



European Social
Policy Analysis
Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Hungary

András Gábos and Zsófia Tomka

Social Europe



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

European Commission
B-1049 Brussels

EUROPEAN SOCIAL POLICY ANALYSIS NETWORK (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Hungary

András Gábos
Zsófia Tomka

Manuscript completed in May 2023

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Luxembourg: Publications Office of the European Union, 2023

© European Union, 2023



The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

Quoting this report: Gábos, A., Tomka, Zs. (2023). *Access for children in need to the key services covered by the European Child Guarantee – Hungary*. European Social Policy Analysis Network, Brussels: European Commission.

Table of contents

Summary	5
Introduction.....	6
1. Early childhood education and care (ECEC).....	7
1.1 Mapping accessibility and affordability of ECEC	7
1.1.1 Conditions for qualifying as a “low-income child”	8
1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	8
1.2 Main barriers to effective and free access to ECEC for low-income children ..	9
1.2.1 Financial barriers	9
1.2.2 Non-financial barriers.....	9
1.3 Free meals provision for low-income children in ECEC	10
2. Education and school-based activities	11
2.1 Mapping the main school costs in public primary and secondary education ..	11
2.1.1 Conditions for qualifying as a “low-income child”	12
2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	12
2.2 Cash benefits whose specific purpose is to help meet educational costs	12
2.3 Main barriers to effective and free access to school-based activities for low- income children.....	13
2.3.1 Financial barriers	13
2.3.2 Non-financial barriers.....	13
3. Free meals at school.....	14
3.1 Mapping free provision of school meals.....	14
3.1.1 Conditions for qualifying as a “low-income child”	14
3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	15
3.2 Main barriers to effective and free access to school meals for low-income children	16
3.2.1 Financial barriers	16
3.2.2 Non-financial barriers.....	16
4. Healthcare.....	17
4.1 Mapping the provision of free healthcare services and products	17
4.1.1 Conditions for qualifying as a “low-income child”	17
4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)	17
4.2 Cash benefits whose specific purpose is to help meet healthcare costs.....	18
4.3 Non-financial barriers to effective and free access to healthcare.....	18
5. Healthy nutrition	19

5.1	Main barriers to effective access to healthy nutrition	19
5.1.1	Financial barriers	19
5.1.2	Non-financial barriers.....	20
5.2	Publicly funded measures supporting access to healthy nutrition	21
6.	Adequate housing	22
6.1	Publicly funded measures supporting access to adequate housing – Housing allowances	22
6.2	Publicly funded measures supporting access to adequate housing – Social housing	24
6.2.1	Mapping the provision of social housing	24
6.2.2	Main barriers to effective access to social housing.....	25
6.3	Publicly funded measures supporting access to adequate housing – Other measures	25
	References	26

Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee” (ECG), with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care; education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Hungary do indeed have effective (or effective and free) access to these services.

In Hungary, services covered by the ECG are primarily regulated at national level.

All children between the age of 20 weeks and 3 years have a legal entitlement to attend childcare, while kindergarten attendance is compulsory and free to access for all children from age 3. Accessibility is hampered by the very limited number of places available in childcare, and by their geographically uneven distribution. Low-income children have free access and have to be prioritised at admission, but only on condition that at least one of their parents is employed.

Participation in public education may involve considerable costs for households. Basic materials, clothing and half of the price of transport have to be covered by them, while books (but not notebooks) and extramural activities are free for all. Universal and direct benefits to alleviate these burdens are scarce (with the exception of family allowance) and far from adequate. Instead, fairly extensive study grants programmes are available for low-income children.

There is nationwide free universal food provision in schools, targeted at low-income children. The programme also covers school holidays. Parental dissatisfaction with the quality of the food, along with stigmatisation, are the most important reasons for non-take-up of the service.

Access to healthcare is free for all children, and the costs of prescribed medicines are covered for poor children (under certain conditions). The most important barrier to effective and free access to healthcare for children is the lack of doctors and nurses in the paediatric care system, which will probably worsen further in the coming years. This issue disproportionately affects disadvantaged population groups living in small settlements and in disadvantaged regions (mainly districts of the Northern Hungary, Northern Great Plain and Southern Transdanubia regions).

Undernutrition, underweight, overweight and obesity are all prevalent among Hungarian children. Low-income children’s access to healthy meals is hindered by both financial (low incomes, and low adequacy of social transfers) and non-financial (inequalities in access to programmes and services by region and settlement type, and existing dietary customs that are difficult to change) barriers. Programmes promoting breastfeeding and baby-friendly hospitals, and improving the quality of communal catering, are in place; but (apart from school meal programmes) only the latter is targeted specifically at low-income children.

Although programmes promoting and enhancing home-ownership widely exist and are a focus of the government’s family policy, low-income households with children, overall, have few opportunities to access them. The public rented stock is owned and managed by local government, and is characterised by a concentration of lower-status social groups.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Hungary⁵, all six services covered by the ECG are primarily or solely regulated at national level. Therefore, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country.

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least 5 million children.

⁵ This report relies on reports by Albert (2019 and 2020).

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁶ and
- effective access to adequate housing.⁷

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL20weeks PRIOR20weeks	FREE-POOR20weeks	ENT-ALL3years	FREE-ALL3years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "PRIOR20weeks" means priority access for low-income children from the age of 20 weeks. "FREE-ALL3years" means free for all children from age 3. "FREE-POOR3years" means free for low-income children from age 3. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

As shown in Table 1.1, low-income children have free access to ECEC.

All children between the age of 20 weeks and 3 years have a legal entitlement to attend childcare; but in practice the number of places available is very limited and geographically very unequally distributed (see Section 1.2.2). During admission to childcare, priority must be given to applicants receiving regular child protection benefit (*rendszeres gyermekvédelmi támogatás*) – that is, low-income children (see below in Section 1.1.1) – but only if the parent is employed (Act XXXI of 1997 on Child Protection, Article 43[3]). For children receiving regular child protection benefit (low-income children), childcare is free of charge (Act XXXI of 1997 on Child Protection, Article 150 [6]). In kindergartens, care is free for all children. In childcare, the care fee is proportionate to the per capita income in the household of the child (Act XXXI of 1997 on Child Protection, Article 150[1]). For children entitled to the regular child protection benefit, this fee does not have to be paid.

⁶ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

⁷ According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

1.1.1 Conditions for qualifying as a “low-income child”

Low-income children are those who are eligible for the regular child protection benefit (Act XXXI of 1997 on Child Protection, Article 19) who live in households where the per capita net income does not exceed 165% of the minimum old-age pension. The regular child protection benefit can be seen as a passport benefit (meaning that eligibility for the benefit automatically gives eligibility for a set of social services, specified by law) and the income criterion is usually used for needs-based provisions. The income limit is somewhat higher (180% of the minimum old-age pension) for: single-parent households; households with a permanently sick or disabled child; and households where the child is over 18 but still at school. The amount of the minimum old-age pension has not been increased since 2008. In 2023, it is HUF 28,500 (€72)⁸ net per month: thus the 165% income limit is HUF 47,025 (€119) net and the 180% income limit is HUF 51,300 (€130) net.⁹

In addition to having low income as defined above, the parent must be employed in order to be entitled to priority access to childcare.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

The household income limit for free access to childcare is:

- for one parent and two children, HUF 153,900 (€389) per month (net); and
- for two adults and two children, HUF 188,100 (€475) per month (net).

The national poverty threshold¹⁰ is:

- for one parent and two children, HUF 185,900 (€470) per month (net); and
- for two adults and two children, HUF 243,900 (€616) per month (net).

This means that AROP children are not fully covered by the free access regulation. For example, those children who are AROP, but live in a household with two adults and two children where the household income is in the range HUF 188,100-243,900 (€475-616), do not have free access to ECEC.

