



# **Peer Review on “Furthering quality and accessibility of Foster Care service”**

**Peer Country Comments Paper - Hungary**

**A parallel way – a limited comparison of foster  
parenting in Croatia and Hungary**

**Online, 20-21 May 2021**

**DG Employment, Social Affairs and Inclusion**

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## **1 Introduction**

This paper has been prepared for the Peer Review on 'Furthering quality and accessibility of Foster Care service'. It provides a comparative assessment of the policy example of the Host Country (Croatia) and the situation in Hungary. For information on the Host Country policy example, please refer to the Host Country Discussion Paper.

## **2 Foster Care in Hungary**

Developing measures related to foster care means supporting families in need; a child's placement in foster care is closely linked to the objective of helping vulnerable families, in order to create a well-functioning, complete and healthy unity with their children. Supporting foster families means supporting all families with the goal of reuniting them with their children after the necessary care.

The Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship<sup>1</sup> (hereinafter referred to as Child Protection Act 1997) was amended several times in the past decades. However, the deinstitutionalisation and the priority of foster parent placements over institutional care (children's homes or family-like children's homes<sup>2</sup>) have been among its key principles from 1997. In 2014, the status of foster parents changed from the so-called traditional and professional foster parent<sup>3</sup> to a so called employed foster parent. This change aimed to provide social security to all foster parents and to raise their remuneration.

From 2014, children up to the age of 12 have to be placed with foster families unless the placement in an institutional setting is justified by a chronic illness, severe disability, joint placement of siblings or other important factors related to the child's interest. Currently, nearly 69% of children and young people in care (nearly 23,000)<sup>4</sup> are placed in foster care and there are over 5,400 foster parents operating in Hungary<sup>5</sup>.

## **3 Key comparison points to the Croatian foster care**

### **3.1 Child protection system, actors and types of foster care**

#### **3.1.1 Actors of foster care**

The main actors of foster care in Hungary are the following:

- The authority of the County Government Offices, which issues and verifies the license for foster carers;
- The Guardianship Authority, which issues and reviews Foster Care Orders (official decision of placing a child in care);

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<sup>1</sup> <https://net.jogtar.hu/jogszabaly?docid=99700031.tv>

<sup>2</sup> The previously big residential homes for children were transformed into smaller children's homes with the maximum capacity of 48 children or family like children's homes for 8-12 children in care in the process of deinstitutionalisation.

<sup>3</sup> Traditional foster parents had no social insurance included in their foster care agreement and had low rate of remuneration, while professional foster parents were employees with a fixed salary and higher number of placements.

<sup>4</sup> The rate of children placed in foster care increased from 62.2% to 68.7% from 31 December 2013 to 31 December 2020. Source: internal statistics of Ministry of Human Resources.

<sup>5</sup> Internal statistics of Ministry of Human Resources.

- The operators of foster parent networks<sup>6</sup>, the foster parent networks recruit, train and assess the competence of a foster parent. The operator also fund and support to the foster carers. Operators<sup>7</sup> can be funded by public entities, churches and non-government organisations;
- The operators of children's homes (organisers of institutional care, operating one or more children's homes);
- The *Area Specialised Child Protection Services* (operating e.g., Child Protection Expert Panel, child protection guardian network, placement services, register related to care services, adoption services) within the Directorate-General for Social Affairs and Child Protection – an organisation of the Ministry of Human Capacities<sup>8</sup>.
- Child's Rights Representatives are operated by Ministry of Human Capacities. Their duty is to help children in care to learn, protect and enforce their rights.<sup>9</sup>

### **3.1.2 Child protection system**

The Hungarian structure of support and care system is different compared to the Croatian one. While in Croatia social welfare centres seem to play a key role in both supporting the family when a child is still with his/her family and supporting/monitoring the foster care, in Hungary these functions are separated:

- Basic family support for primary families is provided by local government's Family Support and Child Welfare Services and Centres.
- If there is a need of foster care for a child, the Guardianship Authority takes the decision based on the Family Support and Child Welfare and Centre's referral and an assessment by a Child Protection Expert Panel (operated by the *Area Specialised in Child Protection Services*).
- Once a child has been placed in foster care (following the decision of the Guardianship Authority), the roles of supporting and monitoring are shared by the foster parent operator and the *Area Specialised Child Protection Services*.
- While a child is in care, the Family Support and Child Welfare Services and Centres have the duty to help the family of origin to prepare to re-unite with their child. The foster parent operator, the foster parent and the child protection guardian (i.e. the legal representative of the child in care<sup>10</sup>) are together responsible for the regular contact between the child and his/her family.

