CARES

Care sector in Hungary

National report

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1. Cares Project

CARES - Caregivers Advancing Regulatory Environment and Skills proposes to enhance the well-being of employees working in the care sector by creating a supportive environment that values diversity and inclusion.

The project aims to promote the well-being and mental health of care sector workers, despite the challenges they face, such as shift work, physical fatigue, and job insecurity, especially prevalent in the informal care sector. The project focuses on addressing two main challenges:

- Integrating digital tools and sustainable practices to mitigate the impacts of climate change in the workplace.
- Prioritizing the well-being and mental health of care workers.

The specific objectives of the project are:

1. Empowering Caregivers: to empower both formal and informal caregivers by enhancing their skills, knowledge, and competencies.
2. Addressing Workforce Shortages and Burnout: to address the workforce shortages and burnout prevalent in the care sector.
3. Promoting Innovation: to promote innovation within the care sector by providing digital and green skills training as outlined in the European Care Strategy (2022-24).

CARES main results:

- increasing the skills and competencies of caregivers through micro-learning modules and assessments.
- share tips to reduce burnout by implementing strategies to support their well-being.
- integrate digital tools into the care sector to improve efficiency and communication.
- promote sustainable practices by implementing eco-friendly policies and practices in care facilities.

CARES project is divided in 4 work packages:

- WP1: Project Management (Coordinated by CLNR)
- WP2: Developing & Designing the Capacity Building Program & Online Platform (Coordinated by CLNR)
- WP3: Pilot Training, Mentoring, and Self-Learning Program (Coordinated by WSI)
- WP4: Dissemination Activities: From Action to Policy (Coordinated by HÉTFA)

2. Objectives

The primary objective of this benchmark report is to identify and provide a concise overview of existing innovative training programs at the national level within the social care sector.

Furthermore, this research report aims to identify good practice examples and develop a comprehensive mapping of innovative training programs in the field of social care in Hungary.

3. National context: the case of Hungary

3.1. Ageing population

Since 1990, the proportion of the elderly population in Hungary has been increasing dynamically, mirroring demographic trends observed within the European Union (EU).[2] Between 1990 and 2017, the share of individuals aged 65 and over rose from 13% to 19%, with projections indicating a further increase to 29% by 2070.[3] By 2023, 20.5% of the Hungarian population (1,979,443 individuals) was aged 65 or older.[4] Since 2006, the number of people over 65 has surpassed the number of children. The age structure of the elderly population has also evolved, with the number of individuals aged 80 and above rising from 260,000 in 1990 to 412,000 in 2016 and 439,000 in 2020.[5] The dependency ratio of the elderly population increased from 22.2% in 2001 to 31.9% in 2024.[6]

Approximately 1.3 million older people in Hungary are classified as disabled; however, only 7% receive domestic assistance.[7] Due to limited capacity and extensive waiting lists, merely 3% have access to nursing home care. The ongoing lack of expansion in specialized long-term care facilities for the elderly has led to an increasingly alarming situation. While the number of healthy life years increased between 2005 and 2021 (from 54.3 to over 60 years for women and from 52.2 to nearly 60 years for men), this upward trend has stagnated since 2021.[8]

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[2] *Fenntartható fejlődési célok - Az aktív korúak és idősek aránya. Központi Statisztikai Hivatal, 2021. október 31.* [Sustainable Development Goals. Proportion of people of working age and older people. Hungarian Central Statistical Office, October 31, 2021.] https://www.ksh.hu/sdg/4-19-sdg-1.html

[3] Rauh, E. – Talyigás, K.: *Javaslat egy új szemléletű időspolitikára és idősügyi törvényre.* [Proposal for a new approach to policy and law on ageing.] ESÉLY, Vol. 32. (2021) No. 2., pp. 72-89. https://real.mtak.hu/208120/1/esely-2021-2-rauh-talyigas-72-89-jav.pdf

[4] *KSH 22.1.3.2. A népesség korcsoportok szerint, 2023 [százalék]* [KSH 22.1.3.2. The population according to age groups, 2023 (percentage). Hungarian Central Statistical Office.] https://www.ksh.hu/stadat_files/nep/hu/nep0053.html

[5] Rauh, E. – Talyigás, K.: *Javaslat egy új szemléletű időspolitikára és idősügyi törvényre.* [Proposal for a new approach to policy and law on ageing.] ESÉLY, Vol. 32. (2021) No. 2., pp. 72-89.

[6] *KSH 22.1.2.5. Eltartottsági ráták, öregedési index vármegye és régió szerint, január 1.* [Dependency ratios, ageing index by county and region, January 1. Hungarian Central Statistical Office.] https://www.ksh.hu/stadat_files/nep/hu/nep0038.html

[7] Gyarmati, A.: Ageing and Care for the Elderly in Hungary - General Survey and Problems. Friedrich Ebert Stiftung, Budapest, April 2019. https://library.fes.de/pdf-files/bueros/budapest/15482.pdf

[8] Rauh, E. – Talyigás, K.: *Javaslat egy új szemléletű időspolitikára és idősügyi törvényre.* [Proposal for a new approach to policy and law on ageing.] ESÉLY, Vol. 32. (2021) No. 2., pp. 72-89.

A particularly vulnerable subgroup within the elderly population consists of those living alone.[9] According to the 2016 microcensus data, 31% of individuals aged 65 and older (554,000) live alone. Within this age group, 21% of men and 11% of women are childless. Additionally, 40% of women aged 60 and over live alone, compared to 17% of men, highlighting significant gender differences in living arrangements among the elderly. The proportion of individuals aged 65 and over living with a condition that significantly impacts their daily living activities is utilized as a metric to evaluate the societal burden imposed by the declining health status of the elderly population. This rate is derived from the SILC database, which provides national averages disaggregated according to urbanization levels. According to the SILC database, in 2022, the proportion of individuals aged 65 and over living with a condition that significantly impacts their daily living is expected to be 13.6% in densely populated areas in Hungary, 17% in medium-densely populated areas, and 20.3% in sparsely populated areas.[10]

In Hungary, certain demographic groups are disproportionately affected by **poverty** and **social exclusion**, which would require targeted policy measures in the social care sector. In 2019, **long-term jobseekers**, defined as those registered for more than one year, accounted for 35.7% of all jobseekers, with 62.3% of the unemployed population in Hungary at risk of poverty.[11] According to the EU AROPE indicator, 17.8% of the total population (both Roma and non-Roma) were classified as poor, with the poverty rate for the **Roma population** being significantly higher at 52.9%. As a result, Roma people experience poverty at a much higher rate than the national average, with a greater proportion living in extreme poverty. The poverty rate among **people with low educational attainment**, as measured by the AROPE indicator, is 38.1% in Hungary. In 2019, there were 144,000 **single-parent households**, with a total of 358,000 household members. The poverty rate for this group is particularly high, at 38.7%. **Households with three or more children** have an average poverty and exclusion rate of 20.3%, slightly higher than the national average. In addition, 37 % of those aged 65-69, 34% of those aged 70-74, 31% of those aged 75-79, and one-fifth of those aged 80 and over receive less than HUF 100,000 per month.

