

**UPR report
submitted by members of the
Child Rights NGO Coalition (Hungary)**

March 2021

I. Introduction

Hungary has reported according to the simplified reporting procedure to the UN Committee of the Rights of the Child in 2019, and as members of the Child Rights NGO Coalition in Hungary, we also submitted our alternative report to the Committee¹; thus, we highlight here only the most important challenges subsequently. The following report does not reflect the opinion of all of the members of our Coalition, but only that of the submitting organisations and experts.

Submitting organisations (UNICEF Hungary, Rosa Parks Foundation, Hungarian Association of European Parents (ESZME), Hungarian LGBT Alliance, Validity Foundation, Hintalovon Child Rights Foundation, Menedék Hungarian Association for Migrants) and experts, as dr. Ágnes Lux, dr. Andrea Rác encourage the Human Rights Council to recommend in its concluding observations to Hungary, the following:

II. Recommendations

1. Discrimination

a. Discrimination against Roma children

According to international and domestic legal obligations, the Hungarian state is obligated to take measures to ensure non-discrimination against children belonging to minority groups, in particular with regard to the removal of children from their home environment, as well as within the state child care system. According to the Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship (CPA), the removal of a child based exclusively on the impoverished material conditions or the indigent status of the family, is a violation of the law. Instead, families that struggle due to insufficient financial resources should be assisted to take “good enough” care of their children.

Recent data suggests that 30 % of children in foster care were removed from their families due to poverty.² Roma families are disproportionately affected by this unlawful practice, as they are highly overrepresented among the poorest societal groups.³

In 2020, the Ombudsman examined a state children’s home³ where 51% of the children in state out-of-home care were removed from their families mainly or solely due to the poor living conditions and financial hardships of their parents. In our experience, what this report describes is rather the norm than the exception when it comes to the state child care system and children’s homes.

Irrespective of the child’s removal from the family, the fact that Roma families remain much more exposed to the risk of poverty than the rest of the population, gives cause for grave concern in itself, particularly in light of a very new report⁴ assessing the detrimental effects of poverty on children’s health. According to this report, children born into poor families are systematically prone to having poorer health than those born into wealthy families. The reason behind this observation is not only the difference

1 https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/HUN/INT_CRC_NGO_HUN_40918_E.pdf

2 <http://www.ajbh.hu/en/web/ajbh-en/press-releases/-/content/ujPUErMfB9lw/resources-needed-for-prevention-and-basic-child-welfare-services-the-ombudsman-s-statement-on-the-practice-of-placing-children-in-child-protection-car>

³ Office of the Commissioner for Fundamental Rights, case number: AJB-2875/2020.

⁴ Hajdu Tamás – Kertesi Gábor: Statisztikai jelentés a gyermekegészség állapotáról Magyarországon a 21. század második évtizedében [Statistical Report on the Status of Child Health in Hungary in the Second Decade of the 21st Century], Institute of Economics, Centre for Economic and Regional Studies, 2021.

between the lifestyles of children already born, but also the differences noticeable in foetal development. Infant mortality rates are more than twice as high in the poorest towns than in the most upscale cities. Children born in indigent families are more likely to be premature infants, born with a much lower bodyweight and a significantly higher probability of lagging in development. As a result of being more exposed to the risks associated with poverty, Roma families are more likely to endure such problems.

aa.) Segregated education of Roma children

In Hungary, the impact of the socio-economic background of pupils on their educational outcomes is one of the highest in the EU. The concentration of disadvantaged and Roma children in certain schools has increased in the past decade, particularly in cities. The frequency of early school attrition is above the EU average, and especially high among Roma, and Hungary is one of the few countries where the attrition rate actually increased in the 2010-2020 period.⁵ Schools are increasingly characterized by a similar socio-economic background of their pupils, with concentrations of disadvantaged pupils in certain schools. The share of schools with over 50% of Roma students increased from around 9% in 2008 to around 14% in 2018. The share of disadvantaged students admitted to higher education was very low, at 1.4% in 2017, and the share of Roma was only 0.8%.⁶

