



Forms of Personalness and the Practice of Deinstitutionalisation in the Hungarian Child Protection System

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Abstract. The present study examines the problem of implementing ‘personalness’ (i.e. direct, interpersonal contact in a family-like environment) in the upbringing of children who are not raised or educated within their families in Hungary. The desired outcome of deinstitutionalisation and its implications in the field of children’s rights are examined. The study presents the ways in which Hungarian regulations seek to address this desired outcome; it also discusses some shortcomings and proposes potential improvements to increase the likelihood that children in various forms of state care experience personalness.

Keywords: alternative care, personalness, interpersonal relationships, deinstitutionalisation, child protection, public management

1. Introduction

In the past few years, the number of children cared for by the Hungarian state yearly has been around 20,000.¹ Among these children, around 5,000 are in foster care, with around 5,000 foster parents.² Notably, there are around 2,000 children available for adoption, but only 1,000 children are approved for adoption each year, even though there are around 3,000 suitable adoptive parents.³ International recommendations and trends increasingly prefer alternative care (as foster parents or adoptive parents) because of its cost-effectiveness and positive impact on children. This shift is also reflected in Hungarian legislation, but statistics

1 Based on the statistics of the Hungarian Central Statistical Office, 2024.

2 Hungarian Central Statistical Office, no date a.

3 Hungarian Central Statistical Office, no date, b.

show that the vast majority of children separated from their families end up in children's homes rather than alternative care.

Recent years have also seen the emergence of the concept of personalness; it has been described as a new function of public administration.⁴ Child protection is primarily intended to help families, and in some cases to replace them; from this perspective, the institutional structure should seek to create experiences of personalness: 'the essence of child protection comprises informal interpersonal relationships within the formal professional system. And from the point of view of the individual, every personal action in child protection restructures the system.'⁵

The functioning of the child protection system determines whether young people growing up in state care will be able to cope successfully and live independent lives.⁶ The main dysfunctions of the system include shortages of personnel, who receive insufficient recognition, and the incomplete development of a common conceptual framework.⁷ Against this background, the aim of the present research is to review the forms of personalness and interpersonal relationships in the child protection system, and to examine the practice of deinstitutionalisation and related international recommendations.

2. Personalness in Child Protection

Personalness affects the terminology used to describe the forms of care: Act XXXI of 1997 on the Protection of Children and Guardianship Administration (hereinafter: the Child Protection Act, CPA) distinguishes between basic and specialised child welfare care (which includes family substitute care and the replacement of parental or other care) and between financial and in-kind care. Decree No. 15/1998 (IV.30.) NM on the professional duties and conditions of operating child welfare and child protection institutions and persons providing personal care uses the term 'care in the home'. In the literature, the term 'home substitute' or 'family substitute' is also often used.⁸

The tasks of foster homes can be summarised as follows. First, they provide a home for children in need of state care. They ensure the physical, intellectual, moral and spiritual development of children and help settle the relationship between the child and his or her family. They prepare

4 Rixer, 2019.

5 Domszky, 2011. Translation by the author. Unless otherwise specified in the footnotes, all quotations from non-English sources are translated by the author.

6 Hungarian Central Statistical Office, 2012.

7 Bálint, 2014.

8 Mattenheim, 2017.

young people in foster care for their careers, prepare them for independent living and provide aftercare.⁹

The experience of a loving home based on personal relationships is one of the most important experiences for socialisation. This was the foundation of the reform of child protection, launched in the 1980s, which grounded child protection in the role of families, on relationships that are based on personalness. This led to the transformation of children's homes into small-group accommodations, the emergence of residential care, and the strengthening of foster care networks. Personalness requires, among other things, a more professional approach and a strengthening of family care. In terms of preventive child protection, it requires the coexistence of several institutions and the spread of more personalised forms of family care, such as adoption, foster care, boarding schools and children's villages.¹⁰ All this suggests the importance of the following personalness-related trends in the child protection system: first, interpersonal relationships between the professional and the person being cared for and second, measures aimed at disinstitutionalisation and deinstitutionalisation. These trends are examined in further detail in the following sections.

