

# A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN HUNGARY



QUALITY CARE FOR EVERY CHILD



SOS CHILDREN'S  
VILLAGES  
INTERNATIONAL

*Based on SOS Children's Villages' assessment  
of a state's implementation of the UN Guidelines  
for the Alternative Care of Children*



A loving home for every child

## CONTENTS

Executive summary.....	4
Key findings .....	6
Recommendations .....	8
References.....	9
Glossary .....	10

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## Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool<sup>1</sup> to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: *Care for ME! Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact [Emmanuel.sherwin@sos-kd.org](mailto:Emmanuel.sherwin@sos-kd.org) for further assistance and questions.

The target groups of this study are:

**Children in alternative care:** those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

**Children at risk of losing parental care:** children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

## Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

## Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

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<sup>1</sup> The original version of the tool can be found here: [www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx](http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx).

## Executive summary

The first comprehensive and high-quality child protection legislation was introduced in Hungary in 1901. It was followed in 1991 with the ratification of the *UN Convention on the Rights of the Child*, which has since become part of the legal framework. The *Social Services Act 1993* and the *Children's Act 1997*<sup>2</sup> are both in compliance with European and international best practice in terms of their preventative and decentralised approaches. The *Children's Act* reorganised the child welfare system, placing emphasis on preventive, local services offering assistance to parents and children, preferring early intervention in the form of support and considering "out of home placement" as the last resort.

As of January 2013, the responsibility for alternative care provision has moved from the local to the national level, giving exclusive responsibility for alternative care services to the state, represented by the Social and Child Protection Directorate General. The restructuring affected 40 social and 137 child protection institutions throughout the country.<sup>3</sup>

Although the state has become the main service provider, church- and NGO-run services may also operate alternative care services on the basis of valid licences issued by the competent government office and related service contracts. The reform has created uncertainty and made long-term planning for non-state service providers difficult, as service agreements are liable to change and their capacity not fully utilised.

The 2012 law that nationalised these services<sup>4</sup> also includes significant provisions on deinstitutionalisation. It prohibits the placement of children under 12 years old in residential care homes: by January 2014, this will be allowed only in exceptional cases, where children have disabilities and need specialist care, or where there are large sibling groups to be kept together. There has been a deinstitutionalisation process in place since 1997, but the aim of placing children in more "family-based" care and closing down large care homes with more than 40 care placements has been only partially realised. While 60% of children in alternative care were placed with foster parents in 2011, according to the Ombudsman's report, there are five general children's homes and 11 homes for children with special needs that still need to be deinstitutionalised.<sup>5</sup>

It is unclear how the new law will be implemented since there is no accompanying investment in services to prevent family separation or allow reunification. Despite a national recruitment campaign there is a shortage of suitable foster carers, particularly for children under three, those with chronic illness or disability, teenagers, and children with behavioural problems. Furthermore, the support and services provided to foster families are very limited, supervision

Note: Since the original compilation of this report in 2012, Hungary has undergone further social policy change in the area of alternative care provision. This report and its recommendations remain relevant, however, as a useful benchmark for demonstrating the continuously changing nature of the social policy setting in Hungary and the difficult position in which it places NGOs providing services and protection to children.

<sup>2</sup> More accurately translated as the Law on the Protection of Children and the Administration of Guardianship Affairs 1997.

<sup>3</sup> Law n. 192 of 2012 on the Nationalization of Specialized Social and Alternative Care Institutions and on the Amendment of Certain Legislations.

<sup>4</sup> Ibid.

<sup>5</sup> Györfy, Z., "Comprehensive Examination of Children's Homes", in A. Lux, "AJB" Project Booklets – Physical and Mental Health of Children, Children's Right Project, 2012/1.

is inadequate, and there is no clear accountability even in cases of severe breakdown or suspected abuse and neglect.<sup>6</sup>

In this context, current policy lacks vision and is not comprehensive, raising concerns throughout the system, but most importantly related to: weak procedures for family strengthening and prevention services; lack of individualised care and child rights based approaches; and inadequate leaving care and aftercare provisions.

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<sup>6</sup> See: [www.csagyi.hu/en/](http://www.csagyi.hu/en/).



## Key findings

In 2011, there were approximately 21,500 children (1% of the child population) in alternative care, including 3,158 young people over 18 in aftercare.<sup>7</sup> The number of children entering alternative care each year has remained stable over the previous 10 years – 5,206 in 2011.<sup>8</sup> Similar to other European countries the largest group of children in care is teenagers with complex problems (about 40%) while those under three comprise 10% of children.<sup>9</sup> According to data from 2011, 62% of children stay in care for up to five years, 21% between five and 10 years and 17% for more than 10 years.<sup>10</sup>

### Weak local preventive services

In 2011, of the children placed on the child protection register, more than a third (10,455) were placed there for socio-economic reasons.<sup>11</sup> Although this is not allowed by current legislation, it occurs as a direct result of weak preventative services provided to families at the local level. This is demonstrated by the lack of cooperation between the service providers and authorities. In many cases cooperation tends to depend on informal relationships rather than established procedures. This means that referral systems are inconsistent: in some cases children are overlooked by the system, yet in others the system “reacts” and removes children from their families without undertaking proper social work assessments.