Regarding the concentration of Roma children aged 6-15 years in school, 8% of Roma children attend schools where all of the pupils are Roma, 53% of Roma children attend schools where most of the pupils are Roma, and 38% of Roma children attend schools where some of them are Roma.⁷

Every second Roma young person drops out of school without obtaining any qualifications (early school attrition). More than half of those who complete secondary school complete a vocational school, and only one-fifth graduates from a general/academic secondary school. The ratios are reversed in non-Roma populations; therefore, the gap between the two groups is growing.⁸ While the enrolment into school of Roma young people is ensured for the most part, the biggest issue that this population faces is high dropout rates, which means that their chances of continued education have failed to improve for years. Most Roma young people are taught in segregated classes, where it is extremely difficult to provide quality education.

Recently the Curia (the Supreme Court of Hungary) delivered a landmark judgement of discrimination in the case of 62 segregated children. The court held the state responsible for segregating children in education, and was ordered to pay compensation to Roma children who had been segregated.⁹ In another case from 2017, the Curia proclaimed the prohibition of segregating Roma children in primary

⁵ Commission staff working document: Country Report Hungary 2020. Accompanying the document, Communication from the Commission to the European Parliament, the European Council, the European Central Bank, and the Eurogroup 2020 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011, <https://op.europa.eu/s/oA4j>

⁶MTA (2020), A közoktatás indikátorrendszere 2019, Magyar Tudományos Akadémia, Közgazdaság- és Regionális Tudományi Kutatóközpont, Közgazdaság-tudományi Intézet [The Public Education Indicator System 2019, Hungarian Academy of Sciences, Economic and Regional Scientific Research Centre, Economic Sciences Institute], https://www.mtaki.hu/wp-content/uploads/2020/01/A_kozoktatas_indikatorrendszere_2019.pdf

⁷ Fundamental Rights Agency, EU-MIDIS II 2016, Roma.

⁸ Gábor Kertesi - Gábor Kézdi (2016): Opportunities of Roma youth and the inequalities of the school system. MTA KTI.

⁹ <https://www.romaeducationfund.org/a-victory-for-all-supreme-courts-decision-on-the-gyöngyöspata-case/>

schools, and banned a school from enrolling a new first-grade class from September 1st, as it had failed to develop a desegregation plan or reform its illegal segregation practices. As a consequence, the Public Education Act was amended¹⁰ on 22 July 2020 to prevent the courts from awarding non-pecuniary damages in civil rights lawsuits when the case concerns education. The amendment is a direct consequence of the Curia's decision in the '*Gyöngyöspata case*' for damages. The amendment serves to prevent similar lawsuits in future, which prompted several NGOs to take recourse with the ombudsman to initiate constitutional review of the amendment.¹¹

ab.) Misdiagnosis of Roma children

There is an historical tradition of classifying Roma children unjustifiably as disabled, meaning that they are often placed in special education classes or special schools. These segregated forms of education are not acceptable, either for Roma children or for children with disabilities.

In a recent judgement of the Debrecen Appeals Court, the court stressed that the ministry responsible for education (Ministry for Human Resources) was responsible for the indirect discrimination of the Roma children of Heves county, as a result of misdiagnosing them and placing them into special schools without unjustifiably. According to the court, the ministry should have used all means at its disposal to combat discrimination against Roma children, including inspecting and screening the educational bodies under its control, in particular the committee of experts, in order to take better care to avoid the misdiagnosis of Roma children.¹²

Recommendations:

— **Eliminate all forms of discrimination of Roma children in all settings, including education, and continue the work to further social and economic integration of the Roma population, reduce direct and indirect school segregation of Roma children, and actively promote Roma participation in society, also through education.**

— **Develop a national action plan against the discrimination of Roma children. Develop a special protocol for professionals working in the child protection system, to prevent the structural discrimination of Roma families.**

— **Adopt measures that provide families in need with adequate and long-term social housing and other supporting measures, to ensure that separation of children is used only as a last resort.**

¹⁰ Article 59 (4) of the Public Education Act provides that ' if the educational institution violates the child's civil rights in connection with education, the rules of the Civil Code concerning damages shall be applied by the court defining the damages as education and training services. The education and training service awarded by the court is provided by the infringer himself or as a purchased service'.

