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Edina Berta Héderné

Who is served by child welfare services?

Power as an agent in the changes in the content of personal help

Key words: children's welfare services, child protection, case manager, social and power distance, power, empowerment

“Empowerment is not a recipe for solving the problems of social oppression, injustice and powerlessness, but as a perspective, means and method, it provides an opportunity to create a more democratic and trusting relationship with ourselves and others and as such, it can open up new paths, inspire to search for new solutions while we can discover our own knowledge and the strength and resources of our community” (Lakatos, 2009).

In Hungary, the Roma population constitutes one of the most excluded groups of society. The majority of them have a very limited access to the social goods necessary for integration, such as quality housing, employment providing minimum security or adequate education. Experts' estimates show that they are over-represented as recipients in the social and child protection systems, usually as obligated clients. Due to the lack of systematic and targeted surveys, we only have information about special child protection services (see ERRC reports, 2015, 2011, 2010, 2007). In the institutions functioning as surrogate families, the ratio of Roma children is nearly 60%, which is extremely high compared to their ratio in the whole child population. As the above-referenced European Roma Rights Centre also emphasises, this discrepancy suggests discrimination against Gypsy families and children. In my paper, I will present the results of a study on a service available before putting children in children's homes: taking into protection.

On the basis of a recent study and two case studies presented in it, I will explore how the organisational framework, that is to say, the changes in the interpretation of power within the service system, influences the aid work directed to families that represent their rights poorly or badly. To what extent are experts able to adjust their everyday activities to the purposes of empowerment, which is regarded as one of the key principles of social work? Are they able to give professional help in circumstances that are often deprofessionalised? Are they able to decrease social distances and to overwrite their cognitive constructs? What is typical in the work of child welfare services: is it bureaucratic help with reduced content, which serves the

existing power structure or is it possible for an empathic attitude supporting the clients' social integration to gain ground?

1. Introduction

One of the key principles of social work, being a profession aiming at the welfare of individuals, groups and communities, social integration and equality, is empowerment. It may be symbolic that the translation of the word into the Hungarian language has several obstacles. As Hungarian equivalents of the phrase, 'granting power' or 'enabling'¹ are most often used. It primarily means the successful contact with social institutions, representing one's interests and citizen's rights. Katz lists the components of empowerment as follows:

“Expanding individual abilities in order to make decisions more effectively;

Owning individuals', groups' and/or communities' own resources in order to achieve their aims, improve the quality of their life and realise their potential;

Making it possible for disempowered people with poor abilities to represent their interests to manage their lives better, to have their voices heard in institutions, in services and in situations influencing their lives and to practice authority instead of simply surrendering to it;

Helping people regain their strength and power” (Katz, 2009).

The theoretical background of empowerment is linked to issues of social inequalities and justice (Jönsson, 2012). The primary assumption of both basic principles: empowerment and enabling is that all individuals (groups and communities) now called clients due to their social status, are capable of change and of improving their lives because of their human nature.

Both approaches expect helping experts to create and shape their cooperation with clients on the basis of this assumption.² Helping is not characterised by a technical quality or nature, the emphasis is not on closely following a methodology, but is much rather characterised by the expert's own solid inner conviction of the other person's ability to change.

¹The purpose of enabling tends to refer to the support and reinforcement of the client's inner potential. However, a slightly different interpretation also exists, e.g. Lakatos describes the concept of empowerment as part of enabling (2009).

²Here, I only focus on helping activity directed to individuals, groups and communities struggling with a social problem or crisis. However, I find it important to mention that some of the theories serving as the basis for empowerment also question the focus of intervention. According to Dominelli, who draws on Marxism, the majority of social problems would disappear if the distribution of resources were fairer. Community work created in this way is not necessarily directed at those in need but much rather at the thinking of the majority society and the breaking of the ideological hegemony.

This inner conviction, the helping attitude ensuring empowerment is combined with cognitive constructs the key element of which is the assumption of the other person's value and a generally positive, accepting shade of opinions regarding the other person. In this way, the expert is able to relate to their clients, who are often regarded as deviant, empathically and have a positive opinion of them even contrary to social consensus or their institutional surroundings. In the presence of positive mental content, it can be assumed that the expert who considers empowerment the basis of their trade or profession will have an accepting and empathic attitude to those in need.

Therefore, the interpretation of power in the helping relationship is whether the experts themselves are capable of granting their clients power and competence in their own lives.