3. Interpersonal Relationships in Child Protection

The extent and quality of our personal relationships determine our place in society and our chances of thriving. The reproduction of existing relationships contributes to the social status of families as a kind of 'symbolic capital'; this form of capital is equally important as mobility opportunities stemming from labour and employment.¹¹ According to social capital theory, the so-called social capital index is composed of three main components: relationship capital, trust, and participation.

Social capital is particularly low among the low-educated, i.e. those with no more than primary education and those with low status. Among these groups, it is also generally true that the sub-indices of social capital are similar, i.e. [...] not only are they poor in relationships, but their trust in institutions and other people is also below average, and several models show that their participation in political and civil organisations is below average.¹²

9 Rákó, 2014, p. 62. Translation by the author. Unless otherwise specified, all translations from non-English sources are by the author.

10 Veczkó, 2007, pp. 51–52.

11 Bourdieu, 2008.

12 Hajdu and Megyesi, 2017, p. 172.

These circumstances impact whether a family facing problems will be able to seek help; they also affect their willingness to cooperate with external intervention institutions and their representatives. Child protection professionals thus have a specific role because they must intervene in rather sensitive family situations and provide solutions to identified problems.

3.1. Personal Relationships in Primary Care

Generally, when a family has a child protection problem, the first support professional they meet is the family support worker (who does social work) linked to child welfare services (primary care). Hence, family support workers have a particularly important role in whether cooperation can develop at this initial stage; this relationship affects subsequent joint work and any procedures. (For example, a protection procedure is most often initiated on the recommendation of the family worker, but the child welfare service may also propose a foster placement.)

Family visits can also help to build trust in people who are always suspicious of formal institutions. There is a greater chance of changing behaviour in the environment in which they live day after day, as it is easier to introduce and learn new things. It is also easier for the therapist to achieve an immediate effect through structural measures.¹³

In the case of support systems, there has been a recent shift towards family-centredness, where the primary aim is to establish a partnership with the family during the case intake period. Subsequently, the family is gradually empowered through cooperation, achieved with the development of family attachment and the creation of methodologies to access families. In supportive relationships, partnership and control are combined; counselling is constantly being professionalised, institutionalised, and methodologically standardised, while formalisation is accompanied by the need to preserve spontaneity.¹⁴ Social workers' mindsets are both family-oriented and seek to promote change systemically. Their work requires the acquisition of various key skills, described in *Table 1*.¹⁵

13 Sherman and Fredman, 1989, pp. 189–190.

14 Temesváry, 2018, p. 86.

15 Minuchin, Colapinto and Minuchin, 2002.

Table 1. *Key skills for social workers (table content by the author)*

Skill Name	Main Related Activities
Conceptual skills	Mapping and placing the wider context and the way the family is organised in the system.
Preparing for change	Exploring possible solutions with the possibilities offered by the care system.
Exploring practical issues for family change	Gathering information, guiding them towards solutions while staying in the background; maintaining the autonomy of the family.
Redefining family assumptions and reinforcing new patterns	Improving families' self-image, empowerment, focusing on strengths.
Conflict management	Focusing on current problems based on family dynamics and their problems.

Child welfare providers may have bilateral relationships with several support professionals in addition to the family carer, and individual sessions may also take place (such as with a development teacher or psychologist). The caseload is generally high: in 2022, there were 6,373 employees for nearly 525,000 cases handled by family and child welfare services in 669 municipalities and 203 family and child welfare centres.¹⁶ It is impossible to calculate the exact number of cases per person from the published data (as this varies substantially among different staff), but it is safe to estimate that there are at least 80–100 cases per family worker per year (this number may be influenced by geographical location). To increase efficiency and prevent staff turnover, in addition to raising wages, it may be important to develop other ways of promoting social work such as providing support professionals with supervision, recreational opportunities or the introduction of a recreation day.

From the point of view of personalness, one of the current theories that may be relevant is social-development-based social work, which takes community social work as an essential element. This, in addition to individualised sessions focusing on the problems faced by small communities, can promote the use of personal resources and thus change the situation of the whole community; at the same time, people who once needed help become helpers themselves.¹⁷

3.2. Personal Relationships in Specialised Care

Perhaps one of the most important issues when entering child protection specialist care is the provision of legal representation, which is provided by the child protection guardian affiliated with the regional child protection specialist

¹⁶ Hungarian Central Statistical Office, no date c.

