive their own emotions (including in their social context) and if necessary express these (emotional regulation), in addition, they can utilise these strategically in order to realise their goals. This also includes, according to a constructivist understanding, emancipating oneself somewhat from the irrationality of one's own experience of feelings.[87]

### *Social competence*

Put briefly, social competence can be defined as the "successful realisation of goals and plans in situations involving social interaction"[88]. This alludes to general skills like empathy, team skills, ability to handle conflict or dispositions to social communication[89]. The psychologist Uwe Kanning evaluated various lists of competences, which led to the emergence of five core elements of social competence[90]:

1. Social perception (empathy competence)
2. Checking of behaviour
3. Assertiveness (confidence in dealing with conflicts and realising goals)
4. Social orientation (taking into account the interests of others)
5. Communication skills.

Socially competent behaviour depends very much on how the acting individual is socially embedded in their specific milieu. It oscillates between *adjustment* to the values and norms prevalent in the society or milieu and the *assertion* of one's own interests.

### *Personal competence*

Personal competence subsumes the attitudes, value systems and motivations on which the actions of human beings are based. Proven "competence experts" John Erpenbeck and Volker Heyse tell us personal competence can be expanded ideal-typically into[91]:

1. the self-concept, founded on self-confidence and a feeling of self-value

[87] Arnold & Pachner, 2013
[88] Greif, 1987, 312
[89] Boehm & Wiesner, 2012, 121; Strauch u.a., 2009, 18; Arbeitskreis Deutscher Qualifikationsrahmen, 2011, 9
[90] Kanning, 2005, 8
[91] Erpenbeck & Heyse, 1996

2. critical self-perception in contention with one's own self and reciprocal effects with the social environment
3. Self-discipline
4. Drive
5. Tolerance of ambiguity (coping with this)
6. Vision (long-term thinking and planning).

"Personally competent" actions are accordingly *reflective, self-organised actions*. This includes "self-evaluation, productive attitudes, value systems, developing motifs and self-perceptions, developing one's own abilities, motivation, performance proposals and developing oneself creatively for work as well as outside of work and learning."[92]

**Cross-sectional competences**

***Life skills***

The construct of life skills was defined by the World Health Organisation in the 1990s[93]. The ten key life skills comprise[94]:

1. Self-awareness
2. Empathy
3. Creative thinking
4. Critical thinking
5. Decision-making skills
6. Problem-solving skills
7. Effective communication skills
8. Interpersonal relationship skills
9. Overcoming of feelings
10. Coping with stress

The life skill to be striven towards is as vague as this list of skills is complex. In this respect, a sensible way of approaching this topic appears to be locating a life skill horizontal to the other skill dimensions. Seen from this perspective, life skills are made up of the constituent parts of other skills dimensions particularly with regard to (psychosocial) health.

[92] Erpenbeck & Scharnhorst, 2004, 3
[93] WHO, 1994
[94] Buehler & Heppekausen, 2005, 16 ff.

***Digital competence***

In current discussions about education politics, digital competence is often proclaimed as being the fourth cultural skill. *"In the 21st century, digital competence – just like reading, writing and numeracy – is a cultural skill that is essential for a self-determined life, professional efficiency and social participation."*[95]

Seen against this background, the renowned media educationalist Michael Kerres points out – rightly in our opinion – "that competence in handling digital technology can be *placed alongside* "reading, writing, numeracy" only with great difficulty and to a very limited degree. Rather, digital technology is important because of the way it significantly pervades and characterises all other cultural skills. Modes of developing knowledge such as reading, writing or arithmetic are no longer conceivable without digital technology and this is a thread that pervades all subject areas and thematic learning areas"[96]. This is therefore an argument against the use of the term "digital competence" and, based on a strategy paper by the Federal Culture Ministers in Germany, advocates "education in a world that is shaped by digital technology"[97]. This comprises three dimensions: *"The goal is the skill*

a. *of understanding digital technology*
b. *of using its functions to access knowledge, to develop identity and participation in society and*
c. *reflect on its implications."*[98]

An understanding of this type of – no matter how it is defined linguistically – competence overcomes the restricted view of the trivial use of digital devices or tools and considers *the uncertainties, disorientation and the challenges concerning the social participation* of human beings in handling new media on a day-to-day basis. Acting with "digital competence" is thus increasingly linked directly to specific topic areas or specific activity situations. It cannot be separated off from content domains or be communicated "abstractly".

[95] BMBF, 2017: https://www.bmbf.de/de/digitale-kompetenz-ist-eine-kulturtechnik-4265.html
[96] Kerres, 2017, 5, italicised in original
[97] Kerres, 2017, 8
[98] Kerres, 2017, 9

**Conclusio**

Overall, further competence dimensions of psychosocial life skills enhancement might be conceived (e.g. financial competence, competence in the working world, health competence etc.). At the same time the question arises as to the extent to which further differentiation of competence dimensions results in knowledge gains, varieties of ways to realise these or greater opportunities to do so. As the above explanation shows, considering competences in isolation appears to be less constructive than was perhaps hoped for, particularly in respect to the everyday reusage and application situations of potential target groups and participants. This applies all the more to the horizontal skills that we have differentiated. *One* conceivable way of dealing with this conceptional challenge might be to determine people's everyday fields of conflict, stress-inducing or problematic situations (e.g. setting them alongside transitions in a curriculum vitae) and identifying "appropriate" – in constructivist terms "viable" – basic skills for coping individually with the transitional periods. Educational measures would then have a concrete label (e.g. transition: profession – retirement) and a sort of framework curriculum for psychosocial life skills to be enhanced.

Ideal-typically, we would then ultimately have different target groups with specific learning reasons (e.g. the target group "young adults" with the learning occasion/transition "move to first own flat") and corresponding psychosocial life skills (e.g. emotional competence, living competence and financial competence).

## 4.2 Successful learning

The description of a quality framework for adult/further education in general and psychosocial life skills enhancement in particular must be based at its core on the term "learning". Learning is the "core product" of educational institutions and its key quality factor, to which all other quality aspects must align themselves.

This claim has been – and continues to be – described using what is known as the LQW approach – German: "Lernerorientierte Qualitätsentwicklung in der Weiterbildung"

(Learning-Oriented Quality Development in Further Education).[99] The special aspect of this quality management system is that it is very much based on actual adult education practice. [100]

- At the centre of this quality development and quality assurance approach in educational institutions is the "definition of successful learning". It describes what is understood by high-quality learning in a certain context. *"The definition of successful learning is firstly communicated to real and potential customers as a 'performance promise''. … Secondly … the definition of successful learning acts as a practice-based own educational concept for the organisation, as a regulating idea both for its day-to-day educational work and its quality development. This definition of successful learning acts as a common thread to which the organisation can align its activities."* [101]

- From this description it is possible to derive how "quality of teaching" has to be obtained so that the intended "successful learning" – and, as a complementary educational act, "successful teaching" – can be realised in the institutional context. This is a question of microdidactics therefore.
- This in turn has consequences for the learning infrastructure (e.g. learning spaces) and the learning environment (e.g. media equipment)[102]. This quality circle takes into account macrodidactics.
- Ultimately – and, quite deliberately, finally – it is important to consider how an educational organisation (its processes and structures) needs to be set up in order to facilitate and enhance the aspects named above.

