

Theoretically informed case study accompanying the film
SURE START RAINBOW ISLAND CHILD CENTRE, KATYMÁR, HUNGARY



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Link to the video: <http://inno-serv.eu/katymar>

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).



1. Short profile: Sure Start Rainbow Island Child Centre in Katymár

The center aims at providing assistance to families in need, especially the most disadvantaged Roma, to cope with poverty and unemployment and to become integrated in the local community.

Specific innovative elements of the Child Center

Focused targeting on families with small children: Well-structured services attract disadvantaged families with children. The Child Centre provides early childhood education and care for families and it gets them involved in community building activities.

Interconnectedness of different projects: The projects run by the municipality devoted to increase employability, create new employment opportunities and to enhance a self-sustaining community have been actively supported by the Child Centre which provides assistance, serves as an open space where families gather, discuss and share their problems and experiences.

Multiculturalism: The presence of four (more or less equally represented) ethnic groups (Croatian, German, Hungarian and Roma) as well as the deep-rooted cohabitation practices and openness facilitate an unbiased approach to the multiply disadvantaged Roma people.

Key characteristics of the service

Organisation:

The Child Centre started its activities in 2005 as a Sure Start Club and gradually extended its services. The Child Centre functions as a non-profit institution financed primarily by municipal subsidies and EU Funds. It heavily relies on close cooperation with the local/regional welfare and healthcare bodies and services as well as educational institutions.

User groups - Families with children under 5 years:

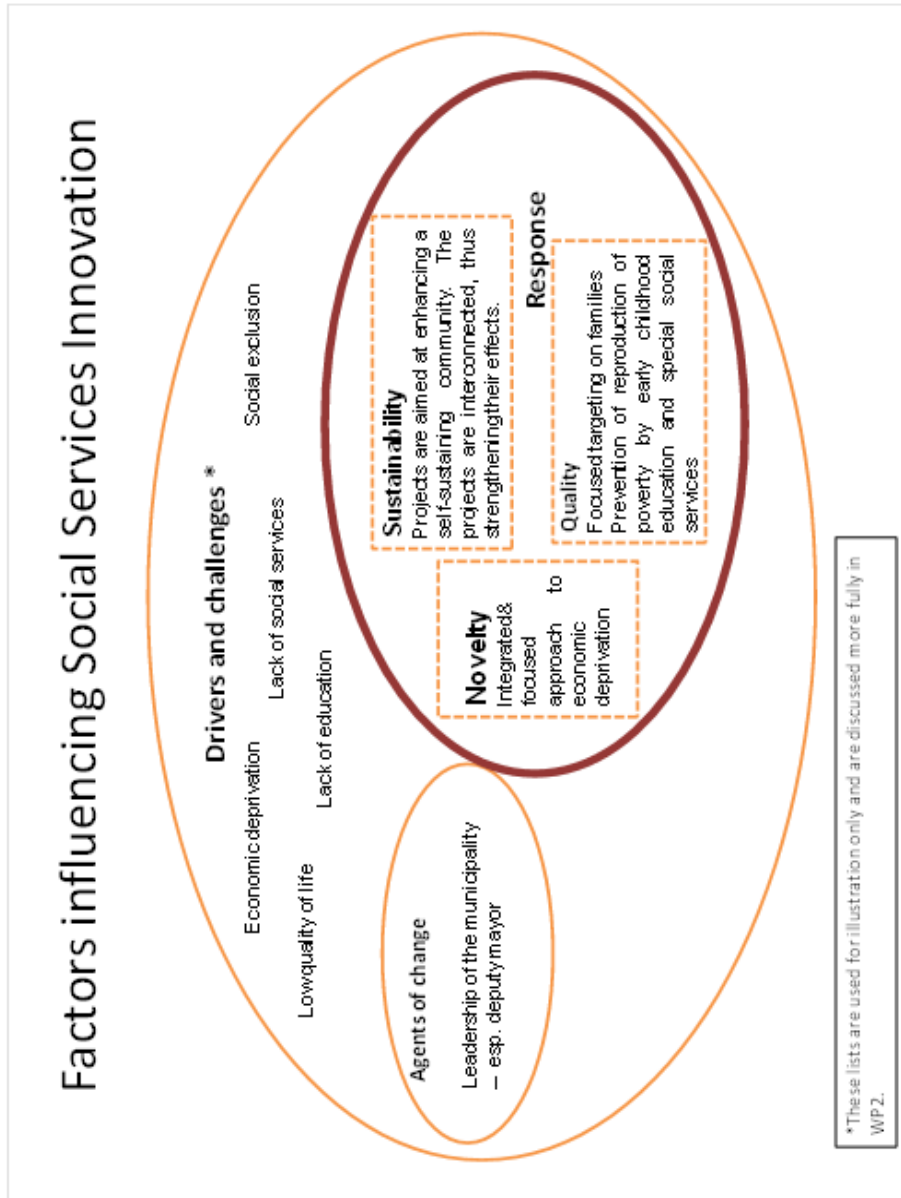
In absence of stable employment opportunities families tend to depend on social benefits. As social assistance levels are extremely low (and even decreased during the crisis) families cannot afford appropriate nutrition, clothing, heating or even the use of electricity; the health conditions of adults as well as children are devastating. Chances to break out of this situation is further decreased by the lack of appropriate opportunities of primary and secondary education.

