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Social (Im)Mobility and Social Work with Families with Children. Case Study of a Disadvantaged Microregion in Hungary

Andrea Rácz * and Dorottya Sik

Department of Social Work, Eötvös Loránd University, 1117 Budapest, Hungary;
sik.dorottya.borbala@tatk.elte.hu

* Correspondence: racz.andrea.aniko@tatk.elte.hu

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Abstract: The aim of this study was to analyze the perception of families and concerned social workers. The research was conducted in an underprivileged and disadvantaged microregion in North Hungary. The main focus was on the available health, educational, child welfare, and social services and supports. The starting point was to enquire about the target group's knowledge of these services. The study examined the extent to which social work is able to provide support to disadvantaged, marginalized families with children and the way the dysfunctional operation of the system contributes to the perpetuation of the clients' living conditions. Analyzing the quality of these services and supports is crucial to understanding the social mobility opportunities of the children living in this microregion. The results show that without capability and talent development for the children and given the lack of welfare services, the social mobility opportunities of these families are extremely low in Hungary.

Keywords: families with children; child welfare services; social mobility; social work

1. Introduction

The Hungarian Child Protection Act of 1997 represents a milestone in child welfare and child protection in Hungary. When examining the history of domestic child protection, it appears that like Western-European trends, the legal background, institutional system, and services of child protection were shaped in the 19th century with education, then in the 20th century alongside the development of children's rights. It was also in this era that the image of children and orphans, with the notion of childhood, appeared in Hungarian public thought. The first coherent legislation in 1901 was groundbreaking, as it held the state liable for children's wellbeing. Article 8 of the act from 1901 includes the view that the child represents a social value and needs to be treated differently from adults. In the interwar period, besides the protection of orphan children, the protection of the mother and infant was also included in the legislation (Czirják 2008; Révész 2007). At the beginning of the 20th century, along with the development of the Hungarian public health system and the improvement of hygiene conditions, the health condition and life prospects of children were also substantially improved. The development path, which was similar to the international trend, especially the one prevailing in English-speaking countries, was broken by the communist dictatorship following World War Two. In line with the era's ideology, the previously functioning foster care network was curtailed, and according to the Hungarian Family Act of 1952, all children who for some reason could not be brought up within their families were raised in institutions. Prior to the system change in 1989, institutions hosting large numbers of children were criticized severely, since they could not ensure proper services to 24,000 children from the perspective of the children's socialization and future (Révész 2007).

Before 1989 the first initiatives of child welfare services could be noticed along with the slow disintegration of the dictatorship. Simultaneously with the advancement of social sciences in Hungary, discussing and analyzing social issues, poverty, and the situation and problems of children increased. Following the regime change, between 1990 and 1997, when the Child Protection Act was issued, family support services were in charge of child welfare issues on the level of settlements. This period was one of regime change and economic recession, when the Hungarian economy and society underwent a serious crisis lasting until the beginning of the 2000s when the institutional structure of social services and child protection and the system of professional education were built up. Due to the increase of social disparities, besides the network of childcare officers and education counsellors, there was a need to develop a new institutional system centered on social inequalities and social problems. One of the aims of the institutional framework created by the Social Act of 1993 was a shift in strategies; instead of charitable support, social work with mobilizing and empowering features started to prevail. Then, in 1997, when the Child Protection Act was born, the main purpose was to delimit administrative work from supporting services. The basic value of volunteer participation was of great importance for professionals struggling to set up the system of child protection (Domszky 2013). The aim of the Child Protection Act was to create a comprehensive system able to ensure equal opportunities to disadvantaged children, and in which the services supporting, or, if needed, replacing the families build on each other along with the rights of children (Herczog 2001, p. 25). Soon after the act was enforced, professionals formulated criticism, stating that there were not enough resources, professionals, and expert knowledge available in order to put into practice the principles the act was based on. Due to financial reasons, it was an important objective to limit or prevent the practice of removing the child from their family (Herczog 2001). The core element of the act was the introduction of new service types. It is rightful to say that the Child Protection Act foresees a modern structure of cash and in-kind benefits for the welfare of children, basic child welfare services and administrative measures targeting the protection of children, and home care services¹. The question is how compelling the welfare functions of child protection are and to what extent the system is able to create opportunity and ensure wellbeing for the families and opportunities for disadvantaged children or children at risk in order to become successful adults in the future.

