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Handling Long-standing Inequalities with Short-term Projects: Some Results and Challenges of the Implementation of the "Give Kids a Chance" Programme [1]

Zsófia Bauer – Ildikó Husz – Éva Szontágh
zso.bauer@gmail.com; huszildi@freemail.hu; eva.szontagh@gmail.com

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Abstract: A set of coordinated programmes designed to improve opportunities for children has been implemented in 23 underdeveloped subregions of Hungary under the aegis of a long-term national strategy. Here we present the spirit and structure of the programme, analyse its outcomes, and address some future challenges. Our sources of data were national and subregional statistical data, project documentation, an online monitoring system and interviews with people working in the field. In the first phase we created four sub-clusters of component programmes according to the needs they focus on: biological and health; educational and cognitive; social and emotional; and recreational. The second phase of research investigated how the individual programme elements accomplished their goals of fulfilling unmet needs. Our results show Give Kids a Chance to be well targeted: it has reached a wide range of children and disadvantaged children have been over-represented. There has been fairly balanced involvement in elements of the programme concerned with the first three development needs. Overall, however, the initiative still faces a number of challenges: (1) deficiencies in child-oriented strategic planning; (2) uneven resource allocation; (3) imperfect handling of qualified staff shortages; (4) only partial improvement in the quality of existing services; and (5) lack of sustainability due to the scarcity of local resources and weakness of the non-governmental sector.

Keywords: child poverty, spatial inequality, inequality of access, poverty eradication, programme evaluation

Introduction

Child poverty is a multi-dimensional phenomenon. In addition to income poverty, it comprises deprivation in terms of material goods, poor housing conditions and unequal access to high-quality education and social/health care and other services. Many children

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in Hungary live in adverse circumstances. The child poverty rate is 24.6 %, compared to the national average of 14.6% for the overall population (Eurostat 2015). Children constitute a major risk factor in family poverty. When dimensions such as parents' market position and material deprivation are combined with income poverty, 41.4% of children are at risk of poverty or social exclusion (Eurostat 2015). Child poverty is partly concentrated in the most disadvantaged subregions: in these areas there are higher proportions of people living in income poverty and a higher frequency of accumulated disadvantages than the more prosperous areas of the country. According to our survey, conducted in the 23 most disadvantaged subregions in 2013–2014, the proportion of children living in poverty is more than twice the national average, and the proportion of those at risk of poverty or social exclusion is 69% higher.

Realizing the need to reduce child poverty and promote equal opportunities for children, the Hungarian parliament unanimously approved the National Strategy to Combat Child Poverty. This document determined the main areas in which intervention was needed to improve the situation of children. The priority development objectives identified in the Strategy were to improve the situation of families with children in terms of income, employment and housing conditions, and to improve the quality and availability of education, social and health services targeted at children. It also formulated several horizontal objectives, such as improving conditions for Roma, reducing the disadvantages of localities (settlements; usually villages), and improving cooperation among sectors.

The National Strategy and associated models for implementation were elaborated by Zsuzsa Ferge and her colleagues. 'Give Kids a Chance' started off with a local pilot scheme in the multiply-deprived subregion of Szécsény (see Bass 2012 for more information), and preparations for extending the programme to other subregions started soon afterwards.

In 2011, the National Strategy to Combat Child Poverty, originally designed to last 25 years, was merged into the new National Social Inclusion Strategy. In line with the EU growth strategy the latter document was concerned only with the following ten years, up to 2020. It also marked shifts in the logic of targeting interventions, and the means of implementation. For example, the principle of providing support exclusively to the poor took precedence over the previous "explicit but not exclusive" principle; retaining the real value of monetary family benefits was de-prioritised, and the logic of interventions was to be project-oriented (see also Ferge 2014). The latter mean that the Strategy is designed to remedy each problem area by launching several different short-term programmes, primarily financed from European Union Structural Funds. This is particularly problematic because social inclusion in general and child poverty reduction in particular demand a long-term approach, but have become subject to the fund-allocation logic of short EU funding cycles.

Implementation of the Strategy has involved a series of beneficial activities, notably the setting up of Biztos Kezdet *(Sure Start)* children's centres[2] to support early childhood

2 The *Biztos Kezdet* programme, adapted from the British 'Sure Start', began slightly before the national child strategy was drawn up, but setting up children's houses on a large scale only became possible when European Union development funds

development, extra-curricular after-school clubs *(tanoda)*, and several mainstreaming and scholarship programmes. In addition, coordinated programmes to improve opportunities for disadvantaged children have been launched in 23 multiply-deprived subregions under the title 'Give Kids a Chance'. These aim to reduce regional disadvantages by filling gaps in local services and enhancing the quality and accessibility of existing services. One unique feature of the programme is a mentoring project for subregion implementers. This provides training and advisers, and supports local processes. The mentoring project is operated by a consortium of a governmental background institution, a long-standing non-governmental organization and an academic research institute.[3]

The government carries out comprehensive annual appraisals of the attainment of the child poverty objectives of the National Social Inclusion Strategy, and professional organisations also make reports. (Most recently: Nyomonkövetési Jelentés 2014, ill. Civil Jelentés 2012-13, Albert 2014, TÁRKI 2014). There have also been reports about specific areas or activities (e.g. Civil Társadalom Monitoring Jelentés 2012, T-Tudok 2013, Társadalmi befogadás értékelési jelentés 2013, Budapest Intézet 2013, Hétfa 2013, T-Tudok 2015). The account of the experiences of the subregional children's opportunities programmes which is given here is not intended to be an appraisal in the usual sense. This would not be possible for reasons of space, but more importantly, our position as workers in the accompanying (mentoring) project does not allow us the appropriate distance to be truly objective. Nonetheless, since this is the first report about the experiences of this inventive programme, we hope it will be of interest.

The Spatial dimension of child poverty

Children's chance programmes were created in regions which had the highest rate of child poverty. Since there are no accessible data about rates of child poverty at the subregional level, spatial inequalities are shown by the distribution of disadvantaged children. The disadvantaged status indicator (*hátrányos helyzetű*, "HH") refers not solely to the family's financial conditions but also to their employment status, qualifications and living conditions.

