

Deinstitutionalisation in Hungarian child protection: Policy and practice changes in historical contexts

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Abstract: The aim of the study is to present the historical changes in child protection in Hungary and the process of deinstitutionalisation, which is still shaping child protection work in this country. The research seeks to answer the question of how the process of institutionalisation and deinstitutionalisation was implemented in Hungary in the socialist era and after the introduction of Act XXXI of 1997 on the Protection of Children and on the Directorate for Guardianship (Act XXXI of 1997), which was a milestone in the Hungarian child protection for the 0-3-year olds. The study employs a case study methodology with secondary data corpus including legislation and data provided by the Central Statistical Office in Hungary. The scientific approach of the study is mainly historical, presenting the main features of child protection in three distinct periods 1950-1970, 1980-1995 and 1996-2018. The findings indicate that the socialist era has had a prevailing influence on child protection for many decades, but the years following the transition into democracy brought major transformation in child protection, a "transition of the child protection system", paving the way for the process of deinstitutionalisation and the emergence of alternative forms of care.

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Introduction

Different models of child protection have developed throughout history. One of these is the model of Western European countries, where the transformation of large institutions, the development of small group homes and the strengthening of foster care began in the late 1960s (Gottesmann, 1991; Petrie, 2006; Trede, 1993). In contrast, the countries of Central and Eastern Europe constitute the other model, which was characterised by the belief in the socialist era that institutional community placement was the best solution for children in care. The Western European model only began to appear in Hungary in the late 1980s (Rákó, 2014). The study illustrates the changes in Hungary mainly through the history of the development of infant homes, the institutions that provide protection for children aged 0-3 years. The choice of the age range can be justified by the fact that all international research draws attention to the fact that institutionalisation is particularly harmful for 0-3-year olds (Browne et al., 2006; Finelli et al., 2018; Zeanah et al., 2017). The study is a descriptive case study of Hungary in terms of analysing the road it took from institutionalisation to deinstitutionalisation the years (Yin, 2018). Its main contribution is to a more nuanced understanding of present policies in Hungary and other countries in similar socio- and geo-political contexts, which can help and guide researchers in the field of Early Childhood Education (ECE) to focus their attention to similar processes within their native countries.

Nevertheless, we have not undertaken a detailed description of the entire child protection system, as this would go beyond the scope of this study. Instead, the focus is on the factors that influence deinstitutionalisation of the processes of child protection over a sixty-five year period spanning across the socialist era and what followed in its wake.

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Historical Background

Institutional care is referred to care that is in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, but display the characteristics typical of institutional culture (Michela, 2012). It is hard to outline a common definition of ‘institutions’ applicable to the wide diversity of national contexts across Europe. However, a few recurring features seem to characterise institutional care and constitute what has been referred to as ‘institutional culture’, like depersonalisation, rigidity of routine, block treatment, social distance. Dependence, lack of accountability and social, emotional and geographical isolation are also typical of this kind of care. Size and number of residents are not the only elements to classify a residential care facility as an institution, although they do appear to be proportionally related to the presence of an institutional culture: “the larger the setting, the fewer the chances are to guarantee individualised, needs-tailored services as well as participation and inclusion in the community” (European Commission, 2009, p. 9).

In 2009, the United Nations General Assembly drew attention to the serious gaps in the application of the Convention on the Rights of the Child to children living outside their families or at risk of being separated from their families. Therefore, the international community has come together and developed the methodological guideline, called “Guidelines for the Alternative Care for Children”. The Guideline distinguishes the following forms of alternative care: 1. kinship care or family-based form of care within the child’s extended family; 2. foster care, when the child cannot be cared for in the family and is placed in a foster family prepared for the task for alternative care; 3. other forms of family-based or family-like care; 4. residential care, provided in a non-family-based, group setting, such as care that provides safe accommodation and care in crisis situations, temporary residential care, and other types of short- and long-term residential care, including residential care homes; 5. Supervised, independent housing for children (United Nations General Assembly, 2010).

In Western European child protection models, alternative forms of care are implemented in the context of deinstitutionalisation. The concept of deinstitutionalisation in the field of child protection encompasses several factors. It is not only about transforming large institutions and placing children in family-like settings, but also about strengthening family education and developing community-based services at the same time and helping young people, who have come of age in the child protection system to leave institutions and integrate into society (Michela, 2012). Policy-driven process of reforming a country’s alternative care system, which primarily aims at: Decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services; Preventing separation of children from their parents by providing adequate support to children, families and communities; Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living (Michela, 2012). Deinstitutionalization has been defined as a change in the organization of the provision of services that is implemented in three stages: (a) release of service users from residential institutions, (b) directing potential users to alternative institutions, and (c) development of community services (Baghragh, 1996). Davidson et al. (2016), in contrast to Baghragh (1996), distinguish two dimensions of deinstitutionalisation. De-institutionalisation policy focuses on two broad areas: (a) developing family support measures to prevent the separation of children from their family; and (b) developing family-based care placements in order to move children out of the institutions, and to provide options for children who will need ‘alternative care’ placements in the future (Davidson et al., 2016).

Our study focuses on the factors of deinstitutionalisation identified by Baghragh (1996) and Davidson et al. (2016) and does not examine the third element identified by the Michela (2012), which is the facilitation of social integration of young people as they reach adulthood. The child protection aspects of institutionalisation-deinstitutionalisation are summarised in Table 1, based on the literature.