Besides this, it is worth examining the issue of power from the aspect of the relationship between the players of the helping relationship.

"We can talk about power whenever there is an opportunity within a social relationship for someone to exercise their will against the other person's will, regardless of what this opportunity is based on." (Weber 1987: 77). Quoted by: Katz, 2009.

In the helping relationships analysed here, the owning of power is the question of who has the opportunity to influence the decisions fundamentally determining the rearing of a child: who can make decisions about authoritative measures that prescribe strict behavioural rules, about taking into protection, who has a say in the revision of taking into protection and who makes the decision about removing a child from or replacing them into their family?

On the basis of legal regulations in Hungary, the answer to all these questions is the guardianship authority. However, it is the staff of the child welfare services that keep direct contact with families. How much power do they have? And how much competence and influence do the families involved have?

2. Legislative changes and the institutional environment

In Hungary, if an educational or other social problem occurs that involves a child, help is provided by the so-called child welfare services that are available in every settlement. This type of support is available to parents as a basic service. In this framework, problem solving is aided by individual or family consultation, counselling, applying for certain financial benefits and information, all of which are free of charge. If the expert or the institutional environment of the child or family deems that the problem has not decreased, the service staff can initiate compulsory cooperation with the family. This is based on an official decision called taking into protection. This administrative measure does not affect parental rights or responsibilities,

nor the child's place of residence. The child carries on living in their family but (s)he and the parents are obliged to comply with certain behavioural rules and they can access psychological or legal counselling and, in the case of divorced/separated parents, regulated parent-child contact aided by an expert.

Following taking into protection, as a result of the legislative changes introduced in January 2016, so-called case managers working in the district child welfare centres are also put into contact with families. Case managers are obliged to see the families living in their area three times a month. The family retains their relationship with the expert they had met at the service, but the latter is expected to report important events or changes to the case manager. The helping and controlling relationship related to taking into protection is greatly important in the lives of families for several reasons. Firstly, the professional help provided by social workers or social educators/pedagogues is often the only chance of a positive relationship with the "outside world". It is well known that often families in the greatest need have no access to the services and benefits of the social care system. In the case of taking into protection, a regular relationship is built between the family and the expert, which can increase the chances of accessing the services. However, if the service deems the parents' cooperation inadequate, that is, the parents and children have not complied with the expected and prescribed behavioural rules, experts make a recommendation that the child be removed from the family. Even though they do not make the decision, one staff member said that "*Parents know that the removal ultimately comes from us.*" (Interview No. 3)

Since January 2016, this recommendation duty has been placed on the newly built-in level: the case managers. The guardianship authority is obliged to review this compulsory, close cooperation every year. The review can result in the termination or extension of the protection or, in the absence of any positive change, the case manager may initiate the temporary removal of the child from the family.

3. Introducing the study

The study I carried on, together with Anikó Vida, between March 2016 and July 2017, extended to the work of a child welfare centre and the services related to it in a district in southern Hungary. The district includes 2 towns and 13 villages with nearly 50 thousand inhabitants altogether, more than half of whom work in the town that is the district centre. It is an agricultural area and the ratio of registered unemployed is around 10%. In the district, the ratio of Roma population does not differ from the country average, which is about 5-7%, but

it is supposed that both in the child welfare basic services and special services, the ratio of Roma recipients is higher.³

The study included the child welfare services of all 15 settlements and all 15 staff members were contacted. Anikó Vida collected data focussing on the organisational changes and I worked with two data collection methods, focussing on the above-mentioned questions. I took notes from 3 case diaries kept by each staff member (document analysis) and, having gained personal impressions about the cases from the diaries, I made loosely structured interviews with the service staff. The criteria of choosing the cases included taking into protection as well as removal from the family. All in all, I viewed 43 documents and interviewed 13 experts.⁴

3.1. Introducing the families and the problems

The average composition of the families included in the study was 2 adults and 2 children. In some cases, one of the parents was not biological and in several cases, the parents had other, grown-up children already living independently.

