



European Semester 2020-2021 country fiche on disability equality

Hungary

February – 2021

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate C — Social Affairs

Unit C3 — Disability & Inclusion

European Commission

B-1049 Brussels

European Semester 2020-2021 country fiche on disability equality

With comparative data annex provided by EDE

Hungary

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

This country report has been prepared as input for the European Semester in 2021¹ and has been developed under Contract VC/2020/0273 with the European Commission.

¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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Luxembourg: Publications Office of the European Union, 2021

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1 Executive summary and recommendations

1.1 Key points and main challenges for the European Semester in 2021

Labour market

The employment rate of disabled people remarkably improved to 48,3 %. However, it is still below the EU average of 50,8 % and much below the average of national non-disabled persons. Recent policy change to address the challenges of mobilising the labour reserve (being mainly further from the labour market) to meet demand in the business sector has persisted. If the labour market continues to tighten, this could provide a window of opportunity for increased recruitment of disabled workers, since they are strongly under-represented in the labour market. However, by the time the scattered initiatives had become a coherent flagship policy to increase the open labour market integration of the disabled people the employment situation has drastically changed due to the COVID-19. It would be rather unfortunate, if labour surplus, caused by the epidemic crisis were to abolish policy development towards the increased open labour market employment of persons with disability which took shape in the context of a tight labour market.

Education

The indicators show a wide disability gap in early-school leaving, which is already high for the general population. The indications for tertiary educational attainment are also among the lowest in the EU and significantly worse for disabled people, placing Hungary among the poor performers on this measure. Several measures have been taken with regard to the two main EU2020 targets in education, but structural difficulties still remain. It is not possible to create high quality integration in education without sufficient number of professionals, and the constant reform of secondary education creates an uncertain environment both for pedagogues and SEN students.

Social policies and health care

Deinstitutionalization is a key priority. The institution-centred approach is still present, albeit the EU funds support the deinstitutionalisation process. In this regard some improvement is tangible. The government adopted Resolution No. 1295/2019 on the long-term concept for the deinstitutionalisation of social institutional care facilities for 2019-2036. Statistics show the transition from large-scale institutions to small-scale institutions. However, civil organisations pinpoint that the process is slow and still dominated by the institutional concept.

1.2 Recommendations for Hungary

Recommendation: Shift resources from public work programmes to increased funding of investment in targeted and tailored active labour market measures for persons with disability in close cooperation with the business sector, in order to increase job opportunities in the open labour market.

Rationale: The disability employment rate is still low, with a wide equality gap. Investment in mass public works may have resulted in some modest improvements but it raises issues of job quality and segregation. There are numerous job opportunities in the open labour market, but persons with disabilities are not viewed coherently as an equal part of the labour force within relevant policies. To improve the recruitment attitude among private employers, developing an inclusive work environment should also become a part of subsidised activating measures.

Recommendation: Increase the attention and resources directed to consistent inclusive education of disabled young people, including staffing resources.

Rationale: It is essential to ensure that a sufficient number of professionals are in place to meet the demand of students' individual requirements. Adequate resources should be allocated for the continued training of teachers and all other educational staff, to enable them to work in inclusive educational settings in line with recommendation 41 of the UN CRPD Committee. Data shows that there is a serious need for more school professionals, especially in poorer regions. In 2020 the Hungarian Government took another step further from creating a long-run solution for the shortage of professionals and potentially lowered the quality of education for SEN students by relaxing the conditions for becoming a special education teacher.

Recommendation: Shift towards provision of services in overall approach, in the scope of which families not only receive cash support, but there is a chance to buy professional help from the benefit or supplement their own personal help.

Rationale: The long-standing carer's fee, the support for the disabled and the fee for caring for children at home which have been introduced on 1.1.2019, designed to help families with disabled children, provide for designated financial support for persons with disabilities. However, these benefits require the personal attendance of a family member in most of the cases. A shift might be considered, in the scope of which families not only receive cash support, but the chance to 'buy' professional help from the benefit, or supplement their own personal help, when necessary. It could give a boost to the carer's demand and supply as in other EU Member States, which would also contribute to the targets of the labour market.

