



## **Report on the social inclusion and social protection of disabled people in European countries**

**Country:** Hungary

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### **Background:**

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



## PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

### 1.1 How and where people with disabilities are included in Hungary's published plans for social inclusion and protection?

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Three programs are worth mentioning:

The [National Disability Program](#) (NDP)

defines inclusion policy clearly. The pertinent provision of law – 10/2006 (February 16) Parliamentary Decree - focuses on inclusion, normalization, equal opportunity access and the general situation of the family of the person with disability. An independent program but with a mainstream approach - it was passed by the Hungarian Parliament.

*Social Inclusion Program (Ministry of Social Affairs and Labour)*

see [National Strategy Report on Social Protection and Social Inclusion 2006-2008](#)

The program refers to the various areas of social inclusion. It refers to disability and the situation of persons with disabilities at least 53 times. The program itself is inclusive and mainstreamed.

The [New Hungary Development Plan](#) (NHDP)

In the two major areas of inclusion:

1. Education – the key provisions of the law designed by the above mentioned program are primarily inclusive
2. Employment – unfortunately favours segregated employment as the higher the rate of persons with disabilities within the number of employed the more subsidies the employer is entitled to. Thus while NDP and NHDP prefer integrated employment in the intention and wording of these programs, the result is the opposite. In the following website altogether eight English language documents are available for the clarification of this issue

<http://www.szmm.gov.hu/main.php?folderID=1375&articleID=30804&ctag=articlelist&iid=1>

### 1.2 In reality, what major actions has Hungary taken and what are the positive or negative effects on people with disabilities?

People with disabilities have rights equal to all other Hungarian citizens, but in some cases, due to anti-discrimination laws, additional entitlements are available for person with disabilities. (See later the detailed example of the disability benefit, which is 80 percent of the minimum old age pension.)

Services: in order to achieve equal access to services, HUF 35 billion is spent from the National Development Plan on the so called physical and information-communication accessibility.

A regional analysis of equal access to services shows a strong inequality favouring the Western parts of Hungary, i.e. social services in the Western provinces are more developed. If we distinguish between cities and rural areas in terms of educational facilities, cities score substantially better. Therefore a large portion of children with disabilities require dormitory placement if they want to get a good education.

These statements can be double checked based on the empirical information found on the Hungarian language website (protected by a password) of the Information System of the Social Sector: [https://teir.vati.hu/szoc\\_agazat](https://teir.vati.hu/szoc_agazat). The website summarizing the Information System of National Regional Development and Management is the following: <https://teir.vati.hu/>



Information on fighting discrimination and increasing integration:  
Fundamental provisions of law in this area are the following:

- i. The Constitution of the Republic of Hungary prohibits discrimination in general.
- ii. The antidiscrimination rule in the case of persons with disabilities was embedded into Act. No. XXVI<sup>1</sup>, however, it is not explicit. See: <http://text.disabilityknowledge.org/The-Law.htm>
- iii. Since 2003 the Act CXXV on Equal Treatment and the Promotion of Equal Opportunities provides the right basis for the prohibition of discrimination as understood in a broad sense. See.: <http://www.egyenlobanasmod.hu/data/SZMM094B.pdf><sup>2</sup>, or: <http://text.disabilityknowledge.org/Equ-Opp-Hu.pdf>  
English language website: <http://www.egyenlobanasmod.hu/index.php?q=english.htm>

*Critical analysis:*

The provisions of law are there in Hungary today, but the problem lies not in the enactments of law but rather in the fact that the enactments of law are not being implemented.

This lack of effective implementation of the law *has not threatened directly the rights of persons with disabilities so far*. But in some self-government jurisdictions violent actions and anti-Roma pogroms of the so-called Hungarian Guard undermine the basis of everyday democratic functioning. The courts have been hesitant and passive in such situations.

How are people with disabilities and their organisations being involved in co-ordination of these policies? The National Disability Council (NDC) is an advisory agency of the government and it reviews the policies enlisted in point 1.1 and other policies pertaining to persons with disabilities.

The NHPD is broken up into operative programs and all of these have monitoring committees as well as representatives of persons with disabilities.

Negative impact: although forums exist to include persons with disabilities, the true enforcement of interests does not occur at a high enough level. Life situations from the very basic to the most complicated are being regulated by the bureaucracy, but the bureaucracy simply does not have the appropriate knowledge to regulate effectively. In these situations extra involvement of persons with disabilities would be called for according to the Western model. This however does not occur in Hungary either at the case by case level or at the policy level. The next step of development will be when persons with disabilities will be effectively integrated.