There are no data available regarding non-take-up. According to data from the Hungarian Statistical Office (KSH), in 2021 the number of children aged 0-2 who were receiving the regular child protection benefit was 27,589. This number was about 35% of the Hungarian population aged 0-5 AROP (78,000).¹¹

Priority in admission must be given to low-income children (those entitled to regular child protection benefit), but only in cases where the parent works (Act XXXI of 1997 on Child Protection, Article 43[3]; see also Section 1.1). As a result, although children living in

⁸ An exchange rate of HUF 395.30 to €1 is applied in this report, based on the January 2023 average published by the Hungarian National Bank (<http://mnbkozeparfolyam.hu/arfolyam-2023-01.html>).

⁹ There are two additional categories used in Hungarian regulations as proxies for very low income: disadvantaged and multiply disadvantaged people/children. From the pool of (low-income) children entitled to regular child protection benefit, disadvantaged children are those whose parents have a low educational level and/or a low employment level and/or live under poor housing conditions (Child Protection Law 67.A§). Multiply disadvantaged children are those whose parents are entitled to receive child protection benefit and who fulfil at least two out of the aforementioned three conditions.

¹⁰ Eurostat, EU-SILC [ILC_LI01__custom_4566916], downloaded on 17 January 2023.

¹¹ Eurostat, EU-SILC [ILC_PEPS01N], downloaded on 17 January 2023.

households without access to the labour market are over-represented in the AROPE population, they lack free access to ECEC. Children living in rural areas and with Roma ethnicity are over-represented both among households with restricted access to the labour market and in the AROPE population,¹² and they may also lack free access to childcare.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

According to the regulation, there should be no financial barriers, as low-income children have free access to ECEC. However, in practice, due to the limited number of places available, many have to resort to private childcare (13% of children attending childcare attend a private provider) (KSH 2021a).

The fees for private childcare are much higher than in the public sector. In public (mainly municipal) childcare in 2021, fees varied greatly, in the range HUF 0-63,000 (€0-159) per month (Pénzcentrum 2021). In contrast, the fees for private childcare were in the range HUF 21,000-145,000 (€53-366) per month (Pénzcentrum 2021). To reduce inequalities in access, there existed a supportive measure from September 2019 until June 2022: a monthly amount of up to HUF 40,000 (€101) could be claimed by those who had to use the much higher priced private services due to the insufficient capacity in the public sector (Magyar Államkincstár 2019). This, however, only existed within the framework of a development and innovation programme financed partly from national, and partly from EU, funds.

1.2.2 Non-financial barriers

The main non-financial barriers in access to ECEC for low-income children are: the limited number of places available; the requirement for the parent to work in order for the child to have priority access; understaffing; and the significant regional and settlement-type differences in access to these services, especially when it comes to childcare.

Under age 3

During recent years, the government has made significant efforts to increase the availability of various types of childcare for this age group. Despite these efforts, only a small proportion of children attend such institutions: in 2021, it was only 13.8%.¹³ Access to services differs significantly by region and settlement type. In 2019, one third of those under 3 lived in the capital and its agglomeration, and 42% of the available places could be found there (KSH 2019a). Despite the improving trend, 20.1% of this age group live in settlements (mainly in the smallest ones) without any such services (KSH 2021a). In the eastern regions, where low-income children live in higher-than-average proportions, service provision is especially limited: in 2019, 41% of children who were refused access due to a lack of places lived there (KSH 2019a). In order to improve service provision in small settlements, a 2017 reform created “mini-childcare” settings, which can operate with a smaller number of places, and with simpler financial and operational conditions. Their number grew from 50 in 2017 to 280 in 2021, but

¹² KSH (2022): Helyzetkép, 2021- A háztartások életszínvonala; <https://ksh.hu/s/helyzetkep-2021/#/kiadvany/a-haztartasok-eletszinvonala/a-roma-nepesseg-szegenysegmutatoi>.

¹³ Eurostat, EU-SILC, [ILC_CAINDFORMAL__custom_4567542], downloaded on 17 January 2023.

this is still only a solution for a small minority of children (4.4% of children attending childcare went to a mini-childcare setting, on the latest figures) (KSH 2021a).

Priority in admissions must be given to children entitled to regular child protection benefit, but only if the parent works, which narrows access for low-income children.

Above age 3

Since 2015, kindergarten attendance has been compulsory from age 3. In 2020, 93% of children aged 3-5 attended kindergarten, while enrolment among children aged 4 or over reached 97% in the same year (KSH 2022). The gap between actual and full enrolment might be attributed to two main factors: the opportunity for families to ask for a delayed start (provided by Act CXC/2011 on public education) and uneven capacity across settlements. Most municipalities have a kindergarten, but the capacity is not always sufficient, in spite of extensions during recent years, and despite the fact that there are spare places at national level (KSH 2022).¹⁴ Another challenge faced by the ECEC system is the declining number of kindergarten teachers. In kindergartens, the share of qualified teachers has been slowly falling since 2010. Since 2016, the share of teachers on long-term absence has also been increasing and is the highest across programme types, resulting in a growing problem of finding permanent replacements.¹⁵

1.3 Free meals provision for low-income children in ECEC

Under age 3

In public childcare, the fee is made up of the fee for caring and the fee for meals, and its amount is determined by the controlling authority within established legal frameworks. Children entitled to the regular child protection benefit do not have to pay either fee. Furthermore, children whose household net income per capita does not reach 130% of the net minimum wage are eligible for a free meal: given that the net minimum wage is HUF 133,000 (€336), this threshold is HUF 172,900 (€437). Due to this high eligibility ceiling, around 63% of children enrolled in public childcare received free meals (KSH data 2023).¹⁶

Above age 3

Because attendance is compulsory, kindergartens can only ask fees for meals they provide. These do not have to be paid by low-income households (those receiving regular child protection benefit). These eligibility rules (which are the same as in public childcare, described in the paragraph above) meant that, in the case of kindergartens, meals in the 2021/2022 school year were free for around 75% of children who attended kindergarten (KSH data 2023).

¹⁴ The Law on Public Education (Act CXC of 2011) states that in settlements where there are at least eight kindergarten-aged or school-aged children, where this is expected to remain the case for at least the next three years, and where parents demonstrate a need for it, local government has to ensure that the service is provided locally. In practice, due to lack of resources, this can take the form of children from different grades studying together.

¹⁵ https://kti.krtk.hu/wp-content/uploads/2022/02/A_kozoktatas_indikatorrendszer_2021.pdf; see figures B2.3.2, B2.8.2, and B2.9.3.

¹⁶ Source of data: KSH (www.ksh.hu). The data on access to free and reduced-price school meals and scholarships were provided as tables at the specific request of the TÁRKI social research institute, for the purpose of this report. Hereinafter referenced as: KSH data (2023).

2. Education and school-based activities

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:¹⁷

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities that are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sport or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	MOST ITEMS	NO	NA	NA	ALL	NA	NO

Note: “ALL” means that this category is free for all children. “MOST ITEMS” means that most but not all items in the category are free for low-income children. “NO” means that most/all items in the category are not free for low-income children. “NA” (not applicable) means that this category is not requested/compulsory in the country.

As shown in Table 2.1a, school costs for primary education are either free for all children or not free for any, and there are no low-income criteria.

Since September 2020, all textbooks have been provided free for all children in grades 1-12. Notebooks are not included in this.

There is no uniform in Hungarian schools. However, sports clothing for PE classes is mandatory and has to be provided by the family.

The school cannot require a pupil to have a computer or other IT equipment.

The school cannot require a pupil to have sports or music equipment, only sports clothing.

¹⁷ Tuition fees charged by private schools are not covered.

All children enrolled in public education are eligible for student tickets/monthly passes with a 50% discount.

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sport or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	MOST ITEMS	NO	NA	NA	ALL	NA	NO

Note: "ALL" means that this category is free for all children. "MOST ITEMS" means that most but not all items in the category are free for low-income children, "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

As in the case of primary education and as shown in Table 2.1b, school costs in secondary education are either free for all children or not free for any, and there are no low-income criteria. The description under Table 2.1a applies to secondary education as well (see above).