A key indicator of the effectiveness of Give Kids a Chance is the proportion of children it reaches. Special attention is paid to disadvantaged children[4]. Hungarian law (Act XXVII of 2013) classifies "disadvantaged" children as those who are eligible for regular child protection allowance and who are being are raised by parent(s) who are unemployed or who have low level of education or live in a segregated/low-amenity environment. "Multiply disadvantaged" (*halmozottan hátrányos helyzetű*, "HHH") children are those who meet at least two of the latter three criteria.

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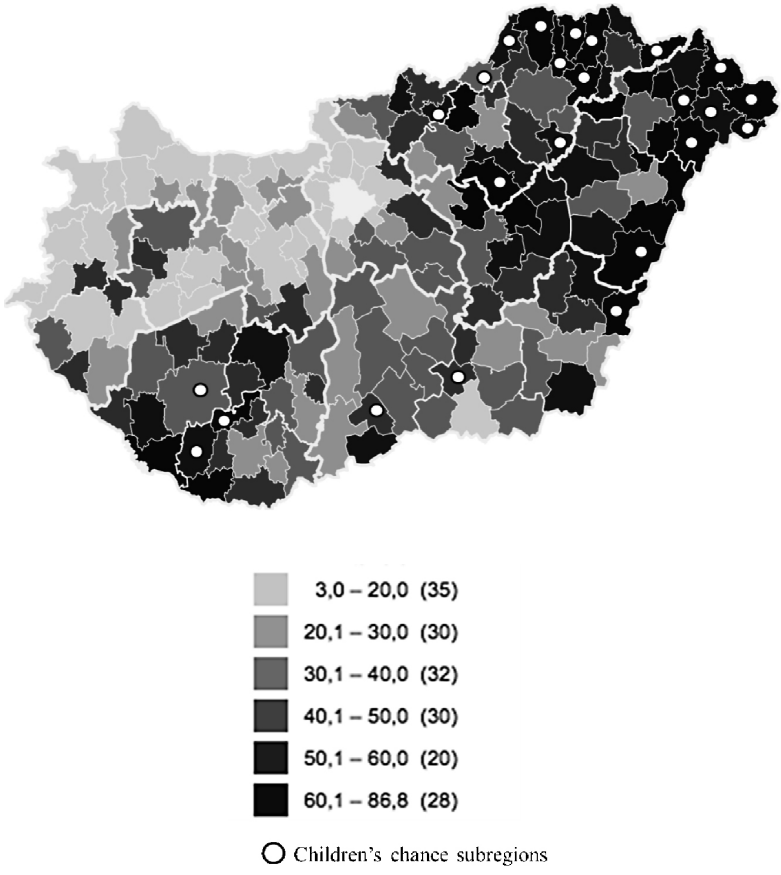
became available in the late 2000s.

3 The members of the consortium are: the Human Resource Support Office, the Hungarian Charity Service of the Order of Malta, and the Centre for Social Sciences of the Hungarian Academy of Sciences.

4 Disadvantaged children in Hungary are eligible for both monetary and in-kind benefits.

The national average of children with disadvantaged status in schools and nurseries was 28% in 2012/2013. This included 456,000 children in need. The figures show the spatially unequal distribution of underprivileged children through the country. The proportion of disadvantaged children is 16% in Central Hungary and Western Transdanubia, but almost three times higher (44%) in Northern Hungary and Northern Great Plain, where most of the Give Kids a Chance programmes are being implemented. The most endangered children are those attending elementary schools (Hungarian Central Statistical Office 2013). *Figure 1* shows the subregional distribution of disadvantaged elementary school children in 2013/2014.

Figure 1. *Proportion of disadvantaged ("HH") pupils in elementary schools in Hungary, 2013/2014, district[5] level*



Source: Hungarian Central Statistical Office (2015)
http://www.ksh.hu/interaktiv/terkepek/mo/oktat.html?mapid=ZOI015&layer=dist&color=1&meth=sug&catnum=6

5 In 2013, a remarkable reform of public administration was undertaken in Hungary during which administrative districts were created across the country. Districts and subregions do not exactly cover the same range of settlements.

The distribution of children with disadvantaged status has a particular spatial pattern in Hungary. The great majority of needy children are concentrated in the most disadvantaged subregions (*leghátrányosabb helyzetű*, "LHH"). In 2007, 47 economically, socially and infrastructurally underdeveloped subregions were classified as "LHH" subregions (Decree 311/2007. XI.17). 33 "LHH" subregions – which include 10% of the population – were earmarked for development using European Union-funded complex programs. One of these programs is the children's chance program which is implemented in the 23 most disadvantaged subregions. The "LHH" subregions are located in the eastern, north-eastern and southern parts of the country. These regions are remote areas far from the capital Budapest, as well as from other economic, cultural or social centres in Hungary. The "LHH" subregions are often composed of small settlements with an underdeveloped infrastructure and insufficient network of public institutions (see also National Social Inclusion Strategy 2011-2020).

The 23 subregions in the programme are very different in many respects (e.g. number of settlements, population, settlement patterns, distance from the capital), but all of them face similar problems. They are deprived regions whose problems date back to the period before the political transition. Many of their inhabitants were originally employed by large or medium-sized industrial state companies or by local agricultural cooperatives. These closed down, and the ensuing unemployment has persisted ever since. The regular income of many families primarily consists of welfare transfers.

There are nearly 150,000 children aged 0–17 living in the 23 subregions (Hungarian Central Statistical Office, TSTAR database 2012). The great majority of them have no access to high-quality services: smaller settlements lack nurseries, kindergartens, and even schools and health care institutions. The duties of paediatricians (who usually treat children in the Hungarian health care system) are often carried out by general practitioners (qualified only to treat adults). Settlements in subregions are also afflicted by a serious shortage of specialist staff: almost all settlements lack teachers for special educational needs, physiotherapists, child psychologists and school social workers. Health visitors, family support workers and child welfare services are overloaded, a significant number of positions remain vacant, and each specialist has to care of an excessive number of children. The towns (mostly small, numbering a few ten thousand inhabitants) have somewhat higher levels of services, but reaching them is troublesome and expensive for the families who live in villages. Differences in settlement size are mirrored in the levels of services which are available: for example, the quality of education is often much lower in village schools than town schools, and lower in small towns than in large towns and cities. Consequently, children living in these areas suffer disadvantages that seriously impact their development and their ability to reach their full potential. These are the disadvantages which Give Kids a Chance seeks to alleviate.

