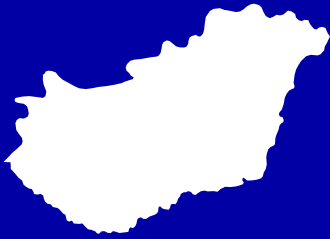


first years
first priority



Early Childhood Development in **HUNGARY**

Country Profile 2021*

Hungary has made some progress over the past years to create **early childhood development (ECD)** policies and support families with young children. For example, the number of places in the early childhood education and care (ECEC) services for children under three years of age (nursery/crèche) have slightly increased due to the creation of flexible types of services, namely, small nurseries in settlements with fewer children, as well as nurseries at workplaces so that parents have day care facilities close to their work. In addition, in Hungary, parents are entitled to a lengthy parental leave, which partly explains the low number of children under three attending nurseries. Although there is a need for more places, the widely shared public opinion is still that day care is not desirable for children under three.

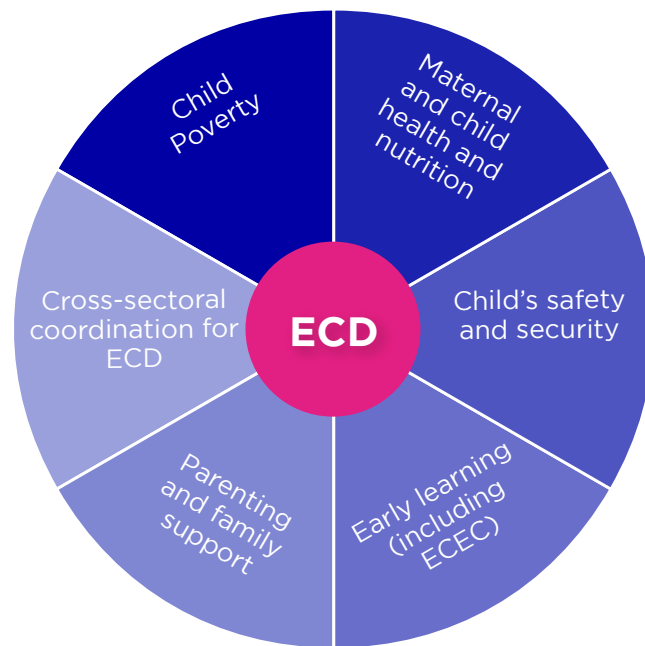
On the other hand, although there are different legal provisions regarding basic early childhood services in Education, Health, Nutrition, and/or Social and Child Protection for all children under six, the implementation of the different

Country **PRIORITIES**

- Increase awareness of the importance of the first years of life and the understanding of children's developmental needs and parenting issues in early childhood.
- Track data on poverty for families with young children, prioritising those coming from vulnerable groups.
- Track data about access and affordability of ECD services for families from vulnerable groups.
- Improve access to Early Childhood Education and Care services for children under the age of three.
- Increase the capacity for high quality, flexible ECD-related services, including childcare, healthcare, and education.
- Reduce child and maternal health inequalities, especially for marginalised groups, by investing in health specialists and health services.
- Take measures to prevent segregation of children with special needs and Roma and support their inclusion in mainstream services.
- Improve the coordination between different government structures to ensure coherent and effective ECD policies.

legislative texts has been very limited, selective, and does not guarantee equal access for all children. For example, for children under three, places in ECEC services are lacking. Most services are in large municipalities, and the private ones are few and expensive. While overall the number of facilities has slightly increased, it is quite insufficient. ECEC for children from three to six years of age is mandatory, but the measure itself was not accompanied by any awareness raising campaign to convince the public of its value, and no support has been provided to those working in the kindergartens in poor, deprived communities. As a result, children who are better-off financially benefit from less crowded settings, and poor, Roma children from less favourable services. The inclusion of children with special needs is still not adequately addressed. Even when enrolled, conditions to provide quality care are lacking, due primarily to the lack of specialised and auxiliary staff. Most facilities don't accept children with chronic diseases like diabetes or celiac disease, or children with physical disabilities.

In addition, there is a lack of sufficient data across ECD policy areas to document the status and current situation of young children and their families in the country and inform cross-sectoral policy development.



