Human rights in special homes for children and adolescents with psychiatric disabilities
2007

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„Hej, tulipán, tulipán
Az életem nem vidám
Édes íze keserű Ritka
vendég a derű

Azt mondta az én anyám
Ez a hely az én hazám
Ide jöttem világra
Remélem, nem hiába

Tiszta szívem szomorú
Mért kell ez a háború
Mért nem élünk csendesen
Békében, szégyentelen

Csalhatatlan nem vagyok
Mondom, amit mondhatok
Nem vagyok se rossz, se jó
Országos városlakó

Itt van az én otthonom
Becsülettel dolgozom
Amit tudok, megteszem
Mégsem jó az életem

Hej, tulipán, tulipán
Ez a hely az én hazám
Ide jöttem világra
Remélem, nem hiába"

Bródy János

1. Short introduction of PÉF

The Pszichiátriai Érdekvédelmi Fórum (PÉF) (Mental Health Interest Forum) is a non-profit organisation established in 1999, operating in an alliance structure.

The Forum is unique, its decision making body is based on the principle of user majority, that is at least 4 members out of the 7 members of the Board are current or past user of psychiatry. Only few organisations are operated in such, user controlled principles.

Members of the Board represent other related professions as well, such as social work, psychiatry and the relatives of users as well. The users themselves represent independent self-help organisations and regions. The Alliance is a social organisation of public interest.

Members of the Alliance deal with advocacy, rehabilitation and reform-minded professionals and users working in the field of psychiatry.

The Alliance in terms of psychiatry primarily investigates questions in relation with equal opportunities, advocacy and the actual realization of human rights not only in Hungary but in the Central-Eastern European region as well.

The Alliance is for consensus during its course of operation, cooperating with the Hungarian Psychiatric Association and other international organisations with membership in the majority of the latter. The Alliance is also taking part in the work of *National Health Care Council.*

PÉF board meetings are held monthly, when the fulfilment of earlier task and the forthcoming duties are discussed. Several people, like user coordinators, regional central coordinators, participate in its work ensuring that the Forum represents advocacy on a nationwide level.

The Alliance mainly consist of legal entities, however the membership of natural persons is not excluded. The first 15 months of the operation was sponsored by SOROS Foundation, at present is supported jointly by the Open Society Institute and SOROS Foundation (withdrew from Hungary). For designated purposes support was received from the Royal Netherlands Embassy, Budapest, the British Embassy of Budapest and the National Civil Fund.

Thanks to the sponsorship PÉF colleagues visited every Hungarian care home for people the mentally ill, and carried out interviews with the residents, their helpers and leaders of the institution. After having visited the homes the experiences were published in the *Emberi jogok a pszichiátriai betegek otthonaiban* report. 10 regional PÉF centres were formed in the framework of care homes, which intensified continuous connection between the residents of care homes far away from Budapest. The leaders of the resident councils could exchange their experiences on regular regional meetings.

The report titled *Az emberi jogok a gyermekpszichiátriában* published in 2003 summarised the findings of investigations done in children psychiatry hospital wards.

PÉF has found that the work done in the field of human rights has not yet reached its final objectives, since mental health care system is still far away from guaranteeing the exercise of basic, minimal rights, and it seems that they change takes considerable time. The EU membership in itself does not mean that the problems are solved immediately.

The domestic legislation does not meet the international standards in every respect, there is still a ruling of the Constitutional Court, which on lower levels of legislation still had not been taken into consideration. No general legal ban is applied on the use of cage beds, in spite of the written guarantee for the CPT of the Hungarian Government dated in 1999 on the termination of use of them. However, government decree bans the use of cage beds after 10 years of effort.

In the majority of the psychiatric care homes the situation still recalls the medieval times. The patient-doctor relationship in almost every form of care is subordinate. The strong pharmaceutical lobby does not promote the principles of equal opportunities. The situation of children psychiatry is depressing.

Member organisations:

- Ébredések Alapítvány
- Fénysugár Egyesület
- Lélek-Hang Egyesület
- Pszichotikus Betegek Egyesülete
- Sotéria Alapítvány
- Szigony Alapítvány
- Varázshegy Egyesület

(Founding) members:

- Andrea Borbély
- Erika Gordos
- Katalin Pető MD.
- Iván Radó

2. Acknowledgements

PÉF wishes to express honest acknowledgements to those who have contributed to the compilation and publishing of the present study. Leaders and employees of special children and adolescent homes, visited regional child protection services, at last but not least the children and their representatives concerned, furthermore the employees of the Municipal City Council who have been supportive towards our work. (Unfortunately one of the children homes -the Bezerédi Kastélyterápia Alapítvány Speciális Gyermekotthona, Szedres- did not give any help, but 'prohibited' to monitor in the home. None of our efforts resulted in success, they refused every form of cooperation, so we have no data as regards this institution, however the institution provides services on a county level)…

We wish to express special thanks to

- the late Károly Gáspár JD., the previous head of department at ICSSZEM, who, since the beginning of the monitoring process in 2006 until his death -on his way to supervising- contributed with his efforts and help to the work of PÉF.

We would like to say thank you to:

- Péter Büki, the dedicated expert of youth services, (**A speciális szükségletű gyermekek gyermekvédelmi ellátásának anomáliái Magyarországon),**
- Hazai Istvánné JD., the skilful expert of the Municipality, who could even achieve to open the closed doors,
- Márton Boros for working out the statistical data, correcting the raw texts and translation,
- Tamás Trautmann for the translation.

We have built relationships with many professionals and helpers as being a nationwide organisation of this field for many years. We cannot list their names in the space provided, however their existence and support has been reassuring.

The interviewed have willingly answered the sometimes tough questions. They did not obstruct the work, at most of the locations they have given every help to our colleagues.

In case the study contains critics, it does not refer to the individuals or given people. However the responsibility is joint, the state shall provide solution to avoid human rights related problems at the greatest possible extent.

The data provided in the study has been handled as confidential. We shall keep and maintain responsibility for the content, provided they are based on our personal experience, and, the data received were accurate and credited.

Of course the one and only objective of the present study, like other works, is to present the facts to the proper persons or bodies, in order to draw the conclusions towards the organisation of effective changes, and provide solution to the human rights problems of the field. PÉF does not wish to act either as a friend or an enemy in the light of the facts, helping intentions motivate its actions. We wish to express again our acknowledgements to the helpers, and we wish to focus the attention of the proper officials who are wiling to and capable to help, to read the study of good-will.

3. General introduction

The Mental Health Interest Forum (PÉF) was monitoring human rights between 2005-2007 in order to reveal how do human rights -with special focus on children rights- apply in the Hungarian special children and adolescent homes[1].

Some of the institutions deal with children who have learning and attention deficit disorder. Treating children with eating disorders (mainly girls) adolescents in emotional crisis, and with serious behaviour disorders is also

[1] There are 31 special children and adolescent care homes – or homes with special groups - in Hungary. Three counties do not have special children and adolescent homes.

typical in these institutions. The number of psychosis in an early stage of life and suicide attempts are relatively rare. Approximately every 4th-5th child or adolescent suffers from some kind of mental, emotional, behavioural or learning problem which needs to be cured.

4. Methodology

The fact finding work was carried out by members of Mental Health Interest Forum (PÉF) between 2005-2007. We visited 30 institutions, one of them (Szedres) did not wish to take art in the research of PÉF. The leaders of the visited institutions were preliminarily informed on the objective of the survey orally, while the visits were carried out on an appointed date. The surveyors were shown around in the majority of the institutions by the staff, which was followed by a semi-structured interview, recorded on the monitoring sheets. All the three monitoring sheets are attached below:

<u>Leader of the institution</u>

General information

1. How many children reside in the home?
2. How many boys and how many girls reside in the home?
3. How old is the youngest and the oldest resident of the home?
4. How much time do the children spend in the home?
5. For how many children is one employee responsible for, per shift?
6. How many square metres fall on one child in the home?
7. Do the children know why and for how long they stay in the home?

The physical environment conditions and facilities of the institution

8. What is the distance of the institution from the centre of the city?
9. What are the transportation facilities to the home?
10. How many children live in a room?
11. Is there a library, gym, or sports field in the home?
12. What toys do the children have?
13. What facilities are missing from the institution?
14. With what associate-profession(s) or institutions is the home in relation (via telephone or personal contact)? How often? Which institutions? Which associate-professions?

Finances

15. Who is the holder of the institution?
16. Does the institution receive donation? If yes, is it financial or payment in kind, and who is it from?

Staff

17. How many people work in the institution?
18. What is the level of qualification of the employees?
19. What is the rate of fluctuation?
20. How does the institution solve substitution if a colleague goes on holiday?
21. Does the institution combat staff problems? (lack of employees, not relevant qualifications)?
22. How would you describe the leader=>employee, and employee=>employee relations?
23. Is there any chance to supervise the employees? If yes, who and how often does it?
24. Do the employees have possibility to take part in periodic trainings?
25. How often are team meetings concluded? What topics can you discuss in the course of these meetings in depth?

Entry

26. Where do the children come from?
27. What are the reasons and ways of entry?
28. Who assign the children into the homes?
29. How many children entered the home in the previous year?
30. With what problems do the children enter the institution?
31. What is the social background of the children who enter the home?
32. What is the family relation of the children like?
33. What is the method of entry?
34. What information is given to children when they first arrive to the home? Only oral or written, or both? (please ask for a copy of the information material!!)
35. Who informs the children on the duration and reasons of their stay, on the home rules and their rights?

Medication

36. Are the children aware of their diagnosis?
37. How many of the children receive psychotropic treatment?
38. Who and how often controls the appropriateness of the adjusted therapy, and the necessary changes in treatment?
39. Is there psychotherapeutic treatment in the institution?
40. What are the applied therapies, methodology?
41. As compared to the total number of residents what is the proportion of those who have mental indication?
42. Are the children aware of the effects and characteristics of the medication they take?
43. What happens with the child who refuses the medicine?
44. What happens in case of hazardous state?
45. What documentation exists about the residents - about medication, activities, behaviour, etc.?

Food and clothes

46. Who compiles the menu?
47. Do you consider special needs, for instance diabetes menu?
48. How many times are the children given fruits a week?
49. How many times a day do the children get meals? If the food is not enough how does the institution solve the problem?
50. Where do the children eat? (f.e.: dining room of the home?)
51. Do the children have own clothes? If not, who gives them clothes?

Dismissal

52. How many children were dismissed from the home in the previous year?
53. Where do the children go from the home?
54. How was the dismissal of the children from the home prepared?
55. What future vision do the children have?
56. Is there after-care? If yes, how is it done?
57. How is after-care done?
58. Has ever occurred death in the institution?
59. What is the life-perspective of the residents treated in the home, what are the most influential factors of their chances?
60. Is there possibility to provide guidance for the independent living - and counselling as a method in the home?

Wishes

61. What facilities do you lack? From who can you expect help?
62. What are your objectives, wishes, dreams and reality for the future?

<u>Children</u>

1. If somebody has a personal problem who can they turn to?
2. Where do children come from?
3. Are there any sporting facilities in the institution?
4. How does an average day flow in the institution?
5. Home rules
6. Do the children have any activities outside the institution (walking, cinema, theatre, zoo, etc.)?
7. What special days are kept in the institution? (birthday, Christmas, Santa, Easter, etc.)? Can you provide gifts, if yes from what sources?
8. Do the relatives visit the children?
9. How often do relatives visit the children?
10. Is there any possibility provided for those who wish to stay separate with their relatives?
11. Are the children allowed to keep money, mobile phone, or any other valuables with them?
12. Can the children keep their own toys?
13. Are the children aware of their diagnosis?
14. Do the children know what medication they are given, are they given any information on the side effects?
15. How many times are the children given fruits a week?
16. How many times a day do the children get meals? If the food is not enough how does the institution solve the problem?
17. Are friendships formed?
18. Who do younger children go on outings?
19. Can the children use TV, VCR, or computers?
20. What do they miss the most?
21. What would they wish to achieve in the future, what are their wishes, dreams, realities?

Fosters

Staff

1. How many people work in the institution?
2. What is the level of qualification of the employees?
3. What is the rate of fluctuation?
4. How does the institution solve substitution if a colleague goes on holiday?
5. Does the institution combat staff problems? (lack of employees, not relevant qualifications)?
6. How would you describe the leader=>employee, and employee=>employee relations?
7. Is there any chance to supervise the employees? If yes, who and how often does it?
8. Do the employees have possibility to take part in periodic trainings?
9. How often are team meetings concluded? What topics can you discuss in the course of these meetings in depth?

The staff and children

10. How can the institution get in contact with the psychologist, remedial teacher, social worker, child-psychiatrist, addictologist?
11. How many times does a helping professional (psychologist, social worker, doctor, etc.) meet the children?
12. If somebody has a personal problem who can they turn to?

Activities, learning

14. Are there any free-time/or recreational rooms in the institution?
15. How does an average day flow in the institution?
16. How is the education of children solved? Where can the children study?
17. Does the institution have any connection with the local school?
18. What are the forms of education, does the school apply any special methodology, if necessary?
19. Does the institution provide space for individual learning (study room)?
20. What skill developing activities does the institution provide? How many times a week? Who is responsible for these activities?
21. Do the children have any activities outside the institution (walking, cinema, theatre, zoo, etc.)? How often? Who are responsible for these programmes? At what extent are the children involved in the planning of the programmes? What sources are available for these programmes?
22. Is there any program that prepares the residents to independent life? What programmes are provided?
23. Do pedagogical points of views and reality play role in the formation of the children groups?
24. Are there any group activities, or even individual activities, where the children may talk about their problems, wishes, or intrusions?
25. Are there any special, talent development programmes in the institution? need and possibility in practice.
26. What special days are kept in the institution? (birthday, Christmas, Santa, Easter, etc.)? Can you provide gifts, if yes from what sources?

Keeping touch

27. How can the children keep in touch with their relatives, friends? (public phone-card or coin type , post)
28. Do the relatives of children visit them?
29. How often do the relatives visit the children?
30. Is there any possibility provided for those who wish to stay separate with their relatives?
31. How would you describe the relation of the relatives and staff?
32. Who keeps in touch with the relatives of the children from the staff?
33. What is the relationship among children like?
34. What is the relationship between the children and their fosters?
35. What possibilities are there -or do you have good practice- to improve, maintain or help the visiting willingness of the parent(s)?

Rooms of the children, bathroom, toilets (inspection)

36. How many bathrooms are there?
37. Are the toilets for boys and girls separated?
38. Do the children have own toilet articles? (towels, soap, toothbrush, etc.)
39. When can the residents use the bathroom? Is there hot water?
40. Can the children keep personal articles in their rooms?
41. Do the children have own, lockable cabinet? Do they have a key for that?
42. Are the children allowed to keep money, mobile phone, or any other valuables with them?
43. Can the children keep their own toys?
44. How well ordered are children?

Medication

45. Are the children aware of their diagnosis?
46. How many of the children receive psychotropic treatment?
47. Who and how often controls the appropriateness of the adjusted therapy, and the necessary changes in treatment?

48. Is there psychotherapeutic treatment in the institution?
49. What are the applied therapies, methodology?
50. As compared to the total number of residents what is the proportion of those who have mental indication?
51. Are the children aware of the effects and characteristics of the medication they take?
52. What happens with the child who refuses the medicine?
53. What happens in case of hazardous state?
54. What documentation exists about the residents - about medication, activities, behaviour, etc.?

Punishments

55. What happens to a child if they violate the home rules, do not behave properly, hurt the other residents or permanently messes around?
56. Are any penalties applied?
57. What does the staff do in case of desertion?
58. Is there a children council operated? If yes, how?

Dismissal

59. How many children were dismissed from the home in the previous year?
60. Where do the children go from the home?
61. How was the dismissal of the children from the home prepared?
62. What future vision do the children have?
63. Is there after-care? If yes, how is it done?
64. How is after-care done?
65. Has ever occurred death in the institution?
66. What is the life-perspective of the residents treated in the home, what are the most influential factors of their chances?
67. Is there possibility to provide guidance for the independent living - and counselling as a method in the home?

Wishes

68. What facilities do you lack? From who can you expect help?
69. What are your objectives, wishes, dreams and reality for the future?

Confidential, once filled in!

