

## ***THE SOCIAL SERVICES SYSTEM AS A SPECIAL FORM OF SOCIAL CAPITAL***

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*Abstract: Social capital is a resource that is generated as a by-product by social activities that are beneficial for communities. It is realized in relationships between individuals and institutions and emerges when they foster activities and cooperation, which facilitate integration and equal opportunities. In contrast to physical capital, it dissipates when it is no longer put to use. Social problems that exert a considerable amount of pressure on communities may be handled when local communities possess adequate capital, they are well organized, have an efficient infrastructure, and appropriate services are in existence.*

*Aims: Compare social services systems in two local communities, Gheorgheni and Eger (sister cities). Examine how extant social services institutions and non-governmental organizations contribute to the accumulation of social capital.*

*Results and conclusion: A large number of (between 30 and 40) various kinds of social services institutions operate in both cities, which ensure child protection, care for the elderly and individuals with disabilities, and offer protection for vulnerable families and groups. Although such service providers are financed rather differently in the two countries in question and there are considerable differences in legislation as well, their activities are fundamentally similar. They face similar challenges, combat low professional prestige, work overload, and low salaries. We therefore believe that both communities may mutually benefit from studying each other and sharing their experiences. It is our intention to foster mutual relationships and the formation of networks.*

**Keywords:** social capital, social services systems, duties, list of organizations

## **PART I.**

### **The Social Services System as a Special Form of Social Capital:**

#### **Conceptual Framework**

##### **1. The problem and theoretical foundations**

Social and economic changes over the past few decades, regional diversity in economic development, spread of deviance, aging population, and the increase in unemployment have necessarily contributed to the growing awareness of the significance of social services systems. Questions about how disadvantaged groups and individuals may be supported have become central issues both in Romania and in Hungary, as well as the rest of Europe.

We are interested to explore questions of theory and practice and how answers to these questions may contribute to the professionalization of the social services sphere.

In Part I of our study, we set out the conceptual framework that allows us to interpret social capital and social services and how they may be linked. We point out that improving social services entails an increase in social capital and that this form of capital may be converted into economic capital (Bourdieu 1999). From this we infer that it pays to investigate and, possibly, to develop social services systems in local communities, because not only individuals in need but the entire local community may benefit from this process.

In Part II of our study, we present, as a case study, the social services systems of two small (sister) cities, one in Romania and another in Hungary. One reason why we have selected these two cities is that research we have conducted over the past two decades into the career profiles of professionals employed in social services in these cities has delivered data that testify to the problems which people employed in the social services sector need to cope with and also offer insight into the population in need of support. A second important factor we considered was that the majority of social pedagogy graduates from the university college of Eger find employment in this city and its vicinity and that 80% of applicants to the outreach social worker program of Babes-Bolyai University in Cluj come from Gheorgheni and surrounding areas.

An analysis of the social safety net is significant both from the perspective of education and from the perspective of social capital development, as findings may be channeled directly back into practice and thus contribute to strengthening both the profession and the community.

### *1.1. Relationships between social services and social capital*

Social capital is a resource that is generated as a by-product by social activities that are beneficial for communities. It is realized in relationships between individuals and institutions and emerges when they foster activities and cooperation, which facilitate integration and equal opportunities. In contrast to physical capital, it dissipates when it is no longer put to use. We must also bear in mind that different forms of capital may be converted to each other, in varying degrees. Social problems that exert a considerable amount of pressure on communities may be handled when local communities possess adequate capital, they are well organized, have an efficient infrastructure, and appropriate services are in existence.

The concept of non-economic forms of capital was introduced into the literature by Bourdieu (1999) after the 1960s. *Economic capital* is conventionally taken to denote material goods and is institutionalized primarily in the form of ownership. *Cultural capital* occurs in incorporated forms, in the form of skills, cultural goods or in objectified forms of technological devices, and in institutionalized forms (degree certificates or qualification certificates, for example). *Social capital*, according to Bourdieu (1999), is the aggregate of actual and potential resources which are linked to the possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition. Individuals, families as well as communities possess all three forms of capital.

The amount of social capital possessed by an individual is determined, on the one hand, by the size of the network of relationships which the individual can effectively mobilize and, on the other hand, by the amount of (economic, cultural or symbolic) capital possessed by those connected with the individual (Bourdieu 1999). Those relationships are in part informal (friends and relatives) and in part formal, that is forming part of the social safety net that constitutes the social capital of a particular community.