Give Kids a Chance consists of a range of programmes in 23 multiply disadvantaged subregions, funded by grants which have European Union co-funding. These programmes firstly introduce new services to meet identified local needs, and secondly develop and modernize existing services with a view to improving living conditions for children and enhancing their abilities and skills. The programmes assign the highest priority to making services available to children in their early years (0 to 5 years), inter-professional institutional cooperation, and long-term strategic planning. The length of grants is two or three years. In this time, implementers have to assess local needs, design a programme strategy for each subregion, and finally start to implement the strategy by launching or developing the necessary services. The budget to cover these tasks in each subregion is HUF 450-600 million (€1.5–2 million).

Programme implementation occurred in three different stages. In the first three-year-round, 5 subregions were supported, starting from the period spanning November, 2010 to April, 2011. The second three-year-round started in the second half of 2012 with 6 subregions. The two-year period of programme implementation for the remaining 12 subregions commenced at the beginning of 2013. Most of the participants finished their projects in the second half of 2015 (after a couple of months' extension).

Main questions and methodology

Thirteen out of 23 local projects have already finished or are finishing in the next few weeks, and ten are still in progress. This study does not profess to provide a comprehensive evaluation of all of them, but presents some experiences about the implementation process to date.

We used a combination of methods to examine two questions:

(1) How did the individual programme elements accomplish their goals of fulfilling unmet needs?

(2) What were the main challenges of programme implementation?

Question (1) was addressed by document analysis using the feasibility plans produced in the initial planning stage of the complex programme. Needs and responses were compiled, and the reach of the programme was evaluated using data gathered from the programme's online monitoring system,[6] which is so far available for 16 subregions.

To identify the main challenges (Question 2), we carried out document analysis of progress evaluation reports and horizontal programme evaluations, and conducted semi-structured interviews.

In the case of the 5 first-round subregions one evaluation had already been prepared for each, while for the 18 second- and third-round subregions two

6 The programme's monitoring system does not contain data about the Biztos Kezdet children's centres because they have their own reporting system.

evaluations had been completed; one at the middle and one at the end of each local project. Accordingly, there were 41 evaluations in total. The evaluations are mainly based on expert interviews conducted with mayors, project managers, leaders and/or service providers and other professionals in the field. We also relied on 93 semi-structured in-depth interviews which complemented the needs assessment surveys among families of the 23 children's chance subregions in 2013-2014. In addition, we utilized the outcomes of horizontal evaluations about public education, early childhood, community development and social work component programmes. These evaluation documents were designed to track the programme's progress, as well as to plan the next phases of the entire project.

Correspondence between programme elements and identified needs

One central tenet of the programme is that reducing child poverty in impoverished regions requires the eradication of poverty among families. Another concerns the unique character of child poverty, in that failure to meet a child's needs at a certain moment in their life may have consequences that cannot be fully compensated for later. Many of the elements of the action plans for each subregion thus catered to the needs of both children and adults who were living in poor families. This recognizes that the needs of parents and children are not fully independent, but intertwined in the form of the overall well-being of the family unit.

While the programmes designated the main areas for development and the courses of action, the subregional teams were able to plan and execute the local components of the programmes to match the subregions' and settlements' highly diversified needs and opportunities. As a result of this 'authorized freedom' – and respect for local needs – over a hundred individual services were created and made operational through the course of the two or three year programme. Services were designed to meet the core goals of the programme, but were otherwise extremely diverse in their technical execution and everyday operation.

Document analysis identified two main categories into which programme target groups could be resolved: children and adults. After characterizing each component programme according to this scheme, we created sub-clusters corresponding to the needs they addressed. These needs were classified using literature about specific child development needs and empirical studies conducted in highly impoverished and severely underdeveloped regions. Some components of the programme only reached target groups indirectly through networks of professionals who shared experiences and fostered good practice aimed at improving the wellbeing of families.

1. Component programmes designed specifically for families – children and adults

Our system of categorization divides the developmental needs of children and adults into four primary areas, as follows:

(a) biological and health needs; (b) educational and cognitive needs; (c) social and emotional needs; (d) recreational needs

(a) Biological and health needs

Statistics from the Subregion Monitors show that all the subregions included in the programme suffer from shortages of medical services and medical professionals. This problem is often even more apparent when it comes to provision of child healthcare services. Studies have shown (Csite – Németh 2007; Fónai et al. 2007; Forray 2009) that despite the fact that health screenings are important elements of the national health care system, the poor have unequal access to the benefits of the medical system and suffer from a higher prevalence of certain health problems. In focusing specifically on the negative consequences of inadequate health care, Neményi (2005) observed that Roma children experience worse overall health due to their socio-economic circumstances.

The consequences of not detecting illnesses at the appropriate time are especially problematic when it comes to the health of children (Spencer 2010). Some developmental problems cannot be treated properly if they are detected too late. These undiagnosed illnesses can impact the wellbeing of children throughout their lives (adding to the cycle of poverty), as longitudinal studies have shown (Beckfield et al. 2013; Pavelko–Caputo 2013).

To manage these inequalities, the local programmes place strong emphasis on both early detection of developmental problems specific to children, and to treatment by medical professionals recruited to practice in the impoverished subregions, usually by travelling from one village to the next.

Screening and identification of both cognitive and physical (hearing, vision, orthopaedic) problems at an early age makes it possible for affected children to be directed to professionals who can further examine them and provide the proper care. The local programmes not only make screening services accessible, but they provide the necessary medical equipment – e.g. glasses, or arch supports – to the poorest children.

The programme also invests in the correction of these developmental problems through the recruitment of a number of specialists in child development, such as paediatricians, physiotherapists, child psychologists, developmental therapists and speech therapists.

A number of subregions have implemented drug prevention programmes among young children owing to the prevalence of drug and alcohol abuse at an early age. These problems are relatively more common in poor families (Subregional Needs Assessments 2011-2014).

In some subregions health screenings were also made available to adults – e.g. free screenings for cervical cancer. Adult members of impoverished families were also targeted with awareness-raising initiatives to educate parents about the importance of health prevention and immunization, and adequate, healthy prenatal care.

(b) Educational and cognitive needs

The effects of the expansion of educational opportunities has not benefited all social segments equally. Having a lower social and economic status is often paired with unequal access to quality education (Domagala – Ocetkiewicz 2012). Spatial inequality, as described earlier, has a major impact on the quality of educational services that families can obtain (Imre 2002; Radó 2007).