5. List of institutions which served the base of the survey

Alsóbélatelep
Alsózsolca
Aszód (educator home)
Bicske
Budapest Béke
Budapest Korniss Klára
Budapest Kossuth Lajos
Budapest Szilágyi Budapest Templom u.
Budapest Zirzen Janka
Dunavecse (special children home)
Esztergom
Győr
Gyula
Hódmezővásárhely
Ikervár
Kalocsa
Kaposvár
Kisújszállás
Megyaszó
Mónosbél
Nagykanizsa
Nagykőrös
Ságújfalu
Sopron
Szedres
Szeged
Székesfehérvár (not a special children home)
Szolnok
Szombathely
Toponár

One shall take into consideration the following at the assessment of the answers: the only institution which refused to take part in the monitoring was in Szedres. The monitoring sheets had always been asked for, but were returned blank. They even renounced the entry of PÉF at the time of the following visits, regardless of the help of the holder local governments. The institution is run by a foundation, however, the Acts apply to them and the foundation receives normative support from the local governments Tolna and, mainly from Baranya. The majority of the children come from Baranya, but the residents are from other counties too. We feel that a visit in the institution would be requisite, and the authorities shall be informed about the negative experiences. Hereinafter we think that 3 more institutions demand special attention. In the case of H. the monitoring sessions had been held in the time of the previous leader of the institution, but the new director asked for the permission of the regional TEGYESZ, which, after a long lasting postponement, refused the future work, saying that a consultation with the ombudsman should be necessary. As this was announced on the day before the last,

temporizing to the last moment, some of the answers in the staff section are missing (18). In one or two cases some interviews on the monitoring sheets were recorded with the help of the institution instead of personal session.

In spite of the fact that the monitor sheets were sent in advance some questions remained unanswered. In two cases even 25 and 12 answers were forgotten from the 'leader' and 'staff' field, while in one case the interviewed did not answer to 3 questions from the 'staff' field.

The special children and adolescent care homes/departments were visited at least twice. In the course of the first visit we recorded the interviews with the leader and the deputies of the institution or the ward, while during the second visits we interviewed members of the staff. We had the opportunity to have discussion with the children in 8 institutions, in the form of semi-structured interviews, to which we had previously asked the consent of the leader of the home/or the guardian. We called the attention of the juvenile interviewees, that they had the right to refuse the answer to even every question. The staff was not present at every location while the children were being interviewed. The children were informed on the confidential data management.

The repeated visits to the special groups made it possible to make the observation more specific and to seclude the accidental, single files and problems of the system.

The monitoring team was multi-disciplinary, as its members consisted of former users of psychiatry, social workers, pedagogues, patient rights representatives and HR officers. The majority of the teams had already taken part in previous human rights monitoring and researches of PÉF.

When we drew up the observation priorities, we basically relied on the 15/1998 (IV.30) NM regulation on the professional duties and conditions of operation of childcare and child-protection institutions providing personal care, while when observing the implementation of children rights we relied on the provisions of the 1997. XXXI. on the protection of children and guardianship administration with special focus on the following:

„**6.§ (5)** The child shall be entitled to respect of his or her human dignity and to protection against abuse - physical, sexual or psychological violence- , neglect or informational damage. No child shall be subjected to torture, corporeal punishment or any other cruel, inhuman or degrading treatment or punishment.
7.§ (1) The child may be separated from his or her parents or other relatives exclusively in his or her own interest, in the instances and in the manner specified in an Act. The child shall not be separated from his or her family exclusively on account of endangerment due to financial reasons.
(2) The child shall be entitled to protection substituting for parental care by other relatives, in an adoptive family or other forms of care substituting for the family.
(3) In the course of the substitute protection of the child, the child's freedom of conscience and religion shall be respected, and his or her national, ethnic and cultural affiliation shall be taken into account.
(4) Unless an Act provides otherwise, the child shall be entitled to knowledge of his or her origins and biological family and to maintain contacts, with the consent of the biological family, even if the parental supervision rights of the parents have been terminated.
8. § (1) The child shall be entitled to freedom of expression and to be informed about his or her rights, the mode of their enforcement, and to be heard, directly or in any other manner, about all matters affecting his or her person or property, and the views of the child shall be given due weights in accordance with his or her age, health and maturity.
(2) The child shall be entitled to lodge complaints in all matters affecting the child to the forums specified in this.
(3) In the event of the infringement of his or her fundamental rights, the child shall be entitled to initiate proceedings at a court of law or other entities specified in an.
9. § (1) In accordance with his or her age, health, maturity and other needs, a child in short-term or long-term foster care shall be entitled, in particular, to
a) receive full provision and care ensuring stability and emotional security as well as appropriate education and instruction, taking into account his or her national , ethnic, and religious affiliation,
b) initiate a change in his or her placement or joint placement with his or her siblings,
c) participate in integrating programmes or programmes to develop his or her talents and in leisure activities corresponding to his or her interests,
d) freely choose, express and exercise his or her religious conviction or belief and to participate in religious

education,
e) express his or her views about the education, instruction and care provided to him or her, and to be heard and informed in all matters concerning his or her person,
f) initiate the establishment of a children's self-government to represent his or her interests,
g) receive support from his or her caregiver or legal representative for returning to his or her family environment,
h) initiate his or her return into the family environment,
i) maintain his or her personal relations,
j) exercise his or her rights respecting the usual objects constituting personal property,
k) receive after-care.
(3) A child placed in a special children's home or the special group of children's home shall, because of his or her position, be provided enhanced protection.
(4) In case of a child placed in a special children's home
a) health care and therapy necessary for the correction of his or her personality shall be provided as appropriate for his or her condition and without jeopardising the security of other children, and
b) measures curtailing his or her rights or personal liberty may be used during his or her care and education exclusively in justified cases, where the child or others are endangered.
10. § (1) The child shall have the obligation in particular to
a) cooperate with his or her parent or other legal representative or caregiver to facilitate his or her care and education,
b) meet his or her educational obligations in accordance with his or her abilities,
c) refrain from leading a lifestyle detrimental to his or her health and from the use of substances detrimental to health.
(2) The house rules of institutions ensuring child welfare and child protection provision shall, within the framework defined in this Act, lay down the rules governing the exercise of the child's rights and fulfilling his or her obligations in accordance with the age, health and maturity of the child.
(3) The house rules of such institution, prepared in accordance with a separate legal regulation, shall be displayed in the institution at a clearly visible location and everyone's familiarity with the contents thereof shall be assured.
(4) In respect of a surrogate parent or foster parent network, the fundamental rules of exercising rights and fulfilling obligations shall be laid down in the rules of organisations and operation.

Protection of the rights of the child
11/A. § (1) The children's advocate shall be responsible for the protection of the rights of children under child protection care as defined in this Act, and for assisting the child in learning about and enforcing his or her rights. The children's advocate shall pay special attention to the protection of children requiring extraordinary or special care.
All the information, that have been created in the study are handled as confident and in accordance with the regulations of the Data Protection Act. As the objective of the PÉF is identify the errors on the level of the system, and working out the proposals for their elimination, we neither the interviewed nor the institutions are named or made identifiable.

6. Cooperation in the relation of the homes

- Addict helping service
- Administrative office
- Adult Psychiatry
- Ambulance
- Asset management offices
- Basic services
- Children and adolescent psychiatry
- Children GPs
- Children hospitals
- Children psychiatry care
- Children welfare services
- Civil guard
- Health care institutions and colleagues
- Hospitals
- Human service providers
- Jurist
- Local governments
- Maltese Charitable Service Trust and different NGO's
- Mental-hygienic centre
- Methodological children's home
- Ministry
- National Association of Residential Homes
- NCSSZI
- Town clerks

- Club house
- Colleges (Pedagogy students)
- Court
- District nurses
- Drug ambulance
- Educational and Behavioural Counselling Service
- Értük-Velük club
- ESZCS Ministry
- Every children's care home in the counties nationwide
- Expert Committee on Learning Abilities
- Family help service
- Fice
- Foster homes
- Foster parent network
- Foundations
- Border Guard
- GPs
- Guardianship office
- OH-OKÉV
- OPNI-Children psychiatry
- Patronage supervision
- People in leader position on demand
- Police
- Primary schools
- Prosecution
- RÉV Addict helping service
- Schools
- Specialised (curative) pedagogy
- TEGYESZ
- TEGYESZ expert committee
- TKVSZRBs
- Tököl
- Women and family counselling service
- Worker's home
- Youth-protection service

7. The ways and causes of getting into the homes

We have received the following answers in the homes:

- 70% of children get into the service provided by the homes at their adolescent stage of life
- After the examination of the child protection expert committee
- Aggressive behaviour
- Alcohol problem at the parents
- Drinking problems
- Antisocial behaviour
- The basic-service (children welfare service) proposes the short term foster care
- Abuse
- Committing crime (mainly shoplifting)
- Criminal lifestyle
- Lifestyle of the family
- Lack of family, inappropriate operation of the family, or background
- Tramping
- Broken home
- Deviant behaviour
- Dissocial behaviour, personality disorder
- Drug abuse
- Health damaging lifestyle
- Abandonment
- IQ deficit
- Decision of the guardianship administration
- Children welfare service
- Homeless parents
- Disadvantageous background
- Truancy
- Decision of the town clerk
- Criminal involvement
- Behavioural problems
- Behavioural disorders
- Placement from another home
- Poverty caused by unemployment
- Not proper foster parent
- Polietological – based on the decision of the guardianship administration
- Prostitution
- Because of mental disorder cannot be placed in a normal group or at foster parents
- Psychoactive medicine consumption

- Bad financial background
- Severe socialisation and behavioural disorder
- Severe mental problems
- Decision of the expert committee
- Expert decision
- Personality disorder
- Breaking family
- Social causes
- Escape
- Incapabality of parents
- Learning disorders
- TEGYESZ
- Total endangerment
- Traumatic cause
- Crime committed against life or property
- Endangerment in the family
- Behavioural disorder

A serious problem is that after the deployment decision months pass by without the arrival of the child into the home, which makes significantly deteriorates their situation.

8. The problems of the admitted children in general

We have received the following answers in the homes:

- The family or the school cannot provide the basic service for the child
- The child living in a home is lifted from the normal group, in order to 'save' the others
- Aggressive
- Malnutrition
- Antisocial and/or deviant behaviour
- Socialisation disorder
- Committing crime
- Tendency to commit a crime
- Family conflicts
- Family privacy crisis, inappropriate lifestyle of the parents
- Tramping
- Deviant behaviour
- Dissocial behaviour
- Dissocial severe behavioural disorder
- Drug problem
- Intellectual problem
- Emotional dissonance
- Emotional disorder
- Undeveloped communication with sub-skill disorders, lack of development of speech
- Truancy
- Retarded in the physical, mental, ethical development mainly due to the abandonment or abuse paired with several psychopathological symptoms and problems
- Criminalisation because of committing a crime
- Behavioural and socialisation disorders
- Prostitution
- Mental disorders
- Psychiatric problems, f.e.: borderline
- Psychiatric problems
- Psychotic or neurotic symptoms
- Bad social background
- Severe socialisation and behavioural disorder, which the parents cannot cope with, psychotic, psychoactive
- Grievous bodily injury
- Using harmful substances
- Lack of love
- Inappropriate social background
- Escape

- Incapability of parents
- Sub-skill disorders in the field of learning
- Slow pace of learning
- Crime committed against life or property, in gangs it is more typical
- Some of the children are 16 but are still in the second grade of primary school; most of them learn how to read here
- Some of the children have drug problems or use psychoactive substances
- Behavioural problems, nobody wants them
- Placement from other child protection institutions

9. Social background

We have received the following answers in the homes:
- Family with a severely disadvantageous social background
- The lifestyle of the parents is unbalanced (alcohol problem, unemployment, desolate environment, prison)
- Come from bad, broken family, bad financial background
- Most of them come with bad social background. There are many divorced parents, parents with drinking or mental problems. Majority of them cannot secure solid living conditions.
- The majority of the parents do not have a place to live, are homeless or addicts
- Very bad
- Variable, come with different backgrounds. Around 60% of the children come from well situated, rich families(!)
- The children come from gypsy families, basic social conditions -like electricity- are missing.
- Come from the periphery of the village
- Variable, the majority comes with bad background, but there are some families where the background is good
- 70-80% of the children come from gypsy families
- In the majority of the cases there is no family, or it is broken, the parents are unemployed or lack education, the flat or house is without comfort, the so called gypsy lane
- Not good, unemployment in the family
- The background is missing in most of the cases. Some have good financial background, but the child is not controlled in the family which leads to behavioural disorder
- Bad family background, divorce, criminal parents
- Heavy social deficit, inappropriate socialisation, poverty, abandoned physical and emotional state, severe disadvantageous background
- Antisocial
- Most of the children do not know their parents, some know but reject their parents
- Some parents have good financial background
- Bad, the parents also need care (criminality, drug addiction), the social background could not be a the cause of placement
- The parents have low level of education, addicts, unemployed
- Breaking, unbalanced family, lack of socialisation
- Come from single parent families or families with disfunction. The parents tend to abandon or endanger the children, addicts, unemployed, desolate environment
- There are children of entrepreneurs, but the majority come from poor families with disadvantageous background, the parents have harmful bad habits, abuse in the family happens often
- Unfavourable background of the children getting into the home, only one third of them can pay a visit home. Around half of the children go away on their holidays

10. Intimate sphere (possibility of meeting parents undisturbed)

We have received the following answers in the homes:
- Yes, there is a reception room
- The children may be with their parents in the parent waiting room or in the park
- I cannot see any possibility of this, they can meet in the parlour, but there are many lonely children
- Yes, there is a separate room for this
- Yes, in their room/common rooms
- The parent is allowed to enter the bedroom or living room
- Yes, there is an educator room for this purpose. They are allowed to organise outings with the relative
- Yes, they can go out to the city. At the first time the place of residence is shown
- Yes, in the study room or in the room of the child
- Yes, there is a separate visitor's room for this purpose
- Yes, there is a visitor's room, where the parent may even sleep with the child. The children may host their friends in

the lobby, but if any problem arises the event is stopped

- No need of separation, since the parent does not visit the child
- No, the parents cannot be together separately with their children since 1994. In 1994 in Szombathely, a father beat his son. This is a home rule in the home, but there is a contact room with a bed and table
- In the dining room, or outside the home, in the room of the boys, but they can meet in the city as well
- In the parlour or bedroom
- Yes, in the living room
- A separate visitor's room is provided for this purpose. The parent cannot stay with in the premises of the home
- There is a separate visitor's room where the children can stay face to face with their relative

11. The historical overview of child protection in Hungary

It is important to define the idea of child protection, when one introduces the system of child protection and care. „The activity of institutions (such as family, local government, school, etc.) which establish and encourage the conditions of the physical, social and mental development of the child can be regarded as general. The idea of special child protection means a system of institutions with the objective of curing, treating and correcting the drawbacks of the development of the child. With other words special child protection may be identified with the state care system, when the possibility of an intervention that affects the parental supervision rights." [Gyermek-Család-Társadalom] The general child protection mainly covers the child-welfare service, while special child protection involves state services provided for endangered children with special needs.

The stages of state services based on the book of Mária Herczog titled Gyermekvédelem:

Primary prevention: basic services provided for every child.
Secondary prevention: targeted help for the endangered groups, in order to provide the necessary needs of the children and prevent their scruffiness.
Tertiary prevention: special services aiming the termination of the harmful behaviour toward the child

Services provided by the state may be described with the following list:

1. service for every family and child
2. special service for families and children
3. coordinated care and monitoring provided by the child-welfare service
4. take into protection and obligation
5. temporary set out of the child from the family, voluntary or obligatory
6. permanent or final set out of the child from the family.

The roots of the Hungarian child protection system are almost a thousand years old, dating back to the foundation of the state.

The social changes of the 18th century -primarily the decline in the birth rate- forced the state to behave more actively towards the protection of children.

The majority of orphanages provided temporary placement until foster parents were found for the children. The donations raised by different foundations and associations covered the cost of the placement, but were not enough for the proper care.

In 1870 the first child shelter association, followed by many others in the decade, was founded. In 1884 the Fehér Kereszt Országos Lelencház Egyesület was established.
The 1886. XXI. ACT (145. §) made compulsory for the communities to provide medication and care for the foundlings, however these communities did not regard child care their primary duty and did not have sources to finance their obligation.

