

SHE monitoring report 2020:

# Country-specific results of Hungary

Schools for Health in Europe Network Foundation

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**S · H · E**

Schools for Health in Europe



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## Background and methodology

The Schools for Health in Europe network foundation (SHE) monitors the implementation of school health promotion in SHE member countries. This country-specific report summarizes the results of the SHE monitoring survey in Hungary. The survey was conducted in September 2020 and the findings represent the perceptions of the SHE national coordinator on school health promotion and the Health Promoting School (HPS) approach in schools in this country. The survey is based on existing questionnaires and information sources including the SHE Mapping Survey 2019<sup>1</sup>, the SHE Rapid Assessment Tool<sup>2</sup> and the fifth SHE Factsheet<sup>3</sup>. The complete survey is available at [www.schoolsforhealth.org](http://www.schoolsforhealth.org).

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## School health promotion and the HPS approach in Hungary

In this report, a distinction is made between **school health promotion** and the **formal HPS approach** in schools. SHE aims to strengthen the formal HPS approach among all schools in the European Region. However, not all schools are formally working according to the HPS approach or are working under the specific HPS label. Despite this, many schools do take efforts to promote the health of their staff and pupils with concrete school health promotion activities.

### School health promotion

This relates to various health promotion activities in schools. These activities can focus on multiple health-related themes such as physical activity and mental health, for example in the curriculum or in the policy of the school. This can, but does not necessarily, imply that the school has a structured and systematic plan according to the principles of a formal health promoting school.

### Formal HPS approach

According to SHE, the formal HPS approach relates to schools that implement a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff. This is characterized as a 'whole school approach' and these schools actively involve pupils, staff and parents in the decision-making and implementation of health promoting interventions in the whole school system.<sup>4</sup>

*All schools in Hungary implement health-related activities and formally work with the HPS approach.*

Table 1 reports the estimated percentages of different types of schools involved in school health promotion and working according to the HPS approach in Hungary. All schools implement health promotion activities. All schools formally work in accordance to the 'whole school approach' defining schools as Health Promoting Schools.

**Table 1.** The estimated percentage of schools involved in school health promotion and working according to the HPS approach in Hungary

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	100%	Preschools	100%
Primary schools	100%	Primary schools	100%
Secondary schools	100%	Secondary schools	100%
Vocational schools	100%	Vocational schools	100%

In Hungary, there are national or regional guidelines, tools, standards or indicators for schools to support schools in becoming a HPS. The tools shared by SHE, such as the SHE online school manual and the rapid assessment tool, are used by some schools in this country. The HPS-approach is mandatory and the national educational system provides funding to support the implementation. There is a national monitoring and evaluation program for health promotion in schools.

The rest of this report summarizes the results of aspects of the HPS approach that are already part of schools in Hungary.

## Creating a healthy and supportive environment in schools in Hungary

The HPS approach as defined by SHE, targets the following six components: 1) healthy school policies, 2) the school’s physical environment, 3) the school’s social environment, 4) individual health skills and action competencies, 5) community links, and 6) health services.

Table 2 shows the implementation of the HPS components in Hungary. It shows that component 1 to 4 and 6 are all required and/or recommended by national policies. Further, a combination of measures enhance the link between schools and community stakeholders (component 5) in the majority of schools in the country.

**Table 2.** The implementation of the Health Promoting School components in Hungary





<p><b>1. Healthy School Policies</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Health promotion is part of the schools’ educational goals and of the curriculum</li> <li>- Schools have a written policy on students’ and/or staffs’ health and wellbeing</li> <li>- Schools apply a whole school approach to promote health and wellbeing</li> </ul>	<p><b>2. Physical environment</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- School facilities such as the playgrounds, classrooms, toilets, canteens and corridors are student-friendly, safe, clean and promote hygiene for all students. These are appropriate with regard to students with special needs</li> <li>- School physical activity facilities and canteens follow national safety and hygiene standards</li> </ul>
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Table 2. continued

<p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- The SHE values are part of the schools' approach to health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- School canteens, food shops and vending machines offer food and drinks that follow national food standards</li> <li>- School buildings are kept at a comfortable temperature, are well-lit and ventilated</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Students and staff have access to school facilities for physical activity outside school hours</li> <li>- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)</li> </ul>
<p><b>3. Social environment</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts</li> <li>- Health professionals (doctor/nurse), social worker or psychologist) are involved in individual and whole school health promotion and work together with the school management to integrate health topics into the school curriculum and policy</li> <li>- Educational professionals (e.g. pedagogists) are available to pupils, parents and teachers to optimize education for example by mapping the support needs of pupils and translate these into action-oriented advices for teachers.</li> <li>- Schools have systems for identifying and referring students with special needs to outside professionals if those needs exceed the scope of expertise within the schools</li> <li>- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Spaces in the canteen, playground, classrooms and corridors are organized to promote student socialization and wellbeing</li> <li>- Health education and health promoting activities are included in after-school programs</li> </ul>	<p><b>4. Individual skills and action competences</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Healthy eating is part of daily life in schools</li> <li>- Physical education and other forms of physical activity, e.g. activity breaks and fitness, are part of daily life in schools</li> <li>- Health literacy and action competence is an integral part of the schools' policies</li> <li>- Schools have clear rules that promote healthy behaviors</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools</li> </ul> <p><b>Not mentioned by national policies</b></p> <ul style="list-style-type: none"> <li>- E-learning methods are used to promote health skills and action competences of students</li> </ul>