According to the Global Definition of Social Work of the International Federation of Social Work (2014), the aim of social work is to promote social change on behalf of enhanced wellbeing. Thus, a social work type intervention is needed when in a certain situation a switch towards development is unavoidable on the level of the individual, family, group, and community. In this study, based on these values, the views of families with children living in the northern part of Hungary in a disadvantaged microregion were examined. The focus of this study was to analyze the accessible provisions and services related to child-raising and whether the families are informed at all about such services. In this study it was crucial to introduce the views of professionals working with the families regarding the professional quality of the provided services. The central aim of this study was to discover to what degree social work with families with children and dedicated provisions and services are able to serve the wellbeing of families and enhance their chances of social mobility. Since 1997 from the beginning of the established child welfare system, an analysis of the effect of the social services on the mobility of families with children has not been realized. From this point of view, this research is niche in terms of its focus on Hungarian practice and the developmental direction to increase social mobility in Hungary. Previous Hungarian studies analyzed only sections (transition of the child welfare system, situation of the children in the foster care system, etc.) of the childcare and child welfare system in Hungary. In this research the starting point was to analyze the social services of the families in a complex way

¹ For more on the structure and functional specificities of the Hungarian child protection system, see Rác (2015) and Balogh et al. (2018).

according to the research methods of several international studies ([Karagoerge and Rosemary 2008](#); [Fernandez 2014](#); [Magnuson 2014](#)).

2. Child Welfare and Social Mobility

The perception of childhood often entails associations with poverty, exclusion, abuse, and neglect. Child protection and child wellbeing are intricately connected with the issue of social mobility. In an open society, opportunities for social mobility are available to its members, especially to children, when a preventive approach to child protection is taken. The child welfare system, in this case, treats the families properly and alters the lives of families and children struggling with difficulties and blockages to a positive direction/change. The mitigation of eventual disadvantages through appropriate interventions and the measures aimed at the reduction of different social inequalities—aligned with the basic objectives and preventive approach of child protection—are of utmost importance from the perspective of social integration and social mobility as well ([Stryker et al. 2019](#)). Exclusion and the limitation of social mobility opportunities are the results of a process; the affected families and households pass down to future generations their disadvantages in many important dimensions of life, like education, labor market condition, place of residence, housing conditions, and access to cultural properties ([Messing and Molnár 2011a](#)). The impact of passed-on deprivation, poverty, and exclusion can be counterbalanced with social relationships, which connect excluded communities and constitute a bridge between the individual and different social organizations and state institutions. If there are no such formal and informal relationships in the fields of health, education, labor market, etc., then inevitably, social mobility becomes unachievable, and the exclusion of already marginalized communities deepens ([Messing and Molnár 2011b](#); [Váradi 2015](#)). According to an OECD research study ([OECD 2009](#)), factors related to education and labor market determine the efficiency of social mobility channels. An [OECD Report \(2018\)](#) also confirms that the life prospects of children and the social mobility of families are closely linked to the socioeconomic status of the family and the quality of the available social and child welfare services.