The social and economic status and ethnicity of the family has major impact on the performance of children (Kertesi – Kézdi 2012; Havas – Liskó 2005). The results of nationwide competence testing have revealed that children living in impoverished subregions have relatively weak language and mathematics skills (Subregional Needs Assessments 2011-2014; Kertesi – Kézdi 2012; Messing – Molnár 2008.) This problem, combined with the high drop-out rate among adolescents (Kapitány 2012), is a key issue which the programme addresses. Research data from the 23 impoverished regions show that students have relatively weak educational performance, and 11% of students fail (i.e. are required to repeat a year) at least once during their academic careers. (Subregional Needs Assessments 2011-2014).

The importance of early education and intervention is elevated in impoverished areas (Tóth 2011, Pemberton – Mason 2009; Hamm 2010; Lewis 2011). To compensate for the unequal opportunities brought about by circumstances at home, it is crucial for the right professionals to have an impact on the children at an early age (Herczog 2008; Danis 2010). Since the number of preschools (and children who are admitted to them) is particularly low in Hungary compared to other EU countries, one of the most influential programme elements is to substitute the usual preschool type of socialization with special children's centres (Biztos Kezdet) which mothers can attend with their children, benefiting them both (Szomor 2006; 2010). Besides socializing the children, these facilities provide parents with professional assistance in developing parental skills.

Hungarian Biztos Kezdet children's centres were developed following and adapting a model designed in the United Kingdom in the late 1990s. The aim of the government-funded UK programs was to reduce child poverty and exclusion by providing quality early education for children under four years and their families. From 2003 onwards Sure Start houses became Child Centres, offering local integrated services to a wider audience, not just impoverished families (Roberts 2000; Melhuish – Belsky – Barnes 2010). In Hungary, Biztos Kezdet children's centres often provide services which are lacking or inadequate – e.g. when there is no local preschool education in the settlement, or kindergarten groups are too large to give children the individual attention they need (Szilvási 2011). The children's centres are the venues for the services; they are also a place for social workers, health visitors and child welfare specialists to work together and to interact with underprivileged families.

Not all settlements host Biztos Kezdet children's centres, yet some still offer a selection of specific services. The venue for these services may be community

buildings in which young mothers can attend mother and baby clubs, or guidance counselling for parents about child care, proper child nutrition, child health and immunization.

Another cluster of services is designed to close the gap in educational performance. Such services involve the work of tutors who help students to achieve better marks and decrease the number of students who fail a year. One of the most common programme elements are 'after-school club' type tutorials which are hosted outside the normal school setting; these are extracurricular tutorial activities often hosted in a settlements' community houses buildings. Most of the programmes – such as tutoring and study rooms – complement and expand the reach of existing services. Others (e.g. after-school club tutorials for children who are struggling with their performance at school, or the employment of school social workers) are designed to introduce the services that are lacking in the subregion or individual settlements (Farkas – Farkas 2014).

Studies show that children from lower status families have poorer educational attainment and their families also have lower expectations of them (Gordos 2000; Fejes 2005; Józsa – Hricsovinyi 2011; Hámori – Köllő 2012). In the 23 impoverished subregions, attendance at institutions of higher education is 6.2%, while the national average is over twice as high at 14.7% (Hungarian Central Statistical Office, TEIR database 2013). To help children benefit from opportunities in the education and employment market, most subregions have adapted component programmes which involve career orientation. This may take different forms, from the provision of simple lectures to helping students visit companies in the region that may in future provide them with employment.

To cope with the lack of qualified educational professionals in the subregions, the program financed the employment of pedagogical assistants, special education professionals, speech therapists, child psychologists and kindergarten educators.

To complement the help it offers to children, the programme also caters to the educational and cognitive needs of adults. Programmes in each subregion offer parents training in growing produce on a small scale to provide them with a potential source of income. This is particularly important considering that all 23 subregions are afflicted by high rates of unemployment (Subregion monitors 2009-2012) and there are few job vacancies. In addition, many families have accumulated debts which they do not know how to repay. To help with these family crises, some local programmes offer debt counselling and training in the form of sewing and cooking classes. Adults were also targeted by child care courses and consultations.

(c) Social and emotional needs

Growing up in a poverty-stricken environment has severe psychological and social consequences (Kozma 2003). Children who grow up in poor households often live in environments with few positive stimuli (Baroody – Diamond 2012). This situation was

frequently encountered during research conducted in the 23 subregions (Subregional Needs Assessments 2011-2014). Isolation is one of the negative social consequences. Children who do not have a place for their social activities are more likely to engage in non-constructive and disruptive social activities (Bullock et al. 2010). This type of isolation can become especially problematic in segregated areas. To address these challenges and to cater to the social needs of children and adults, the programme provides the resources needed for the operation of community centres.

These establishments are more than mere centres for recreation. They are venues for the provision of services which benefit all the four need clusters. They host various types of health, educational, recreational and community-building activities (e.g. youth clubs, IT points, mother-baby clubs, cooking courses, counselling and forums for parents), and provide facilities otherwise not available to some children and adults (such as washing machines or showers).

The programme employs a number of preschool and school social workers to deal with social problems in schools and nurseries.

Since the internet has recently become a part of everyday life and is as much a social as an educational tool (Darvas – Tausz 2003), we categorized the programme's IT points as catering to social and emotional needs.

(d) Recreation

Research has found that spending recreational time usefully has a positive effect on the development of a child's identity (Bullock et al. 2010; Duerden et al. 2012). The Subregion Monitors and the interviews show that there are few or no opportunities for children to engage in recreational activities in these impoverished areas. Many component programmes have been developed to fill this gap, some serving merely to provide opportunities for recreation, and others taking on a more educational or developmental role, such as summer day care. Recreational events include summer camps, sporting events and family days. These give children an opportunity to participate in activities normally out of their reach and can be venues for the provision of useful information about issues such as maintaining health.

2. Component programmes indirectly aimed at families

Some specific – and obligatory – elements of the programme involve professionals, but are designed with a view to benefiting families. They include the provision of supervision, training, workshops and conferences. The purpose is to develop professional and personal skills and prevent burnout. Some of these programmes are provided through the mentoring project.