In practice, according to KSH data for 2019 (KSH 2020a), households spent on average HUF 25,649 (€65) per child in the beginning of the school year (that is, in August and September). Out of this, 7.7% was spent on school meals, 2.4% on musical instruments and sports clothing, 37.9% on clothing for PE class, 18.1% on notebooks and other paperware, 12.9% on schoolbooks, 11.3% on pens, pencils, erasers etc., and 9.6% on school bags. Since 2020, according to the law, schoolbooks have been provided free to every child – this is reflected in the data as well: in 2021, on average, only 8.3% was spent on books (KSH 2021b).

2.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: either access is free for all children, or no groups of children have free access.

2.2 Cash benefits whose specific purpose is to help meet educational costs

There are several measures providing additional resources to, among others, low-income children. An important aim of these is to prevent early school-leaving.

As mentioned above, low-income children – that is, children entitled to regular child protection benefit – are entitled to a cash benefit twice a year (in August and November) of HUF 6,000 (€15) net. Children in disadvantaged or cumulative disadvantaged situations are entitled to HUF 6,500 (€16) net. For a detailed description of the eligibility criteria for the regular child protection benefit, see Sections 1.1.1 and 1.1.2.

Municipalities often provide support when the school year starts, but this is based on locally defined criteria and therefore varies greatly. For example, in Budapest’s Fourth District, schooling support can be given to parents with a child in the public school system (or state-financed higher education) (Újpest.hu 2022). A two-member household can apply for this support if their per capita net monthly income does not exceed 300% of the local income base (which is HUF 119,700, or €302, net – that is, 120% of the minimum pension) and they can

cover school-related expenses only with great difficulties. In the case of a household of three or more people, the threshold is 250%. The provision is a one-time amount of HUF 15,000 (€38) net.

Although this is not a cash benefit, certain municipalities provide all resident children with a free package of school stationery (textbooks, paints, glue, scissors etc.)

A further group of measures targeted at low-income children is scholarships. In the 2015/2016 school year, around 18,000 children received a social scholarship (KSH data 2023). However, this number has declined dramatically in recent years: in 2021/2022, it dropped to 5,000.

Finally, employers have the option of providing a fringe benefit to their employees with children, which they receive on top of their gross salary, called school-starting benefit (*iskolakezdési támogatás*), in the form of cafeteria (fringe benefits the employee can choose according to their preferences from a pool of benefits pre-set by the employer) (Saldo 2022). The amount of the fringe benefit is entirely up to the employer (it has not been regulated by law since 2019), while the amount of the school-starting benefit is a choice of the employee within this limit.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

School-based activities (such as school trips, sports activities, and cultural activities that are not part of the curriculum) are not free, but neither are they compulsory: the school cannot legally ask for any other contribution from children's families – therefore, in theory, there cannot be any fee-paying compulsory school trips (Act CXC of 2011 on National Public Education, Article 2). In practice, although it is illegal (and therefore cannot be considered compulsory), in schools there usually exists a monthly contribution to be paid by parents called “class money” (*osztálypénz*), which is to cover the costs of school trips and other extracurricular activities. Until 2016, the KSH included class money when providing an estimate for the average amount parents spend on schooling per child (KSH 2016). According to these data, households spent on average HUF 30,600 (€78) per child at the beginning of the school year.¹⁸ Out of this, parents spent on average HUF 4,578 (€12) on the category “contributions to be paid for school foundations, class money and costs of private tutors”. This made up 13% of all costs. Unfortunately, later publications on school costs do not include this category.

Data available do not make it possible to examine the extent to which these costs constitute a financial barrier for low-income children.

2.3.2 Non-financial barriers

The main non-financial barriers to accessing school-based activities are the lack of resources and therefore lack of activities, organised by schools. In addition, there exist significant geographical disparities in the availability of resources.

The most recent educational reform (Act CXC of 2011 on National Public Education, in effect from 1 September 2012) included the extension of compulsory school hours until 4 o'clock in the afternoon for children aged 6-13 (with the aim of increasing disadvantaged children's access to school services). Based on international experiences, this could have effectively

¹⁸ That is, over the course of two months, in the months of August and September.

increased equal opportunities, provided that the available services and activities were of the required quality. However, the institutional infrastructure and the available human resources are least suitable for this purpose in the most disadvantaged regions and the smallest settlements (due to the lack of a gymnasium, school yard, dining room etc.).

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

There is free universal food provision at school, in the whole country, targeted at low-income children.

Since 1997, the state has increasingly supported institutional nutrition for those in need. Since 2013, children from low-income households have been entitled to free-of-charge meals in primary schools.¹⁹ The operator of the facility is responsible for the provision, and the government provides financial support for them.

Since 2002, there has been a free meals programme in the summer holidays, based on need. Originally, municipalities could decide for whom to provide such meals and the state financed their spending; however, in this period, one third of the poorest settlements did not organise supper meals (Husz and Marozsán 2014). From 2016, the government reduced the number of those eligible by half, and it became compulsory for municipalities to provide this service not only in the summer, but also during the spring, autumn and winter breaks. The central state reimburses the costs for the municipalities. Experiences have been favourable: as it had become a compulsory service, the number of municipalities providing free meals during holidays for children grew by 1.5 times in a year (oral information from the Ministry of Human Capacities, quoted by Husz 2018). However, it is still a problem that as the number of those eligible was curbed, several children in need lost access to this service (for a detailed description of the current eligibility conditions, see Section 3.1.1).

3.1.1 Conditions for qualifying as a “low-income child”

Low-income children are those who are eligible for the *regular child protection benefit*. For a detailed description of the eligibility criteria, see Section 1.1.1.

Regulations regarding free or reduced-priced school meals are included in the Child Protection Law (Article 21/b). Entitlement depends on the number, age and health status of children, and the income situation of the household.

In the case of school-aged children, school meals are free of charge for the following groups.

- Those in primary school (grades 1-8):
 - with income less than the threshold for receiving the regular child protection benefit; and
 - for other groups, see details below.

¹⁹ In secondary schools, they receive half-price morning and afternoon snacks and lunch.

- In the case of secondary school students, completely free meals are not provided. A price reduction of 50% is available, upon application, to:
 - children from households with income below the above-described criterion;
 - children from families with at least three children; and
 - children with long-standing illness or disability.

Apart from the groups mentioned above, children are entitled to free school meals regardless of income situation if they belong to one of the following groups.

- In the case of primary school (grades 1-8):
 - if the child is in foster care.
- For secondary school students:
 - if the child is in foster care or receives after-care.

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

The household income limit for free access to school meals in primary school is:

- for one parent and two children, HUF 153,900 (€389) per month (net); and
- for two adults and two children, HUF 188,100 (€475) per month (net).

The national poverty threshold in the case of:

- one parent and two children, is HUF 185,900 (€470) per month (net); and
- for two adults and two children, is HUF 243,900 (€616) per month (net).

This means that AROP children are not fully covered by the free access regulation. For example, those children who are AROP, but live in a household with two adults and two children where the income is in the range HUF 188,100-243,900 (€475-616), and do not meet the criteria of being in foster care or receiving after-care (see above in Section 3.1.1), do not have free access to school meals. The available statistics do not make it possible to identify the share of AROP children without access to free meals.

What is known is that 18.4% of all enrolled primary school students ate for free during the 2021/2022 school year (KSH 2023), which represented around 133,000 pupils. This meant that their number was 2.66 times higher than the number of AROP children aged 6-11 in 2021.²⁰ This ratio would be lower if the denominator included all pupils in primary school (aged 6-13), but it would still be higher than 1. The difference (whether fully or partly cannot be assessed based on available evidence) may be caused by the eligibility for free meals of groups other than those on low income, as detailed in Section 3.1.1.

There are no data available regarding non-take-up or regarding children who are over-represented in the AROPE population but without free access.