### **3.1.3 Types of foster care**

The Hungarian typology of foster care differs from the Croatian one. The Hungarian legislation makes the distinction of types foster care based on children's needs. In terms of care needs, a child's case can be evaluated as:

- A child with average needs;
- A child with particular needs - disabilities or chronic illness, or under the age of three;
- A child with special needs - psychotic symptoms, dissocial symptoms, substance abuse.

There are several types of foster parents emerging from the above mentioned needs:

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<sup>6</sup> 48/A. § (7) of Child Protection Act 1997.

<sup>7</sup> Operators are organisations recruiting, assessing, training, and employing foster families.

<sup>8</sup> <https://szgyf.gov.hu/en>

<sup>9</sup> <http://www.ijesz.hu/gyermekjog.html>

<sup>10</sup> Operated by the *Area Specialised Child Protection Services*.

- foster parent,
- foster parent for children with particular needs,
- foster parent for children with special needs.

There is an additional type of foster care - interim/emergency placement - which is provided when a child is in an immediate danger or a vulnerable situation and an immediate execution of an assessment is not possible<sup>11</sup>. While the regulation for foster care for children with special needs exist it is not used in practice, as foster parents are mostly not willing to take on children with special needs as they do not feel equipped to handle such needs.

### 3.1.4 Geographical characteristics

In Hungary, the unevenness of the geographical distribution is valid not only for services available to families (see more in 3.3.1), as in Croatia, but also for the distribution of foster parent networks, which follows the geographical distribution of children referred to care (e. g. higher in counties like Pest, Borsod-abaúj-Zemplén, Szabolcs-Szatmár-Bereg, Bács-Kiskun and lower in Western counties like Vas, Zala, Győr-Moson-Sopron<sup>12</sup>) and correlates with the depravity level (e.g. Borsod-abaúj-Zemplén, Szabolcs-Szatmár-Bereg counties have higher unemployment rate<sup>13</sup>) and the population density of different areas (e.g. Central Hungary is more populated<sup>14</sup>). Similarly to the Host Country, in some areas, becoming a foster parent is traditionally considered as a career, and several generations of foster parents can be found within extended families.

## 3.2 Financing of foster care

### 3.2.1 Payments to foster parents

The foster care funding system in Hungary is different from the Croatian one. Moreover, the level of payments for foster parents is generally lower than in the Host Country. In Hungary, foster parents have an employment status, which provides all foster parents with an indexed remuneration corresponding to the national minimum wage, but also reflects the number and the needs of the children in care<sup>15</sup>. The remuneration also includes paid leaves and social insurance (i.e. health insurance and old age pension). Foster parents are eligible for tax credits and are the recipients of child benefits (e.g. child care benefit for parents with children aged up to two years old, free use of public transport 16 times a year / child) and all foster parents are permitted to have another employment. A monthly allowance<sup>16</sup> is paid to foster parents to cover child's expenses, the allowance value depends on the child's needs (approximately EUR 110-140/child/month) as well as the amount of other child benefits (approximately EUR 40-65 /child/month). Thus, a foster parent providing care for three children<sup>17</sup> would receive a monthly payment of approximately EUR 300, plus an additional allowance of at least EUR 420.

The fact that the foster parents can take up other employment increases the chance for a higher family income and gives a positive example to the children in care and

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<sup>11</sup> Most of the operators would not designate foster parents with this specification but consider any placement as an interim/emergency placement.

