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From the material to the emotional?
Parenting ideals, social differentiation,
and child welfare services in Hungary

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Abstract

The paper interrogates the recent intensification of state intervention in parenting by examining current tendencies in child-welfare caseworkers' practices in Hungary. In this country different institutions and welfare workers have existed for many decades who have sought to influence childrearing practices. The paper argues that in order to unravel the specific character and importance of current instances of state intervention we need to examine the everyday practices of caseworkers, which are guided not only by relevant policies, but also by dominant norms of ideal parenting. Based on year-long ethnographic research the paper shows how a shift in our approach to parenting have been transforming caseworkers' assessments of parental competence and explanations for initiating child removals during the past decade. While earlier neglect was assessed mostly in material terms, we can currently witness a shift towards the assessment of emotional ties between mothers and their children. However, these are extremely subjective and fluid notions that allow for the individual judgments and dominant values of social differentiation to play an ever more influential part in caseworkers' decisions.

Keywords: child welfare; caseworkers; parenting; neglect; social differentiation

1 Introduction

A child needs a minimum of eight caresses a day, and on more difficult days even twelve! These can be hugs, a caress on the head, or a stroke on the face.

A child needs at least one quality talk per day! When we talk with them in their own language about their problems.

There are 3x3 minutes during the day, which have the most significant effect on a child: The first three minutes after waking up. The first three minutes after kindergarten/school. The last three minutes before going to bed/sleep.

Use these times for giving them hugs and for talking with them!

The above recommendation was posted on the Facebook page of an early development centre in Hungary last year. The associated leaflet is one of many circulating on the internet

with similar pieces of ‘professional advice’ concerning what a child needs and how parents should relate to their children. Similar recommendations regularly appear on the Facebook sites of baby-mother centres, activity clubs, and even on the information boards of public child-welfare services, as the above example reveals. Whereas childcare and child-welfare professionals have, to some extent, been involved in providing assistance to families and in childrearing since the development of welfare institutions (cf. Barron & Siebrecht, 2017), the multiplication of platforms and experts, along with the modes and extent to which they seek to interfere in parental practices, point towards broader societal transformations (cf. Lee, 2014).

During the past decade, childrearing has become the focus of growing political interest and professional intervention in many European countries (Daly, 2013; Gillies, 2005). Policies aimed at influencing and monitoring parents’ choices and private practices have become increasingly prevalent. While parental practices have been the focus of public concern for decades, the current attention directed to parents and their behaviour marks a significant shift in the importance of children and the role of childrearing in society’s welfare (Furedi, 2002; Macvarish, 2014). Neoliberal transformations have resulted in the individualization of social problems as well as the re-evaluation of children as an investment and potential future resource for economic production (Gillies et al., 2017; Martin, 2017). These factors have led to the problematisation of parental practices, making them the target of policy interventions and leading to the claim that ‘parenting deficit’ is at the root of social problems (Gillies, 2005; 2008; Macvarish, 2014).

At the same time, ideas about what ‘ideal childhood’ and ‘good parenting’ entail have also changed in past decades. Rooted in the scientification of different spheres of life and greater risk awareness, childrearing has increasingly become a planned activity that is believed to need the guidance of experts (Lee, 2014). In parallel with this, the role and responsibilities of parents in the optimal development and happiness of their children have become substantially amplified. Consequently, mundane activities such as feeding, sleep, and playing with or even hugging children – as the poster mentioned above shows – have become part of conscious activity that needs to be planned and constructed in a way that facilitates children’s well-being and development (Faircloth, 2014).

Even though these are globally evident tendencies, they materialize in different historical institutional, and social contexts. In Hungary, there is a long-rooted historical tradition of state interference in childrearing through various child welfare and childcare institutions (see Haney, 2002; Varsa, 2021), such as kindergartens, nurseries, child welfare and protection agencies, and the network of home-visiting nurses. From their very onset, these institutions aimed to compensate for parental incompetence and were imbued with strong professional authority, which was further strengthened during the socialist period when access to them became nationwide (see Varsa, 2014). At the same time, the norms they spread, the reasons for direct intervention, and the differentiation of parents along various lines have transformed over time (cf. Szóke, 2020). Thus, I argue that in order to highlight the specificities of current forms of state intervention, we need to examine how the reasons for assistance and intervention have transformed in relation to socio-political changes (Haney, 2002; Horsley et al., 2020; Varsa, 2021), as well as to dominant conceptions of ideal parenting (cf. Barron & Siebrecht, 2017). Childcare and welfare professionals are important actors who, through their daily interactions with children and parents, implement policies and reinforce or transform dominant norms. Thus, I argue that by examining the everyday practices, decisions, and

relations of these professionals with families, we can further crystallize the specificities of these recent transformations and can enhance our understanding of their social consequences.