Successful teaching and learning embody key target dimensions for adult education institutions, making both modes of action relevant for psychosocial life skills enhancement too.

In adult education science but also in learning psychology, there are different theoretical

[99] For the history and development of this approach cf. Zech et.al., 2006; Zech (ed.), 2004; for an evaluation of the approach cf. Raediker & Kraemer, 2011
[100] Zech et al, 2006, 39
[101] Zech & Braucks, 2004, 18
[102] Stang, 2016

positions regarding human teaching and learning. These are supplemented by other research directions and concepts, which are not primarily concerned with the subject of "teaching and learning" e.g. brain research[103] or – in more recent times – the resonance approach[104] Presenting these theories and approaches in their full breadth (what theories exist on adult education?) and depth (what do these theories say exactly?) and discussing these is not the subject of our considerations here however[105].

Rather our goal is to formulate a guiding, manageable framework for educational activities within the framework of psychosocial life skills enhancement, which offers participating institutions and providers a flexible basis for the quality development and quality assurance of these educational offers. To do this, we shall refer to the target layer of the LQW model, which focuses on the institution-based definition of successful learning:

***Learning in the interest of psychosocial life skills enhancement will be successful if…***

…the course on offer provides participants with the opportunity to acquire "tools in the broadest sense of the word" or modes of behaviour that encourage them to develop their personalities, help them to do this and to participate socially.

With subject-scientific learning theory, which goes back to the founder of critical psychology, Klaus Holzkamp[106], we might talk in this context about "expansive learning" – providing the initial situation is perceived by the learners as problematic, unsatisfactory or deficient: *"This key term indicates that a human being aims at expanding his or her possibilities for participation in conflicting social relationships. Their individual development and participation are restricted time and time again by the social context."*[107]

Based loosely on the term "expansive learning", we wish to draw attention in the context of psychosocial life skills enhancement to self-determination of the learning individual.

[103] Roth, 2011; Roth, 2019
[104] Rosa, 2016
[105] See on this e.g. Grotlueschen & Paetzold, 2020; Schrader, 2018; Stang, 2016, 24 ff. For the extent to which didactic concepts can be derived at all from learning theories, see Walter, 2019.
[106] Holzkamp, 1995
[107] Walter, 2019

“Learning” is not a development imperative (“learn to participate!” or “learn to stay healthy”) that is forced upon people but a conscious decision by the individual in favour of a course offered and based on an initial situation that is perceived subjectively to be unsatisfactory. It is therefore less about societal learning requirements, but more about individual learning requirements.

… the actions of lecturers open up a space for enabling self-controlled appropriation or expansion of skills to the participants[108].

According to constructivist learning theory, learning is in particular characterised by five core aspects: it is constructive, active, social[109], situation-based and self-controlled[110]. Rolf Arnold has developed a S.P.A.S.S. model from this[111]:

| ***Criterion*** | ***Examples of methodical procedures*** |
|---|---|
| S<br>for self-controlled | Learners are accompanied in assuming responsibility for their learning themselves. They decide about learning content and learning paths themselves and control the success of their learning themselves. |
| P<br>for productive | A link is made to the prior knowledge of learners. They are encouraged to be curious and experience joy in discovering new things. By getting to know others’ points of view, they question their own position. |
| A<br>for activating | The learners process specific tasks and develop their own approaches, which they also evaluate. The primary focus is on a practical and empirical orientation. |
| S<br>for situational | On the one hand, the specific situation in the learning group is valid as a learning field. On the other hand, learning occurs after the learning event in relation to the practical situation. |
| S | Communication and cooperation determine learning. The learners |

[108] Schuessler, 2003
[109] Subject-scientific learning theory also points to the importance of social learning: “*Cooperative learning conditions support self-understanding processes about the underlying action problems of participants on account of the differences in individual interpretations for the relevant case.“* (Walter, 2019)
[110] Stang, 2016, 28
[111] Arnold, 2012; cited according to Quilling, 2015, 5

| | |
|---|---|
| for social | experience esteem and get opportunities for their concerns and feedback. |

The enabling didactics, which is based on constructivism, subsequently provides instructors with new interpretations of their role in some cases. Course instructors are therefore "responsible for advice, aiding reflection, providing information, communicating working techniques, moderating learning processes, enabling problem handling as well as partnership in both processing and solving tasks".[112]

… the participants are ready and capable of asking critical questions about courses offered and course targets, learning content and settings.

Subject-scientific learning theory[113] in particular emphasises the skill of critically questioning interpretations offered.

Learning from one another may be understood from a subject-scientific standpoint as mutually proposing offers of interpretation for the relevant learning occasion. The differences in personal and expert interpretations for common learning problems is perceived as conducive to learning. These interpretations are always, so to speak, *offers* i.e. the subject must query these constantly at all times both in terms of their content and power intentions in order to ultimately be able to decide him or herself whether to make a conscious decision to learn or not.[114]

The "didactics of self-care" too, which is also based on post-structuralism[115] puts forth the proposition that teaching/learning processes are always pervaded with power, particularly those in adult education. Personal, public and expert offers of interpretation (for psychosocial life skills enhancement this would be, for instance, the concept of "life-long learning") should be reflected upon, queried critically and examined for intentions of power.

[112] Arnold & Gómez Tutor, 2007, 177
[113] e.g. Ludwig, 2008
[114] Ludwig, 2008, 117 ff.
[115] Forneck, 2006

… the learners not only acquire subject-based skills but also expand their range of learning skills.

The post-structuralist approach results in another aspect: the “self-caring learning“ construct also combines acquisition of knowledge with an increase in learning autonomy and self-learning competences – in this case: with a special emphasis on power relations.[116]

… understanding lecturers not just as experts who communicate knowledge but also as learning assistants, learning consultants and learning arrangers.[117]

Both approaches are based, among other things, on an understanding of learning that emphasises constructivism: *“Learning is initially grasped as a principally autonomous process. Analogously, learning processes can no longer be understood as the result of pedagogic interventions.“*[118]

In terms of practical activity, the goal here is to create an awareness that, alongside the classical communication skills of instructors, deliberate design of learning arrangements has an equal effect on learning. This includes for example creating a suitable, purposeful learning atmosphere.

… the learning content is useful for the life of the person learning[119].

A constructivist reference point exists here too. Put specifically, learning content must be viable i.e. practicable for the learning individual. In other words, it is not we, as adult educators, who define what important learning content is useful for the lives of the learners but the learners themselves. This “power of definition“ also implies – and here there are parallels to subject-scientific learning theory – that offers of learning may be consciously rejected by learners.

