

COUNTRY SPECIFIC FEASIBILITY STUDY OF THE CHILD UNION INITIATIVE - HUNGARY

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Policy Study published in 2022 by



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This Policy Study was produced with the financial support of the European Parliament. It does not represent the view of the European Parliament.

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COUNTRY SPECIFIC FEASIBILITY STUDY OF THE CHILD UNION INITIATIVE - HUNGARY

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EXECUTIVE SUMMARY

The aim of the study was to continue the Child Union project to fight inequalities of children through access to fair opportunities for all children throughout their entire life with special attention paid on early years and social safety nets. Tackling risks of poverty, exclusion in line with the program of the Child Union to overcome inequalities among children and through generations, focusing on better integration of welfare policies and provisions, including early childhood education and care.

The description of the current situation of the Hungarian policies and practices with special attention on young children and their families could serve as a basis for discussion and planning of a comprehensive, interdisciplinary, intersectoral policy to meet in a complex way the needs of children and their families and providing adequate responses to those. In 2007 parliamentary parties of Hungary had voted for the „Be Better for Children” 25 years anti child poverty strategy although the implementation has not been elaborated ever since only to a certain extent and missing the complexities and the holistic, non-discriminative approach.

According the UNCRC- part of the Hungarian legal framework as well - points out that parents are primarily responsible for the upbringing of their children but the State and its institutions should provide all possible support to them to be able fulfilling their obligations and tasks. (Art 18) This means a lot of challenges and raises questions about the ways and methods of sharing the responsibilities and its conditions. Considering the current Hungarian economic, social and family policies and the views in this context both at political, professional and public levels it has not got the needed support and endorsement so far.

In the coming years the use the Child Guarantee and other EU granted social programs could be an exceptional opportunity to increase the welfare and well-being of children by providing a child rights and

joyful childhood based approach, focusing on the individual needs of children and at the same time looking at it as a long term investment to the welfare and well-being of the entire community, society. This is a rare moment, when a program could fulfill the rights and needs of children, families, communities, based on social solidarity, economic rationale, increased effectiveness, efficiency at the same time, without any conflict of interest.

The importance and relevance of the quality of life, physical, emotional, cognitive, social development especially in the early years of children can not be overestimated, as a value in itself, to ensure a happy, healthy childhood, but also as an opportunity to ensure a foundation for later life chances, life satisfaction and contribution to the welfare and well-being of the communities.

The study aims to demonstrate how in the different areas of child development and early years following proper assessment, planning and evaluation the needed policies could be determined and implemented. It also describes the most relevant entry points of interventions and actions.

To ensure social justice by tackling inequalities, poverty, exclusion, discrimination needs a long term strategy with an integrated, holistic vision on a number of areas, primarily in health, education, social policies and practices. From a perspective of childhood, and parenting of children is not a stand alone issue, it includes family and parenting support, different kinds of community development, environmental programs in the broadest possible context, requiring coordinated thinking, planning, implementation, monitoring and evaluation.

The topics analysed in this study have been focusing on the most relevant areas of early childhood development in the very limited framework available. To make it as visible as possible, how the different policies and

practices impact the development of children and where support, interventions, changes are needed the most. We have also focused on some specific areas, where the Hungarian system, policies, practices are specific or very different from many other countries' approaches to help understand better why and how these should be either strengthened or challenged.

DEMOGRAPHIC PROCESSES

- **Giving birth, becoming a parent, role of the health sector**
- **Health care of young children**
- **Reconciliation of work and family/private life**
- **Day-care and parenting**
- **Poverty and family support programs**
- **Impact of COVID19 and lessons learned**
- **Investment in children**
- **Survey outcomes**

To learn more about the public opinion, primarily of professionals working with children and families about the issues assessed, a questionnaire was developed and distributed online. So far over 1800 answers have been gathered and summarized. The outcomes are also included in the study.

Demographic processes:

In Hungary the number of births has not reached 100 000 for over 20 years, fertility rate is around 1.5. Number of marriages has risen sharply recently due to the regulations introduced by the current government requiring legalized partnership to access family support provisions for heterosexual couples. As a result, the high number of children born out of wedlock (close to 50% during the last decades) has also decreased

substantially but the long-term impact of the new policies can not be foreseen in any way currently, while the fertility rate has not changed.

Many low educated mothers - a high proportion of them living in poverty and in isolation - give birth at the age of 18-19 or earlier, while women with higher education give birth to their first child close or over 30 years of age.

There is no school, media based or any other comprehensive program neither for children nor for adults on family planning, reproductive health, utilizing the international recommendations, programs. There is no free contraception of any kind, the number of teenage pregnancies have risen in the last years partly due to the lowered compulsory education age from 18 to 16.