Table 1. The child protection aspects of institutionalisation-deinstitutionalisation*

	Institutionalisation	Deinstitutionalisation
Physical environment	large institutions of 100-200 people, isolated environments often on the outskirts of the municipality	small-scale, family-based care, placing children in foster or adoptive families integrated housing within the municipality
Place of care	the place of care may vary more often according to age or other factors	striving for permanence, avoiding unnecessary changes in the place of care
Educational services	meets the child's basic needs but does not focus on individual needs	family and community-based services, according to the individual needs of the child
	characterised by a focus on community education, moving children around in a group at the same time, performing daily routines (eating, dressing, etc.) at the same time, uniformity	community education is implemented, with children meeting their needs on a flexible schedule, similar to family life
	rigid agenda, house rules, rigorous rules, sometimes over-medicalised approach, on-site kindergarten, school may also operate in the institution	typically flexible daily schedules and rules, but these can be adapted to individual needs; separation of residence, education and leisure activities according to the principle of normalisation
Experts	frequent hospitalisation and its various manifestations, impersonal treatment, attachment difficulties	personal, differentiated treatment, less hospitalisation, attachment patterns
	difficult to ensure the stability of carers, educators, educational attitude	striving for permanence of carers and educators
Keeping in touch with family	strive to work with the family, but it is sporadic	intensive efforts to foster contact with the family

*Own adaptation based on literature, source: Michela (2012), European Commission (2009), Majoros, (2015)

During the era of socialism, the Hungarian child protection system was based on total institutions, where the specific features of institutionalisation were clearly visible. Among the total institutions, Goffman (1961) includes children's homes for orphans and children in need. The specific functioning of total institutions is characterised by the fact that they operate according to formal rules, and institutional functioning is governed by institutional bureaucracy and it is also characterised by strict order.

In the design of children's homes from the 1950s onwards, there was a tendency to operate them mainly in mansions and manor houses located in the outskirts of cities. The buildings themselves were not suitable to accommodate children. The peripheral location reinforced the isolation of the children, and the isolation was further increased by the operation of the so-called on-site kindergartens and schools. The on-site schools were an integral part of the child protection institutions, but the school requirements often lagged behind those of the external schools. There was a wide variety of child protection institutions, both in terms of accommodation and educational provision. However, all institutions have two aspects in common: a low standard of living compared to the national average and poor pedagogical quality. The main criterion for selecting teachers was not professional performance but political credibility. The foster homes mainly employed staff with teacher training, nevertheless the educational conditions were not favourable for the children. Conditions for differentiated work based on children's needs were not provided (Gergely, 1997).

Since the 1950s, in Hungary there were a number of large children's homes with total institutional characteristics. The era was characterised by the placement of children in foster homes according to age. That means that there were infant homes, homes for pre-school children (3-6 years), homes for primary school children (6-14 years) and youth homes for children over 14 years (Rákó, 2011).

Following the outline of the methodology in the subsequent section, the findings of the secondary data analysis are presented, which provide a more detailed overview of child protection as part of the institutionalisation-deinstitutionalisation processes of the period, and present the child protection provision for 0-3-year-olds through providing an overview of the history of the development of infant homes.

Method

The paper takes a historical approach to understand the current policy and processes of institutionalisation and deinstitutionalisation in child protection in Hungary, informed by Foucault's (1977) idea of interrogating the past in order to illuminate the present. Interpreting and evaluating past policies of child protection and practices of institutionalisation is informed here by knowledge and understanding of the present, which reveal key features of discourses and practices regarding out-of-home, alternative care for the youngest of children. The risk of revisionism – revisiting and re-evaluating matters of the past from a present perspective- is to be acknowledged here (Foucault, 1977). Attempt are made to minimise the risk, therefore, a mixed-methods approach was adopted working with both qualitative and quantitative data (Creswell & Plano Clark, 2017; Onwuegbuzie, 2012). Qualitative data (policy and legislation documents) was interrogated corroboratively with statistical data from the Central Statistical Office in Hungary for the examined period. Secondary analysis of child protection statistics, as well as the analysis of the statistical data and content analysis of relevant legislations took place (White & Marsh, 2006), using statistics to aid the interpretation of policy and legislation. This enabled a clear focus on the question that frames this paper: how did the alternative forms of care develop in Hungarian child protection for 0-3-year-olds during socialism and in the following years. Interrogation of the data corpus helped identify three distinct historical periods of child protection, each with features that are identified as typical during those years. These are presented in the next three sub-sections.

Child Protection in the 1950s-1970s: The Proliferation of Children's Homes and the Decline of Foster Care

The socialist era of the 1950s and 1960s was characterised by the strengthening of institutional education. This is illustrated by the data in Table 2. Children were mainly placed in institutions. The year 1955 was the first year in which the proportion of children in foster care fell significantly compared to the proportion of all children in state care. At that time, the proportion of children in foster care had fallen to 39.2 per cent compared with 50 per cent in 1954. By 1958, the decline in foster care service was even greater with only 25.2 percent of children in foster care, 30 percent fewer than in 1953. From 1960, the number of children in state care increased steadily. While in 1960 there were 23,408 children in state care, by 1968 the number of children living in residential care or foster care increased to 35,396, an increase of 50 per cent in just eight years. This trend continues throughout the 1960s, so that the proportion of children living in foster care compared to all children in state care was 27.2-33.9 per cent in the period 1960-68. In the socialist era, the institutionalist tendencies intensified, and it became a general trend to create as many orphanages and children's villages as possible, because of the bad experiences in foster care and in the spirit of the ideology of community education. It was felt that the foster care network was not beneficial, and that the best solution for children's education was a children's home. There was an unprecedented proliferation of children's homes (Veczkó, 1990).

Table 2. Child and youth protection institutions*

Year	Child and youth protection institutions	Total number of children in state care	Of which		
			In children's home	In foster care	
				children placed in care as a proportion of the total number of children in care	number of children placed
Number of people in hosted in state care					
1953	15	25 055	11302	54,8%	13753
1954	15	23314	11644	50,0%	11670
1955	15	19327	11748	39,2%	7579
1956	15	19153	12368	35,4%	6785
1957	14	19931	14455	27,4%	5476
1958	14	21542	16107	25,2%	5435
1959	14	22600	17038	24,6%	5562
1960	14	23408	17213	26,4%	6195
1961	14	25340	18537	26,8%	6803

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1962	17	27277	19844	27,2%	7433
1963	18	29365	21150	27,9%	8215
1964	19	31380	21243	32,3%	10137
1965	19	33420	22181	33,6%	11239
1966	19	33584	22175	33,9%	11409
1967	19	34483	22939	33,4%	11544
1968	20	35077	23710	32,4%	11367
1968	20	35396	24076	31,9%	11320

* Own adaptation based on literature, source: Central Statistical Office (1961) (1970). Statistical Yearbook 1960. p. 331, Statistical Yearbook 1969. p. 396.