¹¹ See the open letter of the Hungarian Helsinki Committee on their website: <https://www.helsinki.hu/lepjen-fel-az-ombudsman-a-keszulo-jogi-getto-ellen/>

¹² See the judgement of the Appeals Court of Debrecen No. Pf. I. 20.214/2020/10, 24 September 2020.

2. Protection from all forms of violence

Despite the fact that corporal punishment was outlawed by an amendment to the CPA in 2005 (beyond the UN CRC and other regulatory guidelines), according to a small-scale research by UNICEF Hungary conducted in 2020,¹³ 38% of parents still think that a slap is admissible.

According to a 2018 UNICEF global study, 51% of Hungarian children between the ages of 13-15 reported being affected by violence in schools, either as victims, or offenders.¹⁴ Numerous reports of the Commissioner of Educational Rights and the Commissioner for Fundamental Rights reveal abuse and bullying faced by children in schools.¹⁵ The introduction of school guards in September 2020 as a means to prevent and effectively solve bullying and abuse in schools does not comply with the standards of the UN CRC, just as our own Coalition raised concerns.¹⁶ According to the latest HBSC report (2019),¹⁷ one-third of students have been bullied. Lesbian, gay, bisexual, transgender and intersex (LGBTI) students often experience abuse and discrimination in school, as research conducted by Háttér Society in 2017 shows.¹⁸

The Ombudsman examined the actions against *maltreatment and abuse of children in various care institutions* in several reports.¹⁹

Hungary has made significant efforts in the field of the elimination of child sexual exploitation and the protection and identification of victims, yet there are still regulatory and practical gaps, as well as controversies related to the issue. A recently published country overview²⁰ on the sexual exploitation of children highlights the inefficiency of reporting procedures and protection systems. Access to data and information are limited, and the coordination and cooperation between various governmental bodies and authorities are not ensured. Children living in institutional care, and prior victims of child abuse, are at increased risk of falling victim to sexual exploitation. According to the statistics of the European Union,²¹ more than half of the identified Hungarian victims of human trafficking are children. In the

¹³ <https://unicef.hu/igy-segitunk/hireink/ismerd-fel-es-tegyel-ellene-gyermekbantalalmazas-elleni-kampanyt-inditott-az-unicef-magyarorszag>

¹⁴ <https://unicef.hu/igy-segitunk/hireink/150-millio-gyereket-erint-az-iskolai-eroszak>

¹⁵ See for example AJB 363/2017. case.

¹⁶ <https://unicef.hu/ezt-tesszuk-itthon/gyermekjogi-koalicio/iskolaorsegrol-szolo-allasfoglalas>

¹⁷ Várnai D. (2019): “Kortársbántalmazás (bullying), internetes bántalmazás és verekedés” [Bullying, Cyberbullying and Fighting], p. 127, diagram 10.1. In: Németh Á., Várnai D, eds. (2019): *Kamaszélelmód Magyarországon* [Adolescent Conduct in Hungary]. ELTE PPK- L’Harmattan Kiadó, Budapest.

¹⁸ See more in English: Supportive Friends, Unprepared Institutions: The experience of LGBTIQI students in Hungarian schools based on the National School Climate Survey. <https://hatter.hu/kiadvanyaink/supportive-friends-unprepared-institutions-the-experience-of-lgbtqi-students-in>

¹⁹ <http://www.ajbh.hu/documents/14315/3445212/Report+on+the+Activities+of+the+Commissioner+for+Fundamental+Rights+and+his+Deputies+2019/04ed103e-6c17-deab-623a-00b67db41adb?version=1.0> p 17.