In the families in the care of the welfare service, the most typical problem was neglect: 18 out of the 43 cases in the study exhibited such endangering behaviour. Neglect could take the form of neglecting the necessary medical or therapeutic treatment or leaving a child of 2 or 3 years of age at home alone for several hours, or inadequate feeding.⁵ Besides these, the main reasons for taking into protection were direct physical and psychological abuse of the child (8 cases) and abuse in the parents' relationship (7 cases), as well as parents' substance abuse. In 17 cases, staff members identified 1 type of problem and in 17 other cases, it was the joint presence of at least 3 problems that justified compulsory child protection care. In 2 cases out of the 43, the expert did not find it justified that the child had been removed from their family and placed with foster parents by previous authority measures.

³Reliable data about the over-representation of Roma children in child protection are only known in relation to specialised service. According to the reports of ERRC, this ratio is cc. 60%, which is significantly higher than their ratio in the whole child population, which is cc. 13%.

⁴Although I reviewed and took notes from the case diaries of 15 staff members, I could only contact 13 of them. In one of the settlements, there was a constant turnover of experts: the ones I met personally did not yet have a family that would fulfil my document analysis criteria, so she could give me the diaries kept by a previous expert. However, the staff knew nothing about this previous member, so I could not contact her. In another settlement, an expert gave me diaries to study, but she left the area shortly afterwards, so I could not ask her about her personal reflections, either.

⁵Inadequate feeding did not primarily mean quality problems. I read several cases when the expert supposed that the children were starving. This is particularly true for the summer months when, due to the school holiday, children are totally reliant on the care of their parents. In 5 cases out of 43, regular starvation was happening. In one case, the service was alerted by the neighbours, who were taking care of the children left alone at home.

Here, I will present two case studies. The events are taken from the case diaries kept by the members of the service staff and the interpretation of the efficiency of the intervention is based on the interviews made with the case leaders.

How does a problem turn into/become a crisis? Case study No. 1

The family was taken into basic service care at the request of the mother and the then 15-year-old daughter. The biological mother claimed that the father (her former husband) was regularly abusing their child, hitting her with his fist and threatening her. The mother wanted the court to change their ruling and grant her custody of the daughter, who had been placed with the father.

It was revealed during the first interview that the father had been given custody of the daughter when the biological parents got divorced. The father remarried and started a new family. When the family first came into contact with the service the daughter, her father, his new wife and their child of kindergarten age had been living together for four years. The family was well off: they lived in a spacious, well-furnished, detached suburban house with all modern conveniences. The father was working for a construction company as a valued member of staff and, besides his company jobs, he also did odd jobs, so they did not have financial difficulties.

During the first few meetings, it became clear that the physical abuse in question had been a one-off. The beating was induced by the fact that the adolescent girl did not go home in the evening but spent the night with a boy in a secondary school dormitory. The father beat her after this, and threatened to tie her to the car and pull her across the town "like a slut". The description of the event suggested that it was not the daughter's behaviour that aroused the father's emotions. His former wife changed her partners often and when the case was recorded, she was living in an unclear relationship with a man and his children. One of her previous partners was serving his prison sentence and their three children had already been placed with foster parents.

The adolescent girl definitely wanted to move in with her mother: during visits, her mother had no expectations of her: she did not have a curfew nor did she have to do homework. The mother did not punish certain transgressions, either, so during the weekends spent with her mother, the girl got into trouble with the police for petty theft several times.

The service staff member started her cooperation with the paternal family and, less intensively, with the biological mother, too. She regularly met them, talked with them about events in their lives and, after a while, asked the daughter to see her weekly. She identified the

lack of communication between the father and the daughter as the problem, which she tried to remedy by telling them to do it. *"I've told the father to communicate."* (expert 1) It was obvious that the father was trying beyond his might to solve the problems originating from a developmental crisis and the inadequate parental attitude of the biological mother. Yet he received no help from either the service staff or the case manager, who appeared after the family was taken into protection in order to lay the foundation for the compulsory cooperation. The helping expert, partly because of her age, was able to build a close relationship with the adolescent girl, but she did not value the father's efforts and did not consider them to be resources.

She also expected the father to see her regularly and report to her, to use her own words. These meetings were always scheduled during the father's working hours, as there are no early evening office hours at the child welfare service in that town. Thus, the fortunate parents who have regular jobs need to take a day off work every time to consult the service about a problem concerning their children or attend official negotiations. This is what this father did, too. He appeared every time at the service or at the guardianship authority, he did all the suggested activities and his motivation was unquestioned. Yet his relationship with his daughter did not improve, so the service, at the daughter's request, applied at the guardianship authority for putting the daughter in temporary care. As a result, the girl was put in a county children's home. This home is infamous for a lack of attention to the inhabitants, who can essentially live without control in the company of other adolescents addicted to substances and selling their bodies. The other consequence of this case was that the father lost not only the custody of his daughter and his daily contact with her but also his job. He was absent "too often" from work and was dismissed from his well-paying job.