POLICY AREAS IMPACTING ECD

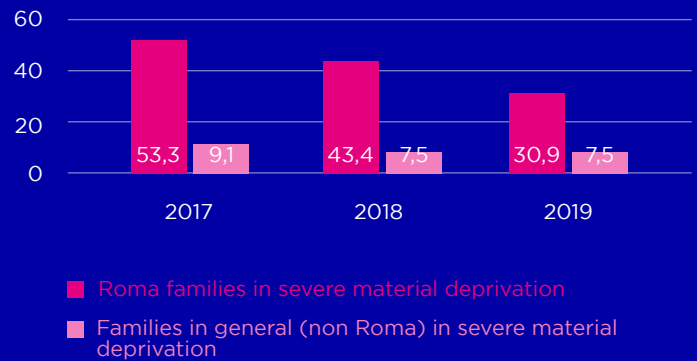


CHILD POVERTY

In Hungary, there is a **lack of data on child poverty and social exclusion** for children under three and specific vulnerable groups. According to the 2020 European Semester Country Report on Hungary, children experience higher deprivation rates compared with the rest of the population. The severe material deprivation rates among children (15,2%) and families with three or more children (22%) are among the highest in the EU and are partially responsible for the high number of children in alternative care.

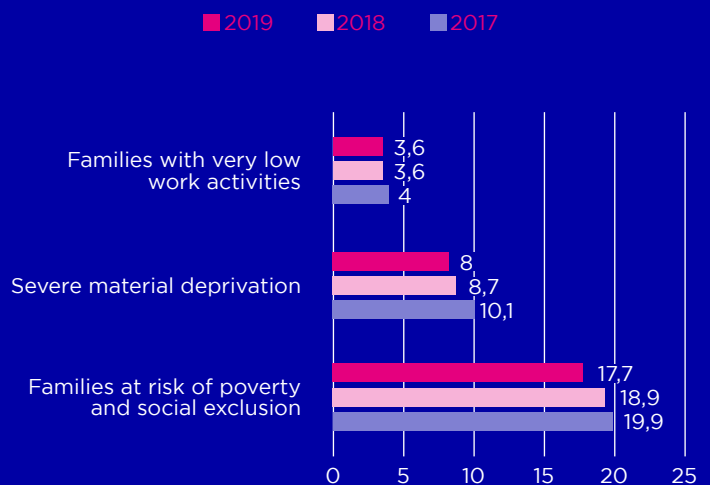
Available data indicate that percentages of Roma families in severe material deprivation are higher than that of non-Roma families. Thus, there is a slight decrease in the percentages of families at risk of poverty and social exclusion and in severe material deprivation. Yet, it is important to note that the improvements may not be factual but related to a change of measurements.

Families in severe material deprivation (%)



Source: Central Statistical Office

Family poverty (%)



Source: Central Statistical Office

MATERNAL AND CHILD HEALTH

There are no data on indicators related to availability, coverage, access and affordability of health services and acceptable nutrition. Though there is access to some health services (e.g., home visitation), there is a severe shortage of doctors, specialists, and health visitors, especially in areas where they would be most needed. Existing figures indicate that the number

of health specialists, paediatricians, general practitioners, and home visiting nurses has been steadily decreasing, especially in the most remote and deprived parts of the country, where often they are not available at all. Access to adequate healthcare for marginalised children and children with disabilities or other special needs has become worse and often impossible.

3

CHILD SAFETY AND SECURITY

According to the Law on Health 1997, CLIV and Law on Social Protection 1995 III and based on the law on child protection and administration 1997 XXXI, **all children under six are covered by social protection**. However, no data on indicators related to children's safety and protection exist. Nonetheless, according to the 2020 European Semester Country Report on Hungary, the number of children entering alternative care is growing slightly, especially for those in the younger age brackets. In the case of children with disabilities and Roma children, the trend is worrying. Available data indicate that, in 2019, among the children in institutions 25% of them were disabled/had special needs, while of those in foster care 17,1% of children had special needs/disabilities.

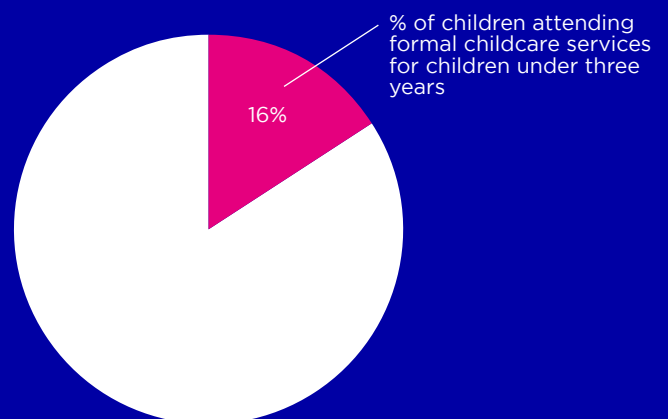


4

EARLY LEARNING

The number of children under three years of age attending some type of formal childcare services was very low in 2020 (16%). The only policy available to facilitate the access of children from vulnerable families to ECEC services is the compulsory nature of ECEC for children aged three to six years. ECEC services for children under the age of three are very limited, and the compulsory kindergarten from the age of three to six does not match the needs of communities. Issues include ECEC quality with **overcrowded settings, a shortage or lack of trained and properly remunerated professionals, fast-growing segregation**, and a punitive approach in cases where children do not attend the services regularly.

