

Overview of Child Protection: The intersection of children's rights in Hungary's Child Protection System

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ABSTRACT

The study focuses on the intersection of public education and child protection. The school performance of children in the public education system is strongly influenced by the social environment from which they come to school. The starting point of the research is the legislative background. A comparative analysis of relevant sections of the Public Education Act and the Child Protection Act, examining their synchronization and the enforcement of children's rights, raises questions regarding the extent to which children's rights are upheld in the current legal environment. The historical legal approach of the study highlights that, despite regulatory changes affecting the field of child protection, coherence in terminology between public education and child protection has not been achieved. Children in child protection services, with foster parents, in children's homes, particularly those with special or dual needs, are in a multiply disadvantaged position compared to their peers living in families. Therefore, it is necessary and justified to provide services that, through interprofessional cooperation, can help improve their school performance and resilience. In Hungary, social assistance in kindergartens and schools has been a special social basic

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service since 2018. The aim of the study is also to draw attention to the current shortages related to specific child needs (e.g., the decreasing number of foster parents) and the possibilities of harmonizing these with child welfare basic services.

KEYWORDS

foster parent, children's home, child needs, legal harmonization, interprofessional cooperation

INTRODUCTION

The ratification and incorporation of the 1989 UN Convention on the Rights of the Child played a crucial role in the background of Hungary's 1997 child and youth protection system reforms. At the end of the 20th century, when the "dual-pillar child protection system" was restructured, a number of key priorities were set: encouraging children's upbringing within their families, ensuring substitute care in family-like environments, providing special protection against discrimination and abuse with a focus on the child's best interests, and implementing appropriate educational, social, and child protection measures to compensate for disadvantages and promote opportunities. These priorities reflect the needs-based approach of the universal collection of children's rights, tailored to the complex needs of children.

In this study, our goal is to provide a current overview of areas related to specific children's rights and child rights principles in Hungary in the second decade of the 21st century. By conducting secondary analysis of statistical data, research findings, and document analysis, we aim to shed light on recent child protection processes, focusing on challenges and solution strategies related to special and additional care needs and the placement of children. Additionally, we seek to present the operational characteristics and developmental path of a new, preventive child welfare basic social service designed to support collaboration among representatives of partner professions identified in the child protection monitoring and reporting system.

In presenting the field of child protection, we aimed to address the following questions: What are the primary legal sources regulating the child protection sector? How do these sources reflect synchronization and the enforcement of children's rights in their terminology? What characteristics define the situation of children with special and additional care needs in professional care settings? What are the specifics of the foster care sector? And what forms of care might support the goals of disadvantage compensation and opportunity enhancement?

In our study, we discuss public education, the needs of children and youth in specialized child protection care, and the importance of foster care, which is the preferred placement option in our country. Beyond highlighting the connection between legal regulations and children's rights and principles, the overview also draws attention to the need for preventive measures and services aimed at preventing risks to children across all related fields, based on findings from the past ten years. We emphasize the importance of institutionalizing the profession of preschool and school social workers, which serves preventive, disadvantage-compensating, and opportunity-enhancing purposes within both the public education and child welfare systems. By presenting results from this institutionalization process, we aim to spotlight opportunities for the innovative reorganization of child protection activities.



The structure of the study follows the logic of the field, with the topic presented through a structural-dynamic approach. After introducing a general overview and analysis of the regulatory environment, the focus shifts to the specific characteristics of various areas within child protection. In line with the structure of the service system, we compare practices with relevant literature to highlight how challenges and issues manifest in practice. Information on new services aimed at improving children's situations underscores the need for the child protection system to respond sensitively to emerging needs in alignment with the dynamics of social change to protect and ensure children's rights. The presentation, commentary, and comparison of findings with those of others, along with conclusions, are integrated into the relevant sections rather than placed in a separate chapter, aligning with each specific issue discussed.

The methods used in the study align with its objectives (to provide a comprehensive overview). First, relevant legislation is identified and collected, with a comparative analysis of their pertinent sections focusing on synchronization and the enforcement of children's rights. Second, statistical data specific to each area are gathered and analyzed through time series tables to interpret emerging trends. The study compares findings with existing literature and previous research results (citing specific sources), employing a descriptive-analytical approach throughout the text to highlight connections in a manner reflective of the field's complexity. It also critically reflects on the extent to which child protection thinking and practices can operate effectively and continually adapt in light of these findings.

We considered it essential for our work to be governed by a systems approach to the field of child protection, where each method applied supports the achievement of the primary objective. This approach allowed us to draw attention to the distinctive characteristics of the field as a whole by comparing regulations, theoretical frameworks, statistical data, and practical applications.

It is hardly possible to form a relatively realistic picture of a society's child protection system without thoroughly understanding the operational conditions of the given country. The factors that fundamentally shape, influence, determine, and support the situation and living conditions of families and children are extremely complex. This process is influenced by the society's level of economic development, employment policies, the quality and accessibility of healthcare, the education system, and social policies. Traditions, culture, and media content of varying quality also play a role. A safe framework must be provided by the constantly changing legal environment, an important element of which is shaping attitudes, perspectives, and ensuring practical application.

34 years since the regime change have brought numerous qualitative and quantitative changes in the lives of children and families. We cannot ignore the achievements of policy efforts ("Let it be better for the children" National Strategy 2007–2032; Child Chance Program 2008; 2016; Child Aid Foundation program; decrees and amendments aimed at renewing public education and child protection) nor the social phenomena experienced due to poverty, exclusion, segregation, and hate speech, which have disproportionately affected those living in particularly disadvantaged circumstances, including Roma, disabled individuals, the chronically ill, those living in broken families, and minors and young adults removed from their families. The most vulnerable children by age are represented in large numbers in these groups. These problems - injustice, inequality, deprivation of rights, prejudices - have become much more visible and perceptible due to the anomalies mentioned above, which have intensified the demand for legal protection and the right to equal treatment. This has also increasingly provided



room for action for scientific fields, policies, communities, and civil organizations. Meanwhile, the primary state responsibility remains undeniable, as does the clear state obligation to support children and families. State tasks are further reinforced by international efforts clearly articulated in various programs, many of which Hungary has adopted, and by the fact that applicable laws almost uniformly refer to the UN Convention on the Rights of the Child as their foundation.

