



Acta Medicinae et Sociologica  
(2023)  
Vol. 14 No. 36 (130-156)

UNIVERSITY OF  
DEBRECEN  
FACULTY OF  
HEALTH SCIENCES

NYÍREGYHÁZA

doi:

<https://doi.org/10.19055/ams.2023.05/31/6>

## The opportunities of the resilience measurement in the family and child protection system in Hungary

Andrea Homoki<sup>1</sup>

<sup>1</sup>college professor, Gál Ferenc University Faculty of Health and Social Sciences, Gyula, ORCID. iD 0009-0009-2267-5387

---

### INFO

**Homoki Andrea**  
homoki.andrea@gfe.hu

---

#### Keywords

child resilience, parental attitude, measurement

---

#### Kulcsszavak

gyermeki reziliencia, szülői attitűd, mérés

---

### ABSTRACT

#### Abstract

This paper provides insight into the Hungarian research results of resilience among children, carried out in the research workshop of Rubeus Association and Gál Ferenc University. Our objective by communicating the research results published in the study was to exhibit the process and areas of applicability of measure instrument developments completed between 2018-2021, in the public and civil society sectors of the Hungarian Family and Child Protective System. We measured the child resilience and the parental attitudes among the different targetgroups in Hungary. The children and their parents consist of the sample who are in very difficult life positions, despite of they able to live with the help of the innovative model program which in they are supported by professionals to able to live.

---

#### Absztrakt

A tanulmány a Rubeus Egyesület és a Gál Ferenc Egyetem kutatóműhelyében végzett hazai gyermekkori reziliencia kutatási eredményeibe nyújt betekintést azzal a céllal, hogy a validált mérőeszközök alkalmazhatóságának gyakorlatára mutassunk rá. Célunk a tanulmányban a 2018-2021 között megvalósult programokhoz kapcsolódó mérőeszközfejlesztés eredményeinek közzétételével azok alkalmazhatósági területeinek bemutatása volt a magyar gyermekvédelmi rendszer állami és civil szférájában. A validált eszközökkel mértük a gyermek-ellenállóképességet és a szülői attitűdöket a különböző magyarországi célcsoportok körében. Azok a gyermekek és szüleik, akiknek körében a reziliencia és attitűdmérés történt nehéz élethelyzeteik ellenére, képesek a boldogulásra az innovatív modellprogram segítségével, amelyben szakemberek támogatták az életképességüket.

---

## Introduction

This paper provides insight into the Hungarian research results of resilience among children, carried out in the research workshop of Rubeus Association and Gál Ferenc University. Our objective by communicating the research results published in the study was to exhibit the process and areas of applicability of measure instrument developments completed between 2015-2021, in the public and civil society sectors of the Hungarian Family and Child Protective System. The Hungarian adaptation (Homoki et al. 2016) of the Canadian scale created by the research group conducted by Michael Ungar from the year 2016 and the development of national measure instruments was executed based on the knowledge of factors in the system of contexts of the Hungarian children's and youth resilience model (Homoki 2014:216). The Hungarian children's resilience model, besides attributing the factors showing a correlation with school success to interpersonal and intrapersonal levels, highlights the multidimensional character of this phenomenon, as well as the recursive and reciprocal mechanisms of action between the constituents. The knowledge of these influences in the process of children's personality development involves the possibility of consciously aimed individual development.

Reading the study you could think, that this study targets to show the efficiency of the model programs. My purpose is that the training of the child resilience and parental attitudes measuring can be seen in the CP service care with the validate scales (GYIRM and PAT Homoki et al. 2016, 2018) in Hungary. The descriptions of the model programs and the psychometric features of the apply scales are shown by the references in the study in the footnotes. The reader can get more information from these references about the participants of the model programs, the sample characteristics and the factors of the measure focus in the certain years. You can read in this paper the changes of the child resilience based on the empirical researches. The term 'resilience' in English language derives from the Latin verb '*resilire*' from the early 17<sup>th</sup> century. It means 'to jump back' or 'to recoil' – *like a spring* (note added by authors). Mallett, in the middle of the 19<sup>th</sup> century (in 1856), developed a standard which indicated how resistant particular materials are in extreme physical conditions (McAslan, 2010). In the past 100 years the notion of resilience has exceeded its simply scientific approach and it has grown into a

widely used term, including a phenomenon investigated by social science researchers (Homoki and Czinderi, 2015).

„Studies of resilience originating in international social science literature – traced back to the middle of the past century – have been made, examining the phenomenon, in the fields of psychiatry, psychology and psycho-pathology. In the correlation system of social backgrounds considered as risk factors (poverty, homelessness, various types of deviance, mental conditions) the sociology aspect of the research of this phenomenon also appears, when, during the first and second phase of resilience research (Gaumnitz, 1943; Buck, 1943; Masten and Obradovic, 2006), authors draw attention to the responsibility of social institutions (schools) and negative social consequences and burdens of deviance deriving from rootlessness, and the lack of security and stability.” (Homoki, 2014). „Resilience incorporates personal and environmental constituents which help the person to adapt successfully despite at-risk life circumstances and alleviate the negative effects of stress and allow coping with changes in an adaptive way.” (Járai et al., 2015: 129.). „...nowadays resilience is not only in the focus of attention in the field of ecology and psychology, but – according to its complexity – it is, from the viewpoint of economy, politics, sociology and cultural anthropology.” (Szokolszky and V. Komlósi, 2015a: 8.). The cause of the formation of “resilience science” is seen by authors publishing in this subject matter in the multi-disciplinary character (Homoki, 2014) of resilience, because of which characteristic feature, resilience as a new framework of viewpoint “perfectly fits into the continuously amplifying trend of research of complex systems” (Szokolszky and V. Komlósi, 2015a: 8.). The pluralism of resilience studies and results published in research fields becoming more extensive draw attention to the connecting points between research fields and fields of science, too.

There is a study, beyond the interpretation of resilience from a scientific approach, presents the aspects of resilience appearing in the domain of social sciences in a synoptic manner, furthermore, provides an overview of the discoveries of resilience-perspective system theory studies created in the past few years in the field of educational sciences – which are somehow related to the University of Debrecen, the region Partium and “Transylvanian society” – thus enriching the so-called “science of resilience” with a relation to pedagogy, higher education, minority students, and to minors in child protection care. (Homoki 2016)

Resulting from the multi-causal character of the resilience phenomenon, correlations among fields of science are indisputable. Primary terrains of resilience research in the first decades of the 20<sup>th</sup> century were psychopathology, psychiatry, and then psychology. Regarding the field of psychology, the most widespread interpretation of the notion places a successful coping of the individual in focus. It practically means a successful, adaptive survival of traumatizing experiences and situations contributing to intense stress. In the “four waves” of resilience-studies (Masten, 2012, quoted by: Homoki, 2014) protective factors which help the practice of resilience improvement have been revealed with the help of longitudinal examinations. “In case of “human resilience,” this means that research strives to consider the complete, multi-level and merged-together scale of influencing factors, including biological and socio-cultural factors as well, which have been ignored for a long time. On the other hand it is trying to re-interpret the nature of causal relations, and along with this, to integrate the context-dependent, changeable and difficultly facilitated quality of resilience” (Szokolszky and V. Komlósi, 2015b: 20.). Disclosed protective factors create a good starting-point for the representatives of associate sciences for new perspectives of research areas from the viewpoint of resilience.