Fostering child-oriented and problem-focused inter-professional cooperation is a core element of all subregion projects. This cooperation has intra- and *inter-regional* variants. Intra-regional cooperative networks officially exist in all areas concerned. Professionals engage in teamwork and hold case discussions, all of them documented

in written reports. From our field experience and interviews we have found activity in these networks to be of questionable regularity, intensity, and outcome, although it may be useful in settlements where the official child protection signalling system is dysfunctional. In subregions where an efficient system exists to bind professionals from different fields together, the experts involved felt that it was redundant to organize another network that served a similar purpose.

In contrast, *inter-regional* cooperation appears to have been successful. Local project teams organize field visits to each other. Early (first round or second round) project implementer subregions tend to be the favoured destinations. These visits represent excellent opportunities for exchanging experiences, sharing good practice, and discussing administrative/professional problems.

Embedding subregional projects in the local community (e.g. non-profit organizations and churches) is a declared goal of the programme. In impoverished regions, the density of non-profit organizations is considerably lower than the national average. There are twelve non-profit organizations registered per thousand inhabitants in Hungary as a whole, but only seven in our 23 subregions (Hungarian Central Statistical Office 2012). There are even fewer child-oriented organizations registered in these areas. Data from the Subregion Monitors and the interviews both indicate deficiencies in the activities of registered non-governmental organizations and churches in our subregions. They lack the resources and cooperative potential through which they might otherwise contribute to the sustainability of the programme.

Programme targeting as determined from the online monitoring system

For the purpose of monitoring the programme, an online system[7] was drawn up by the mentor project. Since the mentoring institutions had no efficient means to put pressure on local programme implementers to provide data, a full dataset is available only for 16 subregions. The information that is accessible gives us a comprehensive picture of recipients' basic characteristics.

In Hungary, 17% of the population are of 0-17 years of age. The figure for 16 of our underdeveloped subregions is 20.5%, showing that this population is younger than the national average (Hungarian Central Statistical Office TSTAR database 2013). Data from the programme's online monitoring system for 16 subregions indicate that 53,259 children – 53% of the population younger than 18 – were involved in one or more components of the programme. A further 25,262 over 18 years of age were also involved. The majority of the children (53%) were aged 6–13; just over a quarter of them (27%) were 14–17 years of age, 12% 3–5, and 7% 0–2.

7 The online monitoring system does not contain data about those who attend the Biztos Kezdet programme because children's centres are monitored using a separate system.

Table 1 *Comparative characteristics of children in 16 Give Kids a Chance subregions*

	N		%	
	Hungary	**16 subregions**	**Hungary**	**16 subregions**
Population of Children, 0-17 years				
HH + HHH*	393 742	60 195	22,7	60,1
out of which: HH	*251 503*	*31 227*	*14,5*	*31,2*
HHH	*142 239*	*28 968*	*8,2*	*28,9*
non-HH/unknown	1 343 320	39 939	77,3	39,9
Sum	1 737 062	100 134	100,0	100,0
Children INVOLVED in the programme (excluding children' centres)				
HH + HHH	–	35 806	–	67,2
out of which: HH	–	*14 297*	–	*26,8*
HHH	–	*21 509*	–	*40,4*
non-HH		7 975		15,0
unknown		9 478		17,8
Sum		53 259	–	100,0

* See page 6 for the definitions of the abbreviations
Source: Hungarian Central Statistical Office, TSTAR database 2013; Public Education Information System 2014.01. (https://www.kir.hu/3hpublikalas); Give Kids a Chance program, on-line monitoring system, August 2012-May (2015)

According to the Public Education Information System, there were almost 394,000 disadvantaged children in Hungary in 2014 (*Table 1*). The educational level of the population in the 16 subregions is considerably lower, and the unemployment rate significantly higher than the national average. The per capita income of many families is under the poverty threshold and many parents are unemployed or have a low level of education, or the families live in a segregated or low-comfort environment. Consequently, there are more than 60,000 disadvantaged children in the 16 subregions. This accounts for 60% of the under-18 population, more than 2.5 times the overall national proportion of 23%.

Two thirds (63%) of the children reached by the programme in the 16 subregions are classified as disadvantaged.[8] This indicates that Give Kids a Chance is reaching its target group. Collecting data about children and their families during project activities is sometimes quite time-consuming and problematic, as is its entry into the on-line recording system. The most frequently missing piece of data relates to whether the child is disadvantaged. For children known to be disadvantaged, the rate of access is higher. There are 35,806 disadvantaged children participating in at least one programme element, 82% with known status, 49% of whom are multiply disadvantaged. Considering that 60% of children in the 16 subregions are classified as disadvantaged, the figure of 82% indicates quite a high level of effectiveness with targeting. In this sense, Give Kids a Chance is a well-targeted and well-addressed project. In the interviews, the project

8 15% of children reached by the programme are not socially disadvantaged. This is because the children's chance programme targets poor families explicitly, but not exclusively.

implementers mentioned the problems they frequently encountered with reaching, mobilizing and involving the most deprived children and their families.

It is important to quantify how well the structure and composition of the programme corresponds to the child development needs which were originally identified. The broad definition of the programme permits the inclusion of components directed specifically at adult family members. The majority of these individuals participated in parents' clubs and/or baby-mother clubs, designed to improve parental competences (such as meeting social-emotional needs). Since the poverty spiral often involves certain lifestyle problems, training about such things as local economics and lifestyles was also introduced (educational-cognitive needs). In some subregions, health screenings have also been made available (biological-health needs) which have benefitted 9,306 adults.

Patterns of children's participation constitute a major focus of our research. The programmes with the highest rates of participation are those related to biological and health development. (*Figure 2*). Over 20 thousand children received a health screening. This very high participation rate is understandable given the health circumstances of children living in these impoverished subregions. The health screenings were usually accompanied by support for the purchase of any necessary medical equipment, which definitely had beneficial impacts, but questions remain concerning the overall effectiveness of the initiative because insufficient consideration was given to the age of the target groups and the fact that the screenings were held only once, close to the end of the programme.

The most popular of the programmes that targeted social-emotional needs were the youth clubs, IT points and play centres. These were visited by a total of almost 14,000 children. The community service centres – mandatory components of the programme, and intended for the segregated areas, thus mostly involving Roma children[9] – were also well attended.