The XXI. Act of 1898. declared that the care for foundlings must be covered from the Nationwide Patient Care Fund until the age of 7, and assigned the supervision of these institutions into the competence of the Minister of Home Affairs. Three years later, when the VIII. Act of 1901 was signed on the protection of children, state child shelters had to be built for every found, officially rejected and left alone children, which they could use until the age of 15. Additional institutions, such as sanatoriums, or boarding schools were also built. For mothers with newborn babies common placement was made possible. The law enforcers intented to strengthen

childcare by the involvement of a foster-parent network, and child protection professional education. The Act declared that the found or rejected child had the right to the care provided by the state. The objectives of the Act included the education of children to work and professional training. In 1905 the Nationwide Child-Protection League was established which was basically a fund that covered the expenses of childcare and protection. From 1907 onwards they extended their scope by helping children who were on the verge of falling into distress, in 1908 the Court for juvenile delinquents was also established.

The main goals of the child protection system were to protect the society on the one hand, and drive back anti-social behaviour on the other.

Between the two world wars the system which was run by the modest state sources and donations basically remained unchanged, the main element of the care was the foster-parent placement.

After the Second World War the National Aid had to undertake the task of feeding and taking care of the ten thousands of orphans.

As the limited resources -due to the war damages- did not make available to build child protection institutions, around 2/3 of the children were raised by the foster parent network. Child protection and care was provided in deserted, ruined buildings, volunteers helped the work of educators, by offering family conditions for the orphans.

The pervasive state supervision and centralisation did not leave child protection untouched, as in 1948 child shelters were nationalized, and were renamed as State Childcare Homes, the National Aid was merged into the Red Cross and according to the 2111/39/1954 MT order children who were taken care by the state had to be placed primarily to institutions. The composition of children who received care also changed, the rate of orphans declined, while, the number of criminals and left alone children increased. The primary objective of the child protection system was not education to citizenship, but to provide future workforce. The children were not valuable themselves, but when they grew adults and started life as working citizen. 1968 was a turning point, because the foster parent network was extended and the first counselling offices appeared. In 1974 a decree of the Ministry of Education declared the 'step by step' principle within the system of the court guardianship, the entry into the state care system had to be preceded by protective-caring activities. The so called regular educational aid, life-start support were introduced, the follow-up care was extended and the wear of strongly stigmatizing uniforms were ceased. The many bureaucratic elements made adoption really complicated-in 1974 only 62 adoption cases were registered.
The eighties saw the birth of family-help networks, which carried in their operation the new approach of social work in the light of child and family protection.

Today in Hungary the most important citizens -children- are protected by the Constitution, the Public Educational Act, the Health Act, the Family Laws, the Social Laws and Equal Opportunities Act and the UN Convention on the Rights of Children which was ratified by Hungary in 1991.

Besides the Parliament approved the Act on the Protection of Children in 1997. The new element of the Act is, that the local child-welfare services are enforced, which not only serves the growth, development and welfare of the child within the family but the prevention of endangerment as well. The Act subordinates the child-welfare services to this principle.

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12. International outlook

Abstracts from the speech of Mieke Schuurman, Secretary General of EURONET,
on L'Europe de l'Enfance meeting, 13. April, 2005, in Luxemburg

The European Constitution and the Rights of Children:
„The Charta of the Fundamental Rights (approved on 7 December 2000) and mainly II-84 article is a welcome step towards the approval of children rights in the European Union.
As for children the most important section of the European Constitution is the II-84 article, as it contains the principle of „best interest of the child", and references to the rights of children, including their right of cooperation, to be more accurate:

1. Children shall have the right to such protection and care as is necessary for their well-being. They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity.
2. In all actions relating to children, whether taken by public authorities or private institutions, the child's best interest must be a primary consideration.
3. Every child shall have the right to maintain on a regular basis a personal relationship and direct contact with both his or her parents, unless that is contrary to his or her interest.

• The non-discrimination act of the European Constitution (II-81) enforces the right of children to non-discrimination by the institutions of the Union to be ratified Acts and principles. This article had two significant results, on the one hand non-discrimination by age on the other by disability. The latter is not included in the 14th section of the ECHR.
• Article I-47: the principle of participatory democracy. We think that this article has brought two advantages in terms of speaking of children. Firstly bodies representing children may guarantee the fulfilment of the objectives in the field of protecting children rights in the scope of widespread consultancy with the EU institutions, secondly one million children may ask the Committee to present proposals in their interest."

According to the UN child protection rules (source: Mental Disability Rights International):
The physical environment must harmonize with the rehabilitational objective of the residential therapy, taking into consideration accordingly the needs for privacy, environmental stimuli, social connections, sport and free-time activities.

UN Convention on the Rights of the Child:
Abstract:
Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 *entry into force* 2 September 1990, in accordance with article 49.
The Convention was preceded by the declaration of the League of Nations in 1924, and by the UN in 1959 admitting children rights, that shall be treated with cautious protection from the side of the states. However, the above mentioned declarations were not mandatory from a legal point of view to the member states, their content rather expressed intentions and wishes, their violation did not draw any international law consequences.

Meanwhile almost in every corner of the world the human rights of children have been violated. In the third world the mortal rate of children has been high, the health care system has been inaccessible, and the lack of basic education has meant everyday problems. In many countries the children were regarded as the property of the parents, family, or the tribe, and the 'owners' had full power over the children, who have often been used as soldiers in war conflicts. The rich citizens of the rich world have also contributed to the flourishing trafficking in human beings and prostitution.

The above detailed mass problems -most of which are unfortunately current problems- have led the UN General Assembly to compile a legally binding treaty to the member states.

The guiding principles of the Convention
The Convention on the Rights of the Child is organised around four basic principles, that is non-discrimination, primary consideration of the best interest of the child, the right of the child to life, to stay alive and development, and considering the view of the child.

- Non-discrimination is detailed in Article II:

„1 States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.
It may be interesting to mention that in the English original „disability" is written instead of „incapability" (that is in the Hungarian) in the first subsection.

- The primary consideration of the best interest of the child is detailed in Article 3:

„1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."
The question remains: who shall decided he primary consideration of the best interest of the child. Shall the child stay a family that combats problems or shall they go to a children's home? Shall they receive psychiatric treatment because of dissocial or antisocial behaviour, which its environment cannot tolerate? In case they are disabled shall they receive special treatment in a home that provides care? The number of questions which the professionals working in child protection have to face every day is endless, not to mention cases when it is not obvious to decide on the best interest of the child. Further parts of Article 3 highlights the responsibility
Of the legal representative(s) and institutions organised to provide care for children in the light of the primary consideration of the best interest of the child. We are well aware of the fact that this type of paternalistic attitude may serve basis of severe abuse, therefore we highly consider to point out the importance of taking into consideration the opinion of the child in accordance with the principles of the Convention.

- Article 12 and 13 deals with the consideration of the opinion of the child:

„1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law. "
This article and the basic principle that it expresses is a revolutionary change in the history of thinking about children. It focuses the attention to the fact that the child has -depending on their age and maturity- self-determination. Without asking no one may decide on their life, against their will one shall make decisions based on only well justified reasons.
The child has the right to express their opinion freely. This right involves the freedom to ask for, get to know or distribute any kind of information or idea regardless of any boundaries, shall they be made in writing or orally, in press, artistic or any other form in accordance with the choice of the child.
The exercise of this right can only be limited to definite legal restrictions, such as respecting the rights and good repute of others, and the security of the state, or in the defence of public order, public health or public morality.

The right to life, staying alive and development is detailed in Article 6:
"1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child."
However obvious the content of this article may seem, it may lead to difficult, heavy ethical dilema or situations - one may think of disabled children. In many countries in case the disability is discovered during a late period of the pregnancy abortion is allow, while if the infant would be healthy the act would be regarded as infanticide.

Article 16
1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.
2. The child has the right to the protection of the law against such interference or attacks.

Article 20
1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic.

Article 23
1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
Article 24
1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
(a) To diminish infant and child mortality;
(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
(d) To ensure appropriate pre-natal and post-natal health care for mothers;
(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
(f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.
Article 25
States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.
Article 37
States Parties shall ensure that:
(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;
(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;
(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

13. Children rights and mental health

In the industrialised countries of the world one in every four child combats with some kind of mental problems. More and more children and adolescents experience “learning disorders”, “behaviour disorders”, and “depression”. The “developed world” tends to medicalise the family, school and social problems of the child, that is to diagnose and medicate -mainly with medicinal products-.

It is really worrying that suicide is the leading cause of death among adolescents in the majority of the developed countries. The question arises whether the most appropriate answer from the society is to give anti-depressant treatment to a greater and greater portion of adolescents.

The principles of the UN Convention on the Rights of the Child makes it mandatory for the member states by taking into consideration the right to life, stay alive and develop and self-determination of the children that they should not apply the simplest and potentially dangerous solutions to substitute the problems of modern societies.

Children rights in the UN Convention on the Rights of People with Disability:
The UN General Assembly adopted and opened for signature with consensus its Convention on the Rights of People with Disability on 13 December 2006. The document operates with the abstraction of an explicit and social model of disability, therefore argumentatively the majority of the ill-defined group of children with special needs shall be included in the circle of people with disabilities intented by the Convention.

The social model of disability
For a long time the sometimes unspoken explanation was simple to the question that searched for the causes of disability or life management problems: “physical and mental crippling”. The modern medical model of disability names some kind of physical, mental or intellectual improperness as the cause of disability.

In the past two decades a new approach has been gaining grounds, which states that if people could speak sign-language (or not everyone, but many at the main locations) the deaf and speech impaired people would not be that much obstructed. If public transport vehicles, public buildings, pavements, subways would be easily accessible by wheelchairs, the handicapped would not have to live in institutions or would be able to leave their flats without help. If the society cared for the habilitation and the sensible employment of the retarded they could live a full life. If there were sheltered homes, supported places of work, day clubs, crisis services, home treatment formuli, wide range of self-help programmes many people with psychiatric diagnosis could live as an equal member of the society.

The social model of disability with the application of the above model can draw the conclusion that the rate of obstruction is not caused solely by the specific state of the person but roots from the fact that the society does not adapt to the special needs of people with disability.

How does the Convention treat the rights of the children?
The ad hoc committee that compiled the Convention accepted the so called „twin” approach, which means that in every article of the convention that has a special application to children with special needs these are named and listed. This approach is justified by the practice which showed that children with disabilities were dismissed from the mainstream children rights works, or are represented only marginally. On the other hand the convention denotes a whole article to the rights of children with disabilities. This twin approach may be justified with the fact that children with disabilities are equal AND different with people with disabilities from a human rights point of view. The mainstream approach assures that these rights -rights of people with disabilities- are stressed in the case of children. The acceptance of „being different” is assured in a separate article, which positions anti-discrimination based on age into the starting point, stating that the children have the right to form opinion and has the right to the primary consideration of their best interest, and the right to take into consideration their opinion when making decisions. To the latter the child shall receive the necessary support according to his age and disability.

By Mr Alvaro Gil-Robles,
Commissioner for Human Rights

Children suffering from mental disability
22. I visited the TOPHÁZ centre for children suffering from mental disability in Göd (about 30 km from Budapest). 220 children, aged from one to eighteen have been placed here (although I thought that I could spot several who were clearly older). Some of them are very badly ill. I observed the considerable pedagogical efforts being made by the staff, and their devotion and tenderness towards the patients, some of whom have been bed-ridden for several years on account of illness.
The building, opened in 1977, is showing its age, resources are uncertain but suitable and there is a clear need for additional space, particularly to enable the centre to accept patients in the 3-4 year age-group, who remain on waiting lists for at least six months to a year. According to the Director, there is an acute shortage of such institutions and those that do exist require additional resources if they are to fulfil their role properly.
23. The necessary funds and human resources shall be provided for these institutions as well as ample financial contribution for the coverage of their necessities.

Follow-up survey on Hungary (2002-2005)
(abstract)

Assesment of the results achieved in the realisation of the proposals made by the Commissioner for Human Rights of the European Committee

To the government and the Parliament
4. Placement into psychiatric institutions
53. In the case of these types of placement the commissioner has proposed to the legislation and the profession to guarantee effective and continuous monitoring in the case of every decision on placement into psychiatric institution. The report has noted in some of the psychiatric wards cage beds have still been used.

14. The home situation

- In Hungary at the time of the present study 7 hospital children psychiatry wards are operated, 3 of them in Budapest. By the time the study will be published at least one them will be closed, the one having been operated at the premises of the Országos Pszichiátriai és Neurológiai Intézet, with considerate professional experience. One of the other two wards in Budapest are operated with the support of a foundation.
- In Hungary at the time of the present study the number of special children care homes is 31. The number is not constant, because for instance in Berettyóújfalu there is an institution of this kind, but will receive children who need special treatment in the future. The majority of the monitored institutions were helpful in the course of the three round monitoring. We have experienced „hungaricums" when some local bureaucrats obstructed our work, but in overall we can say that the data collected is suitable to draw general conclusions. Unfortunately one home run by a foundation in Szedres absolutely rejected the monitoring, so we have to rely on the authorities to reveal the reasons of their practice. However hard we tried we could not get into Szedres.
- Criminological, sociological, psychiatric and pedagogical expertise should be needed to reveal in depth the possibility of avoiding children and adolescent psychiatric career, and determine what factors led to the placement of a child into a special care home. It is not indifferent whether this psychiatric case history is treatable, maintained at a given level, or even results in an adult and/or lifelong psychiatric problem - stigma. It is worth considering that presumably poverty has at least the same role in the phenomenon, as family background or the lack of it.

In Hungary some data in connection with child poverty are worth to mention:
- only 4 % of children who come from families that live around the edge of minimum subsistence are able to graduate from a university or college.
- approximately 430.000 (19.5%) of the 2.2 million children can be regarded as very poor and a further 750.000 children (34.5%) are touched somehow by poverty. Totalling these numbers around 54% of the Hungarian children are affected directly by poverty. This number is staggering in every comparison, and the country shall make the necessary steps against this.

It is difficult to make estimations about the effect of these special care homes on the residents. The order of the

homes of course may mean some kind of routines that help in the socialisation, but on the other hand the 'drill', the sometimes painful process to get used to the discipline may rouse resistance from some of the children. The possible 'punishments', sanctions do not have an educational effect but solid defiance, resistance in some children. There are of course residents who can be routed onto the 'right way', and become law abiding citizens of the society with the help of these methods.

15. Legal background of special homes for children and adolescents

Extract from the 1997. XXXI. Act on the protection of children and guardianship administration

Short-term foster care of children:

Section 45 (1) In the framework of the short-term foster care of the child, food, clothing, mental hygiene and health care, nursing, education and accommodation (hereinafter referred to as „full care") shall be provided to he child, promoting his physical, intellectual, emotional and moral development as appropriate for his or her age, health and other needs.
(2) Short-term foster care shall be provided to a child temporarily, with full care, upon the request or with the consent of the parent or other legal representative with parental supervision rights (hereinafter collectively referred to as 'parent'), if the parent is unable to provide for the upbringing of the child in the family due to his or her health, lifestyle problems, justified absence or other incapacitation. Disabled children shall be provided care adjusted to their special needs.

Surrogate parent:

Section 49 (1) The surrogate parent shall provide short-term foster care to the child in his or her own household, in accordance with the individual nursing-fostering plan drawn up by the operator.
(2) Those persons may become surrogate parents who have passed twenty-one years of age, have full legal capacity and a clean criminal record and
a) are suitable for giving short term care to the child due to their personality, health and circumstances and undertake to nurse and foster the child to be place with them for the required duration, provided that no causes for disqualification as defined in Section 15 (8) apply, and
b) have successfully completed the course specified in a seperate legal regulation.
(3) The surrogate parent may care for no more than 5 children, including his or her own, at a time.
(4) The operator shall
a) select, approach, prepare and register surrogate parents taking into consideration the professional requirements laid down in a separate legal regulation
b) assist the activities of surrogate parents through regular professional counselling, and
c) continuously monitor the surrogate parents in respect of the utilisation of the fostering allowance and the special allowance, and in their professional work.
(5) The surrogate parent shall be entitled to a fostering allowance and special allowance as defined in Section 56 for the care of the child
(6) In particularly justified instances, upon the request or with the consent of the surrogate parent, the number of children laid down in subsection (3) above may be disregarded in the interest of the child.
(7) The surrogate parent shall engage in such activity in a surrogate parent legal relationship as defined in this Act.