<sup>12</sup> Source: [https://www.ksh.hu/stadat\\_files/szo/hu/szo0043.html](https://www.ksh.hu/stadat_files/szo/hu/szo0043.html)

<sup>13</sup> Source: [https://www.ksh.hu/stadat\\_files/mun/hu/mun0087.html](https://www.ksh.hu/stadat_files/mun/hu/mun0087.html)

<sup>14</sup> Source: [https://www.ksh.hu/docs/hun/xstadat/xstadat\\_eves/i\\_wdsd005c.html](https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_wdsd005c.html)

<sup>15</sup> Basic fee – 30% of national minimum wage/month, additional fee – 20% of NMW/child/month, surplus fee – 7% of NMW/child/month if a child has special needs (e.g., disability or behavioural problems) (NMW in 2021 is gross HUF 111 300 ≈ EUR 300). (The indexation is of the minimum wage is based on an end of fiscal year government decision.)

<sup>16</sup> The allowance is based on the minimum rate of the retirement pension, which is often used as a reference for allowances in Hungary, as it is defined by law.

<sup>17</sup> The average number of children at a foster care placement is ~2.8.



even their own families, on how parents are working as they raise their children, which is an underlying objective of the foster care.

### **3.2.2 Funding of foster care**

In Hungary, the funding of foster care is defined by a set framework of the Annual Budget Act. However, the subsidy rate is different, depending if funding is provided by the state, the church or an NGO. The Hungarian Government aims at increasing the involvement of churches in the social services, therefore all previously state-maintained foster carer networks operations will be handed over to church organisations by mid-2021. These organisations receive an extra (68.5% higher<sup>18</sup>) subsidy for the operation of social services.

Funding of foster care is also provided by the EU. For instance, in 2017 a development programme<sup>19</sup> funded by EU grants (EUR 4 million) aimed at improving the infrastructure of foster parent networks and foster parent households and also funded trainings to improve the quality of service delivery<sup>20</sup>. Foster parent networks could use the grant to, for example, acquire a house, therapeutic and development appliances to be lend to foster parents for temporary use, to fund educational trainings for foster parents, to refurbish the facilities and offices of the foster parent network.

## **3.3 Recruitment, assessment, training, support for and monitoring of foster parents**

### **3.3.1 Recruitment, assessment, training and support**

In Hungary, the promotion and advertisement of foster parenting is carried out by foster carer network operators with their own resources. In 2018, the Ministry of Human Capacities launched a nine-months long nationwide campaign called *Befogadlak*<sup>21</sup> ('I take you in') to promote foster parenting. However, the field experience suggests that most successful promoters of foster parenting are the foster parents themselves.

In order to become a foster parent, it is necessary to meet the criteria set by the law (e.g. age, health, environment). Foster parent network operators assess the applicants, which - similarly to Croatia - must undergo a psychological testing, an assessment of the environment and the family's structure and the capacity to raise a child. If the assessment's result is positive, the applicant has to participate in a basic foster parent training (60 hours) and commit to a vocational foster parent training, called Central Educational Programme<sup>22</sup>. Following the completion of the basic training, the operator submits to the County Government Offices an application for a license for a number of suitable placements. The foster parent network operator has also the duty to initiate a statutory re-assessment every three years or in the case of changed circumstances or disputes regarding the foster parent's professional conduct. Foster parent network operators also provide annual training for the carers (at least 8 hours), similarly to Croatia.

The relevant Hungarian legislation stipulates that foster parent network operators should employ foster parent support workers with the limit of 48 children or young

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<sup>18</sup> Source: Ministry of Human Capacities

<sup>19</sup> EFOP-2.2.14-17 Nevelőszülői hálózatok infrastrukturális és szakmai fejlesztése (Infrastructure and professional development of foster parent networks) - <https://www.palyazat.gov.hu/efop-2214-17-neveloszli-hlzatok-infrastrukturalis-s-szakmai-fejlesztse>

<sup>20</sup> Source: Ministry of Human Capacities.

