



Challenges for Organising and Collective Bargaining in Care, Administration and Waste collection sectors in Central and Eastern European Countries

Hungary: Care sector

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1. Methodological preface

This report is based on desk research and key findings from previous research in care services (notably ECEC and LTC services in Hungary, provided within the research project SOWELL by the CELSI research group). The original findings were updated with additional literature and findings from interviews conducted by key stakeholders.

Respondents	Interview date	Interview code
Municipal representative - employer	Oct 2022 (updated in November 2024), in person - online	HU_INT_1
Trade union representative - social care	May 2022 (updated in November 2024), online	HU_INT_2
Expert - social care	Nov 2021 (updated in November 2024), online	HU_INT_3
Trade union representative - social care	Oct 2021 (updated in November 2024), online	HU_INT_4
Expert - social care	Oct 2021 (updated in November 2024), online	HU_INT_5

2. General characteristics of the sector

The care sector in Hungary is comprised **of two distinct branches: long-term care (LTC) for elderly people and early childhood education and care (ECEC) for children aged 0 to 5**. These sectors demonstrate unique socio-demographic employment structures, regulatory frameworks, and working conditions.

The Hungarian care sectors are governed by laws that create **frameworks and obstacles for employee organisation**. The key legislative acts include Act III of 1993 on Social Administration and Social Services and Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship. Despite the **formal legal recognition of trade unions, collective bargaining is often limited**. Documents for collective bargaining negotiations are frequently delivered just 24-48 hours before social partners' meetings. This hinders

meaningful preparation and participation from the unions' side, especially since field experts representing these unions are often lacking. Problematic is also the activity of the (tripartite) social bodies, where, in some cases, the discussions within these institutions are ineffective and do not have any impact on the government's decision. The representativeness of the trade unions is another factor that impacts social dialogue. For instance, the trade unions must meet a 10% membership threshold to participate in collective bargaining. This requirement has significantly affected trade union density and their bargaining power, causing only a small number of trade unions to have real power and are authorised to participate in collective bargaining (Bors & Kahancová, 2023).

In LTC, all providers rely on central budget financing, while recipients are required to share the costs. The central government primarily delivers health care in LTC through an insurance model, ensuring universal coverage. Social care funding comes from general taxes (Gál, 2018). In ECEC, the previous normative financing system for nurseries and mini nurseries has transitioned to task-based funding. Under this new system, the central budget provides wage subsidies for all institutions based on average wage costs for the statutory headcount, alongside operating subsidies that reflect the tax capacity of the specific locality. This approach enables local governments to fulfil their responsibilities effectively and sustainably (Eurycide, 2022). Municipalities receive national budget funding based on the number of professionals and support staff in kindergartens. Additionally, extra funding is allocated to kindergartens that enrol children with language difficulties, learning disabilities, or physical/sensory impairments. Most families benefit from waived parental fees due to a government initiative offering free meals. In nurseries, fees are limited to 25% of the family's net per capita income. In public kindergartens, parents are only charged for meals provided (Schreyer & Oberhuemer, 2017).

Employees within sectors such as social services, education, and healthcare typically receive the lowest gross monthly wages (KSH, 2020c). The socio-demographic profile of employees reveals a significant gender disparity, with women representing most of the workforce, which aligns with a broader European trend in care-related employment (KSH, 2022). The LTC ECEC sectors are confronted with severe workforce shortages, further intensified by low wages and high turnover rates as workers pursue more favourable opportunities in other sectors or abroad (Bors & Kahancová, 2023).

Both sectors have an ageing workforce, with social sector workers averaging 45.3 years old; more than a third of full-time professionals are over 50, and

only 7.1% are under 30 as of 2020 (Czibere & Mester, 2020). In the ECEC sector, the most notable employment growth is observed among the 15-24 and 50-64 age groups, while the 25-49 age bracket remains unchanged. At the same time, there is a growing trend for higher educational credentials, as the proportion of employees with tertiary degrees increased from 25.9% in 2008 to 33.1% in 2019. Meanwhile, the percentage of individuals with primary or lower secondary education dropped from 9.9% to 8.0%, indicating a general workforce professionalisation (Bors & Kahancová, 2023).