²⁰ Eurostat, EU-SILC [ILC_LI02__custom_4568109], downloaded on 17 January 2023.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

The price of school meals has been increasing continuously in recent years: in 2016, a lunch (soup and main course) cost on average HUF 349 (€0.88), but in 2019 it was HUF 376 (€0.95) (KSH 2019b). In 2019 there were newspaper reports about much higher prices, even twice as high.²¹ Moreover, the cost of meals differs significantly depending on whether the municipality has its own canteen or purchases food from a service-provider. For the 2022/2023 school year, the Association of Hungarian Mass Caterers estimated that, due to high food and energy price inflation, a 30% increase in catering prices was to be expected (Magyar Közétkeztetők Szövetsége 2022). In practice, service-providers could usually only increase their prices by 20% when making contracts with local authorities (Világgazdaság 2023). In January 2023, this meant an average school lunch price of HUF 500-800 (€1.26-€2.02), which is the price parents actually have to pay after deducting the support by local government (Világgazdaság 2023).

Nonetheless, the price of public food provision cannot be considered high, especially when compared with food prices in the country. In the 2021/2022 school year, 75.6% of primary school students used school meals (KSH data 2023). In the 2019/2020 school year, the rate of those receiving free meals in primary school was 19% nationally; but in the poorest counties it was close to 50%; 20% of primary school students received half-priced meals (KSH 2020b). Those eligible for receiving this discount include disabled children or those with a long-term illness, and households with three or more children. There are no such data regarding secondary schools. Based on data from the 2021/2022 school year, only 18.8% of secondary school students ate at school; and only 7.3% received school meals at a discounted price (KSH data 2023).

As mentioned above, only primary school students are entitled to means-tested, needs-based provision: secondary school students are not. Taking into account that school costs tend to increasingly burden household budgets as students grow older, this poses a financial barrier. As poor children are disproportionately more exposed to early school-leaving, reducing the costs of public education – including the cost of school meals – would act as an incentive to stay in the public education system longer. Unfortunately, there exist no studies to prove this; but this effect can be hypothesised.

3.2.2 Non-financial barriers

The main reasons for non-take-up of free school meals are that parents are dissatisfied with the quality of the food, and stigmatisation.

Regarding non-take-up, there is only indirect information available. Newspapers report that parents are not always satisfied with the quality of school lunches, and that is why they do not ask for it. Such reports have become more frequent since the reform of school meals to make them healthier (described in detail in Section 5).²² Apart from this, in secondary schools, the lack of school canteens may contribute to low take-up levels. In secondary grammar schools,

²¹ See e.g. https://index.hu/belfold/2018/02/22/menza_biralatok_hungast_kostolas/.

²² https://index.hu/belfold/2018/02/22/menza_biralatok_hungast_kostolas/;
https://eduline.hu/kozoktatas/Pocsek_etelek_sorra_mondjak_vissza_a_szulok_C5HG1V.
<https://ezegychopper.cafeblog.hu/2019/03/25/konyhas-vagyok-es-ez-a-kaja-minosithetetlen/>;
<http://nol.hu/belfold/a-nagy-menzateszt-1575517>.

where the proportion of disadvantaged children is very low, 27% of students in 2017 had school lunches – whereas in vocational schools, where the rate of disadvantaged children is significantly higher, this rate was only 6% (EMMI 2018).

Stigma related to public food provision emerges in connection with free meals during holidays. A qualitative study found that parents were often ashamed about claiming it, as they were afraid of the negative judgement of people in their environment, namely that they were incapable of providing for their children themselves (Husz 2018).

4. Healthcare

This section describes the situation regarding effective and free access of low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	ALL	ALL	ALL	POOR

Note: "ALL" means that all services/products in the category are free for all children. "POOR" means that they are free for low-income children.

As shown in Table 4.1, healthcare services are free for all children, except prescribed medicines.

4.1.1 Conditions for qualifying as a "low-income child"

Prescribed medicines are free for those children whose household net income per capita does not exceed 105% of the minimum pension (i.e. net HUF 29,925, or €76) and the acknowledged medical costs exceed 10% of the minimum pension (i.e. HUF 2,850, or €7). The eligibility for free prescription medicines applies to every low-income household, including those with children.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

The household income limit for free access to prescribed medicines in the case of:

- one parent and two children is HUF 89,800 (€227) per month (net); and
- for two adults and two children is HUF 119,700 (€302) per month (net).

The national poverty threshold in the case of:

- one parent and two children is HUF 185,900 (€470) per month (net); and
- for two adults and two children is HUF 243,900 (€616) per month (net).

This means that AROP children are not fully covered by the free access regulation. For example, those children who are AROP, but live in a household with two adults and two

children where the monthly income is in the range HUF 119,700-243,900 (€302-616), do not have free access to prescribed medicines.

According to KSH data, the number of children receiving free prescription medicines was 48,586 in 2021. This number represented around 24% of the total number of children who were AROP (203,000). There are no data available regarding the non-take-up rate.

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

It is possible to claim a free medication card (*közgyógyellátási igazolvány*), which contains a certain amount to cover these expenses. On a *universal* basis it is given to children in transitory or permanent foster care, or children whose parents are entitled to an increased amount of family allowance due to the health status of the child. The conditions of the free medication card are the same as those described in detail in Section 4.1.1.

There are no data on take-up by poor households, but from qualitative evidence we claim that most low-income households do not apply for it (for a description of why this is the case, see Section 4.3), despite the fact that they often cannot buy the prescribed medication for children due to lack of financial resources. In addition, there are no studies available that analyse to what extent the free medication card adequately covers expenses for those low-income children who do claim it.

4.3 Non-financial barriers to effective and free access to healthcare

Information on non-take-up or barriers for low-income children is scarce, mostly local, qualitative or indirect. The only exception regards vacant GP, paediatrician, dental and district nurse positions. According to this information, the biggest barrier to effective and free access to healthcare for children is the lack of doctors and nurses in the paediatric care system, to the extent that it is feared that the system will soon become unsustainable. Furthermore, their territorial distribution suggests that this phenomenon disproportionately affects disadvantaged population groups.

According to the National Health Insurance Fund of Hungary, 8% of all district nurse positions remained vacant in 2019, with significant territorial inequalities. Over 100,000 children did not have access to paediatric care, and 10% of paediatrician positions remained vacant in 2020²³ (Hintalovon Alapítvány 2021). All in all, in 2021, there were 1,334 paediatricians in the country, which was 900 less than in 2000 (Világgazdaság 2022). The average number of children registered with each paediatrician was 1,076, even though in 2000 this number was only 951 (Világgazdaság 2022). In 2019, in Békés, Nógrád and Tolna counties, between 12.7% and 18.2% of existing paediatric positions were vacant (Hintalovon Alapítvány 2020). Data on school doctors are only available from 2018. At that time, on average, the number of students who school doctors provided for was 110% of the maximum number allowed by the regulation, while in Vas county it was more than three times (311%), and in Nógrád more than twice (208%) the limit (Hintalovon Alapítvány 2019). Altogether, 276 school doctor positions were vacant in 2018 (Hintalovon Alapítvány 2019). These numbers will probably worsen further in the coming years: in 2019, 40% of paediatricians were above the retirement age, and 20% were even over 70 (Hintalovon Alapítvány 2020).

²³ In Hungary, there is a system of special paediatric care for children and GPs for adults; but there are “mixed practices”, where the GP provides for children as well.

Although there are no data to support it, the costs and difficulties of transport are another significant barrier to access for low-income children to dental care or specialists, especially if they live in small settlements (Hajdu and Kertesi 2021: 43). This is an especially grave problem for chronically ill children, who need such care regularly.

A further aspect is the quality of care and waiting times, which is a universal problem in the Hungarian healthcare system. However, based on expert assessment, as low-income families cannot pay for specialist services, waiting times are even longer and the best specialists are even less accessible to them (Hajdu and Kertesi 2021: 43).