Temporary home of families:

Section 51 (1) Upon the request of a homeless parent, the child and his or her parent may be placed together in a temporary home of families if their accommodation would not be assured in the absence of such placement, and therefore the child would have to be separated from the parent.
(2) The temporary home of families shall provide care to at least twelve and at most forty adults and children. A temporary home of families may be operated in apartments or houses with maximum capacity of twelve persons per location. The total maximum capacity of such locations shall not exceed twice the capacity of the institution that serves as the head office.
(3) In the course of the joint placement of adults and children, the temporary home of families shall
a) admit parents, together with their children, who became homeless due to problems with their lifestyle or other social or family crises or who seek protection,
b) admit battered or pregnant women in crisis situations, as well as mothers and infants released from the obstetrics ward,
c) provide temporary care to children in need thereof and admit their homeless parents,
d) assist the parent in the full care, nursing and upbringing of the child,
e) give accommodation and provisions as necessary to the parent together with his child,
f) provide legal, psychological and mental health assistance as well as care,
g) in cooperation with the child welfare service, participate in the elimination of the reason necessitating short-term foster care, the resolution of the situation of the family and the termination of the homelessness.
Section 52 In the framework of professional provisions, care providing a home to children in short-term and long-term foster care and to children placed temporarily, the after-care of young adults and the full care of children needing professional provisions for other reasons shall be assured.

Care providing home

Section 53 (1) In the framework of care providing a home, the following shall be ensured for a child in temporary placement or in short-term or long-term foster care:
a) full care as defined in section 45 (1),
b) family support preparing for the re-unification of the child with his or her family and promoting the maintenance of family contacts, or if that is impossible, the promotion of adoption
c) after-care necessary for the re-integration of the child into his or her family and for the commencement of independent living.
(2) In the framework of care providing a home extraordinary care shall be provided to a child who is permanently ill or disabled, below the age of three and has special needs due to his or her age; special care shall be provided to a child suffering from severe personality disorder or exhibiting severe psychotic or neurotic symptoms, a child offender exhibiting severe integration disorders or severe antisocial behaviour.
(3) Special care shall comprise education, vocational training, activities adapted to the age, condition and needs of the child as well as his or her nursing, socialisation and resocialisation, and habitation and rehabilitation treatment.
(4) Accommodation and if required further provisions shall be assured in the framework of after-care service to those young adults leaving short-term or long-term foster care whose after-care provision has been ordered by the guardianship office
(5) The care providing a home shall be provided for the child if
a) his or her school education is provided by a student residential home, hostel,
b) his or her care or nursing is provided by a residential home for disabled persons (hereinafter other residential home).
(6) Care providing a home shall be extended by
a) a foster parent with the involvement of the operator or, if that is impossible
b) a children's home or
c) a residential institution for the nursing and care of the disabled.

Foster parents

Section 54 (1) Those persons may become foster parents who have passed the age of twenty-four, have full legal capacity and a clean criminal record, and, have successfully completed the preparatory training specified in a separate legal regulation, and are fit, in terms of personality, health and circumstances, to assure the balanced development of the fostered child, and promote the child's re-unification with his or her family.
(2) A person whose parental supervision right has been withdrawn by a court of law or whose parental supervision right has been suspended shall not be a foster parent except if the reason for such suspension is that the child is under the supervision of his or her other parent living apart.
(3) A professional foster parent shall be a foster parent who satisfies the qualification requirements specified in a separate legal regulation.
(4) A professional foster parent shall be a foster parent who satisfies the qualification requirements specified in a separate legal regulation, and able to provide balanced education to, and promote the reunification with his or family of, a fostered child with severe psychic or dissocial symptoms, or suffering from psychoactive substance abuse and requiring special care.
(5) A foster parent shall provide care for no more than five children or young adults, including his or her own children.
(6) A professional foster parent shall provide care for no less than three -including their own children- and no more than eight children.
(7) A special professional foster parent shall provide care for no more than five children or young adults, including his or her own children.
(8) When determining the number of children to be placed with a foster parent, professional foster parent or special professional foster parent (hereinafter referred to as a 'foster parent'), the disability, personality disorder or other special circumstances of the child requiring special care shall be taken into consideration. In particularly justified cases, upon the request or with the consent of the foster parent, departure from the numbers of children specified in subsections (5)-(87) above even if both spouses or cohabiting partners perform foster parent functions, the number of children placed in their common household shall not exceed the numbers specified in subsections (5)-(7) above shall be possible in the best interest of the child.
(9) Even if both spouses or cohabiting partners perform foster parent functions, the number of children placed in their common household shall not exceed the numbers specified in subsections (5) –(7) above

Section 55 (1) Based on the individual nursing-fostering plan drawn up by the operator, the foster parent shall provide full care in his own household to the child in temporary placement or in short-term or long-term foster care or to the young adults receiving after-care provision.
(2) Upon the appointment of the guardianship office, the foster parent shall performs the functions of the guardian.
(3) The foster parent, pursuant to the resolution of the guardianship office, shall assure contact between the fostered child and his or her parent and close relatives authorised to maintain contact.
(5) b) The operator shall assist the foster parent with professional consultancy, family support and after-care.
(6) The foster parent shall perform his or her activities in the legal status of a foster parent as specified in a separate legal regulation.

Section 56 (1) For the care of children in temporary placement, in short-term or long-term foster care, and young adult care-leavers, the foster parent shall receive a fostering allowance. The minimum fostering allowance shall be 120% of the minimum old age pension per child.
(2) The fostering allowance shall be one-hundred and fifty percent of the minimum old age pension
a) if the fostered child, according to the expert opinion of the county or metropolitan child protection expert committee referred to in Section 82 (1), displays severe psychic or dissocial symptoms or suffers from psychoactive substance abuse,
b) one hundred and forty percent of the minimum old age pension if the child is permanently ill or disabled.
(3) In addition to the fostering allowance, the foster parent shall receive a separate allowance for the clothing, school books, school supplies and other instruments necessary for the studies of the child, for the pocket money of the child and as contribution to household expenses. The annual amount of such allowance per child shall not be less than 25% of the annual fostering allowance.
(4) The special allowance specified in subsection (3) above shall be provided primarily in cash, and disbursed monthly together with the fostering allowance.
(5) The foster parent shall use the allowances specified in subsections (1)-(3) above exclusively for the proper care of the child.

Children's home

Section 57 (1) The children's home shall offer care providing a home to children in temporary placement, short-term or long term foster care.
(2) The children's home shall admit the child of a young adult receiving after-care provision.
(3) a) provide for the admission of a child in temporary placement, short-term or long-term foster care, and notify to that extent the guardianship office, the child welfare service and the district professional child protection service;
b) provide for the admission of a young adult receiving after-care provision
c) offer care providing a home in accordance with … with the individual nursing-fostering plan prepared by the home and
d) provide, pursuant to the decision of the guardianship office, for the discharge of the duties of guardian and preparation for the regular review of the care offering a home, and accordingly
da) promote the contact between the child and his or her family, the reunification of the child with the family and to the end, cooperate with the family, the child welfare service, the district professional child protection service and the guardianship office,
db) regularly inform the guardianship office about the contact between parent and child to establish whether the child can put up for adoption,
dd) prepare the child for family life and independent living, and
de) assist the child in preparing for independent living by the successful completion of his or her school studies, the acquisition of vocational qualification and precautionary savings
dj) provide after-care for children previously in short-term or long-term foster care and to young adults receiving after-care provisions.
(4) The children's home may operate a foster parent network. The children's home, if it operates a foster parent network shall perform the tasks set out in Section 55 (5)
(5) The children's home shall design its organisation, educational and care system and the professional programme containing the objective, basic principles and methodologies of education in line with local needs and the professional rules specified in a separate legal regulation.
(6) In conformity with its core activities and with the consent of the backer, the children's home may perform services to the public, in particular it may provide temporary care to, but such services of the children's home shall not jeopardise the performance of its core functions as defined in subsections (1)-(3) above.
Section 58 (1) A special children's home or the special group of a children's home shall provide care**,** socialisation, resocialisation, as well as habilitation and rehablitiation to children in temporary placement, short-term or long-term foster care displaying severe psychic or dissocial symptoms or suffering from psychoactive substance abuse.
(3) Upon the request of the county or metropolitan child protection expert committee, a special children's home, if the necessary personal and material conditions are satisfied, may perform personality testing of the child under a residential arrangement.
Section 59 (1) The children's home shall offer care providing a home to no less than 12 and no more than 40 children arranged in separate residential units.
(2) A group home shall be a children's home offering care providing a home to a maximum of 12 children in an individual apartment or house, in a family-like environment.
(3) The different group sizes of children's homes providing care, maintenance, habilitation and rehabilitation to permanently ill or disabled children, children requiring special care due to their age, children with severe psychic or dissocial symptoms or suffering from psychoactive substance abuse shall be determined in a separate legal resolution.
(4) If a children's home extends exclusively full after-care provision to young adults, such children's home shall operate as an after-care home.

District professional child protection service provision

Section 60 The district professional child protection service provision (hereinafter referred to as 'professional child

protection service provision') shall, in the course of procedure and placement in short-term or long-term foster care and the determination of the fostering place of the child following temporary placement,
a) conduct the personality testing of the child and prepare, upon the request of the guardianship office, an expert opinion and placement recommendation in respect of the child,
b) provide for the preparation of the individual placement plan of the child upon the request of the guardianship office,
c) designate a foster parent or children's home operated or backed by a local government, which admits children in temporary placement.
Section 61 The professional child protection service provision shall operate a network of foster parents and discharge the related functions as defined in Section 55 (5 a and b subsections).
Section 62 (1) The professional child protection service provision shall have the responsibility, in order to facilitate the professional preparation for the adoption of a child and for the designation for adoption and putting up for adoption of a child in short-term or long-term foster care and to promote the implementation of adoption procedures, to
a) maintain a register of children in short-term foster care designated for adoption by the decision of the guardianship office, about adoptable children in long-term foster care, as well as children adoptable pursuant to the notification of the parent, health care service provider entity or person, the child welfare service or other entity engaged in family protection,
b) inform persons intending to adopt a child about the terms of adoption, in particular about the counselling and preparation course prior to adoption,
c) examine the health and psychological fitness of prospective adoptive parents based on the professional requirements set out in a separate legal regulation and to maintain records about such parents, based on the decision of the guardianship office,
d) take the necessary measures, within its jurisdiction as ad hoc curator, in case of children in short-term or long-term foster care.
(2) The professional child protection service provision shall have the responsibility to inform, on a regular basis, the national adoption register maintained by the National Family and Social Policy Institute about the records kept pursuant to subsection (1) a) and c) above, as provided for in a separate legal regulation.
Section 63 In view of the tasks of a children's home as defined in this Act, the professional child protection service provision, in order to assist and professionally supervise the nursing and fostering activities of the guardian (legal guardian) or caregiver of a child in short-term or long-term foster care in accordance with the individual programme, shall
a) prepare the individual nursing-fostering plan of the child,
b) upon the request of the guardianship office or, in the absence of such request, semi-annually ex officio inform the guardianship office about the performance of tasks related to nursing and fostering, the relationship between child and parent, and the cooperation of the parent with the institution or person looking after the child,
c) signal to the guardianship office if the powers of the guardian (legal guardian) should be restricted, or the guardian should be removed or suspended from his position,
d) organise the implementation of the placement plan and, to that end, in cooperation with the child welfare service, provide family support to facilitate the creation of conditions necessary for the upbringing of the child in his or her biological family and the restoration of the relationship between parent and child,
e) provide family support and after-care, in cooperation with the child welfare service, to facilitate the reintegration of the child in the family and to promote his or her independent living, if the foster place of the child is not a children's home.
Section 64 The professional child protection service provision, to assure guardianship for a child in temporary placement, short-term or long-term foster care, shall
a) represent the child, in its competence as ad hoc curator, if the guardian may not represent the child or if, in issues requiring special expertise, the guardian is unable to provide effective representation to the child,
b) in its competence as ad hoc curator, provide asset conservator functions if the guardianship office has not authorised the guardian to manage the assets of the child,
c) pursuant to Section 98 (4) of the Family Act, perform certain functions related to the guardianship of the child in its competence as legal guardian.
Section 65 In the framework of professional counselling, the professional child protection service provision shall
a) provide professional and methodological assistance to performing specialised tasks of personal care,
b) prepare recommendations for the improvement of professional services and promote the practical application of scientific research.

District professional child protection service

Section 66 (1) The district professional child protection service shall perform service, organisation, consultancy and care giving tasks. Within its scope of activities, in addition to the items covered by Sections 60-65, it shall
(2) in particular
a) operate a network of ad hoc curators, asset conservators and legal guardians,
b) pursuant to the decision of the governments of the county, of Budapest and of cities with county rank, operate homes providing temporary placement to children,

Supervised care

Section 81/A. (1) If a child in short-term or long-term foster care, as a result of his or her health or psychical status, exhibits conduct directly endangering his or her own life or health or that of others, and such endangerment may be

eliminated only with the immediate supervision of the child's full care in a restricted environment, the head of a special children's home may curtail the personal liberty of such child.
(2) In the framework of the curtailment pursuant to subsection (1) above, the child shall not leave the premises of the children's home, or he or she shall remain in the rooms designated by the head of the children's home. The head of the special children's home shall inform the children's advocate, the county or metropolitan child protection expert committee and the guardianship office with jurisdiction, forthwith but within thirty-six hours at the latest.
(3) Simultaneously with the notification of the guardianship office, the head of the special children's home shall initiate the issue of an order for the supervised care of the child in short-term or long-term foster care if the curtailment of personal liberty is expected to be necessary for a period exceeding forty-eight hours. Until the guardianship office adopts a decision, the examination of the child, the termination of the conduct causing endangerment and the prevention of fast deterioration of his status shall be the primary objectives.
Section 81/B. (1) Acting ex officio or upon an application, the guardianship office shall order the supervised care of a child
a) in short-term or long-term foster care placed in a special children's home,
b) special-needs children affected by the short-term or long-term foster care procedure specified in Section 77 (1) and Section 80 (1)-(2) if the child, as a result of his or her health or psychical disorder, exhibits conduct which may severely endanger the life or health of himself or herself or of others or poses direct and severe endangerment, provided that such endangerment can be eliminated only with full care, examination and therapy conducted in a restricted environment.
(2) The duration of supervised care may not exceed two months.
(3) In order to promote the attainment of the objective of supervised care, the guardianship office may order that the child specified in subsection (1) above
a) remain in the designated rooms of the special children's home,
b) maintain contact with his or her relatives in a restricted manner for a certain period of time,
c) submit himself or herself to specific treatments or medical procedures with the consent of the guardian (legal guardian).
(4) Prior to adopting its decision, the guardianship office shall, taking into consideration the condition of the child, consult the child, the child's legal representative, the children's advocate, the guardianship consultant and the head of the special children's home, and procure the opinion of the county or metropolitan child protection expert committee. Such hearing may be conducted outside the official premises of the guardianship office if necessary.
(5) In issues of supervised care, the guardianship office may depart from the opinion of the county or metropolitan child protection expert committee in exceptionally justified cases only.
(6) The guardianship office shall decide about the supervised care of the child within 8 days. Such decision shall be immediately enforceable, irrespective of any court review.
(7) The guardianship office shall review the supervised care as appropriate, but at least monthly, based on the opinion of the county or metropolitan expert committee.
Section 81/C. (1) No appeal lies against the resolution of the guardianship office concerning the ordering or review of supervised care. The guardianship office shall forward is resolution, within three days of its communication, to the court for review.
(2) The court shall make a decision, in a non-litigious procedure, about the maintenance or termination of supervised care within fifteen days of the receipt of such resolution.
(3) Unless otherwise required by this Act or by the non-litigious nature of the procedure, the court proceedings shall be governed, mutatis mutandis, by the rules laid down in Act III of 1952 on the Civil Procedure (hereinafter referred to as 'CP Act').
(4) The appropriate representation of the child in the court proceeding shall be assured. The children's advocate shall also be entitled to represent the child. If the child has no representative in the proceeding, the court shall appoint a guardian ad litem for the child's representation.
(5) No appeal lies against the decision taken by the court on the merits of the case.
Section 81/D. Supervised care shall be terminated pursuant to a court decision to that effect, upon the end of the specified time period, or ex officio or upon the request of the child, the children's advocate or the head of the children's home. In the course of the procedure for the termination of supervised care, the opinion of the county or metropolitan child protection expert committee shall be sought in every case.