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for Hungary (Staff Working Document)

In 2020, the Country Report for Hungary included the following direct references to disability issues:

- 'p. 9 Despite recent improvements, nonemployment is higher among the low skilled and people with disabilities.
- p. 28 Labour market outcomes for various vulnerable groups improved, including people with disabilities.
- p. 34 Long-term care provision remains institutioncentred, although the EU-financed deinstitutionalisation process for children and persons with disabilities is currently ongoing.'

The higher unemployment of low skilled and people with disabilities is a long-standing feature of the Hungarian labour market which – as well reflected in the Country Report – is also concentrated geographically, in less developed regions and in rural areas. These structural challenges are mainly the outcomes of the inappropriate, centralised territorial development policy (p. 50) unable to decrease regional disparities; the weak performance of scattered public employment services (p. 30); poorly targeted active labour market measures (p. 28) and the below EU-average education outcome (p. 31) – just to name a few of those persistent issues discussed by the Country Report of both this year, and past years.

Labour market outcomes for various vulnerable groups improved, including people with disabilities, but remained well below the average outcomes in the Hungarian workforce. The modest but steady progress of the labour market participation of people with disabilities and their present 48,2 % employment rate (see Annex) well illustrate both sides of this statement, i.e. both the advancement and the remaining challenges. However, from the perspective of the European Pillar of Social Right this 'half full, half empty glass' of results is apparently not sufficient, as it is stated that 'labour market outcomes for women and vulnerable groups, including Roma and people with disabilities, are weak' (p. 36).

No wonder that on the basis of the outlined reasoning above, compliance of the related country specific recommendations of 2019 (pp. 54-55) is limited or even less. Limited progress has been achieved in integrating vulnerable groups into the labour market whereas no progress has been registered in improving the adequacy of unemployment benefits. Since 2014 the latter has been an issue every year, but nothing happens, not even in response to the labour market effects of the COVID-19 pandemic as it was proposed by many experts – as well as by the CSRs of 2020 (see 2.2.). The duration of unemployment benefits is still the lowest in the EU at three months, and its amount is also among the lowest.

The Country Report reflects on many important topics of education; the need for quality improvement (p. 6), the below-average educational outcomes (p. 7), the inability to counter-balance the impact of socio-economic background (p. 7), and low tertiary education attainment (p. 56). In discussing the shortage of teachers (p. 7) it has to be highlighted that the government reacted to the shortage in a way that is especially harmful to students with special education needs. Instead of creating

positive incentives for special education teachers, whose work is indispensable for quality inclusive education, from the 2020/2021 school year, it is possible to become a special education teacher without any degree or training in special education, it is sufficient to have a general nursery or schoolteacher diploma.

The Country Report mentions that the institution-centred approach is still present albeit the EU funds support the deinstitutionalisation process. In this regard some improvement is tangible. On 21 November 2018, a partnership agreement was signed by the government with six national advocacy organizations representing persons with disabilities.² On 27 May 2019 the government adopted Resolution 1295/2019. (V. 27) on the long-term concept for the deinstitutionalisation of social institutional care facilities for persons with disabilities for the years 2019-2036.³ Also statistics show the transition from large-scale institutions to small-scale institutions.⁴ It is worth mentioning that the Action Plan for the implementation of the National Disability Programme puts special focus on improving the standard of living of persons with disabilities in their homes. However, civil organisations pinpoint that the process is slow and still dominated by the institutional concept, moreover, they question the proper utilisation of EU resources and the lack of involvement of civil organisations into setting priorities and objectives of EU-funded programmes.