For children removed from their families, priority was given to institutional care, and these children could only be placed in foster care if there was no room in institutions.

“The five-year plans included efforts to create child protection institutions. NGOs have not been given any form of child protection functions, which have been primarily provided by the state. The government’s efforts were characterised by the creation of large institutions, children’s towns, where hundreds of children were placed. The development of children’s homes became increasingly important. At the same time, the foster care network is being eroded.” (Rákó, 2011, p. 47).

During the period of socialism, education in the children’s homes was based on the documents Programme for the further development of foster care education I and the Programme for the further development of foster care education. The programme included the main content elements of community education, education for a healthy life, moral-political-ideological education, education for work and also leisure and cultural education (Bábosik, 1976). Typically of the period as a whole, the process of moral-political-secular education was implemented in all levels of institutional education, including child protection. In ideological education, considerable emphasis was placed on moral social orientation, the development of the moral-political-ideological qualities of the child, education in socialist humanism, socialist patriotism, a socialist attitude to work, and education to discipline (Bábosik, 1976).

Institutional education for 0–3-year-olds was provided in infant homes. The first infant home in Hungary was established by Emmi Pikler in 1946 in Budapest, on Lajos Lóczy Street, and was therefore often referred to as “Lóczy”. The number of infant homes in Hungary increased steadily, while in 1951 24 infant homes accommodated 1,288 persons with an occupancy rate of 87.1 per cent, in 1961 there were 43 infant homes with 3,591 places and an occupancy rate of 98.4 per cent, higher than in previous years (Central Statistical Office [CSO], 1961).

The Ministry of Health was responsible for running infant homes. The infant homes were managed by a paediatrician, which in some cases reinforced the excessive medical approach and the relative rigidity of the infant homes. In infancy and toddlerhood, the daily routine is much tighter, and keeping to the children’s daily routine is essential. Because young children are more susceptible to infections, they need to be protected more carefully than older children to safeguard their health (Révész, 2007). Infant homes fulfilled several functions within the child protection system. On the one hand, they were responsible for the care and upbringing of children under the age of three, whose parents were temporarily or permanently unable to take care of them, or whose environment endangered their development. On the other hand, they also allowed the mother to be present during breastfeeding. A pioneer in the field of institutional childcare, Emmi Pikler (1976) has developed a unique approach to infant and early childhood education based on her experience collected as a paediatrician and in the nurseries, which has made her internationally recognised. The essence of his approach is that the children’s needs should be taken into account when designing their life, providing maximum autonomy and autonomy for the children to develop their abilities.

“When designing the structure of the institution, it was important for her from the beginning that the children stayed in the same room (group), where they were placed when they arrived until they left, and that they were always looked after by the same carers. Although she did not yet know the results of Bowlby and Spitz’s studies, she instinctively felt, knew, that babies needed a lot of personal attention and care, and that only adults who knew them well could provide it” (Majoros, 2015, p. 131).

In spite of the predominance of institutional education in the period under study, innovative ideas appeared as early as the 1970s - although they were not implemented in practice in many places - which drew attention to the dangers of institutional education and the need to transform institutions.

In the 1970s, Pikler's research in infant homes drew attention to another form of over-hospitalisation, the lack of volitional manifestations:

"More than once you see whole groups of children around two years old building with the same movements, the same blocks, the way they've been shown. If they are given the string in their hands and prompted, they pull the toy. The child is a passive puppet in the hands of the adult, acting only on explicit command, not on his own initiative. Even a child who is able to sit still will allow himself to be fed with arms dangling, passively lying down, until the adult puts him on a bench or chair, hands him a spoon and tells him to eat alone" (Pikler, 1976, p. 442).

The period of socialist child protection between 1950 and 1970 is primarily characterised by institutionalisation. It is typical that foster care has declined alongside large institutions of 100-200 children. For many decades, foster parenting was not seen as professional work, work in the home and family was devalued, in contrast to the family large communities were considered the primary socialisation arena, and the need for specialised educational skills for children who were removed from their families was emphasised (Homoki, 2011).

Care for 0–3-year-olds was also provided mainly in institutional settings, in nurseries, rather than in care. The basic needs of the child were met in the institutions, but individual needs were not the focus. Community education, the uniformization of children, the movement of children in groups were all characteristic of the era and also the emergence of classic and newer forms of hospitalisation. Alternative forms of care were not common in this era.

The 1980s and 1990s Rudimentary Forms of Deinstitutionalisation and Renewed Emphasis on Family Care

The 1980s brought new changes in child protection. The changes were opened up by the fact that it became clear that socialist society could not eliminate the factors that disrupted children's development. Thus, the political attitude towards child protection issues became more "permissive". In 1979, as a result of the social crisis phenomena, national research was launched as an interministerial research priority under the title "Complex study of social integration disorders" (hereinafter referred to as "SID"). This then played an important role in all the efforts to modernise child protection before the political regime change in 1990. The results of the SID research provided a theoretical background and reference for the reform efforts of child protection workers, which "legalised" these efforts (Domszky, 1994).

The research on Social Integration Disorders was launched in 1981 on 6 themes and nearly 40 topics. The aim of the research was to explore deviance, although this term was not used. The rationale for the research was that these social phenomena were occurring on a massive scale, causing significant harm to both individuals and the society. And the institutions to deal with the problems were not in place during this period (Rákó, 2011).

In 1978, 8.9% of the population aged 0-17 years received some form of public care. This year, 33,411 children were in state care, placed in various institutions. The data show that, in terms of living conditions, most of the children concerned lived in state foster care, with around 12,048 children, and a further 8,995 children in foster care (Miltényi & Münnich, 1980) thus institutional placement was still preferred to foster care. Institutionalisation of children in state care did not only mean placement in state foster homes. There were also a significant number of people placed in infant homes and special educational institutions, totalling more than 3,000.