In the following we will enlist a few examples, both positive and negative:

Negative example: Regulation concerning group homes was prepared without involving the persons most affected.

<sup>1</sup> Chapter VIII: Protection of the rights to which persons living with disability are entitled, responsibility for the tasks arising from the act at Section 27 states any person suffering an unlawful disadvantage because of his or her disability shall be entitled to all the rights which apply in the case of violation of individual rights. (This is the non-discrimination section that refers to section 76 of the Civil Code which prohibits any kind of negative discrimination on the grounds of sex, race, nationality or religion but does not define or address disability. Section 84 of the Civil Code states that in the case of violation of any individual rights, the aggrieved party may bring the question before the court in order to let the court decide whether an infringement has occurred.)

<sup>2</sup> "Negative discrimination. **Article 84** All dispositions as a result of which a person or a group is treated or would be treated less favourably than another person or group in a comparable situation because of his/her  
a) sex, b) racial origin, c) colour, d) nationality, e) origin of national or ethnic minority, f) mother tongue, g) disability, h) state of health, i) religious or ideological conviction, j) political or other opinion, k) family status, l) motherhood (pregnancy) or fatherhood, m) sexual orientation, n) sexual identity, o) age, p) social origin, q) financial status, r) part-time nature or definite term of the employment relationship or other relationship aimed at work, s) membership in an organisation representing employees' interests, t) any other status, characteristic feature or attribute (hereinafter collectively: characteristics) – are considered direct discrimination.



Positive example: People with disabilities were involved in preparing regulations for supportive services. This was true inclusion, noble and cooperative work. In the case of the national autism strategy, the representatives of the people concerned handled the task.

Here there was a fundamental deficiency as public administration did not participate in its development therefore the bureaucrats did not form a commitment that normally forms from participation. This is the problem with the NDP as well. The plan was made together with citizens but government experts and bureaucrats were left out. During implementation this became a serious limiting factor.

A positive practical, anti-discrimination example is the “Don’t Let Yourself (be discriminated against)” program by the Hand in Hand Foundation aimed at the development of a national discrimination indicator system (Hungarian website only):

<http://www.kezenfogva.hu/nehagydmagad/>

### **1.3 The key findings of most recent research about people with disabilities’ equality and social inclusion in Hungary of the past two years**

Krémer, Balázs – Nagy, Zita (2007): “The behavioural forms of good policies and governance in the area of disability are always suitably flexible to find the optimum between the possibilities and the satisfaction of needs and requirements... fostering flexible professionalism, openness and a social dialogue are very important.” p.43

Könczei (et. al.) 2007: “Persons with psycho-social disabilities are typically able to act (they are able both to act and to exercise their rights) and as such they are not necessarily in need of substitute decision-making. Subsequently should appropriate “staking” be provided (Leopold Szondi’s expression) persons with such disabilities could be successful and at least quasi-autonomous and creative participants in a supported decision making process”, p. 10.

We, unfortunately, do not have evidence about inequalities between different groups of people with disabilities (disabled women, young people, older people, people with different kinds of impairment, migrants or ethnic minorities, etc.)

New research is needed on equality and social inclusion. It would be important to conduct a thorough survey of the housing solutions for group homes, institutions, apartments, and rental housing because disabled persons too often are found on the wait lists of social institutions.



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

Our data concerning poverty, income or pensions/benefits for people with disabilities in Hungary is based on the Census of the year 2001.

The data on persons on disability pensions can be drawn from the data tables collected by the Pension Fund Directorate (by age groups and the amount of their disability pensions.)

*Key findings of the most important publications:*

Economic Research 2007: "The transformation of the system of disability pensions started in 2008 allows for testing whether personal rehabilitation plans are drawn up that provide a realistic possibility for the person with altered abilities to work during the maximum three year term of paying someone the rehabilitation benefit. In cases where this is not possible it will be necessary to investigate again how realistic these measures are. In the near future, the social service sector will be examined regarding whether it offers encouragement or counter-encouragement for employment. It would be expedient to take into consideration the results of this research for developing policy ideas for the future." p. 9.

Halmos, et. al. 2008: "In our opinion the reform of the procedural order for applying for wage subsidies can be implemented to retain the defence function against fraud yet also expanded to encourage employment as much as possible"; p.34

New research is needed. While at least one third of persons with disabilities are passed retirement age, we have no knowledge of their situation at all.