This case is a sad example of a problem becoming a crisis as a result of inappropriate intervention. The expert did not realise that the father, fearing that his daughter would follow his former wife's deviant behavioural patterns, had overreacted in a situation. Consequently, the family taken into care got into a downward spiral: the father was sensing the control coming from the service, which he wanted to comply with more and more, so he became more demanding towards his daughter and emotionally more and more withdrawn from her. The biological mother sensed that she had managed to make a breach in the previously good father-daughter relationship and was constantly egging her daughter against her father from the background. The daughter, spurred by her momentary desires and aspirations, wanted nobody to tell her what to do. She has achieved this goal. At present, she is living in a children's home and sees her father once a month.

During the interview exploring the case, several things came to light: although the expert was aware of the father's commitment, she did not realise that it could have been well exploited as a resource in the solution of the problem.

"The father said that he had no authority over his daughter. Well, I said, that's the problem. If he couldn't make it in 15 years, he can't have it now."(expert 1)

The expert did not realise that the father saw his own responsibility, which could have been an excellent basis for successful behaviour-modification. Besides, she did not consider the rigid office hours a problem. During her presentation of the case, she casually remarked that the father had always had to ask to leave work. She did not regard it as a problem that the father had been given the sack, nor did she realise that this event was the beginning of a crisis. As for placing the daughter in professional care, she claimed that the child herself had wanted that.

So, instead of helping and serving the family, we can see here a professionally completely improper process, which resulted in the child's removal from her family and taking her first steps on a deviant career.

Despite the problem in the content of the "helping" relationship, the expert followed every known protocol. She said in the interview exploring the case that it was the hardest for her that even though she had done everything, she failed this case:

"This, this was the hardest that we had taken all these steps. I sent them to a psychologist and to mediation, and still."(expert1)

However, as I pointed out before, this staff member lacked precisely the inner conviction making the relationship a "helping" one: she did not believe in the other person's ability to change and interpret their life in a different framework.

When the expert trusts the power of love – Case study No. 2

In the second case, a great-grandmother was raising a 3-year-old boy. The child had been put in the great-grandmother's care at the age of six months, as his biological mother appeared unfit for child rearing. His paternal grandmother, even though she would have liked to undertake the raising of her grandchild, could not do so as she was taking care of her own three children, who had severe mental and motor disabilities. Thus, the guardianship authority placed the child with the great-grandmother, who was living at a farm near the grandparents. The grandmother also took part in raising the little boy: they met on a daily basis.

The child had epilepsy, the treatment of which required regular medication.

The service was informed about the two-member family following the boy's severe epileptic fit, when he was taken to the county hospital by helicopter. This is when the great-grandmother's dementia was revealed. It was clear that although the elderly woman and the little boy were very attached to each other, due to her advanced age-related deterioration, the great-grandmother could not always take proper care of the child.

Following this incident, the child was put into foster care with immediate effect. Under the legislation in force, the parental rights of the parents, who never visited their child, were revived and the great-grandmother lost her right to keep contact with the child. The service staff then increased her activity and kept applying at the guardianship authority for both the grandparent and the great-grandparent to regularly see the child, with regard to the previous strong emotional ties. It took nearly a year for their request to be upheld.

Since then, the child has been living with an accepting and warm foster family in good circumstances and is developing adequately. He meets her great-grandmother once a month. The old lady's health is deteriorating, so, before the meetings, the service staff, even though she are no longer officially in contact with the great-grandmother, goes to see her and makes sure she will travel to see the child.

In this case, the anomalies of the child protection system were intensified: there was no intensive family-maintenance service that could have helped eliminate the dysfunctions resulting from the dementia. The guardianship authority, even though they had acted according to the regulations, totally neglected the fact that for the child, the changing of his family circumstances (being put in foster care) was a crisis. It would have been of utmost importance that the child should be able to meet his well-known and beloved grandmother and great-grandmother immediately after being removed from his family.