¹⁷ Temesváry, 2018, p. 86.

services. The aim of this role is to consistently represent the best interests of the child; it is not subordinate to the care placement but is subject to the power of the guardianship authority. Representation includes, *inter alia*, promoting the exercise of the child's rights, communicating their views to the various institutions, and managing the child's assets. In fulfilling their roles, they are accountable to both the guardianship authority and the child.

The above provisions taken as a whole ensure that all children have access to the protection guaranteed by the Fundamental Law and to the family substitute care due under the CPA (as an important element to ensure the legal representation of the child in addition to his or her care), and that, in accordance with the provisions of the Civil Code, there is always an adult person who, as guardian, is responsible for a child who for some reason does not have a parent exercising parental authority.¹⁸

As can be seen, these activities require intensive contact with the child, making workload a relevant factor.

Children placed in residential care or children's homes (together referred to as 'children's homes')¹⁹ also come into contact with a range of other professionals such as childcare workers who care for them, teachers and development teachers who support their learning and development, and psychologists (hereafter referred to collectively as 'children's home workers'). The relationship with aftercare workers – who help young adults who have reached the age of majority but remain in children's homes – is particularly important.²⁰ Aftercare workers work with the young person to develop a plan to enable him or her to successfully lead an independent life as soon as possible.²¹ During the period of aftercare, the young adult has the duty to cooperate.

Mike Stein classifies young people leaving care into three types based on their coping strategies. The first group is that of the victims; they have suffered the trauma of separation from their families and are typically unable to develop independent living. They are characterised by mistrust, are often exploited (for example, they become victims of prostitution), and have mental health problems.

18 Mattenheim, 2017, p. 565.

19 The term 'children in care' varies in both colloquial and official language in Hungarian, with several terms – such as 'child in special care', 'looked after by the state', 'fostered by the state', 'in state care', 'in child protection care' – being used interchangeably. For the sake of simplicity, these terms are used synonymously in the present study without adopting a critical perspective on their accuracy.

20 Aftercare may also be available for minor children; it may be available for up to one year after the termination of foster care (but up to the age of 18), when the relationship is mainly based on follow-ups and is carried out at the level of child welfare services.

21 For more information on the methodology governing aftercare, see the National Institute for Family and Social Policy, no date.

Young people in the second group – the survivors – are also characterised by instability; most continue to use social services after they reach adulthood, living from day to day and taking casual jobs. The third type are the successful ones, who face and overcome great struggles; they acquire a profession or higher education and have extensive social skills and contacts.²² Hungarian follow-up analyses show that 70% of aftercare recipients complete their education, while 64% of persons receiving supplementary aftercare drop out of school; in general, aftercare recipients do better, even if the care leaves something to be desired (for example, it may fail to provide relationship capital).²³

Children's homes try to create a sense of home, albeit in an institutionalised way; for this to be successful, several aspects need to be taken into account. For example, furnishings should be modern, children should have some degree of privacy (for example, space to store personal belongings), and there should be separate rooms (for example, a separate study room, playroom, and bedroom).²⁴ The issue of maintaining one's identity and culture also arises in special care, which can be particularly significant for Roma children or children of other nationalities. The CPA mandates that children's homes organise activities for this purpose, though this rarely happens in practice. Implementing relevant solutions (possibly involving civil organisations) would help children develop a healthy self-image and contribute to their development and the shaping of their future plans.²⁵

Another important issue relates to instilling knowledge about family life within the framework of children's homes. Although children's homes usually stipulate house rules which cover household-related tasks, they tend to rely on school-based education for other forms of family-related knowledge. Internationally, there are several models of family life education:

1. The health model aims at sexual education.
2. The economic model aims at household and money management knowledge.
3. The social model aims at instilling family roles.
4. The socio-psychological model aims at improving social relationships and self-knowledge.
5. The career orientation model aims to improve future decisions.

There are various solutions in international practice regarding the age at which this type of education is provided. Generally, it occurs within the framework of separate subjects specifically designed for each purpose.