Concerning Hungarian child protection, several studies ([Pataki and Somorjai 2006](#); [Rubeus Egyesület 2015](#); [Darvas et al. 2016](#)) revealed that the professional goals are properly established in the Child Protection Act. Since 1997 in the Hungarian Child Protection Act, prevention is emphasized. Accordingly, it sets as a basic task of professionals working with children and youth to provide information on the rights of the child and their possibilities regarding social participation. In the practice of prevention, these fundamental rights and methods stayed in theory, and in practice prevention has always been neglected. Professionals were able to work almost only with children at risk, which is entirely irreconcilable with the approach relying on prevention. A large number of service users are obliged to cooperate, instead of voluntarily requesting the services. The high number of cases, the lack of proper resources, and burnout are permanent features of this field. The high number of cases allows only for emergency interventions, not for exhaustive, intense family care or prevention ([Rubeus Egyesület 2015](#)). Thus, it is exactly that part of the Child Protection Act that is unfulfillable, that which would serve prevention and continuous, good quality support. However, the social mobility opportunities of children greatly depend on the accessibility and quality of services.

3. Data and Methodology

The research was based on a combined methodology and consisted of a qualitative and a quantitative part. The goal of this combined methodology was to complete and relate the notion and knowledge of the participants. Interviews with the professionals deepened the knowledge in this research field. According to the research ethics of sociology, permission from every participant was obtained, and responses were anonymized.

Initially, 10 interviews were conducted in the disadvantaged microregion with professionals working in the social field and involved in family support and with a local decision-maker from the appropriate part of the local authority. The aim of the semi-structured interviews was to map the care

and services available in the region, and to find out the views of professionals about the quality of care, the situation of clients, and how the provided services can contribute to the addressing of social problems and in a wider sense to the increase of opportunities for social mobility. The deficiencies in the institutional structure, the provided services, and the needed services in order to solve the problems of families with children and to promote their wellbeing were the focus of the research. The main topics of the interviews were: (1) the presentation of the institutional structure; (2) the range of provisions and services; (3) the presentation of the system of clients; (4) professional challenges, fields requiring development; (5) the interpretation of the effect of a given service on social mobility and quality of life.

The questionnaire-based research was carried out on the basis of the results of the interview-based research, with the aim to explore the views of families with children. The goal of this questionnaire was to analyze the situation and wellbeing of the families with children in a bigger sample. According to the research ethics of sociology, thorough disclosure of information was given to all families about the research and anonymity policy. Data collection was carried out on a representative sample among families with children aged 0–17 (according to the number of children and place of residence) in a disadvantaged microregion of the North-Hungarian region, based on stratified random sampling. The gathered data were weighted according to the composition of the households; the size of the sample in the weighted database consisted of 260 persons, 14% of all families with children in the region. The aim of the questionnaire was to map how healthcare, educational, and social provisions and those related to child-raising are known and used. The following presents the opinions regarding the most important provisions determining the wellbeing, social integration, and mobility opportunities of families in the above-mentioned four areas of services. Linked to the survey, in 40 cases, short, semi-structured interviews were conducted. These interviews with the participants of the questionnaire were voluntary. The length of the interviews was 5–15 min. Through these interviews with the participants, the situation of the local social, public health, and educational system and the eventual interventions of social work were detected. The quality of these services and the experience of the participants were also analyzed.

The main questions of the research were: What kind of services are available for families with children in disadvantaged regions? Can the families access these services? What are the impressions of the clients regarding the attitude of professionals and the effect of the local social work? What is the opinion of the professionals about the outcome of social work in the region? According to the opinions of the clients and the professionals, do these services contribute to social mobility and improving life quality of the families?

The assumption of this research was that the opportunity to make a difference regarding social mobility is limited, which preserves the inequality in Hungary. The deficiency of this research is that without longitudinal data, the problems and insufficiencies in the childcare system were analyzed without the effect of the long term. In this paper, first, the views of professionals on the functioning of the child protection system are summarized. The main results of the questionnaire-based survey on how known and used provisions related to child-raising are presented. Finally, the findings of the interviews with residents are briefly reviewed.