My paper examines the ways that new ideals of parenting have been transforming the practices of child welfare services in Hungary. Specifically, it explores the ways dominant ideas about 'good parenting' and 'ideal childhood' have been modifying the reasons for child removal from families, along with the assessment of parental competence. Furthermore, I highlight the links between notions of 'good motherhood' and social differentiation in relation to recent policy directions. In the following, I first discuss the main aspects of the recent transformation in the dominant approach to parenting and its relation to current forms of state intervention. Then I outline the specific political and policy direction that has been evident in the field of welfare and family policy during the past decade in Hungary. Afterwards, I turn to an analysis of recent tendencies in the Hungarian child welfare system by first describing its main features, then by explaining the ways recent parenting ideals, along with policy directives, have been transforming caseworkers' everyday practices, decisions, and relations with their clients.

2 Changing parenting ideals and state intervention

The current intensification of state influence on family life is strongly linked to societal changes, which have influenced recent approaches to parenting (Jackson, 2013). The growing and individualised risk consciousness, the medicalization of harm, and the spread of psychological approaches in different spheres of life have transformed parenting from the 1970s onwards (Macvarish et al., 2015). As a result, the parent-child relationship has increasingly emerged as problematic and in need of expert assistance. It has become an unchallengeable conviction that parental behaviour crucially determines children's future success and happiness, particularly in relation to children's early years (Edwards et al., 2015). This has changed the role of parents, who are seen as facilitators of the fulfilment of their children's potential (Faircloth, 2014). Consequently, childrearing has become a child-centred, expert-guided, labour- and time-intensive, and emotionally and financially absorbing practice (Hays, 1996, p. 8), with serious class, ethnic, and gender implications (e.g., Gillies, 2005; Raffaeta, 2015; Shirani et al., 2012).

The psychologization of social phenomena and the scientification of harm have paved the way for the increasing problematization of parental behaviour and increasing intervention in parenting, through growing concern for the welfare of children and the separation of the vulnerable child's interest from that of its parents (Wyness, 2014). Children are increasingly construed as vulnerable and being 'at risk', which belief permeates all discussions about children, ranging from pregnancy to children's play and education (Lee, 2014). Parents are consequently seen as managers of risk, but their main responsibility is not only to protect their children from immediate danger but also to foresee and prevent any threats that could inhibit their optimal development and future success (Faircloth, 2014). This not only leads to enhanced monitoring of children's activities, but increasingly makes formally mundane practices related to childrearing planned and conscious activities based on scientific evidence. At the same time, parents are not only posited to be the primary persons who can avert risks, but increasingly as the primary adults who can pose these risks through

‘risky’ behaviour such as smoking or drinking during pregnancy, or feeding formula to their children (Lee et al., 2010).

This new approach to parenting is also mirrored in current policy trends, which increasingly focus on parental behaviour as a target of intervention. Early intervention has become a main policy prerogative in many places that is grounded on the belief that the state should identify potential risks to children and act on them pre-emptively (Macvarish, 2015; Smeyers, 2010). By targeting children/individuals/households ‘at risk’, it is believed that interventions can be more effective and less costly in the long term and can prevent future problems both for the individual and for society. This reflects a shift from structural explanations of social problems to an individualised view of social ills, which are explained by dysfunctional parenting (Gillies, 2008). Such an individualised approach to social problems makes the intimate aspects of family life of major public and political concern, as they are linked to the well-being of the whole of society. Consequently, it paves the way for more rather than less formal intervention in and surveillance of the private sphere, which is particularly apparent in the case of economically disadvantaged families (Gillies, 2008). Growing up in poverty becomes naturally equated with dysfunctional or irresponsible parenting (Gillies et al., 2017), making economically disadvantaged families the main focus of early intervention programmes.

The above-described orientation towards child-centred risk prevention has also influenced child protection and welfare practices, as has been highlighted in various contexts such as in the UK and Scandinavia (see e.g., Dodds, 2009; Featherstone et al., 2014; Hennum, 2014; Horsley et al., 2020; Lonne et al., 2009; Walsh & Mason, 2018).¹ These studies highlight that the prioritisation of risk assessment and aversion have led to more interventionist practices whilst assistance and family support are downplayed (Lonne et al., 2009). Furthermore, research underlines that the focus on children’s well-being can also result in looking at the family as a unit and may therefore be used for disciplining/moralizing (often ethnicized and/or poor) parents in society (Hennum, 2014; Smeyers, 2010).

3 The new parenting approach and family policies in Hungary

These global transformations are also evident in Hungary, where parenting practices and ideas related to the above changes have become increasingly apparent during the past decade (Kutrovátz, 2017), along with the growing number of experts and professionals seeking to assist parental practices. In addition, various policy measures have been directed at compensating for growing socio-spatial inequalities through early intervention and social investment programmes, with a clear goal of raising parental competence in the targeted population (Keller & Szőke, 2019). While in the early 2000s the focus was initially on complex programmes directed at solving structural problems, the emphasis increasingly shifted to the family or parents as the main and most important components of the environment in relation to children’s upbringing. From the mid-2000s onwards policy directives and public discourse increasingly reflected an individualised view of social problems, identifying the

¹ Please see this in more detail in Szőke (2020).

root of the reproduction of social problems as the passing down of models of long-term joblessness, bad attitudes to work, and/or neglectful parenting (cf. Ferge, 2017; Vidra, 2018).