Table 2. continued

<p><b>5. Community Links</b></p>  <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange for parents to become active participants in the school community</li> </ul> <p><b>Highly recommended to all schools</b></p> <ul style="list-style-type: none"> <li>- Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc.</li> <li>- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.</li> <li>- Schools involve all key people in the community in co-creating health promotion action plans at schools.</li> </ul>	<p><b>6. Health services</b></p>  <p><b>Applies to all schools (required by national policies)</b></p> <ul style="list-style-type: none"> <li>- Health professionals are involved in health promoting activities at a school</li> <li>- There is a school doctor available to support students</li> <li>- There is a school nurse available to support students</li> <li>- There is a social worker available to support students</li> <li>- There is a psychologist available to support students</li> </ul> <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- There is a pedagogist available to support students</li> </ul>
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## SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Figure 1 shows the SHE national coordinator’s estimation of how much the SHE-core values<sup>4</sup> are reflected in schools in Hungary on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The score for each value is 10.

**Figure 1.** Generalization of the representation of the SHE-core values in schools in Hungary

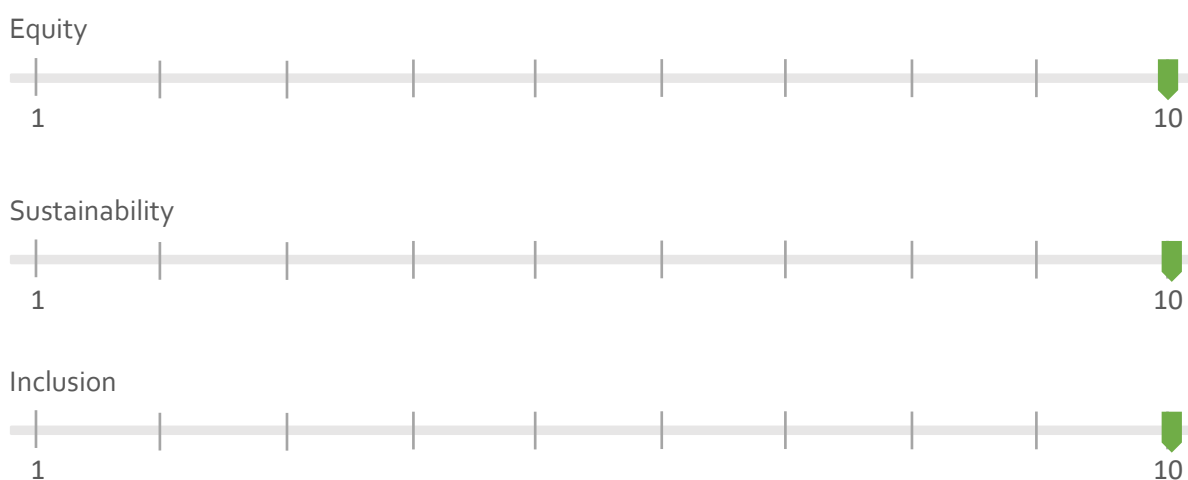
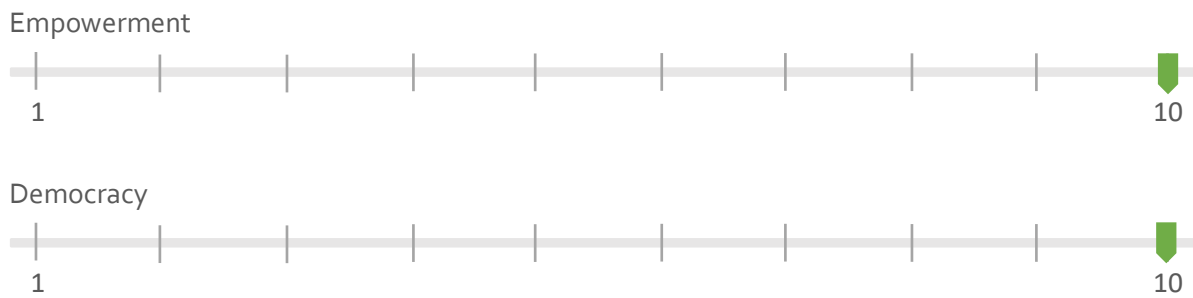


Figure 1. continued



## Implementation of health promotion in schools

Schools in Hungary integrate health promotion in several curricular subjects which already include health topics. A holistic approach is created that integrates health into all aspects of the school. Currently, mainly passive learning strategies (such as one-way lectures) are used to involve students while addressing health topics in schools. The use of more interactive pedagogic learning strategies is recommended, but this may take some more time to be broadly implemented.

