Social Assistance for Children with Socio-Economic Vulnerable Parents: A Topical Matter in Pediatric Hospitals

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Magdalena Iorga [2]
Smaranda Diaconescu [3]

Abstract

Objective: to present the statistical data regarding the cases of children from families with low socio-economic status admitted to an emergency room from April 2014 to March 2016. Material and methods: A total of 79,779 patients aged between 0 and 18 years were admitted to the emergency room of a clinical pediatric emergency hospital in the north-east of Romania (42,119 during the first year, and another 37,660 during the second year). Of all these patients, over 55% were admitted to the hospital. Of the total number of hospital admissions, 505 (i.e. 263 boys and 242 girls) required social assistance. The data was obtained from the statistics department of the hospital and was processed using Microsoft Office Excel 2007. The research observed all the ethical standards, ensuring the confidentiality of personal information. Results: The number of children from rural areas is three times larger than that of children from urban areas. According to their frequency, the most numerous cases requiring counselling via a social assistant are the cases of neglect (34.65%), suicide attempts (parasuicide) through voluntary drug intoxication (17.42%), consumption of alcohol or ethnomedical substances (13.85%) and physical abuse (10.69%). Conclusions: Children from families with low socioeconomic status and rural areas admitted to the hospital due to neglect, voluntary intoxications and physical abuse are the main reasons why the support of social workers is required in a pediatric hospital. There are no gender-related differences, with both genders requiring equal amounts of intervention from the social worker.

Keywords: child, social assistance, emergency room, intervention methods.

1. Introduction

This problems address to one of the topics of the Social Economy Magazine: the family - as a unit of the structure, focusing on the forms of child neglecting by the parents and their effects on child development.

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The socio-economic situation in Romania determined an increase in the number of families, and therefore in the number of children faced with various categories of risk: the risk of being abandoned in institutions or simply in the streets, the risk of being committed to institutions for unlimited periods of time, the risk of being abused by their own families or by other people, the risk of becoming delinquents or victims of violence and abuse – in other words: the risk of not growing up in a family environment that is not based on love and support, that caters to their normal development (Diaconescu, Iorga, Gimiga, & Olaru, 2015; Soponaru, Semeniuc, Diaconescu, & Iorga, 2015; Hornor, 2014). Backgrounds of children and their parents are characterized by low and very low socio-economic cohesion, with very few jobs and social services inadequate and social issues facing.

Hospitals are among the institutions that need social assistance services the most, as well as specialized staff for handling problems such as: patient counselling, prevention of abandonment, carrying out social assessments for identifying the next of kin of the children admitted to the hospital and brought to the doctors’ attention, as well as for representing the medically assisted persons with the authorities.

The casuistry of social workers is very diverse: children that are neglected or victims of abuse (physical, sexual), underage mothers, children whose parents refuse to take responsibility for the upbringing and care of the minor children, children with no formal documentation attesting their identity, young consumers of alcohol or other drugs, teenagers with suicide attempts, etc. (Laslett, Room, Dietze, & Ferris, 2012; Freisthler, Johnson-Motoyama, & Kepple, 2014).

Solving risk situations affecting such children requires a close-knit collaboration with the hospital doctors, the children’s next of kin, as well as with the local authorities (the general directorates of social assistance and child protection – DGASPC, the police, city halls, and community assistance directorates – DAC, various non-governmental organizations, and other healthcare facilities).

Social workers provide support for children in various risk situations. This category includes underage children whose rights are violated due to certain unfavorable social, economic, medical and psycho-emotional circumstances and conditions, due to abuse, neglect or determination that the child’s parents or legal representatives are susceptible to inadequately perform their obligations in terms of the child’s upbringing and care.
2. Material and methods
A total of 79,779 cases were recorded during a two years’ period, from April 2014 to March 2016, of which 42,119 cases were recorded during the first year, and another 37,660 were recorded during the second year. Of all the cases, 55% of the children were admitted to the hospital. Of the total number of hospital admissions, 505 children required social assistance from the specialists in the pediatric hospital. The statistical data garnered from the statistics department of the hospital was obtained with the prior approval of the ethics committee. The research observed all the ethical research standards and ensured the confidentiality of personal information both with respect to medical data and family-related information, ensuring the relevant data in terms of child protection. The data obtained was processed using the Microsoft Office Excel 2007 tool.