In 2022, 18.1% of the total Hungarian **child population** (1.7 million) lived at risk of poverty and social exclusion, which corresponds to approximately 308,970 children in need.[12] **Children with disabilities** are a particularly vulnerable subgroup. In 2020, the at-risk-of-poverty rate for

[9] Gyarmati, A.: Ageing and Care for the Elderly in Hungary - General Survey and Problems. Friedrich Ebert Stiftung, Budapest, April 2019.

[10] Self-perceived long-standing limitations in usual activities due to health problem. Online data code: hlth_silc_06. SILC dataset, Eurostat. Last updated: February 14, 2025. https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_06/default/table?lang=en

[11] *Hogyan csökkentsük a szegénységet? Háttértanulmány a jóléti juttatások rendszerének átalakításáról.* [How to reduce poverty? Background study on welfare benefit reform.] Egyensúly Intézet, 2021. No. 7. https://egyensulyintezet.hu/wp-content/uploads/2022/02/ei_szegenyseg_hatter_v2.pdf

[12] Children's Rights: Political will or won't? Country Profile 2023 – Hungary. Hintalovon Child Rights Foundation. https://eurochild.org/uploads/2024/01/Hungary-Childrens-Rights-Political-will-or-wont.pdf

people of working age with disabilities was 22.1%, which was much higher than for other people in the same age group (9.8%).[13]

3.2. Policy framework on ageing

The **National Strategy on Ageing** (hereinafter referred to as the National Strategy), adopted in 2009, aligns with the principles and recommendations of both the United Nations and the European Union.[14] It emphasized that social care systems should ensure equitable, continuous, and reliable access to services for all individuals.[15] To maintain effectiveness and efficiency, social care services must be harmonized with other sectors, including the broader social care system, healthcare, education, and the labor market, and should be adapted to evolving societal needs. Additionally, the National Strategy highlights the importance of providing older individuals with access to information about available social care services. Its core guiding principles focus on enhancing the well-being of older people by ensuring a diverse range of personalized care options while recognizing and valuing them as integral members of society.

The National Strategy underscores the challenges posed by the parallel provision of care services in both the social and health sectors, as these services operate under distinct frameworks with different logics, minimum standards, protocols, referral systems, financing structures, and coordination mechanisms. It highlights the insufficient cooperation between these sectors, the duplication of services, and the lack of effective integration of available capacities.

The National Strategy sets forth specific principles and long-term objectives extending to 2034. These include increasing the number of healthy life years and promoting active ageing, improving coordination among social, health, educational, and other sectors and services while considering the needs of older people, and strengthening the conditions for active participation in social, cultural, and civic life. Additionally, it aims to foster a societal shift in attitudes toward ageing, promoting a more positive and inclusive perception of older individuals.

It also emphasizes the increasing demand for well-trained social care professionals, who often face excessive workloads, low wages, and a lack of societal recognition.[16] However, due to the absence of comprehensive statistical data, further research is necessary to better understand

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[13] Gyulavári, T. - Gellérné, É. – Lukács, A. – Kaderják, K. N.: European Semester 2022-2023 country fiche on disability equality – Hungary. European Commission, January 2023.

[14] Rauh, E. – Talyigás, K.: *Javaslat egy új szemléletű időspolitikára és idősügyi törvényre.* [Proposal for a new approach to policy and law on ageing.] ESÉLY, Vol. 32. (2021) No. 2., pp. 72-89.

[15] *81/2009. (X. 2.) OGY határozat az Idősügyi Nemzeti Stratégiáról.* [Parliamentary Resolution 81/2009 (X. 2.) on the National Strategy on Ageing.] Last accessed: February 14, 2025. https://mkogy.jogtar.hu/jogszabaly?docid=a09h0081.OGY

[16] Gyarmati, A.: Ageing and Care for the Elderly in Hungary - General Survey and Problems. Friedrich Ebert Stiftung, Budapest, April 2019.

the challenges they encounter and their professional development needs. Greater emphasis should also be placed on safeguarding their physical and mental well-being, as well as enhancing opportunities for rest, recreation, innovation, and effective teamwork. Despite the specific principles and long-term objectives outlined in the Strategy for implementation by 2034, the current political regime has pursued a different trajectory since 2010.[17]

The **Strategy on Long-term Care 2030** (hereinafter referred to as the Long-term Strategy), adopted in 2020-2021, outlines the institutional framework of social and healthcare services for older adults but does not comprehensively address their overall well-being in a holistic manner.[18] It also lacks integration with the responsibilities of other sectors and makes no reference to the challenges posed by the COVID-19 pandemic.

The figure below illustrates the primary categories of long-term care as defined in the Long-term Strategy:[19]

FIGURE 1. INFORMAL, FORMAL, AND INSTITUTIONAL LONG-TERM CARE SERVICES PROVIDED BY THE STRATEGY ON LONG-TERM CARE 2030



[17] Rauh, E. – Talyigás, K.: *Javaslat egy új szemléletű időspolitikára és idősügyi törvényre.* [Proposal for a new approach to policy and law on ageing.] ESÉLY, Vol. 32. (2021) No. 2., pp. 72-89.

[18] *Tartós ápolás-gondozásra vonatkozó stratégia 2030. Emberi Erőforrások Minisztériuma, 2020-2021.* [Strategy on Long-term Care 2030. Ministry of Human Resources, 2020-2021.] https://cdn.kormany.hu/uploads/document/c/c6/c68/c68381aafe390e0744e99b10df3a98b3bd67ce67.pdf

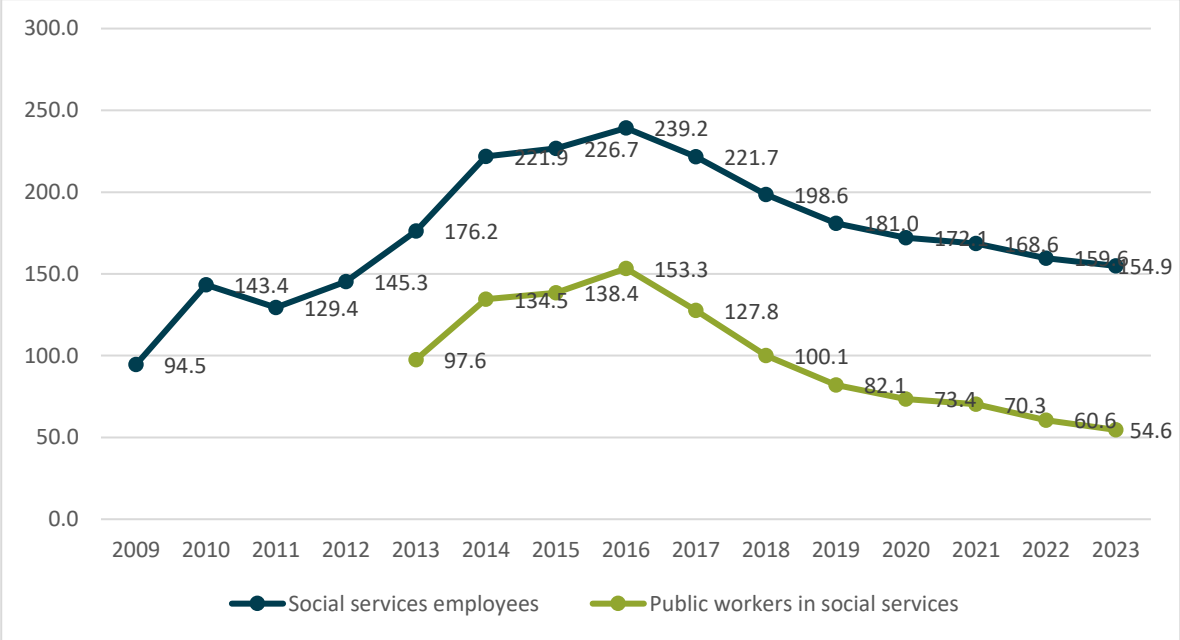
[19] Tartós ápolás-gondozásra vonatkozó stratégia 2030. Emberi Erőforrások Minisztériuma, 2020-2021. p. 15. [Strategy on Long-term Care 2030. Ministry of Human Resources, 2020-2021. p. 15.]