The space in which various kinds of capital exert their influence is called a social *field* by Bourdieu (1992, 1999). He hypothesizes that those fields have an internal hierarchic structure. The fields are composed of agents associated with different social positions and are related to one another via a network. Particular fields perform specific functions in the context of the society at large, thus providing an arena in which different agents may fight for specific sorts of

capital. Institutions of the social services system may be regarded as such agents. Social services systems indeed possess economic capital (material goods and instruments), cultural capital (skills of human resources, traditions, and values), and social capital (relationships, cooperating partners, etc.).

To the extent that such networks are formed and strategies are adequate, the community strengthens and the vulnerability of different social groups decreases. To put it another way, one function of a social field is to provide social assistance and protection to socially disadvantaged groups and ensure equal opportunities and an adequate quality of living.

Another of Bourdieu's (1992, 1999) concepts, *habitus*, helps us better understand the phenomenon. An important virtue of this concept is that it attempts to explain not only the behavior of the individual but it establishes a connection between structure and praxis and between individual and social behavior. *Habitus* includes subjective goals that underlie social behavior, values, instruments, motives, norms, behavior patterns, as they manifest themselves in everyday decisions made and actions performed by individuals. It is via *habitus* that structure, of which it is a product itself, can govern praxis (Bourdieu 1992).

The social field also comprises rules that govern the manifestations of various forms of habitus. It attempts to establish a balance between goals, needs, and motivations and it governs collective action. This operation is realized via institutions and organizations.

In summary, we may say that forms of habitus as patterns of social behavior may be a decisive factor in the structure of the social field of a local community and that they interrelate with various kinds of capital, primarily social and cultural capital. It may be established that characteristic modes of action in a local community manifest themselves in social safety and reflect the standard of social services. A society will make use of various kinds of capital in its attempt to put in place a social safety net in order to prevent the exclusion of those in need.

### *1.2.Purposes of social services provision*

Not only do both the character and quality of social services provision in both countries examined in the present study (Romania and Hungary) lag behind international norms but the national distribution of social services provision is also disproportional. Our experience shows

that there is no social services institution or provision at all in many settlements in Romania and most such services get concentrated in Budapest in Hungary.

Article two of the 2001 Romanian social services act stipulates that “*social services* denotes the totality of all institutions and measures whereby the state, bodies of local administration and the civil society wishes to prevent, limit or terminate the effects of temporary or permanent states of affairs that may result in the marginalization or exclusion of individuals” (Act No. 705, 2001 — The national social services system in Romania). Provision for needs takes place on the level of local governments, county councils, and the central government, specifying the particular duties of those involved and the type of service organization they are involved in.

The social services system is interpreted in Hungary similarly — “a collective concept, interpreted as comprising all activities organized within the framework of society which are designed to offer support, from a fund created by withdrawing part of the material goods produced by members of society, to those who are unable to cater for their own living out of no fault of theirs.... It is the duty of the central bodies of the state and of local governments to provide for the conditions of social services provision — beyond the responsibilities of individuals themselves for their families and of local communities for their members — by offering financial support and support in kind, social services and sustaining social services institutions” (after Act No. III, 1993).

An element shared by both definitions is the accomplishment of social integration, providing for needs, and ensuring *sustainable development*, in the interest of which it is necessary to turn to local and preferably community solutions based on traditions and experience, autonomy of organization and self-help, and further development of knowledge already accumulated, beyond measures taken on state level. What all this presupposes is that there is regular communication and cooperation among role players in the government and the civil and business sectors, to allow for various kinds of capital to mutually strengthen one another. The purpose is to foster the population’s capacity to exercise their rights, the feeling of belonging together, the ability to act together as a community, and to ensure that there are not too dramatic inequalities in individuals’ physical and social life prospects.

By *physical life prospects* we mean an individual’s life span, their health or otherwise, their living conditions, i.e. dwelling conditions, the food they eat and the place they go to bed, as

determined by their position in the social hierarchy, power, the kind of work they do, the amount of money they earn, and their culture.

Inequalities in *social life prospects* are even more varied. We are born with unequal opportunities to attain anything (housing, school, a good job, and good relationships). Our chances of access to material, social, and symbolic capital and our opportunities to exercise our rights are unequal from birth.

Some authors, Zsuzsa Ferge (2000), for example, consider the satisfaction of needs to be the primary condition of equal opportunities and social integration. What is regarded as a basic need in this context is *health* and *autonomy*.

An individual's physical health is considered just as important as their mental health. While physical health is a matter of eating, drinking, taking a rest, sleeping, physical exercise, etc., an individual's mental health is determined by balanced interpersonal relationships, emotional support, and provision of care in socially institutionalized forms.

A second group of basic needs is related to autonomy. It is a capacity that enables an individual to conceptualize their goals and the strategies to attain them and to act in order to make the best of their capacities.