Family services, including financial assistance, support and counselling should be provided to families at risk. However, such services are overloaded and heavily under-resourced, particularly for multi-problem families who need intensive intervention. Service providers lack time, resources and professionalism, and are often burnt out from the stress of their work. As a result, abused or neglected children on the child protection register are not given adequate support by the responsible authorities and children’s needs remain largely unmet, with service providers failing to take responsibility for the growing gap between prevention, family preservation and alternative care.

### Lack of individualised care, care placements and child rights based approaches

The decision to place children in alternative care should be based upon an assessment and a placement meeting to ensure that the most appropriate care and support is provided. However, due to lack of resources, decisions to remove children from their families are rarely based on an accurate assessment of needs. Children are usually placed in the most convenient vacant placements, rather than those in line with their needs. Children and parents have a right to participate in the planning and review processes for alternative care. However, their right to participate is often not respected and planning meetings are formulaic. In many cases, rehabilitation services are not offered, children are not provided with the opportunity to return to their families and they spend many unnecessary years in care (an average of 5.4 years).

<sup>7</sup> Central Statistical Office: Data of children over 18 in alternative care (1997–2011).

<sup>8</sup> Central Statistical Office: Trends in the number of children and young adults during the year 2011.

<sup>9</sup> Central Statistical Office: Children in alternative care by age group (1997–2011).

<sup>10</sup> Central Statistical Office: Number of children and young adults by the duration and the form of care (31 December 2013).

<sup>11</sup> Central Statistical Office: 9,948 for the behavioural issue of the parent and 9,831 for the behavioural issues of the child.

In 2011, there were 5,526 foster parents, 94.1% of whom were “traditional” and 5.9% were “professional”. Most foster parents (60.9%) provided care for up to two children, with only 9.8% caring for more than five children at one time.<sup>12</sup> A priority of the *Children’s Act* is that siblings should be placed together, but finding family-based placements suitable for large groups of siblings remains a real challenge. There is also inadequate family-based provision for children with special needs. These children are more highly represented in children’s homes than in foster families: only 34.1% of children placed with foster families have special needs, compared to 47.2% in children’s homes.<sup>13</sup>

Foster families definitions	
Traditional foster parent	Provide care for no more than four children – including his or her own children – at the same time
Professional foster parent	Provide care for no less than three and no more than seven children – including his or her own children – at the same time (SOS mother)

## Lack of effective support and preparation for leaving care

Support for young adults leaving care, in the form of “aftercare” should be provided for at least one year, with the consent of the young person. This is intended to promote reintegration into the family environment or to assist in setting up an independent life. Care leavers are provided with personal assistance, but this is informal, ad hoc and rarely monitored or followed up.

Thus, while care leavers are provided with money and vouchers, compulsory saving schemes, a monthly consultation with a social worker, life skills guidance and help with requesting housing benefit,<sup>14</sup> support is missing to prepare them to become self-reliant adults. Young people are not adequately involved in decision-making, do not have sufficient education or further training opportunities, and are not properly followed up by care services or given peer support. The quality of leaving care tends to depend on the county, the institution or the foster parent involved with the young person. Therefore, while there are some good examples of best practice, there are no systems, protocols or systemic evaluations and limited information on the integration of young people leaving care.

<sup>12</sup> Central Statistical Office, *From State Care to Today’s Child Protection*, Budapest: Central Statistical Office, 2012.

<sup>13</sup> Ibid.

<sup>14</sup> Balogh, D. et al., *Methodological Publication I – After Care, After Care Support*, Budapest: Ministry of Social Services, 2009.

## Recommendations

1. **Preventative services:** Resources should be provided by the government to ensure that family strengthening services are of a high quality in order to prevent unnecessary placement of children in alternative care and to support reunification. Poverty (socio-economic difficulties) should not be a reason for the placement of children in alternative care.
2. **Assessments:** Professional and detailed assessments should be conducted for each child, with coordination and cooperation between responsible service providers and authorities.
3. **Care placement:** Care placements should aim to meet the needs of children entering alternative care, rather than be based on what is most convenient or available.
4. **Foster care:** The government should continue to further develop foster care as a viable care placement for all children, in particular children with disabilities and children from large sibling groups and ensure that foster parents are continually trained and supported.
5. **Participation:** Rights to participation should be promoted for both children and their families, to effectively engage in the planning and review processes for alternative care arrangements.
6. **Leaving care provisions:** Young adults leaving care should be provided with adequate support to integrate effectively either back into their families or develop self-reliance and live independently in their communities. Support should focus on education and training, follow up services and peer support.