However, in the context of Hungary the main focus was not on individual parent guidance programmes (apart from Sure Start²), but on strengthening and widening access to pre-existing early childhood institutions, such as nurseries and kindergartens (cf. Ferge, 2017; Danis et al., 2011). In Hungary, the system of these institutions has been widespread and well-built out since the 1950s, with the stated aim of compensating for parental incompetence through professional expertise. As such, policy solutions to problems associated with the familial passing down of disadvantages and social exclusion are conceived as widening access to these institutions. Consequently, the main measures reflecting the social investment and early prevention approach have been the lowering of the compulsory age for starting kindergarten to age three; extending crèche services to settlements with fewer than 10,000 inhabitants; and institutionalizing Sure Start houses as one of the basic services financed from the public budget (Keller & Szóke, 2019).

In Hungary, these measures have taken place in a context of a conservative political shift and welfare state restructuring. The government in power since 2010 has put ‘the support and defence of the family’ at the centre of their political interest (Barta et al., 2020), and substantial resources have been dedicated to family support schemes and nationwide campaigns, such as the ‘Year of the Family’ in 2017. Family support has completely been separated from the system of means-tested welfare benefits, whilst the former preoccupation of family policies with improving the situation of poorer families has shifted to an approach of selective pro-natalism; i.e., to financially supporting the childbearing of the better-off (Szikra, 2018). Universal family benefits have considerably shrunk and new schemes target families with children (the amount of benefit rising with the number of children) and those in long-term formal employment (Fodor, 2022a; Geva, 2021).

At the same time, the Hungarian government has pronouncedly set out to replace the liberal welfare state with a work-based society, consequently disengaging with welfare provision for the most vulnerable groups, who increasingly face anti-poor and punitive measures (Szikra, 2019; Vidra, 2018). Furthermore, recent measures reveal more direct state influence in the private family realm, such as the inclusion of ‘family life education’ in the national core curriculum, the stricter sanctioning of school absences, and the most recent constitutional determination of what a family is. Through these financial measures and political rhetoric, however, conservative gender norms are promoted, and family ideals have been conflated with notions of deservingness (Fodor, 2022b). Through the government’s measures, the basis of differentiation is now not only linked to formal work but also to family status, with the promotion of a particular notion of the family (Fodor, 2022a) that clearly differentiates between ‘responsible’ and ‘irresponsible’ families (Szikra, 2019).

These transformations are relatively well explored at the level of policies and regulations both in the European and the Hungarian contexts. At the same time, we still know surprisingly little about the ways they influence various institutions and the professionals

² Following the British model, the Sure Start (*Biztos Kezdet*) programme was introduced in 2003 in Hungary and became part of the nation-wide child welfare system in 2013. The main aim of the programme is to compensate for socio-spatial disadvantages through early childhood development and prevention services for disadvantaged children of age 0–3 as well as through social assistance and childrearing guidance provided for their parents.

who work with families and children (cf. Szőke, 2020). This is despite the fact that they are the main conveyors of these policy prerogatives to parents (see Lipsky, 1980). During their daily encounters, these professionals often make discretionary decisions about cases and clients, differentiating between ‘good’ and ‘bad’ parents or ‘deserving’ and ‘undeserving’ families with serious consequences, such as withdrawing assistance or designating cases for child removal (see Haney, 1997). They mediate, reinforce, or contravene dominant norms and policy prerogatives about ‘good’ parenting, ‘proper’ childhood, and deservingness. In the following, I analyse the ways that child welfare service practices have been transforming in the past decade in Hungary in relation to changes in parenting ideals and policy directives. In particular, I examine how changing parenting ideals have been transforming caseworkers’ evaluations of parental competence and the identification of cases for child removals, and how current notions of ‘good motherhood’ have become further intertwined with dominant forms of social differentiation.

The article draws on 12 months of ethnographic research in three locations in Hungary conducted during 2018–2019: an ethnically and socially mixed poorer district in Budapest; a Roma ghettoised neighbourhood on the outskirts of a small-scale city; and a small remote village with an ethnically mixed population in a disadvantaged region. During the research, daily observations were made in three early childhood welfare institutions in each location: the child protection/welfare service, the network of home-visiting nurses, and Sure Start houses. During my research, I accompanied caseworkers on their regular family visits and attended several meetings at which particular cases of potential child removal were discussed between the relevant families and the state officials involved. Furthermore, repeated interviews were made with various child welfare workers (home-visiting nurse, child-welfare assistant, early development specialists, Sure Start house employees, and kindergarten instructors) in the different localities about their jobs and about particular cases as well as with 40 families in each location.

