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Article

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

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Abstract: The aim of our study is to analyse the perception of the families and concerned social workers. The research was conducted in an underprivileged and disadvantaged microregion in North Hungary. The main focus was the perception on the available health, educational, child welfare and social services and supports. The starting point was to enquire the target group's knowledge of these services. The study examines the extent to which social work is able to provide support to disadvantaged, marginalized families with children, and the way how the dysfunctional operation of the system contributes to the perpetuation of the clients' life conditions. Analysing the quality of these services and supports is crucial to understand the social mobility chance 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 mobility chance and opportunities of these families are extremely low in Hungary.

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

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 alike Western-European trends, the legal background, institutional system and services of child protection were shaped in the 19th century along education, then, in the 20th century along the development of children's rights. It was also in this era that the image on children and orphans, the notion of childhood appeared in Hungarian public thought. The first coherent legislation in 1901 was ground-breaking, 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 already, institutions hosting large numbers of children were criticised severely, since these could not ensure proper services to 24 thousand children from the perspective of the children's socialization and future. (Révész 2007)

Before 1989 the first initiatives of child welfare services can be noticed already, along the slow disintegration of the dictatorship. Simultaneously with the advancement of social sciences in

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Hungary, social issues, poverty and the situation and problems of children could be discussed and researched increasingly. Following the regime change, between 1990 and 1997, when the Child Protection Act was issued, family supporting 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 child care officers and education counsellors, there was a need to develop a new institutional system centred 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 a mobilizing and empowering feature 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 a 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, which is 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 the rights of children. (Herczog 2001, p. 25) Soon after the act entered into force, 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, respectively 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 in a modern structure 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 services.[1] The question is how compelling the welfare functions of child protection are, to what extent is the system able to create chances, ensure wellbeing for the families and opportunities for disadvantaged children or children at risk, while serving their becoming successful adults.

According to the Global Definition of the Social Work of the IFSW (2014), the aim of the social work is to promote social change on behalf of an enhanced wellbeing. Thus, social work type intervention is needed when in a certain situation switch towards development is unavoidable on the level of the individual, family, group and community. In our study, keeping in mind the above mentioned values, we examine the views of families with children living in the northern part of Hungary in a disadvantaged microregion about the accessible provisions and services related to child-raising, and whether they are informed at all about such services; we also inspect the views of professionals working with the families about the professional quality of the provided services. The central topic of our study is 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 to enhance their chances of mobility.

1. Child welfare and social mobility

When we reflect on childhood as a social construct, the perception on childhood often entails associations with poverty, exclusion, abuse and neglect. Child protection and child wellbeing are intricately connected with the issue of social mobility. If in a society, opportunities of mobility are open to its members, especially to children, then child protection applying a preventive approach, and the child welfare system treating families as part of a system are able to bring about positive changes in the lives of families and children struggling with difficulties and blockages. The mitigation

[1] More on the structure and functional specificities of the Hungarian child protection system see at: Rácz (2015) and Balogh et al. (2018).

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of eventual disadvantages through appropriate interventions, the measures aiming at the reduction of different social inequalities – aligned with the basic objectives and preventive approach of child protection – are of an outmost importance from the perspective of social integration and mobility as well. (Stryker et al. 2019) Exclusion and the limitation of mobility chances are the result of a process: the affected families and households pass down to future generations their disadvantages in many important dimensions of life, like education, labour market condition, place of residence, housing conditions, access to cultural properties etc. (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 organisations and state institutions. If there are not such formal and informal relationships in the fields of health, education, labour 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 (2009) factors related to education and labour market determine the most the efficiency of mobility channels. An OECD report (2018) also confirms that the life prospects of children and the mobility of families are closely linked to the socio-economic status of the family and the quality of the available social and child welfare services.