Our study starts with discussing the connections between the laws that support and prescribe the operation of various social subsystems and the importance of legal harmonization, focusing on the enforcement of children's rights. The needs framework of disadvantaged children requires complex approaches and solutions to ensure they reach a sufficient level of social functionality by young adulthood. School is the social environment where children from unequal backgrounds must compete under the same conditions. Social services provided by social workers in the public education field can contribute to reducing inequality, particularly for children removed from their families, where educational and child protection services are crucial in helping them become resilient.

The successful implementation of innovative trauma- and solution-focused approaches in these systems is greatly facilitated by professional and interprofessional cooperation, aiming to compensate for children's traumas and disadvantages as effectively as possible. In our study, we present data on this population, with particular focus on those in the most difficult situations, i.e., children with special and additional needs, based on their care settings (children's homes, foster care), projecting guidelines and practical interventions that could guarantee successful social integration in the future.

CHILD PROTECTION AND LEGAL HARMONIZATION PERCEPTIONS

In Hungary, child protection and social pedagogical thinking were subordinated in the list of state educational tasks until the mid-20th century, possibly even until the regime change. The practice and issues of education within families carried numerous contradictions. Parents often found themselves alone with their educational problems and uncertainties, sometimes even today. Pedagogy, psychology, and healthcare also found it difficult to establish supportive relationships with parents. At the turn of the 20th–21st century, in light of various changes in child protection and social policy, and the value preferences that strengthened in our educational and psychological thinking, child protection no longer belongs unequivocally to marginal social issues, having shed its subordinate role in state educational tasks, albeit not easily.

In our country, children are considered valuable, a treasure, as various studies indicate (Aczél, 2022; Deáky Z. & Bali, 2021; Engler, Purebl, Susánszky & Székely, 2021; Gondi & Bokányi, 2022; Pári & Gyorgyovich, 2023). However, numerous signs suggest that children's actual situation is far from as good as it should be in a genuinely child-friendly society. For example, corporal punishment is acceptable and tolerable for a significant group of Hungarian families.¹ It is possible that the child-centric nature of our society for many does not include raising children without corporal punishment. Another alarming anomaly is the sexual harassment of children. The public often only becomes aware of the most egregious, brutal events. Parents are very protective of their children from strangers, yet they find it hard to accept that

¹We can read about this in the thematic issue of the *Educatio* journal. *Educatio* 2002/nr.III.



molestation and abuse are most often perpetrated by acquaintances and family members. Some parents also tend to downplay or deny milder cases of sexual abuse. Thus, the family is not only a loving, protective community but can also be the scene of the² most brutal physical violence. In this way, children may come to see violent conflict resolution as natural, as they are socialized to this (too) during their upbringing. In everyday life, rougher, more violent assertion of interests is also becoming more common, intolerance towards diversity is alarming, and the increasingly difficult living conditions are reducing conflict tolerance. All this can (may) be integrated into children's value systems as a model.

According to preliminary data for the 2022/2023 school year in Hungary, 1.852 million people participated in various levels of public education, vocational training, and higher education. Among them, 323,000 attended kindergarten, 719,000 were in primary schools, 517,000 were in secondary educational institutions. 2,600 children with severe and multiple disabilities received developmental education. 290,000 pursued higher education studies. 453 educators provided developmental activities and education for the 2,600 children with severe and multiple disabilities within the framework of developmental education.²

Results from the past ten censuses show that the population peaked at 10.709 million in 1980. Since then, four censuses have been held, each time showing a decrease of about 2–3 percent in Hungary's population. On October 1, 2022, the population of Hungary was 9.604 million, with 4.613 million males, 4.991 million females, and 1.407 million children (under 15 years old). The number of active age (15–64 years) individuals was 6.201 million, and the number of those over 65 years old was 1.995 million. 21 percent of the population were elderly, and 15 percent were children.²

Legislation

There are always important and significant anniversaries at both the micro and macro levels, in the lives of everyday people and in the operational mechanisms of the larger society. The Convention on the Rights of the Child was adopted 35 years ago (UN General Assembly, November 20, 1989).³ And based on this, the Convention proclaimed by the [Act LXIV of 1991](#), becoming part of the domestic legal framework ([Act LXIV of 1991](#) on the Proclamation of the Convention on the Rights of the Child, adopted in New York on November 20, 1989),⁴ has reached the age of Christ. In the absence of festive round numbers, there are of course numerous other laws that provide legal security, which are crucial guarantees for a peaceful life for the communities of a given country, significantly impacting the lives of children, and consequently adults and families.

Among these are [Act XXXI of 1997](#) on the protection of children and guardianship administration, and [Act CXC of 2011](#) on national public education, established by the current government. In terms of legal harmonization, it is important to consider and enforce other domestic laws (such as [Act XX of 1949](#), Constitution of the Republic of Hungary/[Fundamental Law of Hungary 2012](#); [Family Law Act 1952](#); [Civil Code 1959](#); [Criminal Code 1978](#); [Act LXV of 1990](#) on Local Governments; [Act LXIV of 1991](#) on the rights of children; [Act LXXIX of 1992](#) on

²<https://www.ksh.hu/docs/hun/xftp/idoszaki/oktat/oktatas2122e/index.html>.

³<https://nepszamlalas2022.ksh.hu/> downloaded 2024.03.06.