In addition, the early childhood intervention system, while having improved considerably during recent decades (as reflected in the improving child mortality figures), also has important weaknesses, one of these being a lack of co-operation protocols. According to data from the Early Intervention Centre Budapest, in 2016 only around 1 in every 6 new-born or prematurely born children receiving intensive care participated in early development, even though studies emphasise the importance of intervention as early as possible.

A government project starting in 2017, involving significant funds, set the goal of improving care services for premature babies, the strengthening of early intervention services, and involving parents as partners in the process (Hintalovon Alapítvány 2019).

The reason why most low-income households do not apply for free medication is the fact that the application involves fairly heavy administrative burdens, including the need to get certificates from the GP and the health authorities.

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

The main financial barriers related to healthy nutrition in the case of low-income children are low incomes and the low adequacy of social transfers.

In Hungary, child food poverty is a problem requiring intervention, but the reliable data that is available is limited to estimates of its extent (see Husz 2018). Families in need of food are primarily supported by the state provision system; the role of food banks and similar initiatives is marginal. While the healthcare administration is responsible for improving the quality of mass catering, reducing food poverty in households with children is within the realm of the state administration responsible for social affairs. Their activities are often not harmonised, which sometimes reduces the efficiency of interventions. Furthermore, income support measures for households with children are not calculated in such a way as to take into account that these are to ensure that people can afford adequate nutrition: the explicit aim of policy-makers was to provide in-kind support instead of cash benefits. This is why, for example, the amounts of the universally available family allowance, and of other universal or means-tested cash benefits, have remained unchanged since 2008 – which is especially problematic for

households with no access to the labour market.²⁴ “For example, a household of two adults and three children receives an income equivalent to approximately €400/month (net) from these sources. Additional money can be earned from casual and seasonal work, but this is not always available. A recommendation by the National Institute for Food and Nutrition Science states that a household of this composition must spend the equivalent of approximately €340/month to eat healthily, which implies that income constitutes a serious constraint on satisfactory nutrition” (Husz 2018: 237).

For children under 18, health visitors provide (in school health reports) body mass percentiles as compared with body length. In 2016, the latest year in which the report was published, the rate of severe undernutrition was similar in all age groups, at around 2-3%; but obesity increased with age, especially after children enter the school system. Among children aged 9 and over, the rate of obesity was around 12-13%.

The health behaviour in school-aged children survey, carried out among a representative sample of children aged 11-18, measures undernutrition and obesity based on the self-reported body-mass index (BMI). In 2018, 18.2% of teenagers were overweight, while 5% were obese (Németh and Román 2019). In this age group, boys tended to be significantly more affected by overweight. Based on the BMI, 12.2% were underweight – with significantly more girls than boys. Professionals attribute the high prevalence of obesity and undernutrition to impoverishment affecting wide strata of society and the increasing prevalence of eating disorders, but also to the fact that self-administered questionnaires tend to over-estimate undernutrition (Németh and Költő 2014).

5.1.2 Non-financial barriers

The main non-financial barriers that hinder low-income children’s access to healthy meals are inequalities in access to programmes and services by region and settlement type, and existing dietary customs that are difficult to change.

Child nutrition starts in the womb, and it is important to provide low-income pregnant mothers with sufficient micro-nutrients. Although breast milk is the best food for babies, neither breastfeeding support services nor breast milk collection centres are available in most settlements. Furthermore, low-income households are over-represented in these smaller places, where provision is less good. The Fund for European Aid to the Most Deprived (FEAD) has a programme that focuses on children aged 0-3 and their households, and disadvantaged pregnant mothers. It is targeted not only socially (at child protection benefit recipients), but also regionally (at those living in the most disadvantaged micro-regions). While this regional targeting has its merits, it deprives the members of several target groups in need living in other parts of the country.

Finally, the reform of school catering intended to provide healthier meals (described in more detail in Section 5.2), although designed with the best intentions, faced some difficulties in its reception. This was especially the case when it comes to low-income children. Similar to their peers, they also tend to eat the new, healthier dishes less. For them, these reformed meals are even more unusual and strange than for their better-off peers (Husz 2018). This may result in an increase of quantity starvation among them, despite the best government intentions.

²⁴ On the other hand, it should be emphasised that economic activity and employment have significantly increased since the Great Recession and so has the disposable income in the case of households attached to the labour market (e.g., Gábos and Tomka forthcoming; Gábos and Tátrai 2022). The Hungarian welfare system heavily and increasingly relies on employment-related benefits.

5.2 Publicly funded measures supporting access to healthy nutrition

There are several publicly funded programmes designed to support children's access to healthy nutrition. Universal programmes include those promoting breastfeeding and baby-friendly hospitals, as well as those improving the quality of communal catering. However, apart from communal catering, there are no programmes targeted specifically at low-income children.

Universal programmes

There exists a comprehensive government strategy concerning the healthcare sector entitled "Healthy Hungary 2021-2027", which is the continuation of the previous programme for 2014-2020 (EMMI 2021). Five national health programmes adopted in 2018, including the national child health programme (*Nemzeti Gyermekegészségügyi Program*), are the basis for this strategy. Its main aims include promoting healthy eating and preventing chronic illnesses from a young age, as well as combating the consequences of child poverty (Hintalovon Alapítvány 2022: 34). Part of the strategy is a tender called "Three generations for health" (*Három Generációval az Egészségért*), which has the prevention of smoking and child obesity among its aims (EMMI 2021). Since 2012, there has been a regulation prescribing the promotion of healthy lifestyles for children in every school (EMMI decree 20/2012 [VIII 31]) (EMMI 2021).

A significant number of policy measures are targeted at obesity, including programmes to promote breastfeeding and baby-friendly hospitals. Services to help breastfeeding are available only in a limited number of settlements; as a result, the government introduced a programme to train health visitors in hospital in this regard. The programme consisted of a 40-hour training (Család.hu 2021). Breastfeeding is supported by a national breast milk collection system whereby milk can be claimed free of charge depending on the health status of the mother and/or baby (NM decree 47/1997 [XII 17]). As only a few people offered their left-over breastmilk, the state provision in exchange for it was increased in 2016. There are significant regional inequalities in access, as there are breast milk collection stations only in all the districts of Budapest and bigger cities. There are no data regarding accessibility and availability for different social groups.

The government aims to promote the healthy nutrition of older children by improving the quality of communal catering. According to results from the latest five-yearly survey of school catering by the National Institute of Pharmacy and Nutrition (*Országos Gyógyszerészeti és Élelmezés-egészségügyi Intézet*), 74% of school children used school catering in 2017: this measure therefore affects a wide range of children (OGYÉI 2018). Surveys in the 2000s unanimously claimed that neither the quality nor the quantity of the food met the criteria of healthy nutrition; in particular, the quantity of fresh vegetables, fruit and dairy products did not reach the optimal level. At the same time, pasta, bakery products, and sweets were provided more often, so meals were excessively rich in fat, carbohydrates and salt, while having low levels of iron and calcium (OÉTI 2008, 2009, 2013a, 2013b). In 2015, the government introduced a unified regulation in mass catering, prescribing reduced levels of salt and sugar, the introduction of wholegrain bakery products and pastas, and the increased use of vegetables and fruit to provide more versatile meals. However, this reform was a radical change compared with traditional Hungarian cuisine and its ingredients and, so far, has had mixed results. Although school canteens tried to introduce new dishes in line with the regulations, a significant portion of parents and children do not accept these dishes, which is indicated by the increased number of parental complaints. The measure succeeded in cutting fat and salt use, but could not reduce the sugar content of drinks at the expected rate. Fresh vegetables, fruit and dairy were also provided less frequently, partly explained by financial reasons (low normative financing for ingredients). Consequently, schools tried to comply with the regulations on the provision of

these food products not from the normative financing, but from EU-supported school milk and school fruit programmes. In 2017, 95% of primary schools participated in the school fruit programmes, and 72% in the school milk programmes (OGYÉI 2018).