Principle:

The local government with the support of the Ministry of Social Affairs launched the Child Centre and Social Land Programme as intertwined programmes. Therefore, the coherent childhood development programme was accompanied by the Social Land Programme. This latter involves families in agricultural activities and encourages them to become (at least partly) self-sufficient. The Child Center approaches all families regardless their economic situation, social or ethnic background. Attendance is voluntary. The weekly schedule is set in compliance with the interests of the children as well as their parents, which provides regular but flexible support to the families.

Driver(s):

Being a municipality with an agricultural profile Katymár was hit by severe economic decline after the democratic transition in 1990. The main employers gradually terminated their activities, demand for low-skilled workers decreased and thus the municipality was left in a critical situation. Due to the continuous emigration of the better educated young families, quite a few houses stood empty inducing considerable inflow of poor, Roma families in the early 2000s. This intensified social problems in the village. The biggest challenges faced by the municipality have been unemployment, increasing number of people living in deep poverty and an increasingly aging population. One of the key drivers of creating the Centre was the aim of involving and integrating the newly-arrived Roma families living under extremely disadvantaged circumstances.



2. Policy Framework related to Sure Start Child Centres in Hungary

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, Resources
<p>1. The early childhood education and care services should be adapted to the needs and circumstances of families</p> <p>2. Integration of education, social and health services within the Child Centre</p> <p>3. Complex approach to address economic and social deprivation of families</p> <p>The goal is to:</p> <ul style="list-style-type: none"> - to prevent reproduction of economic and social deprivation - to enhance social cohesion and integration of socially disadvantaged people 	<p>1. Local municipality, civil organization or churches as maintainers of Child Centres</p> <p>2. Ministry of Social Affairs and the Programme against Childpoverty have also contributed to the well-functioning of the Child Centre by the methodological support offered to the service-providers</p> <p>3. Local/regional health-care services cooperating with the Child Centre and bringing their services into the Child Centre</p> <p>4. Local/regional child welfare services cooperating with the Child Centre and bringing their services into the Child Centre</p>	<p>Legal milestones for early childhood education as a tool against child poverty:</p> <ul style="list-style-type: none"> - Parliamentary Decree No. 47/2007 on National Strategy „Give Kids a Chance” <p>Regulation of childcare services at the national level:</p> <ul style="list-style-type: none"> - Law No. XXXI of 1997 on protection of children and guardianship - Sure Start Child Centres included into it in 2012 <p>Service characteristics:</p> <ul style="list-style-type: none"> - Early childhood services are provided by qualified pedagogues assisted by professional care-taker - In 2011 over 4000 children attended Child Centers - Altogether 42 Child Centers function, out of which 26 are public ones and 16 are maintained by civil organization or churches 	<p>Financing of Child Centres are regulated by:</p> <ul style="list-style-type: none"> - Ministerial decree No. 13/2012 (Ministry of Human resources) <p>Recently primarily European Social Funds are available for financing Child Centres</p>

3. The social, political and institutional context

3.1 Population / Government

	Hungary (2010)	EU27 (2010)
Total Population:	10,014,324	501,120,157
Proportion of population aged 0-5 years:	5.84%	6.3%
Percentage of population at risk of poverty or social exclusion	29.9%	23.4 %
Percentage of population under 6 years at risk of poverty or social exclusion	37.1%	25.2%
Expenditure on social protection (% of GDP)	23.1%	29.36%