4 Child welfare practices and changing parenting ideals

From its onset, child welfare and protection has involved two parallel organs; a ‘punitive’ one, which is responsible for monitoring and intervention, and an ‘educative’ one, which offers assistance and advice. Currently, Child Welfare Centres³ (*Gyermejköléti Központ*) represent the former and Child Welfare Services⁴ (*Gyermejköléti Szolgálat*) exemplify the latter. Families in most cases usually encounter the Service’s caseworkers first, either by voluntarily asking for assistance with welfare or childrearing issues (such as accommodation problems, assistance with paperwork related to social benefit or (un)employment issues, or requesting immediate relief/aid packages), or by being reported by a public authority (usually

³ Centres are usually based in a central town and have no regular contact with clients. They handle cases of child removal and define targets for families who are ‘under protection’; i.e., subject to regular monitoring carried out by caseworkers at the Service.

⁴ Services usually involve local caseworkers who are in daily contact with client families. Their main job is to regularly check and assist families with improving their living circumstances, administrative and welfare issues, and childrearing practices.

the home-visiting nurse, school, or kindergarten) due to the experience of problems with children. At this point, cooperation is not mandatory and involves various forms of assistance and regular monitoring through home visits by the caseworker. However, if the latter experience issues that might 'endanger' the child or witness the persistence of 'endangerment' and no willingness to cooperate, they report this to the Centre, which together with the Service's caseworkers draws up a parenting and action plan for the family. At this point, the child is taken into 'protection', home visits and monitoring become more frequent, and cooperation is made compulsory. Failure to cooperate with the caseworker and to conform to the action plan over a one-year period leads to more serious intervention that can result in the removal of children from the family.⁵

In addition, home-visiting nurses also play crucial role in the child welfare system. In close cooperation with doctors, their main goal is to monitor the optimal development of infants and young children, ensure the well-being of mothers, and assist mothers in relation to childrearing practices through regular home visits during the first few years of children's lives. The service is mandatory and covers the entire country. The former are historically vested with significant authority in relation to determining 'optimal' child development and disseminating 'proper' childrearing practices. Nurses are furthermore the most important organs in the alarm system regarding children's endangerment and the circumstances of the latter's upbringing. Thus, in the following I focus especially on the practices of these two types of professional. Although these child welfare workers do not have the formal authority to enforce legal decisions, they are important state representatives who can mediate, reinforce or contravene norms, values, and policy directives with families. Moreover, through their frequent family visits they have the most in-depth insight into family practices and most regular contact with families in Hungary. As such, it is they who initiate formal cases or delegate them to other authorities for further action, who often rely mostly on the information the former gather about families.

Although child welfare and protection offices have existed since the 1950s, with a similar division of labour between the different organs as of today (cf. Haney, 2002), it was the 1997 Act on Child Protection that laid the formal grounds for the operation of the current system. According to this, the main goal of the service is to ensure the healthy physical, emotional, and mental development of children and their upbringing in a family through prevention and intervention. Whilst these processes are clearly determined, the law and the professional protocols appear considerably vague about some of the crucial categories (Rác, 2010; Vidra et al., 2018). Children's endangerment is defined as their being inhibited in terms of optimal physical, emotional, and mental development. However, what exactly 'inhibition' and 'optimal development' entail is undefined (cf. Szöllősi, 2003). Similarly, 'neglect', which is listed in addition to abuse and physical harm as the main reason for child removal, is not fully described in any formal documents. The vagueness of the regulations thus allows caseworkers considerable discretionary power to decide about how to proceed in particular cases (Szóke, 2020). Such decisions, I argue, are strongly influenced by caseworkers' ideas about what they believe the optimal development of children is, what the 'inhibition of development' could entail, and consequently, what parental neglect could mean. What is more, they have great discretionary power when deciding whether to deem the cooperation of families

⁵ In comparison to protection cases, the actual number of removals is much smaller.

sufficient. In addition to individual convictions and sympathies, these beliefs are also influenced by dominant ideas about parenting and childhood (cf. Szőke, 2020), as well as by dominant lines of social differentiation (cf. Herczog, 2008; Rácz, 2010), as I will show below.

4.1 The assessment of parental competence: From the material to the emotional?

In different periods parents have been assessed by caseworkers on different bases, whilst the reasons for intervention and various forms of institutional regulation have altered in relation to changes in policy regimes, notions of ideal parenting, and socioeconomic challenges in Hungary (see Haney, 1997; Varsa, 2021). Lynne Haney (1997; 2002) identifies an important shift in both policy directives and institutional practices in the field of child welfare and protection that took place during the mid-1990s. During the late socialist period, a number of support schemes and agencies were introduced to secure the quantity and quality of motherhood. Part of the socialist state's population policies, these welfare apparatuses were universal and not stigmatized, fostering a sense of entitlement based on motherhood. However, the early 1990s marked a shift in welfare policies from addressing maternal needs to focusing on material ones. As the social inequalities and poverty that were already evident in the 1980s intensified with the 1989 political economic changes, welfare schemes became increasingly targeted and means-tested and welfare policies oriented towards the poor-relief of the 'needy'. Different schemes became established for those mothers who made tax contributions and those who did not, making welfare assistance and benefits for mothers (of the latter group) increasingly stigmatized.