Specific policies for low-income children

There is hardly any information on the nutrition of children outside institutional settings, even though the nutrition of poor children who do not attend any institution (e.g. those aged 0-3, home-schoolers, drop-outs at age 16) is also an important issue. Only the FEAD targets this, as mentioned above, but only in the case of those aged 0-3, their households, and disadvantaged pregnant mothers. In 2017, around €110 million was spent nationally on around 100,000 food packages and around 93,000 meals (these figures, however, also included other target groups, such as homeless people) (European Commission 2019). In the new programming period (2021-2027), the FEAD has been merged with the European Social Fund, as part of the European Social Fund Plus regulation (European Commission 2020).

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

Measures to promote access to home-ownership

The family home allowance (*Családi Otthonteremtési Kedvezmény*) is the government's flagship policy measure, which is aimed at improving access to home-ownership. It was introduced in July 2015 (under specific conditions), as a non-refundable subsidy scheme designed to help home acquisition, and with certain limitations, extension of owner-occupied housing, for households with children. Since then, the scheme has been amended several times, including increases in the amount of subsidies.

The subsidy can be claimed by either couples or single people who already have children, or by married couples aiming and committing themselves to have children in the forthcoming years (unmarried couples or single people are not eligible). The amount of support available depends on the number of children (including those planned), and the type of action (purchase of new or old housing, or extension of existing housing). For households with at least two (including planned) children, in addition to non-refundable support, a state-subsidised loan is also available. The amount of non-refundable support and the available state-subsidised loan increases with the number of children and is by far the highest for households with at least three children: for this group, a non-refundable support of HUF 10 million (around €25,300) is available, and they can request a state-subsidised loan of up to HUF 15 million (around €37,900) if they purchase newly constructed housing.

The family home allowance is only available if at least one of the applicants has social security insurance at the time of application (i.e. has been working with a legal contract ensuring social security in this period). To access the maximum amount of subsidies (i.e. for households with three children) the length of the time span is longer (two years instead of 180 days for other

versions) and public sector workers are excluded from eligibility.²⁵ The quantity of financial resources allocated to the scheme is significant: the allowance takes up nearly one third of the entire housing-related budget (including socially targeted expenditure).

Regarding accessibility, the precondition regarding social insurance and the exclusion of public sector workers from the highest level of subsidies (available for households with three children) explicitly excludes many low-income households, including Roma households with children, from accessing the scheme. Single-parent households are not explicitly excluded, though due to their higher risk of low socio-economic status they might lack access. In addition, in practice the scheme is systematically more accessible for higher-status households already in possession of resources for housing purchase or extension (Átol *et al.* 2017). The lower levels of non-refundable support (for old housing and fewer than three children) are not enough to fully cover the price of an adequate apartment; the purchase of such an apartment is therefore only achievable by using own sources and/or taking out a loan (Átol *et al.* 2017). Even the highest level of non-refundable support needs additional resources if the household intends to purchase new housing in an adequate location (i.e. where the provision of high-quality services and access to employment is provided in a socially non-segregated environment) (Átol *et al.* 2017).

The introduction of the scheme (together with other factors) contributed to the rapid increase in property prices (Lovas 2016), which eroded the value of the support and also worsened the property market situation of households intending to purchase housing but without access to the scheme. This applies, for example, to households with children but limited additional resources in economically more developed areas with higher property prices, including the capital Budapest (Átol *et al.* 2017).

Measures to ease affordability problems

From March 2015, the system of policy measures targeting affordability problems changed, one outcome of which was to negatively affect the actual and potential recipients of the housing benefit, very probably including low-income children. An amendment of the Social Act²⁶ abolished the former system of central normative housing benefit (*lakásfenntartási támogatás*) and a centrally regulated debt management service (*adósságkezelési támogatás*). Instead, decisions regarding the provision of housing benefit and debt management to reduce housing affordability problems was delegated to local authorities, thus in practice to the settlement level. Local authorities became free to decide upon the provision of a “settlement benefit” (*települési támogatás*) as well as the grounds for providing such a benefit, its eligibility criteria, and its amount. The only obligation on local authorities is to ensure “exceptional settlement benefit” (*rendkívüli települési támogatás*) for households meeting exceptional threats to their subsistence, and people with temporary or permanent subsistence problems. As a result, a highly fragmented and non-transparent system of local housing benefit regimes emerged. The central government provides budgetary support for the settlement benefit according to a pre-set formula which takes into account settlement size, number of social aid recipients and taxation potential. Due to the highly fragmented nature of the existing system and the fact that settlement benefits may cover different needs, including housing and health issues, it is difficult to provide a comprehensive analysis of the situation. The responsibility for delivery is at the local level; the provision can be both in cash or in kind, and it is dependent on local regulation as to whether having children, or the number of children, are taken into account or not. An overview of the local decrees accepted immediately after the 2015 reform found that the new

²⁵ Other eligibility criteria are also applied; here we only highlight the most relevant ones. For a more detailed analysis, see Átol *et al.* (2017).

²⁶ Act III of 1993 on Social Administration and Social Benefits.

system was characterised by a high level of discretion, which meant that local authorities were free to decide whom they wanted to support and in what form (Mózer 2015). It found great variation in the eligibility threshold, as well as the fact that in more than half of the cases there was no specified amount, but only a range (Mózer 2015).

The amount of resources spent by local authorities to ease affordability and indebtedness problems has fallen drastically since the reform (Misetics 2019). The overall expenditure on all benefits affected by the reform fell by 30% between 2014 and 2016 (in real terms), which was mainly due to the changes in housing benefit (Kopasz and Gábos 2018), falling by 55% within the same period. Support for such purposes became unavailable in more than a quarter of Hungarian settlements. The smaller the settlement, the more likely that they no longer provide housing benefit. The number of recipients fell by 45% (Kopasz and Gábos 2018). Further, while in 2014 there were housing benefit recipients in almost all municipalities, this proportion dropped to 74% by 2016.

One of the reasons for devolving decisions regarding housing affordability problems to local authorities was that it would lead to regulations that responded better to local needs. However, several factors contradict that intention: the availability and accessibility of services was reduced, especially in smaller settlements – whereas affordability problems there are more prevalent; and the simplified calculation formula favours smaller households – whereas affordability problems are most prevalent in the case of households with single parents, and in larger households with children and other household members (Hegedűs and Somogyi 2018).

The amount of support per beneficiary fell by 19% in real terms between 2014 and 2016 (Kopasz and Gábos 2018). Taking into account the fact that one expert criticism of the former system was the insufficient value of the support (its amount did not change, thus its value in real terms decreased over the years), the level of support is inadequate. However, the new calculation formula might improve the relative situation of certain – typically smaller – households (Kováts 2015). No specific analysis of the situation of children or low-income children is available.

Social fuel support. Vulnerable households who use solid fuels for heating may receive an occasional in-kind subsidy in the form of firewood or brown coal. Municipalities with a population of less than 5,000 may apply for the subsidy, which is then distributed by the municipalities to the households they consider most in need. The annual call is launched yearly by the Ministry of Interior and is covered by the central budget. Since 2018 the total yearly subsidy allocated has been HUF 5 billion (€13.2 million). It is provided to households on the basis of local decrees, according to various criteria. The local municipality purchases and distributes the fuel. Typically, households receive the in-kind support once per year, during the heating season (up to February) (Bajomi 2018, Feldmár and Bajomi 2022). No studies on how the programme specifically affects low-income children were found.

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

The public rented stock in Hungary is small and geographically unevenly distributed. Public housing covers not more than 3% of the population. After housing privatisation following the democratic transition, the remaining public rented stock is of poor quality, often segregated, and shows structural problems (such as an over-representation of small dwellings). Most of this housing segment (around 115,000 flats out of 4 million flats overall, that is around 2.6%; Átlátszó 2021) is owned and managed by local authorities and is concentrated in larger cities.