The mental resistance is not the ability of an individual to overcome adversities. The metaphor which says that humans are like steel springs, bouncing back after being under pressure, reflects the importance and accentuation of individual responsibility and capability, in case of ones who are not able to change their own circumstances. (Ungar 2021)

There are the known resilience-focused analyses presented in the study provide information about the future opportunities of high-quality operation of systems, institutions, communities (schools, the child protection system, student groups, social systems, local social organizations) as well as about the range of applicability of conclusions. (Homoki 2016) Regarding the area of educational sciences, the first national and cross-border research outcomes enriching resilience science established more studies. Different perspectives of research findings of the phenomenon of resilience - “*municipality, social institution, child protection, minority, school, education and family related*” – may serve as a basis for the improvement of quality/qualities related to the processes of the researched phenomenon in individual or community systems. The study reports the “sources” in cases of the vulnerable family and children, drawing upon which the spiral-effect (Schofield and Beek, 2005) due to the

effect of the innovative professional programs illustrating the phenomenon of resilience may be activated as well, this way contributing to the increase in the number of studies in this subject matter and their quality improvement in the direction of needs orientation. By identifying particular resilience factors and correlations among them, new types of viewpoints, new perspectives and aspects of interpretation may be revealed for professional experts doing social assistance and developmental activities, which on the one hand enables more targeted, more effective interventions focusing on realistic needs, on the other hand the new type of viewpoint can have a significant role in future planning of possibilities of prevention, on individual, group and community level high-quality functioning and operation.

According to our findings (Homoki and Czinderi, 2015; Homoki 2016a), same-age communities providing social support and positive school environment have a substantial effect on the self-efficacy dimension of resilience, especially in case of adolescents. There is a very important role of professional assistants striving to develop children's resilience. Research findings imply that increasing the individual opportunities of success of children, their future labor market integration, facilitating their resilience cannot efficiently be realized without the development of the close (family, friends, peer relationships) and broader (school, free time activities) local communities. The professionalism of school social workers, preschool and school social assistants may be crucial in the creation and formation of communities which are inspiring regarding future prospects and life goals, and which accept and integrate students.

This paper consists of the most important results and effects of the "good practices" and programs, which are decisive to the child resilience and the parental attitude in Hungarian child protection.

## **Methods**

Further function is highlight besides the increase of individual development efficiency with regard to the efficiency having direct and indirect effects of innovative solution-seeking programs on children's resilience, executed by child protection professionals (2018-2021). In the course of successfully realized intervention among different target groups data obtained from the measurement of input and output phase of resilience is at the same time the indicator of the efficacy of professional assistance as well as professional advancement. For the reduction of high-level fluctuation presented in the field,

in the prevention of burnout and in the fight against burnout, it is a tool easily and effectively applicable.

The five programs were organized by the professional helpers for the development of the family and child protection system of the child and parental too in each case.<sup>1</sup>

The targetgroups of the researches (N=25 family and min.100 children/year/place of the model program, it meant summarized 125 family and 500 children) were: youngsters being re-socialized in juvenile correctional institutions, children and their families under care in the system of child protective services and child welfare primary care (children's homes/group homes, foster parent network, primary care, children placed into families following actions taken by authorities taking the children under protective care, children with mental disorders and/or children struggling with drug abuse). We examined in their cases the changing of the resilience and among their parentals the attitudes with the Hungarian Child and Youth Resilience Scales<sup>2</sup>.

These scales were developed (Homoki et al. 2016b) (Homoki 2018) following the validation procedures examining linguistic, cultural, internal and external validity, involving the Hungarian adaptation of the international resilience scale of Child and Youth Resilience Measure CYRM28 (Liebenberg et al.2011)<sup>3</sup> and other adapted measure instruments, how the improved measure instruments became widely applicable regarding their functionality and target groups in the field of national, general and special child protection. Applied measure instruments are based on the correlation system of Hungarian children's and youth resilience model (Homoki, 2014; Homoki and Czinderi, 2015; Homoki et al., 2016b), conversely, in case of all model programs we have developed respective special measure instruments, taking into

---

<sup>1</sup> Program 1.: <http://rubeus.hu/projektek/szuloi-kompetenciak-fejlesztese-erositese#more-607>, program 2.: <http://rubeus.hu/projektek/szuloi-kompetenciak-fejlesztese-bunelkoveto-gyermekek-csaladjaban>, program 3.: <http://rubeus.hu/projektek/a-szuloseg-tamogatasanak-uj-utjai-a-gyermekvedelemben> and methods, objectives of program 4.: <http://rubeus.hu/projektek/csaladi-egyensuly-tamogata-a-gyermekvedelemben>

<sup>2</sup> GYIRM means Hungarian: gyermek és ifjúsági reziliencia mérőeszköz (child and youth resilience measure)

<sup>3</sup> Our research team got a permission in June 2015 to create the adapted Hungarian version of the scale created with the cooperation of 20 international researcher groups by Resilience Research Centre (Dalhousie University), led by Michael Ungar and Linda Liebenberg. We have applied the Hungarian adapted version of the scale CYRM28 during the validation procedure examining the external validity of GYIRM20/25 scales developed according to the child protection resilience model.

consideration the idiosyncrasies deriving from the age and location of the children's upbringing. When helping families with a systemic approach, in the relations between parents-children, parent-other parent, children-children, and experts have designed and executed a program incorporating numerous promises of individual resilience development.

There is an important result that beyond the application of the GYIRM 30 scale in service care, the Hungarian adaptation (Homoki et al. 2016b) of the Canadian CYRM 28 scale (Liebenberg et al. 2011) can be used freely, along with the national measure instruments GYIRM 25 and 20, on every level of the child protective system. By disclosing of resilience levels, needs-oriented intervention can more effectively be implemented in institutions associated with the child welfare primary care, in institutions related to child protection detection and report system, and in the specialized institutions of family protection, family assistance and child protection.

With the widespread promotion of the phenomenon of resilience in professional circles, the quality aspect of work done with children by professional educators, teachers and assistants can be established. With the measurement of children's resilience level, more targeted interventions are possible on an individual level, hereby making it possible to increase the efficiency of individual development. This, based on our results, is suitable even in case of short cycle programs or interventions, to feedback helpers' efficiency and success, within the context of its positive advance of invested resources on children's resilience. As one of the experts involved in efficiency measurements said, it is essential to draw power as some kind of a "cleansing spirit shower" to be able to continue work in child protection, led by love, motivated, because such work can be challenging in everyday life.

## **Results**

Resilience measurements in the domain of child protection services were first nationally realized through cooperation with child protection experts and professional associates of child protection. Our findings outline the system theory type of directions in development with which the effectiveness and appropriateness of resilience measurement may be fulfilled – serving the healthy personality development of children.

Psychometric indicators of the GYIRM 30 scale, created following professional reconciliation, show the possibility of reliable application in the system of child protection. The measurements verified an interrelation

between the formation of the location of care and resilience - in institutions providing homes within child protective services and foster parent networks which are part of the national Regional and Child Protection Official Services operating in five counties.