This view is represented by Maslow (1987), among others, who holds that child development is driven primarily by the satisfaction of basic biological needs, which explains why children, as they grow older, gradually become less egocentric and turn from satisfying basic biological needs toward what are called developmental motivations. Thus, a child who is given all the food, care, safety, and affection they need will not be hindered in its development by unsatisfied basic needs. It will feel safe and will thus turn toward further goals of self-actualization, while smoothly getting integrated into the life of a community at the same time.

What Zsuzsa Ferge (1969) emphasizes is that a social policy regime that focuses exclusively on the provision for minimal needs may mitigate absolute poverty but it may thereby open up an indefinitely wide gap of inequalities. Therefore, it is useful to distinguish between the categories of absolute minimum on the one hand and social(ly adequate) minimum, on the other. The latter implies an attempt to restrict inequalities to certain limits and mitigate their social causes.

She also proposes that we distinguish between needs that may be described in terms of

politics and social rights and needs that cannot be described in such terms. There is a range of needs that cannot become rights and, therefore, they may be left out of political discourse. For example, it is difficult to express an individual's need for a community in legal terms. Legislation may specify the category of individuals entitled to regular financial aid or the sort of care that must be provided for a homeless person but nobody can translate into legal terms the empathy, understanding or compassion toward a person in a difficult situation. Beyond legally specifiable needs, people need attention, understanding, and a feeling of belonging to one another and to a community. It is these issues that draw attention to social and cultural capital, in addition to economic capital, as factors that determine a person's quality of life. The culture of a particular community may contribute to an individual's development by offering natural support in the form of behavior patterns mediated by religion, traditions, and elements of culture, especially in decision making and in times of crisis. It may also be counterproductive if it represents identity crisis, conflicts, and extremities (such as racism or other forms of discrimination), pushing an individual to the periphery.

Another aspect of natural support on the level of local communities is for local institutions and services to provide for such basic social needs as employment, education, housing, and healthcare. If such community institutions are lacking or are inefficient, basic social needs will be fulfilled only partially or not at all. Therefore, the basic prerequisite of co-existence in any community is the negotiation of interests and cooperation. Challenges may be met by social constructs, i.e. social organizations, that have been established for the satisfaction of permanent needs.

Highest on the priority of needs from the perspective of the interests of a community are normative needs, which, therefore, must be provided for first (Paksi and Felvinczi 2010). These include services regulated by the social services and health insurance system, such as health insurance, disability pension, etc. It is always important to consider the adaptation of services to constantly changing local and community needs and the question of what is required for its long-term sustainment. For example, if a society is aging, then it raises questions about how the pension system is sustainable and where supplementary resources are to be found, if at all. Fulfilling normative needs is closely connected with a country's economic potential, its development, and culture.

Fresh data (for the past 5 years) on needs in the two regions in question are not currently available but we do have some information on these questions delivered by our research conducted in 2014. That research focused on career characteristics of those employed in helping professions rather than on needs and services (Albert-Lőrincz and Albert-Lőrincz 2015), but the data made it clear, among other things, that there were local shortages in services, wherefore people had to travel to some big cities in Romania or to Budapest to have access to them. Research also revealed that the relationships between service institutions were inadequate, which meant that many of them engaged in the same activities side by side. Field experience shows that it is currently the duty of helping professionals to determine, on the basis of research and the technical literature, the range of services and interventions that are apparently necessary in a particular community.

Data from respondents in the research conducted in 2014 show that institutions providing for normative needs are often over-regulated and overloaded with bureaucratic duties, which makes it difficult for them to do their work and which sometimes causes some groups to be left out and deprived of services. In such cases, helping professionals attempt to call the attention of relevant authorities to such issues and get them to review the principles, ideologies, and economic considerations and eventually to assist in the improvement of the organization of services provision, but the achievements are often disproportionately modest compared to the efforts made.

In conclusion, it is safe to say that only a careful analysis of needs can lead to the formulation of the goals of services provision and to an effective organization of services provided for a particular community.

### *1.3. Forms of social services provision*

needs via central and local social services providers.

In **Romania**, the social services system is divided between central and local institutions of public administration on the one hand and private organizations, on the other, as outlined below (source: Your social security rights in Romania 2012, <http://ec.europa.eu>)

#### *a. Central public administration*



The task of the Ministry of Labor, Family and Social Protection (*Ministerul Muncii, Familiei si Protectiei Sociale*) is to execute the government's labor, family, equal opportunities, and social protection policy.

The Ministry of Health (*Ministerul Sănătății*) works out public health policy regimes, strategies and action plans on the basis of the governmental program and coordinates and oversees the execution of public health policy regimes, strategies, and programs on national, regional, and local levels.