Table 1 Share of workers in educational and health and social work activities by age groups (in %)

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Education												
15-24	1.8	3.3	3.0	3.3	2.8	2.3	3.4	2.6	2.8	2.4	2.5	2.1
25-49	6.5	6.5	6.5	6.4	6.8	6.6	6.4	6.5	6.2	6.2	6.4	6.7
50-64	7.2	7.3	8.3	8.3	8.1	8.0	8.0	7.4	7.9	8.1	8.5	8.4
Human health and social work activities												
15-24	3.1	3.9	3.2	2.8	3.9	3.7	4.2	3.3	4.2	4.0	4.8	4.2
25-49	7.5	7.8	7.9	7.6	7.6	7.5	7.3	7.0	6.9	6.7	7.0	7.0
50-64	11.0	11.1	11.2	11.6	11.2	10.6	10.7	10.2	10.4	10.3	10.9	10.7

Source: Eurostat, 2022 (Labour Force Survey 2008-2019; Tables 105, 153).

In Hungary, the LTC and ECEC sectors comprise a variety of public, private, and non-profit organizations. Wages for public sector employees are governed by the annual Civil Servants Pay Scales, which classify workers depending on their education and experience. On the other hand, while private-sector employers might provide slightly higher salaries, the working conditions can vary greatly and are often not as favourable as those in the public sector (Bors & Kahancová, 2023).

A decentralized and fragmented system defines the regulatory framework for both sectors. LTC services are categorized into social and health care, whereas ECEC services are divided into social care for children aged 0-3 and national educational services for those aged three and older. These categories operate independently concerning management and legislation. Local governments are the primary providers of social care, delivering a

significant share of services: meals-on-wheels (50%), home care (50%), day care (85%), and residential care (40%). Other essential providers include churches, non-profit organizations, and the central government, each with varying responsibilities. All providers receive funding from the central budget, with recipients expected to share the costs. In recent years, there has been a trend in Hungary's LTC sector towards publicly funded home-based care. However, challenges persist, including a shortage of professional caregivers driven by low wages, contributing to vacancies and staff migration. Furthermore, the absence of a standalone LTC system and poor coordination between healthcare and social care services complicate care delivery. In the ECEC sector in 2019, Hungary had 1,930 nurseries primarily managed by local or state governments. The number of kindergartens has also grown, particularly among church-operated facilities. By the 2020/2021 school year, 84% of kindergarten facilities were government-run, highlighting the significant involvement of public authorities in early childhood education and care (Gál, 2018; Bors & Kahancová, 2023; KSH, 2019; 2021b).

Care services face limitations and notable regional disparities. The ratio of LTC workers to those aged 65 and over is lower than the EU average (2.2 per 100 people compared to the 2016 EU average of 3.8), leading to increased stress and workload for current employees (European Commission, 2021). For children, enrolment in formal early education and care remains below the EU average, and there are few places in social care homes for seniors. This shortage is anticipated to worsen due to an ageing population, elevating future demand for LTC services (Gyarmati, 2022; Bors & Kahancová, 2023).

Table 2: Employment in Education and Human health and social work activities sectors (annual data, by thousand persons)

	2014	2015	2016	2017	2018	2019	2020	2021	2022
TOTAL Employment	4069,9	4175,8	4309,4	4373,4	4410,7	4436	4375,8	4535,4	4586,3
Education	322,3	316,1	324,7	323,5	343,3	343,4	326,8	360,3	349,5
Human health and social work activities	271,6	271	280	286,6	302	312,5	312	308,1	303

Source: Eurostat, 2022 (database lfsa_eseqn2)

The working conditions in the LTC and ECEC sectors are difficult, marked by low pay, heavy workloads, and few opportunities for career advancement. This leads to workforce movement into different sectors or leaving the country, thereby contributing to a high job vacancy rate, particularly in the LTC sector (Gyarmati, 2022). As previously noted, salaries in the health, social care, and education fields rank among the lowest nationwide. Methodologically and legislatively, the wage structure and remuneration system are the same for both the LTC and ECEC sectors. Public sector employees earn salaries based on the Civil Servants Pay Scales, which consider educational qualifications and experience. However, this system fails to adequately reflect the increasing cost of living, resulting in stagnant real wages. While wage supplements and bonuses were introduced to mitigate this issue somewhat, they are not enough to address the deeper problem of low salaries (Szakszervezetek.hu, 2021; Wolters Kluwer, 2022; Meleg, 2021).