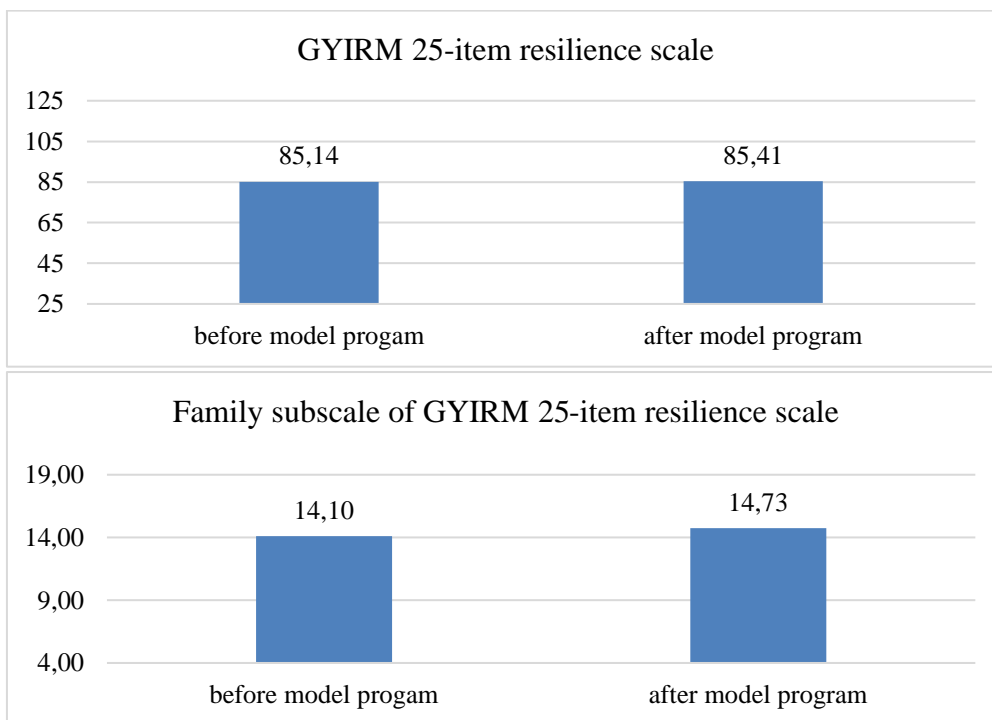
According to international tendencies – and our assumptions – a significant and considerable difference can be detected in Hungary as well, with respect to resilience scores and types of caregiving location of respondent adolescents living in the care of child protective services. The more domestic the environment the respondents are brought up in, the more beneficial resilience scores demonstrating the chances of succeeding despite difficulties are. Among those living in children's homes the proportion of minors characterized with low level psychological flexibility is 35%, while this figure among the ones living with foster parents is around 12%, and in a children's home half the amount of adolescents with high resilience can be found (7%) compared to the ones living with foster parents (14%).

Model programs, which, among others, provide space for follow-up studies of children's resilience, were targeted at strengthening parental competences and supporting parent-children relationship, with the help of social and professional cooperation. (Homoki in: Rác 2018, 2019, 2020, 2021, 2022). The improved methods count as innovations in Hungarian child protection, implementations were of pilot character, in order for the professionals to be able to try their innovations of tools and methodology closely aligned with responsive children's well-being goals, doing that in a time span of a couple of months, and, by recording the evidence of their professional work their encounters are able to become widely accessible by other professionals. The facilitation of the resilient functioning of children, youth and their families has appeared among the objectives of professional innovations. An objective indicator of the efficiency of programs and the fruitfulness of professional work characterized by continuous challenges is the change indicated in parental attitudes and children's resilience.

The diagrams below show the positive changes of children's resilience levels measured with the applied measure instruments (GYIRM 25 and GYIRM 10) on the analysis sub-samples, in case of children both under and over 10 years of age:



**Figure 1--2.: Changes of mean score values of resilience scale on the complete scale and the family subscale of the scale (N=209) in 2018.<sup>4</sup>**



The diagrams above indicate, following model programs, that the proportion of children reaching a higher level of resilience rose by about 10% among the ones under 10, and this growth can also be indicated but is not that significant in case of children above age 10, which is 3%.

Tables 1-2.: Mean scores of parental attitude measuring scale and subscales before and after programs (in the cases of children between 10-18 and under the age 10) in 2018.

<sup>4</sup> Published in: Children and Youth Protection Studies. Model Programs Targeting Parental Competence Development in the Storehouse of Child Welfare Services] (Andrea RÁCZ ed.) Budapest: Rubeus Egyesület. 309–353. 2018.

In case of parents of children between the age 10-18:		Mean	Average diff. (before-after)	Degree of freedom	Standard deviance	Std. error
15-item parental attitude scale	after model program	50.78	+0.98	75	6.423	0.737
	before model program	49.80				
Parental attitude subscale – family interaction, communication	after model program	22.58	+0.19	83	3.585	0.391
	before model program	22.39				
Parental attitude subscale – relation towards children	after model program	11.74	+0.29	81	3.101	0.342
	before model program	11.45				
Parental attitude subscale – partner relationship	after model program	16.88	+0.36	87	3.070	0.327
	before model program	16.52				

In case of parents of children under 10		Mean	Average diff. (before-after)	Degree of freedom	Standard deviance	Std. error
15-item parental attitude scale *	after model program	56.30	+1.28	83	4.152	0.453
	before model program	55.02				
Parental attitude subscale – family interaction, communication	after model program	24.04	-0.03	83	3.585	0.391
	before model program	24.07				
Parental attitude subscale – relation towards children	after model program	13.14	+0.22	81	3.101	0.342
	before model program	12.92				
Parental attitude subscale – partner relationship	after model program	18.96	+0.72	87	3.070	0.327
	before model program	18.24				

\*:  $p < 0.05$  level statistically significant difference. *On the complete scale: 0.006; On partner relationship subscale: 0.0009 level*

On the complete scale and on subscales, too, our results show a positive increase. Regarding the rate of development, programs had a greater and significant influence on the relationship of the parents towards each other and towards their children. Along with the objectives, target groups and content elements of programs, this result indicates a positive constellation, which verifies the effectiveness of executed programs.