Recommendations:

High quality programs should be provided at all levels on self awareness, family planning, reproductive health, providing access to high quality, preferably free contraceptives.

Giving birth, becoming a parent, the role of health sector:

Pre-natal care and the experiences during birth and in the following period determine in many ways the process of becoming a parent, the mother-child relationship, attachment, bonding from the perspective of the child as well.

The Hungarian practice is far behind the recommendations of the WHO and other actors, and compared to the practices in many other countries in Europe. Although all the relevant legal and professional frameworks are available, like guidelines, methodology papers and training materials, the implementation of those partly because of the resistance of the health professionals, partly because of the lack of awareness, information provided to women and the public. In this regard poor, low educated women and their children in disadvantaged situations are even more vulnerable, as described in a recent study as well contributing the high number of premature, low birth weight newborns and the high number of related health problems and development delays.

Recommendations:

The Hungarian pre-natal care, birth and after care should be assessed and analysed in the widest possible context and changes planned and implemented based on the available professional standards and protocols, including awareness raising and information campaigns for all stakeholders, including the public.

HEALTH CARE OF YOUNG CHILDREN:

A large number of children at risk of poverty and social exclusion have no access to high quality health care and compared to those living in higher status families, their health status, unmet needs are of great concern. The environmental, socio-economic reasons hand in hand with the health status of the children and the lack or limited access to high quality care are forming the root causes. Physical, mental, psychological needs of children are often not met, regardless of their social status, especially in the countryside and in deprived urban areas. Children with special needs, chronic diseases, mental health issues are the most deprived in this respect as well.

Recommendations:

An in-depth analyses is needed to learn the best possible ways to challenge the current situation, including better and more information provided to parents, vocational training of professionals. There is a need to increase the number of health professionals by providing better conditions in the settlements, regions of the country where there is a lack of accessibility, by providing mobile services, including mental health services. The universal family paediatric and health visitation system also needs a sorrow investigation on its target population, effectiveness, efficiency and quality of the services provided.

DAY-CARE SERVICES AND PARENTING

Parenting programs have not been developed in Hungary, while there has been a strong belief since the late 60' and never challenged that children need

their mothers' permanent presence until the age of 3 at least. The most dominant form of care of young children has been the paid maternity leave since 1967, with many changes occurring during the last 30 years, among others enabling fathers and grandparents also to take the leave. The differentiated allowances for those not having appropriate employment history (80 Euro/month since 2008) is an escape root for many poor and uneducated women to stay at home, while not being prepared for parenting and/or not provided with the needed support and any opportunity to seek help, be part of any activities with their children, like play groups, parent-child groups, etc. The more favourable form of allowance for those with at least two years of social security and employment provides 70% of their previous income up to 2 years of age (with a limit of app 650 euro/month), and the same low payment for the third year. During the recent decades employment has been encouraged during the parental leave causing a totally confusing approach and practice, again increasing the social and economic distance between the different families with young children, based on their socioeconomic situation. The very limited availability of nurseries in most parts of the country (16,2% of the children covered), the newly established, expensive and low number of private, family based provisions accompanied by the strong false public opinion on the needs of young children have hindered the opportunities for children in deprived situations to attend early, high quality day-care programs. The (minimum) double messages sent, are not serving anyone's interests besides the well off families using all services while being entitled to the payments as well. Compulsory kindergarten from the age three on the other hand has not resulted so far in compensating developmental delays or deprivation of children in need, inclusion, partly because of the lack of highly trained, motivated personnel, high fluctuation rate. There are a lot of vacancies, partly because of the poor environment, crowded facilities, high child/caretaker ratio especially in the poorest settlements, subregions of the country increasing segregation and discrimination as well. Integration, inclusion of Roma and children with disabilities, chronic illnesses is still very low and not encouraged, supported.

The Sure Start program and its concept adapted from the UK in 2003 has been changed by the current government by placing it in the child protection legislation as a form of preventive measure, focusing on the most deprived families, mostly Roma. It has been challenging the original aims for better and earlier integration, inclusion, attracting mothers/parents at

Recommendations:

A long term strategy needs to be developed based on the outcomes of the studies conducted on the current provisions, on promising international practices, to model and achieve the desired goals. A sustainable framework is needed to provide programs that are flexible, predictable and inclusive, non-discriminative.

POVERTY AND FAMILY SUPPORT

There is not enough and good quality data on the different aspects of life of children and families living in poverty, with special regard on the families with a member with special needs, on children and families in vulnerable situations, in multiply disadvantages. The categories used have changed and narrowed down, the methodology and transparency does not provide the needed overview.