This shift in the orientation of welfare regimes from the maternal to the material, claims Haney (1997; 2002), was also reflected in child welfare caseworkers' practices. Whereas during the late-socialist period caseworkers assessed mothers based on their domestic competence through careful domesticity tests and quantifying the time mothers spent with their children, in the 1990s the material situation and lifestyle of the client families came to the forefront. Material neediness became the main basis for becoming a client of child welfare services. As combating child poverty became a major policy directive, parents were assessed on the grounds of being capable of materially providing the basic necessities for their children. A regular practice involved looking into cupboards to assess the availability of food, checking for appropriate clothing for children (in terms of cleanliness and suitability for the season), and the existence of the basic necessities of childcare (such as nappies, a cot with appropriate bedding, and baby bathing facilities). Similarly strong emphasis was put on checking the general comfort of accommodation (presence of heating, condition of windows and doors, availability of running water), and living arrangements (recommended number of inhabitants per square meter).

As Haney (1997) highlights, this was also reflected in the number of child welfare cases. Material endangerment came to constitute the majority of cases, while poverty and material neglect became the main reasons for intervention.⁶ Consequently, the stigmatiza-

⁶ According to the statistics, in 1984 only 29 percent of child removal were initiated for reasons of material neglect, while in 1992 this proportion had grown to 87 percent (Haney, 1997, p. 230).

tion of the poor and the Roma⁷ increasingly became evident amongst welfare workers. They were considered lazy, uncultured, simple and disorderly, which factors were believed to cause their poverty. Thus, when judging parental competence and offering assistance, caseworkers also regularly inquired about their clients' lifestyle choices (buying cigarettes and alcohol) and their daily spending (Szóke, 2015), which factors were used as the basis for differentiating between deserving and undeserving clients. Assistance to families often entailed advice on how to change their lifestyles and economize better. Thus, social class became the main means, in addition to ethnicity, of differentiating between 'good' and 'bad' mothers, and providing for children's material needs the basis of judging parental competence.⁸

Strongly resonating with the strengthening public sentiment towards the unemployed poor, these institutional practices have become so dominant that poverty and material neglect have been the dominant reasons for family intervention and child removals in past decades (Herczog, 2008). This is despite the fact that, according to child protection law, material circumstances cannot be the main reasons for separating children from their families. While this is still one of the dominant considerations amongst caseworkers, my research reveals an important transformation in child welfare practices that is also reflected in the available statistics.⁹ In 2014, from the 140 thousand cases of child endangerment, the main causes were divided between family environment (62 per cent), behavioural problems (18 per cent), and material circumstances (14 per cent). Within the category of family environment, parenting problems (21 per cent), parental lifestyle (21 per cent), and family conflicts (13 per cent) were documented as the main reasons for endangerment.

Even though, as these numbers reveal, material circumstances still constitute an important consideration, family environment and parental practices are rising in importance in child welfare practice, which was also apparent at my research sites. Although material circumstances were assessed and considered an important factor, they were no longer named as the main basis for intervention. In comparison, neglecting 'parental duty' in two specific fields – school attendance and compulsory medical examinations/vaccines – rose in importance at the studied child welfare offices and constituted the majority of cases. This was also instigated by regulatory changes in 2012. In both fields, such cases (after a certain period of misconduct) have to be directly reported to the child protection authorities as well as to public authorities. Parental neglect of these duties leads to enhanced monitoring by child protection and financial penalties (a prison sentence if parents are unable to pay their fines), along with the loss of the family allowance in the case of school absence.¹⁰

⁷ Who are over-represented among the unemployed and the lower social strata.

⁸ During the late socialist period, the notion of good motherhood did not clearly reflect existing class divisions (Haney, 2002). Working-class women often did better on the 'domesticity tests' than professional women, who were at times perceived as neglecting their housewife duties. At the same time, welfare workers were intolerant of the cultural differences in child raising and domestic practices of their Roma clients even during the socialist period, the latter who were pathologized and stigmatized as 'bad mothers'.

⁹ According to the 2011 Population census, cases of child endangerment due to family environment increased from 2,524 in 1998 to 10,455 in 2011, and cases related to parental behaviour tripled between 1998 and 2011 (Statistikai Tükör, 2014).

¹⁰ According to the 2012 EMMI Decree on Public Education, after 30 hours of unaccounted school absence an offense associated with a fine is registered and issued against parents (exchanged for a prison sentence if unpaid). After 50 hours of unaccounted absence the child protection court is notified, a protection case is opened, and the family allowance is suspended. Similarly, a lack of uptake of compulsory vaccines for over two months leads to the opening of a child protection case, and if upheld for prolonged time, financial penalties and possibly child removal.