[116] Forneck, 2006, 51, 70 ff.
[117] Arnold & Siebert, 2003, 163
[118] Walter, 2019
[119] Siebert, 2006, 28

… transfer of knowledge is taken into account both during planning and when conducting a course and corresponding measures are available after the learning event.

The Zurich Resource Management approach (ZRM) is of particular importance in this context[120]. ZRM is concerned firstly with how motivation for transfer and change can be structured sustainably; secondly, it demands “resources“ that are capable of guaranteeing sustainability of the learning process.

… the course instructors are competent in their subjects, trained in didactics and are capable of being experienced in the guise of their own personalities.

The importance of the instructing person for the school sector has already been described in great detail [121]. For adult education, it also has to be assumed that the authenticity of the lecturer – alongside their subject knowledge and didactic competence – is of high relevance.

In the present state of the project, some questions of learning theory and didactics remain unanswered:

- How can processes of value understanding and value acquisition be stimulated and supported sustainably?
- How might learning processes be supported by physiological factors (e.g. exercise) within the framework of psychosocial life skills enhancement?[122]
- To what extent are “hybrid learning environments” helpful for the acquisition of psychosocial life skills enhancment and how must these be designed?
- Put inductively, what discrete innovation potential does the empiricism/practice of psychosocial life skills enhancement have for (learning) theory education?

[120] The Zurich Resource Model is a “general psychological system that is not specific to any disorder …, which aims at making people self-determined and empowering them to act“ (Storch & Riedener, 2009, 14). Storch & Krause, 2007
[121] Hattie, 2013
[122] Krammer, 2004; Wendler, 2017

## 4.3 Psychosocial life skills enhancement online – how can this work?

At the outset (see chap. 1.2), we described psychosocial life skills enhancement as a pedagogical process, which supports people during the (further) development of their psychosocial basic skills and with learning in these areas.

It is not just since the Corona pandemic that we know that teaching/learning activities do not take place exclusively in face-to-face settings. E-learning is (once again) a topic on many people's lips and at present appears – depending on who you ask – a thoroughly acceptable alternative to otherwise conventional course formats where instructor and learners meet at a physical location. At the same time, a certain thematic affinity to precisely these classical classroom learning settings can be derived from our definition of psychosocial life skills enhancement – this is our tentative hypothesis at least – (for ultimately we are talking here about psychosocial phenomena and relationships, about social learning and finding one's place in the "real world").

If we merge these two aspects as concepts, we do not encounter any direct contradictions but a field of tension at least that needs to be resolved. At the same time, from a professional theory perspective, contradictory arrangements of this type are nothing new or original in the field of practical adult education. For Ingeborg Schuessler, pragmatically balancing these ambivalences may even be understood as a key element of adult education professionalism[123]. And yet, the question after which this chapter is named "Psychosocial life skills enhancement online – how can this work?" needs to be preceded by a much more fundamental question in our view, namely: "Psychosocial life skills enhancement online" – *can* this work? This is a rhetorical question, for which a positive answer already exists. We might therefore also formulate it as follows: Psychosocial life skills enhancement online – it *has to* work (somehow).

As a first step, it is worth explaining what we understand by 'online' and at the same time by 'e-learning". Online formats are, in our view, distinguished by the fact that teaching and learning activities are shifted to a *synchronous* virtual room e.g. by teachers and learners encountering one another in a video conference (e.g. via "Zoom"). We are aware

[123] Schuessler 2003, p.93

that this is a reductionist interpretation of the digital possibilities for teaching and learning. Asynchronous formats have deliberately been bracketed out by us here so that, in our context, we might talk about “online in the narrowest sense of the term“.

The term e-learning on the other hand usually describes electronically *assisted* learning processes though it is a matter of much debate whether, in our interpretation, the learning processes of individuals are actually assisted using digital technology or whether an alternative – virtual – “meeting and communication space“ is merely provided, which may be used additionally – but not solely –for pedagogical communication and acquisition processes.

It was not entirely by choice that we selected this new “mode“ of internet-assisted teaching and learning for our project . Wherever online formats were used, they were frequently settings where there was no alternative due to Corona measures, which also provided opportunities as well as challenges. This is the matter that is addressed precisely below.

Examples of challenges of psychosocial life skills enhancement online might be:

- psychosocial life skills enhancement is directed primarily at all persons with a corresponding need for education in this area, with the focus here in particular on low-threshold offers. If we shift psychosocial life skills enhancement to internet-assisted settings, this low threshold is denigrated somewhat due to the inherent demands on the available technical infrastructure and corresponding digital skills[124]. In particular, socio-economic prerequisites for access to “enhancing psychosocial life skills digitally” can be linked to critical discourse on the "digital divide“[125].
- On the other hand, particularly for people who suffer from social anxiety or inhibitions when it comes to entering social situations and showing themselves in front of other people, online learning offers a low-threshold opportunity for participating in a course. How successful this type of “contactless learning” is however is another matter, particularly for this target group, for whom further developing social skills in dealing directly with other people is usually an objective.
- The transformation of physical attendance concepts in digital settings and the creation

[124] Buddeberg & Stammer 2020
[125] Grotlueschen 2006

of course concepts for online formats is more time consuming and complex than was previously thought. If there is no third-party funding for the project, costs will subsequently shoot up and ultimately manifest themselves in higher course fees, which in turn is difficult to reconcile with the idea of *life skills enhancement for all*.

- For e-learning offers, increased supervisory costs can always be assumed compared to courses with physical attendance[126]. Particularly for courses in psychosocial life skills enhancement, online formats may go hand-in-hand with an increased need for communication on the part of the participants. Back at the turn of the millennium, remote learning expert Otto Peters already posed an appropriate – rhetorical – question in this regard: "Does anybody really believe this loss [of physically real learners and instructors; D.W.] can be compensated for by *virtual* communication and *virtual* learning groups?"[127] Most people will find building up trust in particular more difficult in online settings.
- The increased need for communication of participants on the one hand and the requirement for psychosocial life skills enhancement to have a lasting effect gives rise to the question of supplementary communicative offers that are maintained beyond the end of the course itself if needed. Such extended support services by course instructors shift the focus of consideration to new modes of course invoicing and fees for institutions – a potentially awkward future topic in view of the often-precarious working situations of instructors.
- Requirements for course instructors are increasing. Requirements profiles for lecturers in psychosocial life skills enhancement for physical attendance settings already appear demanding, yet proof of media competence is also required here too, both in terms of using the technology and from a didactic and methodical point of view.

This can also be offset by specific opportunities for psychosocial life skills enhancement in internet-based settings however:

- Online settings can indeed have a low-threshold affect e.g. when it comes to overcoming large distances and enabling flexible timing.
- The virtual domain can – assuming lecturers possess the corresponding didactic and communication skills – also function as a "pedagogical moratorium" in a particular

[126] Arnold & Gómez Tutor 2007, p.135
[127] Peters 2000, p.181; highlighted in original

form. The increased distance and lack of physical presence are turned into a resource here. Participants in psychosocial life skills enhancement benefit from a particular form of “protection” and anonymity in online settings. This feeling of a “positive lack of being tied down” can have an uninhibiting effect when it comes to the experimental testing of new patterns of thought and action.