22 Stein, 2005.

23 Szikulai, 2006.

24 Molnár, 2002.

25 Aratóné, 2003.

In Hungary, Government Decree No. 110/2012. (VI. 4.) on the issuance, introduction, and application of the national core curriculum deals with the issue at three levels (general education, framework curriculum, textbooks) in twelve development areas, one segment of which is family life education. The rest are integrated within the framework of other subjects (for example, ethics, social studies, or biology), depending on age characteristics, from elementary school to high school. However, based on impact measurements, this solution is not effective; a coordinated strategy appears to be necessary.²⁶ Another question that arises for children in children's homes is the extent to which the care they receive can be considered sufficient without the constant and functional presence of a family environment.

Even for children raised in families, daytime care in educational institutions can pose difficulties and affect their development. Accordingly, workers in children's homes must respond to particular situations in a suitable form,²⁷ such as creating a sense of homeliness and educating children who have experienced multiple traumas (these traumas may relate to the period before being taken into care, the process of being taken into care, and the challenges of institutional or foster care placement).²⁸ Considering all these factors, professionals must possess appropriate professional skills. They serve as role models, and the bond they form with children is also vital, since the children's home essentially provides the primary setting for their socialisation.²⁹ 'A positive, consistent, and holistic approach to supporting children and young adults can greatly contribute to establishing their emotional stability and to the development of their motivation necessary for continuing their academic studies (e.g. in higher education institutions).'³⁰ In addition, workers in children's homes also establish contact with the parents and the child's family, with whom a special relationship develops.³¹

As is the case in residential institutions in general, during placement in a children's home, the evolution of the relationship between the child and the biological family (primarily the parents) is crucial. The responsibility for maintaining contact primarily lies with the parent; upon ordering the child's care, the guardianship authority regulates the extent and manner of this contact based on the recommendation of the care facility. Typically, this means one in-person visit per month and one or two telephone contacts per week, as well as the possibility of home visits during school holidays.³² Over time – if the parent

26 Bodó, 2018.

27 Farkas, 2014.

28 Rácz, 2012; see also Kálmánchey, 2001.

29 Varga, 2012.

30 Rácz, Hodosán and Korintus, 2009.

31 Zsubrits, 2012.

32 Online tools are also provided and often replace formal means of contact between children and their parents; however, the online space is not yet subject to regulation. The dilemmas raised by this issue go beyond the scope of this study and should be examined in future research.

cooperates –, these visitations can become more frequent. However, it remains crucial to assess and reflect on the reduction of personal contact opportunities. This is especially the case when the child's removal from the family is not caused by a fault of the parent or the endangerment of the child. Moreover, parent–child meetings can lay the groundwork for future home care.

However, institutions do not always support these visits. Often, they are used as rewards or punishments, without considering that they are part of the problem-solving process. The opportunity for visits is rarely withdrawn, mostly only if they pose a danger. The provision or withdrawal of the opportunity to return home should never be used to reward or punish behavior within the institution, nor should it depend on whether the biological parents meet other objectives set out in the treatment plan. There is little evidence that these controlling procedures modify behavior, but they certainly convey the message that compliance with institutional rules is more important than maintaining family relationships.³³

Therefore, an important issue may be the expansion of contact opportunities and the development of new methods to ensure personal family relationships are maintained.

4. The Trend of Deinstitutionalisation

Child protection services that provide basic primary care are embodied in transitional care institutions, ensuring care for children (or the family in the case of a transitional family home) during periods of temporary difficulties faced by parents (such as unresolved housing issues). In these placement forms, as opposed to specialised care, there is more opportunity to maintain daily contact between children and parents, allowing parents to perform some of their caregiving duties in cooperation with the transitional care institution.