Concerning Hungarian child protection, several researches (Pataki and Somorjai 2006; Rubeus Egyesület 2015; Darvas et al. 2016) revealed that the professional goals are properly established, since in theory the Child Protection Act emphasizes prevention, accordingly it sets as a basic task of professionals working with children and youth their information on the rights of the child and their possibilities regarding social participation; yet, the putting into practice of 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 major part of the clients is obliged to cooperate, instead of voluntarily requesting the services. The high number of cases, the lack of proper resources and burn-out are permanent features of this field. The high number of cases allows only for emergency interventions, not for the exhaustive, intense family care or prevention. (Rubeus Egyesület 2015) Thus, it is exactly that part in the Child Protection Act that is unfulfillable, which would serve prevention and continuous, good quality support. However, the mobility chances of children greatly depend on the accessibility and quality of services.

1. Data and Methodology

The research was based on a combined methodology, and consisted of a qualitative and a quantitative part. Initially 10 interviews were conducted in the disadvantaged microregion with professionals working in social field and involved in family support, and with a local decision-maker from the 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 wider sense to the increase of chances of social mobility. We wanted to find out what deficiencies they see in the institutional structure, what services they provide, and what would be needed in order to solve the problems of families with children and to promote their wellbeing. 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. 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 disadvantageous microregion of the North-Hungarian region, based on 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 aim of the questionnaire was to map how healthcare, educational, social provisions

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and those related to child-raising are known and used. In what follows we present the opinions regarding the most important provisions determining the wellbeing, social integration and mobilities chances of families, in the above-mentioned four areas of services. Linked to the survey, in 40 cases we conducted short, semi-structured interviews as well. The length of the interviews was 5-15 minutes. Through these interviews with the population, we attempted to find out what they think about the situation of the local social, public health and educational system, the eventual interventions of social work.

First we summarize the views of professionals on the functioning of the child protection system, then we present the main results of the questionnaire-based survey on how known and used provisions related to child-raising are. Finally, we briefly present findings of the interviews with residents.

1. Results and Discussions

4.1. Services supporting families with children from the perspective of professionals

According to the views of the interviewed professionals, small settlements are in a difficult situation, the quality, or even the availability of services lag far behind from services 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, teenage pregnancy. The main reason to this is the lack of professionals. The high number of cases and the difficulties arising from this were mentioned by each interviewee: the large number of cases is an impediment to quality work, and significantly contributes to early burn-out. Perplexity and the lack of resources cause problems to everybody. *"Several solutions were formulated. One says that the system needs more money. The other says that more possibilities and more access are needed."* (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 child care 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 centre."* (Case manager in a settlement in North Hungary)

The professionals think that the current services do not have 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 resource only to fire-fighting. Services which can achieve development and promote wellbeing are entirely deficient or accessible only limitedly both for the adult and underaged population. *"From the point of view of mobility, the centre or the local or regional institutions aren't really able to enhance the 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."* (Case manager in a settlement in North Hungary)

1.2. Views of the population concerning family supporting provisions – the main results of the survey[2]

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 specialised health care 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, if we think of paediatricians. In turn, a positive aspect is that the network of child care officers is well known. We also asked whether they drew on the examined services. 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.

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=260 individuals)

	Percentage of individuals being aware of the service in the disadvantaged microregion (%)	Percentage of individuals using the service in the disadvantaged microregion (%)
General practitioner	95.6	87.3
Paediatrician	43	65.4
Child care officer	93,7	78.4
Pharmacy	76.3	76.7
Specialised doctor	32.6	48.9
Hospital	2.7	41

4.2.2. Awareness and use of services related to child-raising

Related to child-raising we examined how known and used 5 services are. It is important to note that although the kindergarten is a public education institution, due to its role in child-raising and socialization, we included it in the range of services supporting families with children.

The kindergarten is widely known in the settlement or in the surroundings. In turn, 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 to 71% in the examined deprived microregion. Regarding use, we can conclude that with the exception of the kindergarten, all services supporting child raising are used to

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

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a low extent. Almost one in five respondents (19.4%) uses the nursery, approx. every tenth respondent (12%) has recourse to educational counselling, and one in twenty (4.8%) turns to a child psychologist. Regarding the Sure Start House, every third parent (35.7%) indicated that they are attending it.