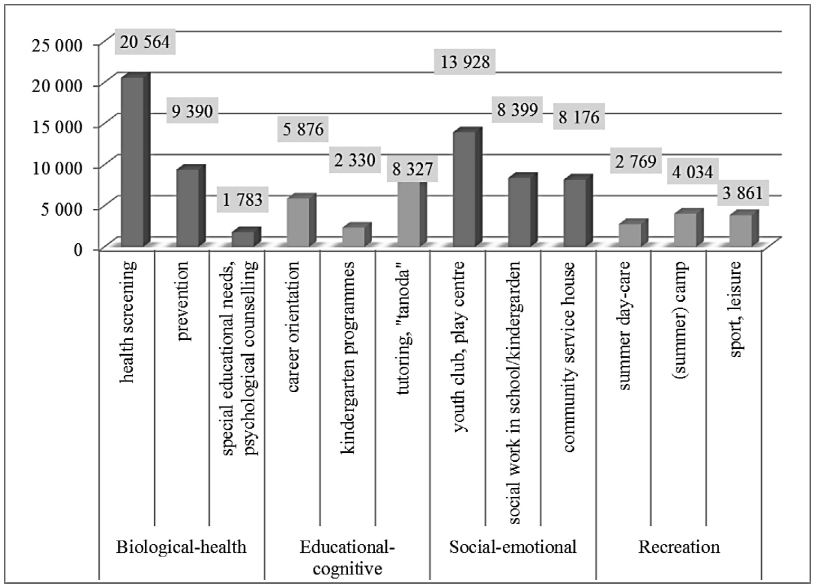
Another area of special attention concerns the lack of provision for educational-cognitive development and recreational opportunities. Given the complexity of the programme and its individual components, is difficult to distinctly identify where child development has occurred. For example, improving teaching has an effect on educational-cognitive processes, but can also significantly impact the biological-health status of a child. Similarly, summer day-care programmes, which are primarily opportunities for recreation and useful leisure activity, also contribute to education-related improvements.

Since the programmes within each development need cluster vary widely in terms of their regularity, it is important to take into account their intensity, as well as the numbers of children reached. Getting disadvantaged children involved in regular activities that benefit their development is a fundamentally important

9 We did not explicitly collect data about participants' ethnicities but we did identify their home addresses. Since the majority of the visitors live in segregated areas, we may assume that most of them are Roma. This conclusion is also supported by interview experiences.

goal of Give Kids a Chance. This requires intensive programmes, possibly operating on a daily basis. Important examples are tutoring, remedial teaching and after-school club activities for elementary school students. These educational-cognitive development activities involved 52% of the disadvantaged children. One intensive programme in the biological-health category involved special needs workers (special education teachers, clinical speech specialists and psychologists) and reached 7% of all children. Social skills- and community-oriented programme components are all based on the permanent, or at least very regular, presence of professionals (e.g. through open-door and multifunctional community centres for all family members).

Figure 2 *Children's participation in Give Kids a Chance programmes*[10]



Source: Give Kids a Chance on-line monitoring system, August 2012-May (2015)

It is interesting to examine the composition of recipients in some programmes (Figure 3). Disadvantaged children make up a significant proportion of all participants who engaged in recreational activities, especially summer day-care and camps. It seems as though families with low-income-but-employed parents took greater advantage of free childcare provision for the summer, while those with higher income could afford to participate in programmes they needed to pay for. For programme components such as provision of special educational needs and tutoring, the recipient children are mostly of multiply disadvantaged status. This is especially true of study rooms, where four out

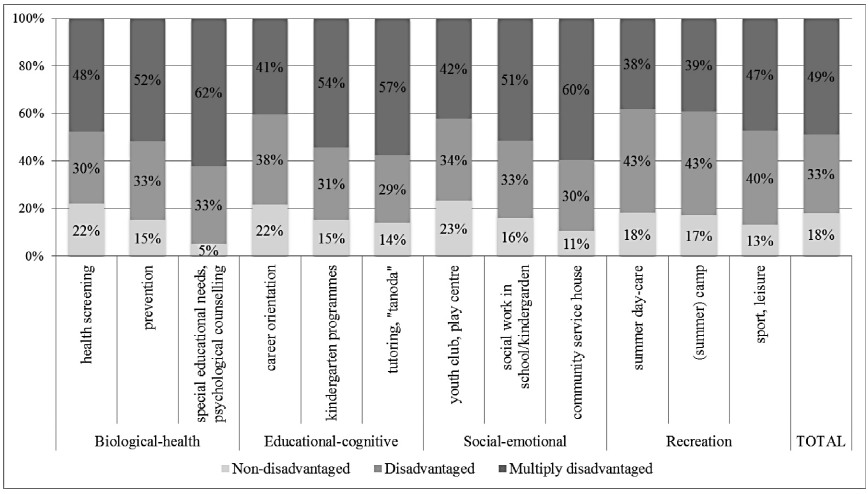
10 A child was able to participate in two or more programme components. Biztos Kezdet children's centres are monitored by a separate system.

of five children are multiply disadvantaged. The users of the community service centres are also of the lowest status, which can partly be explained by the location of the centres. The nature of the services offered also frequently determined which target groups were liable to use them: basic amenities like washing facilities attracted only people who live in the very worst circumstances. For those who are better off, the shame associated with using them, or even being thought to be using them, was in reality a deterrent.[11]

Multiply disadvantaged children attended summer camps, career orientation[12] and youth centres/clubs the least. The different social composition of those visiting the latter is again probably due to their location: while community service centres were used to satisfy the community/leisure needs of children from segregated areas, the youth centres were mostly situated in better-off villages or central, higher-status parts of badly-off villages. Attendance at summer camps may have been used in several subregions (at least initially) as a reward for good students, and children in the worst social conditions rarely received such honours. It was also more difficult to persuade parents living in a state of dire poverty that they could confidently let their children attend a camp in a remote, unknown location.

Children with a more promising socio-economic background were also over-represented at health screenings, even though, as already mentioned, those attending screenings were also given medical equipment if needed.

Figure 3 *Distribution of children by social status*



Source: Give Kids a Chance' on-line monitoring system, August 2012-May (2015)

11 In some places, when community service centres were set up, the word went round that the village was getting a place to "wash the Gypsies". This negative image persisted for a while, but the staff at the centres were eventually able to change it.

12 The career orientation programmes were mainly targeted at students in school years 7–11. The older the child, the less likely it was that they were disadvantaged.