4. Results and Discussions

4.1. *Services Supporting Families with Children from the Perspective of Professionals*

According to the common views of the interviewed professionals, small settlements are in a difficult situation; the quality or even the availability of services lag far behind those available in towns. Neither the local services nor regional services are able to address complex family problems typical for small settlements linked to poverty, unemployment, addiction, school issues, and teenage pregnancy. The main reason for this is the lack of professionals. Each interviewee mentioned the high number of cases and the difficulties arising from this; the large number of cases is an impediment to quality work and significantly contributes to early burnout. Perplexity and the lack of resources cause problems for

everybody. *“Several solutions were formulated. One says that the system needs more money. The other says that more possibilities and more access are needed”* (no. 1 case manager in a settlement in North Hungary).

Undoubtedly, the main social issues the professionals are confronted with are poverty, financial difficulties, and school absenteeism: *“(. . .) in fact the really difficult situation is when there isn’t a supportive family behind the child. And when there isn’t such a supportive family, and there isn’t anyone to say: son, you need to study, or son, you should acquire a profession”* (family carer in a settlement in North Hungary). Besides school absenteeism, bullying and in many cases domestic violence are also weighty problems.

Regarding support to families, the lack of nurseries and alternative childcare institutions poses a further problem. An issue typical for all services is the uncertainty of resources and available/awarded tenders and the ensuing unpredictability of service providing, which is a burden for both the users of services and for professionals. *“What is painful, well, these programs. Meaning that within x years, it would be stopped. And I’m not sure that this is a good solution, since if they had already grabbed their hands and set off on a road together, it is really terrible that they are left alone again”* (deputy mayor of a settlement in North Hungary).

According to professionals, work and service providing conditions are deficient; the institutions and services functioning in small settlements typically are not able to ensure even the basic services for locals as stipulated by the law. *“We should have three case managers here; at present we are to fill in the positions, and it’s the same with family carers and the center”* (no. 2 case manager in a settlement in North Hungary).

The professionals think congruently that the current services do not have a positive impact fostering social mobility. The means available to those providing the services are not sufficient for substantially changing the social condition of families with children. They typically have the power and resources only for firefighting. Services that can achieve development and promote wellbeing are entirely deficient or have limited accessibility both for the adult and underaged population. *“From the point of view of social mobility, the center or the local or regional institutions aren’t really able to enhance the social mobility of children affected with various problems, the reason for this being the lack of professionals, and the lack of motivation of children and parents regarding learning. There aren’t good teachers, child development specialists, psychologists”* (no. 3 case manager in a settlement in North Hungary).

4.2. Views of the Population Concerning Family Supporting Provisions: The Main Results of the Survey²

4.2.1. Knowledge and Use of Healthcare Services

The aim of the questionnaire-based survey was to find out which healthcare provisions and services are known to families with children. It is striking that the hospital is known by less than 3%, while specialized healthcare is known by approximately two-thirds of the respondents. The lack of information on the availability of care is especially high in the case of families with children in the matter of pediatricians. In turn, a positive aspect is that the network of childcare officers is well known. The high number of visits to the general practitioner might indicate the poor health condition of the population; a low number would point to a deficiency in provision. In Table 1, the number and distribution of users of the healthcare system are presented.

² The survey was carried out with the contribution of sociologist Zita Éva Nagy (ELTE).

Table 1. What kind of healthcare services or institutions exist in the place you live or in the surroundings you know about, and which ones do you use? (%/N; total N = 260 individuals).

	Percentage of Individuals Being Aware of the Service in the Disadvantaged Microregion (%/N)	Percentage of Individuals Using the Service in the Disadvantaged Microregion (%/N)
General practitioner	95.6/248	87.3/227
Pediatrician	43/112	65.4/170
Childcare officer	93.7/244	78.4/204
Pharmacy	76.3/198	76.7/199
Specialized doctor	32.6/85	48.9/127
Hospital	2.7/7	41/107

4.2.2. Awareness and Use of Services Related to Child-Raising

The acquaintance with and use of the five services related to child-raising were examined. It is important to note that although the kindergarten is a public education institution, due to its role in child-raising and socialization, it was included in the range of services supporting families with children.