The age tree proves that the ratio of people with disabilities in different age groups is varied. They are represented as the largest ratio in the retired age group.

Figure 1: Ratio of Persons with Disabilities in the Hungarian Population (Census of the year 2001)





## 2.2 Type and level of benefits

Only since 2007 has the assessment of capacity to work been done by an interdisciplinary team instead of a group of medical doctors.

Disability pension:

The criterion for entitlement is the so called 51 percent of total disability. The number of the so called disabled pensioners under the limit age (and they are the only ones that count in terms of employment policy) was 451 953 in January 2007. (Source: Report of the State Audit Office of Hungary on the profitability of funds used for maintaining ability to work - unpublished).

In January 2007 the average disability pension was HUF 55 110.<sup>3</sup>

Those who have reached the retirement age – in the case of women, 62, and in the case of men, 65 – carry over their disability pension. They do not change to old age pension. Criterion: persons not entitled to disability pension are supported by other benefits. The amount of these benefits is determined by the years spent at work and the level of disability.

The following are not entitled to collect rehabilitation benefits:

- a) Those who collect a disability pension, an accident pension, an old age or inability to work benefit, unemployment insurance benefits, maternity benefit, maternity aid, childcare benefit, etc.
  - b) Those entitled to old age pension
  - c) Those who cannot be rehabilitated
- Those who are lacking service time can collect disability benefits and regular social security benefits.

Financial support of the various health-, social-, employment policy etc. sectors *have* inter- and intra-sector *differences primarily* based on the extent of the funds available. The exact number of persons serviced by these is determined by the amount of funds available. (The definition of disability was narrowed, for example, to the point where the funding was just available for the *disability benefit*.)

There are dozens of benefits available. From the employment point of view one either collects disability pension or one of the following five benefits.

- i) In 2007 19 158 people were collecting *temporary benefits*. The criteria for eligibility, in short, are as follows:
  - a minimum of 40 percent disability sustained at work carrying out employment activities, unsuitability for rehabilitation in the present line of work, in the line of work prior to the disability, or in another line of work appropriate to the person's training, and
  - eligibility for collecting old age pension within five years, and
  - insufficient service time for collecting old age pension, and
  - ineligibility for private pension, and
  - not collecting regular benefits, wage supplement, temporary wage supplement, regular social benefit, health impairment benefit for miners, and
  - unemployed or earning an average monthly income or wages less than 80 percent of the mandatory minimum wage in the four months prior to applying for the temporary benefit.

<sup>3</sup> 1 € is equal to HUF 250 (approximately).



- ii) In 2007 184 845 people were collecting *regular social benefits*. The eligibility criteria, in short, are the same as above except the person must have half of the service time necessary for collecting a disability pension as determined by age group.

The regular social benefit of persons older than the age limit is between HUF 26 960 and 31 020. It is HUF 26 710 for those under the age limit.

- iii) In 2007 2 693 people were collecting health impairment benefits. This amount is equal to those receiving wage supplement, which is determined based on the previous income provided it does not exceed an amount three times the actual smallest old age pension (HUF 85 500).
- iv) In 2007 30 039 people were collecting disability benefits. The amount of this benefit has gone up from HUF 26 400 to HUF 29 700 between 2004 and 2006.
- v) In 2007 13 899 people were collecting accident benefits.

During the three year period between 2004 and 2006, HUF 2000 billion was paid out for these five benefits.

<http://www.szmm.gov.hu/download.php?ctag=download&docID=15205>  
<http://www.szmm.gov.hu/main.php?folderID=848>  
<http://www.szmm.gov.hu/main.php?folderID=1375&articleID=30804&ctag=articlelist&iid=1>  
<http://www.szmm.gov.hu/main.php?folderID=1375>  
[http://ec.europa.eu/employment\\_social/spsi/strategy\\_reports\\_en.htm](http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm)

On 31 December 2007 106 620 people were collecting disability benefits, which is the financial support for persons with severe disabilities. Half of these people are over 65. The yearly budget for this benefit is HUF 24.2 billion (statistical data service of the Family Support Department of MÁK: Hungarian State Treasury – for internal use only, unpublished, 2008.)

### 2.3 Policy and practice (summary)

Please tell us about the current state of laws or policies that affect the poverty and the financial income of people with disabilities in your country.