2.2 Country Specific Recommendation for Hungary (CSR)

In 2020, the Country Specific Recommendation for Hungary included the following direct references to disability issues:

- '20. Although the authorities have started working towards alleviating Hungary's considerable shortage of health workers, regional disparities in the distribution of health personnel continue hindering access to care in some areas and for some vulnerable groups, such as marginalised Roma, but also people with disabilities face particular barriers.'

'CSR 2. Protect employment through enhanced short-time working arrangements and effective active labour market policies and extend the duration of unemployment benefits.'

In the context of the COVID-19, effective employment protection measures at a time of crisis are very important. If the policy steps outlined later (see chapter 3) aimed at encouraging the increased open labour market integration of people with disabilities are strengthened, these recommended protective measures could be even more relevant to this group as well.

² https://ec.europa.eu/info/sites/info/files/2020-european-semester-national-reform-programme-hungary_hu.pdf, p. 36.

³ IFKKOT (2019) 'A fogyatékossgal élő személyek számára ápolást-gondozást nyújtó szociális intézményi férőhelyek kiváltásáról szóló 2019-2036. évekre vonatkozó hosszú távú koncepcióról', long-term concept for the years 2019-2036 on the replacement of social institutional places providing nursing care for people with disabilities.

⁴ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fITB%2fHUN%2f9115&Lang=en (Comments of Hungary to the 2019 CRPD report) pp. 12-16.

The emigration of the health workforce from Hungary is a constant topic, but it is difficult to substantiate it.⁵ The Health Licensing Office, which issues certificates for those who wish to work in another Member State, publishes data regularly.⁶ There are about a thousand applications a year, and there are few European professional card applications.⁷ However, application for a certificate is not equal to factual emigration and the majority of applicants are doctors and not nurses, the latter being most involved in service provision for the disabled. In Hungary, there are about 15.000 public health care providers and an additional 15.000 private health care providers, the latter market being a constantly growing one. In this sense, the empowerment of the public health care system is the cornerstone of equal treatment, hence vulnerable groups are always at a disadvantage, when services must be literally paid for.

⁵ Kovács Eszter dr., Girasek Edmond dr, Kozák Anna, Sziklai Márta, Béteki Zsolt, György Annamária, Páva Hanna dr., Szócska Miklós dr.: Helyzetkép az elvándorlásban érintett orvosi szakterületek hazai humánerőforrás-ellátottságáról. Orvosi Hetilap 2019; 31: 1223-1230.

⁶ <https://www.enkk.hu/hmr/index.php/migracios-statisztikak/eves-statisztikak>.

⁷ Kovács Réka, Az Európai Szakmai Kártya bevezetésének első hazai tapasztalatai (The first experience of introducing the European Professional Card), Munkajog (Labour Law Journal), 2020/2. pp. 20-27.

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

In 2012, the UN CRPD Committee made the following recommendations to Hungary:

[Article 27 UN CRPD](#) addresses Work and Employment.

‘44. The Committee recommends that the State party effectively implement the disability-specific provisions of the Labour Code and develop programmes to integrate persons with disabilities into the open labour market and the education and professional training systems, and to make all work places and educational and professional training institutions accessible for persons with disabilities, as recommended by the Committee on Economic, Social and Cultural Rights in 2008 (E/C.12/HUN/CO/3), through fulfilling the requirements of Article 27 of the Convention, with a special view to further intensifying its efforts to increase the employment opportunities for women and men with disabilities in the public and private sectors.’

The National Disability Programme (2015-2025), identified employment as both a challenge and an area for intervention.⁸ An Action Plan for 2020-2022 was adopted on 28 April 2020.⁹

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Hungary of 48.3 % in 2018, compared to 78.9 % for other persons and approximately -2.5 points below the EU27 average - resulting in an estimated disability employment gap of approximately 31 percentage points (EU27 average gap 24.2, see Tables 2-4).

The same data indicate unemployment rates of 15.4 % and 5.3 %, respectively in 2018 (see Tables 5-7) and the economic activity rate for persons with disabilities in Hungary was 57.1 %, compared to 83.3 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in annex.