Last but not least, we can see in this case that the parents (in this specific case: the great-grandmother) was stuck in an unclear situation and left to their own devices after the child was removed from the family. After a child enters the institution of professional care, nobody helps the parents survive the crisis or helps develop their parental competence. Nobody helps the parents, presumably often undergoing a severe crisis, too, become able to receive their child back. The parents are left to their own devices. This is what would have happened in this case, too, if the service official had not realised what great value lay in the great-grandmother's deep love for the child and had not been fighting for the continuity of their relationship, although it was not her legal duty. "Of course", the relationship was not continuous: the authorities solved the problem in a coarse way, changed the child's residence, totally neglecting the emotional needs of the two-member family. Actually, it was a matter of

luck and the humanity and professional commitment of the service staff member that the child was placed with loving foster parents and later his contact with his great-grandmother was restored.

3.2. Following professional protocols and/or empowerment – the lessons learnt from the two cases

In the first case, the freshly graduated expert utilised all the services of the newly established child welfare centre: she enlisted the help of the psychologist, she applied for mediation for the family and, due to her smartness and good communication skills, she also did a great job of cooperating with the educational institutions of the community. However, two basic motives were lacking in her cooperation with the family, father and daughter: she did not trust the father's parental competence, nor his ability to change; and she did not make use of the opportunities provided by the consultation. She made both the child and the father report to her, but she did not apply the techniques of targeted conversation, which builds on the client's inner capacity.

Nevertheless, I consider it important to note that these consultation techniques require great skill and the staff member in this case would have needed professional help with using them. However, she could not ask anybody for help: the case manager she was in contact with had no experience in child protection, nor had the appointed professional leader of the child welfare centre had any experience in the field of direct help. No case discussions or supervision sessions were held, so there was no opportunity to improve the professional competence of the beginning expert or to find solutions to her difficulties.

In the second case, it was thanks to the skill and the professional and life experience of the service staff member that some of the negative consequences resulting from the shortcomings of the service system were remedied. The seriously ill but loving great-grandmother could have functioned as a parent alongside a service providing intensive, daily presence. In that case, the medication would not have been missed and it would not have been necessary to separate the child from his great-grandmother, his only biological bond.

With the lack of an intensive support service, the child was removed from the family, and that is when the expert's resourcefulness became extremely important. It must be noted that after a child is placed in foster care, nobody is required by law to work with their biological family any longer. However, in this case, the helper supported the great-grandparent in the serious crisis she had been through and her involvement made it possible for the great-grandmother to meet the boy later. It was not the centre's, nor the case manager's intervention but the

humanity of the service staff member, who was in direct contact with the family, that to some extent managed to remedy a wound in a very vulnerable attachment. In this story, the helping expert trusted that the great-grandparent, despite her deteriorating health, was able to provide the child with important emotions. That is to say, she trusted the inner capacities of the other person, as is consistent with the principle of empowerment.

Neither the case managers, nor the newly established centres provided professional help in either case. Although in the first case, mediation was provided by the centre, the two occasions were certainly not enough to make a significant change. In the second case, the expert could not utilise any kind of service: intensive aid tailored to the needs arising from a specific situation is not available in the given district.

The case managers did not support the solution of the problem in either case.

3.3. The role of case managers, on the basis of the study

The case diaries involved in the study showed similar shortcomings. According to the legal definition, case managers must coordinate on several levels. On the first level, they must coordinate and manage the services provided by the players in the system directly working with families with a multitude of problems. However, of the 43 cases in the study, this only happened in 3 cases. I have only found 3 cases altogether where case managers provided long-term help, one of which was the above-mentioned mediation consisting of two sessions. In the other cases, case managers accompanied the helper who was working with the family on her family visits on a few occasions. This meant that another expert was going with the visiting expert. In this way, two of them represented the power of the authority threatening with removing the child from the family, to a client who could poorly represent their own interests. Case managers did not coordinate, nor did they provide professional advice. In most cases, it was not only because they lacked relevant experience but also because, as we could see from the second case study, there was nothing to coordinate. As most families were involved in some kind of substance abuse, psychiatric care was often needed. In the studied district, however, psychiatric care is only available in the district centre. This is also true for psychological counselling. Despite the fact that a psychologist goes to almost every community in the district, due to the typical lack of time, it only happened in 3 cases that (s)he helped people in longer term counselling.

