

**SOCIAL EXCLUSION IN HUNGARY
FROM A CHILD PROTECTION PERSPECTIVE**

Andrea RÁCz

Abstract: This paper deals with the issue of social exclusion from a child protection perspective. With the help of publications, statistical data, and the presentation of the main research results, the issue of child poverty is discussed, the main emphasis being on the situation of children removed from or leaving their families, especially those living in residential care homes. In Hungary, the number of studies related to the child protection system is limited and little is known about the school career, employment, or family establishment of those with a care background. We have little information about how well the system prepares them for independent life and how to classify their social integration. The paper also discusses the development of and challenges facing Hungarian child protection on a systemic level.

Keywords: Hungarian child protection, challenges, situation of children with care background, social inclusion

Andrea RÁCz is associate professor of University of Debrecen, Department of Sociology and Social Policy. Debrecen, 4032, Egyetem tér 1. Hungary, racz.andrea2@upcmail.hu

Children in Hungarian society

The research, political programs, and action plans on social exclusion mainly focus on adults and families, and are less concerned with the issue of how to interpret poverty as a social phenomenon in the case of children (Darvas-Tausz, 2004).

Hungary has a population of around 10 million inhabitants. About 2 million of the local residents are under 18 years of age. The youth age group (between 0 and 29 years) includes around 4 million, that is 40% of the total population. Families with children are poorer than other Hungarians: 13% of the population, 9% of children live in poverty, as their income is under the 60% of the national average income. Compared to the 27 European Union member countries, Hungary is in the middle range regarding the population and it is among the worst one-third regarding child poverty.

Similarly to other European societies, the main reason for this level of poverty is lack of income, but certainly other additional resources, such as health and insufficient educational attainment contribute to poverty (Nemzeti Szociálpolitikai Konceptió [NSZK], 2011). The two most important institutions and scenes for the reproduction of poverty are the education system and the family. The poverty rate of families with one child is roughly the same as that of families without children. The problems begin when families have two children: their poverty rate is around 70% higher than of those with just one child; 60% of large families live below the poverty line, although large families make up only 4% of all families. In the case of poor families with children, there is often no indoor toilet or any bathroom in the apartment, one-fifth of these families do not have running water, and two-thirds of them live in homes with traditional heating. In 86% of poor households with children, the breadwinner does not have any secondary education, and in 40% of them, none of the persons living in the household has a job. (“Legyen jobb a gyerekeknek!”, 2007)

A survey carried out in the field of child poverty discovered that 9% of the households did not have enough income to make a living at all, 23.8% experienced monthly financial struggle, and 10.8% of the respondents felt that their future income situation would get worse. It is striking that 26.9% of the children reported psychosomatic symptoms – headache, stomach ache, sleep disturbance, stress – occurring at least on a weekly basis. The children’s social relations were quite inadequate: Almost 10% reported that they did not have any friends, almost 15% did not trust their teachers, and 22% did not talk to their parents on a daily basis. In addition, 17% was the proportion of these children got involved in a conflict with their teachers or their peers on a weekly basis because of their negative relationship with them (Darvas-Tausz, 2004).

The educational attainment is the output of the socialization process and also one of the most important factors in the determination of adult social status. In our country, upward mobility has a strong social determination: 10% of the children whose fathers have a basic level of education and 68% of the children whose fathers have higher education achieve higher education themselves. However, one-quarter of the children of fathers with basic education get only primary education (Legyen jobb a gyerekeknek!, 2007). The education system is unable to reduce these social differences; moreover, it makes such differences larger. The children who are from disadvantaged families are very often disadvantaged in school too. According to the PISA survey (Mihály, 2002), Hungary belongs to those countries where the differences between school types mean differences in the performance

of the students too. In schools where a strong selection process means students have more advantaged social-economic backgrounds, the performance of the students is better (Mihály, 2002) Every year, nearly 5,000 students do not finish primary school until the age of 16 and more than 20,000 of them do not continue their studies or drop out of secondary education after finishing primary school (Liskó, 2008). According to Babusik's (2003) research, between 40% and 45 % of Roma children finish primary school at the age of 14, the vast majority finish at the age of 15 to 16, and approximately 10% of them do not finish it at all.

In Hungary, the number of children at risk is approximately 200,000 per year which is 10% of the country's children. Less than 1% of children live in long-term care, which is equal to the European average. As for the long-term care data, the number of children who were placed in foster care has been increasing since 2002, compared to the children who were placed in children's home. In 2011, 8,434 children and young adults lived in children's homes and 12,638 lived in foster care; thus 60% of the children in care get foster care provision (Papházi, 2014).