Determination of the foster place of the child
Section 82. (1) The guardianship office shall determine the foster place of a child in temporary placement, or affected in a short-term or long-term foster care procedure relying on the expert opinion of the county or metropolitan child protection expert committee referred to in subsection (6) below and the entity or person referred to in Section 132 (1) after hearing the opinion of the child and the parent of a child in short-term foster care.
(2) With due regard to the considerations laid down in subsection (3) below, in the course of placement the child shall be placed primarily with an adoptive parent, foster parent or, failing that, in a children's home or in a home for disabled or psychiatric patients under the scope of the Welfare Act.
(3) In the course of placement, due regard shall be paid to the
a) age, health and social level of the child,
b) joint placement of siblings,
c) desirable continuity of the upbringing of the child,
d) religious conviction and beliefs of the child,

e) distance to the child's previous place of residence and educational institution,
f) records kept in the interest of the child pursuant to Section 141 (1) *a)* and *b)*.

Representation of the child

Section 87. (1) The guardian shall have the right and obligation to represent the child in personal and, if the foster parent is so authorised by the guardianship office, in property matters.
(5) The guardianship office shall appoint the ad hoc curator primarily from among the staff of the district professional child protection service or, if the children's home or foster parent network is maintained or operated by entities other than a state body, the staff of the operator entrusted with such function.
(6) The guardian shall not represent the child in proceedings relating to supervised care. The public guardianship authority shall appoint the children's advocate as representative of the child.

After-care provision

Section 93. (1) Upon the request of a young adult or, prior to the majority of the child, taking into consideration the recommendation of the guardian (legal guardian), the guardianship office shall order after-care provision if the short-term or long-term foster care of the child or young adult was terminated upon his or her attaining majority and
a) he or she is unable to independently provide for his or her livelihood, or
b) he or she pursues studies qualifying as full time studies or pursues full time studies in an institution of higher education,
c) he or she awaits admission into a residential social institution.

16. The educational system

The psychotic problem that arises in the child or adolescent stage of life also appears in the educational system. According to the estimations around 20-25% of the children are 'difficult subjects'. They are the pupils who cannot catch the pace of the class, some of them fall out from state education. School failures at such an early age may push the child towards the periphery of the society. The important function of the school, is to implement the so called 'hidden curriculum' and socialisation. The implementation may prove to be difficult in the case of problem children. „Furthermore the school of our days is only limitedly capable to ease if not strengthen the behavioural and learning disorders of the so called problem children." [Szilágyi, 2004]

The schools that offer education for problem children and adolescents are called recipient schools, and are usually run by the non-profit sector. These schools help children to get vocational education and final exams, providing chance and hope for them to integrate into the world of work and help their social reintegration. However, the drawback of this system is the lack of implementing integrated education and learning.

In the following we will outline what services the educational system provides for children who combat with some kind of hardship.

Two types of institutions can be distinguished, the Educational and Behavioural Counselling service and the school psychologist network as part of the basic services within the framework of education. The cooperation of the two institutions is not only visible in the service provided for children but in the form of team work, exchanging experiences and mutual trainings. It is typical of the share of duties that the therapeutic work is mainly done at Educational and Behavioural Counselling service, while the ground of prevention is school. Both types of institutions initiates to enforce the healthy development of personality in a complex way.

School psychologist

The work of the school psychologist consists of:
„The basic function of psychological work in educational institutions is primary prevention. This does not only mean the prevention of the problems, but the assurance of the optimal development-psychological components." [Kósáné, 1999] One of its most important tasks is to recognise the disorders in the development of the child's personality at an early stage and direct the child to the proper professional. According to some researchers the centre of the school-psychological work shall focus on the pre-school and lower primary school stage of life, with a special interest on the start of the school. This opinion is consonant with the phenomenon discussed in connection with the Educational and Behavioural Counselling service, that is secondary school students are not the primary target group of the therapy and prevention in the educational system. The school psychologist shall provide service for children who have any type of problems or are regarded as hard to educate. In their work the fight against stigmatisation shall receive special stress. If needed, the school psychologist shall negotiate with other institutions providing special services in the interest of the child.

Within the frames of the educational system the role of the pedagogues proves to be crucial, since it is them who detect the problems, and to their notification or guidance can the child get to other elements of the system. The school psychologist may partly supply this omission of the system, but not every school employs school psychologists not to mention the fact that where they work it is impossible to have deep knowledge of every child.
Actors of the health care system do not consider the cooperation of the educational system and children psychiatry satisfying.
„Pedagogues are not aware of and are prejudical toward the methods and possibilities of children psychiatry. This may often lead to the branding of the child receiving treatment from the school psychologist in the class,… As a consequence of the attitude and lack of information of the pedagogues not every child in need gets to the relevant professional, or they venture themselves quite late to propose children psychiatric examination or treatment," [Gyenge, 1998]
Not only the communication between the different systems is unsatisfactory but within the educational system it may problematic that „…even today in secondary schools in general the crisis-indicating behaviour and symptoms are neglected, or are classified negatively." [Gyenge, 1998]
The latter phenomenon on the one hand may provide answer to the question why few of this age group turn up at the above detailed institutions and on the other hand it visions the danger that children suffering from problems without proper help may easily fall out of the educational system.

Social work in the schools

Social work in schools is not part of the educational system, but as it appears in it, we shall discuss in the present chapter. „Our social objective is to help the children form the competences according to their age, and make the school more sensitive toward the needs of the children" [Germain, 1996] The social worker in the school works on three interdisciplinary fields, that is: the confine of school and the child, the family and the school, and finally the school and the local community. Their task is to turn towards primary prevention, however at present it acts as the secondary or third level of prevention. They have effect on the school, as they are capable to recognise the unwanted or harmful consequences of the operation of the school, and notify the management. In Hungary only few, mainly recipient schools, employ social workers.

We feel important to detail what help social workers may (or could) offer to adolescents suffering from some kind of mental problem. According to the vulnerability-stress model in the formation of psychiatric disorders and the enforcement of their symptoms stress plays a crucial role. Apart from the development stress, adolescents must combat the stress caused by the right choice of future school or profession. These factors may be accompanied by the stressors of different life events, which may exhaust the coping-strategies of the youngster. The primary role of the social worker shall be to teach stress management and coping-strategies, which not only aim to control the problem but may serve as an excellent prevention strategy. Monitoring the early warning signs could be realised within the frames of the school, since the students the majority of their days there. The school may extend its retention power by providing psycho-education to the teachers and students with the involvement of professional experts. The accessible service may be crucial in the life of youngster who suffers from a mental problem, therefore mapping the existing services and the encouragement of the youngster to use them is rather important. It may help the family to combat the problem, in a way that the youngster, by stressing their skills, rebrand their problem avoiding themselves or their family to take up the role of the patient. This strategy preserves the integration of the child in the school, making their chances of future education and employment better, making it possible to act fully in the society. The best possible employment is the objective of the youngsters, so they become part of the job market and system.

Summary

When analyzing the services of the educational system it is clearly visible, that the existing institutions do not prefer or provide solution to the hardships caused by adolescent or young adult age mental problems. The problem child is put out of the system of their institutions, who practically falls out of the services of the public education. The so called recipient schools undertake the education of them, but only few youngsters receive this special type of service, because the majority of these schools are run by the non-profit sector, by NGOs, focusing mainly on a special group of problem children - for instance addictive children, etc. In general these schools limit the number of students with mental problems per class, so often one has to skip years to get in.

17. Educational and Behavioural Counselling service

Special duties of the Educational and Behavioural Counselling service:

- preparing expert report helping differential education,
- giving expert report on the request of the guardianship office.

The Educational and Behavioural Counselling service is in contact with the children-health care network, children psychiatry and adult mental and psychological institutions in the course of their work.

The Educational Statistical Information Year-book of 2003/2004 does not name any school psychologists but publishes information on Educational and Behavioural Counselling service offices.

The Educational and Behavioural Counselling service as a type of institution is less accessible for secondary school students, as only 7.5% of their clients come from this age group. (see table 1.) It seems that this type of institution provides additional services for nursery school and lower primary school, or these levels of education are more sensitive to recognise problems of children.
Voluntary users: 38343 persons (adult: 19491 persons). Approximately 40% of the clients were voluntary, which may indicate a problem, since the formation of a cooperative attitude may need more effort.

In the majority of the cases children either have some kind of learning disorder or are talented, the second cause of attendance is behavioural disorder or complex problem (see table 2.). This indicates that the school tries to place problems out of its premises.

Where the schools undertake to solve the problems school psychologist and/or school social workers are employed. The number of schools is evanescent where both positions can be found.

Below we wish to introduce a method developed in an Educational and Behavioural Counselling service office and successfully applied with adolescents.

Ilona Pintér defines the crisis situation caused by development stress in the case of youngsters who are endangered by psycho-social origin disorders as a career-choice problem. „The essence of the career-choice focused psycho-therapeutic counselling process is that the problems articulated in or behind the indecisiveness of choosing a career may be turned into career seeking" [Pintér, 2000] By this method they can provide a service that does not stigmatise the clients, adolescents. „Based on the experiences the symptoms of development stress are often present as background problems in the case of adolescents who suffer from many types of life situation problems, such as integrative behavioural, communicational, learning, performance, decisive, life-management, emotional, neurotic symptoms, associal and antisocial behavioural features." [Pintér, 2000] By rebranding the problem their attitude enforces not to form the role of patient in the adolescent (and in their environment), and offers targeted possible solutions to solve the given life-situation, so when entering the next life-cycle stage it will not appear as an incomplete or unsuccessfully completed task.

Elements of the method:

- revealing the problem, life-interview, examining career development of the parents,
- psychotherapeutic type of counselling examination,
- small self-recognition group.

The method can successfully applied with a group of youngsters, but adolescents who suffer with different problems are crowded out from or do not find access to the services of the Educational and Behavioural Counselling service. Another disadvantage of the method is that it does not reach those who have already been socialised to the role of the patient, or those who have become ill after choosing a career or in the course of work. Those who need longer-term complex rehabilitation may not enjoy the ideal benefits of the service. The method is a local initiative, and not applied generally by the different Educational and Behavioural Counselling service offices. The place of the service in the system must be found in the future and combined with other services it shall be made accessible for everyone.

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18. Health care service

Outpatient care

Psychiatric outpatient service is operated regionally covering the whole territory of the country. As for the gender distribution of the users one can see that two third of them are women (65, 33 % in 2003). The proportion of the young is a little bit more than 2% (see figure 1. table 3). The actual proportion of young among the people with mental disability is higher; they use children and adolescent service and the educational and behavioural counselling service which is integrated into the educational system (see figure 2, table 4). Recently their number has significantly increased, professional regard their treatment as one of the biggest health care problem of the century.

36 children and adolescent psychiatric outpatient service units are operated in Hungary, their regional distribution is uneven. Altogether 22.000 under 19 years old users are registered in theses forms of service. Their problems are mainly present in the previously discussed services of the educational system.

Inpatient care

Apart from the service system data one shall have a closer look on the inpatient care statistics. Approximately 12% of the active hospital beds belong to the mental health section. Bigger proportion of beds solely belong to the category of internal medicine and related fields. The capacity utilisation of beds is above the average, third behind long-term treatment and rehabilitation. The average duration of treatment is 2.5 times more than the average of the inpatient-special care, ranked on the third place after long-term treatment after-care.

In the case of young users of inpatient care the duration of treatment time shall be highlighted. One can see that the duration of treatment on active wards shows a two-week average, while on chronic wards this period is one and a half months (see table 5). Even two weeks is enough to come out of the train of studies or work, in the case of chronic treatment one can be sure that support is needed for a smooth comeback. The situation is even made worse by the so called 'revolving doors model' of psychiatric care, that is the patient returns to the hospital many times.

19. Social services

Children and adolescents with special needs can appear thorough the social service system at care services for children and family support providers.

After care:

…„In 1974 a regulation of the Ministry of Education proclaimed the principle of gradability in the system of guardianship office measures, provision must be preceded by a caring-protecting activity. Regular educational allowance, life-starting allowance were introduced, after-care was expanded"…

According to the 1997. XXXI. Act on the protection of children and guardianship administration:

Section 53. (1) In the framework of care providing a home, the following shall be ensured for a child in temporary placement or in short-term or long-term foster care

c) after-care necessary for the re-integration of the child into his or her family and for the commencement of independent living.

(4) Accommodation and if required further provisions shall be assured in the framework of after-care service to those young adults leaving short-term or long-term foster care whose after-care provision has been ordered by the guardianship office.

Section 93. (1) Upon the request of a young adult or, prior to the majority of the child, taking into consideration the recommendation of the guardian (legal guardian), the guardianship office shall order after-care provision if the short-term

or long-term foster care of the child or young adult was terminated upon his or her attaining majority and
a) he or she is unable to independently provide for his or her livelihood, or
b) he or she pursues studies qualifying as full time studies or pursues full time studies in an institution of higher education,
c) he or she awaits admission into a residential social institution.

Apart from these facts at the majority of the homes no after care is done

We have received the following information in the homes:

- After-care service is done in accordance with the professional plant.
- No after-care service is done on the special department, but the career of the child is followed. On demand counselling is done, in some cases financial help is given.
- After-care is provided, some use it, but cannot always bring out of themselves the best.
- A designated team deals with after-care (after- and family care), 4 experts in the team.
- After-care service is done on request. They want to launch the so called family-after-care, the best solution is seen in this form.
- No after-care is done, the legal regulations do not provide possibility of this for members of the special group, however, they would need it the most. In the normal group the members may stay until the age of 24 under special conditions (for instance studies, getting profession). In these cases they try to place the youngsters to the normal group from the special group.
- They have one youngster aged 24, in other cases after the 14 th birthday they send the child home or to another home. They plan to establish after-care service, but currently it does not have financial grounds. 5 children go to secondary school.
- In the after-care house
- They had one person who used the after-care service, who was placed to another place for after-care service which worked because of the very strict conditions
- They are now in search of after-care service, they may have 2 persons using after-care service until the age of 24.
- No
- Regularly keep in touch, providing help.
- In the form of after-care service.
- Yes, but only in exceptional cases with guardianship administration permission. In fact no after-care service is done.
- Yes.
- Yes, at present two users of the after-care service. 1 person is going to Pécs, where within the frames of a programme flats are going to be built, in which he is going to work on as well, and can rent the flat in the future. Some go to school from here.
- Yes, after-care service is done - help in finding work and flat, organising home establishment funding.
- 2 users of the after-care service in three forms: 1. subject to compulsory full-time schooling (return to the parent, one year long after-care service), 2. became adult in the resident home (further education on regular full time schooling; incapable for individual lead of life, waiting for admission to social institution), 3. youngsters who does not ask for after-care service (only adults). They receive home establishment support, buy a flat and start their own life outside the institution.
- After-care service is done, but on given conditions - like having a job, etc.
- Two after-care homes are operated in Nagykőrös, for 10-10 boys and girls.
- No, but provided in the county.
- Yes, within the frames of a separate after-care home.
- Yes, after-care service is done at the parent institution.
- Between the age of 18-24 after-care is provided in the residential-home, where they care for themselves, manage themselves financially, and their after-care service provider helps them.
- Not compulsory, and can be rejected. The educator finds it useless, as locally it cannot be realized only in the institution in Nyár street.
- After-care service is done in accordance with the legal regulations.

<u>How is after-care service done?</u>

- In the form of following the life of the youngster (regular contact).
- The institution does after-care, the child is asked about their needs and further steps are done on the basis of the needs.
- After care is done by someone specialised in the subject matter (administration, legal representation, etc.), with the background of the staff of the institution (future career, job orientation, education, profession, work, personal relations, etc.). After the 18th birthday they are placed in an after-care group in an apartment, where with the help o fan adult they may manage their own lives on their own.
- Family-care service keeps in touch.
- The family- and after-care service is done by the same person, some users have daily problems.

- No.
- Don't know.
- Return to the home for visits, or live in the after-care service residential home. Follow up is done even for 15-20 years.
- The regulations of after-care service are badly controlled, the age limit can be postponed to 18 or 24 years of age, and then the child is left alone. Children should get more protection.
- At present no after-care service is provided, but in case there were, they would fully support the people working in and using the service.
- As after-care service.
- Yes, but only in exceptional cases with guardianship administration permission. In fact no after-care service is done.
- Based on guardianship administration decision, 6 month report obligation.
- After-care service available daily for adolescents.
- Separate after-care service provides support.
- After-care service is mainly used by adults. The proposal of the institution is approved by TEGYESZ. The institution consults with experts on the proposals.
- With the help of three family-care services.
- After-care service is done by the provider of the institution.