This shift in the orientation of child welfare practices is in line with the earlier-described transformation of parenting ideals and related policy prerogatives, which holds parents entirely responsible for the behaviour of their children (cf. Macvarish, 2015, p. 85). My research furthermore reveals a stronger professional focus on early development and risk awareness, which have become interlinked with notions of 'good' motherhood and responsible parenting in past years. Embedded in the professional discourse and policy environment of early intervention and balancing unequal opportunities, a major role has been accorded to identifying developmental problems at an early age and ensuring the proper professional services for their treatment (see Husz, 2012). This has been one of the main goals of Sure Start houses and has also become a priority in the praxis of home visiting nurses in the past years, as the check-ups that help monitor children's optimal development have multiplied, particularly focusing on infants' early years.

I observed similar tendencies in the day-to-day practice of professionals upon accompanying them on their family visits, especially to poorer, less educated parents (Szöke, 2020). In addition to checking families' material circumstances, strong emphasis was put on spreading knowledge about developmental stages and requirements for different age groups. Not only was the availability of food observed in the visited households, but the importance of a healthy and balanced diet that includes fruit and dairy products was also promoted. Similar practices targeted pregnant women, emphasizing the importance of 'pregnancy vitamins' for the healthy development of their foetus. Living space was not only checked to avoid over-crowding, but also space for ensuring the proper development of children. Thus, nurses and Sure Start staff regularly prompted client mothers to put their toddlers down instead of holding them to ensure their proper sensor-motoric development.

However, these discourses about optimal development have become entangled with notions of 'good' motherhood and responsible parenting, further strengthening lines of social differentiation. In general, professionals explained that poor, less educated, and often Roma parents fail to see the importance of these developmental stages and early professional intervention in the case of problems. As one nurse articulated:

This type of thinking is really far from them, and it is very difficult to make them understand why this is so important. While you see middle-class, educated parents following week by week whether their children properly reach the developmental stages [and] reading all about them on the internet, the less educated have no idea about this. They simply can't see why it is a problem if their child misses the crawling stage and immediately starts walking, for example.

Judged against these professional standards that reflect the dominant middle-class values and childcare practices, the poorer and less educated who failed to identify with these views and missed check-ups or failed to follow up on developmental problems were often held to be irresponsible and neglectful parents (cf. Szöke, 2020). In some cases, caseworkers did address the wider structural hindrances that create extra difficulties for poorer and less educated parents to take advantage of such services – for example, financial difficulties with travelling or a lack of ability to organise such appointments, especially in the case of more remote places where professional services are lacking. While in such cases assistance was often provided to help families overcome such difficulties, the latter were still judged against these middle-class norms and were labelled as not (or less) responsible parents. Failure to comply to such norms, moreover, not only led to enhanced monitoring, but also further strengthened the links between deservingness and notions of 'good' parenthood. Resonating public discourses about the individual failures of poor and uneducated parents and their 'neglectful' behaviour was often

connected to the latter's inability to conduct their life as responsible citizens, at best due to their lack of knowledge and good family role-models from childhood, or at worst perceived as individual weakness and disinterest in their children (cf. Gillies, 2005; 2008).

Another aspect that is in line with currently dominant ideas of parenting was the stress on the need to spend quality time with children (cf. Kutrovátz, 2017). Assessments of parental care and the interest of parents in their children's lives have risen in importance amongst professionals, and are measured according to middle-class norms/practices. It was a major goal at the studied Sure Start houses (to which client families were often referred to by child welfare caseworkers) to teach parents how to relate to their children, to sing and play with them (preferably games that enhance cognitive and motor development), to talk with them nicely and attentively, to express love towards them, and practice positive parenting. In fact, when asked, caseworkers listed parental love and a secure home environment as the most important factors for children's happiness and optimal development. Many of them pointed out that even if parents were raising their kids in poverty, those who could provide a loving and secure family environment could be 'good' parents, reflecting an important shift in approach from the earlier emphasis on material circumstances (cf. Szőke, 2020).

In comparison 'bad' parenting for professionals involved physical disciplining, a lack of caring and love, a lack of involvement in or concern about children's lives, failure to spend quality time with them, and not showing interest in their education. In the account of a childcare professional that was replicated by numerous welfare workers:

Children are important to them [referring here to Roma and poor families], but in a different way. You hardly ever see them hugging their children or caressing them or speaking with them in a nice caring way. You can see this every day they come and pick them up at the latest possible time from kindergarten. And when they arrive, you can see it on their children, they long so much for a hug or a kiss. But nothing, no hug, no kiss, not even 'how was kindergarten today, what did you do?'.¹¹

For the professionals, late pick-up from kindergarten (by parents without a job) and the lack of emotional expression signalled that these parents did not want to spend time with their children, thus they did not love them the way children needed (Szőke, 2020).

4.2 Transforming meanings of parental neglect and child removal

In Hungary, the removal of children can currently be initiated through one of two procedures. In the case of suspicion/report of abuse or other physical harm, authorities carry out immediate action and the child is placed in out-of-home care until an investigation is carried out. These cases constitute a rather small minority (around 6 per cent) of all removals. In most cases, removal is preceded by a long process during which the Service's caseworkers assist and regularly monitor the family's practices, as described earlier.