The system of long-term care in the child protection system

The Child Protection Act was adopted by the Hungarian Parliament on 22nd of April 1997, which was the first complete and independent legal regulation of the Hungarian child protection system and it enabled the founding of new services and types of care (Domszky, 1999). This legislation was greatly influenced by the English Children Act of 1989, which had the principle of prevention as its central focus. In principle, as a result, it is a basic requirement in Hungarian child protection to enable children and families to get every necessary support to keep the child in the family, and these supports need to be provided locally, close to where the family lives. In Hungary, there are nearly 3,200 municipalities, of which 19 are county level and one is metropolitan level; the others are local government level municipalities. Hungary is divided into seven regions. Local governments provide compulsory basic services for the population living in a given area (Rácz, Hodosán, & Korintus, 2009).

Since the foundation of the Act, the operation of child protection long-term care was situated on the country level; however, the years of 2012 and 2013 brought significant challenges when the tasks that had been performed on the county level were relocated to the state level, and so too the whole system of child protection long-term care as well. The main values and aims of the child protection system are as follows:

- The official child protection always has to be preceded by some kind of service system for the children in need and it must be voluntary.
- The removal of children from their families can only happen if threatening conditions cannot be eliminated within the family in spite of the multilateral support.
- The types of supports can only be effective if they are customized and designed for special needs. (Domszky, 1999)

The care for children who were removed from their families can be (a) children's home care¹ or (b) foster care².

¹ There are five types of children's home: *Traditional institutions* provide care for quite a large number of children in smaller living quarters for 12 to 48 children. *Apartment-homes* provide care for a maximum of 12 children in an apartment or family house. *Special children's homes* provide for those special needs children, who have psychological problems or suffer from behavioural or learning difficulties. In such a home there are

The Hungarian child protection system takes into account the phenomenon of post-adolescence, so it provides care and service for young adults who were raised in the child protection system if needed. After-care provision is available for those who are under 21 and they are working or looking for a job, but their income is not enough to live independently. Those who have special needs can stay in the system until the age of 22, while those who participate in secondary education can stay until they are 24 years old. If somebody studies in higher education – 5% of the all young adults – they can have the after-care provision until they are 25 years old. Additionally, after-care service is available until the age of 30, in the form of a counselling service including employment, personal relationships, and solving housing based on the methodology of social workers' case management.

The development of child protection in recent years was clearly aimed at only the long-term care and the foster care within it. The proportion of those who were placed in foster care has increased nearly 10% since 1998. The number of places in children's homes has decreased and the approved places in apartment homes have increased. Between 1998 and 2011 the decrease was 6.7%, while the increase of apartment homes was 15.6% (Papházi, 2014). As for the numbers of the workers, 5,400 employees work in institutional care, every second professional has a university degree, one-fifth have social worker degrees, and half of them have pedagogy degrees. The number of foster parents is 5,526 (KSH, 2012). More and more young adults stay in after-care provision which means that they need further support; moreover, many of those who typically leave the system at the age of 18 later return.

The situation of those who live in long-term care and of those who left the system

Although little statistical data and few research results are available regarding children and young adults living in or who have left the child protection system, we should highlight some research findings indicating the problems that child protection has to deal with.

According to the Central Statistical Office's data of 2011 on participation in education, those who live in foster care are more successful, which is very important in terms of social integration. A higher proportion of 15- to 17-years-olds living in foster care participate in secondary education (86%, compared to 61.1% of those who live in children's homes). More young adults study in secondary schools that provide a leaving certificate, so it is possible for them to have higher education. In institutional care, vocational education is preferred, where a large proportion drop out of school (Rácz, 2009, 2012). Every second student who leaves the system between 18 and 25 has only primary education, which makes it very difficult to find a proper job and establish a stable independent life (KSH, 2012). Despite provisions of the Privacy Act that prohibit the recording of ethnic origin, studies indicate that Roma children are overrepresented in the long-term care and have more disadvantages than their non-Roma peers (Neményi & Messing, 2007; Rácz, 2012).

a maximum of 40 places. There are also a few separate *homes for mentally retarded children* for those children who are disabled, or have special needs because of their age (under 3 years) with maximum 40 places. The *after-care homes* provide care for those young adults who are entitled to leave care (age 18) but cannot lead an independent life and decide to stay in the child protection system, up to the ages of 21 to 25 with maximum 40 places.

² In 2014, the system of foster care became unified, previously there were traditional and professional foster parents as well. Now being a foster parent is a job and the preferred form of placing children under the age of 12.

Maintaining contact with biological families is problematic. In 2011, 1,027 children returned home from the children's homes and 489 from foster care (Papházi, 2014). Unfortunately, this indicates that the foster parents consider keeping contact with biological families to be less valuable and it is also problematic that after the removal, the cooperation with the parents is terminated within long-term care, so the parents do not get professional help to facilitate the return of their children.