The Ministry of Health is responsible for the reform of health care, it organizes, coordinates, and oversees activities ensuring public health, and strives to prevent and restrict unhealthy behaviors.

The National Office of State Pensions (*Casa Nationala de Pensii Publice*) is an autonomous public institution, whose task is to operate and direct the state pension system and the occupational accidents and diseases insurance system.

The National Office of Employment (*Agentia Nationala pentru Ocuparea Fortei de Munca*) is an autonomous public institution responsible for the operation and administration of the unemployment insurance system.

The National Institute of Health Insurance (*Casa Nationala de Asigurari de Sanatate*) also is an autonomous public institution whose task is to operate and direct the national health insurance system coordinated by the Ministry of Health.

*b. Local public administration*

Financial social aids fall within the competence of town halls and of general and social county child protection directorates. Such general and social county child protection directorates are supervised by county councils. Local town halls operate a register of individuals receiving financial aid, storing data on how many individuals receive financial aid and what kind and amount of aid is provided for them. Local child protection services (DGASPC) have information on the individuals who need regular support and on the kind of support they need. Local educational institutions (kindergartens, schools, education counselors) are aware of children with learning disorders or other difficulties and have information on academic achievements and on students' further education, and determine services on the basis of such information.

*c. Private organizations*

Social security companies (*societati de pensii*), manage the pension funds of private pension fund systems and voluntary pension fund systems.

Private service providers offering social services, such as daycare centers and nursing centers, operate within private service provider centers.

*In Romania*, most private institutions are private pension fund companies. Social non-governmental organizations perform important roles in offering social services and services that cater for nursing and care needs. They have been established over the past 25 years and their operation, which addresses specific social needs by offering niche services, is chiefly based on volunteer work, private donations, and grants. The share of non-governmental organizations has been shrinking over the past few years. While non-governmental organizations provided for 73.8 percent of social services in 2006, this rate dropped to 48.2 percent by 2010. Nevertheless, 25 percent of child protection institutions and services are still operated by non-governmental organizations (Fundatia pentru Dezvoltarea Societății Civile: România 2010. Sectorul neguvernamental – profil, tendințe, provocări).

What accounts for the decline in the participation of the non-governmental sphere is, among other things, the considerable shrinkage of the amount of resources that could be drawn from EU funds since the country's accession to the European Union.

*In Hungary*, social security comprises five main branches, as specified in the relevant legislation (Act No. III, 1993 on social administration and on Social services; Act No. XXXI, 1997 on Child protection) and EU documents (Your social security rights in Hungary, ec.europa.eu). Pension and health services (including the legal system of occupational accidents) are part of the social security system. In fulfilment of the state's duty to maintain such systems, housing provisions, aftercare services, and local child protection services are provided for, in accordance with the relevant act, by organizations specified in the relevant governmental decree. The remaining three branches include unemployment insurance, the family support system, and the social services provision system. The social security system is centrally controlled, while the social services system is decentralized in Hungary. Hungary employs a single-agent model in its health insurance system. The Ministry of Human Resources is responsible for health insurance and oversees the healthcare sector. Health services are available via special health service

providers, which include private service providers contracted with the National Health Insurance Fund (Országos Egészségbiztosítási Pénztár, OEP).

The social financial aid system is managed by local governments, which offer various social financial aids.

The state and local governments organize basic services in order to support socially disadvantaged individuals in their own homes and neighborhoods in sustaining their life and resolving possible problems that arise from their physical or mental conditions or some other circumstance.

If, for reasons of their age, health conditions, or social conditions, it is not possible to provide for the needs of socially disadvantaged individuals within the framework of basic services, the needs of these individuals must be provided for in specialized services, as determined by their condition and circumstances.

A comparison of the two systems allows us to infer that the basic principles are similar and that differences occur only in their execution. One outstanding difference between the social services systems of the two countries is that legislation in Hungary stipulates the range of basic and special services to be provided on the basis of the size of the population of a settlement. There is no such regulation in Romania.

*Based on the information provided in the present study so far, it is safe to say that a community's social services system may be an important element of social capital if it meets the social services needs of that community. Social services institutions form an institutionalized network of relationships that may assist vulnerable individuals and groups in establishing equal opportunities and inclusion. Various forms of habitus operating in the social field must function in a manner that best contributes to fulfilling the needs of the members of a community. This presupposes an accurate survey of needs. The legal framework that is necessary for the organization and implementation of services is in place in both countries. What needs to increase is social investment.*

## **PART II.**

### **The Social Services System as a Special Form of Social Capital —**

#### **Case Study: Comparison of the Social Safety Nets in Gheorgheni and in Eger**

In Part I of our study we argued that social services institutions may contribute to the fostering of social capital and we offered a description of the principal forms of social services in the two countries (Romania and Hungary). Below we describe the social services systems of two small towns as a case study.