In the 1980s and 1990s, the number of infant homes and the number of children living in infant homes decreased. While in 1980 there were 3,759 children in infant homes in nurseries, in 1989 there were 2,376. The number of infant homes had fallen by six by 1989 (31) compared with 1980 (37). The situation of these infants is well illustrated by a study carried out by the National Association of Infant Homes, founded in 1990, which involved 134 children in 35 infant homes. According to the research, children were placed in a

children's home for a variety of reasons, including neglect, poor physical condition and malnutrition. They came mainly from their own biological families. As a problem in the functioning of the child protection system, they highlighted the slow administration of the authorities in settling the fate of these children, and in the case of placement in foster care the lack of preparedness of the whole process. The research has explored the ambition to expand the scope of activities of infant homes. For example, the admission of mothers to the infant home regardless of the duration of breastfeeding. Hevesi et al. (1993) found that there was a growing push to extend the age of placement in infant homes to six years of age to avoid placement in another institution and to place children with their biological family or in foster care instead (Hevesi et al., 1993).

From the 1980s and 1990s, the elements of institutionalisation began to change, and deinstitutionalisation efforts began to appear, albeit in a rudimentary form. In the 1990s, the number of institutions and the number of children in their care continued to decline. In 1990, 31 institutions cared for 2147 children, by 1996, 27 institutions were operating and caring for 1670 children.

From the 1980s onwards, there was a renewed emphasis on family care. In Hungary, until the second half of the 1990s, the placement of children in foster care was determined by MT Decree 2111 of 1954 About some organizational issues of child and youth protection and the placement was only possible if there was a shortage of places in educational institutions (boarding schools). Professional foster parents were introduced in 1986 and their position was already regulated by law. Professional foster carers were employed by the Child and Youth Protection Institutes. The working hours of a full-time foster carer are 6 days a week, with a part-time or retired professional foster carer or childcare worker on days off. Professional foster carers look after a minimum of five and a maximum of ten children in their own home. The number of children to be accommodated is determined by the employer on the basis of the age, condition and development of the children. If they are caring for a child with a disability or a serious behavioural problem, they must be responsible for at least three children. – In professional foster care families, the mother became a full-time employee of the Child and Youth Care Institute, while the father or a family member became a part-time employee. Professional foster carers may also work part-time, in which case they are assisted by a child carer if the number of children is at least eight. Once the child reaches the age of adulthood, he or she can stay in the professional foster carer's household (MM Decree XXVIII of 1986 On the Employment Relationship of Professional Foster Parents).

In addition to professional foster parents, there were so-called traditional foster parents, who were not paid for their work, and who had an agreement with child and youth protection institutions. In contrast, professional foster carers were employed and carried out their work on a salaried basis. Innovatively, in Hajdú-Bihar County, a crisis programme was launched in 1995 as a tender programme, which was integrated into the system of foster care services. As a result of the initiative it became a practice that newborn babies, who used to be placed into infant homes from the hospitals, were placed with foster parents until they were reintegrated into the family or adopted (Rákó & Bagdács, 2011). Initiating radical change has also been difficult in the field of institutional education. Towards the end of the 1980s began the development of the so-called family models within the foster home, children's city structure and the organisation of family-like groups (Veressné Gönczi, 2002).

The socio-economic-political changes of 1990 contributed significantly to the transformation of the child protection institutional system. The socio-economic processes that developed in parallel with the end of the socialist era had an impact on the living conditions of children, and the existing care and institutional system could no longer deal effectively with child protection problems. Hungary committed itself to renewing child protection by being among the first countries to ratify the United Nations Convention on the Rights of the Child [UNCRC], 1989, in 1991. It states that a child who has been temporarily or permanently deprived of his or her family environment is entitled to special protection from the State. The Convention sets out the possible forms of substitute protection, which may be placement with a family, adoption or placement in an appropriate children's institution (UNCRC, 1989).

In terms of child protection, the period 1980-1995 is still characterised by a strong institutionalisation,

although by the end of the period some elements of deinstitutionalisation appear, including the creation of smaller residential units within large institutions to provide family accommodation, and the emergence of professional foster parents. The UNCRC (1989) emphasises the importance of deinstitutionalisation for the child protection systems of signatory countries, including Hungary. During this period, the first steps were taken to prepare for deinstitutionalisation. Among the alternative forms of care, the possibility of professional foster care emerged.

Child Protection Between 1996-2018: The Increase of Placement in Foster Care?

The Act XXXI of 1997 brought significant changes to the Hungarian child protection system, and at the same time the living conditions of children living in institutions also changed. In the case of placement of a child removed from the family, the law gives preference to placement back in the biological family, foster care or adoption, and lastly, placement in a children's home. The aim is for children to live in a family environment, rather than an institutional one, even if this is not possible within their own family. Another important aspect for children is to spend as little time away from their families as possible. The existing network of child protection institutions was also modernised in 1997. In the context of deinstitutionalisation, large institutions have been continuously restructured, smaller, more family-oriented residential homes have been created, and foster care has been expanded.

In the remaining part of the paper, we present a comparative analysis of the characteristics of child care before and after 1997. We will focus on the main stages of deinstitutionalisation and present the changes/trends affecting children aged 0-3 at each stage. After 1997, the first phase of the process involved the creation of small residential homes to provide family-like conditions for children. The second phase of deinstitutionalisation started in 2004, when more children were placed in foster care than in children's homes. The third phase of the process started in 2014, when more than 90 percent of children under 12, two-thirds of all children in specialised care, were placed in foster care.