- We in particular see opportunities here in the productive fusion of attendance events and online formats in the form of blended learning arrangements. The deliberate, *didactically motivated* combination of classroom and online phases is an important point here in our view. The following chronological sequence of online and physical attendance might be conceivable for instance: a classic “classroom meeting” to start off, then subsequently switching to a new supervised online and self-learning phase. Towards the middle of the course, another face-to-face meeting takes place before teaching occurs in assisted remote-learning mode for a second time. The final meeting and the conclusion of the course are again in the physical classroom.

This schedule is a suggestion and makes no claim to completeness. The goal of this chapter was to broadly outline the wide range of challenges and opportunities in psychosocial life skills enhancement online. Starting from our own empirical background of “enhancing psychosocial life skills digitally“ we wish above all to encourage any interested parties to experiment creatively. In this manner, the blended learning arrangement presented might also be turned round entirely: for instance an online appointment might deliberately be placed at the start, during which participants acquire something of a “taster” from a distance, thereafter carefully feeling their way towards the subsequent practical teaching/learning sessions.

As educators we are certain that our attempts and formats merely constitute the first, tiny pieces of a mosaic and that a long – but very exciting – way still lies ahead in order to open up new digital possibilities for enhancing psychosocial life skills.

## 4.4 The quality framework for psychosocial life skills enhancement

Certain criteria have been defined as a framework for enhancing psychosocial life skills. These can act as a framework for planners, lecturers, group leaders or participants for reflection upon, quality assurance and further development of the relevant educational offers .

1. The bio-psycho-social model: at the basis of psychosocial life skills enhancement is an image of human beings and the world consisting of multiple perspectives: human beings are perceived with their biological[128] and psychological, social and spiritual experiences. Relations between human beings, groups and institutions are designed and reflected upon systematically. Concepts like salutogenesis and resilience have further substantiated this point of view.
2. Vulnerability: Human beings are vulnerable and are capable of being hurt. Life, with its hazards and other people, with their peculiarities and wilfulness, can affront us and hurt us[129]. The point of psychosocial life skills enhancement is not to fortify people so they cannot be hurt and build a wall of strength around themselves. Rather the goal is to reveal vulnerability as an opportunity and a resource. The focus on vulnerable target groups goes hand-in-hand with a particular responsibility: the goal is not to cross over the border between education on the one hand and "psychological therapy/clinical psychological treatment" on the other. In preliminary meetings (e.g. during further education consultations or when negotiating a learning contract), during intermediate or follow-up meetings, persons appearing in need of therapy are made aware of corresponding offers.
3. Resource orientation: Psychosocial life skills enhancement observes the principle of resource orientation i.e. it focuses on looking more at what people are, what they can do, have already overcome or achieved – and less at what they lack, what they were overwhelmed by and what they have never received. This stimulates that which they already possess and enables them to acquire new resources, for these are key to overcoming the present and the future. At the same time, this does not cover up the

[128] As well as the "medicinal" aspect, this also includes other areas such as exercise or nutrition.

[129] "*Vulnerability, genetically and/or biographically acquired violability can, together with vulnerability factors, lead to vulnerability symptoms: psychosomatic symptoms, depression, inclinations to self-harm, addictions but also decency and self-compassion.*" (https://www.spektrum.de/lexikon/psychologie/vulnerabilitaet/16544) Vulnerability in this context is not genetically conditioned, but rather is vulnerability acquired from one's life history i.e. external factors, which have a harming influence on people.

negative, what they lack, the fragmented or the broken – this will assume its place in the various settings in any case – but this is not viewed as a starting point or as key content.

4. Ethics: In the life of a human being, complex (decision) situations often occur, which throw up a multitude of ethical questions. The goal is to counter these challenges not only competently but also responsibly and in a value-oriented fashion. Enhancement of psychosocial life skills is understood in this sense as an "educational" concept.
5. Awareness of gender and cultural differences: In overcoming challenges and crises, major cultural differences exist in some cases. Life events are also experienced and handled differently depending on gender identity. Psychosocial life skills enhancement does justice to this diversity at various levels (content, didactics, selection of lecturers).
6. Orientation to target groups: The decision in favour of clearly defined target groups and the descriptions of these forms the basis for courses on psychosocial life skills enhancement. Members of the target groups are involved both in the planning and evaluation of these course offers. Involving the affected persons in management of the seminar/group (in a teaching tandem) is also conceivable.
7. Transfer and sustainability: In order to ensure ongoing quality assurance or improvement of courses offered in enhancing psychosocial life skills, these course offers are regularly and randomly evaluated and reappraised in light of their effectiveness. The goal is to enable that which has been learned to become sustainable. In order to ensure the knowledge acquired is transferred to the participants' practical lives, learning contracts and individual learning plans are drawn up within the framework of an individual learning consultation.
8. Learning suitable for adults and didactics suitable for adults[130]: Psychosocial life skills enhancement is based on findings in adult education science, learning psychology and brain research and is conducted using didactics that is appropriate for adults. Those active in this field support participants in effectively acquiring the necessary

[130] Gstuer-Arming & Klingenberger (2014) have described the following seven aspects as the didactic principles of psychosocial life skills enhancement: 1) Learning in groups / experiencing a sense of belonging, 2) Learning by reflected experience, 3) Biographical learning / recognition of one's own efficiency, 4) Taking into account different lifestyles/environments, 5) Learning by empowerment/encouragement, 6) Learning by irritation and interruption of patterns and 7) Promotion of learning transfer support during this/self-obligation. Educational offers within the framework of psychosocial life skills enhancement should resist "social pressure to learn faster in a shorter time", "move away from a linear understanding of learning to learning in loops", provide "different offers for different target groups (learning environments)".

knowledge, in sustainable acquisition of skills and in developing a value-oriented attitude to life. It is with this in mind that course offers, learning situations and learning materials are designed.

"The goal should be discernible in the method." i.e. the offers for psychosocial life skills enhancement are designed, performed and evaluated so that these goals (see definition) are also realised when dealing with organisers, lecturers and group leaders.

9. Training of planners, lecturers and group leaders: Those active in psychosocial life skills enhancement base their pedagogical activities on the principles cited here. They are informed, qualified where necessary, accompanied and evaluated in this regard. Furthermore, self-reflection and self-awareness are essential requirements in order to render one's own experience and participation in the learning process conscious and develop appropriate activity options.
10. Collaborations: In order to reach out to new, vulnerable target groups, institutions wishing to develop courses in psychosocial life skills enhancement strive to collaborate with social or health institutions as well as self-help organisations.