Coordination, which legislators deemed necessary, could have happened on another level, too: between the service helping and/or controlling the family and the authority deciding about the placement of the child. However, according to the protocol determined by the sectorial

ministry, the centre cannot promote communication with the guardianship authority and, in our experience, it was not able to promote it. Of 17 cases of children placed in foster care, without asking the opinion of the service staff and, what is even more important, without developing the competence of the biological parents, the children were returned to 6 families. These families included one that had been known to the system since the 1990s, when the family carer initiated the removal of the children from the family because of sexual abuse. According to the records in the case diary, the persons entrusted by the guardianship authority with guardianship over the child of the daughter who had come of age in the meantime were the grandparents, who had been the abusers.

3.4. How does power change in the process of the helping relationship?

In the phase before institutional care, the welfare services still have partial control over the goods that can be mobilized for the family as well as the relationships within the family. If they have managed to build a good relationship with the members of the signalling system, they themselves will coordinate the services available in the district and if they possess the knowledge necessary to promote changes within the family, they will have real influence in that field, too. However, this power is only partial because, as I have shown, the decision-making negotiation will be attended by the case manager, who only rarely sees the family. From the moment the child is removed from the family the exercising of power will be completely removed from those concerned.

After the child is removed, the influence of the service staff, who may have been working with the family for years, radically decreases. Further decisions will be prepared and made by the so-called special service, with the case manager's involvement. In this phase, the service staff do not meet the parents and most of the time they do not even know if the guardianship authority has put the child back into the family.

After the child's removal, treating the parents' crisis and improving parental competencies is up to the individual decision of the service. If they have time and energy, they help the families concerned get over the crisis and receive their children back in changed circumstances and in a strengthened parental role.

The service staff who see the families concerned on a daily basis and are familiar with their homes and the communication between family members have no decision-making right whatsoever after the child is taken into specialist care.

Nobody works on the parents' competence anymore and the parents receive neither help nor control. Consequently, children are often tossed about in the system as a result of incidental

decisions. In 2 out of the 43 cases, three biological siblings were placed with 3 different foster families in two different counties. Although the mother asked the foster parents to help her maintain contact with her children, her request was not granted. Incidentalness is also shown by an above-mentioned example when the child was put back into her abusive family after she herself became a mother and the abusive grandparents became her baby's guardians.

Incidentalness, unclear protocols and the exclusion of the experts who actually keep contact with the families from decision-making often violate the interest of the children and undermine the professional prestige of experts working in the basic service.

4. Conclusions

Our study has shown that the legislative changes have amplified several anomalies of the system, as a result of which service staff working directly with families and children now feel being controlled and fearful. As I mentioned earlier, their word and opinion carried no weight in the later life of the children, which was a hard blow to them not only because they often saw the children being lost but also because they felt disregarded as experts.

Being disregarded and the apparently senseless legislative changes amplified their feeling of powerlessness, which was undoubtedly to the detriment of the helping work. Amplified fear has led to senseless and unconstructive blaming of clients and to the schematization of a work that requires flexibility, empathy and cognitive openness. In my opinion, inserting a new figure without real coordination opportunities has resulted in the fact that service staff direct their attention to the system even more and use controlling and bureaucratic activities in order to have well-documented activities and quick changes. This, however, does not lead to the empowerment of the clients or to regarding them as partners, "only" to the questioning of their parental competence.

Case managers have been inserted in the system, but they have even less time and opportunity to build a relationship with families that is effective, supportive and successfully controlling at the same time. Nevertheless, they "mediate" between guardianship authorities and offices determining local community rules and transmitting state authority, passing by the service staff, who could immediately influence the family.

Ultimately, case managers serve to strengthen government authority and community norm control. They control the experts working directly with families who, despite their best knowledge and intention, cannot build an intensive relationship either with families or the staff of child welfare services. In the studied area, the staff went out of their way to emphasise how well they got on with the case managers. However, during the one year of our study, the

staff fluctuation on the level of services was over 50% and in the case of case managers, 100%, which draws the attention to serious system errors.

On the basis of this study, in the practice of the Hungarian child protection system, the supposed and actually owned power decreases in proportion with the involvement of people in a given social problem. That is to say, the more involved a person in a given problem, the less influence they have on its solution, due to the specifics of the system.

In the life of the clients, as well as in the direct helping work of the experts, influencing and such decrease in their influence and competence can only initiate change in one direction: towards the total elimination of autonomous and responsible thinking and action.

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