The 1st phase of deinstitutionalisation dates back to the years after 1997. At that time the infant homes, homes for pre-school children (3-6 years) and school-age children (6-14 years) which provided age-appropriate care for children, have been discontinued. After 1997, 3-6 year olds were placed in foster care, special children's homes and residential homes. 6-14 year olds were mainly living in foster care, residential care homes and children's homes in co-educational mixed-age groups in the years after 1997. The high-capacity children's homes have been constantly transformed, replacing them mainly by residential homes, which provide continuous care for 12 children. The general children's home accommodated up to forty children in a small community. Children's homes and residential care homes have differentiated according to the needs of children, and children's homes and residential care homes specialising in the care of children with special needs and specific needs have also appeared (According to Act XXXI of 1997 No 53 §). There are two categories of residential care in Hungary: One category includes children with severe psychiatric or psychosocial symptoms, children who use psychoactive substances and children suspected of being victims of human trafficking - this category is called "*special*" in this study. Another form of special care must be provided for children under three years of age and who are chronically ill or disabled - this category is called "*specific*" in the study.) The special children's homes and residential care homes are for children aged 0-3 years with a persistent disability. Children with antisocial behaviour, psychoactive substance abuse, delinquent behaviour, dysfunctional behaviour and severe behavioural integration difficulties were placed in special children's homes and special residential care homes. The aftercare home can provide additional care if the child has reached the adult age but still meets the conditions (Act XXXI of 1997)

Support for the foster care network was already growing in the 1980s and after 1997 this was the preferred form of accommodation to ensure family accommodation. In these years there were traditional, professional and special professional foster parents. The system was restructured in 2014, with new categories of foster carers, special and specific foster carers, better adapted to the needs of the children, and all foster carers now working on an employed basis.

Table 3. Number of places and children by type of care in 2005*

Title	Number of places authorised	Temporarily placed	Transitional foster care	Permanently fostered	Total	Recipient of aftercare	Temporary care	In total
Children's home								
Children's home	3651	376	2429	107	2912	392	29	3333
Residential home	4608	105	3019	291	3415	832	2	4249
Special Children's Home	384	2	270	26	298	19		317
AID and Children's home	1032	16	603	83	704	177		879
Aftercare home	571		2		2	449		451
Specific Children's Home	607	58	334	67	459	62		521

* Source: Central Statistical Office (CSO) (2006). Information on family, child and youth protection. SZMM Department of Child and Youth Protection. p. 53.

The placement options for children are illustrated in Table 3. The data clearly show that in 2005, residential homes provided the largest number of places for children in need - 4608 in total. Accordingly, the majority of children (4,249) were placed in this type of institution, i.e. many more children were placed in institutions providing family-like conditions.

After the introduction of Act XXXI of 1997, foster care became more preferred. Up to the second half of the 1990s, the number of foster parents showed a decreasing trend, according to CSO (2004), in 1990 there were 5373 foster parents, in 1997 there were 4809, while in 2002 there were 5020.

Between 2002 and 2005, there has been a small but steady increase in the number of people taking on the task. The number increased from 5020 in 2002 to 5323 in 2005.

Table 4. Number of foster parents in 2005*

Number of foster parents with		Professional foster parent	Traditional foster parent	Total
0	child in need of child protection	2	474	476
1		16	1867	1883
2		31	1189	1220
3		40	783	823
4		57	384	441
5		84	167	251
6 or more		17	59	229
Total		400	4923	5323

*Source: Central Statistical Office (CSO) (2006). Information on family, child and youth protection. SZMM Department of Child and Youth Protection. p. 59.

Table 4 shows that in 2005 there were 400 professional and 4,923 traditional foster parents in Hungary. Typically, foster carers were most likely to foster 1-2-3 children. Fewer took on the task of fostering 5 or more children, with 480 foster parents in 2005. The national study, which also covered foster carers, found that foster parent networks cannot be developed indefinitely due to a lack of suitable foster carers. Between 1999 and 2002, the number of foster carers increased from 4789 to 5020, according to the survey. The slow growth in the number of foster carers is due to the low number of applicants and the ageing of foster carers. The survey shows that many people apply to become foster parents in order to solve their existential problems, for lack of other options (State Audit Office of Hungary, 2004).

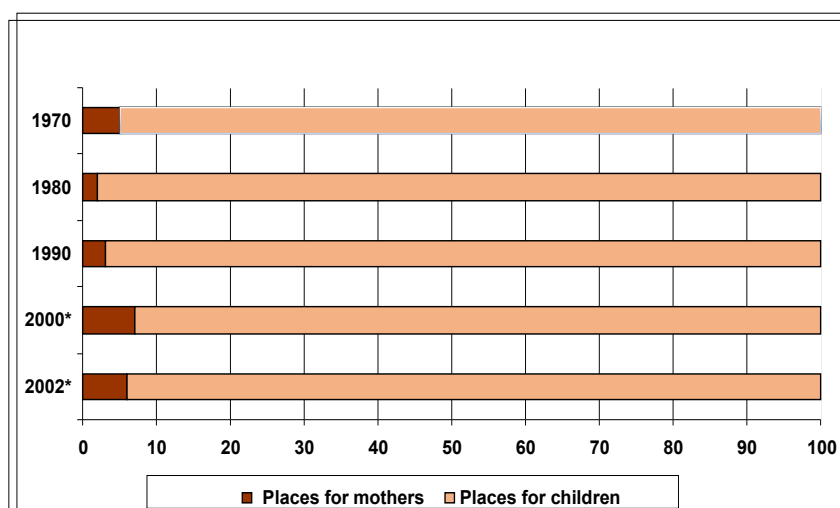


Figure 1. Changes in the number of places in infant homes (Source: Tóth J. N. (Ed.) (2004). The state of child protection specialized care in the 20th century. CSO, p. 18.)

According to Révész (2007), the Act XXXI of 1997 “forgot” about infant homes. The previous division of children’s homes according to age has been abolished, with children aged 0-18 being placed in children’s homes until the age of 24, subject to certain conditions. Children are placed in co-educational, mixed-age groups in different types of homes.

After the introduction of the Act XXXI of 1997, the number of infant places decreased and the number of maternity places increased (Figure 1). According to the data in the Figure 1 while in 1990 there were 3,690 places for infants and 144 places for mothers, in 2002 there were 1,399 places for infants and 94 places for mothers. Placing mothers together with their children helps to strengthen the mother-child relationship, and in many cases it is the only option for the mother, as some mothers have been institutionalised themselves.