<u>Child welfare service provision</u>
„39. § (1) Child welfare service provision is a special personal social service to protect the interest of the child that serves to promote, with the methodology and tools of social work, thy physical and mental health of the child, his or her upbringing in the family, the prevention of endangerment of the child, the elimination of existing endangerment and the re-unification of the child with his family." [1997. évi 31 tv]
According to data from 2003 1553 units of care service for children were in operation, employing apporximately 3000 people, one third of them working in half-time. 931 of them were operated as a one person service unit. [ÁSZ report] so on average one person dealt with around 370 cases. Integration and behaviour disorder were experienced in 16% of the total cases (see Table 6). Part of these indicate some kind of mental problem, and of course.

In the background of the remaining cases some kind of psychiatric problem may lay. It is clearly visible, that in the case of one person units case discussion was lacking, which may make care difficult to provide. In the case of mental problems this gap could be substituted by extending the network service providing units for people with mental disability, since a psychiatric community coordinator would be available altogether with the staff of day-care homes, who could be involved in consultations and providing care as well.

In accordance with he provisions of legal regulations every resident of a settlement is entitled to use the family-help service, so people under the age of 18 may with restrictions.
„**Section 65/A** (2) Under-age person is entitled to use the general supportive service in case:
a) the service for the family members of the under-aged was launched within the frameworks of the general supportive service,
b) the interests of the under-aged -without using the children welfare service- can be ensured within the frameworks of this service on a satisfactory level [III. Act of 1993]

20. Anomalies of children protection care for children with special needs in Hungary (Péter Büki)

<u>Who can be regarded as a child with special needs?</u>
Act XXXI of 1997 on the protection of children and on public guardianship administration defines children with special needs only in Section 53. The problem with this is the fact that the referred Section can be found in Chapter VII, within the frames of professional child protection provisions.
Section 53. (1) <u>In the framework of care providing a home,</u> the following shall be ensured for a child in temporary placement or in short-term or long term foster care
b) special care shall be provided to
ba) a child suffering from severe personality disorder or exhibiting severe psychotic or neurotic symptoms (hereinafter collectively referred to as 'child with severe psychic symptoms'),
bb) a child offender exhibiting severe integration disorders or severe antisocial behaviour (hereinafter referred to as 'child with severe dissocial symptoms')[hereinafter *ba)* and *bb)* collectively referred to as 'child with severe psychic or dissocial symptoms'],
bc) a child suffering from alcohol, drug or other psychoactive substance addiction (hereinafter referred to as 'victims of

psychoactive substance abuse’).

Consequently the Act ipso iure admits the existence of special needs only in the field of professional child protection provisions, and orders special rights to child in this case.
This attitude is the root of several problems in the circle of children welfare basic services, mainly because the network of associate-professions is not yet built.

Who allocates the special needs?

Unfortunately in 2002 the legislative authority established a non-independent body to allocate these special needs, with other words it assigned the child protection expert committees to the district professional child protection services [Section 66. (3) f)].
It is well visible today that the whole social and child protection and service system calls for a uniform expert committee integrated into the employment-rehabilitation. The organisational background could be assured by the OOSZI.
The idea would reach its complexness, meaning the adequate interventions based on the needs of the child (education, rehabilitation, (re)socialisation, etc.), if a voucher-system was attached to the uniform expert service system.

The present -regional, operated in the TEGYESZ- child protection committees may often find themselves within the clash of interests. If they allocate the special needs of a child who would get into, or still using the services of the given care provider, then the child will be awarded special extra rights, which, in most of the cases cannot be guaranteed by the backer (mainly the regional local government) because of the lack of capacity. Therefore if the fact of special needs are allocated and the region (county) cannot provide care for the child in the adequate (special) location, the infringement of the county can be quoted instantly.
This may be the reason why special needs defined by the experts working directly with the child differ from those that had been allocated by a district professional child protection expert committee.

What does having been allocated as a child with special needs entitle them to do?

With the words of the Act on the protection of children
Section 9. (1) In accordance with his or her age, health, maturity and other needs, a child in short-term or long-term foster care shall be entitled, in particular
[….]
(3) A child placed in a special children’s home or the special group of a children’s home shall, because of his or her position, be provided enhanced protection.
(4) In case of a child placed in a special children’s home
a) health care and therapy necessary for the correction of his or her personality shall be provided as appropriate for his or her condition and without jeopardising the security of other children, and
b) measures curtailing his or her rights or personal liberty may be used during his or her care and education exclusively in justified cases, where he child or others are endangered.

As one can see in Section 9. (3) of the Act, in Hungary two types of institutions exist: special children’s home or the special group of a children’s home.
In the (4) article of the same Section only special children’s home is mentioned. If one scrupulously takes these regulations into consideration, they do not apply in the case of those children who are placed in a special group of a children’s home.
On the other hand the legislative authority does not differentiate (by meaning gradability, professional differential points, etc.) the special children’s homes or the special group of a children’s homes. But it is easier to organise service (’collecting’ professionals) to a big institution than to numerous smaller units, mainly in the case of professions in demand (child-psychiatrist).
With other words with the wording of the Act the principle of equal opportunity access is violated. The question will become interesting when a county is only capable to operate the special groups of children’s homes.

What is the difference between the special children’s home and the special group of a children’s home?

The legislative authority differentiates between the two forms, like they were two totally different service units, in other cases they are referred to as the alternatives of each other. The latter means that the backer decides in what form they wish to take care of the children with special needs. The other differences were mentioned above.

Residential home is a type of children’s home, consequently in many parts of the country not special children’s homes with 40 beds were established but special residential homes small in number. As regards special residential home placement - which is supported by the data collection of PÉF- the main problem is the small number of experts, consequently the right of the child with special needs defined in Section 9 of the Act is violated. The infringement in this case is the not appropriate fostering-nursing (which is not the fault of the professionals working there!) which may result in further problems on the long-run.
If we regard special care as an intervention with preventive focus, than its less effective nature, and total inappropriacy may lead to a lifelong social adaptability problem. Social adaptability problem of this kind may be the difficult integration -

or non-integration- to the job market as for the low level of education.

The integrated placement of children with special needs

Section 126 (3) of the 15/1998. (IV. 30.) NM Regulation hides an interesting turning point:
Section 126. (3) The tasks of the special children's homes or special group of a children's home involves taking care of the children, socialisation, resocialisation, habilitation and rehabilitation if special care cannot be provided elsewhere, or the separate placement of the child from those who do not require special treatment is justified, and his or her state does not indicate placement in a social residential home, or his or placement cannot be realized due to lack of space.
The article suggest, that there may be children with special needs whose care is provided by not (specially) trained, professional foster parents, but in 'normal' children's home groups, by means of 'integrated' placement method.
This solution is obvious for those backers who are in short of children's home space on hand.
Integrated placement may prove to be professionally positive if

- the backer/operator assures professional strengthening for the children community, the child with special needs and professionals working with them;
- this solution is based on the principle of gradability, and not to the phenomenon that „at present we cannot put the child elsewhere".

As special rights can only be given to children living in the professional care, suffering from the above mentioned problems, in this field the principle of prevention is not realized even on the level of declaration. With other words children with special needs living in their home, with their family do not have access to the service, because they will become children with special need only in case they are lifted from their family with some reason (like guardianship office decision).
Some may say to this that children-mental health centres, children-psychiatry wards, or educational and behavioural counselling services can help to back up the children welfare service lacking competence, but as it is widely known the nationwide coverage of these institutions has not been provided. A solution that someone was admitted into the system of professional care because his or her needs are not satisfied in an adequate manner would be against the principles of the Act on the protection of the children.

Is it good for a child if he or she has special needs?

According to Anna Volentics „not only disabled, or ill children shall receive the sympathetic attention, helping care, but those as well who have drawbacks in the field of the development of their personality, because those are wrong who consider that 'only' one field of development, since the speed and quality of development may be different at every child"[2]
By this explanation behavioural disorder becomes a right of the child, being entitled to the helping care.
If one believes in this approach, it is good if the expert declares the child, a child with special needs.
In case the child does not receive 'helping care' the mere fact that he or she is of special needs, than we may witness the well known process of denunciation from sociology. This child becomes 'unwanted' in the system, the centre point of his or her therapy will be the regular change in his or her location of care, his or her problem will therefore escalate.
This tests the competence questions of experts working in children protection on the one hand, on the other the question whether it is acceptable from a professional-methodological and (professional-) ethical point of view if a child is not given access to what they may need the most and cause a constant failure consent and situation to many professionals.

The indicated data, and collections are all based on the work carried out in the course of the monitoring. The data are applicable to the total number of the homes.

Personal conditions

In this sections we investigated the workers of the institutions. We consider the most important factor, that a big proportion of the employees shall have the necessary qualification, because well qualified workforce is essential to provide quality care to the children, since in these homes the services are provided for children with special needs.
As this type of work is really demanding to the professionals, we inspected, whether team and supervision effectively existing the institution, providing opportunity to the employees to discuss the problematic cases and prevent burnout.
We asked the employees for how many children they provide care for per person, what their relationship with other institutions is and we covered the deficiencies as well.

In most of the cases the leaders and their colleagues replied to our questions that the number of employees working in the institution is in accordance with the legal regulations, but deciding on the timing of summer holidays proves to be difficult for 40% of the institutions. In these cases they must reorganise work time or the colleagues can get their days off only if someone's interest are not taken into consideration. This deficiency may deteriorate the quality of the care, since with

[2] Volentics Anna: Nehezen nevelhető, inadaptált gyermekek a közoktatatás és a gyermekvédelem intézményeiben. In Illyés Sándor (szerk.): Gyógypedagógiai alapismeretek. Eötövös Loránd Tudományegyetem Bárczi Gusztáv Gyógypedagógiai Főiskolai Kar. 2000. 605–606. pp.

drawing children groups together they may receive less attention than needed.
In four of the interviewed homes the employees replied that they had to suffer from continuous downsizing, in 7 homes there was great demand for psychologist and remedial teachers. The children's homes meet the expectations of the legal regulations, however they have difficulty in meeting the higher demands of children placed in special groups. 15% of the investigated homes said that the rate of fluctuation was high among their colleagues, at 45 % around 1-2 persons leave annually, in the other institutions this phenomenon is not typical. At some homes in the country they believe that the cause of this is the unemployment in the region. The employees have articulated in their desires that the extension of the staff would be useful to make professional work better.

The lack of psychologists and part-time employment were two issues that the leaders and employees of the homes highlighted. According to the answers there is no opportunity for psychotherapeutic treatment in 40% of the homes. Apart from this in many of the institutions the need for health care professionals -which would be justified by the medicational therapy of children- was also noted. We found only five homes where the resident children did not receive any medication, however, we visited an institution where 50% of the children were under regular psychiatric control.
The poor child psychiatry care system -lack of hospital care and children-psychiatrists- that complements special children protection exaggerates the hardships of providing care for children with special needs; these can be validated by the questionnaire. In many homes we found that, children who get into crisis situation (he or she is in endangering state) were given treatment by doctors who did not have child-psychiatric professional examination, and were placed for many days in adult psychiatry ward, which consequently increases the possibility of being particularly vulnerable. The employees and leaders both agreed that they would need a psychologist who was present non-stop in the institution.
Providing care for children with special needs put a bigger burden on the professionals employed in the institution, and the shortage of staff increases the load of the educators, which may lead to burnout. In the prevention of this personal or team supervision could play an enormous role, but in half of the children homes no such service was available for the employees. The institutions think that the reasons of this were partly financial and partly the lack of proper experts. Half of the institutions do not do supervision, in 25% only 1-2 occasions are held, while in the remaining homes supervision is held at least once a month. In contrast according to the results of the questionnaire the employees feel that supervision is necessary. In 30% of the homes team discussions are held weekly, in 10% once in every two weeks, in 40% once a month, while in 20% only occasionally or never.

Without exception every institution delegates its employees to professional trainings regularly, financed by tenders or the budget of the institution. Every institution solves, and financially supports participation in professional trainings, many employees are attending professional post-gradual trainings.
The majority of educators working with special groups of children placed in residential homes, noted that the one and only educator of the group is incapable to assure the proper professional level as for the versatile tasks they have to comply, and cannot correspond to the personal special needs.
We got a really colourful picture when we analysed the answers given to the question concerning the number of children one educator works with. The general trend was that in the night shift less employees were on duty, daytime care is provided by more staff. The practice shows therefore a differentiated; there are homes where 1 person works with 10-15 children, but there were homes where one person deals with only 2 children during the day. On average 2 persons work with 6-8 residents.
In the majority of the institutions the relationship among the colleagues were described as correct and good.

Facilities
Providing the necessary facilities and background is essential from many point of views, on the hand the legal regulations define minimum standards, on the other hand it is important how much is done on the professional and social side to assure decent placement for children with special needs. This demands some kind of consciousness from the politicians and the social profession, the care providing system. When talking about environmental facilities one shall inspect the location of the home within the given habitation, if it is too far from the centre, the child's integration to school may become questionable, the organisation of outings is more difficult, not to mention the roundabout possibilities of keeping touch with relatives. The institutions shall offer beautiful environment and non-isolated living conditions to their residents. We also audited the number of washrooms, their cleanness and capability to satisfy the basic hygienic needs of children. We also evaluated the cleanness, tidiness and comfort of common rooms, rooms, because the children live their everyday life in these institutions, which must provide comfort and security for them. We also stressed that the institutions should not be overcrowded, offering peaceful everyday life and personal autonomy to the children. We searched whether the children are allowed to keep their personal belongings with them, or provide possibility to their storage, for instance in lockable personal cabinet.
65% of the audited institutions are far away from the centre of the habitation, the others only hundreds of metres away or in the centre. In general we can say that the institutions are easy to reach by public transport. Of course the organisation of outings or programmes is difficult, not to mention integration to the local school.

We could draw a colourful picture if we want to describe the facilities -the outer and inner state of the buildings, the furniture of the rooms, common rooms- surrounding the children placed in special groups of these institutions. Among

the types of buildings we found mansions under reconstruction, jesuit monastic quarters, rundown two-storey buildings, ground-floor apartment blocks, pensions, terraced houses. At the time of our visit maximum 4 children shared a room, we found only one institutions where this number was higher. Every institution meet the square metre standards of the legal regulations. In two cases we found that the children did not have own cabinet, in other institutions they were not lockable, but in most of the institutions the cabinets were lockable. In every institution the children are allowed to keep their personal toys, mobile phones, and can freely dispose of their pocket money.
50% of the institutions provide a bathroom per group, in the other half 2 or more are provided. We found one institution where the toilet and bathroom were co-educated. The children have own hygienic set. In two of the institution the bathroom could be used only once, in other two places in the morning and in the evening, in the other institutions the bathrooms could be used without any limitations.
The majority of the institutions have dining rooms, five meals a day are given to the children, in some places the school provides meals for them. Every institution takes into consideration and provides on demand special diet. In the majority of the institutions the kitchen-manager is responsible for the weekly menu, but it is common in some places that the menu is discussed with the children, who then not only decide on the actual food but help in the preparation as well. The residents eat fruit on average 3-4 times a week.
Every institution gives personal clothes to the children, the budget is different.
We found 3 institutions where there is no separate room where the relatives could spend time with the children. In 10 cases the visits can be organised in the common room or room, so we can be sure that the children cannot spend their time with their relative undisturbed. The other institutions offer a so called visitors' room for this purpose.
Differences can be experienced in the level of facilities of the given institutions.
Security isolation room in accordance with the legal regulations was used only in one of the institutions, mainly in the case of addictive problems. There are homes where isolation rooms are not used, in some they are either planned or under construction. In connection of the use of the isolation rooms we experienced uncertainty or lack of information. In four of the institutions we found no library, in two of them it was said that the children used the school or the local library. 40% of the institutions did not have a gym, 5 of the institutions do not offer any kind of sporting facility, in other homes children can use the school gym, or have to travel kilometres to find sport facilities

One third of the children's homes did not have own sports field, that could be used any time, instead the children can only do sports on public places or in the school. The necessity of a gym has been planned in many of the institutions, we visited 3 homes where rooms available for hand-craft activities were available, two homes even had a computer room available for the children.
Every institution provides board and sport games for the children, most of the homes have computers, and internet access is also quite common.
No shortages were mentioned as regards facilities in one third of the homes, they were classified to be good. We found absolutely run down residential homes as well, which were in the need of immediate inner and outer reconstruction and furniture change. On the top of the list of facility shortages informatics development and free time activity tools could be found. Many institutions think the change of furniture and the renovation of the bathrooms would be desirable.
Many interviewed stated that the layout of the buildings does not suit the special needs, which makes the care or in some cases the isolation of children more difficult, so the construction of a health/doctor room would be practical.