3. Major problems and challenges in the sector

The long-term care (LTC) and early childhood education and care (ECEC) sectors in Hungary encounter significant challenges mainly due to labour shortages and an ageing workforce. The country's growing elderly population has heightened the need for LTC services, but the sector continues to be underfunded, with public financing consistently below 1% of GDP. A considerable part of the workforce in both sectors is over 50 years old, and younger workers are not entering these fields sufficiently. Furthermore, wages are low, ranking among the lowest in the national economy, leading to high employee turnover and making it difficult to attract professionals. A key issue is the poor integration between health care and social care systems in the LTC sector, resulting in inefficiencies and a fragmented service delivery system. Despite some recent advancements, coordination between these systems remains weak, placing the burden of care mainly on private households or the informal market, thereby intensifying the difficulties families face (Bors & Kahancová, 2023).

In the ECEC and LTC sectors, public employee wages follow the Civil Servants Pay Scales. The primary legislation governing civil servant employment is Act No. XXXIII of 1992. Chapter V outlines the promotion and salary structure, categorizing workers into 10 salary groups and 17 levels based on education and work experience. The lowest salary level is for those with 0-3 years of experience, while the highest is for those with 49-51 years. This system allows for wage increases based on education (horizontal) and work experience (vertical). A beginner with primary education earned 232,000 HUF (approx. 610 Euro) in 2023. For salary groups A-F, work experience does not impact the

basic salary; thus, employees with varying experiences earn the same salary (Szakszervezetek.hu, 2021; Wolters Kluwer, 2022b; Meleg, 2021; Pénzcentrum.hu, 2023). Act XXXIII mandates that employees receive at least the minimum wage or the guaranteed minimum wage if they have completed upper secondary education or higher. Summary of minimum wage conditions includes:

- Employees with primary education receive the minimum wage, regardless of training length;
- Employees with upper secondary education receive the guaranteed minimum wage, independent of training length;
- Higher education graduates without qualifications earn the guaranteed minimum wage until their 51st year of employment (Szakszervezetek.hu, 2021).

The last update to the public employee wage table was in 2008, with three additional salary grades introduced in 2017. Since then, the wage table has been part of budget laws with few adjustments. The freeze on this table has led to current minimum wages gradually exceeding the gross salaries stated within it, a trend that started shortly after the 2008 revision. According to Sándor Meleg, by 2024, the wage table will essentially be obsolete, as the minimum wage now surpasses all entries. Although the classification is still relevant for other labour law matters (such as holiday calculations), its importance for wage determination has lessened. Additionally, several sectors, including healthcare, education, and public culture, have developed their own legal frameworks and salary systems, with many social services now operated by non-state entities, including religious organizations. These organizations must still follow wage calculation regulations (Meleg, 2024).

To address this issue, sectoral and profession-based wage bonuses are crucial in both the ECEC and LTC sectors. These supplements vary among employees in social care, education, and kindergartens. Since 2014, the Social Sector Aggregated Wage Supplement has been established, following guidelines in a Governmental Decree. The bonus amount is determined by the employee's Salary Group and Salary Level, as explained earlier. Government budget support for wage supplements is outlined in Governmental Decree No. 34 but is contingent upon meeting specific criteria and requiring applications from local governments, service maintainers, or providers, as well as central budgetary authorities and non-state service providers (Meleg, 2021: 9-10; Wolters Kluwer, 2022a; 2022c). Additionally, specific wage bonuses are

available for nursery care and healthcare staff, each regulated by separate governmental decrees (Bors & Kahancová, 2023).

In the field of care services, low wages frequently result in the migration of workers to other sectors or even to alternative, better-paid positions within the same sector, influenced by the prevailing working conditions and the remuneration and benefits offered. One of the interview respondents confirmed this observation, indicating that the labour market within care services is shaped by various factors. These factors are contingent upon the specific position of the service provider, as well as the availability of bonuses or overtime compensation for the workers. In regional cities like Budapest, this could cause, that due to better working conditions, higher salaries or extra payments, *“which can increase the salaries, and for 5 to 10 thousand HUF [13-26 EUR] they [the care workers] can easily move to work in another district,..., the task and the workload is basically the same”* (HU_INT_2) within the same town. This phenomenon results in labour shortages among care providers who are unable to offer competitive wages or additional financial incentives to their workforce. Consequently, this has a direct impact on the quality of care delivery, as the outflow of skilled personnel leads to inadequate capacity for providing high-quality services to patients.