## References

- Bálint, M., *Deficiencies in Alternative Care - Secondary Endangerment of the Child*, [http://ncsszi.hu/download.php?file\\_id=411](http://ncsszi.hu/download.php?file_id=411).
- Balogh, D., Bede, N., Felméry, T., Kuslits, G., Mőga, M., Németh, K., Rakos, E., Simon, B., Szabó, A., *Methodological Publication I – After Care, After Care Support*, Budapest: Ministry of Social Services, 2009, [www.tegyesz.hu/file/Magunkrol/Otthonaink/Utogondozo\\_otthon/utg\\_tan\\_teljes\\_pdf.pdf](http://www.tegyesz.hu/file/Magunkrol/Otthonaink/Utogondozo_otthon/utg_tan_teljes_pdf.pdf).
- Central Statistical Office, *From State Care to Today's Child Protection*, Budapest: Central Statistical Office, 2012.
- Central Statistical Office, *Statistical Yearbook of Education*, Budapest: Central Statistical Office, 2010/2011.
- Central Statistical Office, *The Regional Characteristics of "Child Crimes" Particularly in the South Plains Counties*, Budapest: Central Statistical Office, 2010.
- Central Statistical Office, *Yearbook of Welfare Statistics 2010*, Budapest: Central Statistical Office, 2011.
- Győrfy, Z., "Comprehensive Examination of Children's Homes", in A. Lux, "AJB" Project Booklets – *Physical and Mental Health of Children*, Children's Right Project, 2012/1, [www.obh.hu/allam/2011/pdf/ajb\\_gyermekjogi\\_projekt\\_2012.pdf](http://www.obh.hu/allam/2011/pdf/ajb_gyermekjogi_projekt_2012.pdf).
- Herczog, M. and Neményi, M., "Romani Children and the Hungarian Child Protection System", *Roma Rights Quarterly*, 4, 2007, [www.errc.org/cms/upload/media/02/F1/m000002F1.pdf](http://www.errc.org/cms/upload/media/02/F1/m000002F1.pdf).
- Kotencz, J., "About them...for them...I." *National Research on Children and Young Adults in Alternative Care*, Szeged: Agota Foundation, 2009.
- Ombudsman, "Investigations Related to the Project Concluded by Reports", in A. Lux, *The Children's Rights Project of the Hungarian Parliamentary Commissioner for Civil Rights*, Budapest: Ombudsman for Children, 2010.
- Papházi, T., *Statistical Report of Child Protection*, 2009, [http://ncsszi.hu/kutatasi-igazgatosag-1\\_10/szocialis-es-gyermekvedelmi-szolgaltatasok-2\\_35/gyermekvedelmi-statisztikai-tajekoztato,-2009-n\\_88](http://ncsszi.hu/kutatasi-igazgatosag-1_10/szocialis-es-gyermekvedelmi-szolgaltatasok-2_35/gyermekvedelmi-statisztikai-tajekoztato,-2009-n_88).
- Stein, M. and Munro, E.R., *Young People's Transitions from Care to Adulthood: International Research and Practice*, London: Jessica Kingsley, 2008.

## Glossary

<b>Aftercare</b>	Aftercare provision shall be ensured by foster parents, children's homes, aftercare homes or external housing capacity. Young adults are entitled to aftercare until the age of 21, 24 or 25, depending on the reason of entitlement.	
<b>Aftercare home</b>	Residential care for young adults aged between 18 and 24 provided by children's homes or foster parents.	
<b>Alternative care</b>	Alternative care is provision for children out of their own homes. It may include interim, short or long-term care, aftercare of young adults, or any other inclusive care of children placed in out-of-home care and professional child protection services.	
<b>Child protection register</b>	The child protection register is a legal status of children at risk where family services could not help or the family refused the help, but it is likely that the development of the child can be ensured within the biological family environment.	
<b>Children's home</b>	General children's home	Home-like provision for children temporarily placed or taken into short-term or long-term care (12-40 children, no more than 12 children/ group).
	Specialised children's home	Residential care for children with mental or dissociative symptoms or for children suffering from psycho-active drug addiction (40 children, no more than eight children/ group).
	Particular children's home	Residential care for children under the age of three or for chronically ill or disabled children (no more than eight children/group).
<b>Family services</b>	Family services have the duty to support the child's physical, intellectual and emotional development, his/her welfare and care within the birth family, to prevent child endangerment, to cease child endangerment and to avoid family separation. It is a special, personal social service that uses the methods and tools of social work.	
<b>Foster parent</b>	Person of legal age and with a clean record who has successfully participated in training specified in separate legal regulations and, based upon his or her personality and conditions, is qualified to ensure the child's balanced development as well as to assist the child to return to his or her family.	
	Traditional foster parent	Provide care for no more than four children – including his or her own children – at the same time.
	Professional foster parent	Provide care for no fewer than three and no more than seven children – including his or her own children – at the same time (e.g. SOS mother).
<b>Group home</b>	Home-like provision for children in an individual apartment or family house, in a family environment (for no more than 12 children).	
<b>Interim placement</b>	An emergency type of care where the child remains without supervision, or his or her physical, intellectual, emotional, and moral development is severely endangered by his or her family	

	environment, or by him/ herself and, as a result, immediate placement is necessary.
<b>Receiving homes</b>	Receiving homes primarily take care of children in interim placements. Their responsibility is that children – if possible – return to their biological families as soon as possible and with the least distress, or if this is not possible to find a permanent (for the period of short and long-term care) placement for them.
<b>Referring system</b>	Signalling system in place between all actors of the child protection field with the aim to refer children at risk to the child welfare service.

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