Children attending formal childcare services for children under three years (%)



Source: Central Statistical Office

PARENTING AND FAMILY SUPPORT

There are different benefits available to parents with young children (e.g., family allowance, free or means-tested childcare, parental leave, and financial social assistance) and some parenting support services reaching out to vulnerable groups. However, these services do not target specific populations, such as Roma families and families with children with disabilities. However, families with children with disabilities are eligible for a higher family allowance.

A family allowance is provided to all families with children. The amount depends on the number of children and special needs. However, the allowance might be withdrawn if children have more than 50 hours of absence from the ECEC programme (three to six years of age) without a proven health reason. This measure came into force when ECEC enrolment for children aged three to six became mandatory. However, in specific cases, local authorities and child welfare services can

decide if children may not attend kindergarten up to five due to specific reasons. Many children with special needs are not accepted because of the lack of integrated services and opportunities, yet there is no exact data on the needs and those not accepted. There is anecdotal evidence that in some places, local authorities are encouraging Roma parents to apply for permission not to attend kindergarten. In other settlements, local authorities threaten to place the children of Roma parents in alternative care if they do not send their children to kindergarten.

In terms of family support services, currently in Hungary, 114 [Sure Start Houses](#) welcome parents with children under three at least three times a week for a couple of hours.

Finally, in Hungary, there are no policies regulating work and family life balance in place.

CROSS-SECTORAL COORDINATION

There are no formal mechanisms, such as coordinating bodies or strategies that ensure the cross-sectoral coordination of ECD services at the national or local level in Hungary. Any formal mechanism for collaboration between services regulates only the child protection sector with the aim to signal any risk, abuse, or neglect. In principle, according to the child protection legislation, child welfare services must operate a network of cross-sectoral collaboration and a signalling system (mandatory reporting). In practice, the signalling obligation is not enforced, and therefore the reporting system does not function effectively. Lastly, the desired co-operation between different stakeholders in designing and implementing plans to support families is not put into practice.



*The information provided in this Country Profile reflects the situation at the end of May 2021.



Country Profile Contributor

FAMILY, CHILD, YOUTH ASSOCIATION

This material has been produced with the financial support of the European Programme for Employment and Social Innovation (EaSI) 2014-2020: <http://ec.europa.eu/social/easi> and with support from Open Society Foundations.

The views expressed by the authors do not necessarily reflect the position or opinion of the European Commission.

THE PARTNERSHIP

Eurochild is a network of almost 200 member organisations from 35 European countries working with and for children throughout Europe, striving for a society that respects the rights of children. Eurochild influences policies to build internal capacities and facilitates mutual learning and exchange practice and research.

International Step by Step Association (ISSA) is an early childhood regional network founded in 1999, which through its programmes and services connects early childhood practice, research, and policy to improve the quality of early childhood systems in Europe and Central Asia. More than 90 ISSA Members from 43 countries implement programmes and cooperate to ensure quality and equitable early childhood services for young children, especially the most vulnerable.

European Public Health Alliance (EPHA) is Europe's leading NGO alliance advocating for better health. A member-led organisation made up of public health NGOs, patient groups, health professionals, and disease groups, EPHA works to improve health, strengthen the voice of public health and combat health inequalities across Europe.

Roma Education Fund (REF) was created in the framework of the Decade of Roma Inclusion in 2005. Its mission and the ultimate goal is to close the gap in educational outcomes between Roma and non-Roma. To achieve this goal, the organisation supports policies and programmes which ensure quality education for Roma, including the desegregation of education systems.

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National Coordinators: [Trust for Social Achievement \(Bulgaria\)](#), [Ensemble pour l'Éducation de la Petite Enfance \(France\)](#), [Central Union for Child Welfare \(Finland\)](#), [Family, Child, Youth Association \(Hungary\)](#), [Children's Rights Alliance \(Ireland\)](#), [Fundação Nossa Senhora do Bom Sucesso \(Portugal\)](#), [Step by Step Center for Education and Professional Development \(Romania\)](#), [Pomoc Deci \(Serbia\)](#), [Plataforma de Infancia \(Spain\)](#).

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