3.3. Social care sector in Hungary

Article 16(4) of the **Fundamental Act of Hungary** stipulates that adult children are responsible for caring for their parents in need, a principle reinforced by the Strategy on Long-term Care 2030.[20] An estimated 400,000-500,000 individuals provide care for their family members. However, partly due to insufficient awareness of legal entitlements related to social benefits, only 20,000 of them receive financial support *(ápolási díj).*

Research indicates a declining number of professional caregivers, exacerbating the existing care deficit.[21] In 2023 around 154,000 people were employed in the social care sector, compared to 239,000 in 2017.

FIGURE 2. NUMBER OF PEOPLE EMPLOYED IN SOCIAL CARE (THOUSANDS)



SOURCE: KSH 20.1.1.45. NUMBER OF PERSONS EMPLOYED BY INDUSTRY

Public work in the social sector is significant, with 60,000 of the almost 160,000 people employed in the sector in 2023 being in public employment (KSH, 2023). The share of public employees was at its highest between 2014-2016, when they accounted for more than 60% of the sector's workforce; it has now fallen to around 40%. As of 2020, 16% of the 61,000 civil and other nonprofit organizations were engaged in the provision of social care services.[22]

[20] *Magyarország Alaptörvénye (2011. április 25.), XVI. Cikk (4).* [Fundamental Act of Hungary, April 25, 2011., Article 16(4)] Last accessed: February 14, 2025. https://net.jogtar.hu/jogszabaly?docid=a1100425.atv

[21] Gyarmati, A.: Ageing and Care for the Elderly in Hungary - General Survey and Problems. Friedrich Ebert Stiftung, Budapest, April 2019.

[22] *A nonprofit szektor legfontosabb jellemzői 2020-ban. Központi Statisztikai Hivatal.* [Key characteristics of the nonprofit sector in 2020. Hungarian Central Statistical Office.] https://www.ksh.hu/docs/hun/xftp/stattukor/nonprofit/2020/index.html

According to a representative study focusing on the elderly care sector, only 1% of employees in this field were employed within the private sector.[23]

The health and social work sectors have experienced significant growth, as evidenced by the data. According to the table for human health and social work together, the overall proportion of men was only 19% in 2022 (in education, men account for almost the same proportion, 21.5%). No new data is available for 2018 on the sex ratios of workers in the specialized care, primary care and child protection sectors, nor on the age composition of workers in the sector. However, the trends in communication in the sector and the issues raised by related advocacy organizations have remained consistent.

A representative study from 2021 describes the typical social sector worker, excluding educational attainment, as follows: The typical social sector worker is therefore female, in their 40s and 50s, typically working with older people, with an average of 10 years in their current job.[24]

Since 1990, the number of professionals employed in the social sector has steadily increased, reaching 100,000 by 2018.[25] Women constitute the vast majority of workforce, accounting for 90% in basic social care services and 91% in specialized care services. The average age of social care professionals is 45.3 years, with over one-third of full-time employees aged 50 or older, while only 7.1% are under 30. Between 1993 and 2008, the proportion of professional employees fluctuated between 76% and 80% of the total workforce. In basic social care services (excluding family care services), only 25% of vocationally qualified professionals hold a tertiary-level qualification. The proportion of individuals with primary education among those with a vocational qualification is relatively similar across basic and specialized social care services (11% and 15%, respectively). A significant proportion of village caretakers hold a bachelor's degree (30%-40%), while the share of degree holders among employees in care homes and institutions is 20% or higher.

Due to low wages in the social care sector, many caregivers have left the profession, leading to a growing number of vacancies since 2010. Research also highlights a significant gender imbalance in elderly care, with women comprising 96% of caregiver and 98% of those providing domestic assistance.[26] Among all segments of the social sector, caregivers in elderly care have the lowest rate of tertiary education (27%). Additionally, 39% of respondents are

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[23] Gyarmati, A.: Situation of those working in elderly care in the EU and Hungary. Labour and Social Justice. Friedrich Ebert Stiftung, February 2022. https://library.fes.de/pdf-files/bueros/budapest/19549.pdf

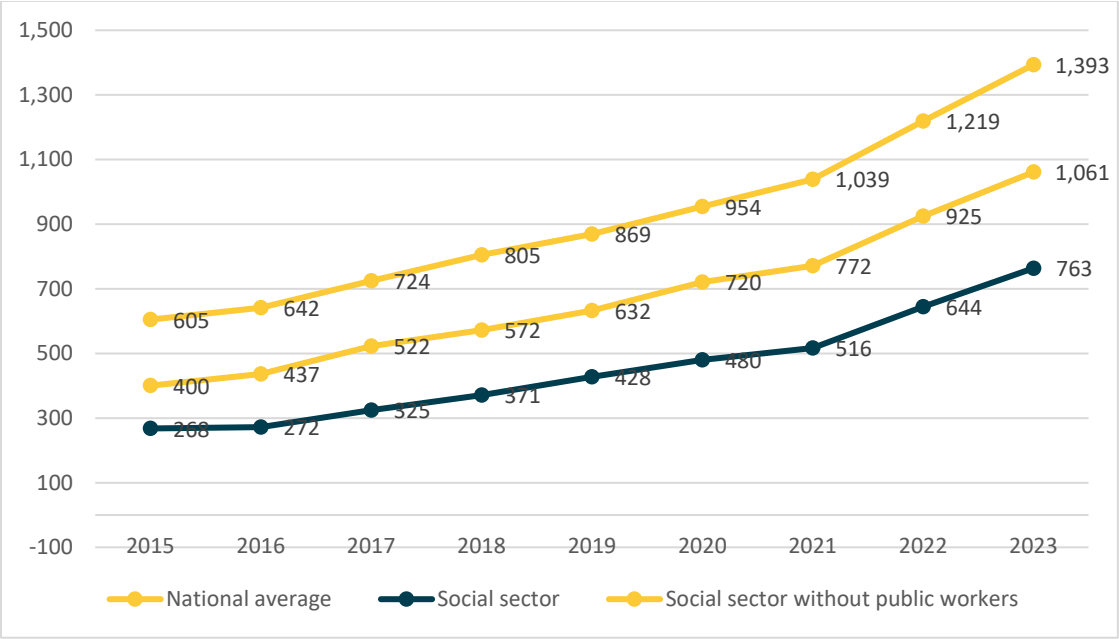
[24] Gyarmati, A.: Situation of those working in elderly care in the EU and Hungary. Labour and Social Justice. Friedrich Ebert Stiftung, February 2022. https://library.fes.de/pdf-files/bueros/budapest/19549.pdf

[25] Czibere, K. – Mester, D.: *A magyar szociális szolgáltatások és főbb jellemzőik 1993 és 2018 között.* Társadalmi Riport 2020, szerk.: Kolosi, T. - Szelényi, I. - Tóth, I. Gy. [Czibere, K. – Mester, D.: Hungarian social services and their main characteristics between 1993 and 2018. Társadalmi Riport 2020, eds.: Kolosi, T. - Szelényi, I. - Tóth, I. Gy.] https://www.tarki.hu/sites/default/files/2020-10/434_449_Czibere_Mester_web.pdf

[26] Gyarmati, A.: Situation of those working in elderly care in the EU and Hungary. Labour and Social Justice. Friedrich Ebert Stiftung, February 2022.

between the ages of 41 and 50, while 43% are over 50 years old, illustrating the reality of an ageing caregiver workforce taking care of an ageing population.