²⁰ <https://ecpat.exposure.co/hungary>

²¹ European Commission (2018): “Data collection on trafficking in human beings in the EU”. Luxembourg: Publications Office of the European Union, p. 55, Table 3.6.

period 2015-16, out of 1310 registered child victims of trafficking in the EU, 647 were of Hungarian nationality.²² As mentioned above, Roma children are overrepresented in out-of-home care facilities, which puts them at greater risk of child trafficking, as well. In addition, while migrants (including refugees) are among the most vulnerable social groups to fall victim to trafficking,²³ efforts to combat trafficking focus primarily on Hungarian nationals, leaving many migrant victims (including children) undetected.

Recommendations:

— **Make measures to abandon the practice of corporal punishment of children and encourage non-violent forms of discipline.**

— **Take measures to raise awareness of the prohibition of corporal punishment and other forms of violence against children.**

— **Take measures to put in place child-sensitive mechanisms to facilitate and promote the reporting of cases and ensure that complaint mechanisms are child-friendly and available both online and offline, paying particular attention to alternative care settings, detention facilities and facilities for asylum-seeking, refugee and migrant children. Ensure that cases are promptly recorded and investigated, and that perpetrators are prosecuted and duly sanctioned.**

— **Take measures to develop awareness-raising and education campaigns targeting teachers who promote positive, non-violent and participatory forms of discipline, and underscore the adverse consequences of corporal punishment.**

— **Ensure proper training and supervision of professionals in children’s homes, and guarantee child residents access to support services in order to prevent violence in institutional settings.**

3. Juvenile justice

Regarding the criminal justice system, the UN Committee on the Rights of the Child objected to *lowering the minimum age of criminal responsibility in its latest recommendations (2014, 2020), but no positive changes have taken place.* Moreover, from 2016, the minimum age (12 years of age) also refers to perpetrators of acts of terrorism, which is a new, distinct criminal act.

Recommendations:

— **Take necessary measures for developing a specialized juvenile justice system, in compliance with the UN CRC.**

— **Raise the age of criminal responsibility from 12 years to 14 years, even for the most serious crimes.**

²² ECPAT Country Overview, Hungary. A report on the scale, scope and context of the sexual exploitation of children, 2021, p. 15.

²³ De Coll Ágnes Ráhel - Dr. Tatár Erika: “Az emberkereskedelem jelenlegi helyzete Magyarországon” [The current situation of trafficking in human beings in Hungary], 2020, http://www.baptistasegely.hu/adat/projekt/10/fajlok/az-emberkereskedelem-jelenlegi-helyzete-magyarorszagon_tanulmany.pdf

4. Children in vulnerable situations

a. Migrant, refugee, asylum-seeking children

The regulation on the “crisis situation due to mass immigration”, introduced in 2015, is still in force,²⁴ including that unaccompanied children between 14-18 years of age are excluded from the scope (and applicability) of the Act on Child Protection (CPA). Moreover, the amendment to the Asylum Act, that states that asylum applications may only be submitted in the transit zones,²⁵ where applicants are required to stay for the duration of the asylum proceedings, and that unaccompanied asylum applicants over the age of 14 shall remain in the transit zones, while those under the age of 14 should be placed in a special reception facility for unaccompanied children (in Fót), also remain in force, though these provisions may currently not be applied due to the transitional rules adopted in relation to the termination of the “situation of danger due to the coronavirus pandemic”.²⁶ These new transitional rules (with a few exceptions) exclude the possibility to apply for asylum in Hungary: asylum-seekers wishing to apply for asylum have to lodge a “statement of intent” at the Hungarian embassies in Belgrade or Kyiv, and only if the refugee authority accepts these statements are they allowed to travel to the Hungarian border, where they show their statement and can be allowed into the territory of Hungary, where they can (finally) lodge their application for asylum. These rules are applicable to foreigners already staying in Hungary, including children with families as well, though in practice, the refugee authority allows unaccompanied minors to have their statement of intent lodged in Hungary (but the statement of intent is forwarded to Belgrade or Kyiv in these cases as well). In conclusion, since March 2017, asylum applicant unaccompanied children 14 years old or older are no longer legally considered children, and since March 2020, access to asylum has become even more difficult, especially for vulnerable asylum-seekers.