⁴<https://unicef.hu/gyermekjogok/gyermekjogi-egyezmenyrol> downloaded: 2024.03.04.



the protection of fetal life; Social Act 1993; Equal Opportunity Act 1998; and the annual budget acts),⁵ as well as international recommendations and conventions to which Hungary has acceded or adopted (e.g., European Convention on Human Rights, ratified by Hungary on November 5, 1992, promulgated by Act XXXI of 1993; European Social Charter 1961, promulgated by Act C of 1999; Charter of Fundamental Rights 2000, Nice).⁶

As part of Europe, Hungary strives to meet the expectations set out in the Amsterdam Declaration on the social situation in Europe,⁷ issued on June 10, 1997: *“Respect for the fundamental human dignity of citizens requires us to declare that we do not want to see more beggars, vagabonds, and homeless people in European cities. We cannot support a Europe where unemployment is high, many are poor, and the number of those with limited access to health and social care is growing. Based on these and many other indicators, Europe currently appears unsuitable for ensuring social quality for all its citizens. In contrast, we aim for a European society that is economically successful while ensuring social justice and the social participation of its citizens. A Europe where social quality is the most important value.”*

Following this idea, our country is also committed to establishing the fundamental conditions of *social quality*. A key component of this direction is social policy with the means of social care and the broadening of social services. Since the late 1980s, the management of state child protection has been transferred from the Ministry of Culture to the newly formed Ministry of Social Affairs, and the newly established municipalities have also faced many new tasks. They had to develop their own social policy concepts and renew their approach to handling child protection issues. This was also necessary to activate broad segments of society, the private sector, humane entrepreneurs, and service providers for cooperation through guarantees and financial tools. The basis of the effectiveness of this multifaceted work was the existing legal frameworks and the validation of innovative approaches prioritized in continuously renewed professional training.

The achievable goal was to ensure that, in the successful implementation of these changes, clients in need could truly experience receiving care and support tailored to their unique needs. In this way, the principle could be enforced that not only individuals and families in crisis, at risk, or disadvantaged receive help, but the entire society is covered by the effective preventive strategies of the social and child protection system.

The 1997/XXXI law did not merely summarize the fragmented regulations on child protection up to that point and formulate a few new provisions and measures at the legal level. It encompassed more, meaning it also included the interpretation of the protection of children, young people, and families, the representation of their interests, protection from dangers, and the possible ways to avoid risks, i.e., prevention. Comparing the concept of a child as used in the title of the law on child protection and guardianship administration with the concept of a child as defined in Article 1 of the Convention on the Rights of the Child reveals some differing elements. According to the latter, a child is a person under the age of 18, and childhood ends at the 18th birthday, unless the child reaches adulthood earlier according to the laws of the given

⁵<https://net.jogtar.hu/jogszabaly?docid=99100064.tv> downloaded: 2024.03.04.

⁶netjogtar.

⁷edit.elte.hu/xmlui/handle/10831/79540 downloaded: 2024.03.05.



state. The title of the domestic 1997/XXXI law refers to the protection of children, but considering the full content, the regulation also applies to young adults aged 18–24 who received child protection care as minors and are unable to take care of themselves until the age of 24–30, e.g., due to continuing their studies.

The term child/student appears in the interpretive provisions chapter of the 2011/CXC law, sections 4§ 13 and 14, considering that the upper age limit for compulsory education in Hungary is 16 (Table 1).

The implementation of legal harmonization is also evidenced by the following. The Convention on the Rights of the Child considers it essential, among other things, that children have the right to seek legal and medical advice without parental consent, for instance, in cases of violence or sexual abuse against children within the family or institutions, especially if there is a conflict between the parent and child regarding access to health and legal services. Based on Articles 3, 17, and 24 of the Convention on the Rights of the Child, the Committee on the Rights of the Child recommends that the states ensure adolescents are informed about matters related to sexuality, family planning, the dangers of early pregnancy, HIV/AIDS prevention and treatment, regardless of whether their parents or guardians consent. Our 2011/CXC law on national public education, in alignment with the above idea and emphasizing the preventive approach, states the following in section 9/A § (1): “In addition to the institution’s own employees working in teaching positions and professionals providing school health services within the institution, and state bodies with cooperation agreements with the institution, no other person or organization may conduct lessons or other activities for students related to sexual culture, sexuality, sexual orientation, sexual development, the harmful effects of drug use, the dangers of the internet, and other physical and mental health developments unless they are registered by a body designated by law.” In this area, children’s rights in our country “on paper” cannot be (should not be) violated.

Table 1. Students and children requiring special attention category

Students and children requiring special attention		
Children and students requiring special treatment		
		Disadvantaged and severely disadvantaged children and students as defined by the child protection law
		Children and students undergoing long-term medical treatment
Children and students with special educational needs (SEN)	Children and students with integration, learning, and behavioral difficulties	Exceptionally talented children and students

Source: own edition, 2024.



Professionals

In Hungary, society and both sector-specific and major politics have continuously placed new expectations on teaching and child protection, and continue to do so today. This is done in such a way that, along with changing social processes and phenomena (deteriorating value systems and health conditions, family breakdown, poverty, environmental pollution, etc.), new circumstances arise for which professionals may lack the necessary new competencies (e.g., the availability and content of further training) and must face the uncertainty of expected professional assistance based on legal guarantees. Consider the need for employing specialists in educational institutions as prescribed by the 2011/CXC law (e.g., pedagogical, special education assistants; physiotherapists; leisure organizers; kindergarten/school social workers; child and youth protection officers; psycho-pedagogues; special education teachers) and the lack of fulfillment of these requirements. Unfortunately, this is often handled by the maintaining authority with the remark that the institution operates with “neglect of legal obligations” and without legal consequences. Meanwhile, in everyday pedagogical work and for the healthy development of children, these omissions sometimes have severe and complex consequences. Additionally, in the early 2000s, thousands could enroll in state-funded, full-time higher education programs aimed at social and helping professions. The professionals who graduated in large numbers back then, with their rich professional experience, could now provide significant help in public education, provided they remained in the profession and continued their careers.

From the perspective of child protection, it is also noteworthy that since 2003, the 1997/XXXI law has defined special and additional care for those in care system (special care: for children who are permanently ill or disabled, and those under the age of 3; additional care: for children showing severe psychological or dissociative symptoms or struggling with psychoactive substances). Naturally, such minors were previously cared for within the system. The importance of the legislative amendment lies in ensuring that all personal and material conditions must be adjusted to the needs of the children requiring care.

SPECIAL AND ADDITIONAL CARE NEEDS OF CHILDREN IN THE SPECIALIZED CARE SYSTEM BASED ON STATISTICAL DATA⁸

According to the legislative changes that came into effect in 2014, for children under the age of 12 entering the child protection specialized care system, care should preferably be provided by foster parents, and efforts should be made to ensure that children removed from their families do not grow up in institutional environments (Table 2).