The kindergarten is widely known in the settlement or in the surroundings. In turn, as seen in Table 2 below, other services are hardly known; nursery and educational counselling are known by every third respondent, and 12% are aware of services provided by the psychologist. The Sure Start House, which is a service established for disadvantaged children, is an exception, since it is embedded into the population's perception in 71% of the examined deprived microregion. All services supporting child-raising are used to a low extent except kindergartens. Almost one in five respondents (19.4%) uses the nursery, approximately every tenth respondent (12%) has recourse to educational counselling, and one in 20 (4.8%) turns to a child psychologist. Regarding the Sure Start House, every third parent (35.7%) indicated that they are attending it. The percentages of individuals being aware of and using the services in the disadvantaged microregion are presented in Table 2.

Table 2. What kinds of services or institutions related to child-raising exist in the place you live or in the surroundings you know about, and which ones do you use? (%/N; total N = 260 individuals).

	Percentage of Individuals Being Aware of the Service in the Disadvantaged Microregion (%/N)	Percentage of Individuals Using the Service in the Disadvantaged Microregion (%/N)
Nursery	36.7/95	19.4/50
Sure Start House	71.1/185	35.7/93
Kindergarten	96.2/250	70.4/105
Educational counselling	32.4/84	12/31
Child psychologist	12.3/32	4.8/12

4.2.3. Awareness and Use of Educational Institutions

The extent to which educational institutions are known and used largely determines the life prospects of children. In this section of the research, five forms of support and institutions were chosen, including opportunities for secondary education and language learning as well. While primary education is known by practically the entire population, it is interesting that schools specifically aiming at the inclusion of disadvantaged children are known to only approximately 20%. The possibilities for continued education so crucial for social mobility are also known to a low extent (20.8%). Nevertheless, one in four respondents is aware of the accommodation possibility ensured by colleges, though it is well-known that it is also an excellent solution to prevent the removal of a child from the family, even if the domestic system of colleges provides a small number of places. Language learning as a means to ensure grounds for the future of the children is known by more respondents (32.6%, see Table 3). In turn, the opportunities provided by the school for disadvantaged children and by the college as

well are used to a very low extent. Despite being known by almost 20%, the school for disadvantaged children is attended by approximately 7%, though it could have a significant role in compensating disadvantages, just as it could have an outstanding role in the promotion of talented children too. The percentages of individuals being aware of and using the services in the disadvantaged microregion are presented in Table 3.

Table 3. To your knowledge, are there educational institutions and learning opportunities in your settlement or in the surrounding area? Which ones do you use? (%/N; total N = 260 individuals).

	Percentage of Individuals Being Aware of the Service in the Disadvantaged Microregion (%/N)	Percentage of Individuals Using the Service in the Disadvantaged Microregion (%/N)
Primary school	97.4/253	62.2/162
School for disadvantaged children	19.7/51	6.8/18
Continuous learning	20.8/54	17.1/44
College	22.5/59	6.6/17
Language learning	32.6/85	19.8/129

4.2.4. Awareness and Use of Social Services

In the region, three social services are focused on special life situations. From the perspective of opportunities for social mobility, it is very important whether a family with children has recourse to care for elderly people or for people with a disability or with addiction. Family and child welfare services and debt management are destined to contribute to the solution to difficult life situations of a family, including the management of the financial situation, just as meals for children are tools of poverty reduction. Of course, the child welfare service is able to react to a wider range of issues, its focus being the prevention or ceasing of a child being at risk within the family, and its aim is for the child to be raised within their family.