3.2 Information about the specific welfare state: Hungary

After the fall of the state socialist regime serious economic decline hit Hungary. The risk of permanent poverty increased especially for unskilled people, those living in disadvantaged areas. The political elites expected that economic development and increase in national income would diminish the high rate of poverty. Therefore in the early 1990s they tried to hide the phenomenon with specific cash-transfers in forms of early-retirement, long parental leaves, etc. However the rate of population facing economic deprivation kept being relatively high and no real progress has been achieved. According the data of Central Statistical Office approximately one-fifth of the population at the age of 20-59 was long-term unemployed in 2010 and 3% of the population lived in poverty (Medgyesi and Scharle, 2012).

One of the main sources of reproduction of poverty is education. In absence of special tools for integration of disadvantaged children the schools fail to provide the necessary support for the disadvantaged children to catch up, to acquire equal opportunities when entering the labour market.

Although there are various active labour market policies adopted in order to enhance integration of disadvantaged people into the labour market, emphasis has been put on public works programmes recently. The role of training and consultation as well as empowering social work methods have been gradually ceased/limited. Public works programs do not correspond to the realities of the labour market, what decreases their efficacy (Medgyesi and Scharle, 2012).

Hungary maintains a relatively generous family policy system. Expenditure on family policy support has almost reached 3% of GDP¹ in 2010 (Eurostat, 2012). However at current conditions it tends to benefit more the better-off families (especially through tax allowances), while it does not offer appropriate support for families at lower social status. Prior the financial crisis cash transfers had impact on

¹ 2.34% was spent on cash benefits and 0.59% on services

reducing poverty (Gábos, 2008). Since 2008 cash benefits has been kept at the same amount, while their value has decreased (Ferge, Darvas, 2012). For a family in one of the most disadvantaged regions of Hungary it meant a considerable 17% decrease in the real value of the most important cash-transfers (Ferge, Darvas, 2012). The table below presents the social protection expenditure of selected countries.

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros

Time	Expenditure for social protection benefits in Mio. of Euro		Increasing benefits in kind	Part of benefits in kind of social protection benefits	
	1996	2010	1996 - 2010	1996	2010
EU 27	/	3,605,678.95	/	/	34.07%
Hungary	/	22287.98	/	/	32.19%
France	379,396.42	654,238.65	84.47%	31.94%	34.17%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%

Source: Own calculations based on EUROSTAT 2012

Access to nurseries and family child-care centres for children under 3 years is highly limited, the share of children attending such services has been around 10% in 2010s (Central Statistical Office, Stadat). Coverage of daycare services exceeds 20% in Budapest and in county seats, while on the other side of the spectrum, in small villages the rate of children accessing the services tends to be under 0.5% (Central Statistical Office – Stadat). Regional differences are quite extensive in Hungary, reifying the existent territorial and social inequalities. In the least developed regions (Northern Hungary², Northern Great Plain³) the rates are the lowest ones. In terms of household income, children of better-off families are over-represented: Families of the two highest income groups use services of nurseries the most, while the families in lower income groups are under-represented (Tokaji, 2011). The demand for services by far exceeds the capacities of existing facilities and the development of the network is very slow, what is especially unfavourable for disadvantaged children who could benefit the most of early childhood education and care.

In contrast to nurseries, the network of kindergarten is relatively well-developed covering 85% of children of the age cohort (Transmonee). In Hungary the attendance of children is compulsory from the age of 5 (from 2014 age limit is decreased to 3 years). A so called “kindergarten allowance” has been introduced in 2009 to encourage parents of disadvantaged children to attend kindergarten at an early age. Kézdi and Kertesi (2012) found that 2 in 3 children attend kindergarten at the age of 3, while in case of children of mothers with primary education it is only 1 in 3 children. They argue this is partially caused by lack of capacities in kindergarten, by limited

² It was the 9th NUTS2 region with lowest regional GDP per capita in the EU in 2009. (http://epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/1-13032012-AP/EN/1-13032012-AP-EN.PDF)

³ In 2009 13th NUTS2 region with the lowest regional GDP per capita in the EU

parental intentions or other reasons on the demand side. Lack of capacity is especially characteristic for municipalities with high rate of unemployment and poverty, and where the Roma minority is represented in higher percentages (Kertesi and Kézdi, 2012).

