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**ETHOS OF CHILD WELFARE IN THE MIRROR OF SOCIAL MOBILITY**

**Abstract**

The study examines the extent to which social work is able to provide support to disadvantaged, marginalized families and persons, and the way how the dysfunctional operation of the system contributes to the perpetuation of the clients' life conditions. The research entitled *The Mechanisms Guiding the Functioning of the Social and Child Protection System* had a twofold target group: on one hand clients and families struggling with different issues, on the other hand professionals working with them and actors involved in local decision-making. Based on both quantitative and qualitative results, the study outlines the opinions of these two target groups regarding the functioning of the social and child protection system and the effect of assisting individuals and families on their well-being and social mobility. It stresses upon the fact that the scarcity of financial and human resources in the field of social work and child protection, and the low social esteem towards the profession lead to the persistence and conservation of marginalized life conditions. Dysfunctionality typical to practice threatens the basic values and intervention principles of social work, thus restricting activities of providing professional support.

**Keywords:** social work, families with children, well-being, social mobility and social care system

**JEL Codes:** I31, I38, I23

## 1.      Child welfare social work, as quality help providing

We dispose of scarce information regarding the value and efficiency of professional work and its impact on social integration and mobility in Hungarian child protection from the perspective of professionals and clients. Within the research entitled *The Mechanisms Guiding the Functioning of the Social and Child Protection System*[2] we examined the way how the system reflects on the problems of the clients, the professional mentality, and in general how the system serves the improvement of the life quality and mobility prospects of clients, examining the cases of families with children struggling with various social issues. The research has been conducted in settlements of various sizes of a North-Hungarian disadvantaged micro-region and in a few locations of the Budapest metropolitan area. When presenting the findings, we use interviews with professionals, namely with social workers and decision-makers working in child welfare, and a population survey. The interviews with professionals reflect on the functioning of the system, while the interviews with the clients and the survey inquire what services facilitating child raising families with children know about, whether they use these services, and what their general opinion is about the quality of the services. We present the results from the perspective of child welfare services and quality service providing, thus of promoting social mobility.

Professional social work has many features: 1) integrity; 2) professional knowledge and efficiency; 3) ethical decision-making; 4) critical thinking and lifelong learning; 5) self-awareness and self-control; 6) cultural competence and acceptance of others; 7) social support (Vaike 2015:381). One of the basic notions and factors of social work is cooperation based on trust. Grell et al. (2019) points out that related to social work interventions and especially to official procedures, the clients accounted that they were

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afraid of not being understood, of being refused, or that they would be forced to do things they would not like to. They perceive the organisational unit responsible for officially initiated social work as an asymmetrical power, in which the formal character of the relationship between the client and the social worker is determinative. Moreover, depending on the complexity of their problems, the clients are in contact with multiple organisations, units or professionals, in many cases 7-10 professionals are involved in the life of the family, therefore they experience that they are lost in the system, "they become the case of everybody and of nobody" (Grell et al. 2019:4). The relationship intended to provide them support confers them the sense of discontinuity and fragmentation (Rácz 2017; 2019), while formal settings and (over)regulated competences often do not allow for the social worker to get to fully know the life situation of the client, which, in turn, increases distrust as case management and information gets fragmented. The social workers are afraid of making mistakes and of the consequences, which often impedes action, while the clients fear the consequences of interventions and that some of the interventions might not contribute to the solution of their complex and long-lasting problems. In many cases loosing their child is at stake (Wilkins–Whittaker 2017; Meysen–Kelly 2018).

In social work with families with children successful intervention means that one is aware of the advancement, and the life course of the client is followed through the various available services (Esposito et al. 2015). Complex, multiple welfare services can be defined as a social interaction, which implies simultaneously help, protection and impetus to development, from various sources, by involving the personal network of relationships of the individual and of the family (Mendonca–Simeos 2018). The interventions can be regarded as efficient if the participants are satisfied, motivated, if proper communication channels and the intent to solve interior conflicts are in place (Vaike 2015). We conducted the research with these values in view, attempting to explore the way how professionals and families with children reflect on the impact of social work on social integration and mobility in Hungary.