Concerning the examined six services, the conclusion is that three of these, namely the family supporting service, the center for the elderly, and the summer meals for children, are widely known. In turn, awareness of the services supporting people with disabilities and with addiction shows that the respondents do not have much information on these. It is a positive aspect though that families with children are aware of the child welfare service even if only one in five respondents has information on debt management, which has an outstanding importance in managing financial problems and indebtedness. One-quarter of the families with children have a referral to family support, such cases referring to child protection situations within the family, where social work intervention is required. Summer meals for preschoolers and school children are extremely important in combating child poverty as well; the access to this type of information can be considered adequate, though this service is used only by 33%. The percentages of individuals being aware of and using the services in the disadvantaged microregion are presented in Table 4.

Table 4. Are there services people can have recourse to in case of social problems? Which are the ones you use? (%/N, Total N = 260 individuals).

	Percentage of Individuals Being Aware of the Service in the Disadvantaged Microregion (%/N)	Percentage of Individuals Using the Service in the Disadvantaged Microregion (%/N)
Family support and child welfare service	77.3/201	25/65
Debt management	16.3/42	5/13
Summer meals for children	85.2/222	33/86
Support to people with disabilities	8.7/23	0.5/1
Support to people with addiction	3.8/10	0.5/1
Centre for the elderly	66.1/172	8.9/23

4.3. Main Features of Households Using the Child Welfare Service

The users of the child welfare service were the main focus of this study. The income and deprivation level of the households of the respondents through several indicators compliant with international standards were examined to analyze the background of the users. The differences in the use of the services depended on the different individual, household, and housing specificities of families. Three types on the basis of group factors were defined and applied to further variables: (1) individual specificities: the gender of the respondents and whether they consider themselves of Roma ethnicity³ were included; (2) household specificities: income poverty (OECD2)⁴, severe deprivation⁵, highest education level within the household, the type of labor market participation of the household⁶, whether the mother is an early school leaver, whether housing conditions are below standards⁷; (3) specificities of the place of residence: type of settlement and whether the place of residence is in a segregated area⁸.

If the OECD definition of income poverty is applied, 31.7% of the respondents are affected by income poverty, 17.4% by severe deprivation, and 18.1% live in a substandard dwelling. Social exclusion is substantially determined by the education level and labor market participation. More than a third of the respondents live in a household, where the highest level of education is primary school (35.9%), almost a quarter have someone in the household who had learnt a profession (23.4%) or completed secondary education (23.2%), while 17.5% completed post-graduate studies. In up to 13.3% of the respondents, the mother left school early; in 6.3% of the examined households there were no employed persons, while in 21% only casual work or community service work is undertaken. Table 5 shows the specificities of households using the child welfare service in the microregion⁹.

Table 5. Use of family support and child welfare service on the basis of the features of the household (N = 260 individuals).

Feature of the Household	Applied Test/ Value	Sig.	Main Results
Family support and child welfare service			
Roma origin	Fisher's exact test	0.000	Compared to their rate in the sample, people in Roma households use the service at a higher rate.
Income poverty	Fisher's exact test	0.03	Compared to their rate in the sample, poor people use the service at a higher rate.
Severe deprivation	Fisher's exact test	0.001	Compared to their rate in the sample, severely deprived people use the service to a higher rate.
Highest level of education in the household	Pearson's χ^2 test (16.622)	0.001	The lower the level of the highest education in the household is, the more the people in the sample use the services, compared to their rate in the sample.

³ In Hungary the largest officially accepted minority is the Roma minority, the estimated number of Roma is 700,000–800,000. The situation of the Roma minority in Hungary and other Eastern European countries is connected with exclusion, poverty, and discrimination.

⁴ Income poverty: 60% of the median income (median income being the entire population ranked according to the income per 2 consumption units; the average income at the middle of the ranking represents the median income, meaning that compared to that value, exactly the same number of individuals have less income, as many have more).

⁵ Deprivation is assessed by examining from a standard list of needs (with nine items) how many elements are ensured in a family. Four or more unsatisfied needs indicate a severe level of deprivation.

⁶ Three values were determined: no members within the household with permanent employment; only members doing community or seasonal work in the household; there are members with a job in the household.