We have a considerable amount of organized data on Gheorgheni. We were able to rely on the catalog compiled by Műhely Egyesület of Gheorgheni, which contains data on social services institutions (<http://eroforraskozpont.ro/szocialis-halo/szocialis-szolgalatasok-katalogusa.html>).

Concerning the social safety net of Eger, we had to collect data from various sources (interviews, websites) as such had not been available previously. We begin to present and analyze these data in the present work. Our data may be useful for specialist in Romania who are interested in the structure and operation of the social services system in Hungary or for associations looking for sister relationships in Eger. The picture presented here may be of some use for specialists in Hungary, too, as it offers an overall view of the social safety net in Eger.

We used both document analysis and data obtained in our own questionnaire survey in the study of the social safety net in the two cities.

We conducted comparative research in 2014 into the career satisfaction of helping professionals working in Gheorgheni and Eger (Albert-Lőrincz and Albert-Lőrincz 2015). We did not focus on particular aspects of the social services system in that study, but the questionnaire we employed contained some items that requested information on those too. We sought out social pedagogy graduates from Eszterházy Károly College in Eger and social worker graduates from Babeș-Bolyai University via the alumni systems and asked them to answer a few questions on a web surface. Responses to those questions allowed us to have an idea about the kind of client population respondents were working with (Table 1).

Table 1. What target group do you work with?

Clients	Graduated or studying in Romania		Graduated or studying in Hungary		Entire sample ↓	
	N	%	N	%	N	%
people living in difficult	18	33.3%	38	39.6%	56	37.3%

conditions						
children	18	33.3%	35	36.5%	53	35.3%
schoolchildren	10	18.5%	36	37.5%	46	30.7%
the young	4	7.4%	37	38.5%	41	27.3%
families	9	16.7%	31	32.3%	40	26.7%
Romani	6	11.1%	33	34.4%	39	26.0%
endangered children	8	14.8%	23	24.0%	31	20.7%
the elderly	16	29.6%	13	13.5%	29	19.3%
the disabled	15	27.8%	10	10.4%	25	16.7%
substance abusers, addicts	2	3.7%	18	18.8%	20	13.3%
women, mothers	2	3.7%	15	15.6%	17	11.3%
the ailing, the chronically ill	9	16.7%	6	6.3%	15	10.0%
the homeless	4	7.4%	10	10.4%	14	9.3%
victims of domestic abuse	1	1.9%	12	12.5%	13	8.7%
orphans	9	16.7%	3	3.1%	12	8.0%
refugees			1	1.0%	1	0.7%
<b>Totals</b>	<b>54</b>	<b>100.0%</b>	<b>96</b>	<b>100.0%</b>	<b>150</b>	<b>100.0%</b>

(Source: Albert-Lőrincz and Albert-Lőrincz 2015, 49.)

Most helpers in Eger worked with multiply vulnerable people (Romani and deviant young people and families), while specialists in Gheorgheni mainly worked with children, people with disabilities and elderly people, which suggests that the social safety nets under investigation are specifically designed to meet the needs of these categories of clients.

As no exhaustive survey on needs has been conducted in either of these cities recently, the question about how adequate such a distribution of helping organizations was to the real needs of people could only be answered on the basis of interviews conducted with the helping professionals. Helpers in both cities reported a shortage in specialized services, which, thus, were not available to people in these two settlements. The number of people in need of help exceeds the capacities of the service providers and professionals complain about work overload.

According to data obtained by Dániel, Deák (2015), a total of 24 social services organizations offer 41 different services in *Gheorgheni*, a city (an urban county but not a county seat) with 18 259 inhabitants. The state side in the city is represented by institutions and programs run by the local government and the Direcția Județeană de Asistență Socială și Protecția Copilului, but the contribution of churches to the operation of the social safety net is also significant. The table below presents data that represent the significance of different helping activities in the city.

Table 2. Profile of service institutions

Charity activities and donations: 9 organizations
Child protection and family protection services: 9 organizations
Elderly care: 5 organizations
Social services for people with disabilities: 5 organizations
Prevention and development services for children and young people: 3 organizations
Helping people fighting diseases and health sustenance: 2 organizations
Volunteer programs: 2 organizations
Professional education, adult education: 2 organizations
Protection of vulnerable groups: 1 organizations
Social services for addicts and their families: 1 organizations
Roma integration: 1 organizations
Community development, regional development, village trustees: 1 organizations

Source: <http://eroforraskozpont.ro/szocialis-halo/szocialis-szolgaltatasok-katalogusa.html>

The analysis of the social safety net in *Gheorgheni* shows that most services concern charity work, donation, child protection, and family protection. The number of services for the elderly and for people with disabilities is also significant. The smallest number of services relate to addicts, Roma people, and people in specific vulnerable conditions (victims of domestic violence, homeless people, etc.).