## 4.5 The pilot projects

The following reflection results can be ascertained across all projects:

- Psychosocial life skills enhancement is seen as an approach that reverses affliction and is useful for life.
- Detailed descriptions of the target group have proven helpful. Clearly expressing the benefit of participation was not always a straightforward task.
- There is still potential for development when it comes to formulating learning targets.
- The goals set were – according to feedback from participants and the own reflections of those conducting courses – to a great extent achieved.
- No individual learning contracts or plans were drawn up.
- Almost all participants desired more time for debating and discussing content.
- The tools used (evaluation sheets) proved to be too extensive for use in everyday work in education. They are however very suitable for “special projects”.
- Funding of subsequent course offers proved to be a critical point in almost all pilot projects.

<table>
<tr><td colspan="3">Conference Centre at Neustift Abbey: A day of strength for relatives and those affected – First Aid kit for challenging situations<br>Target group: Relatives and anybody affected by the sick or dying.</td></tr>
<tr><td>Description of target group:<br>Due to a change in illness profile – from infectious diseases to lifestyle and well-</td><td>Execution of project:<br>• Goals:<br>Strengthening of participant’s own</td><td>Reflection results:<br>• It would appear to be appropriate to reformulate learning targets as life</td></tr>
</table>

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| being illnesses with a slow course that have somatic and psychosocial causes, the dying process is progressing more slowly. Chronically progressive diseases constitute a huge challenge for the social milieu. Relatives and those affected face new challenges and are sometimes unable to cope. Access to tried-and-tested models from the past is often not possible due to this paradigm shift. A relative is a person who has a particular legal or social relationship to another person or a group of people. Usually, it means persons who have close family ties with one another. The term goes beyond the term family however. In particular it includes spouses, partners and in-laws. Affected persons are those who are part of the living environment of the person concerned: friends, colleagues, neighbours etc. | responsibility in situations that are very challenging/difficult to cope with.<br>Providing them with strength on the road towards bidding farewell, including the period of grief and subsequent reorientation.<br>Awareness of the medical, bio-psycho-socio-spiritual changes of illness, death and mourning.<br>Learning about individual strategies for overcoming challenges.<br>Improving psycho-physical dispositions<br>Feeling appreciated in your role as an affected person or relative.<br>Recognising one's own limitations, values, requirements and goals, resources and sources of strength.<br>Information about external offers of help<br>• Setting: A one-day seminar with | options.<br>• Conducting the seminar with two lecturers guarantees diversity in the areas of temperament, method and access to certain topics.<br>• The following target groups are also conceivable: older persons, persons in teaching and in the medical professions.<br>• The following are conceivable as future cooperation partners: Home care services and associations/chambers of therapy, psychiatry and consulting, also in pastoral care (dioceses or diocesan committees including Caritas and parishes). |

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| | physical attendance was planned; due to Covid it was performed as a half-day online event however.<br>• Number of participants: eight registrations, three participants<br>• Lecturers: Astrid Fleischmann, et.al. Counsellor, Grief Counsellor; Margarethe Profunser, and other counsellors, grief counsellors | |
| St. Virgil Salzburg: **Up to now and beyond … – workshop**<br>Target group: 25–35-year-olds; background: primarily post-materialistic | | |
| ***Description of target group***:<br>Anxiety about the future, precarious working relations and the pressure of self-improvement result in stress; at the same time decisions may be required in important life matters such as partnership, whether to have children, the creation of living space. For the target group, this leads to the question: “Do I continue as before?” No accompanying | ***Execution of project***:<br>• Goals:<br>The reflection process is triggered based on the questions below:<br>What do I want? What am I capable of? What does me good?<br>Participants are familiar with tools and can apply them: decision-making and self-care<br>• Setting: | ***Reflection results***:<br>• The participants wished for less theory and more work in groups as well as more exercise units.<br>• The topic is easily conceivable for people who generally find themselves in periods of upheaval (career changes between 40 and 50; re-entry to work after a break for children, transition to retirement, …); a mixture |

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| courses exist for this target group in adult education. The decisions that need to be made are numerous and have profound effects, the consequences that depend on them are decisive. Room is provided for reflection on an individual's own questions.<br>Clarity can be acquired in an individual's own decision-making processes.<br>Preventative knowledge is acquired with respect to an individual's next phase in life. | one-day workshop with physical attendance<br>• Number of participants:<br>12 participants (9 women, 3 men).<br>The target group was reached accurately.<br>• Lecturers:<br>Cornelia Mooslechner-Brüll, Philosopher<br>David Lang, Trainee psychotherapist. | of target groups would be just as exciting and possible. A new event format was deliberately conceived in the teaching team and experiences collected in this area.<br>• There was interest among participants in information about therapeutic offers and training.<br>• The description of the target group was defining for the content, didactic and method planning.<br>• Representatives of the target group were consulted before developing the descriptive text announcing the course. Persons were involved who were only slightly older than the target group addressed during its design and as instructors. |
| VHS Bildungsinstitut Eupen: **Introduction to conscious, non-violent communication (NVC) in adult education courses – tools and practice for a new culture of discussion**<br>Target group: All teachers and lecturers in adult education from the German-speaking community, in particular Eupen Adult | | |

| Education Centre, especially courses in German and the BAGIC course | | |
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| ***Description of target group***:<br>The target group is trained to be able to intercept participants at the VHS who have multiple problems and in some cases bring these with them into the courses. Many people join learning groups in adult education in order to find their way out of a negative experience in life, to connect and to have somebody to talk to. Other participants are often unable to cope with this and cannot provide any help to the person concerned. As a result the course may be at risk, the quality may drop and groups may break up since the course did not meet participants' expectations. The goal is a better process for the day-to-day running of courses so that those in need of help are better intercepted. Being able to cope with difficult situations is also of huge satisfaction to the | ***Execution of project***:<br>• Goals:<br>Training teaching personnel in non-violent communication (NVC). They are often confronted with problems like burnout, feeling overwhelmed and trauma experiences on the part of participants. The lecturers must be capable of being able to intervene in such situations and offer support.<br>Knowledge of disconnecting and connecting communication strategies.<br>Knowledge of the four-step model of NVC<br>Ability to listen with empathy<br>Attitude of attentiveness<br>• Setting:<br>Further training day with physical attendance | ***Reflection results***:<br>• The participants wished for a second consolidation day or practical day, less theoretical input and more practical exercises.<br>• Other possible target groups: Persons from the care sector<br>• New communication channels are not necessary since the greatest sensitisation is achieved via personal address.<br>• Since this is a training format for course lecturers, teaching personnel were directly affected and able to experience the added value.<br>• Conducting the pilot project was, for our organisation, a further building block in the adult education centre's development process. The instructors felt their value had increased |