Recommendations:

- **Amend the CPA to expand its scope to all unaccompanied minors under the age of 18, and ensure proper access to services and a child protection guardian.**
- **Make efforts to ensure transparency and consideration for human rights, in particular those of women and children, in treatment of migrants and refugees.**

b. Children living with disabilities

There are more than 35,000 children in Hungary living with disabilities. According to the latest data published by the Hungarian Statistical Central Office, 829 children living with disabilities lived in institutions for persons with disabilities in 2017. One-third of children placed in children’s homes or small

²⁴ Though none of the conditions listed in legislation are fulfilled, the latest prolongation of the crisis due to mass migration was adopted by the government in February 2021 (until 7 September 2021, see: Decree 93/2021. [II. 27.] Korm.).

²⁵ The Court of Justice of the EU (CJEU) declared in May 2020 that Hungary’s detention of asylum seekers (families in that case) in the transit zones near the Serbian border was unlawful. As a reply to the judgement, the Hungarian government decided to close the transit zones and transported all the foreigners detained there to other semi-open or open reception facilities.

²⁶ Act LVIII of 2020 on the transitional rules pertaining to the expiry of the state of emergency and the state of preparedness related to the pandemic, in particular Sections 267-275. Though the title of the Act refers to the expiry of the state of emergency, the government ordered the state of emergency due to the coronavirus pandemic again in November 2020 and it is still in force. The transitional rules on asylum shall be applicable until (at least) 30 June 2021.

group homes live with disabilities, while the number of foster parents qualified to take care of children with special needs has dropped by 20 percent.

The concept of de-institutionalisation (DI) of adults with disabilities has remained on the social policy agenda of the government, but Hungary is still one of the twelve Member States that was recognized by the European Commission as a country in need of DI reform. In some cases, experts say “de-institutionalisation schemes” are actually resulting in trans-institutionalisation (re-institutionalisation in smaller settings). The UN CRPD Committee, in its recent report, condemned Hungary for maintaining and expanding a national system of social care institutions which “perpetuate segregation and isolation from society”, affecting almost 100,000 adults and children, including 27,000 persons with disabilities. The report also criticizes systematic discrimination in Hungarian law, policy and practice, including through operating a system of guardianship that strips people with disabilities of their rights. The legal findings come following a two-year international inquiry conducted by the CRP Committee.²⁷

According to the CPA, children have the right to grow up with a family as a general rule (foster care is prioritized), but children below the age of 12, who have severe disabilities, are an exception to the rule of placing children with foster families instead of in institutions.²⁸ This approach amounts to disability-based discrimination.

Recommendations:

- **Amend the National Public Education Act to ensure inclusive education for all children living with disabilities, including children requiring high levels of support.**
- **Continue the path regarding positive results achieved in ensuring the rights and equal opportunities of persons with disabilities by, inter alia, allocating sufficient resources for the development of an inclusive education system for children living with disabilities, and providing sufficient and adequate support services in local communities to enable persons with disabilities to live independently.**
- **Consolidate programmes to ensure a system of inclusive education for children with disabilities.**
- **Repeal Section 7(2) a) of the CPA, and offer children with disabilities placement with foster families and available, accessible, affordable and proper social care, health care, educational and other services close to the families.**

c. Intersex children

In May 2020, Hungary’s Parliament passed a bill that renders the changing of someone’s registered “birth sex” in Hungary impossible. It amends the Registry Act, which now contains that “birth sex” (defined as “biological sex based on primary sex characteristics and chromosomes”) has to be registered, and the birth sex, once recorded, cannot be amended. Birth sex has to be registered within six weeks from a baby’s birth – a time period which is not enough to make informed decisions either by medical professionals or by parents in the case of intersex children. This will possibly entail much more unnecessary, not medically required treatments and surgical interventions (often performed on intersex children) even compared to previous years.

²⁷ Committee on the Rights of Persons with Disabilities: Inquiry concerning Hungary carried out by the Committee under Article 6 of the Optional Protocol to the Convention. CRPD/C/HUN/IR/1. 13 September 2019.