## 2. The views of child protection professionals and families with children on the services aimed at the development of children

*Research method*

The research relied on two pillars. In the first phase, we conducted interviews with 12 professionals working in child protection in the Budapest metropolitan area and in a disadvantaged micro-region in North-Hungary. The interviewees were selected through purposive sampling. The main topics of the interviews were the following: 1) presentation of the institutional structure; 2) the range of provisions and services; 3) presentation of the range of clients; 4) professional challenges, fields requiring development; 5) interpretation of the effect of a given services on mobility and life quality. The respondents included 1 local decision-maker, 3 managers of institutions, 2 case managers and 6 family carers.

In the next, second phase, we carried out the questionnaire-based survey in two steps, in summer 2018 and autumn 2019, also in a disadvantageous micro-region of North-Hungary, in settlements of various sizes, and in settlements within the Budapest metropolitan area. In the disadvantageous micro-region, the survey was conducted on a representative sample of families with children (aged 0-17 at the time of the research), applying stratified random sampling. The gathered data was weighted according to the composition of the households, the size of the sample in the weighted database consisting of 260 persons. The data collected in the Budapest metropolitan area represents data from 62 persons living in families with children; in this case we applied convenience sampling, therefore we consider that these data are merely informative.

17.1% of the respondents living in the disadvantaged North-Hungarian micro-region is male, while in the control area 14.5% are male. The rate of the urban population among the respondents is significantly lower in the disadvantaged area (29%) than in the Budapest area (85%). 24.9% of the respondents from the micro-region declared themselves of Roma ethnicity, while this percentage is only 1.6% in the Budapest area. 17.1% of the respondents from the disadvantaged area lives in a segregated area.

The study presents the results along the two pillars of the research; thus, first we conclude the critical observations of the professionals regarding the system, then we present the results of the survey, more precisely the level of awareness and use of services targeting child raising[3].

*The views of professionals*

The professionals pointed out several deficiencies of the the child welfare and child protection system. Undoubtedly the quality, or even the availability of services in the disadvantaged micro-region, especially in smaller settlements lag far behind the services existing in the towns. The professionals highlighted that they are unable to handle basic social problems, like poverty, unemployment and the family problems arising from these, like addiction, early school-leaving, teenage pregnancy. The high number of cases, the lack of proper resources and burn-out are permanent features of everyday work. An issue typical for all services is the scarcity of resources and the uncertainty of tenders.

Fluctuation, lack of professionals and the ensuing burn-out are all very demanding for people working in the system. They reveal disillusion when speaking about their performance of daily work or its quality, evaluating their situation especially from the perspective of the aim of the social supporting activity. They do not feel that they would have an impact on the actual problems of the clients or could influence the settling of their life condition on long term.

They think that services available limitedly and in a low quality are insufficient for promoting social mobility and compensating disadvantages. They consider that the situation of families with children is worsening due to the deepening of social problems and the limitations and deprival in the child care system. The lack of resources loosens the framework of social work as well, since when confronted with complex issues, in many cases social workers transfer problem solving to the level of authorities: *"Well, the problem is that we have few things at our disposal, so in most cases all what happens is that we visit the families and tell them. (…) So what we usually do is this, this is our support, and that we discuss with them, we go to see them, and then we guide them towards an authority, so it's a kind of contributor role, I don't know what else we could do."* (Family carer in a settlement in North-Hungary)

*The view of families with children on awareness and use of provisions*

The questionnaire was designed in order to find out which provisions and services, respectively family support services families with children know about and make use of in the field of health care, child raising and education.

We chose 14 services and provisions, which are of key importance from the point of view of the development of children, thus of successful social integration and the enhancement of their mobility chances:

- 2 provisions in the field of health care: general practitioner and child care officer.
- 5 provisions in the field of child raising: nursery, Sure Start House, kindergarten, educational counselling and child psychologist.
- 5 provisions in the field of education: primary school, school for disadvantaged children, possibility to continue studies, college, language learning.
- 2 services in the field of child welfare: child welfare and family support, summer meals for children.

The first we examined was how known these provisions and services are, then to what extent families with children use them.

We can conclude that the 14 provisions are less known in the disadvantaged micro-region in North-Hungary (see Table 1). There is a stringent deficiency regarding the awareness about the general practitioner in the micro-region (only 43% of the respondents know who the general practitioner is),

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[3] The interviews with professionals were analyized with the contribution of Dorottya Sik, while the results of the survey were assessed with the contribution of Zita Éva Nagy.

while this rate is 93,5% in the control group. However, the fact that the health care officer service is known in both locations, is a positive aspect.