However, even based on the limited and not always accurate information it is clear, that the services and help, financial and in-kind support provided is far from enough and effective, efficient. Many services are not accessible and not available for a high number of children and families, regardless of their social, economic status, the available services often do not provide protection and solutions for the problems, and many of them only support the well-off.

COVID-19 pandemic and the high inflation, the fluctuation and lack of availability of many professionals in different areas of health, education and social services has substantially increased the risks and harm. Children at risk for different reasons (neglect, maltreatment, abuse) and the families in critical situations have experienced a growing isolation, exclusion and authoritarian approach instead of support and help.

The number of children referred to alternative care has risen, not only many families are in a vulnerable situation but foster parents and the institutions accommodating children in care are also suffering from the very limited resources available.

Recommendations:

A fair and more balanced family support system has to be developed to be based on equal opportunities

and equity, reasonableness. The new child welfare and family support policies should be in line with the upcoming EU Child Guarantee program and its requirements concerning the assessment and planning, reallocation of resources besides the EU funds that will be available.

THE IMPACT OF COVID19 AND THE LESSONS LEARNED

The pandemic has increased the isolation and deprivation of many families in different situations, but disproportionately those who have been already poor and excluded, unemployed, living in small and isolated settlements. The lock down and the lack of access to education, health care and social support has demonstrated the weakest points of the systems and the most striking needs for development.

Recommendations:

The experiences should be utilized in the future policies and practices, as the pandemic has shown the weaknesses and the needed areas to be developed. Better and more safe programs have to be established and developed to support children and families, especially in the areas of health care and education.

INVESTMENT IN CHILDREN

Despite of all the efforts and services provided to children, parents and families will always have the determining influence on the development of their children, regardless of the early childhood education and care or school attendance. Based on research and evidence family support, strengthening parenting capacities, inclusion of parents as partners by professionals working with children is an effective and efficient way to ensure the optimum development of children. Investment in early years' services, family and parenting support, health and education of children has the highest return at all levels, individual, family and community. The proper utilization of the Child Guarantee and other EU funded programs can help strengthen

the opportunities for all children, with a special focus on children in vulnerable and disadvantaged situations and decrease the inequalities, risk of poverty and social exclusion.

Recommendations:

A decision has to be made on the methodology of planning, implementation, monitoring and evaluation of the programs for children and families, including the consideration of the resources, the allocation and possible reallocations options. It has to be communicated as well, that the welfare and wellbeing of children is the responsibility of the communities and the state as well, not only of the families and parents.

The available research and model programs, like Childonomics, could and should be used to calculate the costs and returns, including both quantitative and qualitative elements, and also promote the social return on investment approach to convince all stakeholders and the wider public as well.

In Hungary all children should be provided with a fair and equity based, happy and healthy childhood, which is not only an obligation based on moral and legal considerations, international and national commitments and solidarity, but also an economic advantage for the entire country, for all the communities.

The results of the survey:

On the question 1, about the priorities listed on different aspects of support programs, financial and in-kind, the respondents' first priority would be the increased quality of day-care (1.7 – 85%), followed by the flexible working hours for parents (1.6 – 84%), almost the same proportion for high quality prenatal care and birth environment (1.4 – 83%) and the reform of the health care system of children (1.10 -81%) followed by the increase of the universal family allowance (1.1 - 79%) and the increase the amount of the parental leave.

On question 2, on the opportunities to work while on paid parental leave 41% agrees as the payment is not sufficient (2.2 – 41,5%), and 2.1- 27,5% agrees as it is not challenging the proper care of young children. These answers are in sharp contrast with the outcomes of recent and earlier research outcomes indicating the needs of children to be taken care by their mothers up to 3 years of age. 24,6% though does not support the

idea as it is a controversial, double message (2.7) and according to 16,5% , the allowance is paid to stay at home and focus on the care of the child (2.5)

On question 3, the majority of the respondents agree that the current support system advancing those better off, however only 39,6% agrees with it unconditionally (3.3), and 29,5% should primarily help those in need (3.4), while 21,3% would only support those who make all possible efforts to support themselves based on widespread assessment and evaluation (3.5). 15,7% thinks that those should be entitled who are working and have income anyway (3.1), and 9,5% agrees that those deserve the family support who should be encouraged to have children, based on their circumstances. (3.2)

On the question 4 , 63,7% agreed that support should be universal (4.4) and 23,9% on supporting only those in need (4.2), 21,8% on increasing the universal allowances and support to reach everyone (4.1) and 15,8% thinks that financial support is not always spent on children (4.3)

Based on question 5 on the provision of free and accessible early years education and care to all, 56,8% agreed on the primary responsibility of the state, regardless of the circumstances of the families, (5.1), 24,2% would only provide free services for those in need (5.4), while according to 16,9% it can only be resolved on a longer run (5.2).