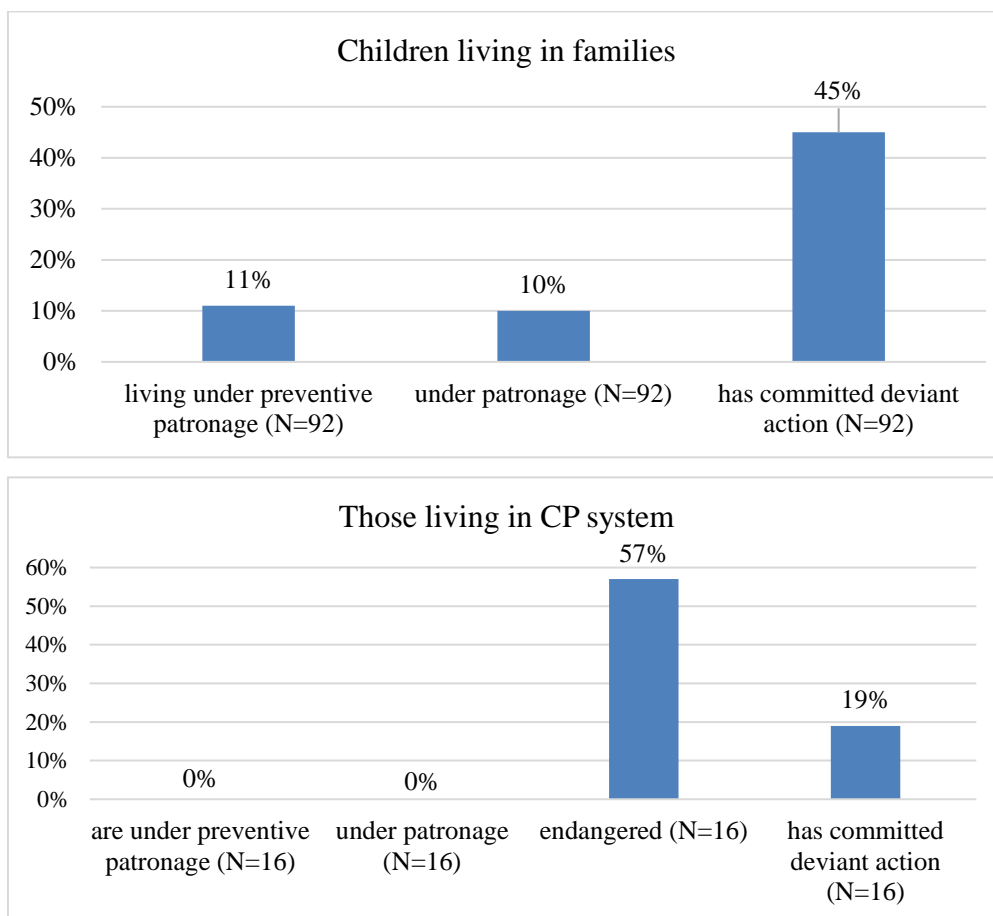
After the interpretation of the data above, it can be concluded that during the impact assessment of realized model programs it is not surprising that, most prominently, a significant positive change occurred in the *children's resilience Family subscale*, and, an appreciable improvement is encountered in the *attitudes related to the relationship towards the other parent and towards the child, as measured on the parental scale*.

Quantitative outputs unanimously present positive changes indicated at each model location in 2018. Developed and executed model programs positively advance the progress of children's resilience and the development of its elements part of its family subsystem, regardless of age, gender or location of children. When comparing the input and output of the program measurement results of the mean values of children's resilience and parental attitudes measured at model locations, the greatest positive progress was shown at locations realizing complex programs or several program elements at the same time. The largest extent of improvement in children's resilience is detectable in the subscale measuring Characteristics of Family Life that is part of the complex scale measuring the complex phenomenon. This means that after finishing the programs respondent children experienced the relationship with their parents in a more positive way, they became more open to encountering common interaction with their parents, and to express their feelings and fears, too. Among the objectives of the programs, factors facilitating resilience appeared. The theoretical grounding of programs realized in practice may contribute to enhancing effectiveness.

Mainly the following groups compiled sample units in the next year<sup>5</sup>:

- Children being raised in their families, who are strongly at risk of becoming criminals
- Adult family members of children being raised in their families, where the adults are criminals and there is a risk of committing crimes
- Adult family members of children being raised in their families, where there is a risk of committing crimes regarding the children.

**Figures 3-4.: Distribution of children living in their families and child protection system based on involvement in deviance (%) in 2019**



Source: own construction, 2019.

<sup>5</sup> Children's and Youth Protection Studies. Model Programs Supporting Children and Parents Affected with Crime in Child Protection]. (A. Rácz ed.) Budapest: Rubeus Egyesület, 263-295. 2019.

Among children living in their families, deviances mentioned on questionnaires occur twice as often than in cases of children under service care. The proportion of those under patronage or preventive patronage because of their unlawful demeanor is around 10%.

The following categories are most common among children's deviant actions:

- theft,
- property damage
- diverse variations of school disorderly demeanor (school house rules violation, brawling, school violence, peer abuse)
- cyber bullying
- drug abuse, drug possession can be outstanding.

From among the parents of children being at risk because of parental deviance the proportion of those having a criminal record is 11%, and in nearly 50% of the families some kind of family deviance qualified by a professional occurred, such as alcoholism, drug abuse, family violence, child abuse (sexual abuse), misuse of ammunition, assault.

**Table 3. Changes of average values of resilience of children in child protection system, endangered with deviance, as the result of the programs in 2019**

Average scores of resilience of children in child protection system:		Mean	Ave. diff (after-before)	Degree of freedom	Standard deviation	Std. error	Sign
26-item children's resilience scale	after model program	89.86	+11.000	6	7.211	2.726	0.007*
	before model program	78.86					

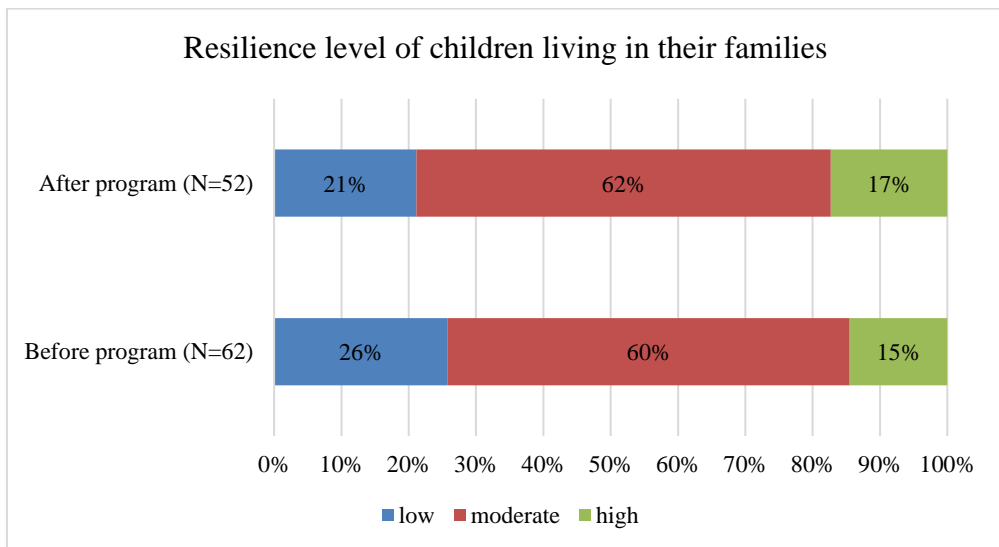
on \*:  $p < 0.05$  level a statistically significant difference

The effectiveness of the programs realized in child protection system is verified by a significant difference in before-after resilience mean values.

The following diagrams indicate a positive transition of children's resilience levels measured by applied measure instruments (GYIRM23/26/30) on our study subsamples, regardless of location of being brought up or receiving service care.

On the diagram titled Figure 10 we can see the variance detected in resilience levels of children living in their birth families.