21. Discipline, punishment

Answers from the different homes:
Forms of discipline:

- In order to secure the necessary discipline sanctions are brought not against but in the interest of the residents.
- Time-out limitation, cannot leave the premises of the institution
- Warnings are rarely applied
- Community sanctions are applied, this is a team task. The children of the group decide on the sanctions to be applied against the person who breaks the home rules, of which minutes are done. The sanction is usually limitation of time out or different tasks (like gardening, cleaning up the stable, or other 'communal' works)
- Time out limitation, but this is not the primary educational objective
- They may not participate in some programmes they like doing. If they escape from school or the institution they do not get their time-out, in case bigger value is stolen, the amount is reduced from the family allowance with the permission of the guardianship administration.
- No
- Only in justified cases
- In fact no. On the short-term little sanctions can be applied (f.e.: the educator is stricter with the child, no present is given)
- Pocket money withdrawal, time-out withdrawal and ban of computer use
- Yes
- No

- Only time-out withdrawal
- No (favour withdrawal)
- "Discussion of the soul are unnecessary" - said one of the headmistress
- Time-out withdrawal (no effect - the children escape)
- The child is left out from the award programme
- Time-out withdrawal is the only way of punishment
- In case damage is done it is reduced from his or her pocket-money. Time-out withdrawal, but the children escape
- Time-out limitation
- Use of the internet is a form of reward, its withdrawal is a form of punishment.

Corporal punishment (beating up) is not applied in the homes.

22. Donations

- From foundations, private individuals
- Private individuals, companies
- Own foundation of the institution
- Milk industry, chocolate factory
- Sometimes, mainly from companies clothes, toys
- Aranyág donation
- Nemzetközi Hölgy Klub donation
- Financial donation, clothes, sporting goods, television
- Occasionally donation in kind
- Donation in kind from private individuals (f.e. at Christmas time candies)
- Donation from domestic and foreign NGOs
- Financial and in kind donation from a German contact (f.e.: exchange holidays, food)
- Before festivals and holidays the companies are more active, mainly donations in kind. Recently the foundation was renewed.
- In the form of foundation, on tenders
- From local merchants, private individuals (in kind, like food, sweets, toys). Cannot accept money. From the Maltese Charitable Service Trust.
- SÁGA (meat-processing company), local entrepreneurs, church (donations in kind contribute to the catering budget - which is 400 forint per day) No donation is received, failures in tenders. The headmistress described this situation as positive discrimination.
- They used to receive, but now less and less, the neighbours of the institution are collecting signatures for a petition to close down the special group of the institution because the youngsters go into the neighbourhood and disturb and abuse the tenants.
- The local stationery gives donations (money, and in kind), local shop owners and workers of the institution. No donation is received from the big companies despite the letters sent asking for support.
- Private individuals, companies in both forms, they have a Dutch co-operating institution and a foundation, annual charity balls
- Financial and in kind donations, from supporters financial
- The computer being used has been received as a donation
- Occasionally, but they are not in the need of it, because TEGYESZ provides everything, money is budgeted
- Occasionally, once a German man donated a microwave oven. Unemployment rate is high in the city.
- Yes, the home gets support (financial and in kind). Tendering. They are lucky as the supporters often offer programmes for the children and provide emotional support for them. F.e. a girl from the Waldorf school organised a choir with big success (they are going to concert in Vienna with a choir of 10). Scouts often visit them
- Yes, the institution is given support. The have old, regular supporters. (Lions Klub, Fásy mulató, Nyomda, etc.) The institution could buy a television from these sources, and organised its crime prevention summer camp
- Unfortunately very rarely, the institution has an own foundation, Útravaló Alapítvány, which helps, a baker sells their products on discount price. They city has a German twin-city which sends toys before Christmas.
- They receive occasionally, mainly from companies or private entrepreneurs food
- Donations in kind, mainly from private individuals, Red Cross, Army
- Occasional donations, like books, refreshments, toothpaste. The Cigány Kisebbségi Önkormányzat and the Roma Vállalkozók Egyesülete refused the cooperation.

23. Children council

We have received the following replies as concerns children councils:

- Yes, the children council has one session every month, when the problems they have experienced in connection with their rights are discussed in the presence of a helping educator. Minutes of the sessions are recorded, onto which the

headmaster reacts within 15 days and takes necessary steps. In case the children find the steps unsatisfactory, they may make complaints at the children rights representative, who visits the institution monthly or they can turn to the representatives of the guardian counselling service.
- Yes. Sessions are held monthly, the special group is represented by 1 person.
- Yes they have a children council but with little effectiveness.
- Yes, the chair of the children council is elected by the children. Every year they vote on the best educator. If they experience injustice the chair may represent the case. Their adolescent problems are discussed and solved through the children council.
- Yes. Elections are held every year, the special group is represented by one person. They take part in the discipline committee, and in the rewarding processes, may make proposals.
- Yes, with the help of an educator, they may make decisions, have a say in different matters, f.e. free time activities, food, etc.
- Yes, the sessions are held every second week.
- Yes, every house is represented by one person.
- On paper there was, but actually it did not run well. Home-sessions are held, which is more effective as they can turn to the headmaster directly with their requests or questions. 2 children are going to attend a student-council meeting in Balaton. The institution has a residential children council, but because of the number of escapes the special group does not show interest in it.
- Yes. Every home is represented by one person.
- Yes, the sessions are held weekly, f.e. the duration of the visits could be extended.
- They used to have a children council.
- Constantly initiate to set up the children council, but because of the lack of the consistency no concrete work is done.
- No.
- Yes, runs perfectly.
- Yes, the sessions are held weekly, they have a say in given matters and can make decisions.
- Yes. The special group is also represented by one person. The children council mainly organises events. If for instance there are complaints as regards food, the issue is settled on a group level. Generally there are no complaints. The need for clothes is huge.
- Yes.
- Yes, they have an operational code as well, they have a children secretary, now they are responsible for organising the carnival, and generally organising common festivals and holidays. Members of the council may take part in management meetings if they are interested or are involved in the topic. They may form their opinion on for instance the spending of the pocket money, clothes, and food. The special groups are represented by one person per group.
- Yes, they are responsible for organising creative programmes, tenders, etc.
- Yes, but it failed.
- Yes, they may make decisions on matters they are involved in, for instance excursion, or electing representatives.
- They have in the GYIVI, no separate children council is operated.
- Yes, they have the right to elect representatives, make decisions and hold regular meetings.
- It is operated in the parent institution, the special group is represented by two delegates.
- Only formal.
- Used to be, but the member children are not in the institution so it has to be reorganised.
- Yes, in accordance with the statutes

24. Data protection

The data protection act and the act on the health care data defines accurately the obligation to handle the data of the client confidentially. Important question of medical confidality is to whom may the doctor provide information on the state of the patient.

According to the Health Act the patient may assign a person to whom information shall be provided on their state and hospital placement. Based on the Act the patient has the right to assign the person to whom information can be given on their state, so other person is not entitled to gather information not even on the fact of the treatment. It is mandatory that no third party may have access to the documentation, they must be stored in a well lockable location.

PÉF handles the monitoring sheets and any documentation in connection with the study as confidential and locked.

We also take into consideration the principle to avoid naming the institution in the study, we exclusively focus on problems on a system level. We only diverge from this principle in case the institution rigidly and without justification refuses cooperation, since in these cases we feel obliged to warn the authorities to particularly exercise their right of supervision.

25. Major deficiencies

- We experienced with astonishment in an institution in Budapest that the toilets (bathrooms) were not separated by gender. Generally the institution is equipped with every facility which are essential for everyday life and activities. The future expansion mainly depends on the success of tenders on developing accessories.
- They want to equip the sports room.
- They would need further sports equipment, they want a wider variety of these. Donations were received in the past from companies, but at present they cannot expect support from them, as they are imprevious of donations. With tender funds the gym could be furnished, they can hardly run on tenders, because they are rejected most of the times.
- Bad equipment in the residential homes, sports equipment and cabinets are missing.
- Renovation of the bathrooms is essential, by this the life quality of the girls would improve. More computers, new furniture, beds, 10-15 bicycles and other sports equipment would be necessary.
- There are, but no support is given to them, only at Christmas.
- The ground floor department of the special group would be important, and is need of backer and tender support, other department of the group had already been renovated.
- They have almost everything. It would be great help in the education if they had possibility to motivate children with different rewards.
- They run one residential home at present but more would be needed. 5-6 could have been built, but the backer did not give its consent, and did not support the idea financially. The institution forms residential units from their own budget. The tendering opportunities of the institution are limited from the side of the Ministry for 5 years.
- Psycho tests.
- Good working conditions, they would need sports equipment for the yard and would build a basketball pitch.
- Because of vandalism they would need new furniture, and some computers, because at present only the office computer is available, so it is hardly accessible for the children (in the educator room). Inner and outer renovation of the building would be needed (inner works were done in the previous year).
- Furniture, developing equipment, bicycles. They expect more support from the General Assembly of the County.
- Support is expected from the backer for the upgrade of the worn building and its furniture.
- They would need a van. The director is very effective in finding supporters, so they are well equipped. They have good relationship with the backer and have a well qualified technical staff.
- The building is insufficient (they would need a ground-floor building). They are special only on paper as they would badly need toys, development and sports equipment.
- Free time activities, computer.
- Gym, exercise room, relaxation room, sports equipment. They do not get extra support from the local government, only basic supply is financed. Sometimes churches, religious sects and private individuals -last time a German lady- bring clothes.
- 1-2 positions would be necessary. A photo copy machine and computer would be needed. They can only rely on the local government.
- Technical equipment.
- A gym would be needed. The headmaster wants to keep horses (they at present have one) on the premises of the institution, and want to acquire equipment necessary for educating children on work.
- The minimal freedom is maximally utilized. The regulations will be stricter in the future, their freedom will be limited. The situation should be changed.
- The layout of the building is not suitable for the service, originally it was built for pensioner home purposes. Residents of the special group and the other residents of the home cannot be separated.
- The delay in the construction works is a tangible deficit, so the financial situation is tight, but it is going to be solved in the near future (31 December 2005).
- The sports ground should be kept better, two bathrooms should be renovated. They have a dream of having an own swimming pool in the institution. A parental visitors' room would be needed, where the visiting parent could sleep as well, and they would welcome more computers and a gym. They expect support from the backer, foreign helpers and successful tenders.
- Computer.
- They would need a vocational workshop, furnace for burning the ceramics. Expect support from private individuals, for instance the furnace will be purchased by a Dutch couple in the future.
- Support is expected from the backer and sponsors.
- Support can only be expected from the backer. From January the General Assembly of the County is going to terminate the special group on the request of the institution, because the conditions of the service cannot be provided,
- Intellectual skill development equipment are missing. They have room problems (a gym is needed). They plan to build a hand-craft room.
- If they have, they try to solve it from donations, and tender sources. The budget of the institution is minimal.
- Psychological test, backer tenders.

- A new or some new computers would prove to be useful. Van for the weekend programmes, psychologist for the therapeutic programmes, and a curative educator would be needed (at present no psychologist is working in the institution).
- New furniture, technical equipment, kitchen utensils. Full renovation would be needed.
- Good professional staff, good projects (therapeutic possibilities), good training opportunities would be needed.
- A well equipped psychological workshop would be useful. Beautiful environment would make a difference. If there were more outings, the children could run around freely, and personal relations could be formed. A complete office, with professional assistants would do good.
- At least budget available for food should be greatly increased. We want to save up assets which could be used for different therapeutic camps.
- Furnishing rooms for activities, do it yourself room, weaving, green house, gym.
- Internet access.

26. Deaths

- No.
- Once, when a child overdosed himself with medicines and died.
- In 1999 a child drowned in the Rába.
- Death incident happened last in the 90's, not in the institution. The child escaped (his or her hometown was Keszthely) to Budapest, where he lived with a gypsy family, who sent him away after a while. He tried to go back to them, but was not welcome and hanged himself. Another case was in the same decade, when two disabled children escaped, and while wandering by the railway one of them was hit by a train.
- 6 years ago.
- Yes, a boy died in an a gas-lighter-refill accident. His mates are still looking after his grave.
- In the 90's a child with heart problems, who had had several operations died after an operation. No suicide has been committed.
- According to the interviewed no death cases could be mentioned, but as we were coming down by the stairway leading to the first floor we found an iron fence leading to the ceiling and down by the length of the rails an iron net was attached because in the past some jumped down. They plan to detach the iron fence and build a wall in the place of it, but unfortunately they have no budget for it.

27. Proposals of PÉF

<u>Primarily support the self-regulation of problematic adolescents</u>
In every corner of the world supportive groups of the same age, help lines and self-help groups are success stories. Some of the children welfare services let space for initiatives of this kind. We must rely more on the accumulated experience of groups, civil organisation and activists of psychiatric self-help groups must be involved in the work. Financial support for the minimal level of operation shall be ensured.

<u>Placement of informational sheets on patient rights and forms of exercising it on well visible locations, written in a language that the children find easy to understand</u>
Incompetent children due to their age, or children with diminished legal capacity have the right to know the rights they are entitled to in the course of their health care. They must also know how to exercise these rights. For the visually impaired or children who cannot read the information must be provided in an alternative form.

<u>Written protocol and training in order to prevent and treat endangering state</u>
However rare the development of endangering state is it is fundamentally important to handle it clearly, in an understanding, calming manner by the professional staff based on an approved protocol. We find unacceptable -in accordance with the provisions of the Committee Against Torture and the UN Convention on the Right of The Child- the routine of transporting children, adolescents in these cases to the adult wards.

<u>Substantive involvement of patient rights representatives</u>
Specialised training should be provided for patient rights representatives in the relation of children treated in children psychiatric wards. Mental Health Interest Forum is willing to participate in the realization of such a training.

<u>Ensuring supervision from a third party for professionals dealing with children suffering from mental problems and their families</u>
The danger of burnout is present in every helping profession. In case of those who deal with children, whose decisions, successful or unsuccessful work greatly influences the future of the child this danger is even more enhanced. Supervision provided by an independent third party plays a great role in making right decisions, preventing burnout.

Change of attitude
The 'militant regime' attitude, the unnecessary exercise of the drill and rules is not only typical in the special children and adolescent homes but in every Hungarian institution where people in exigence are treated. We do not feel obliged to detail the unwanted damages of this attitude; these institutions deal with souls and on this level the future adult psychiatry user career may be stopped.

General statements
1. Higher/special need of education is not meet even by higher normative state support
2. The children are not given satisfactory amount of information

Recommendations
- The number of staff should be increased in the residential homes
- Children psychologists should be employed
- Children psychiatry services should be improved
- Prevention of burnout - supervision by a third party
- Improvement of the training of foster parents (many complaints on them)
- Closer cooperation with educational institutions
- The use of security isolation room? The idea of a security isolation room is bizarre in itself. In case somebody forgets were he is, or becomes uncontrollable, or his behaviour cannot be tolerated any more the notification of the police may seem to be obvious, in case of a psychotic case hospital treatment is mandatory. Unfortunately as this is done only in adult wards, nothing justifies the use of an isolation room, unless shortage of staff or incompetence, but no professional reasons can be given to the use of the isolation room
- Written information on admission - the rights and responsibilities of the child, acceptance of the home rules on a contract basis
- Expansion of after-care places and completion with a social rented dwelling programme
- Improvement of sport fields (sports equipment, sport rooms), organising sports events among the homes
- Expanding individual care for addicted children (the present level is unsatisfactory)

28. Wishes and notes of the children and staff in connection with the development of the standard of service

Staff
- We wish to do this activity more effectively and efficiently.
- We wish the children found their position in life.
- We wish to acquire flat for the young, formation of a greenhouse, gardening, club room, organisation of pet keeping, covering the swimming pool and establish a grassy sports field.
- The establishment of educational conditions is among the plans, and extension of the care providing service to the age of 30-32.
- A children's home in the country would be good for children with drug problems, in order to lift them from the city environment. This cannot be done now as the drug-friendships are very close.
- Improvement of the inner school, more home care.
- The dream is to focus the forces and power towards the children.
- Establish a leaving system in which mentally retarded children may stay in a protecting environment after their 24th birthday. A more differentiated children protection system and an independent social children's home would be needed. Placement in the countryside would be good, in order to lift the children from the city environment.
- They want four houses (the third will be completed by 31 December 2005), an after-care home, own psychologist, family and after-care are on the wish-list.
- Children with severe mental disorders between 14 and 18 should have a separate institution, and professional care provided. We wish to ensure the financial basis of present levels.
- It would be good to work with open and enthusiastic colleagues. The educator position employment should be preceded by suitability conditions. More money would be needed. It would be good if the outer institutions were more understanding.
- The employees want 3 months holiday annually.
- By increasing the normative support and satisfactory financing work in clam environment in a secure position.
- Every child should get an own computer, which could be used in education as well.
- According to the headmistress the special institution could be realized in a way, if it was closed with an inner school, with qualified, suitable staff. Unfortunately the children strengthen up the negative effect of each other.
- We want to achieve the 'attention of the children'. The children receive their money collected for long years at the age of 18 and spend it in 1-2 weeks!