On the better integration of the current early childhood education and care services in question 6, 36% of the respondents agree in case parents and professionals are involved in the planning and decision making (6.3) 35,2% in case conditions are suitable and it is needed (6.2) and 30,5% feels that it could be done if the conditions would allow it (6.1) 12,7% was opposing it.(6,5)

On the question about the compulsory kindergarten attendance from age 3 42,6% agreed in case the conditions are favourable in line with the needs of children and professionals working with them, (7.2), 20,4% does not support the obligation to attend (7.5) , 20,9% thinks that children at the age three need to spend time together with other children, (7.1)19,6% agrees but disagrees with the sanctions in case of non-attendance (7.3), 15,4% would only agree on the last year's attendance for preparation to school (7.6).

Concerning the shared responsibilities between the state, community and families in supporting those in need, 68,7% agrees on the obligation to clearly

determine the different areas of responsibilities and the conditions of eligibility (8.1) and 33,5% agrees (8.2) on the need for better frameworks and protocols.

As far as the question on separation of children from their families for financial reasons only was concerned, 56% of those responding answered, that it should not happen, but the needed services should be in place to support the families in need (9.2), while 40,2% percent would not find it appropriate in case the families do everything to avoid out of home placement (9.1). 11,5% would support it in case it means better living conditions for children (9.3) and 6% believes only those should have children who are capable and able taking good enough care of them (9.4)

THE SURVEY
QUESTIONNAIRE:

1. According to your opinion what would be the most striking tasks to be fulfilled to ensure the optimum development of young children in Hungary. Please set up an order, based on the statements below from 1 to 11, starting with most important up to the least relevant:

- 1.1 Increasing the amount of the universal family allowance
- 1.2 Increasing the amount paid for parental leave
- 1.3 Increasing the number of placements in nurseries to provide early education and care and supporting the participation of mothers on the labour market
- 1.4 Ensuring high quality pre-natal care and conditions of giving birth
- 1.5 Substantial increasing the number of placements and services in home based care, mini nurseries, and other day-care provisions and its financing
- 1.6 Provision of flexible working hours for parents
- 1.7 Better quality day-care (nurseries, kindergartens) including the appreciation and better remuneration of staff members, lower child-staff ratio, flexible opening hours, inclusion, integration of children
- 1.8 Sura Start Houses, playgroups and other opportunities for children and parents especially extending programs for families with children younger than 3
- 1.9 Filling the vacancies for health visitors, evaluation of their activities, providing better working conditions for them
- 1.10 Rethinking the basic health care provisions for families with children (GPs, assessment of screening, treatment, free services, etc.). Provision of social and community based services to support parenting, awareness raising about child rearing skills and knowledge.

- 1.11 Provision of weekend and holiday cultural, sports programs for families with children
- 1.12 Any other.....

2. Do you agree with the opportunities to work/being employed while on paid parental leave?

- 2.1 Yes, it does not challenge the appropriate care of children
- 2.2 Yes, as the allowances are not sufficient incomes for the families, they need more money
- 2.3 Yes, there is no need for such a long stay at home, nurseries and kindergartens are good opportunities for children earlier as well
- 2.4 No, as the parents are provided with these allowances to focus with their full attention on the care and nurturing of their children, they should not work at the same time
- 2.5 No, as these allowances are causeless while the original aim of the program was to ensure the care of young children at home by the parent is not fulfilled
- 2.6 No, as it favours those primarily who can find employment and have got higher incomes anyway, getting multiply advances, while those in a deprived situation can not live on the very low income
- 2.7 No, as the message is controversial and confusing. The original aim of the long paid leave provision was to ensure that the primary caregivers (mostly mothers) spends the first 3 years of life of their children at home, and in this case, it is not reached
- 2.8 Any other....

3. Do you agree that the current family support systems are targeting and reaching primarily better off families?

- 3.1 Yes, those should be supported who are working, they deserve the advances

- 3.2 Yes, as they are the ones who can ensure the needed circumstances for their children, they should be encouraged to give birth
- 3.3 No, the current family support programs are disproportionate, advancing the better off and those living in poverty or facing difficulties do not get the needed support
- 3.4 No, the support should be given primarily to those who can not manage themselves without help to ensure the suitable environment for their children
- 3.5 I do not agree, but support should only be given to those, who themselves are making all the efforts to be eligible for it. It should be assessed whether they deserve it or not
- 3.6 Any other....