**Figure 5.: Changes in resilience levels measured before and after the programs in case of children living in their birth families in 2019 (%)**

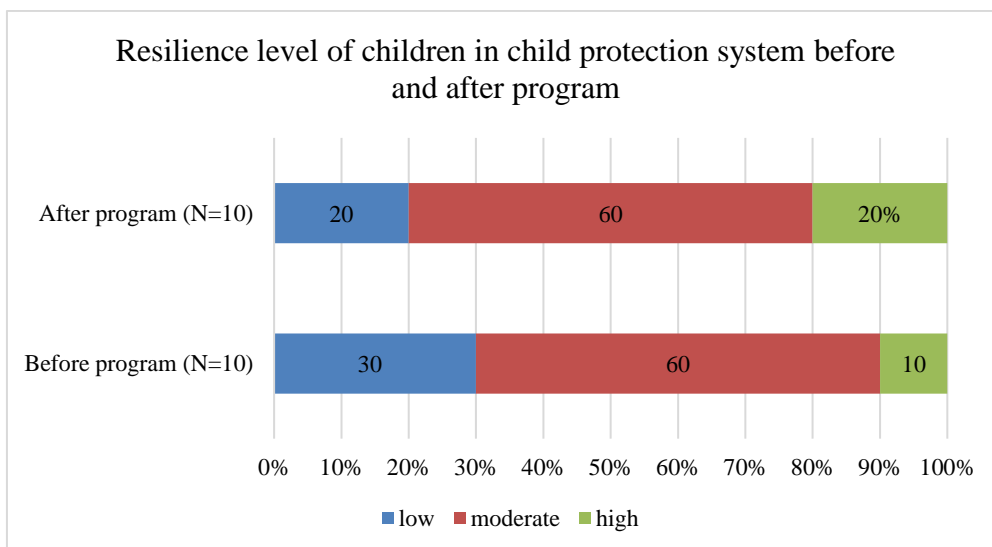


On the 23-item resilience scale applied in their case, the flexible adjustment, adaptation level of children in difficult life situations is determined with the following categories:

1. low:  $\leq 69$  points (3 on a scale of 5 or a lower mean score)
2. moderate: 70-92 points (mean score between 3-4 on a scale of 5)
3. high: 93-115 points (mean score above 4 on a scale of 5)

The diagram illustrates the preferential improvement of moderate and high categories, the proportion of children improving in their resilience rose by 2% in both categories.

**Figure 6.: Changes of resilience levels measured before and after the programs among children living at certain care locations of child protective services in 2019(%)**



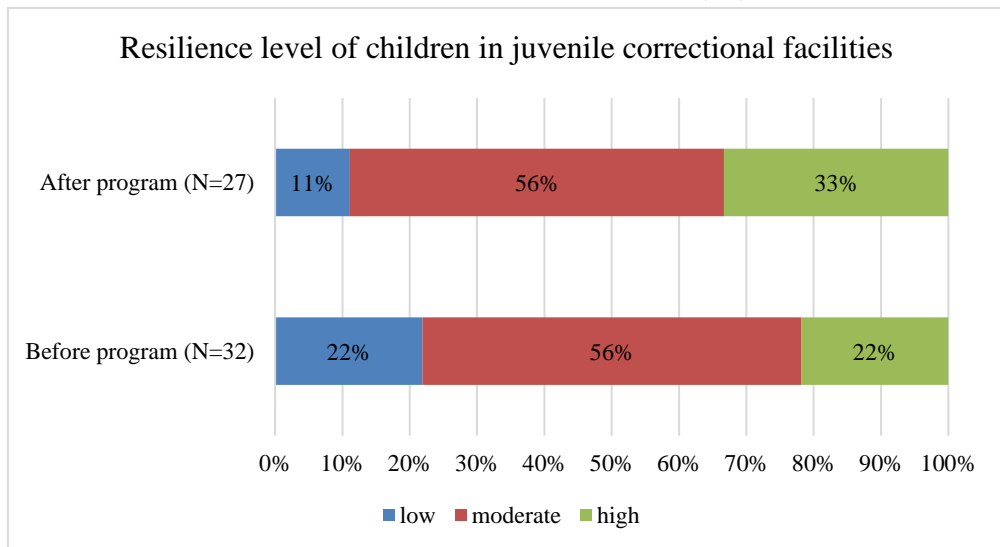
The deviance can be detected among children (N=10) with low levels of resilience. Following the programs, 15% of them has already reached the moderate level of resilience.

Level groupings according to the 26-item resilience scale show the following score values regarding those in child protective care:

1. low:  $\leq 78$  points (3 on a scale of 5 or a lower mean score)
2. moderate: 79-104 points (mean score between 3-4 on a scale of 5)
3. high: 105-130 points (mean score above 4 on a scale of 5)

According to the results on the diagram, the proportion of children reaching a high level of resilience rose by 10%, that is, to a significant extent, after the programs.

**Figure 7.: Changes in resilience levels measured before and after programs among children living at care locations belonging to correctional institutions in 2019(%)**



The resilience levels of those being cared for in correctional institutions, based on the categories of the 30-item resilience scale applied, are classified as follows:

1. low:  $\leq 90$  points (3 on a scale of 5 or a lower mean score)
2. moderate: 91-120 points (mean score between 3-4 on a scale of 5)
3. high: 121-150 points (mean score above 4 on a scale of 5)

In their case, similarly to the ones living in service care, the proportion of children characterized with higher resilience rose after the program, by 11%, to the largest extent following the programs, comparing three groups. This percentile is 10% in case of those under service care and 2% in case of those living with their birth families.

On the whole, all three groups show a more favorable resilience level output as a result of the programs, according to the results of paired t-tests above, children living far from their families demonstrate substantial differences. On the full scale the results of the paired t-test, in case of children where a significant positive resilience level improvement was detected, this preferential improvement can also be detected in the attitudes of parents on the whole, and in their attitudes towards conscious parenting.

During model programs in 2020, as participating professionals experienced, they could achieve results in strengthening parent-child relationship, in



organizing quality family programs for the parents together with their children, providing them with a common positive encounter, and the openness and trust of parents towards professionals increased, their family conflicts eased and ceased. In the course of the analysis of changes of mean values obtained by respondent parents on the scales and its correlations with a paired t-test, a positive significant difference can be seen as illustrated by Table 4.

The positive improvement in relation to the items referring to expressing family, partner relationship emotions verifies the advancement also experienced by professionals, related to paying attention to each other and family members, acceptance and understanding each other.

**Table 4: Mean values of Parental Attitude measuring scale and subscales before and after programs in 2020**

Parental attitude scale (18)		Mean	Mean diff. (after-before)	Degree of freedom	Standard deviation	Std. error
Subscales together (3)*	after model program	67.75	+2.41*	55	8.77	1.17
	before model program	65.34			9.13	1.22
Parental attitude subscale – Family, partner relationship, expressing emotions*	after model program	28.44	+1.27*	58	4.03	0.52
	before model program	27.17			5.02	0.65
	before model program	17.20				

On \*:  $p < 0.05$  level statistically significant difference. On full scale: 0.044; On family, partner relationships emotions subscale: level 0.031

On the subscales Quality time spent with children and Family Tension Management, a positive advancement can be demonstrated in the attitudes of parents related to the programs. The positive significant change on both on the full scale and subscale is a specifically valuable result, regarding the adversities caused by the COVID-19 pandemic experienced at the time of queries and programs. Based on the data it can be stated that in case of programs started before and during lockdowns, continuous, intensive professional work done with the families in an altered space and with altered methods, the intensive attention given to families, had a strengthening effect

in these hard times on participating families. This was reflected in their conscious expression of emotions, the encountering everyday activities together, and in the area of open family communication, and all of them are significantly verifiable.