Successes of the programme and remaining challenges

The programme may be considered successful as a whole, despite some setbacks. Here we look at some of the experiences of implementing the projects in the subregions.

One undisputable success is the fact that the services reached a wide range of children. There was high attendance at one-off and mass events (such as health screening programmes) and good rates of participation for regular, continuous services (community service centres, training centres, tutoring and special educational needs services).

Despite prior concerns, disadvantaged children were over-represented among those enrolled in the projects, and disadvantaged children used individual services more frequently than their numerical proportion in the local population would suggest. Among children who were facing multiple disadvantages, there were even higher rates of attendance. The local programmes were also largely free of a problem that is common to social mainstreaming programmes: the tendency for project implementers to boost positive project indicators by involving people who are most easily accessible.

> *"The project started with our staff making a survey of the children so that they could reach everywhere there was a need. They were able to include or find places for, or provide services to, the very children who were left out of the usual system of services (due to attitudes such as "I'm not getting involved with the most pathetic, I've not got time, it's just a bother"). These were the children our people were able to find and help. That is definitely a success, I think. So basically, what it was all about was that the children we wanted to include were those who had been left out of state social and educational services and were stranded on the periphery."*(Head of a local programme)

The most important outcome is that numerous gaps in services and expertise have been filled in a way that answers local needs and fulfils real local needs. Before starting the programme, professionals such as special education teachers, clinical speech specialists, child psychologists, physiotherapists, school social workers, etc. were almost entirely absent from schools and nurseries in these subregions. Additionally, besides providing these skills which were lacking, the programme also focused on closing gaps in existing basic service capacity.

> *"Since the subregion already has the compulsory services – except for family care, because that is not compulsory for a population of under 2000, and here there is one in every village – what really motivated us was to bring in new services that we could not otherwise spend money on and increase staff numbers or start up new services. For example, we could not have spent money on a school social worker. This was what the grant allowed us to do."* (Social services centre staff member, quoted by Kende et al. 2014.)
>
> *"Our institutions lined up with all kinds of requests: there are not enough speech therapists, psychologists, etc. And I saw that this programme covered the wages and expenses of lots of specialists ... [without which] I would not, as a public body, have been able to provide, or only to a very limited extent. ... We also saw that*

the section of the population in need of [these services] was getting bigger and bigger." (Mayor)

"*School and nursery social workers are a new service. Not every village has them, and neither do they have family mentors - only the villages we got requests from during the preparatory stage, or villages where the health visitor only visits once a week. When she is not there, the family mentor helps find the families. She helps with the compulsory status tests, notifies the parents if they do not come for vaccinations, and helps the health visitor in all kinds of administrative things. This has been so successful that every health visitor would like a mentor."* (Local worker)

Some initial problems were encountered when the new services were introduced because both the population and local professionals had to get over their feelings of distrust, or even antipathy. Despite initial difficulties, the new service was successfully put into operation in most places.

"The school did not readily receive the teaching assistant. They treated her like some kind of spy. But then there was a meeting and they realized that she was not there to check up on what they are doing, and then they were able to use her properly. Since then, they have been pleading to keep their teaching assistant." (Mayor)

"[The school social workers] took a great load off the teachers, which made that part of the programme very popular. They took part in family visits, guardianship cases and the administration of these… They were initially looked on as some kind of janitor, nobody could understand. Then… attitudes changed when they saw how useful and smart they were. A janitor was what they actually wanted at first. Then when they found the social worker could lead a club, get children involved, treat nits or psychological problems or write letters, a lot of burdens fell from their shoulders, and the children were also very keen on them." (Family assistant, quoted by Kende et al. 2014)

"We've got a bath and a laundry that is used to 100 per cent capacity. (…) The washing machine often runs continuously from 9 to 5. The bath is mainly used in summer, but very heavily then. Nobody came at first because they felt ashamed – what will the others say if I bring my clothes here? But that was only right at the start, and the service has now been running continuously for eighteen months. You have to realize that very few houses have running water [in the segregated area]. (Head of a community centre)

One key aim of Give Kids a Chance was to trigger a change in attitudes to foster the emergence of a child-centred, cooperation-based system of local services. There is still a lot to do in this regard, but the process has clearly been initiated in several subregions. One positive development is the emergence of a culture of cooperation between professions. Besides the local programmes, the mentoring programme has played an important part as an external facilitator. There has also been a perceptible change of attitudes among local decision makers: the programme has confronted many of them for the first time with the opportunity to develop human resources in other ways than just through job-creation.

"What I like about Give Kids a Chance is that it's brought together institutions that hardly knew each other before. We were all working in the same field... but somehow in isolation. This programme has let us get to know each other. We have been to each other's schools for various programmes. The children and the staff have got to know each other. ...While Give Kids a Chance was running, a kind of working culture emerged that was very good. These areas [professional fields] tried to work together to solve the problems that came up, the social and other problems. We still haven't forgotten about each other. This has been a great payoff from the project." (School principal)

"I must have seemed resistant at the start, because mayors like to see buildings and streets rather than investing in human resources. I argued against the Biztos Kezdet programme, asking why we needed a new set of institutions when there was already a system in place. Why did we not channel it or build it into the nurseries, schools, or a social support system? ... For me, human and social elements are intangible, and so I wasn't even involved in the planning, but I think differently now. It would have been a shame to have passed it up [the human resources], and it was a good programme." (Mayor)

"When we look at ourselves 5–10 years ago, what we wanted funding for was capital projects, physical [improvements], street lighting, etc., and we did not really pay attention to human aspects. Now we see that doing something about this is perhaps our most difficult task. You can't suddenly change very big things in one year or even two, but if we always aim to take one or two steps up a very high hill, then the changes are positive indeed... There are a lot of services, let's call them services, that have been created and which have spread to several villages. And through these services, joint outings, joint events, joint programmes, which have also brought people within the village together, we are working [together] much more as a region than after any other programme." (Mayor)

Not enough time has passed since the project started for the effectiveness of the programmes to be assessed, but workers in the subregions have already identified the perceptibly positive effects of some elements of it. These outcomes, still to be regarded as local achievements, show up mainly in changes in children's behaviour.