Regarding child raising functions, we can conclude that the kindergarten service is generally known in the settlement or in the surroundings, in both locations. However, concerning the rest of the services, the differences are significant, especially regarding the nursery (there is a difference of 60.1% between the two areas), the child psychologist (the difference is 58.7%) and the educational counselling (the difference is 43.4%). The Sure Start House, which basically is a service created for deprived children, is known to 71.1% in the disadvantaged region, while this rate is 46.8% in the Budapest metropolitan area.

In turn, there are huge differences regarding opportunities to continuous education, which are of key importance in social mobility. In the Budapest area, 82.3% of the families are aware of such possibilities, while this rate is 20.8% in the disadvantaged region, which means a nearly four fold difference. That is also why placement in a college can be more important in the disadvantaged region (22.5%, while this rate is 9.7% in the Budapest area). Awareness about the language learning possibilities is three times higher in the metropolitan area (90.3%) than in the disadvantaged micro-region (32.6%).

In both examined areas, the family and child welfare services and the summer meals for children service are widely known, although the latter service reaches out to families to an even higher extent in the disadvantaged region, probably due to the more difficult financial situation: the rate is 85.2% as opposed to 61.3% in the capital city. The child welfare service is known to a high rate, as information on this service reaches out to two-third of the respondents in both examined regions.

Table 1. What kinds of services or institutions destined to children exist in the place you live or in the surroundings you know about, and which ones do you use? (%; N=260, respectively 62 individuals)

| Services, provisions | Percentage of individuals being aware of the service in the disadvantaged microregion (%) | Percentage of individuals being aware of the service in the control group (%) | Percentage of individuals using the service in the disadvantaged microregion (%) | Percentage of individuals using the service in the control group (%) |
|---|---|---|---|---|
| Paediatrician | 43 | 93.5 | 65.4 | 83.9 |
| Child care official | 93,7 | 96.8 | 78.4 | 85.5 |
| Nursery | 36.7 | 96.8 | 19.4 | 33.9 |
| Sure Start House | 71.1 | 46.8 | 35.7 | 16.1 |
| Kindergarten | 96.2 | 100 | 70.4 | 74.2 |
| Educational counselling | 32.4 | 75.8 | 12 | 22.6 |
| Child psychologist | 12.3 | 71 | 4.8 | 25.8 |
| Primary school | 97.4 | 100 | 62.2 | 61.3 |
| School for disadvantaged children | 19.7 | 14.5 | 6.8 | 1.6 |
| Continuous learning | 20.8 | 82.3 | 17.1 | 21 |
| College | 22.5 | 9.7 | 6.6 | 1.6 |
| Language learning | 32.6 | 90.3 | 19.8 | 33.9 |
| Child welfare and family support service | 77.3 | 91.9 | 25 | 11.3 |
| Summer meals for children | 85.2 | 61.3 | 33 | 0 |

The extent to which these services are used varies. The difference in the recourse to services of a paediatrician presumably is due to the insufficiency of the provision in the micro-region (65.4% as opposed to 83.9% in the metropolitan area), while the services provided by the child care officer are highly used. Among the provisions targeting child raising, with the exception of the kindergarten, all the other services are accessed to a very low degree. Regarding provisions aiming at public education and continuous learning, there is no significant difference between the disadvantaged respondents and

those belonging to the control group with regard to kindergarten and primary school. There is, however, significant difference in language learning, since the population in the metropolitan area has recourse to language courses at a higher rate: 33.9%, while this rate is 19.8% in the disadvantaged area.

Family support services are used more than two times in the disadvantaged area than in the capital city; this is due to higher levels of poverty, just as summer meals for children are used only in that region as well.

## 3. Conclusion

Our quantitative and qualitative results show that it is a basic problem that in the examined disadvantaged micro-region, the programs aiming prevention are almost entirely lacking, thus social work is aimed at families struggling with complex issues, carried out without proper professional means. Due to high fluctuation and the lack of human resources in general, the basic tasks are impossible to complete. Unfortunately the families often do not even know how they could ask support to the solving of their problems, since they do not have a realistic view of the services. The family problems keep worsening also because of the deficiencies in the functioning of the child welfare system, since no meaningful intervention is initiated for a prolonged period.

Our research results indicate that support provided to families lacks systemic approach, which would take into account the unsatisfied needs of children and adults. There is no partnership and open communication established between child protection actors and representatives of associated fields, typically the resources are fragmented, and the shifting of responsibility dominates.