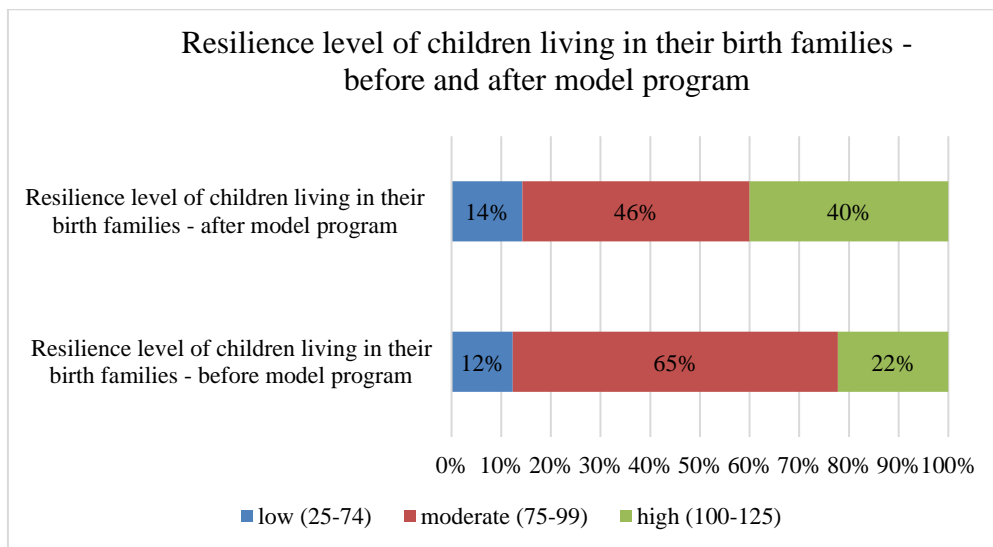
In the following table (Table 5) results obtained with paired t-tests can be seen which show positive changes in the resilience improvement of children under 10 living in their birth families, children living in their birth families/dormitories between 10-18 and the children living in child protection system.

**Table 5.: Changes of mean values of resilience of children as a result of the programs in 2020**

Average score values of resilience		Mean	Diff. ave.. (after-before)	degree of freedom	standard deviation	Significance
30-item resilience scale	after model program	104.63	+6.25	15	15.89	0.095
	before model program	98.38			21.08	
25-item resilience scale	after model program	96.55	+6.64*	21	15.76	0.028
	before model program	89.91			13.40	
10-item resilience scale	after model program	7.11	+0.26	52	1.96	0.2
	before model program	6.85			1.89	

On \*:  $p < 0.05$  level statistically significant difference.

The average differences marked in the table (5) reflect that in case of both the children between 10-18 living in child protective care and small children (under 10 years) living in birth families a positive improvement can be detected in resilience, and the change is greater among older children. In the categories above, because of a small number of cases, significance level is not sufficient.

**Figure 8.: Resilience level of children living in their birth families in 2020**

The diagram above indicates states after the model programs, namely, that the proportion of children obtaining higher resilience levels grew by 20 percentage points, which is a significant change. (Figure 9). Data of the mathematical-statistical analysis presented in the study demonstrate that members of the professional team managed to adapt to the unexpectedly altered circumstances because of the COVID-19 pandemic quickly and flexibly at model locations. As a result, by applying unplanned, new, innovative instruments and procedures in the programs, they managed to settle and strengthen trust in parents. Many program elements targeted the development of professional cooperation and professional protective network, the successful realization of which is verified by the fact that during the complex, innovative assistance of families in the emergency situation the implementers of the programs were able to build on real cooperation. (Homoki 2020)

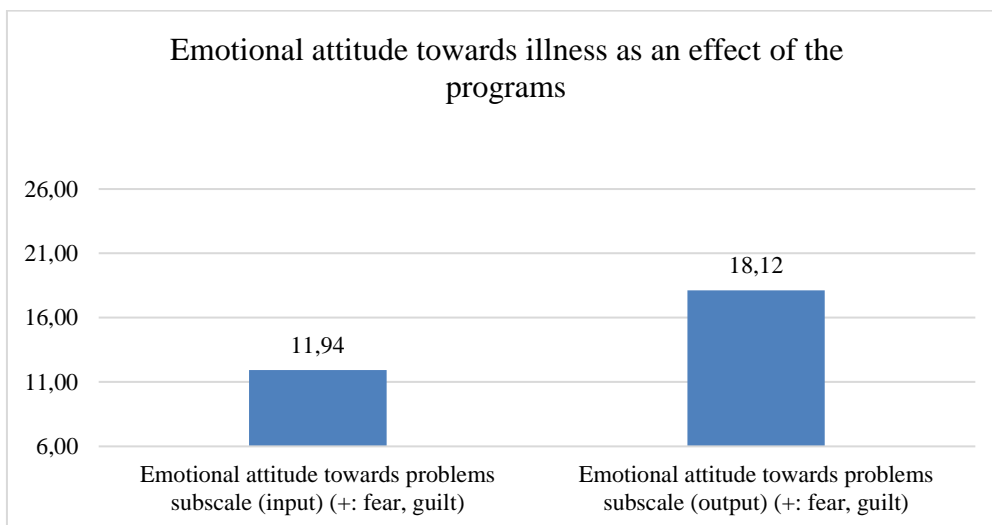
In 2020/2021, Rubeus Association realized a model program titled "Supporting Family Balance in Child Protection". It was realized in four locations in Hungary, involving numerous collaborating social organizations, and health care, social and child protection professionals. It focused on the children - with their parents and families - who were at risk, taken into child protection care, disadvantaged, threatened with the possibility of committing crimes, also affected with some kind of a "family breakup" (such as divorce,

separating of parents formerly living together) resulting in a loss of balance, mental conditions as well as dysfunctions because of drug abuse. (Homoki 2021) The programs, besides the completion of the objectives set during the previous years, in this development phase put emphasis on supporting parents living separated, the professional support of the divorce process, and supporting parents living with disabilities and addictions. "People living with mental disorders form a particularly vulnerable group of clients. Families coping with adversities and obstacles deriving from mental disorders often try to live up to the expectations of their family roles almost exceeding their powers. The problems of a person with a mental disorder affect other members of their families as well." (Bulyáki and Ónodi et al. 2021:202) This issue requires a complex approach.

Among the children of parents with mental illness and parents with multiple involvement, low resilience level proportions were very high (47-62.5%). In case of parents who have multiple issues, high resilience level is not characteristic. All in all, comparing the three groups, considering input resilience levels, the children of divorced parents have the most favorable position, this group has the highest proportion of moderate category children and this group contains the least of the ones characterized with low resilience.