3. Results
3.1. Demographic data
A total of 505 children required social assistance, with an average of 21.04 cases/month (23.8 cases/month during the first year and 18.25 cases/month during the second year). Of these children, 52 were not accompanied by a legal representative and 30 of the children had no registered personal identification number (CNP).

Of the total number of patients requiring the support of the social assistance department, 22 of such minors were adolescent mothers or pregnant teenage girls (4.35%).

The analysis of the statistical data recorded during the two years shows a higher frequency of cases during the May-July and October-November periods, as well as during the month of March. Based on the detailed analysis for the two years, we can say that the months with the highest frequencies of cases requiring the intervention of social workers are March, May, October, and November. The case distribution by month and year is presented in Table 1.
Table 1. Case distribution by months

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</thead>
<tbody>
<tr>
<td>2014</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>86</td>
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<tr>
<td>2015</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>7</td>
<td>19</td>
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<tr>
<td>Total</td>
<td>76</td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>7</td>
<td>305</td>
</tr>
</tbody>
</table>

Of the total number of children receiving social assistance, 263 are girls and 242 are boys, with a 10% difference in terms of the gender variable. Of all these children, 396 come from rural areas and 109 come from urban areas. We therefore note that the number of children coming from rural areas and requiring the support of a social worker is 3 times larger than that of children coming from urban areas. The case distribution by year and gender is presented in Table 2.

Table 2. Case distribution by gender

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>Total years</th>
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<tbody>
<tr>
<td>Feminine</td>
<td>142</td>
<td>121</td>
<td>263</td>
</tr>
<tr>
<td>Masculine</td>
<td>144</td>
<td>98</td>
<td>242</td>
</tr>
<tr>
<td>Total /sex</td>
<td>286</td>
<td>219</td>
<td>505</td>
</tr>
</tbody>
</table>

3.2. Medical data

A total of 34.65% of the cases receiving assistance (N = 175) were for neglect, 10.69% (N = 54) for physical abuse, 3.36% (N = 17) for sexual abuse, 9.1% (N = 46) for alcohol consumption, 4.75% (N = 24) for consumption of ethnobotanical substances and 17.42% (N = 88) for voluntary intoxications/parasuicide. Of all the 1,091 cases of intoxications recorded during the two years, voluntary intoxications constitute 8.06%. The case distribution for the two years is presented in Table 3.

Therefore, neglecting the child’s physical and psycho-emotional needs by the adult responsible for its upbringing is the most frequent form of abuse and violence affecting children. **Neglect is a non-physical form of violence and it represents the adult’s incapacity or refusal to provide for the child’s development in all the aspects of its life** (Luca, 2014, p. 38). Neglect can take several forms:
- **Nutritional neglect** – the child is not fed according to its needs (inadequate food or food that is inadequately provided; food deprivation, etc.);
- **Inadequate clothing** – the child does not have clothes or wears unsuitable and dirty clothes;
- **Poor hygiene** – lack of bodily hygiene, foul odors, parasites;
- **Medical neglect** – when parents do not tend to the child’s health and to carrying out the routine medical examinations;
- **Educational neglect** – failure to enroll the child in kindergarten/school, parents’ lack of concern for the intellectual stimulation of the child, inconsistency within the reward-punishment system, failure to track school progresses;
- **Emotional neglect** – the most frequent and insidious form of neglect (the adult's lack of attention to the child, lack of physical contact, of signs of affection and words of appreciation);
- **Child relinquishment/abandonment** is the most severe form of neglect and abuse.

### Table 3. Distribution of social assistance cases by calendar year

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td><strong>Neglect</strong></td>
<td>119</td>
<td>56</td>
<td>175</td>
</tr>
<tr>
<td><strong>Physical abuse</strong></td>
<td>31</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td><strong>Sexual abuse</strong></td>
<td>14</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td><strong>Alcohol consumption</strong></td>
<td>24</td>
<td>22</td>
<td>46</td>
</tr>
<tr>
<td><strong>Consumption of ethnobotanical substances</strong></td>
<td>9</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td><strong>Voluntary drug intoxication / parasuicide</strong></td>
<td>51</td>
<td>37</td>
<td>88</td>
</tr>
<tr>
<td><strong>Total/years/grand total</strong></td>
<td>248</td>
<td>156</td>
<td>404</td>
</tr>
</tbody>
</table>

### 3.3. Data regarding the provision of social assistance services

Abandonment was successfully prevented in the case of 16 of the children, while for 40 other children discussion groups were formed in order to counsel and apprise them of their rights. The steps taken by the social worker in the cases described herein most often included the integration into the original family (i.e. family reintegration), while for 75 of the minors social protection measures had to be taken, referring them to the DGASPC in order to have them fostered on an emergency basis with a professional foster parent or with a foster home, if such children were exposed to major risks in their biological families.