The findings confirm that the promotion of social mobility from the perspective of child welfare and child protection needs to rely on broad cooperation and partnership, which take into account both the family and community factors impacting the development of the child (see Figures 1 and 2).

Figure 1. Family functions of key importance
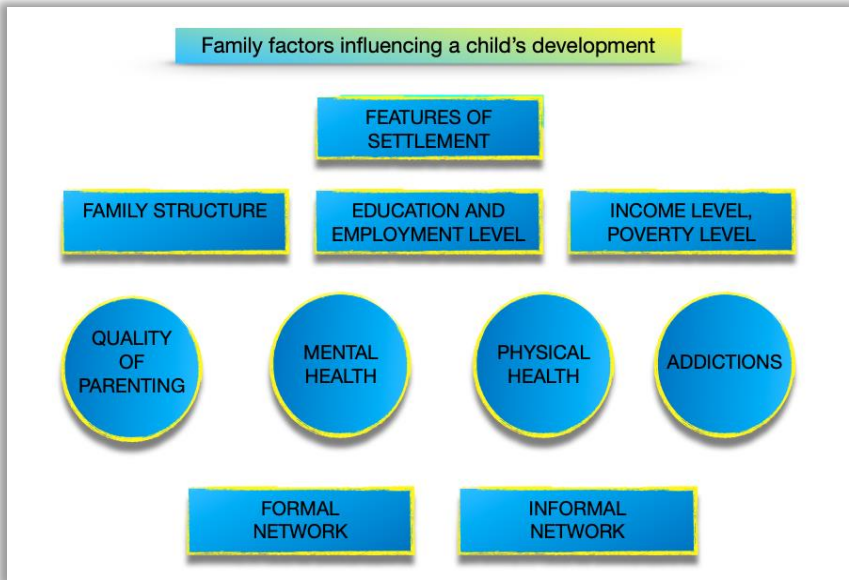


*Source:* author's own work 2020 on the basis of CWDC (2011) and the presented research results

Figure 2. Community functions of key importance
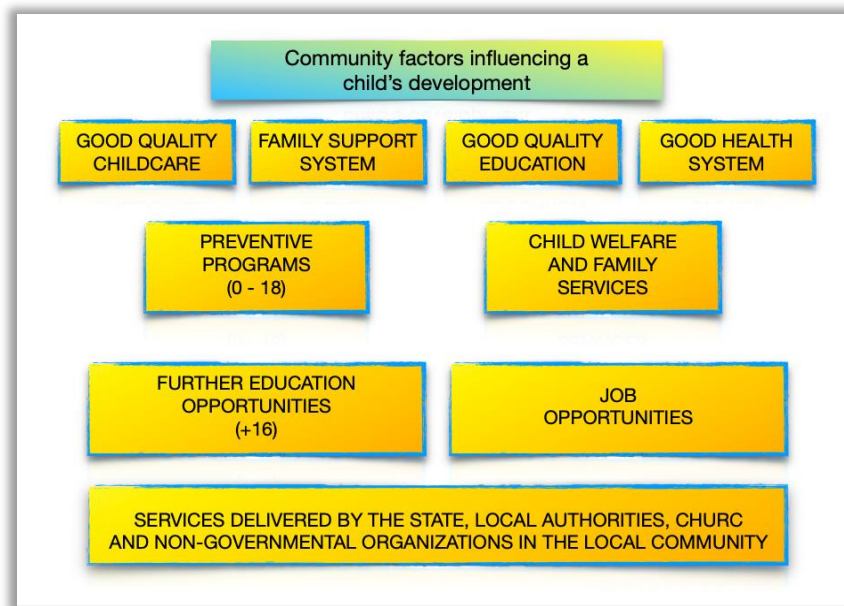


*Source:* author's own work 2020 on the basis of CWDC (2011) and the presented research results

As the research results also reveal, we need a child protection structure in place, which is supportive, builds on the work of well-trained professionals, and transmits varied services. We need complex forms of support in order to manage the accumulated and long-lasting problems of families; we also need to ensure specific mental health support to professionals in order to relieve professional burdens and preserve their mental health (Rácz 2016; 2019; Rácz–Bogács 2019; CWDC 2011). When these conditions are fulfilled, the families with children facing troubles become increasingly able to efficiently use the available services, thus contributing to the wellbeing of their family members and enhancing the mobility chances of children.

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