20.3% of children and youth under the age of 17 lived under the poverty threshold in 2010 (Central Statistical Office, 2012). This rate duplicates in the least developed regions (Ferge, Darvas, 2012). According to the PISA data the impact of social background of families on the educational performance of the child is the strongest in Hungary among all OECD states, which highly underlines the need for early childhood education for disadvantaged children (Danis, 2011). The Programme against Child Poverty was launched in 2005 and a detailed long-term strategy has been issued in order to deal with these challenges. The main purposes were to ensure healthy life conditions, to make children acquire the necessary skills enhancing their social integration, to reduce the considerable regional differences and ethnic inequalities. One of the main principles advocated was the role of early childhood education and care in reducing the social disadvantages. Within the confines of the Programme a network of Sure Start Child Centres was developed as a pilot project in 2006, targeting families in municipalities with high rate of low-income families in rural, remote areas. Child Centres were financed by public funds initially. However the political and financial support tended to gradually decrease requiring more contribution from the municipalities. In 2009 the financing was shifted under EU financing. Recently the Programme against Child Poverty has been considerably disempowered.

4. Challenges and Drivers of Innovation

Structural weaknesses of the system:

- *Lack of access to ECEC in remote areas:* Access to early childhood education and care is highly fragmented and unequal. Nursery services usually are rarely present in small municipalities, while kindergarten tend to lack capacities. In most cases children of working parents are prioritised during the admission decreasing the chances of socially disadvantaged families and children of unemployed parents to take advantage of these services.
- *Lack of multidisciplinary approach to poverty:* Most of the programmes and projects devoted to tackle poverty are not complex enough to deal with the different aspects of the persisting problem (such as education, health, nutrition, housing and lack of economic activity) simultaneously.
- *Low level of coordination of relevant public policies (both at central and local level):* The weakness of the current system is the lack of cooperation between employment, child care, housing, tax and social policies. Most fields lack long-term action plans. If such plans exists they are exposed to political shifts.

Innovation: Ideas, criteria, levels and added values

Early childhood education and care is considered an effective preventive tool. Services offered by the Sure Start Child Centres target not only children, but their parents as well influencing their childrearing practices, developing interpersonal relations, and building community. Supporting municipal projects the Child Centre prompted families' engagement in land cultivation, growing vegetables, preservation of vegetables, household management, etc.

In the last years the Child Centre has become a safety net for the participating families – offering continuous consultancy, close cooperation with the Family Support Service, Child Social Services as well as with the healthcare facilities it helps the parents in fulfilling their duties and deal with bureaucratic challenges.

The positive and encouraging attitude and honest good will of all employees of the centre makes the facility well-functioning. Despite of the limited financial resources they attempt to find solutions and compromises for different sorts of troubles.

The Child Centre also enhances social learning among the participating families. They acquire valuable knowledge by learning from each other, what may help them to improve their live conditions.

Agents of change

The leadership of the municipality - particularly the mayor Endre Pál, the vice-mayor Andrea Zelityné Vas and their supportive colleagues - very well captured the potential of integration of several projects. Relying on the good relations with the parents developed by the Child Centre, these families are channelled in further activating programmes and community building.

5. Key innovative elements of this example

Field of Service	Welfare and Education
Year of establishment	2005
Form of organization	Non-profit
Financing	Municipal subsidies, EU Funds
Size of the organization	9
Members and participation	69 children, approximately 40 families
Contact Name of innovative example Homepage	Homepage: http://www.biztoskezdet.hu/site/article/section/100/id/127 Organization: Sure Start Rainbow Island Child Centre, Social Land Programme, Katymár Address: 6455 Katymár, Szabadság tér 5., Hungary Contact person: Zélityné Vas, Andrea (director) Phone: (+36) 30 968 8120 Email: vasandrea71@gmail.com Field of service: Education, Welfare Country: Hungary

The municipality of Katymár is situated in Bács-Kiskun county in Southern Hungary, in one of the least developed micro-regions. The number of inhabitants slightly exceeds 2000. The community is composed of four nationalities – Hungarian, German, Croatian and Roma. The three ethnic minorities established their own Minority Local Governments and they aim at preserving their culture while also cooperating and encouraging each other's activities. 4% of the population is constituted by children under 6 years, 14% by youth at age of 6-17. People aged 18-59 represent 56%, and the remaining 26% are elderly people over 60 years.