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| teaching staff and self-confidence is boosted in front of a group of learners. | • Number of participants:<br>16 participants (13 women, 3 men)<br>• Lecturers<br>Sonja Nowakowski, Certified (CNVC) Trainer for Non-Violent/Respectful Communication<br>Vera Jesinghaus, Health Instructor at Christian Health Insurance | and were delighted to be the focus of interest. It also increased the sense of belonging within the group.<br>• Planning and implementation took up a great deal of time but was very productive for the development of our institution.<br>• The many evaluations were not always comprehensible for the participants and did not achieve the goal.<br>• Topics like gender and diversity were discussed in the groups. Since some course instructors are active in the integration courses, a highly sensitive approach is required here. |
| VHS Bremer Volkshochschule: **Resilience – what makes us mentally strong**<br>Target group: Women between 28 and 54 years | | |
| ***Description of target group***:<br>The target group of middle-aged women i.e. in the age between 28 and | ***Execution of project***:<br>Goals:<br>Empowerment in relation to self-responsibility in the sense of a good | ***Reflection results***:<br>• Not many of the written evaluation forms were returned but the results |

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| 54 is interesting since very little research has focussed on this group to date and there are few course offers specially tailored to this group. On the other hand, over the past few years, a considerable changes can be observed in this target group, which have come with the fragmentation of previously established living concepts. As well as leading to uncertainties and a growing loss of orientation with regards to subsequent life planning, it has at the same time opened up opportunities to embark upon new paths. | life with respect to the common good.<br>Strengthening of resilience<br>Increased ability to reflect on the design for one's own life and its current state of implementation<br>Awareness of the multiplicity of concepts available for one's life (diversity and transcultural)<br>• Setting:<br>Online course, six modules of 90 minutes<br>• Number of participants:<br>Seven of the eight participants who registered aged from 33 to 46 years also took part.<br>The target group aimed at was reached.<br>• Lecturer:<br>Nora Wangelin, Cand. MSc. Psych., Psychologist and Lecturer | from an oral survey were as follows:<br>• The course was positively received but greater space was desired for group or small group discussions. Greater depth was desired since only the basics of the topics could be communicated.<br>• Awareness of the multiplicity of possible life designs (diversity and transculturality) was only spoken about in passing.<br>• There is no need to further investigate the target group since the topics could be discussed in greater detail internally during the course via the participants' contributions.<br>• Participants were addressed at the physical level by means of meditation and physical exercises.<br>• The course might just as well have been offered to young persons or |

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| | | young adults.<br>• Greater use of social media, proactive solicitation of the course, proactive solicitation of multipliers, presentation of the course in the institutions in the districts are important extensions to marketing the course.<br>• The enrolment fees should be reduced.<br>• Both the course instructors themselves and the evaluation group were part of the defined target group. |
| VHS Salzburg: **"Explain to me" with Merve – What effect does the corona-induced lockdown have on me?**<br>Target group: Persons with an interest in everyday psychological matters and with a need for social exchange as applicable. | | |
| ***Description of target group***:<br>Recently everyday psychological questions have entered into the focus of the general public much more due to the Corona pandemic, which – depending on the background – can also lead to | ***Execution of project***:<br>• Goals:<br>To clarify everyday psychological questions and where applicable develop coping strategies for dealing with day-to-day life better (as an activity aspect of “life skills”) | ***Reflection results***:<br>• Based on participant feedback, not enough goals were defined and there was not enough time.<br>• An actual analysis of the target group was not possible due to the target group definition. |

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| new psychosocial strains (loss of orientation, uncertainty etc.).<br>We attempted to pick up on this “need for orientation“ and transfer it to low-threshold education formats, although the need for social contact should be taken into account in particular.<br>Since the target group is derived from a need for guidance, greater knowledge or information in the broadest sense of the word, life and application situations can be highly varied.<br>In other words the target group arises according to the need to learn and less based on sociodemographic factors or backgrounds.<br>Ideal-typically both the (non-) knowledge-based need for orientation and the motivation of social contact will be catered for. Transfer to the participants’ own life experience is – due to the course deliberately not being too in- | • Setting:<br>Online, 50 minutes<br>• Number of participants:<br>8 persons were registered. 3 participants (two men, one woman)<br>• Lecturer:<br>Merve Bahar, Trainee Psychologist | • It proved helpful to practise access to Zoom beforehand.<br>• The target group was people who lacked motivation during lockdown, were unfocussed and felt fatigued by the pandemic. This did not apply to most participants however.<br>• It is essential the topic is expressed more clearly and is delimited, to describe the course more precisely<br>• The topic of “Covid“ as a cause met with a low amount of resonance.<br>• The following proved helpful: straightforward language, low-threshold access to the subject by omission of specialist jargon, pleasant visual representation, few words on the slides<br>• Young people constitute a further target group because they live alone, study or have just graduated and are |

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| depth – currently still in the hands of the participants. | | trying to find their way into a profession.<br>• The target group was not sufficiently reached. Out of eight registered persons, only three came, which can be put down to the low level of commitment of the format (online and free-of-charge). Low-level participation fees or a classroom setting could lead to greater commitment here.<br>• An internal awareness for the subject was achieved by jointly developing the format with planning staff.<br>• The goal is for the course to become a permanent fixture in the adult education centre's programme. |

## 5. Unresolved questions and desiderata

When attempting to place our project for enhancing psychosocial life skills within the “Erasmus+project landscape“, it might be categorised under the line of funding entitled “Strategic Partnership for Exchange of Good Practices“. A key task therefore was the critical inspection of best practice examples. Roughly around the middle of the project’s running course, it became evident to us that, although there are countless best practice examples, in a certain sense we were performing pioneering work. The best practice examples were systematically researched and could sometimes be assigned to psychosocial life skills enhancement but sometimes could not. In all cases however there was a lack of a theoretical reference model that ordered the isolated examples of cursory teaching/learning practices and interrelated them within a strict theoretical framework. We designed a framework of this type though it is important to note here that we make no claim to having developed – in any regard whatsoever – a full theoretical architecture. Rather we understand our considerations (see in particular Chap. 4) to be an initial reference framework that needs to be developed further or modified – be it by us in a follow-up project by other interested practitioners.

Both from a theoretical and practical point of view, psychosocial life skills enhancement is still in its infancy. This initial stage is characterised by its fluid nature: the theoretical foundation is complete, neither in quantitative nor qualitative terms – additional theoretical levels of justification might be used, for instance, to consolidate, qualify or differentiate it further. Nor has final clarification been attained on which measures, courses, workshops, seminars, further training, teaching/learning practices unambiguously form part of psychosocial life skills enhancement and which are covered by this conceptional beacon term, which is still in need of further development. The metaphor of the beacon as something that provides orientation in “turbulent times” (i.e. also in times during which psychosocial stress tends to rise for human beings), hints at the strength of this approach. Psychosocial life skills enhancement shows – to stay with this image: as on a ship's voyage – horizon destinations for practical education, which ideal-typically need to be arrived at. The term and the concept of psychosocial life skills enhancement has, in our view, the potential to become a further facet of professional

(adult education) identity for its dedicated practitioners. This communal pedagogical attitude focuses on individuals in their social relations and with their social interdependence.