FIGURE 3. AVERAGE GROSS MONTHLY EARNINGS OF FULL-TIME EMPLOYEES BY INDUSTRY (EURO)



SOURCE: KSH 20.1.1.47. AVERAGE MONTHLY GROSS EARNINGS OF FULL-TIME EMPLOYEES BY BRANCH OF THE NATIONAL ECONOMY

The framework for social care services and other social benefits available to the elderly is established by **Act III of 1993 on Social Administration and Social Benefits** (*1993. évi III. törvény a szociális igazgatásról és szociális ellátásokról,* hereinafter referred to as the Social Act).[27] These services and allowances are funded and provided by the state.

Article 56(1)-(2) stipulates that basic social services are made available to those in need by the state and local governments.[28] The Social Act categorizes social care services into two main groups:

1. basic social services,

[27] *1993. évi III. Törvény a szociális igazgatásról és szociális ellátásokról.* [Act III of 1993 on Social Administration and Social Benefits.] Last accessed: February 14, 2025. https://net.jogtar.hu/jogszabaly?docid=99300003.tv

[28] *1993. évi III. Törvény a szociális igazgatásról és szociális ellátásokról. IV. Fejezet, Szociális szolgáltatások, I. cím, Az ellátások formái,* 56. § (1). [Act III of 1993 on Social Administration and Social Benefits. Chapter IV., Social services, Title I., The types of services, Article 56(1)-(2).] Last accessed: February 14, 2025.

2. specialized care services.

The specific provisions for both basic and specialized care services are outlined in the Social Act and detailed in the following sections.

The following **basic social services** are provided for those in need in Hungary:

a) **village caretaker and rural caretaker service** (falugondnoki és tanyagondnoki szolgáltatás),
b) **catering** (étkeztetés),
c) **home care** (házi segítségnyújtás),
d) family assistance (családsegítés),
e) **signal system home care** (jelzőrendszeres házi segítségnyújtás),
f) community services (közösségi ellátások),
g) support service for disabled (támogató szolgáltatás),
h) out-reach social work (utcai szociális munka),
i) **day care** services (nappali ellátás). [29]

For elderly people, the most relevant services include village caretaker and rural caretaker services, catering, home care, signal system home care, and day care services.

The Social Act also outlines the **specialized care services** provided by state institutions as follows:

a) **institution providing long-term care** (ápolást, gondozást nyújtó intézmény),
b) rehabilitation institution (rehabilitációs intézmény),
c) **residential home** *(lakóotthon)* (hereinafter: points a)-c): long-term residential institution),
d) **institution providing temporary accommodation** *(átmeneti elhelyezést nyújtó intézmény)* (hereinafter: points a)-d): residential institution),
e) subsidized housing (támogatott lakhatás),
f) other special social institutions (egyéb speciális szociális intézmény).

Specialized care services relevant to the elderly population include institutions providing care, residential home, and institution providing temporary accommodation.

Social services offered by the state and local governments are funded through the central budget.[30] Local governments can also provide additional specialized social care services on a voluntary basis. Furthermore, non-governmental, faith-based or for-profit organizations can also participate in social care provision. However, acquiring an operating license is obligatory for these entities to be included in the national register of operating licenses.

[29] Act No. III of 1993 on social administration and social benefits. NATLEX, International Labour Organization. https://natlex.ilo.org/dyn/natlex2/r/natlex/fe/details?p3_isn=117345
[30] Gyarmati, A.: Ageing and Care for the Elderly in Hungary - General Survey and Problems. Friedrich Ebert Stiftung, Budapest, April 2019.

Social services available for **people with disabilities** are regulated by the Social Act and are provided by the state, churches or NGOs. One of the main forms of social services for people with disabilities living at home is the **support service** *(támogató szolgáltatás)* and **home care** *(házi segítségnyújtás)*.[31] The main objective of these services is to help people in their daily lives to access to public services, employment, and transportation. Service-users are required to pay a service fee, and only people with severe disabilities are eligible for these services. Only a small fraction (4%) of all persons with disabilities use these services, and about 38% of them are run by NGOs.

Another important area of personal care is the **child protection system**, which focuses on minors and is regulated by Act XXXI of 1997 on Child Protection and Guardianship Administration.

This includes the following child welfare services and child protection services:

a) Child welfare services and centers
b) Day care for children (crèches, family day care, home care)
c) Temporary care for children (temporary homes, substitute parents)
d) Specialized services for the protection of children (child protection expert committee, professional guardianship network, foster care network, family care, follow-up care),
e) Residential care, special care (foster care, children's home)
f) Follow-up care[32]

4. The CARES survey results

The **CARES questionnaire** was completed by 143 professionals working in Hungary. 88% of the respondents were women and 12% were men. Of these, 66% were social workers with a university degree, 18% were social care workers (technicians) without a university degree, 4% were nurses, 1% were informal caregivers, and 12% had listed themselves in another category. In this latter category, most of the social workers were college graduates or described themselves as heads of institutions, professional managers, team leaders, senior nurses, administrators and assistants. In terms of their highest level of education, 62% had a bachelor's or master's degree in social work or care work, 19% had other higher education, and 15% had a vocational education in social care. Only 1% had no specific education in social services, and 4% indicated other types of degrees. 41% of respondents classified themselves in the 46-55 age category, 26% in the 36-45 age category and 25% in the 55+ category.

[31] Petri, G.: Hungary Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities. Part of a series of Fact Sheets available on the EASPD website. Policy Impact Lab, 2019. https://easpd.eu/fileadmin/user_upload/Publications/easpd-hungary_fact_sheet.pdf

[32] *1997. évi XXXI. törvény a gyermekek védelméről és a gyámügyi igazgatásról.* [Act No. XXXI of 1997 on Child Protection and Guardianship Administration.] Last accessed: February 19, 2025. https://net.jogtar.hu/jogszabaly?docid=99700031.tv

Therefore, not surprisingly, 83% of respondents had more than 7 years of experience in the social care sector. Most of them, about 83%, worked in the public social care sector, 15% in the private social care sector (e.g., in NGOs and other for-profit companies), and 2% in other organisations, such as foundations or in both sectors at the same time. In terms of their net monthly salaries, 55% earn less than 1000 Euros and 43% earn between 1001 and 2000 Euros per month. Only 1% indicated that they earn more than 2000 Euros per month, and 2% preferred not to answer this monetary question. Regarding their current relationship status, 80% of respondents were in a married or long-term relationship, 8% were single, 8% were divorced or separated, and 4% were widows or widowers.