“It is mainly under-age mothers, in need of state care, who are placed with their newborn babies in special children’s homes and residential homes. In some places, it is also possible for an adult mother, who may be working, to be admitted to the children’s home with her newborn or one- or two-year-old child. In this case, the children have a place in a group for their age group, but spend all or most of the day with their mother.” (Majoros, 2015, p. 151).

Until December 2005, infant homes in Hungary were under continuous restructuring. Special children’s homes have been set up to accommodate children who need special care because of their age (0-3 years old), children who are permanently ill and children with disabilities, who are defined by law as having special needs. The special children’s home also provides early development, care and education for children under the age of 6, with disabilities and developmental delays. Children’s homes can accept children aged 0-3 if they can provide the necessary conditions for their placement. The average number of people in these homes was 8.4 at its highest and 7.1 at its lowest in the period 1980-1997. The Child Protection Act capped the number of children in these homes at 8.

Foster care, which would be particularly appropriate for children under three, could not always be provided. “For foster parents, fostering a small child is not a general task, but one that requires very specific knowledge and skills. In addition, some social work professionals stress that for a significant proportion of children, who are placed in specialised care at a young age, if the mother or parents receive special help and support during their visits to the nursery, they are more likely to be able to take the child home after a relatively short period of time” (Révész, 2007, p. 38).

The year 2004 was a milestone in terms of deinstitutionalisation, when for the first time more than half (51.3 per cent) of the children in child protection care were placed with foster parents. This proportion has steadily increased every year according to Table 8, and by 2018 the vast majority of children, 68.3 per cent, were living with a foster parent (CSO, 2019). Efforts to place children in families have steadily increased, with the creation of foster parent networks and intensive recruitment of foster parents. In 2018,

49 foster parent networks were operating in Hungary. A network brings together ten foster parents and is supported by a variety of professionals - special needs teachers, psychologists, development teachers, etc. Foster parents - who look after children under three years of age or children with long-term illness or disabilities, i.e. children with special needs - are included in the special foster carers group.

There are significant inequalities in the distribution of foster parents across counties, some of which result from inequalities in foster parent networks. 4% of settlements with more than 30 000 inhabitants had foster parents. Two-thirds of the foster carers lived in small settlements with fewer than 5,000 inhabitants. In certain counties and regions, the "population density" of foster parents is high in the North-East Regions in Hungary. The vast majority of these regions and municipalities are considered to be at high risk of poverty and are correlated with the presence of a Roma population (Babusik, 2009). There are therefore significant differences in the number of foster parents between counties and regions. The capital and the counties in the North-east regions have a high number of foster parents, nearly 60 percent of all foster parents are living here (CSO, 2019).

In the public sector, from 2013, specialised care was placed under the responsibility of the Directorate General for Social Protection of Children, part of the Ministry of Human Resources. As well as being run by the state, church and non-governmental organisations are also involved in running the foster care networks. In terms of proportions, there is a tendency for state involvement to decline, with civil society networks only participating to a small extent, while church involvement has increased significantly in recent years (Boros, 2021).

In 2000, there were 4,858 foster parents, rising to 5,753 in 2013. This is partly due to the recruitment of foster parents. The number of traditional foster carers is significantly higher than that of professional foster carers. While their number is only a fraction of that of traditional foster carers, the number of professional foster carers - as mentioned earlier, they are employed - is on the decline. While there were 400 professional foster carers in 2005, there were only 293 in 2013 (CSO, 2014).

The third major phase of the Hungarian deinstitutionalisation process started in 2014. This year has seen a number of significant changes in child protection, which have helped to achieve deinstitutionalisation. One such change is the restructuring of foster care. The foster parents are employed, for which they receive a salary, and this is accompanied by the deduction of length of service, sick pay entitlement and family tax allowance. Foster parents can be special or specific foster parents depending on the needs of the children they care for.

The number of foster parents decreases in the years after 2013, except in 2018, when the number of foster parents increased minimally, 20 persons compared to 5753 in 2013. The number of special foster parents is much smaller in relation to the total number of foster parents, between 17 and 21 per cent. The exception is 2020, when the number of special foster parents increased by 278 compared to 2019 (CSO, 2021). This increase in numbers could be due to the introduction of a cash benefit for foster parents, the childcare allowance in 2020, which foster parents can claim up to the age of two of the children. This is another way the government is trying to help increase the number of special foster parents.

Caring for children with special needs is no small task for foster parents. Based on the literature, the most significant problem is the foster care of children under three years of age with a permanent illness or disability.

"Foster parents rarely take on the care of young children with a severe disability, permanent illness or health impairment because they lack the material resources and specialised skills to provide for them safely and professionally. A further problem is the difficulty of access to development and therapy services in the area" (Gyarmati et al., 2018, p. 79).

In a study conducted by Gyarmati et al. (2018), they found that most of the children with special needs aged 0-6 years in the study were directly introduced into the foster care network from the biological family, and secondarily directly from the hospital. The move from foster care to institutional care is usually triggered by a deterioration in the child's condition. And in the case of a transfer from another foster family, the most typical is the difficulty of care in that foster family. In institutions for children under three with

special needs, 60% of children come from the hospital.

Foster parents are less willing to take care of children with disabilities or long-term illnesses, and it is often only at the foster parent's home that it is discovered that the child has a problem or developmental delay.

“By disability, the largest number of children in foster parent networks are those who show a lag in healthy development. Second in the order of frequency is persistent illness, and third is mental or psychological impairment. Children with sensory and locomotor disabilities are the least numerous. In 76 per cent of cases, the child's disability is diagnosed after placement in foster care, and in more than half of the children (51 per cent) the disability was first noticed by the foster parent” (Gyarmati et al., 2018, p. 83).