As a concept that is not yet ultimately defined, psychosocial life skills enhancement oscillates strongly between the poles of reflective self-assurance ("is what we are doing actually enhancing psychosocial life skills?") on the one hand and constructive self-criticism ("what aspects of psychosocial life skills enhancement are not sufficiently being taken into account or not at all?") on the other. Particularly with regard to the latter aspect, it became clear when looking back at our communal project that we barely managed to *truly or seriously* engage the target groups from our educational formats in conversation or even in communal action i.e. fetch them on board and have them actually participate, including during the design phase for the various pilot projects. Too often we moved within our own "comfort zone" too though the corona-induced lockdown also considerably restricted our room for manoeuvre.

Exaggerating the situation somewhat, although we come from the widest variety of institutional directions in the adult education landscape, we are united as ever by a certain fear of contact with specific target groups and users. Too often, we catch ourselves – to also put it extremely bluntly – hiding away in our offices, in front of our PCs, *from our future participants* while designing the courses or in discussions with colleagues. We talk too much *about* those affected instead of talking to them at eye level. In this regard, we see psychosocial life skills enhancement not only as a challenge concerning the theoretical, content design or teaching/learning activities. Rather it is a challenge to those of us who work as educational planners to develop ourselves further rather than merely paying lip service to the idea of participation but to actually *fill this with life* in our day-to-day roles. In academic terms, we are maybe hinting at professional deficiencies here, which will have to be captured in a framework and worked on systematically e.g. in appropriate further education courses, during supervision of colleagues or similar.

In a nutshell, psychosocial life skills enhancement, with all its content facets, methodical varieties and (im)possible target groups is a constructive challenge to those of us

in adult education institutions in particular. Only if we develop further and become more professional, can we come close to attaining the high goals that we have set for ourselves and our courses. This acknowledgement that we need to improve and develop here is, in our view however, maybe already the first and most important step in a systematic reworking process. We now have a development goal, that is to say, we know where our "professionally based journey" ought to head.

We shall finish this chapter and hence this report with a series of questions aimed at the future, based on the critically-inspiring presentation "Between lifeability & liveliness – Lifeability as a topic for prevention in adult education" (Concluding conference on "Enhancement in Psychosocial Life Skills, May 2021 in St. Virgil Salzburg) by the health scientist and educationalist Thomas Michael Haug (Berchtesgaden)[131]. Yet we remain aware we still owe the reader answers though often for a simple reason: there are no simple answers to many of these questions or else we do not yet know them. Seen in this way, the following questions demarcate a "field of possibility" for further opportunities, tendencies, contradictions and challenges in enhancing psychosocial life skills, on which further work is required – for example as part of a follow-up project:

- If health is a construct that is primarily social, what form of health do we wish to promote, develop or safeguard with our preventative course offers? Which do we want to avoid promoting, developing or safeguarding?
- To what extent do our contemporary social reusage contexts for health (greater ability to perform and adapt, increased efficiency etc.) concur with our idea of "health"? How can we adequately communicate the central themes to the target groups?
- To what extent do we allow ourselves to be instrumentalised – maybe unknowingly? How can we prevent this?
- To what extent is the human being really the focal point of our events? How can we safeguard this focus perspective?
- To what extent is the preventative effect we are aiming for merely a "wolf in sheep's clothing", since ultimately what we are pursuing the "optimisation narrative that health can be manufactured and illness is conversely caused by personal failure?

[131] https://youtu.be/HDMMeSt7UII

- How can we shift the focus more onto social relations and open up a critical perspective i.e. specifically “subjectivise“ social relations and come up with alternatives?
- How can we gear ourselves even more to the everyday practical lives of the participants?
- How can we succeed in breaking up the rigid format of the “course” of “further/continuing education“, the “workshop” etc. (in particular non-formal and formal education) and tap into the actual everyday life of participants (educational locations vs. informal learning in living environments)?
- At an institutional level, the question has to be asked about secure and sustainable funding for such course offers by third-party means such as the public purse. How can we thus manage to communicate the added value of enhancing psychosocial life skills (health prevention, socially-integrative, competence-based etc.) to potential funding providers and visualise this so that this results in their willingness to provide funding in the long term?

## 6. APPENDIX: Enhancement in Psychosocial Life Skills – Toolbox

As part of the Erasmus+ project on Enhancement in Psychosocial Life Skills, a range of tools were developed and tested in practice:

- Form for description of target group
- Form for description of newly developed formats
- Evaluation form for participants (approx. 2 months after the event)
- Evaluation questions for lecturers
- Evaluation questions for host institution
- Sheet for reflections on quality
- Stakeholder analysis

**FORM FOR DESCRIPTION OF TARGET GROUP**

**Target group analysis[132] for the target group……..**

| | |
|---|---|
| WHY<br>does a particular requirement for enhancement exist for this target group? What is so special about the life situation of this target group? Which challenges or stress factors are the people in this target group having to deal with? | |
| WHAT…<br>possible themes and content might be needed by the persons in the target group in or- | |

[132] McCarthy, B. & O'Neill-Blackwell, J. (2007). *Hold on, you lost me! Use learning styles to create training that sticks.* Alexandria: ASTD.

| | |
|---|---|
| der to handle their life situation? What topics and content can help the target persons to handle their lives better? | |
| HOW…<br>might the best possible learning situation look for these target persons? What is the best possible time the course might take place at and where? What do the framework conditions look like? How can we reach the target group effectively and motivate it? | |
| WHAT…<br>benefit will our course be to the target group? What is the benefit for target persons if they attend? What ought to improve for the target persons after they have attended this course? | |

**FORM FOR DESCRIPTION OF NEWLY DEVELOPED FORMATS**

| ***Guiding questions*** |
|---|
| What title does/did the new format have? |
| What target group(s) is/was it intended to address? |
| What is/was the learning target of the new format? |
| What references does it make to the definition of enhancement in psychosocial like skills and its and quality framework? |
| How was/is the new format advertised? (If necessary, insert a marketing text) |
| How many participants attended? To what extent was the target group aimed at actually reached? |
| What was the procedure for the event (brief description)? |
| What were the results of the participant feedback at the end of the new format? |
| What were the results of the participant feedback after approx. two months? |
| What were the results for the instructors of the reflected discussion? |
| What were the results of the internal evaluation at the organisation? |
| What suggestions do you have for our project based on your experience and your own reflections? |

**EVALUATION FORM FOR PARTICIPANTS (APPROX. 2 MONTHS AFTER THE EVENT)**

Dear……..

Approximately two months ago, you attended our seminar…….. .

As part of our continuing improvement process for our course offers, we would be interested to hear your thoughts and feelings about the course following this period of time.

We are therefore requesting you to kindly answer the following questions and return this questionnaire to us afterwards.