In the second section, we wanted to investigate the social workers' **burnout** with 30 different statements about their professional experiences from their current social work or caring activities, regarding their emotional and psychological well-being. For each statement, expressing various thoughts and feelings, they could indicate the frequency with which these occur in their lives. The findings reveal strong positive sentiments about their work: 58% of respondents reported liking their job as social care workers often, and 31% very often, and similarly, 58% felt satisfaction often and 31% very often from being able to help others at work. Additionally, 60% expressed feeling connected to colleagues often, and 34% very often, while 49% reported having happy thoughts about those they assist often, 29% sometimes, and 18% very often. However, concerns about burnout are significant. For instance, 43% of social workers sometimes, and 27% often, feel worn out due to their work as a helper, with 34% feeling overwhelmed by their case workload often, 23% very often, and 23% sometimes. Furthermore, 32% reported feeling bogged down by the system sometimes, 22% often and 13% very often. It was also found that the vast majority of respondents (58%) are often, 31% very often, and 9% sometimes preoccupied with more than one person they help in their professional role. And because of their caring activities, they sometimes (22%), often (28%) or very often (6%) feel on edge about various things. The works' emotional impacts include 33% of respondents indicating that they sometimes feel like they might be affected by the traumatic stress of their clients, and 38% reported that sometimes, and 9% often feel depressed due to their clients' traumatic experiences. Thus, 20% of respondents indicated that they sometimes avoid certain activities or situations because they remind them of frightening experiences with the people they helped, and 19% sometimes, 7% often, and 3% very often jump or feel startled by unexpected sounds at work.

In the third section, we asked the respondents about 18 various **skills,** asking them to indicate to what extent they are essential to improve their social care work or caring activities. They could indicate their opinions on a 5-point scale, where one end of the scale was not at all and the other end was extremely important. The results indicated that certain skills are overwhelmingly recognised by the majority as extremely important, such as the commitment to treating those in their care with dignity and respect (72%), problem-solving (72%), communication (64%), conflict management (61%), empathy (60%), non-judgmental attitude (58%), flexibility (57%), and teamwork (53%). Moreover, half of the respondents marked good

observation skills, the capacity to work under pressure and emotional resilience as extremely important, also. Analytical skills were also considered extremely important by the largest proportion of respondents (47%). Furthermore, skills such as interpersonal skills to build rapport with clients on service users (52%), organisational skills (48%), time management (51%), and digital skills (49%) were rated as very much important by the largest proportion of respondents. The order is almost the same for these skills among those who rated them as extremely important, except for organisational skills and time management, where slightly more people (35%) rated the former as extremely important than the latter (31%). In contrast, sustainable skills (47%) and green skills (47%) were acknowledged primarily only at a moderate level of importance, signifying a growing recognition of their relevance in modern social care, but still less relevant than the skills above. In their open responses, social workers could mention other additional skills, such as the focus on active listening, the ability to accept differences, a non-judgmental outlook or attitude, patience, respect, humility, emotional intelligence, tolerance of bureaucracy, self-awareness, prioritisation, advocacy skills, an ability to setting boundaries with clients, and the ability to cooperate with other professionals, which further emphasised the complex competencies required by professionals in this field.

Regarding the fourth section, the respondents could mark the most common **professional well-being challenges** which contribute to their stress or burnout levels. Here, they could mark each aspect on a 5-scale, similarly to the third section. The survey results revealed that a significant portion of respondents rated insufficient payment (50%), lack of adequate supervision (39%), too many tasks (31%), lack of support at work (29%), unclear tasks (20%), and changes in the legal framework (12%) as extremely stressful. Communication problems (38%) and insufficient skills for new challenges (41%) were commonly rated as moderately stressful. However, 15% of respondents reported communication problems as an extreme challenge, also. Other concerns in the respondents' open responses included inadequate time management, burdensome administrative tasks, contradictory instructions, and the effects of burnout among colleagues, such as the lack of motivation. They also cited the outdatedness of the IT system or the lack of IT infrastructure, in addition to high staff turnover or lack of staff and lack of social recognition, all of which collectively impact their professional effectiveness and overall well-being.

In response to open-ended questions **regarding improvements within the social care sector, which could improve their well-being and job satisfaction,** participants highlighted different areas. Firstly, many stressed the importance of adequate salaries, including fair compensation for social workers' qualifications and the introduction of recreational leave. They mentioned the need for respect and recognition at municipal and national levels, as well as positive feedback from management to improve morale. Improvements in the working environment were also a significant theme, with calls for better physical conditions in institutions, the provision of modern tools and methods, including advanced IT tools and quality equipment for daily tasks. The possibility of more professional training and support emerged many times, with requests for accessible training programs and emotional supervision to help staff cope

with the demands of their roles. Flexibility in work schedules was another critical aspect, with suggestions for more reasonable hours, opportunities for physical activity during breaks, and additional vacation days. Participants expressed the need for standardised legislation that considers professionals' input when changes are made, along with clearer regulations and legal protections for social workers. Concerns about staffing also displayed, participants called for a greater number of caregivers in proportion to care needs, improved qualification standards, and the recruitment of more qualified professionals to address current staff shortages. There was also a strong desire for better cooperation among partner organisations, effective teamwork, and more streamlined administrative processes.

In terms of digital and sustainable practices, which they would like to see introduced in their workplace, respondents advocated for better mandatory digital systems and tools to solve daily tasks, coupled with (more) necessary digital training for staff. Many respondents highlighted the need for sustainable practices, such as reducing overhead costs through energy-efficient solutions and improving waste management systems. Some participants also recognised the value of ongoing dialogue regarding service development, the sharing of best practices, and access to literature in various languages to promote professional growth and understanding in the field.

Addressing broader concerns, most of the respondents pointed out issues with insufficient wages, social recognition, legislative over-regulation, the necessity for additional training, and the burdensome nature of administrative tasks, all of which significantly impact their work experience and professional satisfaction.

5. Training programmes dedicated to the social care sector

A decree of the Ministry of Human Capacities (No. 7/2018 (II. 5.) introduced significant amendments to the regulations governing the further training system and the examination framework for social care professionals.[33] Under the revised system, social care professionals are obliged to participate in either **further training** or **management training.** The new training framework took effect on July 1, 2018, with each training period spanning four years. Upon completion of a training cycle, a new four-year training period begins.

The further training courses are classified into three categories as follows:

- **Mandatory training:** focused on developing fundamental and general work-related skills essential for the social care sector. Social care employees must obtain at least 20% of their total training points from this category.

[33] *Dióhéjban a továbbképzési rendszer átalakításáról. SzocOkos, 2018. február 8.* [About the reform of the further training system in a nutshell. SzocOkos, February 8, 2018.] https://tamogatoweb.hu/diohejban-a-tovabbkepzesi-rendszer-atalakitasarol/

- **Mandatory job-related training:** designed to provide specialized, method-specific knowledge relevant to a particular role within the social care sector. A minimum of 40% of the total training points must be obtained in this category.
- **Optional training:** aimed at enhancing individual skills, professional development, and self-awareness, based on personal interests and competencies. Social care employees may obtain up to 40% of their total training points from this category.