We examined the changes in resilience of the children completing the scale in comparison with program elements targeting the parental groups and their children mentioned above, at different model locations (Budapest, Szekszárd, Debrecen). The same tendency applies according to responses of subscales Disease Consciousness and Emotional Attitude towards the Problem, in case of parents affected with substance use and mental illness. The value of mean scores obtained in Disease Consciousness subscale rose significantly. The mean score increase of the subscale measuring experiencing of negative encounters, feelings because of substance use and mental illnesses, also means that there are some parents who became capable of facing their negative emotions related to their conditions with the help of experts. The start of disease consciousness, being capable of experiencing and expressing an emotion, in case of addiction and mental disorders as well, is an important starting point for the long-term success of healing and possible medication.

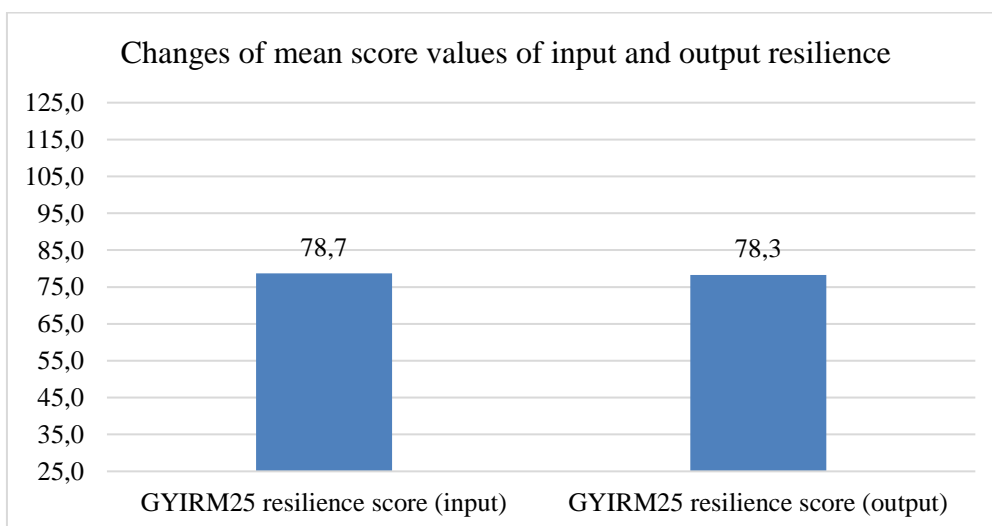
**Figure 9.: Mean score value changes of emotional attitude towards a problem subscale in 2021**



On \*\*:  $p < 0.01$  level statistically significant difference: on the subscale Emotional Attitude towards Diseases level 0.005.

Outputs on the Figure 10 below are not surprising, namely, that in case of respondent children who completed children's resilience measurement scales, according to our results gained with paired t-test method, there is no significant difference between input and output mean scores.

**Figure 10: Changes of mean score values of input and output resilience in 2021**



It is important to keep in mind, as Bogács (2021:47) worded, that functioning as a parent is a “situation of survival”. Short-term everyday decisions of parents are made depending on their currently available, mobilized resources, and they interpret and experience the consequences accordingly. Recognizing and communication of emotions and parental experiences, intra- and interpersonal influences, the ability of self-reflection are crucial regarding the facilitation of children’s resilience as well, since facing a real situation is the first step towards restoring a broken individual and family-level balance. (Urbán et al. 2016) Cited by Homoki 2020.)

According to our findings, in case of respondent parents and their children, changes, as the impacts of programs are clearly defined, and processes reflecting the success of unfinished work are visible.

A lower level of children’s resilience, in knowledge of study target groups and national, international research results is not surprising. Little children of parents suffering from mental illness experience and realize parental support to a smaller extent; they rather rely on older siblings or other relatives within the family.

In case of mentally ill parents, in coping with the problem, data reflecting the increasing occurrence of facing negative emotions deriving from burdens because of the condition of a family member as well as the formation of disease consciousness, are promising features, and these justify the importance of future continuation of this unfinished professional work. (Homoki 2021)

## **Discussion**

Based on the showed datas the changes were measured not only in the field of children’s resilience but parental attitudes as well. In case of parents participating in the programs, with the research tools measuring parental attitudes exemplified in the studies, the Cronbach alpha coefficients of scales and subscales developed for the measurement of relation toward their children and partner relationships, family communication, as well as attitudes related to family activities together, and towards their health condition and mental state were between 0.7-0.9, showing sufficiently high reliability levels (Homoki 2018-2021).

Quantitative outputs of the research of children’s resilience and parental attitude in the years 2018-2020 at all model locations – whether at children’s welfare services, children’s homes, juvenile correctional institutions, or dormitories having a function of child protection for the care of disadvantaged children as well – have shown significant positive changes, independent of the

realization time of the program itself. We have found that model programs developed with the purpose of supporting families with the aim of responsive children's welfare (intensive family care, parent clubs, courses, clubs for adolescents, community programs, storytelling therapy etc.) have advanced the constituents belonging to the family subsystem of children's resilience in a positive direction, regardless of age, gender, location, and family privations. During analyses we measured with the 20-item Parental Attitude scale, we were able to identify new, well-isolated subscales, such as "Expressing family and partnership emotions", or "Quality time spent with children" and Family tension management scales in 2018. In all three years of analysis the difference went in a significantly positive direction, measured with paired t-tests, which indicates the success of programs supporting the importance of living and expressing emotions in the family. In the given subscales we have measured several points of increase, as the effect of model programs, after closing the programs, on the significance level  $p=0,031$  (Homoki and Rácz, 2021).

While comparing the input (when entering the program) and output measurement results of average values of children's resilience and parental attitudes measured at model locations varying every year, the greatest positive increase appeared where a family with children received several types of support at the same time, even if family members received them respectively, and, where several program elements were aimed at their development, helping parent-children relationship and strengthening parenting skills. All of this can be considered a consequence of the multidisciplinary character of all this social helping activity and child protective work. We know it from previous research that the extensiveness of the inter-professional cooperation of related professions appears as a constituent advancing children's resilience as a latent variable (Homoki, 2014). In the years in analysis, the increase in the average level of resilience of children and youth living with their biological families, in the care of child protective services and juvenile correctional institutions was between 2-18%. Comparing by target groups, the greatest increase in the level of children's resilience was experienced in case of children and adolescents (ages 12-18) living in child protective care and/or juvenile correctional institutions, in 2019 this proportion rose eminently, by 11%, in 2019, after they finished the programs. In 2020, we measured an increase of 18% in case of those with high resilience levels aged 10-18 living in their birth families or dormitories. In 2021 in case of children in families affected with drug abuse and mental disorders, we measured lower resilience input levels, which data appear to be in line with international evidence.

We can draw conclusions to the effectiveness and success of programs supporting parents with mental disorders by significant changes on the subscales developed for parents titled “Illness awareness” and “Emotional attitude towards problems”.

Based on the findings of the data we can see the outline of future opportunities with which the resilience based attitude of systemic approach can be disseminated among the numerous human service professionals supporting, educating, teaching families and children:

In the form of professional meetups, workshops, the subject matter may be disseminated in a wider circle. Information about the discoveries of studies and their practical expedience. Focus on certain areas: among child welfare service workers, among those providing guardianship, and among educators, foster parents and adoptive parents.

Exposition of the possibilities of development inherent in factors predicting school success involving the representatives of related professions: educationalists, school social workers (kindergarten and school social helpers), social actors participating in child protection in schools, churches, representatives of non-governmental organizations.