Many thanks for your time!

| | Strongly disagree | Slightly agree | Tend to disagree | Tend to agree | Generally agree | Fully agree |
|---|---|---|---|---|---|---|
| | 6 | 5 | 4 | 3 | 2 | 1 |
| 1. Despite the time that has lapsed, my memories of the seminar are still good. | | | | | | |
| Space for personal comments: | | | | | | |
| 2. The targets stated for the seminar were in my opinion not attained. | | | | | | |
| Target 1: …… | | | | | | |
| Space for personal comments: | | | | | | |
| Target 2: …… | | | | | | |
| Space for personal comments: | | | | | | |
| Target 3: …… | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Space for personal comments: | | | | | | |
| Target 4:<br>…… | | | | | | |
| Space for personal comments: | | | | | | |
| 3. I did not attain the learning objectives agreed in the personal learning contract. | | | | | | |
| Space for personal comments: | | | | | | |
| 4. Looking back now, attending the seminar indeed improved my life skills. | | | | | | |
| Space for personal comments: | | | | | | |
| 5. By attending the seminar, I feel I have gained new strength and courage to face my (day-to-day) challenges. | | | | | | |
| Space for personal comments: | | | | | | |
| 6. During this seminar I learned conduct and skills that help me understand the tasks I am facing better/more easily. | | | | | | |
| Space for personal comments: | | | | | | |
| 7. The background knowledge I learned has enabled me to understand or order the challenges facing me better. | | | | | | |
| Space for personal comments: | | | | | | |
| 8. Overall, looking back now, attending the seminar was worthwhile for me. | | | | | | |
| Space for personal comments: | | | | | | |

## EVALUATION QUESTIONS FOR LECTURERS

- How did you feel when preparing and conducting the course offered?

- To what extent did you attain the learning targets you set out to, in your view?

- To what extent were the preliminary considerations appropriate and helpful for the target group?

- To what extent might you need to make a further investigation into the target group if the course were to be repeated?

- To what extent did you involve the target group in the planning?

- How did you involve the participants during the event?

- What would you do differently in terms of content and method if you were to repeat the course?

- Which measures did you use to try to enable/improve sustainability and transfer of knowledge?

- What target groups do you also envisage for enhancement in psychosocial life skills?

**EVALUATION QUESTIONS FOR HOST INSTITUTION**

- To what extent did we reach the target group?

- To what extent are other communication channels and methods required in order to address the target group?

- Is funding of a repeat course ensured or what prerequisites are there for it to be guaranteed?

- To what extent is a different learning setting required in order to reach the target group or to guarantee sustainable learning?
  Are we, as an education institution, capable of offering this learning setting?

- To what extent have the planning and carrying out of enhancement in psychosocial life skills provided some impetus with respect to our education institution's organisational development processes in the broadest sense of the term?

**REFLECTION SHEET ON QUALITY**

Certain criteria were defined as a framework for psychosocial life skills enhancement. These are designed to act for planners and lecturers, group leaders and participants as a framework for reflection, quality assurance and further development of the relevant educational offer.

| | |
|---|---|
| 1. | ***Bio-psycho-social model:***<br>To what extent is/was it evident/perceptible that the course was based on a bio-psycho-social concept of human beings? What aspects of human beings – were/are considered, possibly with an added spiritual perspective? |
| Space for notes: | |
| 2. | ***Vulnerability:***<br>Which target group(s) were/are addressed by your course offer? What does this vulnerability consist of? To what extent is/are they stressed or at risk? Are discussions conducted where persons suffering stress are informed about offers of therapy if necessary? |
| Space for notes: | |
| 3. | ***Resource-based view:***<br>To what extent is your event resource-based? Which resources were/are being specifically addressed? How was/is the description of deficits, burdens, mistakes etc. dealt with? |
| Space for notes: | |
| 4. | ***Ethics:***<br>To what extent were/are ethical questions a theme in your course offer? To what extent were/are (personal, social, religious etc.) values addressed and discussed? To what extent is there space for discussion and reflection on questions of personal responsibility? |
| Space for notes: | |

| | |
|---|---|
| | |
| 5. | ***Awareness of gender and cultural differences***:<br>To what extent is/was there space for the perceptions, experiences and interpretations of those from different cultures or backgrounds or people with a different gender identity in your course offer? To what extent was/is this culture-sensitive and gender-sensitive viewpoint reflected in the selection of content, methods or lecturers? |
| Space for notes: | |
| 6. | ***Orientation to target groups***:<br>Was/is a target group analysis performed? What consequences were/are drawn from this? To what extent were/are representatives from the target group(s) involved in planning or carrying out the course offer? |
| Space for notes: | |
| 7. | ***Knowledge transfer and sustainability:***<br>What methods were/are used when planning and conducting course offers or after they ended to support the sustainability of learning and transfer of knowledge to the participants' working or everyday lives? To what extent is/were there individual learning contracts and/or plans? How was/is quality assurance/improvement of the course offered ensured? |
| Space for notes: | |
| 8. | ***Adult-appropriate learning and didactics:***<br>To what extent was/is the didactic planning aligned to knowledge about adult-appropriate learning? Which methods were/are used to support effective acquisition of seminar content? Which didactic principles were/are used? |
| Space for notes: | |
| 9. | ***Training for planners, lecturers and group instructors:*** |

| | |
|---|---|
| | To what extent were/are the lecturers, group leaders involved informed about the contents of the quality framework for enhancement in psychosocial life skills quality? Which qualifications or competences enabled/enable the multipliers used to appear particularly suitable for enhancement in psychosocial life skills? To what extent is/was a joint evaluation carried out with them? |
| Space for notes: | |
| 10. | ***Cooperation***:<br>Which cooperation partners were/are involved in the offer? What is the benefit of this cooperation in the sense of enhancement in psychosocial life skills? |
| Space for notes: | |

**Enhancement in psychosocial life skills: Stakeholder analysis**

Projects are often cross-departmental or across several institutions. The planned project affects other systems or persons. For this reason it is important to ask the question as to which persons or groups, functionaries or institutions are affected by the project process or its results before the project starts and/or whose help is required during or after the project.

This includes what we call stakeholders: These are persons or groups with a vital interest in the work of the team and the organisation: Their task is to keep an eye on whether the work of the team brings about the expected (social, ideal, material) benefits and compensates for the possible (social, ideal, material) input“[133].

| Who are my stakeholders (individual persons, teams, institutes)? | How important is the stakeholder on a scale from 1 (unimportant) to 5 (very important)? | What do I want from my stakeholders? What support do I require? | What do my stakeholders want from me? How can I make the collaboration easier?[134] | Which specific measures do these considerations lead to? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[133] Reichel, R. & Rabenstein, R. (2001). *Kreativ beraten: Methoden, Modelle, Strategien für Beratung, Coaching und Supervision.* Münster: Ökotopia.

[134] This needs to be clarified with the stakeholder. Merely guessing the requirements and desires of stakeholders is less helpful.

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