The number of children aged 0-3 living in child protection care has been steadily increasing since 2013. In 2013, there were 2512 children aged 0-3 living in foster families or children's homes, a number that increased by almost 1000 to 3464 in 2018. In 2013, the proportion of children aged 0-3 years was 13.4% of the total number of minors under 18 living in child protection, rising to 16.3% in 2018. This tendency is less prevalent among 4-5 year olds, but is also very strong among 6-9 year olds, who are not in our target group. Overall, it is also true that the number of children entering child protection has been steadily increasing since 2013. In 2013, there were 18674 children under the age of 18 living in child protection by 2018, rising to 21,210 (CSO, 2019). This is despite the fact that Act XXXI of 1997 aimed to reduce the number of children living in institutions and foster care.

The “Hintalovon” Child Rights Foundation's 2019 report on children's rights states that not only is the number of children in specialised care increasing, but also the number of children under 3 years old entering children's homes (306 in 2018). The report states that the idea that all children under 12 admitted to specialised care should be placed in foster care by 31 December 2016 has not been achieved (there is a module specifically for special and particular foster parents) (Balogh et al., 2021).

A higher proportion of parents give up children with severe disabilities and special needs. Children's homes have more children with special or specific needs, persistent illnesses and children aged 0-3 than foster families. Few children are placed in foster families, because the number of applicants for special and specific foster parent status is even lower and is steadily decreasing. An important shortcoming mentioned in the report is that the current foster parent training does not include a module specifically designed for special and specific foster parents (Balogh et al., 2019).

Among the alternative forms of care, family placement would be absolutely justified for 0-3 year olds. A number of studies (Browne, 2006; Finelli et al., 2018; Zeanah et al., 2003) have shown that children's development - both physical and mental - is significantly affected by being raised in a family rather than in an institution. One of the basic studies, which started in 2000 is the Bucharest Early Intervention Project (BEIP), which is the only study to use a randomised controlled design to study the benefits of deinstitutionalisation. Following an extensive baseline assessment, 68 of the 136 children in institutions (aged 6-31 months) were randomly assigned to a high-quality foster care programme that was developed and financed by the investigators. The other 68 children were randomly assigned to care as usual, which initially meant that these children remained in institutional care. All children were followed up at 30, 42 and 54 months of age, and also at the age of 8 and 12 years. The development of children living in foster care was compared with that of children randomly selected to stay in the institution.

The foster care intervention was broadly effective in enhancing children's development, and for specific domains, including brain activity (EEG), attachment, language, and cognition, there appear to be sensitive periods regulating their recovery. That is, the earlier a child was placed in foster care, the better their recovery. Although the sensitive periods for recovery vary by domain, our results suggest that placement before the age of 2 years is key. Quality of caregiving, which was objectively coded from videotaped observations, was higher in the children in BEIP foster care than children who received care as usual (Zeanah et al., 2017). In Hungary, the number of foster care placements for 0-2 year olds has increased in line with the changes required in 2014 - which provided that children under 12 must be placed with a foster parent - and by 2018, nearly 90 percent of 0-2 year olds were living in foster care (Lux & Sebhelyi,

2019).

The process of deinstitutionalisation started in the period 1996-2018 and has continued steadily, and is still ongoing today, 25 years on. From 1997 onwards, three significant periods of deinstitutionalisation emerged. A particular feature of the post-1997 period has been the transformation of large institutions into smaller-scale, family-style residential care homes, which has promoted the spread of alternative forms of care. In residential care homes, the principle of normalisation is applied, which provides for the separation of living, education/work and leisure. The normalization principle also implies a normal routine of life. Most people live in one place, work or attend school somewhere else, and have leisure-time activities in a variety of places (Nirje, 1994).

Discussion

In this research we sought to answer the question of how did the alternative forms of care develop in Hungarian child protection for 0-3-year-olds during socialism and in the following years. Taking into account the features of institutionalisation and deinstitutionalisation in the historical approach, three periods emerged: 1950-1970, 1980-1995, 1996-2018.

Institutionalisation Strengthened by Socialist Ideology

The socio-economic determinants of child protection are well reflected in the overview of the three periods. The socialist ideology of the 1950-70s had an impact on child protection. The socialist system of plan guidance and central prescription also prevailed in child protection, which further strengthened institutionalism. The period was characterised by the regression of foster care, given the socialist era's lack of trust in foster parents. It relied much more on institutional, community education, where children received a uniformed, ideologically expected moral-political-ideological education. Socialist-style education also had an impact on the 0-3 age group we studied. Among other things, the children were given uniform clothes and performed routine activities in groups at the same time. The impact on children's development, in addition to hospitalisation, is that the individual needs of the child were ignored.

The Beginnings of Deinstitutionalisation

From a socio-economic-political point of view, the period 1980-1995 was characterised by a significant "softening" of socialism in Hungary. The economy has started to move from a planned economy to a market-based economy. Various studies were published to draw attention to social problems, and it was no longer possible to hide the existence of difficulties such as poverty, disadvantage, etc. The changes have also affected child protection, with the first cautious attempts at reform, such as the introduction of professional foster parents. This gave foster carers a choice, as they were also allowed to work as employees. However, institutional education continued to dominate child protection - institutions were the most trusted partners of the paternalistic state. The ideological upbringing of children, the socialist ideal of man, could still be realised in institutional education, where ideological education could presumably be better controlled and kept under control than in a foster family. However, towards the end of the period, reforms were also introduced in the institutions, with small family groups being set up in children's homes as an experiment. The living conditions of children in institutional education continued to be characterised by communal education and a disregard for individual needs. The isolated location of the institutions outside the settlements created a sense of isolation for the children, which was further aggravated by the operation of on-site kindergartens and schools within the child protection institutions. Institutionalisation remained strong in this period.

Reforms in Child Protection and Care Practices

The transition to democracy has significantly transformed the socio-economic structure in Hungary, the multi-party system and the transition to a market economy were established. A number of social problems also needed to be solved during these years. Parallel to the change in the social system, there has also been a significant change in the approach to child protection, with the beginning of the "change of the

child protection system". More and more innovations have been introduced and after many years of preparatory work and summarising practical experience, the Act XXXI of 1997 on the Protection of Children has been introduced, which forms the basis of the deinstitutionalisation process. When the law was introduced, the expected impact of the targeted programmes was to reduce the number of children living in institutions and foster care by half in the first instance and by two-thirds in the longer term (Herczog, 1997). To achieve this, child welfare services to strengthen families were regulated by law.