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=260 individuals)

	Percentage of individuals being aware of the service in the disadvantaged microregion (%)	Percentage of individuals using the service in the disadvantaged microregion (%)
Nursery	36.7	19.4
Sure Start House	71.1	35.7
Kindergarten	96.2	70.4
Educational counselling	32.4	12
Child psychologist	12.3	4.8

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, we chose five forms of support and institutions, including opportunities to 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 only to nearly 20%. The possibilities to continued education so crucial for social mobility are also known to a low extent (to 20.8%). Nevertheless, one in four respondents are aware of the accommodation possibility ensured by colleges, though it is well-known that it is an excellent solution also 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 mean to ensure grounds for the future of the children is known by more respondents (32.6%). 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.

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=260 individuals)

	Percentage of individuals being aware of the service in the disadvantaged microregion (%)	Percentage of individuals using the service in the disadvantaged microregion (%)

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Primary school	97.4	62.2
School for disadvantaged children	19.7	6.8
Continuous learning	20.8	17.1
College	22.5	6.6
Language learning	32.6	19.8

244

245 4.2.4. Awareness and use of social services

246 We have examined a few social services as well. Three of these are focused on special life
247 situations, but in our view, from the perspective of chances to mobility, it is very important whether
248 a family with children has recourse to care for elderly people, for people with disability or with
249 addiction. Family and child welfare service, and debt management are destined to contribute to the
250 solving of difficult life situations of a family, including the management of the financial situation, just
251 as meals for children are tools of poverty reduction. Of course, the child welfare service is able to
252 react to a wider range of issues, its focus being the prevention or ceasing of a child being at risk within
253 the family, and its aim is that a child could be raised within their family.
254 Concerning the examined six services, we can conclude that three of these, namely the family
255 supporting service, the centre for the elderly and the summer meals for children are widely known.
256 In turn, awareness of the services supporting people with disabilities and with addiction shows that
257 the respondents do not have much information on these. It is a positive aspect though that families
258 with children are aware of the child welfare service even if only one in five respondents has
259 information on debt management, which has an outstanding importance in managing financial
260 problems and indebtedness. One quarter of the families with children has recourse to family support,
261 such cases referring to child protection situations within the family, where social work intervention
262 is required. Summer meals for pre-schoolers and school children are extremely important in
263 combating child poverty as well; the access to this type of information can be considered adequate,
264 though this service is used only to 33%.
265

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

	Percentage of individuals being aware of the service in the disadvantaged microregion (%)	**Percentage of individuals using the service in the disadvantaged microregion (%)**
Family support and child welfare service	77.3	25
Debt management	16.3	5
Summer meals for children	85.2	33

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Support to people with disabilities	8.7	0.5
Support to people with addiction	3.8	0.5
Centre for the elderly	66.1	8.9

268

269 **4.3. Main features of households using the child welfare service**

270 We considered important to examine who are using the child welfare service, which is in the
271 centre of our study. We measured the income and deprivation level of the households of the
272 respondents through several indicators compliant with international standards. By sorting the data
273 in a cross-table, we examined whether there are differences in the use of the services depending on
274 the different individual, household and housing specificities of families. We defined the following
275 three types on the basis of group factors, then we applied further variables: 1) Individual specificities:
276 we included in this category the gender of the respondents and whether they consider themselves of
277 Roma ethnicity; 2) Household specificities: income poverty (OECD2)[3]; severe deprivation[4]; highest
278 education level within the household; the type of labour market participation of the household[5]; is
279 the mother an early school leaver; housing conditions are below standards[6]; 3) Specificities of the
280 place of residence: type of settlement; whether the place of residence is in a segregated area[7].
281 If we apply the OECD definition of income poverty, 31.7% of the respondents is affected by
282 income poverty, and 17.4% by severe deprivation. 18.1% lives in a sub-standard dwelling. Social
283 exclusion is substantially determined by the education level and labour market participation. More
284 than a third of the respondents lives in a household, where the highest level of education is primary
285 school (35.9%), almost a quarter has someone in the household, who had learnt a profession (23.4%),
286 or has completed secondary education (23.2%), while 17.5% has completed post-graduate studies. In
287 up to 13.3% of the respondents, the mother left school early; in 6.3% of the examined households
288 there is not any person with employment, while in 21% only casual work or community service work
289 is provided. Table 5 shows the specificities of households using the child welfare service in the
290 microregion.[8]

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

[4] Deprivation is assessed by examining that from a standard list of needs (with 9 items) how many elements are ensured in a family. Four or more unsatisfied needs indicate a severe level of deprivation.