In the 1990s–2000s, material neglect constituted a dominant reason for intervention (Haney, 2002; Herczog, 2008), with particular focus on unsuitable clothing, poor housing conditions, and unhygienic circumstances.¹¹ My research, however, suggests a recent shift in

¹¹ This claim is also supported by a review of former cases at the field-sites, as well as by the interviews with caseworkers who had worked for child welfare services for a longer period of time.

the orientation of child welfare practice. Whereas caseworkers continued to check material circumstances and in some of the ongoing removal cases these might have been accorded a strong weight, the latter usually explained their decision to identify particular cases for removal using other reasons. One aspect was the importance attributed to the emotional relationship of the client mothers to their children (Szóke, 2020). In weighing various circumstances such as housing, hygiene, unaccounted-for school absences, or missed vaccines, the ultimate reason that appeared to lead to decisions in favour or against particular families in several cases was the mother's parental fitness. This signified her ability and willingness to establish emotional ties to her children and show an interest in them. This factor resonates with the orientation of various professionals, as described above, that reveals a shift from the material to the emotional assessment of 'good' motherhood that reflects predominantly middle-class ideals.

Two cases from my research particularly strongly illuminate this shift towards greater weighting of parental ties. Éva, a mother of four children in her forties, lived in the segregated Roma neighbourhood of the settlement. She had been a client of the child welfare service for years. At her previous place of living (another rural town) her two oldest children had already been removed and were living in foster homes. She had moved to the current settlement five years ago, to live with her new partner, the father of her two younger children. During the past few years, numerous reports had been made by various authorities about their living circumstances. The children were constantly behind with their vaccines, they lived in very unhygienic circumstances, the children repeatedly had lice and scabies, their house was infested by rats, and neighbours often reported disturbances at night.

During my research, the kindergarten again initiated the removal of children on the grounds that the extreme number of unaccounted absences would endanger the development of the older daughter. However, the caseworkers who were in daily contact with the family were reluctant to remove the children. They argued that it would break the children, as their mother loved them so much, and the tie between mother and children was so strong that such separation would cause them more harm than was being caused in their present situation. They explained it this way: 'She is a very good mother after all, she gives them lots of love and never raises her voice or hand against them'. The latter was considered important, as shouting at and slapping children was a typical and accepted practice in the neighbourhood. While caseworkers and professionals strongly discouraged this behaviour, they usually did not follow up on such cases, discarding it as a 'Roma custom'. They furthermore explained: 'if we would wanted to adhere to our norms, we would have to remove every child from this neighbourhood. And then what?! They would all grow up in foster homes without families. How would that give them a better chance?' In such a context, the fact that not only did Éva not shout at and slap her children but often cuddled them was one of the signs of being a very good, loving mother.

Second, caseworkers were aware of the fact that older children usually remained in foster homes until they grew up, which, as the previous opinion also reveals, would not provide them with a better chance for their future. In fact, due to increasing publicity about the ongoing abuse in and bad circumstances of foster homes, many caseworkers covered by my research were wary of initiating removal cases at a later age unless they thought the child was seriously neglected and physically endangered. Other caseworkers confirmed the opinion that growing up in a loving and caring family environment was still better than in a foster home, even if the former could not meet all the material needs and be the basis for optimal

development. In contrast, the dominant opinion among caseworkers earlier on was that ‘for these children it will be better to grow up anywhere but their families’, often in reference to the bad material circumstances and material deprivation.

At the same time, the case of Hajni reveals that the same arguments about parental ties could explain the separation of children from their families. Hajni was 15 when she gave birth to her first child, who was removed from the family seven months after birth, initiated by the very same caseworkers who insisted that Éva’s children should not be removed. Hajni’s family back then lived in a farm outside town, and Hajni received very little help with her first baby as her husband was at work and they lived too far from her family for regular help. From the caseworker’s description and her own account, she had probably experienced postnatal depression. However, this was never discussed, and she did not receive the needed assistance. Instead, the nurse signalled to the Child Welfare Service that the baby was not growing well, and the caseworkers also believed that the family were living in an inappropriate (too small) place for raising a child. However, upon discussing the case with the professionals who had been involved, it turned out that the baby was not losing weight and was only at the lower threshold according to the growth chart. In addition, several families were living in similar or even smaller and less well-kept places, against whom no removal order was initiated.

Two important factors appeared, however, to play a role in the decision. First, teenage pregnancies are particularly strictly monitored by child welfare agencies and are always treated as protection cases, constituting a large portion of removal cases. In addition to this, the caseworkers who were involved concluded that Hajni was at that time not fit to be a mother, as she could not establish ties with her baby, and she was indifferent towards her child. At the time of my research Hajni was 17 and had a second baby, who was five months old, and although regularly monitored was permitted to remain with her. The caseworker explained to me that ‘he is growing nicely, and Hajni has somehow changed. Maybe she grew up, but now she is very caring, holding the baby more often than her previous one, and she is breastfeeding her. Overall, she is very different with this second child’. The caseworker also mentioned that following their recommendation Hajni was regularly visiting the Sure Start house with her second child, where she was regularly observed and advised. Due to her change of attitude, the caseworker had also initiated a procedure to return her first-born to her.