In the case of children receiving specialized child protection care, it can be observed that while the number and proportion of those placed in special and specialized children’s homes slightly decreased after 2014, the number of children placed with special foster parents and specialized foster parents also increased, particularly in 2019 and 2020 (Table 3).

The vast majority of children with special needs due to their age lived with foster parents. During the examined period, alongside the increase in the number of babies entering the child protection system, the number of young children placed with foster parents also increased (Table 4).

⁸The source of the data: Social Statistics Yearbook: 2014, 2015, 2016, 2017, 2018, 2019, 2020.



Table 2. The proportion of foster placements for minors in specialized child protection care between 2014–2020

Year	Number of minors receiving specialized child protection care	Number of those placed with foster parents	%
2014	20,135	12,832	63.7
2015	20,271	12,948	63.9
2016	20,551	13,502	65.7
2017	20,948	14,039	67
2018	21,210	14,493	68.3
2019	20,876	14,357	68.8
2020	20,743	14,562	70.2

Source: own edit, 2024.

Table 3. Comparative data on placement types and child needs for the years 2014–2020

Number of minors placed in children's homes and with foster parents (Temporary and foster care)	2014	2015	2016	2017	2018	2019	2020
Number of Minors Living in General Children's Homes and Apartment Homes	4,750	4,458	4,643	4,939	4,778	4,585	4,376
Number of Minors Living in Additional needs Care Children's Homes and Apartment Homes	445	452	440	426	448	448	411
Number of Minors Living in Special needs care Children's Homes and Apartment Homes	1,296	1,237	1,204	1,099	1,103	1,119	1,069
Number of Minors Living with Foster Parents (no special needs or additional needs care)	10,264	10,514	10,635	11,163	11,475	10,699	10,473
Number of Minors Living with foster parents who provide special needs care	2,317	2,405	2,821	2,720	2,682	3,575	4,086
Number of Minors Living with foster parents who provide additional needs care	17	19	11	7	20	73	70

Source: own edition, 2024.

For children requiring special needs care, the data supports the capacity increase that promotes the indicated tendency (the number of foster parents providing special needs care increased by one and a half times) however, not every child with special needs was placed with foster parents providing special needs care. There was no possibility of placement with foster parents providing additional care, since the number of foster parents providing additional care did not increase as much as the number of children placed with them (Table 5).



Table 4. Trend development in age distribution and placement from 2014 to 2020

Number of minors in child protection care (Temporary and foster care)	2014	2015	2016	2017	2018	2019	2020
Number of Children Aged 0–3 Years	2,874	2,834	3,117	3,277	3,464	3,479	3,457
Number of 0–3 Year Olds Living in Children's Homes	363	348	357	381	361	351	313
Number of 0–3 Year Olds Living with Foster Parents	2,477	2,673	2,884	3,074	2,970	3,062	3,145

Source: own edition, 2024.

Table 5. Comparative data on foster parent status and child needs from 2014 to 2020

Number of minors placed in children's homes and with foster parents (Temporary and foster care)	2014	2015	2016	2017	2018	2019	2020
Number of Foster Parents providing special needs care	959	1,142	882	1,055	1,224	1,135	1,413
Number of Minors Living with Foster Parents providing special needs care	2,317	2,405	2,821	2,720	2,682	3,575	4,086
Number of Foster Parents providing additional needs care	10	8	15	15	14	15	14
Number of Minors Living with Foster Parents providing additional needs care	17	19	11	7	20	73	70

Source: from the Hungarian Central Statistical Office Social Statistics Yearbook (2014–2020) own edition.

The number of foster children per special needs foster parent is more than two every year. However, the data showing that 70-73 children live with 14–15 additional needs foster parents raises further questions, as placing several children with severe psychological or dissocial symptoms, or those using psychoactive substances, with one foster parent does not seem to be an optimal solution. It is possible that children without additional needs live with foster parents providing additional needs care, or there might be another explanation: the placement of children with additional needs in correctional facilities or juvenile detention centers. In such cases, although the official care location is the foster parent, the actual care is provided elsewhere, so multiple children might be placed with a single foster parent at the same time.

The data also supports the fact that the special care needs⁹ named in the child protection law and the specific educational needs¹⁰ defined in the public education law do not coincide; there is

⁹Due to age, chronic illness, or disability.

¹⁰A child or student with special educational needs is a child or student requiring special treatment who, based on the expert opinion of the specialist committee, has a physical disability, sensory impairment (visual or auditory), intellectual disability, or speech impairment; in the case of multiple disabilities, has multiple disabilities; or has an autism spectrum disorder or other psychological developmental disorder (severe learning, attention, or behavioral regulation disorder) – according to the Child Protection Act (GYVT).



a lack of harmony between the two legal sources. In the case of infants and young children with special care needs due to their age, it is not common for them to come under the purview of expert committees where their specific educational needs are diagnosed. Within the child protection care system, both in children's homes and with foster parents, there are those who are not special needs but require additional support due to their specific educational needs (Table 6).

The child protection law mentions several leading symptoms under the umbrella term of additional needs: a child with severe psychological or severe dissocial symptoms, or a child using psychoactive substances, can also be considered to have additional needs. In practical work, it can be challenging to determine what problems children in an additional needs care children's home should be dealing with, as a young person using substances has different needs and may require different support than a child with a psychiatric illness. Questions arise about how the young people will affect each other, what group dynamics will emerge within the group, and whether these dynamics will aid or hinder therapeutic work.

Defining the category of special needs also raises professional-methodological questions when determining the target group for special children's homes: is it necessary/advisable to narrowly define the characteristics of the target group to ensure specific care, or could this be counterproductive due to segregation?

For children with severe psychological symptoms and dual needs, institutional placement that can provide increased psychiatric support, different from a children's home, may be warranted and is currently missing from the Hungarian care system. For children struggling with severe psychiatric problems, more health and child psychiatric support might be necessary beyond the additional needs care children's home or central secure children's home frameworks and adventure education-based activities. Establishing a target group based on leading symptoms might make it easier to create a safe environment and attitude conducive to the children's development.