The number of permanent residents in *Eger*, an urban county and county seat, is 56 509. Its local government considers the construction and operation of the local child protection system

to be its principal responsibility. The number and kinds of service institutions conform to legal regulations.

Act No. XXXI, 1997 stipulates that local governments of settlements with populations exceeding ten thousand permanent residents must operate a day-nursery, in cities with populations exceeding twenty thousand they must, in addition, provide temporary housing for children, and in cities with populations exceeding thirty thousand they must, in addition, provide temporary housing for families (Act No. XXXI, 1997). Local governments are also required by law (Act III, 1993) to provide services for individuals in the form of feeding, home care, and other services depending on the size of the settlement, as follows: family care in settlements exceeding two thousand permanent residents; feeding and elderly day-care in settlements exceeding three thousand permanent residents; and in addition to all social services listed so far, nursing for the elderly, night shelter, and temporary shelter for homeless people in cities with populations exceeding thirty thousand.

There are no such regulations in the Romanian system.

In what follows, we will survey social services institutions in Eger. The list is not going to be exhaustive, because some institutions, which may continue to operate, may not have responded to our inquiry. Our purpose now is to lay the foundations for further research.

*a. Institutions operated by Eger Urban County:*

- **Családsegítő Intézet** (Act III, 1993), a budget institution financed by the local government, providing human services and basic, special, and child welfare social services. Professionals in this institution offer individual services to the approximately fifty thousand inhabitants in the city. The family support and child welfare service maintains daily contacts with 300 families with three or more children (play centers, child supervision, mummy-baby club, remedial education, debt management, life management counseling, job hunting club). The institution provides daily hot meals to 700 elderly people. They offer various events in clubs for about 130 to 140 elderly people. They provide assistance for people with disabilities in taking part in community life. They maintain a night shelter for homeless people. The purpose of the Gyermekjóléti Központ

(child welfare center) is to contribute to the physical, mental, emotional, and moral development and well-being of children, to support raising children in families, to prevent children from becoming vulnerable, and to terminate extant child vulnerability.

- **Gyermekjóléti és Bölcsődei Igazgatóság** (Act XXXI, 1997 on child protection) likewise oversees a total of four institutions: Családok Átmeneti Otthona, Helyettes Szülői Hálózat, four day-nurseries, and Családi Napközi Hálózat. Parents of school children under 12 years of age may request domestic day care.
- **Idősek Berva-völgyi Otthona** provides for full board and services for 50 elderly people. The institution provides for their meals, healthcare, nursing, and personal and environmental hygiene.

*b. Institutions run by the national Social and Child Protection Directorate-General:*

- The principal duties of **Heves Megyei Gyermekvédelmi Központ** (Act XXXI, 1997 on child protection, special services) include tasks related to child protection and protection of young people, the educational, developmental, and psychological services and care for young people taken into temporary, transitional or permanent care (care homes, foster families, children's homes, temporary homes).
- **Egri Gyermekotthon és Fogyatékosok Otthona** is an integrated institution providing the following services. *Különleges gyermekotthon*: 6 places for children aged between 0 and 3 years who need special provision either because of their age or their condition, or both, based on a recommendation resolution by the custodian office. *Fogyatékosok otthona*: 148 places, *Fogyatékosok ápoló-gondozó lakóotthona*: 12 residential places for young people over 16 years of age. *Supplementary activities*: special medical services for out-patients, social therapy and skills development activities, and work rehabilitation activities.
- **Egri Idősek Otthona** (*Social Services Act, 1993*) *Basic services: accommodation, food, clothes and other textile goods, health service, mental hygiene services, activities services, representation of interests.*

*c. Institutions maintained by the church*

As we learned from interviews conducted with assistants working for Katolikus Karitás, church-operated institutions may be run in several different ways. They may be



sustained by the Eger Archdiocese itself or the Karitász Központ of the Eger Archdiocese, and there are institutions run by religious orders or parishes, although the latter are not very common. Not only the catholic church, but other denominations also operate helping institutions.