<sup>21</sup> <https://www.neveloszuloiprogram.hu/>

<sup>22</sup> 8 hours theory and 142 practice, plus 42 hours of field practice and 30 hours of supervised case discussion - <https://szgyf.gov.hu/2-uncategorised/1314-helyettes-es-neveloszuloi-kop-kepzesek-koordinallas-es-nyilvantartasa>

adult in care, in a maximum of 30 foster families<sup>23</sup>. Ongoing support is provided to the foster parents through a designated support worker for the implementation of the individual care plan<sup>24</sup>. In particular, the support worker follows up the child's development, assists with educational/psychological issues, helps the preparation of leaving care, supports the foster parent in and after the process of releasing the child from their care, etc. The legislation does not stipulate the engagement of psychologists - even though the duty of psychological assessment of the applicants is designated to the foster parent network operators. However, most of the bigger operators have the resources to hire such professionals for supporting both foster carers and children. On the other hand, the support for specific educational or mental health/psychiatric issues should be sought at the community-or area level, which might not be available or might be overloaded. For example, educational special services (e.g. educational support, speech therapy, school psychologist, etc.) are organised on county/area basis and would not be easily accessible in rural deprived areas. Also, the psychiatry service at community level for children and youth lack as well as inpatient wards exist only in five hospitals across Hungary.

### **3.3.2 Monitoring**

The supervision of the foster parent is the duty of the support worker in Hungary. The child protection guardian – as the immediate responsible professional for the child's best interest – is also monitoring the foster parent through regular visits and contacts with the child and its environment. Both, the operator and the child protection guardian, can initiate a review of the the Foster Care Order at the Guardianship Authority. It is the child protection guardian who can initiate (by contacting the relevant authority) the ending of care or authorising or adoption. Placement planning, re-assessments and preparation for adoption are executed by the *Area Specialised Child Protection Services*. There is also a monitoring carried out by the County Government Offices, which issues and verifies the license of operation for foster carers, as well as the Child Rights Representatives operated by the Ministry of Human Capacities.

## **4 Success factors and areas of possible development**

Deinstitutionalisation and the growing rate of foster parent placements seem to be the basic success factors both in Croatia and Hungary, which gives a better chance for providing care for children and meet their individual needs. At the same time, field experience in Hungary suggests that placing and integrating children over 14 years old in foster parents' household can be challenging. Foster parents are more willing to take on younger children and children with less behavioural problems. This means that there is a higher rates of placement of older age groups of children and children with special needs in children's homes. This is an issue that might be addressed through the development of available services and capacities of foster parents (see below).

Another success factor, both in Croatia and Hungary, is the similarity in the approach of foster parenting acknowledging the professional function, which provides security for foster parents and supports the social recognition.

There seem to be further success factors in the Host Country and Hungary which could be lessons to be learnt from each other, although the differences in the structure of the child protection and care system, the actors' roles and responsibilities, might set transferability challenges.

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<sup>23</sup> The number of children in a foster parent household cannot be more 5-6 – including the foster parent's own children. Should there be children with special needs among them, the maximum number would be decreased to 3-4. There can be an exception for siblings.

<sup>24</sup> Prepared together by the foster parent, the support worker and the child protection guardian.

#### **4.1 Re-allocation of responsibility of assessment of applicants and re-assessment of foster parents in order to promote universal and independent standards**

Currently in Hungary the foster carer network operators carry out the assessment of the applicants and the re-assessment of the foster carers, not only on the ground of the expertise of the applicants and of the foster carer, but also with the aim to hire more foster carers. Still, the shortage of carers and their unpreparedness results in lower quality of service provided by foster parents. In Croatia, the social welfare services seem to be an independent professional body executing these tasks, which is assumed to be a success factor of establishing universal standards of the quality of care. In Hungary the *Area Specialised Child Protection Services* could take up such a role, as they are independent from the care providers and also have the relevant expertise. They already have the task of providing expert advice on request, however it is hardly ever used by other actors of foster care. The capacity of the *Area Specialised Child Protection Services* could be further developed, in order to act as a professional body which promotes a standard assessment of the applicants and carers, so ensuring the quality of foster care.

#### **4.2 Reinforcement of financial and human resources of community-based services and foster parent network operators**

A success factor of the Host Country seems to be the provision of professional assistance and support for foster parents from both social welfare centres and community centres. In Hungary, more resources could be allocated to community-based services to provide more diverse and specific help and support for families – both primary and foster. This would prevent child separation and the need of foster care in general and would reduce the time of foster care. The improved access to mental health services for children would serve all families as well. Also, more resources could be provided for foster parents network operators so they could give better and specific support to foster carers of with specific needs (e.g. by hiring developmental, educational psychologists). These measures could result in shorter placements, but more appropriately meeting a child's individual needs.