4. Characteristics of social dialogue organisations in the sector

4.1. Challenges for organising employees

In Hungary, the activities of trade unions and social partners within the public sector are constrained by centralized government control. Consequently, this limitation presents challenges in attaining a comprehensive understanding of the current state of the employment relations system, especially within the ECEC and LTC sectors. While marginal reconciliation exists on issues such as remuneration and financial support for service providers, the involvement of social partners in legislative or strategic planning remains minimal, rather formalistic or with an informative character. Bargaining and negotiation predominantly occur at regional or local levels rather than through standardized tripartite negotiations. Nevertheless, there are proactive stakeholders within the social care sector striving to enhance the standing of social partners, particularly in the fields of education and social care. Nevertheless, various trade unions and employer organizations represent social partners. These stakeholders are organized within a social service reconciliation forum called SZÁÉF (Szociális Ágazati Érdekegyeztető Fórum), which was established in 2015 and focuses on employment relations within the social service sector. Five trade unions are involved: MKKSZ (Magyar

Köztisztviselők, Közalkalmazottak és Közszolgálati Dolgozók Szakszervezete - The Trade Union of Hungarian Civil Servants and Public Employees), BDDSZ (Bölcsődei Dolgozók Demokratikus Szakszervezete - Democratic Trade Union of Nursery Employees), PSZ (Pedagógusok Szakszervezete - Teachers' Trade Union), SZTDSZ representing social service workers and MSZ EDDSZ health and social workers. They work alongside employer associations and representatives from the government, particularly the Ministries of Interior and Finance (Bors & Kahancová, 2023; BDDSZ, 2024).

From this viewpoint, worker representation is quite fragmented. Most trade unions concentrate on representing workers within their own branches; however, particularly in the social care services sector, union actors possess expertise in multiple sub-sectors, including ECEC and LTC services.

Trade union representatives identified several issues and challenges. A primary reason for the low organization within trade unions is the **fragmented workforce**, categorized **by professional levels and divided into various sub-sectors of social care and education services**. This fragmentation makes it **impossible for a single union to represent** the workforce effectively. Collective bargaining mainly occurs at the company or provider level, **while sector-wide negotiations are unfeasible** because care services fall under public services. Additionally, a significant barrier to increasing trade union membership is that the CBAs are dealing predominantly only with the negotiation issue regarding wages. As noted by the interviewee, unless this wage issue is resolved, discussing other negotiable topics through social dialogue becomes essentially futile, which could be repulsive to the workers to join the unions.

4.2. Good practices for organising employees

The **absence of comprehensive national policy frameworks** regarding public sector employment and the care sector leads social actors to prioritize **local responses to national or sectoral challenges**. This approach varies by case; in some situations, **municipalities take on a paternalistic role** as key service providers and employers, attempting to offer additional benefits to employees through wage bonuses or improved working conditions. However, it's important to note that municipalities face limitations due to the financial resources allocated from state or municipal budgets. In other instances, **local-level cooperative decision-making and negotiation** occur between municipal representatives and local trade union offices.

4.3. Characteristics of employer representation

In the care sector, there are **both public and private providers, encompassing for-profit, non-profit, and church-based organizations**. Our research suggests variations in workplace quality and conditions among these providers, especially between those focused on long-term care (LTC) and early childhood education and care (ECEC). In Hungary, **several employer organizations primarily operate in municipal areas**, representing directly the municipalities, or service providers established by municipalities, towns, or cities with county rights. However, they also engage with other types of service providers. Municipal representatives indicate that the **main issue is low wages, which diminishes the appeal of both social care and educational services for potential workers**. To address this, municipalities are striving to offer a high-quality work environment. Municipalities generally play a rather consultative role in social dialogue and collective bargaining. They interact with trade unions through the Reconciliation Forum (a tripartite negotiating body), but only with those unions that meet the representativity criteria of 10% membership.

5. Collective bargaining and other forms of social dialogue in the sector - characteristics

5.1. Content analysis of collective agreements

Accessing collective agreements in Hungary is quite difficult, if not impossible. Most of these agreements are not made public. The official database does little to help, as many entries are outdated and lack wording. Analysis of existing literature and feedback from our interviewees indicates that collective bargaining and the significance of collective agreements in both the ECEC and LTC sectors are relatively minor. Trade union membership remains low, partly due to the prohibition of sectoral collective agreements and bargaining in the public sector. Consequently, when a valid collective agreement exists, it is usually at the company level. Most care workers in ECEC and LTC are not protected by these agreements. The legislation outlines specific negotiation topics and wording, leaving little room for discussions on other issues, whether specific or local, during bargaining. Changes could be only in terms of wages, but here also only until the reaching of the allowed limits. While some agreements may be extended or renegotiated, there are instances where agreements expire without being renewed at the workplace. In the case of non-profit organisations collective bargaining is not authorised by the legislation.