⁷ A dwelling is below standards if it does not have running water or a toilet/bathroom or if its floor area is less than 50 sqm.

⁸ While preserving anonymity, it should be mentioned that in the examined microregion housing segregation is typical to five settlements.

⁹ In the table the background variables were included, among the groups of which, following a proper statistical analysis, significant difference was found. The applied statistical method indicated the level of significance, which is briefly reviewed in the results of the analysis.

Table 5. Cont.

Feature of the Household	Applied Test/ Value	Sig.	Main Results
Family support and child welfare service			
Substandard dwelling	Fisher's exact test	0.000	Compared to their rate in the sample, people living in substandard dwellings use the service at a higher rate.
Type of labor market participation	Pearson's χ^2 test (20.381)	0.000	Compared to their rate in the sample, people in households where none of the members has employment, or where only seasonal or community work is undertaken, use the service at a higher rate.
The mother is an early school-leaver	Fisher's exact test	0.019	The households where the mother left school at an early age, use the service to a greater extent.
Type of settlement	Fisher's exact test	0.04	Compared to their rate in the sample, people living in rural areas use the service to a slightly greater extent.

The examination of the use of child welfare services lets us conclude that these services reach out to those most needing them; compared to their rate in the sample, these services are used to a greater extent by Roma, poor, severely deprived people living in rural areas, and by households with members who have low levels of education, who do not have employment or are doing community work. On the one hand, this might indicate that the service successfully fulfils its goals; on the other hand, it also reveals the deficiencies of the system, since the range of welfare services and preventive solutions is very limited, an aspect highlighted by professionals as well. The results confirm the presumption that the system is typically relying on emergency interventions.

4.4. The Views of Parents Regarding the Quality of Provisions Available to Families with Children

In connection with the survey, in 40 cases short interviews were conducted as well. Forty parents agreed to participate in these short interviews. According to the interviewees, only a very few provisions and services are available in the North Hungarian microregion that aim at supporting parenting and contributing to solving the situations of families. In these settlements, families cannot afford to pay for private services; thus, in lack of demand, no offer is available within reach and in an affordable manner. Regarding healthcare services, locally only the general practitioner is available. Opinions about the general practitioner are mixed; many people are satisfied with them, but several interviewees complained of the long waiting time and unpredictable consultation hours. The childcare officer goes to the village once in a week; her presence is acknowledged, she can be asked for advice, and she helps whenever any problems occur with the infants. *"She comes on every Wednesday; she has her own place where she comes. She's really nice, you can talk to her, she's doing her job, she goes to houses to see the conditions children live in, or if a baby is brought home, she goes to visit them, so it's cool"* (family no. 6 living in a village in a North Hungarian microregion).

Regarding the non-emergency medical on-call service, the general opinion is rather poor. The attending physician does not visit the area regularly. Even if he does, he is not willing to examine the patients thoroughly. According to several interviewees, there are attending physicians who work while drunken and make openly racist remarks regarding the Roma families. *"When my husband was sick in winter, his big toe was cut off due to vasoconstriction, the doctor didn't show up in the morning, only after 10 am. He was suffering, in huge pain! After his visit we had the chance to go to the hospital for infusion. That was the drunk doctor!"* (family no. 14 living in a village in a microregion in North Hungary). The interviewees have little information on the specialist healthcare services and screening possibilities available in the hospital located close to the villages; they are rather reticent towards such consultations, unless they have a serious illness. They have more detailed and comprehensive information exclusively on child healthcare and prenatal care. Opinions on doctors largely depend on what kind of experiences the families have; in general, their views on these services are more negative than positive. *"Well, unfortunately I'm not satisfied with them. And there are quite a lot of small children,*

there is also a place available where a pediatrician could work, but at present there isn't any. There is only one general practitioner who looks after everybody" (family no. 6 living in a village in a microregion in North Hungary).