In cases of **intra-family physical and sexual abuse**, the social worker reports the situation to the Public Services of Social Assistance within city halls and/or General Directorates of Social Assistance and Child Protection in the patients’ hometown counties.
In the cases of substance abuse (alcohol or ethnobotanical substances, drugs), which happens frequently among teenagers, the social worker provides counselling both for the minors and their next of kin with regard to the risks of drug or alcohol consumption and warns the parents that the reoccurrence of such risk situation shall entail the intervention of the local authorities (the general directorates of social assistance and child protection, the police, city halls). Also, the social worker offers the next of kin information about the institutions that can provide support to families in this kind of situations, such as the Center for the prevention of alcohol consumption (CEPCA) or various NGOs.

For patients with no legal identity documents, the social worker the legal guardians information regarding the procedure for obtaining the birth certificate or the delayed registration of the child’s birth in the case of children over the age of tree.

As far as hospital abandonment is concerned, of the 16 documented cases there were only two actual cases of underage children abandoned in the medical facility. The next of kin are counselled with respect to their parental rights and obligations, as well as the consequences of such a decision.

In case of suicide attempts/drug ingestions, the social worker provides counselling for the next of kin with respect to the importance of monitoring the minor in order to avoid the reoccurrence of such a situation, as well as to prepare a plan for the permanent future monitoring of all the changes occurring in terms of the child’s physical and mental health status. Most of the cases occur in teenagers, who are going through a biological and psychological period marked by tumultuous changes that can make the minor feel powerless and determine their rebeldom. Such gestures can occur as a result of intra-family feuds, couple relationships or school failure. It is not uncommon for such cases to occur as a result of the feeling of “abandonment” that follows the child’s is getting left behind when the parents go back to work abroad.

Counselling about rights refers to the parents’ counselling and information with regard to their rights and obligations in terms of bringing up and educating the children, also including the determination and assessment of the family situations.

In the case of pregnant girls or teenage mothers, counselling is intensified with respect to the need for medical monitoring by the treating physician and the general practitioner to the benefit of both
mother and child. Attention is focused towards the legal guardians, who are most often disgruntled with the situation of the underage girl. In the case of pregnant teenage girls, the pregnancy is most often discovered too late to consider pregnancy termination. In this case, the birth of a child will have momentous consequences on life and on the baby: low socio-economic status, especially on account of school dropout and low education level. The downward curve of the standards of living has disastrous consequences in terms of diet, medical care and treatments, which ultimately take a toll on the child’s multidimensional development (Shin, Miller, & Teicher, 2013; Ryan, Williams, & Courtney, 2013). Pregnant adolescent girls and teenage mothers require the support of their families, and when such support cannot be provided it is recommended that they resort to support and protection centers for underage mothers faced with difficult situations or subject to abuse (Mrazek, & Kempe, 2014; Donohue, Azrin, Bradshaw, Van Hasselt, Cross, Urgelles, Romero, Hill, & Allen, 2014).

The study has its limitations in that the number of cases has been assessed for a duration of only two years. On the other hand, the geographic region and socio-economic level play a decisive part in the type of socially assisted individual. The pediatric hospital is located in a region known to be rather poor, with limited access to medical and social assistance services and with high rates of school dropout in rural areas. In addition to this, the large number of children whose parents are abroad determines this data to be reflected in the interventions of the social worker, namely in terms of children without any legal identification documents, the great number of cases of neglect and physical abuse – if we refer to the level of education and beliefs regarding the family and the child’s upbringing, as well as to the use of bodily punishments (Luca & Azoitei, 2007, p. 48). Rural areas also have higher levels of alcohol consumption and extremely low rates of employment. Also in this geographical area are very few social economy enterprises to employ people (parents) belonging to vulnerable groups.

4. Conclusions

The casuistry of social workers in the pediatric emergency rooms includes children from rural areas, admitted for neglect, voluntary intoxications and physical abuse. There are no gender differences, with both genders requiring equal amounts of intervention from the social worker. The cases occur most frequently during the
months of the warm season, when agriculture-related activities in rural areas lead to child neglect. There is also an increase in the frequency of social problems affecting children during the autumn months (October, November) on account of alcohol consumption.

References