- **Baptista Szeretetszolgálat** is one of the largest helping organizations in Hungary. Its services include the following: care for the homeless, elderly care, fight against trafficking in human beings, disaster victims, general aids, feeding children, and the “adopt me” program.
- **Főegyházmegyei Karitász Központ RÉV Szenvedélybeteg-segítő Szolgálat:** RÉV has engaged in work with addicts under the auspices of Karitász since 1998. In addition to this, Szent József Idősek Otthona, maintained by Főegyházmegyei Karitász Központ Eger, operates in Nagyvíván. Service activities conducted outside institutional frameworks and not based on normative state subsidy include providing food for 50 socially disadvantaged persons on a daily basis in Karitász Konyha. During the winter, they offer shelter to those who would otherwise be exposed to frostbite. They offer help in crisis in the Eger Karitász Center, which extends to the entire diocese.

#### d. Institutions run by the National Employment Office

- **Észak-Magyarországi Regionális Munkaügyi Központ Egri Kirendeltség és Szolgáltató Központ:** the main activities of employment centers include: human resources development, employability development, adaptability development, complex programs, authority activities, and aids and services. Their organizational task is to aid people in finding employment, filling in job vacancies, giving information on sources of support and training programs, and personality development. Clients of the center include people seeking employment, elementary and secondary school students, retired people, mothers on maternity leave, entrepreneurs, employers, and trainers. They are in contact with local governments of cities and villages, large companies that employ a significant number of people who live in the region, training institutions, schools, career counselors, bodies of public administration, foundations, associations, and private job centers.

Jointly maintained social services institutions that were active in offering helping services at the time of conducting the survey are listed in the Appendix.

Data on the satisfaction of clients with social services are not available for either of the two cities, but we do have some data on the work satisfaction of helping professionals from the research we conducted in 2014, already mentioned (Albert-Lőrincz and Albert-Lőrincz 2015). Satisfaction of professionals in both cities, Eger and Gheorgheni, is highest in the following aspects of their work: relationships with colleagues, the interesting nature of the work, meaningful work, team atmosphere in the workplace, and the nature and content of the work done. Satisfaction is lowest in the following aspects: salaries, benefits, mental health protection, burnout, prevention, chances for promotion, career prospects, opportunities for supervision, professional prestige and recognition. Some differences were also found between the two cities, though they are not statistically significant. These include, for example

- relationship with colleagues – higher satisfaction in Hungary,
- professional content of work – higher satisfaction in Hungary,
- fulfilment of promises made at the job interview – higher satisfaction in Romania,
- professional prestige and recognition – higher satisfaction in Romania.

We found no significant differences between respondents in Eger and Gheorgheni in *professional satisfaction in terms of the content of their work* or in how happy professionals were with their current situation in their lives. (Respondents had been given a 5-point scale.) As the table below shows, satisfaction scores do not reach the 4-point level in either of the two regions.

Table 3. To what extent do you feel successful from a professional standpoint?

Professional success	In which country did you graduate or do you study?		Entire sample
	In Romania	In Hungary	
I consider it a failure (1)	7.0%	3.9%	4.9%
I consider it bearable (2)	7.0%	7.7%	7.5%
I am moderately content (3)	46.5%	28.4%	34.1%
I consider it adequate (4)	28.2%	38.7%	35.4%
I feel successful (5)	11.3%	21.3%	18.1%

Scale average	3.30	3.66	3.54
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(Source: Albert-Lőrincz and Albert-Lőrincz 2015, 58)

data presented in the table above allow us to infer that the respondents in helping professions were happy with, and felt they could identify with, their profession despite its low prestige, overwork, and low wages. Considering the fact that the legal frameworks also are in place for social services, only one condition appears to be missing for helping organizations to become valuable components of the social capital of a community. Once a survey of needs is conducted, existing organizations will be able to modify their activities and services in order to increase the successful social integration of their clients. Thus they can cover service areas which are currently offered only in big cities and the capital. However, in order for social organizations to be able to meet the challenges of society and provide services for the majority of people in need, the economic capital of these local communities has to increase considerably.

## II. Summary conclusions

Apparently, relative to their size, both cities offer a remarkable array of various social services, but neither possesses the amount of economic capital that would be necessary in order that services meet Western European standards. Nevertheless, these cities represent a model for other geographical regions to follow. From the perspective of social capital, they are exemplary. Our study reveals that they can increase their efficiency by establishing closer connections among organizations functioning in the same city and coordinating their activities, whereby parallelisms in services currently observable could be eliminated. In addition, both Eger and Gheorgheni could benefit from connections established between their social safety nets. Exchanging experiences and a jointly constructed practical model might contribute to the accumulation of social capital in the local communities.