Table 6. The types of placements of the SEND minors

Number of minors	2014	2015	2016	2017	2018	2019	2020
Number of SEND minors placed in children's home (temporary and foster care)	1,807	1,794	1,759	1,812	1,806	1,781	1,719
Number of minors living in Special needs children's home and apartment	1,296	1,237	1,204	1,099	1,103	1,119	1,069
Number of children under 3 years of age living in Children's home	363	348	357	381	361	351	313
Number of SEND minors living with foster parents (temporary and foster care)	2,038	2,025	2,345	2,469	2,601	2,664	2,748
Number of minors living with foster parents providing special needs care	2,317	2,405	2,821	2,720	2,682	3,575	4,086
Number of children under 3 years of age living with foster parents	2,477	2,673	2,884	3,074	2,970	3,062	3,145

Source: from Hungarian Central Statistical Office Social Statistics Yearbook (2014–2020) own edition.



For children struggling with psychiatric illnesses, a fundamental need is the provision of prescribed medication. The 15/1998 (IV. 30.) NM decree (hereinafter referred to as the NM decree), which outlines the professional tasks and operational conditions of child welfare and child protection institutions and services, does not assign a nurse specialist to additional needs care children's homes in its Annex 1, which contains the professional staff quotas and minimum staffing norms for forms of personal care in child welfare and child protection. The professionals working with the children cannot force them to take medication, and they cannot apply coercive measures in cases of oppositional behavior. However, if pharmacotherapy becomes inconsistent, the effectiveness of the therapy decreases, which can also be evident in the child's emotional state and behavior. Due to the spatial and material conditions of additional needs care children's homes, the residents occasionally leave without permission. During such absences, they have the opportunity to use drugs or other psychoactive substances, which, combined with missing medication doses, can lead to severe deterioration in their condition.

Based on the mentioned aspects, it might be justified to establish an institution specifically operating as a therapeutic-healing institute for adolescent psychiatric patients, providing specific care for the relevant target group.

Human resource provision poses a significant challenge in all child protection institutions across the country. This issue is particularly severe in special needs and additional needs care children's homes due to the specific needs of the target groups they serve, leading to high turnover and risks of burnout and fatigue. Meeting the needs of children in additional care homes requires increased effort and attention. In specialized homes, where children often exhibit self-harmful or dangerous behavior, the daily safety and lives of the professionals are at risk. The available human resources and tools are insufficient to adequately prevent and manage cases of abuse (peer bullying, violence against public officials).

An additional problem arises when these children reach adulthood, as their diagnosed special needs/additional needs are no longer recognized. Young adults who received special or additional care as minors only have access to the same placement options as other young adults requesting aftercare, or those provided in homes offering personal care under the 1993 Social Administration and Social Benefits Act. Guardianship procedures can be initiated when the child turns 17, but it can be problematic if guardianship and appropriate social institutional placement are not arranged before adulthood. In such cases, creative solutions tailored to individual needs are necessary to ensure their safety. Statistical data indicates that aftercare for youths in special care homes is available, but no such option exists for those with additional needs. Amendments to the Child Protection Act allowed students in secondary education to receive aftercare until the age of 24, and those in higher education until 25. Discretionary extensions can permit aftercare up to age 30.¹¹ This is crucial, as a significant number of young adults become homeless after reaching adulthood without requesting aftercare (25–30%),¹² or due to high income levels exceeding legal thresholds. The practice in child protection encourages vocational training to extend aftercare eligibility. As of July 1, 2024, income limits were raised,

¹¹Riegler: Adult child or young adult? The practice of differentiated care based on need. 2024 National Child Protection Conference.

¹²A. Rác: Exit routes and missteps in child protection specialist care. 2024 National Child Protection Conference, presentation.



allowing more young adults to qualify for aftercare. The basis and amount of the entitlement for those unable to support themselves independently were modified with effect from July 1, 2024. The previous social projection base, which was three times the income threshold of 85,500 HUF was increased to 150% of the minimum wage reduced by social security contributions, thus raising the threshold to 326,163 HUF in 2024. This form of support is also available for young adults living with foster parents. However, due to the unique characteristics of this family-like care setting, it requires a new approach from caregivers, i.e., foster parents (see footnote 11.). Among those in child protection system care, the proportion of adults entitled to aftercare has fluctuated between 15 and 20% in recent years. As the above data show, the majority of minors in care in Hungary gain independence in foster households. In Hungary, foster care and placement of children in foster families are primarily preferred placement alternatives for children under 12 years old.

FOSTER CARE

The UN Convention on the Rights of the Child mandates state-provided alternative care when families cannot provide adequate conditions. “This substitute protection can be provided through placement with a family, guardianship according to Islamic law (kafalah), adoption, or, if necessary, placement in appropriate child institutions. When selecting a solution, it is essential to adequately consider the need for continuity in the child’s upbringing, as well as their national, religious, cultural, and linguistic background.”¹³

In 2009, the UN revised the Convention, identifying significant gaps in care for children removed from their families.

As a result, guidelines titled “Alternative Care for Children” were developed, detailing various forms of alternative care such as family-based or family-like settings, non-family group homes, crisis care, temporary shelters, short- and long-term care giving in children’s homes, apartment houses and supervised independent living arrangements.

Regarding the implementation of alternative care, several initiatives were launched in Hungary following the introduction of [Act XXXI of 1997](#) on the Protection of Children and Guardianship Administration, primarily manifesting in the strengthening of the foster care system. “By 2004, more than half (51.3 %) of minors in care were placed with foster families. 17,568 minors living with 8,640 foster parents.” ([Hungarian Central Statistical, 2020: 75](#))

Becoming a foster parent involves several conditions, which include both the suitability of the person’s character and the adequacy of the physical environment. A foster parent can be a person who is at least 24 years old. They must not be under guardianship or supported decision-making due to incapacity, must have a clean criminal record, and must be at least eighteen but no more than fifty years older than the child placed in their care. The individual must be suitable, based on their personality, health condition, and circumstances, to ensure the balanced development of the child placed with them, support the child’s return to their family or adoption, and handle tasks arising from the child or young adult’s age-specific needs. Furthermore,

¹³Act 1991. LXIV Article 20.



they must meet the qualification requirements as prescribed by [Act XXXI of 1997](#) on the Protection of Children and Guardianship Administration, according to Section 54.