One criticism of transitional care is that the duration of the placement order (initially no more than six months, but which can be extended by two subsequent six-month periods) does not necessarily reflect the actual duration of the issues faced by the parent or parents. Moreover, it may become apparent in a shorter period whether there will be a need for temporary or permanent care; clearly, quicker solutions are in the best interests of the child. Professionals advocate for strengthening the substitute parent system and, based on the spirit of personalness, they recommend substituting institutional solutions with family integration.³⁴

33 Minuchin, Colapinto and Minuchin, 2002.

34 Zámbo, 2010.

Conversely, the duration of transitional care might be too short to deal with the comprehensive existential and lifestyle changes needed in the parents' situation. As a result, there may be considerable pressure placed on professionals.³⁵

[Deinstitutionalisation] as a necessity is one of the most direct manifestations of personalness in legislation and public service practice. The institution of deinstitutionalisation is also a shift towards a more holistic vision, a more emphatic one, in the wider field of public administration and human (public) service provision.³⁶

Recommendation Rec(2005)5 of the Committee of Ministers to Member States on the Rights of Children Living in Residential Institutions³⁷ established the following fundamental principle: 'wherever possible, preventative support measures should be provided that are appropriate to the special needs of children and families.' Furthermore, 'the institutional placement of children should only occur in exceptional cases, during which the primary goal is to ensure the best interests of the children and their quickest, successful social integration or reintegration.' The use of resources is discussed in Directive 2004/18/EC on the coordination of procedures for public works contracts, public supply contracts, and public service contracts.³⁸

The recommendation by the Committee of Ministers (2011) number CM/Rec(2011)12³⁹ addresses the rights of children and family-friendly social services, advocating not only for the availability of general, specialised, and intensive interventions for the protection of children but also for the training of professionals and the integration of supervisory opportunities, highlighting the importance of measures targeting children under three years of age and care that meets the needs of families. Article 7 of the CPA also establishes the principle of prioritising family care, adoption or foster care placement (which can include substitute parents or foster parents), with exceptions.⁴⁰

Within the realm of institutional placements, smaller-sized institutions dominate. *Table 2* illustrates the different personal care services and their legal accommodation capacity.

35 Zombai, 2014.

36 Rixer, 2009. Translation by the author. Unless otherwise specified all translations from non-English language sources are by the author.

37 Council of Europe, Committee of Ministers, 2005.

38 eur-lex.europa.eu/legal-content/HU/TXT/HTML/?uri=CELEX:32004L0018&from=EN (Accessed: 8 February 2024).

39 rm.coe.int/168046ccea (Accessed: 3 February 2024).

40 See CPA. 7. § (2) para.

Table 2. *Forms of personal care and their accommodation capacity (table content by the author)*

Type of Care	Form of Care	Institution Type	Accommodation Capacity
Transitional care – primary care	institutional	temporary home for families ⁴¹	12–40 children and adults together
		children's temporary home	12–40 children
Admission – specialised care	substitute parental care protection (with network)	substitute parent	maximum 4 children
		foster parent	up to 6 children (including own biological children)
	institutional	dormitory	maximum 12 children
		children's home	12–48 children

Notably, there are even larger complexes of institutions where several children's homes are located in one large building (such as the Children's Protection Centre in Matészalka).⁴² Another relevant form is the so-called 'boarding school', which nowadays operates in the form of a dormitory (such as the Hungária Elementary School and Dormitory in District XIX⁴³ or the Dankó Pista Unified Nursery School, Primary School, Vocational School, Secondary School, and College in Biri⁴⁴); these provide day care during the week, mostly for disadvantaged children and children with special educational needs. They are considered to be educational rather than personal care institutions, even if their function is closer to the latter, since they have a structure closer to that of a children's home than to that of general boarding schools (e.g. grouped accommodation including teachers); this also affects their funding.

On the occasion of the twentieth anniversary of the adoption of the Convention on the Rights of the Child (2009), the UN published a guide on 'Alternative Care for Children', developed by the Committee on the Rights of the Child and the International Social Service.⁴⁵ The publication highlights that the removal of a child should be based on the principle of necessity (if there is no other solution), and that the main aim of the placement arrangement is to place the child as close

41 A family transition home can be a crisis centre, a shelter, or a single mother's home.

42 <https://szszbmgk.hu/elerhetoseg> (Accessed: 5 February 2024).

43 Hungária Általános Iskola és Kollégium, no date.

44 Biri Község Önkormányzata, 2011.

45 Save the Children's Resource Centre, no date. (Accessed: 6 February 2024).

as possible to their birth family, bearing in mind the possibility of developing a personal bond with the caregivers in order to create stability and permanence (the principle of appropriateness). States should give priority to strengthening parental care and preventing family separation (informal care); where separation is unavoidable, every effort should be made to reunite families and encourage the development of foster parent networks; institutional care should be provided in small groups, in a family atmosphere, with as few staff as possible, and with aftercare support.