## APPENDIX

### *Institutions maintained in other forms in EGER (Hungary)*

- **Biosziget Rehabilitációs Alapítvány** engages in doing social and employment rehabilitation work for young people and young adults with mental or physical

disabilities via organic agricultural, creative, art, and sports activities. The work the foundation does serves two purposes: to offer rehabilitation to citizens in need and to increase public awareness of organic agriculture and its advantages from the perspective of environment protection and nutrition.

- **Szegényeket Támogató Alap Egri Alapítvány (SZETA)** was formally established in 1989 in Eger. That was when Ifjúsági Segítőház was opened. Their primary focus is the social integration of the Roma population in Eger, including Roma residents in Béke-telep, a mere few hundred meters away from the foundation's seat, by enhancing their self-representation skills and organizing cultural events and free-time activities for families raising children.
- **Magyar Vöröskereszt Heves Megyei Szervezete.** The primary goals of the local Red Cross organization include the protection of life and health, recognition of human personality, mitigation of human suffering and difficulties, prevention of illnesses, helping victims of armed conflicts and natural disasters, performing duties specified in the Geneva Convention, promoting international human rights, raising public awareness of the basic principles of international Red Cross organization, and social solidarity education.
- **Forrás Gyermekek és Ifjúsági Ház** is affiliated with Egri Kulturális és Művészeti Központ and is primarily a venue of events for children. It is also involved in gifted education.
- **Ifi Pont Ifjúsági Információs és Tanácsadó Iroda (IFI PONT)** was established in the summer of 2011 in Eger to offer a venue for young people where they can spend their free time meaningfully. It offers some information and professional assistance with problem resolution.
- **Kontaktpont Iroda is open to young people in twenty different locations across the country. They offer information and help with finding a job, applications, personal problems, school issues, and volunteer work, and some entertainment.**
- **Egri TISZK Nonprofit Kft.** is an adult education institution in Eger.
- **Agria TISZK** Vocational education was reformed in 2006 in order to better synchronize employment policy regimes and vocational education. The institution helps vocational graduates better meet the demands of the labor market.

- **Agria Speciális Mentő és Tűzoltó Csoport Egyesület** –The fire fighters in this association mostly answer fire alarm calls, but they also offer assistance with locating lost individuals, transporting elderly people or people with disabilities for medical assistance or treatment or some other official business. They hold presentations for children about prevention and the work they do.
- **Vakok és Gyengénlátók Integráló és Sportegyesülete:** Its purpose is to offer social, sports, cultural, and free-time events to visually impaired people.
- **Egri Autista Alapítvány Szent Anna Napközi Otthona:** Its purpose is to support people with health disorders and offer social services.
- **Az Öregdiákok a Fiatalokért Közhasznú Alapítvány:** Child education, organizing social activities.
- **Baba-Mama Szabadidő és Életmód Alapítvány:** Field of activity: family protection, preventive health care and development.
- **Cukorbetegek Egri Egyesülete:** support and education for people with medical disorders and protection of their interests.
- **Egri Nők a Családokért Egyesület:** Family protection.
- **„Mondjunk mancsot” Terápiás és Segítőkutyás Közhasznú Egyesület.** Purposes of the association: performing social activities, including assistance in the rehabilitation of people – criminals, homeless people, and addicts – on the periphery of society, complex personality development for socially disadvantaged people, people with mental disabilities, children, young people, adults, and elderly people, especially by methods of canine assisted therapy, personality development for children with special education needs (socially disadvantaged children and children with learning disorders), improving children’s skills and school performance, development of basic social skills both for healthy and disadvantaged children, highlighting socially correct patterns of behavior.
- **Egri Kolping Család Katolikus Legényegylet:** Family protection, spiritual support, family events.
- **Egri Nagycsaládosok Egyesülete:** Family protection and social care

- **Forrás Fogytékkel Élő Fiatalok Alapítványa:** Support for people with health disorders. Education, training, skills development, promoting equal opportunities for socially disadvantaged groups, rehabilitation activities.
- **Heves Megyei Diabetes Szövetség (HeMeDiSz):** Support for people with health disorders, education on life with diabetes, dietary education in summer camps, medical screening examinations, information presentations, help with daily routines, club events.
- **Mlinkó István Alapítvány a Siket Gyermekéért:** Support for people with health disorders, support for hearing and speech impaired children (education, cultural and sports events); professional support for the special institute for hearing impaired children.
- **Heves Megyei Pedagógiai Szakszolgálat Megyei Szakértői és Rehabilitációs Bizottsága:** They study the mental capacities of children and learners from birth to the end of compulsory education using methods of special education and psychology in order to determine the presence of, or to exclude, a need for special education. They make recommendations on the developmental education of school-aged children with multiple impairments.

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