"Even last year, several four year olds went from here [the Biztos Kezdet children's centre] to the nursery and we got very good reports from the nursery teachers, who noticed who had been coming to us and who went [to nursery directly] from home. They [the Biztos Kezdet children] were more polite, had better manners when eating, were better at using the bathroom, found it easier to leave their parents, and integrated more easily into the community of children. In September this year, it was not just the nursery teachers who told us about [praised] our children who had just been taken into the nursery, but the parents too. This encourages everybody for the future." (Head of children's centre)

"Thank god all three [after-school clubs] are working well. It's all to the credit of those who are running them. The children's marks have leapt up, nobody has failed and the children like going there. They are taken on trips, they do activities together with

parents and the children are not left outside. That is also a very good thing from a youth protection point of view." (Coordinator)

"The mothers come with their children [into the Biztos Kezdet children's centre], the child pesters his mother to come, and the parent sits down with her child and plays, which she hasn't done before, and often plays with other children too." (Head of children's centre)

One of the main objectives of the programme has been to promote strategic planning for children. This element has presented the greatest challenge, and little has yet been accomplished in this regard. This is partly because poverty is so extended and so deep in these regions that project resources are primarily being expended on emergency cases and are not sufficient for implementing broader initiatives. Another impediment to strategic planning is the length of the grant period. Two or three years is not long enough to achieve a long-term objective such as promoting social inclusion. Finally, project implementation has had to face a constantly changing legislative environment. The regional system of administration has been reorganized since the launch, and several changes to public education have fundamentally impacted education-related projects. For example, the introduction of mandatory all-day school attendance interfered with the attainment of some programme objectives.

"Many parts of the programme were planned for a system in which schools are run by the local council, which opens up its institutions in the interests of the village, and bears certain costs associated with running the programme. At the time of planning, teachers had a different workload, and the changes in education caused serious problems with opening the after-school clubs and youth clubs. Sometimes a room was available but teachers refused to take on the extra work." (Subregion appraisal, quoted by Farkas and Farkas 2014)

Despite the efforts of the mentoring project, resource allocation within subregions tended to favour population centres and place less emphasis on the smaller, more underdeveloped villages. Objective indicators such as the number of disadvantaged children and need-based planning were often neglected when the lobbying strength of local politicians and community leaders came into play. This shows up well in the following quote in which the staff of one of the mentor organisations, the Hungarian Charity Service of the Order of Malta, sum up their experiences in the subregions during the period at the time when the grant applications were being made.

"The centre of the subregion was characteristically dominant even when it only contained a few villages. The administrative hierarchy had a strong presence, intensified by possession of information and centralization of resources. The most vulnerable small villages had the least human capacity and the weakest infrastructure, putting them at a disadvantage in the planning and development process and in obtaining resources." (Németh – Gergely 2015)

Staff shortages have also tested the strengths of the project. Although hard-to-fill vacancies were eventually occupied, qualified workers already employed in

core services took positions in the project as second, or even primary jobs. Few professionals live and work in the subregions, and staff turnover has also been a serious problem. (See also Darvas – Nyilas 2014)

> *"Seven or eight of us family assistance workers came over to the programme [from family assistance services]; there are maybe two family support workers in the subregion... who did not. We don't know what will happen with family assistance services and child welfare, maybe we will have to go back to the [village] council (we were here in the subregion support centre)... The situation was uncertain. Everybody came over even though they knew it was only a two-year programme. Even those two years seemed like security, and there was a financial consideration too."* (Social worker)

> *"The biggest change for us, and it went on continuously for 36 months, was staff. In the meantime, we created new job descriptions and put an end to others. That was absolutely the greatest difficulty of the 36-month project. To continuously employ 40–50 people was a great challenge. You've got to remember that these people were on fixed-term contracts. If they got the chance of a permanent job, there would be no question what they would do. And that came out [intensified] most of all at the end. We were to close the project by 31 October and from May onwards it was an everyday problem for me what to do with people who were getting much more promising job offers elsewhere... I couldn't bring myself to hold them back."* (Operational manager)

Improvements in the quality of existing services has been moderate. It has been possible to improve quality where a lack of finances was the only problem, but wherever the ineffectiveness of core services was due to factors such as poor state regulation or inappropriate service provider attitudes, the project was able to make hardly any progress. In such cases implementers usually chose to create parallel services to supplement basic services in order to improve quality in the areas affected (for example, in- and out-of-school tutoring or inter-professional collaboration that went beyond officially-existing forms of cooperation). This solution, however, in addition to creating an obviously inefficient system, has generated conflicts with basic service providers in the areas of competency, and raised other questions. (See also Farkas-Farkas 2014). The following quotes give a good impression of the conflicts:

> *"A common problem mentioned by interviewees was that for a long time their host institutions did not accept them, seeing them as outsiders, rivals, or people who were taking their work away, or they [the hosts] wanted to use them for something other than what the programme had taken them on for."* (Subregion appraisal, quoted by Farkas and Farkas 2014)

> *"The nursery thought we would take the children from them. When they heard there was to be a children's centre, they suddenly started enrolling two-and-a-half-year-old children."* (Head of children's centre)

> *"After the all-day-school law came into effect, though, every child had to stay at school until four, so we had a situation that some went to the [previously existing] afternoon class, others to the study room, and a third group to the [programme's] after-school clubs.*

The head of the after-school club said that conditions there were completely different from the afternoon class or study room, and so the other children became envious. 'The situation is, the children in the study room and afternoon class are envious. So now in a good sense, it's a good thing to be a child who attends the after-school club, because look, they've got lots of things, they get bags, they go on trips, and so the rest of them come up to me and say, please Miss, can I go to the after-school club?'" (Subregion appraisal, quoted by Farkas and Farkas 2014)

Achieving *sustainability of outcomes* seems to be the main challenge that faces the programme now. Lack of funds within the subregions and delays in new grant schemes mean that continued funding of the projects is not guaranteed. Neither can the projects look to support from local civil society, which is very weak in these areas, with few active local voluntary or religious organizations. Discontinuities in the financing of services exacerbates staff turnover and tends to undermine what the projects have achieved.

"The fact that there is no inclusion programme with a permanent presence is a catastrophe. All you can do is make the best of what you get now. You can't teach [parents] to save things up for this and that, because they learn hand-to-mouth living even through the programme. This is just the situation we want to lift them out of, to get them to plan their lives, and be something. 'What for?' they ask, 'You're losing your job too!' And they're absolutely right." (Education coordinator)

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