Eurochild,⁴⁶ a network of European child protection organisations, published a comprehensive study titled ‘Deinstitutionalisation and quality alternative care of children in Europe’⁴⁷ in 2012, which notes that comparing the approaches to alternative care in different European countries is challenging due to the different definitions of residential care institutions used by Member States, which may include residential schools, special schools, infant homes, residential homes for children with intellectual disabilities or mobility impairments, residential homes for children with behavioural problems, juvenile detention centres and aftercare homes. In addition to highlighting good practices, the research points out that enabling children to grow up in a family setting is a cost-effective and long-term solution compared to public placement options. Citing findings from a 2008 UK survey,⁴⁸ the weekly cost of keeping a child in a public residential unit would be 4.5 times the cost of living independently, 8 times the cost of foster care, 9.5 times the cost of placement with family/friends, and more than 12.5 times the cost of staying with a family; the cost of placing a child in a public institution could pay for eight children to be placed in foster care.

The Guide concludes that deinstitutionalisation could be achieved through coordinated cooperation and division of labour between state authorities, local communities, and civil society, but that in most states the allocation of targeted resources and support does not follow this logic, which requires, *inter alia*, the following measures: developing national strategies; developing accountability and responsibility rules; incorporating deinstitutionalisation into national legislation; developing institutions for early intervention; targeting long-term investments in social action; framing deinstitutionalisation as a public interest at the level of state, official bodies, and society; mapping and incorporating best practices by experts into state social action mechanisms; and involving civil society in the processes by strengthening civil initiatives.

46 Eurochild, no date.

47 Eurochild and Hope and Homes for Children, 2014.

48 European Commission, no date.

The European Expert Group on the Transition from Institutional to Community-Based Care (EEG hereafter⁴⁹) published *A Common European Guide on the Transition from Institutional to Community Care* in 2012. This guide identifies the main principles for implementing and facilitating the sustainable transition of children, people with disabilities, people with mental health problems, and older people from institutional care to family and community alternatives.⁵⁰ The guide presents research showing that children in institutional care have greater developmental difficulties compared to their peers in family or foster care, with symptoms in physical development and motor skills, brain development, emotional attachment, and mental, language, and psychosocial skills. This deficit is attributed to the fact that the relationship with caregivers is limited compared to more personal relationships in other forms of care. In addition to the economics of deinstitutionalisation, the guide also highlights the importance of prevention and the reintegration of institutionalised people into society; achieving these goals requires changes to the legal framework, building the capacity of the care system and strengthening communities. With regards to placements for children, it highlights the promotion of adoption, the extension of foster care, and the replacement of children's homes by residential care.

In Hungary, government efforts to replace residential institutions for people with disabilities started in 2009 and have subsequently been extended to other residential institutions, including child protection.⁵¹ The process is currently being developed and implemented within the framework of the EFOP 1.9.1 TÁRS project.⁵²

[In] children's lives there is a whole range of environmental factors that, although not traumatic in the traditional sense of the word, have a detrimental effect on brain development. There is a growing body of evidence to suggest that the most serious threat to children's healthy development is neglect, i.e. when parents or carers are insensitive to the child's needs. Neglect in childhood, especially in infancy, is a serious threat to the nervous system. Research has shown that neglect can cause more long-term harm to children than physical abuse.⁵³

49 The EEG is part of the Europe 2020 strategy; see more here: deinstitutionalisation.com/ (Accessed: 9 February 2024; see also: https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en Accessed: 9 February 2024).

50 European Expert Group on the Transition from Institutional to Community-based Care, 2012.

51 Emberi Erőforrások Minisztériuma, 2019.

52 For more details on the structure of the programme, see: Fogyatékos Személyek Esélyegyenlőségéért Nonprofit Kft., no date.