Local authorities are responsible for decisions regarding further privatisation, the composition of the public rented stock (social/cost-based/market-price-based), rental fees, maintenance and renovation, and allocation criteria; the system is therefore very fragmented, and the number of affordable social rentals, eligibility, and rental fees widely vary between settlements. This also makes it difficult to provide a comprehensive analysis of the operation of the sector. However, looking through the application criteria for social housing on local government websites shows that they tend to favour households with children when allocating social housing.²⁷

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

Due to the fact that rental fees, maintenance and renovation, and allocation criteria are in the mandate of local government, and the social housing system is therefore very fragmented, it is not possible to provide a general overview of financial barriers.

6.2.2.2 Non-financial barriers

The public rented stock owned and managed by local government is “residualising” (i.e. it is characterised by the concentration of lower-status social groups); however, a series of local government practices are at present aimed at pushing the lowest-status population out of the sector (Czirfusz and Pósfai 2015, Kőszeghy 2009). This includes discriminatory practices such as setting minimum local residence as an eligibility criterion for social housing and the exclusion of squatters. This leads to availability and accessibility problems (including discrimination), as well as problems with adaptability and acceptability. Access to public housing, including social housing, also shows strong territorial differences: as mentioned above, the stock is concentrated in larger settlements; but even in such settlements the size of the stock, eligibility criteria, and rental fees are subject to local government policies.

In addition, the rented stock is in very poor shape: most of the flats are in need of partial or complete renovation (37.8% and 21.9%, respectively), and a significant share of flats (more than 10%) are in such a bad condition that it would not be worth it to renovate them (Átlátszó 2021).

6.3 Publicly funded measures supporting access to adequate housing – Other measures

There are no other measures that could be mentioned under this heading.

²⁷ See e.g. <https://www.tompa.hu/onkormanyzati-hirek/1753-lakhatasi-tamogatas-palyazat-onkormanyzati-berlakasok-ingyenes-igenybevetelere.html>; <https://www.ferencvaros.hu/palyazatok/szocialis-lakaspalyazat/>.

References

- Albert, F. (2019). *Feasibility Study for a Child Guarantee*. Brussels: European Commission.
- Albert, F. (2020). *Study on the Economic Implementing Framework of a Possible EU Child Guarantee Scheme, Including its Financial Foundation*. Brussels: European Commission.
- Átlátszó (2021, January 21). *Az önkormányzati lakások közel tíz százaléka üresen áll a fővárosban, a legtöbb a 8. kerületben*. <https://atlatszo.hu/kozpenz/2021/01/21/az-onkormanyzati-lakasok-kozel-tiz-szazaleka-uresen-all-a-fovarosban-a-legtobb-a-8-keruletben/#>
- Átol, D., Kováts, B., Kőszeghy, L. (2017). *Éves jelentés a lakhatási szegénységről 2016*. Budapest: Habitat for Humanity Magyarország. https://habitat.hu/ext-files/hfhh_lakhatasi_jelentes_2016_web_2.pdf (Hungarian); https://habitat.hu/ext-files/annual_report_on_housing_16final.pdf (English summary)
- Bajomi, A. Zs. (2018). *A szociális tüzelőanyag-támogatás Magyarországon*. Budapest: Habitat for Humanity Magyarország. https://habitat.hu/wp-content/uploads/2018/09/hfhh_tuzifa_tanulmany.pdf
- Család.hu (2021, March 23). *Mindent a szoptatásról – képzés és előadássorozat a kismamákról, a kismamákért*. <https://csalad.hu/projektek/mindent-a-szoptatasrol-kepzes-es-eloadassorozat-a-kismamakrol-a-kismamakert>
- Csengődi, S. (2015). A hátrányos helyzetű tanulók továbbtanulását segítő Arany János Tehetséggondozó Program költség-haszon elemzése. In: Kállai, G. (ed.) *Tehetséggondozó programok*. Budapest: Oktatókutató és Fejlesztő Intézet, pp. 49-73.
- Czifrusz, M., Pósfai, Zs. (2015). Kritikus ponton? Önkormányzati lakásgazdálkodás a gazdasági világválság után. In: *Területi statisztika*, 55 (5), pp. 484-504.
- EMMI (2018). *Köznevelési Statisztikai Évkönyv 2016/2017*. Budapest: EMMI.
- EMMI (2021). *Egészséges Magyarország 2021-2027. Egészségügyi Ágazati Stratégia*. Budapest: EMMI.
- European Commission (2019). *Mid-term Evaluation of the Fund for European Aid to the Most Deprived*. Brussels: European Commission.
- European Commission (2020). *Fund for the European Aid to the Most Deprived (FEAD). Key Facts and Figures*. Brussels: European Commission.
- Farkas, Zs. (2015). Rendszeres gyermekvédelmi kedvezményre jogosult gyermekek, fiatal felnőttek számának csökkenése mögött húzóó okok vizsgálata. In: Gábos, A. and Szívós, P. (eds): *Szociálpolitikai monitoring tanulmányok*. Budapest: TÁRKI, 51-86.
- Fehérvári, A. (2018). Méltányosságot támogató oktatási programok értékelése: az Arany János program esete. *Educatio*, 27 (2), pp. 265-277.
- Fehérvári A., Varga, A. (eds) (2018). *Reziliencia és inklúzió az Arany János programokban*. Pécs: Pécsi Tudományegyetem Bölcsészettudományi Kar Neveléstudományi Intézet Romológia és Nevelésszociológia Tanszék Wlislócki Henrik Szakkollégium.
- Feldmár, N., Bajomi, A. Zs. (2022). [Vissza a tűzifához? – Lakossági szilárd tüzelés Magyarországon](#). In: Vankó, L. (2022). *Éves jelentés a lakhatási szegénységről 2022*. Habitat for Humanity Hungary.

- Gábos, A., Tátrai, A. (2022). A jövedelmi szegénység kiterjedtsége és mélysége 2005 és 2020 között – eltérő küszöbértékek mentén. In: Kolosi, T., Szelényi, I., Tóth, I. Gy. (eds.). *Társadalmi Riport 2022*. Budapest: TÁRKI, pp. 243-260.
- Gábos, A., Tomka, Zs. (forthcoming). “Who Does Not Work, Shall Not Eat”: The Politics of the Hungarian Minimum Income Scheme.
- Hajdu, T., Kertesi, G. (2021). Statisztikai jelentés a gyermekegészség állapotáról a 21. Század második évtizedében. *CERS-IE WP-2021/8*. <https://kti.krtk.hu/wp-content/uploads/2021/02/CERSIEWP202108-1.pdf>
- Hegedüs, J., Somogyi, E. (2018). A lakások megfizethetősége és a társadalmi egyenlőtlenségek – a KSH 2015-ös lakásfelvétele alapján. In: *Miben élünk? A 2015. évi lakásfelmérés részletes eredményei*. Budapest: KSH, pp. 6-25. https://www.ksh.hu/docs/hun/xftp/idoszaki/pdf/miben_elunk15_2.pdf
- Hintalovon Alapítvány (2019). *Child Rights Report 2018*. Budapest. https://hintalovon.hu/wp-content/uploads/2020/06/child_rights_report_hungary_2018_0_0.pdf
- Hintalovon Alapítvány (2020). *Child Rights Report 2019*. Budapest. https://hintalovon.hu/wp-content/uploads/2020/09/Child_Rights_Report_2019_JELENTES%CC%81S_2020_EN.docx.pdf
- Hintalovon Alapítvány (2021). *Child Rights Report 2020*. Budapest. https://hintalovon.hu/wp-content/uploads/2021/12/hintalovon_child-rights-report_2020_EN.pdf
- Hintalovon Alapítvány (2022). *Child Rights Report 2021*. Budapest. https://hintalovon.hu/wp-content/uploads/2022/09/Hintalovon_jelentes_2021_eng_final.pdf
- Husz, I. (2018). “You Would Eat It if You Were Hungry”. Local Perceptions and Interpretations of Child Food Poverty. *Children & Society*, 32 (3), pp. 169-173.
- Husz I., Marozsán, Cs. (2014). Szociális nyári gyermekétkeztetés – egy rendelet tanulságai. *Esély* 2014(5), pp. 55-78. http://www.esely.org/kiadvanyok/2014_5/2004-5_2-2_husz-marozsan_szocialis_nyari.pdf
- Index (2022a, September 20). *Már csak öt napjuk maradt a hátrányos helyzetű fiataloknak, hogy oktatási ösztöndíjra pályázzanak*. <https://index.hu/belfold/2022/09/20/oktataspolitika-osztondijprogram-altalanos-iskola-szendro-csaladtamogatas-hatranynos-helyzetu-fiatalok/>
- Index (2022b, September 29). *Több mint kétezer önkormányzat kap támogatást a szociális tüzelőanyag-programban*. <https://index.hu/belfold/2022/09/29/belugyminiszterium-onkormanyzat-szocialis-tamogatas-tuzeloanyag-palyazat-csaladtamogatas/>
- Kopasz, M., Gábos A. (2018). A segélyezési rendszer 2015. március 1-jei átalakításának hatásai. Budapest: TÁRKI, https://www.tarki.hu/sites/default/files/2018-10/TARKI_Szocialis%20segelyezes_20180417.pdf
- Kőszeghy, L. (2009). *Housing conditions of Roma and Travellers in Hungary*. Thematic study for the European Union Agency for Fundamental Rights (FRA). Manuscript.
- Kováts, B. (2015). Rezsitámogatás-csökkentés. Az új lakásfenntartási célú települési támogatások vizsgálata 31 önkormányzat példáján. *Esély* 2015/6, pp. 29-60.