However, even in 2018, an unjustifiably high number of children were still in need of institutional care, especially children with disabilities and children with long-term illnesses. Unfortunately, in recent years, the number of children in child protection care in Hungary has increased, despite the original objective of reducing the number of children in care. This may be due, among other things, to child poverty, disorganised family backgrounds and the fact that primary child welfare services have few tools to strengthen families.

Among the alternative forms of care, first residential care and then, gradually since 2004, foster care have played an increasing role in the protection of children. In addition, the forms of placement that take better account of the needs of children, like residential care, foster care and, in particular, special forms of foster care have been further strengthened the emergence and effectiveness of alternative forms of care. The working conditions of foster carers have also changed since 2014, from this year onwards they are working on an employed basis. In addition to this, child protection care has seen the emergence of deinstitutionalisation features such as the tendency to have stable care places, flexible daily schedules, a family atmosphere, individualised and differentiated treatment, stronger attachment to the foster parent or carer and the development of a system of private carers in institutions for 0-3 year olds. Contacts with biological parents are regulated and every effort is made to help the child return to his or her biological family. Following the amendment of the law in 2014, children under the age of 12 were mainly placed in foster care. The proportion of children in foster care is currently close to 90 per cent among the 0-3 age group we studied.

Deinstitutionalisation has brought significant changes for the institutions. With the restructuring of the institutions, their location has been integrated within the municipality. The institutions are smaller and more open. In line with the principle of normalisation, the place of residence, the place of education and the place of leisure are separated. On-site kindergartens and schools have been abolished. The individual needs of children are taken into account more than before. Children's sense of security can be enhanced by seeking stability of the staff, carers/caregivers and promoting contact with the biological family.

It is clear from the above that socio-economic changes have a significant impact on the development of child protection. The socialist era has had an impact on child protection for many decades. The years following the democratic transition also brought a major transformation in child protection, a "transition of the child protection system", paving the way for the deinstitutionalisation process and the emergence of alternative forms of care.

Conclusion

The study findings suggest that the process of deinstitutionalisation is underway in Hungarian child protection, but it is not yet complete. Hungarian child protection has been trying for a long time - at least 25 years - to use alternative forms of care and to strengthen deinstitutionalisation. The ratification of the UN Convention on the Rights of the Child, which took place in Hungary in 1991, was a major step forward in the process. Looking at the different eras, it is clear that a number of laws and amendments have been passed, but some of these are still to be implemented. Legislation alone is worth little, the implementation is the key issue.

Hungarian child protection was significantly influenced by the ideological aspirations of different periods, which affected the social policy of the time and the child protection system within it. This article highlights the development of alternative forms of care, which has made significant progress, particularly in the recent period, i.e. 1996-2018 including the Pikler method, which gained early recognition

internationally whereas its spread in Hungary came later.

Alternative forms of care emerged mainly after the introduction of the Child Protection Act in 1997, but their potential has not yet been fully exploited. Right now in the Hungarian system alternative forms of care are clearly characterised by a preference for foster care. At the theoretical level, there is a need for comprehensive research that could explore the current situation of foster carers. In general, empirical research is scarce in Hungary, despite the fact that foster care has become a widespread form of care in recent years. There is a need for more research into the coping skills and training of foster carers and the stability of this form of placement. A further research topic could be the emergence of a significant role for church-based providers in alternative forms of care, including foster care, and their impact on the child protection system. The research findings could be used to develop intervention guidelines and policy decisions that could lead to the improvement of practical work within a complex child protection approach.

The limited number of places in foster care is still a challenge, while the number of children in need of child protection is increasing, especially in the 0-3 age group. A sobering fact is that the number of foster carers cannot be increased indefinitely. There are several reasons for this: on the one hand, not everyone is suitable for foster care, and on the other hand, our study shows that foster parents find it more difficult to care for children aged 0-3 years and children with long-term illnesses and disabilities. Various legislative and social policy measures have tried to change this situation in recent years, such as the possibility for those, who work as full-time foster parents to also receive childcare allowance for children aged 0-3. More favourable working conditions, employment opportunities and benefits as well as specialised training could potentially increase the number of foster carers. More attention should also be paid in their training to the care and education of children aged 0-3 years and children with long-term disabilities. In addition, recreational leave can also influence the effectiveness of foster parenting.

As regards the alternative forms of care, taking into account the theoretical, practical and policy aspects, it would be worthwhile to develop a complex child protection concept based on the needs and age of children, which would help practical work based on research. As an element of the concept, primary prevention should be emphasised, i.e. the prevention of children being removed from their families. Intensive family preservation services (Bányai, 2015), which means intensive social work and assistance with the family, would be one way to do this. This includes educating parents about child-rearing and the needs of their children. This service is currently underused in Hungarian child welfare services, mainly due to a lack of human resources. The next element of this concept is the development of foster parent networks and the training of foster parents, based on the research presented above. Among the alternative forms of care the family-based, family-like care could be improved, which is already an applicable method in Hungary. The law allows children to be placed with a third person, who is not necessarily a relative. This solution is not widespread now, but could bring a significant increase in capacity, especially for 0-3 year olds. However, to do this, it would be necessary to make this opportunity more widely known, and to raise public awareness. The concept could include a presentation of the role of NGOs and churches in child protection, as well as a presentation of international good practices and an analysis of their potential for adaptation in Hungary.

This paper also argues that all types of alternative care may be needed, to varying degrees, bearing in mind the needs of children. Thus, in some cases, placement in a children's home or in a residential home may be just as necessary as foster care in order to ensure that individual needs of the child are catered for. The effectiveness of child protection work can be improved by increasing the resources allocated to child protection and by expanding the range of services that strengthen families (thus avoiding the use of foster care and institutionalisation), which could be made even more effective by inter-professional cooperation and a more co-ordinated approach between services.

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