The next significant turning point for foster care was in 2014. From that year, foster parents began performing their activities under an employment status, for which they receive a salary. This comes with benefits such as the inclusion of service time, eligibility for sick pay, and family tax benefits. With the increase in the number of foster parents, the number of children in foster care has been steadily rising since 2014, while the number of children in children's homes or residential homes has been decreasing. In 2014, 14,205 children and young people were in foster care, and by 2021, this number had increased to 16,158, meaning there was an increase of 1,953 individuals in foster care. Concurrently, the number of children in children's homes decreased from 8,246 in 2014 to 6,744 in 2021 ([Hungarian Central Statistical Office, 2023](#)).

In 2011, Laklija conducted a survey to present the foster care models of European countries. Representatives from Sweden, Finland, the Netherlands, Scotland, France, Poland, Hungary, Austria, Italy, Slovenia, Bosnia-Herzegovina, and Serbia participated in the survey. The research examined the conditions of foster parenting, the training and support of foster parents, and their cooperation with professionals. Most of the countries' laws included in the survey stipulate that foster parents must be adults, legally competent, physically and mentally healthy, and have appropriate living conditions. Regarding age, Hungary was highlighted for setting the lower age limit for foster parenting at 24 years, while Sweden and Italy do not specify an age limit but emphasize the importance of assessing maturity. The author found that foster parents who care for children with special needs receive various forms of support and training to develop their skills ([Laklija, 2011](#)).

Foster parents can be designated as either providing special needs or additional needs care foster parents, depending on the needs of the children they care for. Foster parents who provide special needs care for chronically ill, disabled, and children under three years old. Foster parents offer additional needs care for children with severe psychological and dissociative symptoms, those who use psychoactive substances, and children who are suspected victims of human trafficking. Combined special needs and additional needs care must be provided for children with dual needs according to Section 53 of the Child Protection Act.

Foster care is preferred for placing children with special needs. "It is observed that the placement of children with special needs is higher with foster parents than in children's homes (61.2–38.8%). In terms of the type of disability, the majority are children with learning disabilities (mild intellectual disabilities) or intellectual disabilities (moderate intellectual disabilities) placed with foster parents, while the proportion of children with severe or multiple disabilities is negligible" ([Demcsik, 2015](#): 168).

The most common reasons for children with special needs entering foster care include the parents' lifestyle and neglectful behavior rather than the child's disability ([Czibere, 2021](#)). The placement of children with disabilities with foster parents is challenging. The type of disability influences the placement, children with physical disabilities being placed with foster parents at the highest rate ([Szabóné Ivánku, 2016](#)).

Caring for children with special needs is no small task for foster parents. "According to the literature, the most significant problem is the placement of children under the age of three with chronic illnesses or disabilities in foster care. Foster parents rarely undertake the care of young



children with severe disabilities, chronic illnesses, or health impairments because they do not have the necessary equipment and specialized knowledge required to safely and professionally meet their special needs. Another issue is the difficulty in accessing developmental services and therapies” (Gyarmati, Czibere, & Rácz, 2018: 79).

Research findings show that foster parents are less likely to take on infants compared to older children (Czibere, 2021; Szabóné Ivánku, 2016). In terms of the typology of disabilities, foster care networks primarily include children who show developmental delays compared to healthy development. They are followed by children with chronic illnesses, then those with mental and psychological impairments, and finally those with sensory and physical disabilities. In 76% of cases, the child’s disability is diagnosed after being placed with the foster parent; in more than half of the cases (51%), the disability was first noticed by the foster parent (Czibere, 2021).

According to the quick report of the ÁGOTA research, considering the age of the children in foster care, children aged 0–3 years are present at a lower rate (13.25%) compared to other age groups. The relationship between foster parents and children is characterized by the fact that the age groups 0–6 years and over 18 years are seen as the least problematic. In 73.8 percent of foster families, there are no children with special needs. Where such children are cared for, the 0–3 age group is typically represented at a higher rate (11.2%) and 4.7 percent of families have children who are either chronically ill or have a disability. The occurrence of multiple special needs together is rare, found in only 3.1 percent of foster families. In terms of the severity of disabilities, mild disabilities (46.8%) and moderate disabilities (40.6%) are most common among the foster children. The proportion of children with severe disabilities is 12.6 percent. The respondents mentioned limited financial resources as the primary difficulty (35.16%), followed by transportation and mobility difficulties (31.93%) and the lack of developmental specialists (31.5%). A quarter of the foster parents cited the lack of appropriate educational institutions and an accepting social environment. Healthcare services (10.16%) and assistive devices (7.86%) were considered problematic in terms of accessibility. Most of the surveyed foster families (85.7%) do not have children with dual needs (Kothencz, Feleky, & Lőrinczi, 2024).

According to Table 7, in 2021, 5,863 foster parents in Hungary held operating licenses. The number of foster parents increased by 331 from 2014 to 2021. However, the growth trend was not even, with several years (2015, 2016, 2019) showing a decrease in the number of foster parents compared to 2014. The proportion of special foster parents relative to the total number of foster parents changed only slightly each year, fluctuating between 16% and 21%, except for 2020, when the number of special foster parents increased by 278 compared to 2019, raising their proportion to 24.7% of all foster parents. The increase was even more radical in 2021, with approximately 40.6% of foster parents being categorized as special foster parents. This increase can be attributed, among other factors, to the introduction of financial support in 2020, the foster parental childcare allowance, which foster parents can receive until the child in their care turns two years old. This measure aims to increase the number of special foster parents, particularly for the care of children aged 0–2 years (Table 8).