4.3 Removals at birth: A new approach to risk and its consequences

The other issue that emerged from studying the ongoing child removal cases was the visible rise in the number of removals at birth (Szőke, 2020). At the rural research site a few years ago there were no such cases, but their number has slowly risen since then, and at the time of my research all of the ongoing cases were constituted of such early intervention. Albeit to a much smaller extent, a similar rise could be observed in all settlements under analysis. The reasons offered by caseworkers for such early intervention resonate with several aspects of the new approach to parenting (cf. Featherstone et al, 2014; Hennum, 2014; Horsley et al., 2020). The former argued that removing children at birth¹² was a less harmful and cruel way

¹² In terms of practice, this means that the child welfare service signals to the hospital that the family cannot take the baby home. The baby will be then placed with a foster family, and could be given up for adoption if the parents formally disavow their parental rights.

of improving children's life opportunities and chances as no attachment would have developed between mother and child, thus the separation would not emotionally affect the children. Second, it would mean a better chance of adoption, hence for growing up in a loving and caring family instead of a foster home.

While these explanations further exemplify the already discussed approach of child welfare caseworkers, child removals at birth mark a change in orientation in another respect (Szóke, 2020). Whereas child removals usually took place after the actual event of neglect or when prolonged endangerment was evidenced,¹³ at-birth removals reveal an *ex-ante* principle – when future neglect is to be prevented. As such, at-birth removals are not initiated based on an actual practice or misconduct of the mother towards the child but on judgments of parental fitness predicted to happen based on other factors. One such factor that appeared to weigh heavily at my research sites was the mothers' attendance at prenatal examinations monitored by the nurse. The enhanced focus on foetal development along with the expansion of parental responsibility and consequent monitoring of mothers' behaviour during pregnancy are in line with the increase in risk awareness and the stress on the individualised role of parental practice concerning children's well-being and development (cf. Lee et al., 2010).

Another factor that is also linked to a transformed understanding of risk is the judgment of parental fitness not on the basis of actual practices but on the probability of harmful behaviour in the future (Szóke, 2020). This judgment in the offices under study was based primarily on the welfare history of client families. This involved teenage pregnancies, as well as enumerating cases of child removals from the wider family (from cousins, siblings, etc.) and the listing of former or ongoing welfare cases in the actual and wider family. These were major considerations in relation to which the future parental competence of the families in question was evaluated. However, since families from a lower stratum and the Roma minority are over-represented within welfare cases, this approach towards probable harm based on welfare history appears to further strengthen the social and ethnic orientation of child welfare in Hungary. At none of my research sites were at-birth removals initiated against better-off, educated families. As such, this practice further strengthens the links between deservedness and middle-class norms of 'good' and responsible parenthood, which are also apparent in recent family and welfare policies that support individuals from higher strata of society while mainly resorting to punitive measures in the case of the lowest ones.

5 Conclusion

This article has interrogated recent claims about the intensification of state intervention in family life by highlighting the importance of examining institutional practices. Based on research into child welfare caseworkers' practices in Hungary, the paper calls attention to a shift from assessing parental competence in material terms to bringing emotional ties and the involvement of parents to the forefront. This shift from the material to the emotional clearly resonates with various assertions about the currently dominant parenting approach, as well as related policy tendencies, and reinforces dominant lines of social differentiation.

¹³ In earlier removal cases such 'evidence' was also often not based on objective judgment but influenced by personal convictions and dominant norms.

Child welfare practitioners appear to be replicating dominant notions of good motherhood that are still predominantly embedded in middle-class norms, involving focusing on the optimal development and intensive cultivation of children from the earliest possible age. From such a perspective less educated and/or poorer parents are often deemed irresponsible and uncaring if they do not focus enough on the education of their children and fail to spend enough quality time with them or to show them affection. However, emotional ties and parental involvement are extremely subjective and elusive concepts and are more difficult to judge than material circumstances. This is especially true when it is considered that in most cases such judgements rest on rather limited encounters (weekly or bi-weekly 30-minute visits) due to the often high number of cases assigned to each professional. In the paper I have shown that this leads to making judgements not only based on pre-existing notions of deservedness and 'good' motherhood rooted in middle-class ideals, but also on the former welfare history of clients and even of their broader family.

Consequently, in the current socio-political context, which strongly promotes middle-class norms, poor and less educated families are still the main focus of child removal and child welfare services (Szőke, 2020). Thus, my findings resonate with similar studies (e.g., Gillies, 2008; Hennum, 2014; Macvarish et al., 2015) in revealing that the amplified importance awarded parental behaviour, along with enhanced monitoring/intervention of parental practices, may represent a new form of moral governance disguised in legal and scientific terms (Szőke, 2020). This has particularly severe consequences for less educated families from lower social strata who are the main focus of behavioural reform, control, stigmatization, and pathologization. Thus, as Hennum (2014) also argues, child welfare services not only target children's well-being and appropriate development, but are means of reinforcing dominant norms in society and strengthening the existing social order.

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