## Most addressed HP Topics

The national coordinator indicated an inability to decide on seven main HP topics and stated that all topics were equally addressed in the schools in the country.

## Tailored translation of the HPS approach on seven spectra in schools in Hungary

The tailored translation of the HPS approach creates a variety of choices regarding the optimal implementation of the HPS approach in a specific context. This variety can be illustrated by seven different spectra. A detailed explanation of each spectrum can be found in the fifth SHE factsheet<sup>3</sup>. Figure 2 shows the SHE national coordinator's estimation of the general placement of schools on the seven different spectra.

Figure 2. The Health Promoting School spectra in Hungary



*This refers to the level of involvement of stakeholders (e.g. pupils) in the decision-making and implementation of the HPS approach*

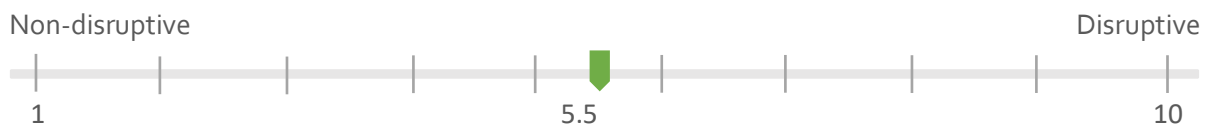
Figure 2. continued



The place on the spectrum refers to the number of HPS core-component that are addressed in the HPS approach



This relates to the development of the new or the adoption of existing interventions resulting from the HPS approach



This relates to the level of disruptiveness of interventions as part of the HPS approach. Non-disruptiveness refers to small changes that can smoothly enter, while disruptiveness means large health promoting changes that can create a positive disruption in the school system.



This relates to the compatibility of interventions within the school curriculum. An intervention can be added-on to the current core curriculum obligations as an additional task, or added-in the current curriculum becoming part of the curriculum without reducing time from core curriculum obligations.



This refers to different types of research designs that can be used to evaluate the HPS approach going from controlled designs with a strong focus on internal validity to action-oriented approaches focusing on external validity and understanding the implementation process in schools.



This refers to the dissemination of the HPS approach at a local level characterized by an optimal fit with each school context, or at national level, reaching more pupils.

## Facilitators and barriers to health promotion in schools

An exploration of the important potential barriers for the implementation of health promotion in schools in Hungary by the national coordinator concluded with 6 facilitating factors and 4 barriers. These results are reported in table 3.

**Table 3.** Perceived facilitators and barriers for school health promotion according to SHE national coordinator

Facilitators	Barriers
<ul style="list-style-type: none"> <li>- Collaboration between the health and education sectors</li> <li>- The national educational policies and curriculum</li> <li>- Becoming an obligatory school working with health and well-being</li> <li>- Support from the local authorities</li> <li>- Existence of supporting guidelines</li> <li>- Health Behaviour in School-Aged Children Survey</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of time and energy of school staff</li> <li>- Health promotion is considered additional activity</li> <li>- Teachers are or feel overloaded</li> <li>- Lack of monitoring of educational effects of health promotion activities in schools to motivate teachers.</li> </ul>

## COVID-19 pandemic

Since spring 2020, the COVID-19 pandemic drastically altered school health promotion due to the country-specific measures for combating the pandemic. The government of Hungary and several private organizations supported schools and teachers in transforming face-to-face classes into digital teaching and learning activities. The government installed three safe portals for online home teaching. Schools and teachers were very creative involving students and parents.



## References

1. SHE Mapping survey 2019. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
2. SHE Rapid Assessment Tool. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/how-be-health-promoting-school/rapid-assessment-tool>
3. SHE the fifth SHE Factsheet. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/fact-sheets>
4. SHE concepts. Available from: <https://www.schoolsforhealth.org/concepts>
5. SHE core values. Available from: <https://www.schoolsforhealth.org/concepts/she-values>

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Authors:

**Kathelijne Bessems**

(Maastricht University, the Netherlands)

**Nina Bartelink**

(Maastricht University, the Netherlands)

**Lotte Prevo**

(Maastricht University, the Netherlands)

Editorial: SHE Secretariat, **Anette Schulz**

We would like to thank the members of the task group monitoring for their constructive advice:

**Emily Darlington**

(University Claude Bernard Lyon1, France)

**Elena Kjosevska**

(Institute for Public Health of the Republic of North Macedonia, Republic of North Macedonia)

**Annamária Somhegyi**

(National Center for Spinal Disorders, Hungary)

**Teresa Vilaça**

(University of Minho, Portugal)

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If you need dialogue about the health promotion school and its key concept and activities, please contact the national or regional coordinator in your country. He or she will be happy to help you.

Find the coordinators here:

[www.schoolsforhealth.org/about-us/member-countries](http://www.schoolsforhealth.org/about-us/member-countries)

If your country doesn't have a national coordinator, contact the helpdesk in the SHE secretariat on email: [info@schoolsforhealth.org](mailto:info@schoolsforhealth.org)



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