5.2. Other forms of social dialogue

Social dialogue within the care services sector exhibits a notable degree of fragmentation. As indicated by our interview respondent, the nature of the social partnership and negotiations between employers and trade unions is characterized by individual traits. In certain instances, this cooperation is constructive and transparent, wherein both parties are amenable to negotiation. Sometimes they acknowledge that collective bargaining is a crucial mechanism for enhancing social protection for workers. This process not only empowers employees to negotiate for fair wages and better working conditions but also creates a level of security for employers by mitigating the risks associated with labour shortages. When workers feel secure in their jobs and are compensated fairly, they are less likely to leave, which ultimately benefits the employer. According to the insights shared by our interview respondents, there is a strong sentiment that it is “worthless” to invest efforts in other forms of social dialogue when the fundamental issues affecting workers remain unresolved through traditional collective bargaining practices. One respondent emphasized that if core concerns, such as the “wage negotiations and opportunities for skills training, are not adequately addressed” (HU_INT_2) at the company level, there is no justification for engaging in discussions about other topics. This perspective highlights the importance of prioritizing collective bargaining to ensure that essential workers’ needs are met before moving on to potentially less critical issues.

5.3. Impact of European sectoral social dialogue

The main trade unions recognise the importance of cooperation at the European level – as an example the MKKSZ trade union is an active member in several European organisation, including EPSU, and CELSI, where the president of the trade union is present as a Vice-President, while the BDSZ is also member of the EPSU. The EPSU itself also support the activity of the Hungarian trade unions, what shows a close cooperation between the national trade unions and the European public service union. For example, in 2023 both the EPSU and ETUC wrote protest letters to PM Orbán. In their letters, both unions outlined their serious objections to the draft legislation which seeks to undermine the ability of the Hungarian trade unions to collect membership dues via the check-off system. This proposed law aims to reduce administrative burdens for the state; however, it poses significant challenges for trade unions. Instead of alleviating concerns, it shifts the burden of fee collection onto the unions, thereby increasing their administrative responsibilities and complicating their operations. The public sector confederation, SZEF, along with four other national confederations, is actively

rallying against this legislation. They are receiving strong support from the ETUC and EPSU. Together, they are calling for the immediate withdrawal of the proposed changes and advocating for constructive negotiations to take place within the National Public Service Interest Reconciliation Council, serving as a vital platform for addressing public service matters and ensuring that the rights and needs of trade unions are adequately represented (EPSU, 2023).

6. Conclusions and recommendations

The LTC and ECEC sectors in Hungary confront substantial challenges, including labour shortages, an ageing workforce, insufficient wages, and fragmented service delivery systems. These systemic issues have undermined workforce stability and the quality of care provided, while limited public financing has exacerbated these concerns. Although social dialogue mechanisms exist, they remain underutilized and fragmented.

To effectively address these challenges, a **legislative review** is essential to facilitate sector-wide agreements for public sector workers, particularly those in ECEC and LTC. These agreements should prioritize wage structures, working conditions, and opportunities for career development.

The **government must allocate sufficient funds to rectify wage disparities** and improve working conditions. Expanding and standardizing wage bonuses, such as the Social Sector Aggregated Wage Supplement, will help retain employees and should be accompanied by clear criteria for equitable distribution.

Collaboration among municipalities, trade unions, and service providers should be encouraged. Municipalities can be pivotal in developing innovative solutions, including targeted benefits and constructive negotiations with local trade unions.

To combat fragmentation, **trade unions should prioritize outreach and organizing efforts across subsectors**. Collaborative initiatives among unions, such as public awareness campaigns and training programs, could enhance representation and bargaining power. Furthermore, trade unions must engage closely with European organizations, such as EPSU and ETUC, to leverage international support for advocating workers' rights. The fragmentation within the LTC sector highlights the urgent necessity for **improved coordination between health and social care services**. A unified framework would mitigate inefficiencies and empower social dialogue participants to address systemic issues more effectively.

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