Despite these efforts, the limited number of foster care places remains a challenge, while the number of children needing child protection care is increasing, with nearly 25% of these



Table 7. Unauthorized leave incidents between 2014 and 2020

	2014	2015	2016	2017	2018	2019	2020
Number of escape incidents							
Number of minors living in general children's homes and residential homes	4,750	4,458	4,643	4,939	4,778	4,585	4,376
Number of unauthorized leave incidents from general children's homes and residential homes	17,331	20,143	20,804	14,961	14,209	15,881	20,455
Number of minors living in additional needs care children's homes and residential homes	445	452	440	426	448	448	411
Number of unauthorized leave incidents from additional needs care children's homes and residential homes	3,163	4,884	3,864	2,421	2,159	1,785	1,756
Number of minors living in special care children's homes and residential homes	1,296	1,237	1,204	1,099	1,103	1,119	1,069
Number of unauthorized leave incidents from special needs care children's homes and residential homes	2,134	2,817	2,378	1,430	1,956	1,703	1,993
Total number of minors living with foster parents	12,598	12,938	13,467	13,890	14,177	14,347	14,629
Number of unauthorized leave incidents from foster parents	434	483	456	314	365	349	361

Table 8. Number of Foster parents between 2014–2023

Year	Foster parents	Special needs care foster parents	Percentage of Special needs care foster parents within Foster parents (%)	Additional needs care foster parents	Summary
2014	4,562	959	17.3	10	5,531
2015	4,310	1,142	20.9	8	5,460
2016	4,492	882	16.3	15	5,389
2017	4,541	1,055	18.8	15	5,611
2018	4,535	1,224	21.2	14	5,773
2019	4,365	1,135	20.5	15	5,515
2020	4,279	1,413	24.7	14	5,706
2021	3,438	2,384	40.6	41	5,863

Source: KSH (2023).¹⁴

children having some form of disability. The analysis of the data series presented in the study highlights the need for complex treatments and interventions arising from different needs. In Hungary, professional protocols and guidelines emphasize the importance of multidisciplinary

¹⁴https://www.ksh.hu/stadat_files/szo/hu/szo0019.html Downloaded: 2024. 07. 04.



cooperation among professionals. In the context of our topic, the following part of the study presents the development path of a specific social service. Specialists providing social assistance in kindergartens and schools can act as connectors and bridge figures in establishing interprofessional cooperation among child welfare services, educational institutions, and child protection services.

THE DEVELOPMENT OF SOCIAL ASSISTANCE IN KINDERGARTENS AND SCHOOLS OVER THE PAST 5 YEARS

Within the framework of primary and secondary prevention in child welfare services, the support provided to families and children characterized by atypical life situations, life paths, and school performance is not new in Hungary. However, the formalization of kindergarten and school social assistance in legislation since September 2018 has marked new directions. Kindergarten and school social assistance is a profession implemented in educational institutions using the tools and methods of social work, ranging from prevention to intervention.

To achieve professional goals, the development and application of innovative, locally tailored individual, group, and community social work tools require professionals to be familiar with the school child protection and school social work models that serve as starting points. In more than 50 countries, school social work has a century-long history. International professional protocols (1994) were preceded by models that appeared in the second half of the 20th century (Allen, Meares, Washington & Welsh, 1986; Costin, 1975; Raines, 2004). Building on these, modern human-ecosystem-oriented domestic models originate from the individual-society relationship and, in addition to the diversity of tasks, highlight the importance of professional skills and competencies required for conscious, planned assistance activities (Dávid & Esetefánné Varga, 2008; Homoki, 2010, 2016; Máté & Gergál, 2020; Gergál & Máté, 2009; Soós, 2017). The prerequisite for providing services that meet individual and community needs is that social assistants, whether they have social or pedagogical qualifications, can meet the legal and professional policy expectations placed upon them (V. Gönczi, 2018; Homoki, 2019). With their professional knowledge base and toolset, they can effectively contribute to “...improving the daily lives of children, teenagers, young people, students in kindergartens, schools, dormitories, community settings, homes, or residential areas, and during holidays” (Budai, 2020: 8).

Beyond children, other participants in the institutions (teachers, families) can experience strategies to reduce social problems, avoid serious crises, traumas, and conflict situations through preventive programs. School child protection helpers have a significant social and economic role in reducing school dropout rates, thereby facilitating labor market integration regardless of social strata (Bányai, 2020). Through everyday assistance activities and targeted interventions, professionals become capable of recognizing early signs and halting the gradual withdrawal that leads to early school leaving. Beyond recognizing warning signs, the author discusses individual, specific support forms and programs that can be successful and emphasizes effective, well-thought-out, and planned outreach activities that can prevent and reverse dropout, which can be a generational process in some families.



The activities of social assistants effectively transition young people to higher levels of the educational system, and through the successful competence and attitude-forming effects of inclusive programs, young people can finally be successfully integrated into the labor market. According to a targeted HERA study (2019) in Hungary's southern-east region, despite (or perhaps because of) decades of domestic practice in school child protection, professionals reported numerous initial difficulties and dilemmas following the introduction of the service. From the outset, helpers had to face the necessity of setting constructive cooperation frameworks in Hungarian educational institutions during their preventive or corrective activities (Homoki & Czinderi, 2020).

These findings resonate with the thoughts of an author who refers to the child protection service as a closed “*self-contained child protection system*,” urging for openness and visibility, including the visibility of the profession:

“...the child protection system should open up to society, first by mitigating the aversion to the profession through extensive and effective information dissemination, and by dismantling the negative stereotypes surrounding helping professions” (Rácz, 2022: 8).

“Complex and dynamic postmodern ecological models” highlight the importance of the bridge role, which builds on the strengths of the helper and their environment, referring to the development of child¹⁵ and community resilience and increasingly emphasizing the need for interprofessional cooperation, institutionalization, and network building (Sinka, 2019).

Budai István, through a logical systematization of the content elements of the 2014 global definition of social work and international school social work definitions, also emphasizes the importance of adhering to competence boundaries during social and pedagogical activities and the need for interprofessional and multi-team operations.

According to the development of the international history of school social work, Hungary is nearly a century behind, which, after reviewing the literature, is most notably captured in the differences in applied methods and focuses. In Hungary, the current process involves the institutional establishment and consolidation of services, while in America, considered the cradle of school social work, we read about the continuous development of the effectiveness of organized programs in the primary prevention phase that respond to the real needs of specific age groups (Dupper, 2020; Lou, 2018).