²⁸ Section 7(2) a) of the Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship.

d. Children deprived of their family environment

Although the number of children placed with foster parents is relatively high (70%),²⁹ the number of children entering care increases every year, and the campaigns for finding new foster care places have not been successful.³⁰ In 2019, from 2519 children between 0-3 in alternative care, 304 still lived in institutions³¹ due to a lack of enough foster care places. Children with special needs, or disabled children, also have very few chances to enter family-based care. The reasons behind the stagnant number of foster parents include: low financial appreciation, prejudice in society, and fear of bad information flow between the authorities and foster care networks.³²

Children spend quite a long time – despite the temporary care feature based on the law – approximately 5.5 years in alternative care.³³ In 2019, ca. 4300 children entered care, and of the 3800³⁴ who left the care system, only 43% were reintegrated with their families, and 17% were adopted.³⁵ The insufficient number of foster care places results in the placement of children far from their biological families, where it is difficult to maintain regular contact and therefore advance potential reunification.

Procedures that are too bureaucratic, a lack of adequate human resources, and the structural reorganisation of competent authorities contribute to delayed³⁶ and therefore unlawful assessment of the situation of children and final decision-making.

The care settings of children are modified on average 4-5 times during their time spent in care.³⁷ Due to the insufficient number of differentiated foster care places, children are placed in care options that are not tailored to their needs. Foster families are often pressured to take on more children than their capacity, while the access to support services is very limited (especially in rural areas, where the majority of foster families live).

Recent legal changes in adoption procedures can put the best interests of the children at risk. Mandatory participation in the preparation course for future adoptive parents was abolished,³⁸ putting at great risk the successfulness of any future adoptions, as parents might lack the necessary preparation and competencies. Children in care are put up for adoption after a period of three months of interruption in the contact with their biological family (instead of six months), and in the case of irregular contacts, children

²⁹ In 2019, of the 20,876 children under 18 in care, 14,357 lived with foster families (68.8%). Hungarian Central Statistical Office.

³⁰ The number of foster parents remains between 5500-5700, over the past few years.

³¹ Data collection of the Hungarian Central Statistical Office.

³² Based on SOS Children's Villages Hungary online research 2018: <https://www.sos.hu/hirek/kutatas/hianyszakma-a-neveloszuloseg/>

³³ http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg009.html?lang=hu

³⁴ https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg010.html

³⁵ Data collection of the Hungarian Central Statistical Office.

³⁶ In 2019, of the 1186 children taken into temporary care, approximately 50% spent from 61 days to 1 year, and 11% from 1-5 years in this temporary setting.

³⁷ Rácz Andrea (2012): *Barkácsolt életutak, szekvenciális(rendszer)igények* [Tinkered Life Trajectories, Sequential (systemic) Demands]. L'Harmattan Kiadó, p. 139.

³⁸ Modified by Article 8 of Act LXV of 2020.

can be adopted after eight months (instead of one year).³⁹ These legal changes might foster further adoptions, but seriously undercut children's rights to be reunified with their families.

From March 2021, adoptive single parent applicants can only get the necessary decision on their suitability after the minister responsible for family policies authorizes their application. This new rule (which can be seen as a consequence of discrimination against people living in same-sex partnerships, as they can apply as singles) will result in less children (and among them, children living with the most severe disadvantages) being adopted, which violates the children's right to grow up in a family environment.