Many children living in institutional care show symptoms of anxiety (Fülöpné, 2003); the majority of children living in child protection smoke and a significant proportion have problems related to alcohol. It is shocking that the data show that 30% of people living in children's homes and 10% of those who live in foster care have thought of suicide (Elekes & Paksi, 2005).

Several research studies highlighted problems related to the social integration of people who remain in the system or who leave it because they are overage. Because of their educational levels, some of these young adults have very unstable positions within the labour market; 40% of those who left the system are unemployed and many of them work illegally or only occasionally. Young women consider finding marriage partners as the most important condition of social inclusion (Szikulai, 2006). Another study shows that successful social inclusion depends on the degree to which the system is supportive towards the young adults. In many cases, it requires, effectively, maintaining the young adult in a child's role and in a situation of dependency after turning 18 (Rácz, 2012).

Faced with these data and research findings, most of the experts and practitioners feel themselves without the tools needed to help children reduce or negate the disadvantages of childhood, and are therefore unable to prepare children for independent lives, and thus enable them to begin to achieve successful social inclusion. Unfortunately, many respond by demanding radical solutions and a stricter institutional system (Rácz, 2014).

Main challenges

All of this indicates that Hungarian child protection has to face up to many challenges. Of course, the development of a comprehensive child protection structure is not yet finished and greater emphasis in the future should be still placed on the development of primary care, since the aim is to have every child raised in a family. In long-term care, the institutions should be modernized and their capacity expanded, especially for children who have special needs and require special care (Szikulai, 2014). Half of the children newly entering the system are older than 10 years of age, and within it 12- and 13-year-olds are the dominant age group; further, the proportion of 16- to 18-year-olds is increasing (20% of all people newly accessing the system). Most teenagers who get into the system have severe problems regarding integration, behavioural disorders, and substance abuse and struggle with disorders requiring psychiatric care. Therefore, beside providing care that substitutes for the family there is a need for an institutional system which is therapeutic, ensures targeted services, compensates for disadvantages in school, and helps them to catch up and prepare for an independent life (NSZK, 2011).

We must also see that the unilateral development of the system providing foster care can cause problems in the long term, because without an extensive support network it is difficult to place children who are older, severely disadvantaged, Roma, or demonstrate special needs or behavioural problems or are disabled. (Rácz, 2014). So the main principle

of future developments should be to adjust child protection's concept and attune the whole system to the problems that arise in everyday life.

The best way to address these issues is by having competent professionals to deal with the children in institutional care and in foster care as well. The child protection professionals must have human qualities such as devotion, love of children, adaptability, and must have professional characteristics such as empathy, cooperation skills, and professional awareness (Domszky, 2004). Unfortunately, during the child protection training, the preventive work of child welfare – intensive family support, child poverty, social work in school, childhood policy – are not discussed in detail. It is important to include these in the ongoing training of the professionals.

The development of the child protection system cannot happen without being aware of, acknowledging, and taking into account the opinions of the children and young adults who live in it. At present the Children's parliament run by FICE is an outstanding example and will be taken as a model. Its meetings are clearly designed to promote the social integration of children and young adults living in child protection. An important target group of FICE-Hungary consists of children living without a family, in children's homes or institutions. It is particularly important for these children to learn to define their situation, to assess their problems, and to express them in a suitable form.

The *Children's Home Children's Parliament* aims to provide a forum and a framework for this. The aim of the children's parliament is not only to express opinions, but also to help bring suggestions and ideas to the surface. The first Children's Home Children's Parliament was held on April 28, 2011. The Children's Parliament is held two or three times a year, with the participation of 60 to 80 persons. The children's parliamentary session is preceded by a preparation training session, where children and young people get together to share experiences and discuss various topics. From the work of the parliament, a compendium of professional material is compiled that is also sent to decision-makers. There have already been sessions of this parliament, which have been attended by the children's rights representatives of the Ombudsman's Office, thus conveying the children's opinions directly to the decision-makers. The most important topics of the Children's Parliament are: higher education; biological family relations; the problems relative to the co-placement of children with special needs; the importance of joint placement of siblings; and the treatment of homosexuality in the context of institutional care (Hazai, 2014).

In the field of the well-being of children and youth, it is fundamental to have properly trained professionals with up-to-date knowledge of child welfare, who are well informed in the fields of education, social and labour market, and who take the opinions of people living in care into account. Viewing the situation of children in Hungary, specifically, and the chances for social integration, the overall aim of Hungarian child and youth policy objectives must be to reduce the poverty rate of children and their families, eradicate all extreme forms of child exclusion, and reduce the occurrence rate of deviant behaviours destroying future life choices. In general, the modus operandi of institutions and services which contribute to poverty and exclusion reproduction must be changed. The generations growing up today should have better basic skills and competencies than the current active generation. They should be more flexible and mobile so that they can respond to economic and social change and prepare for a lifetime of learning, thus being able to meet the rapidly changing economy's labour needs.

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