The method is to develop a specialized seminar or methodology (for the professionals mentioned above) in order to enable attainment of the effective practical application of the method and scale.

Networking, cooperation in program development and measuring: elaboration of program elements to develop factors of resilience as a multidimensional phenomenon, classified by age groups, taking into consideration family status, the health condition and mental state of parents as well as location of care.

In the Hungarian society, in the 21<sup>st</sup> century, it is crucial to bear in mind the objective of the Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship and the principle of keeping *THE INTEREST OF THE CHILD ABOVE ALL ELSE*, with conscious and responsible helpers’ interventions feasible in the lives of small children, so that the life course of children starting and struggling with even the greatest disadvantages can be conducted into the direction of being a young adult whose life is on the one hand based on acceptance and processing encounters of early difficulties, on the other hand, on trust in themselves and social support, the meaning of life as well as faith, therefore it motivates them for successful self-realization with satisfaction, realistic goals, plans and perspectives in life – that is, it promotes functioning in a resilient manner.



**Bibliography**

1. Bogács, E. (2021): Kiemelés megelőzése és a sikeres hazagondozás komplex támogatása, valamint a gyermekjólét és gyermekvédelem társadalmi elfogadottságának, láthatóságának növelése. In: Rácz, A. (szerk.): Családi egyensúly támogatása a gyermekvédelemben. Budapest: Rubeus Egyesület. 43-54.
2. Bulyáki, T., Ónodi, I. et. al. (2021): Családi egyensúly támogatását célzó tréningek és az Apa(ra) csoport tapasztalatai. In: Rácz Andrea (szerk.): Családi egyensúly támogatása a gyermekvédelemben. Budapest : Rubeus Egyesület. 176-184.
3. Homoki, A., Czinderi, K. (2015): A gyermekvédelmi szempontú rezilienciakutatás eredményei Magyarország két régiójának LHH térségeiben. *Esély*,2015(6): 61-82.
4. Homoki, A., Rácz, A. (2017): A hatékonyság- és rezilienciamérések tapasztalatai a gyermekvédelmi szakellátásban. *Szociálpolitikai Szemle*, 2017(3): 56-72.
5. Homoki, A., Rácz, A. (2019): Bűnelkövetéssel érintett gyermekeket és szüleiket célzó gyermekvédelmi innovációk. *Erdélyi Társadalom*, XVII./2:9-30.
6. Homoki, A. (2014): A gyermekvédelmi szempontú rezilienciakutatást megalapozó nemzetközi és hazai elméletek. In: (Rácz, A. szerk.) *Jó szülő-e az Állam? - A corporate parenting gyakorlatban való megjelenése*. Budapest: Rubeus Egyesület. 312-327.
7. Homoki, A. (2016a): A boldogulás elősegítése nehéz helyzetben lévő serdülők körében. *Gyermekvédelemben élni a szeretet erejével*. Áldott Remény Könyvkiadó.
8. Homoki, A. (2018): A szülői kompetenciafejlesztés hatásai a gyermeki reziliencia fejlődésére In: (Rácz, A. szerk.) *Gyermek- és ifjúságvédelmi Tanulmányok, Szülői kompetenciafejlesztést célzó modellprogramok a gyermekjóléti szolgáltatások tárházában* Budapest, Rubeus Egyesület 309-341.
9. Homoki, A. (2019): A szülői kompetencia-fejlesztés hatásai a devianciákkal, bűnelkövetéssel érintett családok gyermekeinek reziliencia-fejlődésére. In: Rácz, A. (szerk.) *Bűnelkövetéssel érintett*

- gyermeket és szüleiket támogató modellprogramok a gyermekvédelemben. Budapest, Rubeus Egyesület. 263-295.
10. Homoki, A. (2020): A reziliencia egyéni nézőpontú megközelítései a humán segítség nemzetközi és hazai gyakorlatában. In: Kucsera, Cs. and Rácz, A. (Szerk.) *Életfordulók – gyermekkortól idősorig. Szociálpedagógia 15 / 2020 :52-69.*
  11. Homoki, A. (2021): A családi egyensúly támogatása a gyermekvédelemben című modellprogramokban rész vevő szülői attitűs és gyermeki reziliencia vizsgálatának eredményei. In: Rácz, A. (szerk.): *Gyermek- és Ifúságvédelmi Tanulmányok. Családi egyensúly támogatása a gyermekvédelemben.* Budapest, Rubeus Egyesület. 268-296.
  12. Homoki, A. et al. (2016b): A CYRM 28 gyermek és ifjúsági reziliencia skála magyar adaptált változatának jellemzői.  
<http://mindenholthon.hu/cyrm-28-gyermek-ifjusagi-reziliencia-kutatas/>  
Utolsó látogatás: 2019. március 18.
  13. Homoki, A. (2016) A reziliencia recepciója a hazai neveléstudományi kutatásokban. In: Pusztai, G., Bocsi, V. és Ceglédi, T. (Szerk.:) *A felsőoktatás (hozzáadott) értéke. Közelítések az intézményi hozzájárulás empirikus megragadásához.* Nagyvárad – Budapest, Partium Könyvkiadó – Új Mandátum Könyvkiadó. 78-90.
  14. Homoki, A., Rácz, A. (2021). Gyermekireziliencia- és szülői kompetencia-mérések a magyar gyermekvédelemben. *Szociális Szemle*,14(1): 19–24.  
<https://doi.org/10.15170/SocRev.2021.14.01.03>
  15. Járai, R., Vajda, D. és mtsai. (2015): A Connor–Davidson reziliencia kérdőív 10 itemes változatának jellemzői. *Alkalmazott pszichológia*, 15(1):129–136.
  16. Liebenberg, L., Ungar, M., Van de Vijver, F. (2011): Validation of the Child and Youth Resilience Measure-28 (CYRM-28) Among Canadian Youth. *Research on Social Work Practice*. 22-219. DOI: 10.1177/10499731511428619.
  17. Masten, A., Narayan, A. (2012): Child development in the context of disaster, war, and terrorism: pathways of risk and resilience. *Annual Review of Psychology*, 2012/63: 227-57.  
<https://pubmed.ncbi.nlm.nih.gov/21943168/> (Utolsó látogatás 2023. március 17.)

18. McAslan, A. (2010): Community resilience Understanding the Concept and its Application Torrens Resilience Institute.  
<https://www.flinders.edu.au/content/dam/documents/research/torrens-resilience-institute/understanding-community-resilience.pdf> (Utolsó látogatás 2023. március 17.)
19. Schofield, G., Beek, M. (2005): Risk and Resilience in Long-Term Foster-Care. *British Journal of Social Work*, 35(8): 1283–1301.
20. Szokolszky, Á. Komlósi, A. (2015a): A reziliencia mint rendszerjelenség. Szerkesztői előszó. *Alkalmazott pszichológia*, 2015(1): 7-9.
21. Szokolszky, Á., Komlósi, A. (2015b): A reziliencia-gondolkodás felemelkedése – ökológiai és pszichológiai megközelítések. *Alkalmazott pszichológia*, 2015(1): 11-26.
22. Ungar, M. (2021): *Working with Children and Youth with Complex Needs. 20 Skills to Building Resilience.* Routledge Taylor and Francis Group., Abingdon.