TABLE 1 THE CLASSIFICATION OF FURTHER TRAINING COURSES[34]

Mandatory training	Mandatory job-related training	Optional training
Mandatory for everyone	Mandatory for social care employees working in a particular role	Optional
Goal: acquiring essential basic competencies	Goal: acquiring specialized, method-specific knowledge related to the specific group of beneficiaries	Goal: based on personal interests and competencies
Points: minimum 20%	Points: minimum 40%	Points: maximum 40%
It can be completed at any year of the training cycle	It has to be completed in the first half of the training cycle	It can be completed in any year of the training cycle
Mandatory trainings are organized by the Directorate-General for Social Affairs and Child Protection *(Szociális és Gyermekvédelmi Főigazgatóság)*	Mandatory job-related trainings are organized by the Directorate-General for Social Affairs and Child Protection *(Szociális és Gyermekvédelmi Főigazgatóság)* / Family Friendly Hungary Centre Nonprofit Public Benefit Ltd. *(Családbarát Magyarország Központ Nonprofit Közhasznú Kft.)*	Optional training can be organized by any accredited organization

The new system has also introduced the following training formats:

- **E-learning:** courses are fully accessible online, allowing participants to complete them at their own pace without the need for travel
- **Blended learning:** a combination of traditional, in-class instruction and e-learning components
- **Fieldwork:** hands-on training conducted in real-world social care settings

Additionally, the new framework allows for the launch of 20-hour training courses, and the minimum required number of training points has been reduced to 20.

If a social care professional obtains an OKJ vocational qualification, a higher education diploma, an additional or advanced diploma, a specialized training certificate, a scientific degree, or completes a teacher's professional examination in a teaching profession during the training period, it will be recognized as optional further education.

[34] *Ibid.*

Additionally, certified training courses with valid accreditation are classified under the optional training category. Mandatory training programs, however, can only be provided by the **Margit Slachta National Institute for Social Policy**, a designated organization for accreditation. In 2025, they offer over 1,400 training programs.[35]

The **Margit Slachta National Institute for Social Policy** is one of the **key institutions involved** in the provision of social care training programs. It was established on January 1, 2021, as a background institution of the **Ministry of Human Resources.**[36] Currently operating under the **Ministry of the Interior,** the Institute is responsible for developing activities within social care, child welfare, and child protection sectors. It provides support and services to state, church, civil, and municipal institutions, focusing on professional training, policy development and implementation.

For social care professionals holding multiple job roles, attendance in the compulsory further training relevant to at least one of their positions is required.[37] If multiple roles mandate compulsory training, priority should be given to the role with the greater number of working hours. In cases where working hours are equal, the employer determines which training should be completed. If additional legislation mandates further training, only half of the required training points must be obtained.

Social care professionals may be exempted from obtaining mandatory training points if they meet any of the following criteria:

- They have less than five years left before reaching retirement age
- They provide personal care for fewer than 15 hours per week
- They are legally exempt from obtaining a qualification as a foster parent

Workplaces required to implement **mandatory training plans** must ensure that the following information is included:

- The anticipated number of participants in continuing training for the given year, specifying their job titles and expected periods of absence
- A replacement plan for the trainees
- The financial resources allocated for training
- The number of social care employees who will successfully fulfill their training obligations

[35] *Képzés. A Slachta Margit Nemzeti Szociálpolitikai Intézet weboldala.* [Further training. The website of the Margit Slachta National Institute for Social Policy.] https://nszi.hu/szakmai-tevekenysegek/kepzes

[36] *A Slachta Margit Nemzeti Szociálpolitikai Intézet weboldala.* [The website of the Margit Slachta National Institute for Social Policy.] https://nszi.hu/szervezet

[37] *Dióhéjban a továbbképzési rendszer átalakításáról. SzocOkos, 2018. február 8.* [About the reform of the further training system in a nutshell. SzocOkos, February 8, 2018.]

Qualified optional further training programs may be organized by any natural person, legal entity or organization. **Certified compulsory training programs** can only be organized by the Margit Schlachta National Institute for Social Policy. **Further training programs associated with a qualified job role** may be organized by both the Margit Schlachta National Institute for Social and the Family Friendly Hungary Center Nonprofit Public Benefit Ltd.

According to the legislation, training programs are funded by the employer. Further training programs that held valid accreditation as of June 30, 2018, were reclassified as optional further training programs starting July 1, 2018, for the duration of their accreditation period. Under the new accreditation system, only designated organizations are authorized to offer mandatory further training programs or mandatory job-related further training. All other training programs were required to reapply for accreditation as optional further training programs.[38]

5.1. Best practices from Hungary

The following certified training programs offer innovative approaches to professional development in the social service sector. Each course addresses a critical but often overlooked aspect of professional well-being, personal development, self-improvement, and decision-making.

The "**Protection of Mental Health for Preventing and Coping with Burnout"** course provides participants with practical tools to manage stress and increase emotional resilience, filling a critical gap in mental health support for social care workers. The **"Change Management in Helping Professions"** training focuses on building resilience, managing workplace crises, and adapting to change - skills that are increasingly essential in dynamic care environments. The **"Self-Improvement, Self-Awareness for Social Services Professionals"** course strengthens empathy, assertive communication, and conflict resolution through practical exercises based on established communication models that promote inclusive and equitable service delivery. Finally, the **"Solution in Focus – The Individual Factors of Decisions and their Internal and External System"** training enhances decision-making skills by combining coaching tools and reflective practice to help professionals navigate complex decisions and maintain role balance.

Together, these programs represent an innovative, hands-on model for educating and training social service professionals and improving care outcomes.

[38] *Dióhéjban a továbbképzési rendszer átalakításáról. SzocOkos, 2018. február 8.* [About the reform of the further training system in a nutshell. SzocOkos, February 8, 2018.]

Name of the training	**Protection of mental health for preventing and coping with burnout**
Name of the training provider	Raabe Klett Oktatási Tanácsadó és Kiadó Kft.
Website	https://raabe.hu/termek/mentalis-egeszseg-vedelme/
Country	Hungary
Region	Budapest
Start Date	17 March 2025
Sector of activity concerned	all institutions and services of the social care sector
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The aim of this course is to help workers of the social care sector to explore their mental resources and give them practical guidance. Participants will learn relaxation techniques and stress management techniques.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	30 hours blended training (20 hours attendance + 10 hours online) 18 credits
Curricula – please describe the topics of the training	1. The stress ○ Good and bad stress: Differences of eustress (positive stress) and distress (negative stress) ○ The effects and symptoms of acute and chronic stress ○ The Yerkes-Dodson Law: Understanding the relationship between performance and stress 2. Workplace stress in the social care sector ○ Appearance of stress in workplaces, especially in social care sector ○ Cause of stress in workplaces: working environment, tasks and organizational factors ○ Actors of the social care sector: Interactions between workers, beneficiaries, and families 3. The burnout ○ The concepts and symptoms of burnout ○ The theories of Freudenberger and Selye: Stages of general adaptation syndrome 4. The concepts and elements of mental hygiene ○ What is mental hygiene and why is it important? ○ The stages of prevention: primary, secondary, and tertiary prevention ○ Parts of mental hygiene: being in harmony with ourselves and with our environment 5. Transform stress management habits

	○ Deepening of self-awareness and analysis of life situations ○ Being aware of our reactions, learning stress management methods
How this Good Practice could be used/ transferred (500 words max)	The strength of this training is not only introducing the basic concepts and theories related to stress, burnout, and mental hygiene but to give practical guidance and techniques that could be used in everyday life and at work to decrease stress and prevent burnout.