Legislation

The guidance of the 2/2018. (I.18.) EMMI decree, which aligns with the human ecological approach and sets the framework for task performance, points towards the direction of rapid development and can lead to the implementation of the above in Hungary.

This is because it sets the following goal:

- bring children, families, and schools closer together,
- shift from the control, sanctioning, punitive, and sometimes evaluative functions associated with the classical interpretation of social work to supportive assistance that shows a positive direction and development path from difficult situations.

¹⁵(Budai, 2020: 16 Quote: Homoki, in recensionation 2021. year)



- In the reciprocal processes defining the life of the institution, the respect for the interests and rights of all participants and the establishment of a non-violent school environment are supported by the preventive work of school social workers.
- The professional works with the tools of assistance, delegating “authoritative and law enforcement” duties to the representatives of the relevant partner professions (e.g., school police officer).¹⁶

Results:

The writings and research results¹⁷ from practicing professionals clearly show the diversity of tasks performed by kindergarten and school social assistants, known internationally as school social workers, and their tasks within psychoeducation during their collaboration with partner professions, including:

- constructive conflict resolution,
- reducing prejudices,
- developing individual skills and abilities,
- developing social skills and abilities,
- sociability
- and resilience development.

Shifts Toward Efficiency (2019–2022):

- Improved VISIBILITY of the service in kindergartens and schools.
- Sacrifice, stepping out of comfort zones, flexibility – time management, task acceptance, handling critical remarks.
- Supportive, accepting attitude from teachers – crucial for the helper’s credibility and acceptance.
- Volunteering – willingness, necessity (threat) – organizational affiliation (present both inside and outside, operational and task location).
- Opening towards partner professions – initiatives.
- Key to success: effective communication – making issues visible, revealing problems, credibility, self-knowledge program, joint thinking, action, feedback of results at individual, leadership, and community levels, training.

The development and application of innovative, locally tailored individual, group, and community social work tools “...can contribute to improving the daily lives of children, teenagers, young people, and students in kindergartens, schools, dormitories, communities, homes, or residential areas, and during holidays.” (Budai, 2020: 8) Therefore, the development of specific social services¹⁸ and ensuring the continuity of care are high-priority general child protection goals. According to previous research results (Homoki & Czinderi, 2020), the dropout rate was

¹⁶Budai (2020: 16) Quote: Homoki, in recensation 2021. year.

¹⁷The following papers in the special issue of Szociálpedagógia (Budai & Bányai, 2020): ZsófiaTanító (pp. 45–61), Julianna Boros (pp. 62–82), Eszter Bozó-Kutyifa (pp. 83–97), Marianna Csobán (pp. 98–128), Nikolett Mayor (pp. 129–146), Zsolt Máté & Tímea Gergál (pp. 147–172), Éva Pataki (pp. 173–174), Bálin Pintér & Kinga Valkony (pp. 175–178), Kirsztina Boda (pp. 179–186), Kirsztina Boda & Szilárd Hajdú (pp. 187–191), Márta Németh & Boglárka Reszler (pp. 192–201).

¹⁸According to the GYVT.



high nationwide one year after the positions of kindergarten and school social assistants were filled (Sinka, 2019). The long-term persistence of high turnover could further exacerbate the specialist shortage identified at the introduction. In the first two years, we observed nearly a 50% shortage in the specific field of social work. This could hinder the strengthening of specialized child welfare services aimed at achieving a higher quality of social life and successful school trajectories, and later youth social integration, which reflect real needs with a significant presence and the diverse tool and method set of social work.

SUMMARY

Returning to the introductory thoughts, it is unquestionable that a country's child protection system, practices, successes, or failures can only be understood within the social, economic, and cultural structures of the time. It is also clear that the foundation of citizens' health and mental security lies in balanced economic conditions, democratic governance, and legal certainty. Thus, the enforcement of legality, where the correctly developed and operated control mechanisms system would (or should) play a significant role. All these can help enrich and nurture human relationships, pay attention to one another, and strengthen the moral foundation that a child, as a value, should not appear in any family's life primarily as a social support opportunity or a source of livelihood but should embody love, harmony, affirmation of life, and the future.

Following the evaluation of the data series and trends presented in the study, development directions for the present and future are outlined. According to the recommendations of the UN Committee on the Rights of the Child (2020), it is essential to continue adhering to operational principles based on international standards and ensure their implementation in Hungarian child protection practice. Urgent measures are particularly needed in the following areas in Hungary:

- Issues of violence, including sexual violence, abuse, and neglect, the situation of children living away from their families, the situation of children with disabilities, adolescents' health, education, the situation of asylum-seeking, refugee, and migrant children.
- Ensuring that the best interests of the child are properly integrated and consistently applied in official procedures, and that child protection services have the necessary resources to implement these practices effectively.

Furthermore, measures providing suitable and long-term social housing and other services for families, including social benefits and other opportunities for low-income families with children, need to be developed. Special attention is needed to improve the situation of single-parent families, ensuring the accessibility and quality of services provided to prevent child removal, and the range of feasible services. Additionally, support for starting an independent life for those who have aged out of child protection care is essential.

In the domestic context, there is a need for extensive professional joint thinking, cooperation, and legislative renewal to stabilize the currently preferred family-based, family-like care placement practices. Steps must be taken to develop a proper financial support system aligned with the social appreciation of child protection professionals, making the child protection profession attractive. This could address the shortage of professionals in the system and reduce the high turnover rate characteristic of the field. Supporting and implementing family-like alternative placement forms, which overshadow institutional care, becomes necessary. Currently, the relevant legislation allows children to be placed with a third person who is not necessarily related



to the child. This solution is not yet widespread in Hungary, but it could significantly increase capacity, especially for ensuring family-like substitute protection for children aged 0–3. Conceptually, there is a need to raise awareness of this possibility, shape social attitudes, and introduce the child protection roles of civil organizations and churches, as well as showcase good child protection practices both domestically and internationally and analyze the possibilities for local adaptation.

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