4. In your opinion the services and supports should be increased to those in need or financial means should be provided so people can decide how to spend it?

- 4.1 Universal support systems and services are needed and increased to reach everybody
- 4.2 The eligibility criteria should be based on the needs, not everybody should be entitled for free services, in case they can cover the costs
- 4.3 It is not a good idea to provide financial aid as many people would not spend it on their children, and it would violate the best interests of children
- 4.4 There should be universal ones, like family allowance, maternal aid, and over those targeted services and in-kind support for those in need
- 4.5 Any other....

5. Do you agree that all children should be provided with free, high quality, inclusive, integrated early years' services (nursery, kindergarten, home based care)?

- 5.1 I agree, it is an obligation of the State, regardless of the circumstances of the families, place of living, health status etc.

- 5.2 I agree, however the needed conditions to provide those can only be fulfilled on longer run, currently it is not realistic
- 5.3 I agree in principle but do not find it realistic to ensure the resources needed for such a widespread provision for all children
- 5.4 I do not agree, free services should only be provided to those in need, based on the properly assessed (and not only declared) income of the family, there is no reason to support the well off families
- 5.5 I do not agree as the conditions of integration and inclusion can not be guaranteed, and children with special needs (disability, chronic disease, behavioural problems) do not get the needed support, while the majority of children are becoming disadvantaged
- 5.6 Any other....

6. Would you agree to better integrate the different forms of day cares, like nurseries and kindergartens and handling more flexible the grouping of children based on their age?

- 6.1 I agree, in principle the professional framework is available and there have been many good experiences during some pilots also back by some international examples
- 6.2 I would agree in case the regulations, protocols and preparation were done properly where it is needed and reasonable, to integrate them into one institution and providing flexible age groups
- 6.3 I would agree in case it is done in partnership with professionals and parents and ensuring the needed time for transition
- 6.4 I do not agree, In Hungary there has been a long tradition of the current system, it is reasonable to operate different type of provisions, this is in line with the needs of children in different age groups and their development
- 6.5 I do not agree as it would require disproportional efforts to reregulate and reorganize the system, provision of vocational trainings, tackling the

conflicts of interest and the being confronted with the resistance	children. No child should be left behind because of the difficulties or crisis the families are facing.
6.6 Any other...	8.2 I agree, there should be proper assessments, more clarity on the professional standards, protocols, IT backed up documentation and its measurement, evaluation to make decisions on objective criteria and not on subjective opinions
7. Do you agree with the compulsory kindergarten attendance rom age three for all children?	
7.1 I agree, children need same age company at this age and the day care programs are ensured this way	8.3 I do not agree, the current regulations are appropriate, according to the statistics poverty rates have decreased in recent years, the public work opportunities just like social and in-kind provisions are adequate
7.2 I agree but the necessary conditions should be provided (remuneration of the staff, child/staff ratio, inclusion etc.)	8.4 Any other...
7.3 I agree, but disagree with the sanctions in case of absentee, withdrawing family allowance, or child protection interventions	9. Would you agree that no child should be placed out of the family of material deprivation only? According to the investigations at least 30% of the children separated from their families are placed outside of their families because of material deprivation despite of the legal prohibition to do so.
7.4 I do not agree with the obligation to attend, I would rather agree with encouragement and CCT or other means to attract families in vulnerable situations	
7.5 I disagree that all children at age three should start kindergarten even if the parents would rather keep their children at home	9.1 There is no reason, in case the families are doing their best to avoid these crisis situations and they are taking good care of their children
7.6 I would agree only on the compulsory pre-school year attendance, otherwise parents could decide	9.2 It should not happen, but the local authorities and services should be provided with the needed resources of all kinds to be able tackling these problems and providing the needed support
7.7 Any other...	9.3 It can be a solution as the children are placed into more favourable conditions, if the parents are not capable meeting the minimum requirements
8. Do you agree that currently the criteria and conditions of eligibility for support and services for families in need are not clear?	
8.1 I agree, it would be needed to clearly define the roles and responsibilities of the families, communities and the state and ensure that families in need are getting all possible help to enabled caring for their	9.4 If someone is not able to provide the needs of the children, should not become a parent, and their suitability can be questioned to take good care of children

PLEASE ANSWER THE FOLLOWING QUESTION:

1. **Sex: male/female**
2. **Age: 20-30, 30-40, 40-50, 50-60, 60-70, 70+**
3. **Highest education attainment (primary, technical vocational, secondary, college, university, post graduate)**
4. **Place of living (Capitol city, large city, town, village)**
5. **Profession (sector, state, local authority, civil society, private sector, activity)**
6. **Retired (former employment)**