Name of the training	**Change management in helping professions**
Name of the training provider	Budapest Esély Nonprofit Kft.
Website	https://pestesely.hu/szocialis-tovabbkepzes
Country	Hungary
Region	Budapest
Start Date	25 February, 2025 or 25 March, 2025 or 6 May, 2025
Sector of activity concerned	Social services professionals (for institutional, municipal or NGO employers) People working in institutions, NGOs, offices, municipalities in customer service Others working with people, regardless of sector or job title
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The aim of this course is to improve the change management skills and the resilience of social care workers and workers in helping professions.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	25 hours attendance, 3 consecutive days (all practice, no theoretical part) 32 credits
Curricula – please describe the topics of the training	Introduction, ice breaking, preparation, team cohesion (1 h) The concept of change, its effects and how to cope with them (3h) • The types of change: unexpected, internal/external change • Relevant and most common changes related to helping professions Preparing for change – is it possible? • Unexpected incidents and their impact on the helping attitude • Crisis vs change Personal boundaries and resilience (5h) • Change as a process • Conflicts caused by change

	• Setting the boundaries of the helping attitude under the impact of conflict/confrontation caused by change; protecting the integrity of the facilitator and the facilitation process • Defining safety points – for helpers' own stability • Resilience Crisis management I. (3h) • Identifying and measuring the negative effects of change • Reducing risks and identifying their scope Crisis management II. (3h) • Social services professionals as mediators • Creating a solution-focused toolkit • Crisis communication in the client-facilitator relationship Crisis management III. (4h) • Coherence and self-compassion • The elements of health and harmony, and its implementation to everyday life • Identifying and exploring internal and external resources Implementation for real situations (3h) Using Covid-19 pandemic as a model: Participants look for direct connections between the pandemic and the knowledge gained. Exploring best practices under the guidance of the trainer for conscious application in the present and future. Evaluation, conclusion (1h)
How this Good Practice could be used/ transferred (500 words max)	The knowledge on change and crisis management could improve resilience and mitigate burnout. Like the other courses in the best practice section, it is also contain a 3 hours long section to implement the new knowledge and tools.

Name of the training	**Self-improvement, self-awareness for social services professionals**
Name of the training provider	Budapest Esély Nonprofit Kft.
Website	https://pestesely.hu/szocialis-tovabbkepzes
Country	Hungary
Region	Budapest
Start Date	TBA
Sector of activity concerned	Social services professionals (for institutional, municipal or NGO employers) People working in institutions, NGOs, offices, municipalities in customer service Others working with people, regardless of sector or job title

Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	This training will improve the helping professionals' skills related to empathy. Participants will learn how to deal with prejudice by using communication tools.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	25 hours attendance, 3 consecutive days (all practice, no theoretical part) 32 credits
Curricula – please describe the topics of the training	Exercises to improve empathy (6h) • The concept of active listening by Thomas Gordon, constructing sentences in the style of active listening • Applying active listening to own situations • Team collaboration by applying the framework of the Gordon Model, identifying elements of own functioning: when and how I am being assertive and when I am not Communication tools (6h) • Communication models and its everyday usage – The structure of TA personal type, the elements of the adult communication by Gordon Model • Acceptable and non-acceptable behaviour with clients • Maintaining assertiveness in group communication situations, practising assertive communication, identifying the possibilities of advocacy and persuasion Conflict management strategies (5h) • Applying Method III. (Gordon Model) in conflicts, criteria of win-win situations, steps to achieve results • The role of I-messages in reducing the tension of the conflicts Equal opportunities (4h) • The basics of equal opportunity • Legislation related to equal opportunity • Short introduction of the act on equal treatment and promotion of equal opportunities • The role of the ombudsman as an authority responsible for equal treatment, legal cases Managing prejudice (4h) • Prejudice, stereotype, and discrimination – differences, exploring own prejudices, prevent discriminative behaviour • Introducing protected groups, their problems, and the special elements of communication and treatment related to groups

	• Understanding the types of clients, target groups with special needs
How this Good Practice could be used/ transferred (500 words max)	The Gordon Model is an internationally known communication model that could support the daily work in the social care sector. As it has an international organization (https://www.gordontraining.com/thomas-gordon/origins-of-the-gordon-model/), it could be applied in other countries as well.

Name of the training	**Solution in focus – the individual factors of decisions and their internal and external system**
Name of the training provider	Budapest Esély Nonprofit Kft.
Website	https://pestesely.hu/szocialis-tovabbkepzes
Country	Hungary
Region	Budapest
Start Date	13 May, 2025
Sector of activity concerned	Social services professionals (for institutional, municipal or NGO employers) People working in institutions, NGOs, offices, municipalities in customer service Others working with people, regardless of sector or job title
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The aim of the training is to enhance the decision-making skills of the social service professionals, to support their competence and improve their confidence.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	25 hours attendance, 3 consecutive days (all practice, no theoretical part) 32 credits
Curricula – please describe the topics of the training	Introduction, ice breaking, preparation, team cohesion (1 h) External and internal environment, resources (2h) • What might the environment be like? • What are the external and internal resources? • Help to identify the current, subjective situation Decision and choice situations, concepts (2h) • When is there a decision situation? • Support identifying decision situations • Decision and influence • How to influence decision, choices? Internal stability and balance – mental and physical health (3h) • Levels of happiness • Coherence, self-compassion, self-efficacy

	• Decision-making compulsion and tension: anxiety and its treatment Balance between roles (2h) • Work and life – our roles and how to find the balance Our resources in harmony • Emotional • Mental • Physical Risk-taking and engagement (1h) • Planning strategies • Time management Me and my environment • The consequences of decisions and choices Motivation (3h) • Stages of motivation • Improving our own motivation • Improving the motivation of clients for effective cooperation • Intrinsic and extrinsic motivations in both aforementioned aspects Coaching tools (4,5h) • Goal setting • Exploring our resources in the past and present • Effective communication (listen, support) • Applying appropriate questions • Steps to achieve the goal • Discovering new paths • Appreciating small results, successes Implementation (1,5h) • Action, implement decisions • Flexibility and leeway Implementation for real life situations (4h) Evaluation and conclusions (1h)
How this Good Practice could be used/ transferred (500 words max)	This course might be a good example of how to focus on transferring practical knowledge. It offers a wide range of tools and practical skills (such as coaching), moreover it deepens the self-awareness of the participants as well. At the end, there is a 4 hours long section for implementing the freshly learnt skills and knowledge in real situations.

5.2. Best practices from the countries of European Union

The following training programs reflect current priorities in professional development for social service practitioners, addressing both individual well-being and systemic challenges.