53 Tough, 2018, pp. 32–33.

In the light of this, it can be concluded that the number of risk factors is very extensive; other forms of care, in addition to that provided by parents, play a major role in shaping a child's healthy development. In conclusion,

the child protection system needs to be developed at different levels, as it can only work effectively if it is systemic. There is no hierarchical relationship between the different subsystems and services, no professional difference in prestige, they are not based on competing values, but have different systemic functions in ensuring the well-being and protection of children and the broad support of families.⁵⁴

5. Concluding Reflections

The model of personalness in child protection is primarily expressed in supportive, personal relationships; it is also a key part of the terminology and process of deinstitutionalisation.

It is important to make a distinction between temporary and foster care. Considering the developmental difficulties of children in residential care, international recommendations – based on the spirit of deinstitutionalisation – increasingly emphasise solutions that replace institutional care. They recommend the promotion of family-friendly and child-friendly social services, prevention, and measures that ensure that children are brought up in families. The tools to reach these goals are coordinated programmes and strategies based on partnerships between the state, civil society, and wider society.

At the international level, deinstitutionalisation is a requirement for states, based on guidelines drawn up by the UN and the EU. It should be organised both by involving practitioners and by organising social cooperation based on a coordinated division of labour. However, staff in residential care institutions are not fully convinced: while they recognise that large institutional systems may not be the most effective means of providing personal care, they fail to see alternative solutions and fear for their roles and their jobs.⁵⁵

Although Hungary's CPA is largely in line with international trends in terms of its deinstitutionalisation of specialised care (by prioritising foster care and starting to replace children's homes with residential homes), implementation differs in practice, partly due to the lack of professionals and institutional resources. Ombudsman's reports often mention shortages of equipment, absence of professional staff, lack of accommodation capacity, and the isolated locations

54 Rácz, 2018, p. 209.

55 Bugarszki *et al.*, 2010–2011.

of institutions which might hinder children's chances of social integration.⁵⁶ Children's homes and residential care homes must be located in municipalities that are welcoming, that see the job opportunities created by children's homes as a positive factor, and have infrastructure (such as public education institutions and specialised educational services).⁵⁷ It is equally important to increase the prestige of the child protection profession.⁵⁸

In general, there are fewer measures in child protection legislation that seek to help families at risk of having their child taken into care; this should be improved. There is also a need to strengthen temporary or alternative care institutions and to regulate residential schools and their placement between services, which, as part of their function as temporary care institutions, could be a stepping stone between temporary and specialised care. In addition to smaller, more family-oriented institutions, it is just as important to improve the skills and qualifications of professionals working with children and to ensure continuity in their careers. To this end, targeted training and supervision, support for recreation, and competitive salaries are essential.

Regarding best practices, many NGOs lead the way, linking their initiatives with child protection services. Such cooperation could make the system more efficient, but there is no comprehensive legislative guidance on the forms it should take. The key to success seems to be that the local community accepts NGO volunteers and staff.⁵⁹ NGOs help disadvantaged children and their families mainly by building personal relationships through mentoring programmes; in this way, they contribute to fostering a family upbringing and overcoming family dysfunction, thereby strengthening local communities. In addition, there are initiatives to support, train, and supervise professionals and to exchange experience, which also fills a gap in the professional child protection workforce. It seems that projects based on various pedagogical (from traditional to alternative methods), professional, theoretical, and other approaches can be equally successful; the crucial factor comprises personal relationships combined with effective organisational functioning.

Overall, targeted initiatives with multi-level participants (public, civil, social), based on a partnership between the state, civil society and wider society, are clearly the most effective way of tackling the situation of disadvantaged and at-risk children. This requires not only a change in the legal framework but also the provision of public funding and grants. This research has shown that implementing the principle of personalness will shift the child protection system

56 See e.g. Report No. 6828-2020, Report No. 2875-2020, Report No. AJB-276/2019, Report No. AJB-2648/2015, Report No. AJB-746/2015.

57 Büki, 2015.

58 Rácz, 2014.

59 Darvas and Ferge, 2013.

in this direction, and that the success of this process can be assessed in the coming years. For this, developing and standardising child protection evaluation methods could be useful.⁶⁰ Programmes aimed at helping families and raising children in families are not only more cost-effective, but in the longer term they can solve the problems of vulnerable groups and prevent future generations from being affected by vulnerability. These initiatives need to take a multidimensional approach by developing complex professional programmes.⁶¹ We hope that in the near future the child protection system can move in this direction and demonstrate practical results.

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