- 4 new special groups, 2 new residential homes, Ministry and not county backer (more money) higher salary, psychiatrist, application of psychotherapy.
- Formation of a community room, upgrade of development rooms, buying new sports equipment, reconstruction of the main and residential buildings.
- Education for the children, calm, pleasant atmosphere for the home.
- If they won 200 million on the lottery they would build a beautiful home for the children in a scenic environment and would live there in harmony and love.
- Proper support from the backer, respect would be necessary. The colleagues are not motivated, they work here, because there is no other place to work.
- Every child should find a place where they can get help from. The special department shall be closed, because help can be given to only those who are present. The leader of the institution complains because of the impossible office hours of the expert placement committee of Fót. They cannot meet the expectations (even Wednesdays the boys, odd Wednesdays the girls), that they have to keep the child in the home to the date of the inspection, which is impossible as the institution is not closed and probably the child got there because of tramping and would escape the earliest possible. Health care service should take care of children with behaviour disorders. Apart from psychiatric diagnosis they would expect from the psychiatrist or psychologist to help in defining what way of treatment the given child should get. They should present usable methods into the hands of the adult, because no such information is received. The institution provides space for young mothers and their children. Last time a mother (for some weeks with her child) spent a year here, because the father of the child lived in Sopron. Between the father and the mother the relationship deteriorated and finally terminated. The mother was found incapable of raising a child, the child was placed at foster parents after some (4-6) weeks. The mother did not visit her child at the designated time and place, so the child became adoptable. The mother grew adult and disappeared.
- A van for the excursions.
- The children should get in with other conditions, they shouldn't take over the responsibility of parents, better financial conditions for the institutions, regeneration, which should be articulated in the legislation.
- If there were more, better qualified colleagues in the institution, then they would be more efficient with the methods worked out locally.
- Full time psychologist into the special groups, regular personality development therapy, different group therapies.
- The formation of three more educational units would be important. Therapeutic institution which transmits norms. Family for everyone. Development of gardening, staff and training, methodological institution.
- They wish to keep professional results or even develop them, and expand their methodological experience.
- The children should achieve better results in their studies.
- They wish that every child in their care find themselves and not lag behind. The children should come back saying she is my wife, they are my children, I have a job and this is my car uncle Miki.
- Achieving uniformity.
- More money would be enough to satisfy individual wishes and the children could be involved in more programmes. Better family relations to the children because the standard of the care is good, they have got everything, but they cannot respect it (they miss their families). Some kind of disciplinary tool would be useful, in order to prevent the escapes of children. It would be good if the single female night shift colleague was not in danger. The drug addict should not infect the others, but could be placed in time to the Szőlő street or to Aszód or Tököl. Bigger flexibility, open more creative atmosphere in the official and professional environment. They have numerous pioneer initiatives (like stable, residential home in Bócsa, family after-care service) which are hard to realize in the present official and professional environment.
- Full time psychiatrist would be needed who meets the children every day; this would greatly contribute to the work of the educators.
- After some years 2 out of 10 children shall return to be able to say they had settled in life, have a flat, girlfriend. Every little result shall be cheered. The children get much praise and motivation.
- No.
- Establish a leaving system in which mentally retarded children may stay in a protecting environment after their 24th birthday.
- The educators want measures (like rewarding) by which they could have influence on the children. At present they cannot 'keep' the child, they have no tools.
- A farm where children could work would be good.
- Give more sensations to the children and open towards nature. Open a bio-garden, selective waste collection programme, higher salary for the employees, ensuring supervision.
- The institution shall survive in order to help children in need and are placed here.
- Blackboard, markers, expansion of facilities, money. The institution is the career of suicide.
- More professionals, full time psychologist who live here, minimum 6 people in the staff (supervision).
- Feedback on the life of children who leave the institution, they should lag behind. The educator is satisfied with the financial background.
- The special group should be placed in a locked separate building, where education, therapies, education on

employment and establishing supplied employment could be realized. So the members of the group would separated and would not have negative influence on the others.

- Instantly we shouldn't talk about 'rights' only but 'rights and responsibilities'. Legal help should be provided for the staff as well.
- In 2007 one of the buildings shall be emptied and want to establish individual residential blocks. Tender sources would be useful for the project.
- Reconstruction of the home, more activity rooms.
- Computers, printer and school books may be useful for the youngsters. Protective clothing, summer vacation, further therapeutic opportunities for the young.
- Good parents for every child who could take them home and love them. These children miss parental love and tender the most.
- If the children could stand on two feet in life. If the work of the educators was efficient or as respected, it would be good if more children were in the home.
- Full reorganisation of the institution.
- More and more varied training facilities.
- Bigger staff in order to organise holidays easier.
- A more closed temporary home for the criminalised children. It would be good if every condition was provided (facilities, financial, professional) for children with special needs.
- The headmaster of the institution is helpful in fulfilling the requests, the only obstruction is the limitation of the financial sources. The number of the staff should be increased with at least one person, so form 8 p.m. 2 adults could be with the children. In case of 'hot situation' the institution should be more closed, so the number of the escapes would decrease. A good solution may be if education could be provided within the walls of the institution.
- The conditions of the special care should be ensured, because the present situation is only vegetation. Proper worked out methodology should be at hand and of course enough money.
- Haven't thought of this

Children

- Study a profession, earn money, be successful.
- In general you cannot put in words. Some have realistic wishes, in proportion with their efforts, talent and possibilities, but some are not. - Getting a profession, final exam, job, good personal relations, flat.
- The dream is to have an own flat, but knows this has little reality. Tries to work, at present seeking for job.
- Big house, car, successful exams, driving licence, good position and happiness.
- Olivér wants a motorbike, wants to be a motor racer. István wants to be together with his brothers and sisters (István has many brothers and sisters). He wishes to be a goods loader in the PROFI.
- Bettina wants to finish vocational school, she started it in September 2006. She is leaving school in 5 years, have final exams and catering-certification.
- Wants to get home, finish a school, have a proper job and work.
- Finishing primary school, normal family life, and a normal guy.

What do the children lack the most?

- Of course the caring family and family love.
- At present nothing.
- Big house, car, and ability to finish exams successfully, driving licence, good position, happiness.
- Mother.
- The parents, mainly the mother (the parents do not live together).
- More familiar atmosphere.
- The parents and brothers, sisters.
- Home.

29. Annex

Table 1: Number of clients using the Educational and Behavioural Counselling Service
Statistical Informative Educational Yearbook 2003/ 2004

0-7 years of age	7-14 years of age	14-18 years of age	Other	Total
40403	41646	6648	385	89228

Table 2: Reason of application to the Educational and Behavioural Counselling Service
Statistical Informative Educational Yearbook 2003/ 2004

Cause of application	Learning disability	Behavioural disability	Organic symptom	Complex harm	Talent, skill	Other expert opinion	Other
Persons	23331	12656	3460	12707	18736	8293	10045

Table 3: Patients registered in psychiatric care providing units by gender and age in 2003

Age/ yrs	0-19	20-34	35-54	55-64	65-x	Total
Man	1656	10513	19773	8662	6496	47430
Woman	1282	12257	39798	18160	17889	89386
Total	2938	22770	59571	26822	24385	136816

Table 4: Patients registered in children and adolescent psychiatric care providing units by gender and age in 2003

0-4 years		5-9 years		10-14 years		15-19 years		Total
boy	girl	boy	girl	boy	girl	boy	girl	
918	715	3075	2050	4061	2540	2649	2609	18617

Table 5: Inpatient mental health care service in 2003

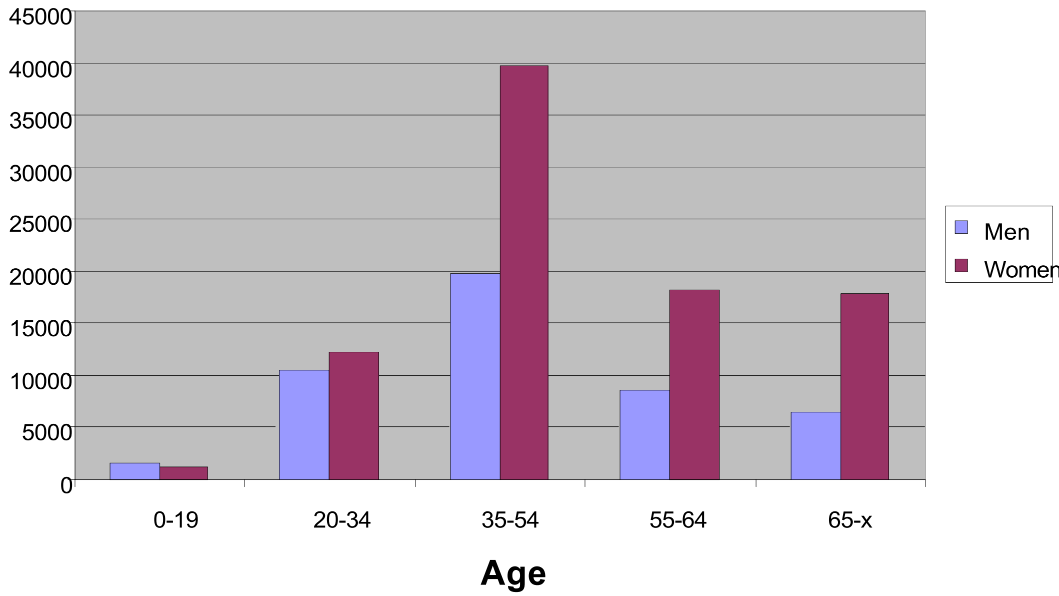
Mental health care	Number of dismissed patients (thousand of people)	Bed-capacity use	Duration of care (days)
Active care	92.8	88.03%	14.1
Chronic care	39.0	87.18%	42.77

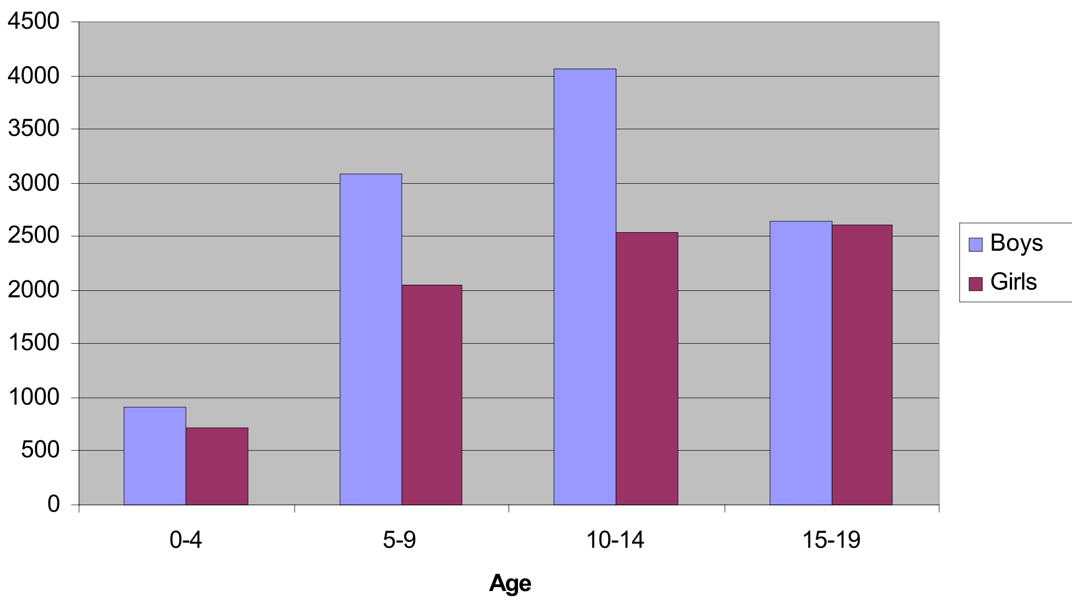
Source: Health-care Statistical Yearbook 2003 KSH

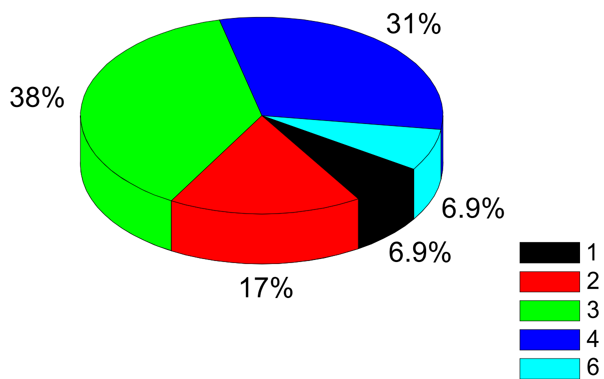
Table 6: Problems treated at children welfare services in 2003

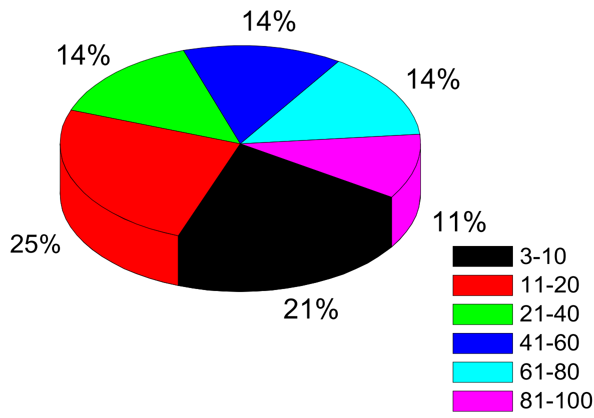
Type of problem	Persons
Financial	148203
Bringing up	195890
Settling in	60892
Behavioural disorder	114102
Family conflict	127740
Lifestyle	164498
Parental abandonment	65446
Family abuse	17684
Disability, being retarded	24106
Addiction	43464
Total:	1110228

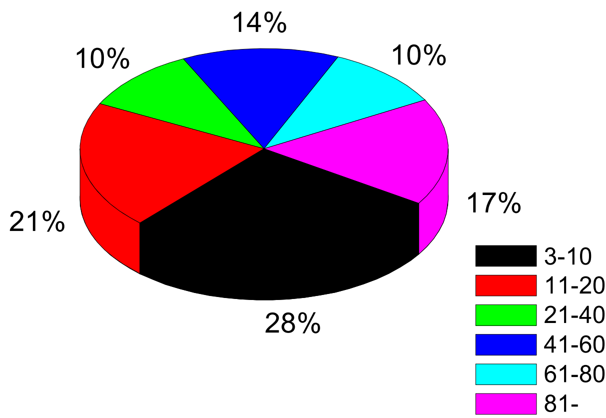
References Social Statistical Yearbook 2003 KSH

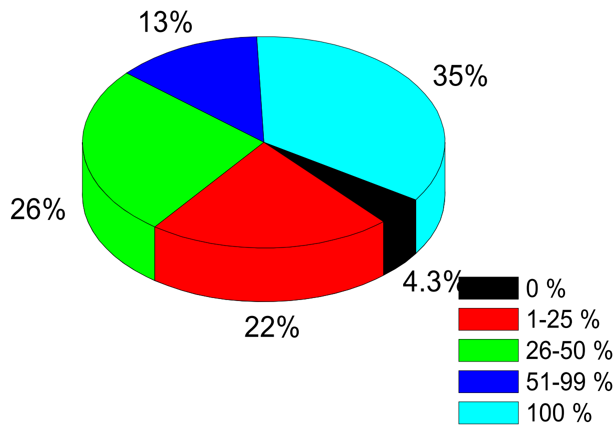

Patients by gender and age
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
0-19
20-34
35-54
55-64
65-x
Age
Men
Women


Children treated by gender and age
4500
4000
3500
3000
2500
2000
1500
1000
500
0
0-4
5-9
10-14
15-19
Age
Boys
Girls


Homes, by the maximal capacity of rooms.
31%
38%
6.9%
6.9%
17%
1
2
3
4
6







602 boys and 401 girls, altogether 1003 children live in the 31 homes

Budapest, 2005-2007.