The **"Relax – Calm Down – Gaining New Strength"** course introduces participants to practical techniques such as mindfulness, body awareness, and gentle movement to reduce stress and restore balance. It emphasizes immediate and lasting benefits for emotional and physical well-being, supporting participants' resilience in demanding work environments. The **"Fact or Fake? – Being Well-Informed in Health Issues"** training develops critical digital literacy and communication skills in professionals. By focusing on the ability to evaluate online health information and promote clear, motivating dialogue with clients, it equips professionals to act as trusted sources in a landscape increasingly shaped by misinformation. The **"Artificial Intelligence in Social Work: Introduction and Basics to AI Technology"** seminar provides a basic understanding of AI technologies and their relevance to the field of social work. It offers a critical examination of the possibilities and limitations of AI and encourages participants to consider how emerging tools can be ethically and effectively integrated into human-centered practice. Finally, the **"Sustainability in Social Work Practice"** training addresses the high rates of stress-related illness in the social welfare sector. With a focus on trauma awareness, self-care, and organizational strategies, this course supports sustainable practice by helping professionals and supervisors mitigate burnout and promote recovery through evidence-based approaches. Together, these programs foster a forward-thinking, reflective, and resilient social services workforce.

Name of the training	**Relax – calm down – gaining new strength**
Name of the training provider	AK (Arbeiterkammer) Steiermark
Website	https://stmk.arbeiterkammer.at/beratung/arbeitundrecht/gesundheitsberufe/Fortbildung.html https://stmk.arbeiterkammer.at/beratung/arbeitundrecht/gesundheitsberufe/20240610_Programm_Gesundheits_Sozialberufe_2425.pdf
Country	Austria
Region	Styria
Start Date	11.03.2025, 9-16 online 27.05.2025, 9-16 online (3 other older dates for 2024/2025, 2 of them was attendance)
Sector of activity concerned	Health and social service professionals who are members of the Styrian AK (the Chamber of Labour)
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The participants of this training will learn relaxation techniques, physical exercises, body awareness and mindfulness techniques.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	The course is free for members, but it is restricted to only 2 courses / school year or to 16 training hours 7 hours online via Zoom

Curricula – please describe the topics of the training	The many demands and challenges of our daily life often lead to stress and restlessness. The aim of relaxation techniques and health-promoting movement (various relaxation techniques, gentle physical exercises, exercises for body awareness and mindfulness) are to relieve the tensions and stresses of everyday life, to get back in touch with oneself, and to bring body, mind, and soul back into harmony. This course gives time and space for the participants to find inner peace and new strengths, increase their well-being and joy in life.
How this Good Practice could be used/ transferred (500 words max)	This course not only introduces several useful techniques to decrease stress, tensions, and burnout, but it might be a good occasion to become more relaxed and relieved by the end of the training as well; it could have an immediate effect on participants.

Name of the training	„**Fact or fake? – Being well-informed in health issues**
Name of the training provider	AK (Arbeiterkammer) Steiermark, cooperation with FH JOANNEUM Gesellschaft mbH, INSTITUT Gesundheits- und Tourismusmanagement
Website	https://stmk.arbeiterkammer.at/beratung/arbeitundrecht/gesundheitsberufe/Fortbildung.html https://stmk.arbeiterkammer.at/beratung/arbeitundrecht/gesundheitsberufe/20240610_Programm_Gesundheits_Sozialberufe_2425.pdf
Country	Austria
Region	Styria
Start Date	10.10.2024, 9-12 (no new start date available for 2024/2025)
Sector of activity concerned	Health and social service professionals who are members of the Styrian AK (the Chamber of Labour)
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	The aim of this course is to improve digital and communication skills of health and social professionals.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	Online via Zoom, 3 hours 2 modules The course is free for AK members, but it is restricted to only 2 courses / school year or to 16 training hours
Curricula – please describe the topics of the training	Part 1 Information related to health and illnesses reach us via various media, especially the Internet. Most of this information are fake news. In the first section of this course participants will learn how to recognize reliable and helpful information and websites about health on the internet. Part 2

	This part focuses on one's role as a valuable contact person in health and illness related fields. Therefore, it is important to ensure the good quality of conversation situations. In the second part of the course, one will learn how to communicate in an understandable and motivating way in the interests of health in one's everyday (professional) life. One will learn methods that will help them to ensure that the person they are talking to has correctly understood what they have said.
How this Good Practice could be used/ transferred (500 words max)	This course gives relevant information on digital skills: recognizing fake news, incorrect information which is crucial nowadays for all professions.

Name of the training	**Artificial Intelligence in social work: Introduction and basics to AI technology**
Name of the training provider	Deutsche Vereinigung für Soziale Arbeit im Gesundheitswesen e.V. (DVSG)
Website	https://dvsg.org/veranstaltungen/dvsg-veranstaltungskalender/details/kuenstliche-intelligenz-in-der-sozialen-arbeit-einfuehrung/
Country	Germany
Region	Berlin
Start Date	18. February 2025, 14:00 - 15:30
Sector of activity concerned	social work professionals
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	AI is changing the practice of social work! This short online seminar offers an introduction on the basics of AI and gives an overview to social work professionals on how these innovative tools could contribute to their work. Participants will understand the possibilities, limitations and risks of AI technologies in the context of social work.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	Online seminar, 1,5 hours
Curricula – please describe the topics of the training	No detailed curricula are available, it is only a short seminar
How this Good Practice could be used/ transferred (500 words max)	AI is one of the most important topics related to all fields of professions, it will transform how we work. This course might give a snapshot on up-to-date sector specific knowledge related to AI.

Name of the training	**Sustainability in social work practice**
Name of the training provider	Marie Cederschiöld University AB

Website	https://www.mchs.se/uppdragsutbildning/aktuella-vara-utbildningar/aktuella-uppdragsutbildning/hallbarhet-i-socialt-arbete.html
Country	Sweden
Region	Stockholm
Start Date	April 29, 2025
Sector of activity concerned	The training is aimed both at individual employees who want to learn more about how they can take care of themselves at work and at supervisors who want to increase their organization's preparedness to prevent burnout, empathy fatigue and secondary traumatization.
Description – please describe the training programme: its aim(s), target group/beneficiaries, etc.	Providing help, support and making a difference for people in difficult life situations is experienced by many as meaningful and rewarding. However, we also know that professions and workplaces within the welfare sector are overrepresented in terms of sick leave due to stress-related ill health. High workload, stress and encounters with people's vulnerability arouse difficult emotions that social workers need strategies to manage. Marie Cederschiöld University offers a three-day training that provides an overview of the current state of knowledge about what in social work creates or increases stress and the importance of self-care, colleagues and management for our health and recovery. The training also aims to provide concrete strategies for dealing with stress experiences and preventing ill health, as well as knowledge about how symptoms of stress and burnout can be alleviated when they have already occurred.
Course structure • please describe how is it structured (modules, microcredits), the number of hours	3 days, online via Zoom, 9:00 a.m.-4:00 p.m. 21 hours total (lectures and group discussions)
Curricula – please describe the topics of the training	• Stress, powerlessness and inadequacy • Traumatic stress, secondary traumatization • Self-care and recovery • Strategies for supervisors and organizations
How this Good Practice could be used/ transferred (500 words max)	The course is designed so that participants can integrate theoretical knowledge with their own experiences regarding the various themes covered by the course.

Center for Not-for-profit Law

PRIMĂRIA SECTORULUI 6
DIRECȚIA GENERALĂ DE ASISTENȚĂ SOCIALĂ ȘI PROTECȚIA COPILULUI

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