- http://www.esely.org/kiadvanyok/2015_6/2015-6_2-1_Kovats_Rezsitamogatas-csokkentenes.pdf
- KSH (2016). Iskoláztatási kiadások, iskolakezdés 2015-ben. *Statisztikai Tükör 2016*.
- KSH (2019a). A gyermekek napközbeni ellátása. *Statisztikai Tükör 2019*.
<https://www.ksh.hu/docs/hun/xftp/stattukor/kisgyermnapkozbeni/gyermnapkozbeni19.pdf>
- KSH (2019b). Oktatási adatok, 2018/2019. *Statisztikai tükör 2019*.
- KSH (2020a). *Iskolakezdési kiadások megoszlása, 2019*.
https://www.ksh.hu/infografika/2020/iskolakezdes_2020.pdf
- KSH (2020b). *Oktatási adatok, 2019/2020*.
<https://www.ksh.hu/docs/hun/xftp/idoszaki/oktat/oktatas1920/index.html>
- KSH (2021a). A kisgyermek napközbeni ellátása, 2021. *Statisztikai Tükör 2021*.
<https://www.ksh.hu/docs/hun/xftp/stattukor/kisgyermnapkozbeni/2021/index.html>
- KSH (2021b). *Iskolakezdés, 2021*.
https://www.ksh.hu/infografika/2021/iskolakezdes_2021.pdf
- KSH (2022). *Oktatási adatok, 2021/2022*.
<https://ksh.hu/s/helyzetkep-2021/#/kiadvany/oktatasi-adatok-2021-2022/az-ovodai-ferohelyek-kihasznaltsaga-jarasonkent-20212022>
- Lovas, J. (2016, April 8). *Mikor pukkan ki az ingatlanlufi?*
<https://www.azenzem.hu/cikkek/mikor-pukkan-ki-az-ingatlanlufi/3153/>
- Magyar Államkincstár (2019). *A Magyar Államkincstár tájékoztatója a Kisgyermek nevelő szülők munkaerőpiaci visszatérését ösztönző továbbadott támogatási konstrukciókról*.
https://tcs.allamkincstar.gov.hu/images/documents/ginop/Kincstar_Kozlemenye_blcse_07.16.pdf
- Magyar Közétkeztetők Szövetsége (2022, April 6). *Jelentős áremelkedés a közétkeztetői piacon*.
<http://magyarkozetkeztetok.hu/jelentos-aremelkedes-a-kozetkeztetesi-piacon/>
- Mózer, P. (2015). Az önkormányzati segélyezés alapvonásai 2015-ben. In: Gábos, A. and Szivós, P. (eds.): *Szociálpolitikai monitoring tanulmányok*. Budapest: TÁRKI, 87-107.
- Németh, Á., Költő A. (eds.) (2014). *Egészség és egészségmagatartás iskoláskorban*. Budapest: NEFI.
<http://www.gyermekalapellatas.hu/iskolavedono/hbsctanulmany.html>
- Németh, Á., Román, N. (2019). Táplálkozási szokások és fogápolás. In: Németh, Á., Várnai, D. (eds.). *Kamaszéletmód Magyarországon. Az Iskoláskorú gyermekek egészségmagatartása elnevezésű, az Egészségügyi Világszervezettel együttműködésben megvalósuló nemzetközi kutatás 2018. évi felméréséről készült nemzeti jelentés*. Budapest: ELTE PPK – L'Harmattan Kiadó, pp. 43-53.
- OÉTI (2008). *Országos iskolai MENZA Körkép. Iskolai táplálkozás-egészségügyi környezetfelmérés*. Budapest: Országos Élelmezés- és Táplálkozástudományi Intézet.
- OÉTI (2009). *Országos helyzetkép az óvodai közétkeztetésről. Óvodai táplálkozás-egészségügyi felmérés*. Budapest: Országos Élelmezés- és Táplálkozástudományi Intézet.

- OÉTI (2013a). *Országos iskolai MENZA körkép*. Budapest: Országos Élelmezés- és Táplálkozástudományi Intézet.
- OÉTI (2013b). *Országos helyzetkép az óvodai közétkeztetésről. Óvodai táplálkozás-egészségügyi felmérés*. Budapest: Országos Élelmezés- és Táplálkozástudományi Intézet.
- Officina (2021). *Ingyenes óvodai, bölcsődei étkezés 2022/2023: kik kapnak, és hogyan kell igényelni?*
<https://officina.hu/belfoeld/138-ingyenes-ovodai-etkezes>
- OGYÉI (2018). *Országos iskolai MENZA körkép, 2017. Általános iskolai táplálkozás-egészségügyi környezetfelmérés*. Budapest: Országos Gyógyszerészeti és Élelmezés-egészségügyi Intézet.
- Pénzcentrum (2021, May 4). *Őrült árak a hazai bölcsődékben: indul a roham a szabad helyekért*.
<https://www.penzcentrum.hu/oktatas/20210504/orult-arak-a-hazai-bolcsodekben-indul-a-roham-a-szabad-helyekert-1114310#>
- Saldo (2022). *Iskolakezdési támogatás 2022*.
<https://saldo.hu/cikk/tanacsadas/iskolakezdesi-tamogatas-2022>
- Újpest.hu (2022). *Települési támogatás, beiskolázási támogatás*. Budapest: District IV Mayor's Office, Department of Social Affairs.
https://ujpest.hu/dokumentumok/561_beiskolazasi_tamogatas_kerelem_es.pdf
- Világgazdaság (2022, August 24). *Megállíthatatlanul csökken a házi orvosok száma Magyarországon*.
<https://www.vg.hu/vilaggazdasag-magyar-gazdasag/2022/08/megallithatatlanul-csokken-a-haziorvosok-szama-magyarorszagon>
- Világgazdaság (2023, January 11). *Az infláció miatt nőhetnek tovább a menzaárak*.
<https://www.vg.hu/vilaggazdasag-magyar-gazdasag/2023/01/az-inflacio-miatt-dragulhatnak-tovabb-a-menza-arak>

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct Information Centres. You can find the address of the centre nearest you at: <http://europa.eu/contact>

On the phone or by e-mail

Europe Direct is a service that answers your questions about the European Union. You can contact this service

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by electronic mail via: <http://europa.eu/contact>

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: <http://europa.eu>

EU Publications

You can download or order free and priced EU publications from EU Bookshop at: <http://bookshop.europa.eu>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see <http://europa.eu/contact>)

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en/data>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