- Is the financial income of people with disabilities an important political question at this time? Yes, it is. But due to the convergence program serving to lead up to the introduction of the Euro, the programs do not get implemented. Example: one of the reasons for the reform of the employment system of people with altered capacity to work was that these people did not receive the maximum 135-360 percent of the minimum wage they are entitled to. The ombudsman demonstrated in one of his audits that people who are not able to act have employment contracts but the money that is owed to them is channelled to the social institution providing care. This situation triggered reform which goes to show that it is important for politicians that people with disabilities get what they are entitled to.
- Have there been any important changes or modernizations of policy in your country? Yes, one example is the disability benefit as described earlier. Beyond this, in Hungary services for persons with disabilities are provided by either the self-government jurisdictions or by the decentralized state agencies. Due to the animosity towards social services delivered by the self-governments and for reasons of honouring equal opportunity, the state purchases services directly through tenders (for example, the reform of supportive services.)
- To what extent are people with disabilities included in mainstream policy for poverty and income protection, or treated as a separate group? Fighting poverty through the law is implemented by the Social Act and the Act on Family Support.





These laws do not attach many financial benefits to disability (for example the family allowance is a universal right but is tied to the family income by way of means testing). Disability allowances exist for persons with disabilities. And children fitting in the traditional disability categories are eligible for supplemented family allowance.

- Do pensions and benefits in your country encourage younger people with disabilities to work in paid employment? The answer is no. Just the opposite. Even though the level of the various pensions and benefits is low, they still provide some form of secure livelihood. And, since it is difficult to get a job and to keep it, this makes persons less interested in employment. (The sad impact of this situation is that in some self-government jurisdictions Roma persons were required to perform public work in order to get financial assistance they were entitled to.)
- Do pensions and benefits in your country encourage older people with disabilities to stay in paid employment? The answer is no. It is possible to work while collecting a disability pension. However this work must not be regular and it cannot exceed six hours a day. The income from this work cannot significantly exceed the income of the person prior to becoming disabled, or else the person loses their disability pension. (Example: According to a report put out by Brunel University, in most EU member states disability pensions are tied to income, but in Hungary disability pensions are tied to health impairment).

The financial system could not cope with the increases in the number of people with disabilities or the level of pensions. More and more people retire and less and less people are working to support them. In 2006 the number of the employed was as low as 3.9 million.





## SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

“More than a third of the 35 residential social institution buildings (mansions) surveyed were partially renovated in the past 10-15 years. However, the majority of these renovations were only for safety (to prevent accidents) and for reasons related to hygiene. Mansions, by their nature, are not suited to provide “mass” social care. Due to not adhering to the law in so many areas a large majority of these mansions only have temporary operating permits.

Contrary to the steadily increasing professional expectations set out in the law the norms have continuously dropped, nominally as well, while the incomes of the majority of the service providers have shrunk (i.e. revenues from levies). Tender sources have become increasingly more difficult to get in the past two years. The self generated income of these institutions is next to nothing. The increased energy prices and the increasing pharmaceutical prices (and the box fee and the visit fee) are hitting the social institutions harder than the average business.

The institutions cannot make further cutbacks in the real expenses to compensate for the on average 10 percent decrease in financial support; therefore they are forced to further erode the already substandard proportion of skilled staff which in turn requires raising the fees for service. (This means that in many cases those receiving care have no money left for clothing which in turn puts the pressure on the institution to provide it.)

There are significant inter-regional differences... The rehabilitation of those in care is largely made more difficult by the present practice of exclusive guardianship.” Economic Research 2007B, p.5.

### 3.2 Types of care and support (key points and examples)

- Care provided in institutions vs. care provided at home. Act XXVI of 1998 designates the end of 2001 as the deadline for breaking up large institutions into live-in homes. The budget for the Social Infrastructure-development Operative Program (TIOP) for 2007-2013 is HUF 11 billion and breaking up large institutions into live-in homes can be partially implemented from that amount. There are 128 care facilities out of which 81 can house more than 50 people and 5 of them can house more than 200 people. For half a decade the care fee has been an issue. Today the care fee functions as a social subsidy. The fight around this fee relates to providing home care for persons with disabilities and whether the state should accept home care as employment. Finally, in TÁMOP there is a model program operational until 2010 before the introduction of amendments of the law.
- Personal assistance schemes. Supportive services are available for personal assistance at the moment. During the last amendment to Act XXVI of 1998 a section was added which defined accessibility as both physical accessibility to buildings in addition to the personal assistance to persons with mobility problems and accessibility to personal assistance for people with serious communication impediments.
- Availability of temporary care services (e.g. ‘respite care’). This area is regulated by the Social Act. There are institutions providing day care, temporary and live-in care.
- Help with housing (e.g. accessible housing, supported housing, adaptations). The different types include institutions providing permanent live-in care or live-in homes.
- Work rehabilitation services. The Social Act distinguishes between work rehabilitation employment whose objective is to keep the skills of persons with disabilities at a certain level and the preparation-development employment. The latter is based on the Labour Code and prepares persons for employment on the open labour market.
- Help with transport. Support services provided by a support agency and governed by the Social Act include assistance in the person’s own home and in providing transportation for persons to get their business done outside their home.