Government decree No. 240/2006 declared Katymár a “disadvantaged municipality” from the aspect of social-economic and infrastructural development. Unemployment rate was 14%, 1.78 time higher than the national rate in 2011 (Central Statistical Office – T-star data). Most of the workless are under-educated,⁴ which makes their labor market integration difficult especially in a region where industry and services are underdeveloped branches of economy.

There is a general practitioner working in the village, while there is no paediatrician. Social service is offered in the home of elderly people. The municipality runs a kindergarten and a primary school. Both of them are “ethnic minority specific” institutions with German and Croatian teaching languages. As a negative affect of long-term deprivation, psychiatric problems like depression, hopelessness, feelings of aimlessness characterise many of the unemployed people in the village. In order to overcome these problems and break the poverty trap they would need a range of social services. However, due to the small size of municipality, the difficulty to reach the nearest town and also the lack of information and distrust in public institutions, they are the ones who do not have access to services dealing with mental health problems, labor market activation and family-related problems.

As families with children have a higher incident of poverty than other social groups the municipality consciously directed its efforts to support them since the mid-2000s. Thus families with small children, especially single-parent families are the primary beneficiaries of the newly created services.

The settlement faced lack of financial tools and adequate social service provisions at that time. As a result of the successful negotiations between the local government and Ministry of Social Affairs, the latter one provided the launching of the Centre and Social Land Programme as intertwined programmes.

Projects that started recently enhance employment opportunities and self-sustainability of the community. Examples include the establishment of producer's cooperative in the most disadvantaged Bácsalmás sub-region, and anti-poverty programs. Most of the projects focus on easily utilizable activities relating to agriculture and food production. One of the major innovations of the municipality is the integration of these projects. A good and continuous relationship has been established between parents and the Child Centre, which promotes the participation of parents of small children in various employment-related programmes.

⁴ 7% of them have not completed primary education, 43% have primary education, 29% with vocational training (Central Statistical Office, T-Star)

The Child Centre employs nine people including a pedagogue, a qualified child-care nurse, a qualified child-welfare expert, a care-taker, directors and deputy director, financial and project assistant.

The services have gone through several stages of development. Initially, participant families of the Social Land Programme were offered seeds and livestock but no formal social work and expert consultancy. The Sure Start Club had run a few, fragmented activities, but without a strong conception and capacities, so their service-users started to drop-out. In 2006, in the second round of governmental tenders, the vice-mayor, Andrea Zelityné Vas asked for help from early development experts. They started to employ two pedagogues as club leaders in the next year, whose salaries were financed by the local municipality. They applied for EU funds in 2009 and the building of the Sure Start Centre was reconstructed accordingly.

Today they offer a coherent early childhood development program including wide-ranging services such as parent-child playing sessions, child development workshops, baby massage and consultancy. Daily activities involve gymnastics, craft workshops, nursery rhythm clubs in Hungarian, German and Croatian languages. In order to strengthen parental skills and empower them with useful competencies they offer informal forums involving professionals from the local child care service and family help centre. Lecture and consultancy with the local nurse, a psychologist and an early childhood specialist are organized on a monthly basis. Health checks, monitoring of children's development, screening of disorders, special medical examinations are also ensured. Importantly, the Child Centre provides two meals daily ensuring children's healthy nutrition day-by-day. Although the Child Centre cannot afford to financially support families in need, their services are offered free of charge, and the center organizes collection of used clothes, fundraises to provide washing powder and diapers for families in need.

69 children have attended the Child Center as of 2012, which means a regular contact with approximately 40 families. The services provided by the Child Center concerned 10% of the population of Katymár directly. As the Child Center succeeded to engage the wider community and to promote intergenerational cooperation, approximately 30-40% of inhabitants indirectly benefit from their activities.

So far there has been no special quality control or impact assessment conducted, however the activities of the Child Center are widely respected among the experts on social services. The members of the staff participate at conferences and further trainings. Often they are the ones sharing their best practices.

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