Concerning services for children, the interviewees stated that there are no nurseries in the villages of the disadvantaged microregion, this fact making it very difficult for women to find jobs in the region where the rate of unemployment is already high. The settlements include a children's house, a kindergarten, and a primary school. There is no opportunity to learn languages or music. Many people like the children's house very much. They call it a doll's house and are happy to attend it with their children; in turn, others have a negative opinion, stating that only a few people use the institution. Several interviewees complained about the fact that the playground in the courtyard of the children's house is accessible only during visiting hours, since no other playgrounds exist within reach. *"Well, they do attend it, usually around 15–20 children at least, especially when there's an event, painting eggs at Easter, whatever, Women's Day, they organize events on such days, and many people come. At Christmas too, when we were there, there were some 25 people for sure"* (family no. 4 living in a village in a microregion in North Hungary).

Despite the deprivation and severe poverty typical for this microregion in North Hungary, there is no social worker present in these villages to provide substantial support to families with children. Families mention the local council they can turn to for cash and in-kind support and their family relationships and friends they can rely on if they have difficulties. In the interviews, the local council is mentioned as an authority responsible for allowances, while child protection as an authority is clearly associated with the fear that they would be separated from their children. The child welfare service is not delimited in their perception of child protection, which implies that they do not have trustful information on this service. *"Well, in the office, there are people who're involved, God forbid, with child protection, then there's this housing support, meals for children. There's a clerk there, who fills in the form, 'cause you have to write down officially your material situation, then they would decide whether you're entitled or not"* (family no. 10 living in a village in a microregion in North Hungary).

Locally, there are limited employment possibilities in the disadvantaged microregion. Many choose to commute to Budapest, which is very demanding for both the employee and their family since it implies leaving at dawn and returning home late in the evening. In most interviews working abroad was mentioned as a possibility, especially for male members of the families, though being away from the family for several months does mean a strong counterargument when considering the decision.

5. Conclusions

Supporting the opportunities for social mobility of children and the accessibility and quality of the related services constitute child welfare issues. On the basis of the quantitative and qualitative results of the research, the territorial disadvantages essentially determine the social mobility opportunities of families and children. A very limited number of services are available locally in the examined microregion in North Hungary. Their quality is uneven; the nearby towns are hard to access, since public transportation is inappropriate.

It is a striking fact that the system of social assistance is almost invisible to families with children. The fact that those families who would need support are excluded from the social supporting services is very meaningful regarding the way in which the underfunded social sector struggling with the lack of sufficient professionals can react to the problems of people living in a given microregion or settlement. Through lack of service development, with the restrained capacities and insufficient quality of the existing services, the social mobility opportunities of children in this disadvantaged area are low. The wellbeing and successful life prospects of children largely depend on the welfare service accessible to them throughout their socialization, the quality of such services, and the opportunities in front of them.

In order to achieve real change in the present situation, the quality of education, healthcare, and social services needs significant improvement, this undoubtedly requiring undertakings at

decision-making level as well. The most significant problem of the Hungarian child protection system is that although the Child Protection Act does exist, in the 30 years since its entering into force, this structure has never been put into real practice and has not functioned properly because of the lack of appropriate resources. The Hungarian child welfare and child protection system struggles with the lack of proper resources and professionals as well as the fluctuation and high number of cases. A lack of sufficient time, energy, resources, and professionals available for prevention or for impeding the risk factors contributes to this situation (Rubeus Egyesület 2015; Rácz 2017). It is exactly this aspect of the tasks formulated by the act, serving prevention and continuous, good quality care, that cannot be completed and fulfilled. In the future child welfare and child protection development must focus on the complex problems and circumstances of the families in order to give appropriate answers, services, and solutions to the needs of the individuals and families. It is crucial that the impact of regional disparities must not affect the level of these services (Rubeus Egyesület 2015). It is extremely important to widen the preventive services and solutions in order to develop the children and the competences of the parents.

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