Recommendations:

— **Take actions to prioritize social protection measures for families, in order to prevent children, in particular those under the age of 3 years, from entering alternative care.**

— **Take measures to ensure the development of a differentiated foster care system, in which enough quality care places are available. (E.g. short-term foster parents receiving only children in temporary care, therapeutic foster families providing family-based care for children with special emotional and behavioural needs, with the support of a team of professionals, and fostering also children with disabilities.)**

— **Ensure that the resources and other types of financial or non-financial support create an environment that encourages the application of potential foster carers.**

— **Adopt measures aimed at supporting the travel expenses of biological families, to enable children to maintain regular contact.**

— **Take measures to ensure that the reunification of a child with her/his family is a planned process, during which the family is provided with relevant support.**

— **Take measures to modernize and to increase the efficiency and the capacity of child protection services in order to guarantee that the situations of children are assessed in timely manner, and that they spend the shortest time possible in care.**

— **Take measures to re-establish mandatory preparation courses for future adoptive parents.**

— **Ensure that children's right to be reunified with their families is not undermined by the new legal changes in the adoption procedures.**

5. Covid-19 crisis

During the first wave of COVID-19, domestic violence, child neglect and child abuse increased, child welfare services and centres were often informed by the inhabitants. Police reports on domestic violence and child abuse also increased compared to previous years. The child protection detection and signaling system sent 2829 alerts, and of these, 404 cases were child abuse, and 540 cases were domestic violence.⁴⁰

³⁹ Modified by Article 21 of Act LXV of 2020.

⁴⁰ Busi Zoltán: Gyermekellátás vészhelyzetben COVID-19 – A család- és gyermekjóléti szolgáltatók működése a veszélyhelyzet alatt [Child Care in a State of Emergency. Covid-19: Functioning of Child Protective Services under a State of Emergency]. In: Szociálpolitikai Tükör, 2020/3-4, pp. 213-237.

This pandemic crisis adversely affected children in alternative care, and its mid-term effects are to be expected. Residential homes were in total lockdown, and physical contact with biological families was banned. Children and professionals faced extreme challenges, due to the lack of basic sanitation provisions and personal protective equipment, limited access to the internet and technologies needed for home-based learning, increased tensions and violence between children, and lack of guidance from the authorities. Professional staff is over-extended, and reached the point of burnout, while the mid-term consequences of the crisis are to be expected, such as an increased number of children entering care,⁴¹ and a surge in the number of care setting modifications. The lockdown of residential homes also extended to homes of young adults in alternative care (“after-care”), including young adult refugees who were not even allowed to leave for work, so they were forced to choose between losing their jobs or losing their homes.

According to research done by the MTA TKI,⁴² an estimated 20% of all students were not accessible to teachers during the school closures in the Spring of 2020. The impact of school closures was amplified by the fact that teachers’ digital education competencies are at a low level.⁴³ School closures also increased the impact of child poverty, as the majority of municipalities do not routinely offer school meals on the days schools are closed, and there is no delivery or possibility to take meals away.⁴⁴ Experiences of NGOs supporting foreigners show that the school closures adversely affected migrant children in particular, and their linguistic competencies deteriorated significantly.

The regulations that banned health screenings and regular check-ups resulted in a growing number of un-administered vaccinations and a general deterioration of children’s health. This is also closely connected to school closures and quarantining whole classes, as preventive health care in Hungary is not provided by the paediatric GPs, but in the school. In a nation-wide survey conducted by the Hungarian National Parents’ Association, 87% of parents considered school closures highly problematic.⁴⁵

Recommendations:

— **Assess the needs of care facilities with regard to basic sanitation provisions, personal protective equipment, IT access and address them.**

— **Ensure that supervision is provided to professional staff in education, health care and social protection services.**

— **Increase the capacity and promote the access to helplines for victims of domestic abuse.**

41 <https://eurochild.org/uploads/2020/12/2020-Eurochild-Semester-Report.pdf>: In some countries, such as Greece, Hungary, Romania and Slovakia, the number of children in alternative care has increased by as much as 30%.

42 Supported Research Group of the Hungarian Academy of Sciences.

43 Kelly P. (2021) Digital technical tools, skills and competencies supporting teaching and learning. EEPN, Utrecht.

44 Zoltán Maruzsa, Deputy Secretary of State, in 444.hu: “they work with the assumption that children who stay at home are fed at home by the family” (14 March 2020).

45 “Szülői tapasztalatok és félelmek a koronavírussal kapcsolatban” [Parents’ experiences and fears in connection with the coronavirus] research, ESZME, November 2020.