Assistance to purchase and to retrofit own vehicle; transportation assistance exists too. The maximum amount of the latter per year is HUF 17000, furthermore there is a tax deduction from the vehicle tax, and parking ID is provided.

Mass transportation. Those in the classical categories of persons with disabilities – persons with visual impairments, persons with intellectual disabilities, persons with mobility impairments and persons living with autism - are eligible to use public transit together with their companions at a 90 percent discount rate. When mass transportation vehicles are purchased and the stops and railway stations are built accessibility for persons with disabilities is an important requirement.

Transport services are provided both by support services, by school buses, and by village and farm trustee networks. In small and sack settlements (with no through roads) and in the case of bush settlements, village and farm trustee networks own vans or other vehicles and can drive those in need of doing their business elsewhere. This is part of mainstreaming.

Health insurance finances access to public education services (i.e. early development) and access to health care.

The current system of care and support does limit the choices of people with disabilities as to where they live. In poorer and smaller settlements the standard of care is significantly lower.

Can people with disabilities choose to manage their own finances for care and support? Personal assistance budgets and direct payment schemes are non-existent as of yet.

The quality of care and support is largely dependent on the financial resources available for the disabled person and their family.



## **PART FOUR: SUMMARY INFORMATION**

### **4.1 Conclusions and recommendations (summary)**

- Current policies do not ensure social inclusion and social protection to people with disabilities yet. Good will is not enough any more.
- Situation for people with disabilities partly improving, partly getting worse in Hungary? Improvements come from modern and positive steps and regulations. The cause of getting worse is budget cuts.
- A recommendation for positive change in the social inclusion of people with disabilities in Hungary could be a new system of much more integrated labour conditions.
- The question as to whether or not action is required for priority groups of people with disabilities (e.g. disabled women, migrants, older workers, people with specific kinds of impairment/disability) can hardly be answered because of lack of information.
- Much more research is needed in order to gather information on specific groups, e.g., disabled women, migrants, older workers, people with specific kinds of impairment/disability.

### **4.2 One example of best practice (brief details)**

Please tell us about one example of good practice in the practical implementation of social inclusion or social protection of people with disabilities from your country (e.g. a policy, programme, pilot study, project, or case study). Is there something that other countries might learn from?

Good practices are e.g., the making of National Disability Program, the solidarity on the level of FESZT (Council of Organizations of persons with Disabilities), the humility of Hungarian Disability Studies for the benefits of people with disabilities and the supported employment programs.



### 4.3 References

Economic Research 2007A. Employment of Persons with Altered Working Capacities. Description and proposals. Gazdaságkutató Zrt., Unpublished research progress report (in Hungarian). Budapest

Economic Research 2007B. Redemption of Castle-Institutions with Group Homes. Economic calculations. Gazdaságkutató Zrt., Unpublished research progress report (in Hungarian). Budapest

Könczei, György – Klara Marton – Istvan Hoffman – Gabor Gombos – Lajos Farkas– Roland Keszi – Endre Bíró – Tímea Egri – Kinga Marton 2008. *Capacity to Act, Legal Capacity of Persons with Intellectual Disabilities and with Psychosocial Disabilities and Guidelines*. Unpublished multidisciplinary research progress report (in Hungarian). ELTE BGFSE. Budapest

Krémer, Balázs – Nagy Zita 2007. [Digestion of Working Plans of People Living with Disabilities and Altered Working Capacities](#). Unpublished research progress report (in Hungarian). Revita Foundation, Debrecen

Halmos, Szilvia – Aubel Ervin – Csányi Zsuzsanna – Végh Katalin 2008. Motivating Employment of Persons with Disabilities. Proposal for a legal change. Salva Vita Foundation, Budapest. Unpublished research progress report (in Hungarian)