#### **4.3 Training**

Training of providers is a general success factor of any service. The basic and annual training for foster parents seems to be similar in Croatia and Hungary in terms of length. In Hungary, however, there is a longer and more detailed vocational type training for foster parents (see Annex 1), which improves the standardisation of the quality of these services. Practical training for foster carers tends to be particularly beneficial (e.g. understanding of trauma in childhood, managing adolescent behaviour, supporting integration in the foster family, releasing from care). While theoretical competences are important, rather than demanding higher education in specific fields (like for specialised foster care in Croatia) it might be worth reconsidering such an approach and trainings should be designed to equip foster parents to handle specific needs.

### **5 Questions**

- It would be helpful to have an overview of the referral structure of the care system in Croatia.
- Is the social welfare centre the operator of a foster carer or they can operate individually?
- Is there a general license issued to a foster carer following the screening and training or it is just when child is placed in the family?

- Are foster carers and the fostered child's family connected to/through the same social welfare centre?
- Have the reasons of decrease in number of foster families been identified?
- Is there a paper or link available in English on 'For A Stronger Family' programme?

## **6 List of references**

Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship  
15/1998. (IV. 30.) NM decree on the professional duties of child welfare and child  
protection institutions and persons providing personal care and the conditions of their  
operation  
513/2013. (XII. 29.) Government Decree on certain aspects of the employment  
relationship of a foster parent and the deputy parent relationship

## **Annex 1 Summary table**

### **Situation in the peer country**

- Priority of foster parent placements over institutional care.
- Summarising numbers of foster parenting.

### **Key comparison points to the Croatian foster care**

- The main actors of foster care, an overview of the child protection system and the typology of foster care based on the main categories of children's needs.
- Employment status of foster parents and some key points of funding.
- An ambivalence of recruitment and assessment of foster parents by foster care network operators.
- Limitation of available support for foster care.
- A shared responsibility of monitoring.

### **Success factors and areas of possible development**

- Deinstitutionalisation and the growing rate of foster parent placements. Foster parenting as a profession.
- Independent assessment of foster parents.
- Support and available services for foster parents.
- Training of foster parents.

### **Questions**

- Is the social welfare centre the operator of a foster carer or they can operate individually?
- Is there a general license issued to a foster carer following the screening and training or it is just when child is placed in the family?
- Are foster carers and the fostered child's family connected to/through the same social welfare centre?
- Have the reasons of decrease of the number of foster families been identified?
- Is there a paper or link available in English on 'For A Stronger Family' programme?

## Annex 2 Example of relevant practice<sup>25</sup> <sup>26</sup>

Name of the practice:	Central Educational Programme (for foster parents)
Year of implementation:	2017
Coordinating authority:	Directorate-General for Social Affairs and Child Protection
Objectives:	Enable foster parents: <ul style="list-style-type: none"><li>• to function as foster care professionals</li><li>• to provide a complete care meeting a child's individual needs</li><li>• to act according to professional and legal standards</li><li>• to cooperate with other professionals with tasks regarding children in care</li></ul>
Main activities:	240 hours of training for foster parents including 8 hours theory and 142 practice, plus 42 hours of field practice and 30 hours of supervised case discussion.
Results so far:	952 individuals completed the training, while further 1,319 individual were in training by 30 September 2020, when the trainings got suspended due to the COVID-19 pandemic.

<sup>25</sup> Source: <https://szgyf.gov.hu/2-uncategorised/1314-helyettes-es-neveloszuloi-kop-kepzesek-koordinalasa-es-nyilvantartasa>; Ministry of Human Capacities

<sup>26</sup> Book reviews on training materials in Hungarian: <https://szocialisportal.hu/k-o-n-y-v-i-s-m-e-r-t-e-t-o-20180817/>; <https://szocialisportal.hu/k-o-n-y-v-i-s-m-e-r-t-e-t-o/>; <https://szocialisportal.hu/konyvismerteto-segedanyag-kepesített-neveloszulo-kepzes-oktatoi-szamara/>