[5] We determined three values: 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.

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

[7] While preserving anonymity, it is to mention that in the examined microregion housing segregation is typical to 5 settlements.

[8] We included in the table the background variables, among the groups of which, following a proper statistical analysis, we found significant difference. We indicated the applied statistical method, the level of significance and very briefly the results of the analysis.

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291

292 **Table 5. Use of family support and child welfare service on the basis of the features of the**
293 **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 to a higher rate.
Income poverty	Fisher's exact test	0.03	Compared to their rate in the sample, poor people use the service to 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 λ^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.
Substandard dwelling	Fisher's exact test	0.000	Compared to their rate in the sample, people living in substandard dwellings use the service to a higher rate.
Type of labour market participation	Pearson's λ^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 done, use the service to 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 higher extent.

Type of the settlement	Fisher's exact test	0.04	Compared to their rate in the sample, people living in rural areas use the service to slightly higher extent.

The examination of the use of child welfare services lets us conclude that these reach out to those most needing these services: compared to their rate in the sample, these services are used to a higher 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 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 we conducted short interviews as well. According to the interviewees, only a very few provisions and services are available in the North Hungarian microregion, which aim at supporting parenting and at 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 health care 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 child care officer goes to the village once in a week; her presence is acknowledged, she can be asked for advice, 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 bad, the attending physician does not go on field regularly, of even they do, they are not willing to examine the patients thoroughly. According to several interviewees, there are attending physicians who work while drunken, respectively make openly racist remarks regarding the Roma families. The interviewees have little information on the specialist health care services and screening possibilities available in the hospital located close to the villages; they are rather reticent against such consultations, unless they have a serious illness. They have more detailed and comprehensive information exclusively on child health care and prenatal care. It largely depends on doctors what kind of experiences they have; in general, their views on these services are rather 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 paediatrician 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 not nurseries in the villages of the disadvantaged microregion, this fact making 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 dolls' house, and are happy to attend it with their children; in turn, others have 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 in visiting hours, since no other playgrounds exist within reach.

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"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. They 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 from 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.

1. Conclusions

Supporting the chances to mobility of children, and the accessibility and quality of the related services are basically child welfare issues as well. On the basis of the quantitative and qualitative results of the research, we can conclude that territorial disadvantages essentially determine the mobility chances 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 few hours a social worker spends in a settlement is not enough for their work to get embedded in people's lives, it doesn't integrate into their thinking; it does not occur to them that they could be trustful towards these supporting services whenever they encounter difficulties in their everyday life. The fact that those are excluded from the social supporting services who would need support is very meaningful regarding the way how 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. In lack of development services promoting wellbeing, the existing services provided with restrained capacities and in poor quality limit the mobility chances of children in the area.

In order to achieve real change in the present situation, the quality of the education, health care 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 thirty years since its entering into force, in lack of the input represented by appropriate resources, this structure could never be put in real practice and function properly. The Hungarian child welfare and child protection system struggles with the lack of proper resources and professionals, fluctuation and high number of cases. There is no sufficient time, energy, resources and professionals available for prevention, or for impeding the risk factors. It is exactly that part of the tasks formulated by the act which cannot be completed and fulfilled, which serve prevention and continuous, good quality care.

Our results show that the wellbeing and successful life of children largely depends on the welfare service accessible to them throughout their socialization, the quality of such services and the opportunities in front of them. When proper social and child welfare services are given and coupled

with quality education and health care, children have equal opportunities to social mobility, to achieve a social position adequate for their talents and knowledge, and to prevail in the profession which optimally suits them. Contrary to this ideal situation, currently in Hungary, due to the limitedness of child welfare services, opportunities compensating disadvantages are not ensured, thus mobility channels are narrowed. On the basis of interviews with professionals and families, and the survey, besides the place of residence, the labour market status and educational level of the parents, and the financial situation of the families, as well as the locally accessible services greatly limit the mobility chances of children and families.

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