The labour market situation continued to improve, which has been complemented by partly opposite processes from the spring of 2020 due to the COVID-19 pandemic, which latter trend is unpredictable. As to the continued upswing, the labour market performed strongly, in line with the good cyclical situation of the economy. Employment continued to rise in 2019 bringing the number of employed persons to 4.512 million, 1.1 % higher on average than a year earlier.¹⁰ The 75.2 % LFS estimate of employment rate for people aged 20–64 is over the 75 % target of the Europe 2020 Strategy. The unemployment rate fell to a record low, an annual average of 3.4 %.¹¹ As a result, the labour market became tight and reached a historical high in the third

⁸ Decision 15/2015 (of 7 April) OGY of the National Assembly on the National Disability Programme (2015–2025).

⁹ Official Journal 2020/90, pp. 2265-2277 (in Hungarian). Government Decision No. 1187/2020. (IV. 28.) on Implementation Plan of the National Disability Program up to 2022.

¹⁰ Country Report, Hungary, 2020, p. 10.

¹¹ Convergence Programme of Hungary, 2020-2024, p. 17-18.

quarter of 2019. The employment rate of disabled people, estimated from SILC, improved remarkably to 48.3 % but is still a bit below the EU average of 50.8 % (see Table 2).

A traditionally fairly wide disability employment gap (based on EU SILC estimates) is also decreasing. The EU-SILC data produces lower estimations of employment rate than the LFS data, for both disabled and non-disabled people, but shows a consistent pattern with a disability employment gap of around 30 percentage points still remaining (see Table 4). Hence, general employment is now clearly above the EU average while disability employment remains below the EU average – and much below the national average of non-disabled people. All this suggests shrinking domestic labour market reserves, and one of the ways of easing a tight labour market is integrating persons with disability.

The booming labour market was disrupted by the COVID-19 pandemic reaching Hungary in March 2020. As an outcome of the pandemic related protective measures,¹² several economic activities were suspended or came to a partial or full halt. In the middle of 2020, 103,000 fewer people were in employment than a year before. The employment rate of people aged 20–64 fell by 1.1 percentage points to 74.0 %.¹³ The unemployment rate increased to 4.6 %, the average number of the unemployed pool was 240 thousand. PES data shows similar trends; the number of registered jobseekers was 376 thousand in June 2020, 50 % more than a year before.¹⁴

These and other general statistical indicators, not detailed further here, lack information as to people with disabilities but it is likely that they have been hit as well, since the crisis usually arrives first to those in weak labour market positions. For example, the biggest share of job losses was among the public workers where disabled people are over-represented, but we do not yet have any estimates based on empirical or anecdotal evidence, as to the possible impact of their exposure to the employment loss consequences of COVID-19. Therefore, it would be essential to generate new data on the specific situation of persons with disabilities.

3.2 Analysis of labour market policies relevant to the Semester

According to a new official campaign video aimed at encouraging the open labour market inclusion of disabled people, 154.000 out of 370.000 persons with reduced working capacity have a (subsidised or open labour market) job and a further 150.000 persons would like to work.¹⁵ The government has announced that in 2021 it will

¹² 'State of danger' was introduced on 11 March 2020. During its time the government has announced several waves of measures to mitigate the economic and social impact of the COVID-19 crisis. See e.g. Country specific recommendations, Hungary, 2020. pp. 4-5., ESPN Flash Report, Hungary 2020/37 European Social Policy Network, Brussels: European Commission, <https://ec.europa.eu/social/main.jsp?langId=en&catId=1135&furtherNews=yes&newsId=9753>.

¹³ Hungarian Central Statistical Office, First Releases: Employment, 29 July 2020 <https://www.ksh.hu/gyorstajekoztatok#/en/document/fog2006>.

¹⁴ <https://nfsz.munka.hu/tart/munkaeropiac>.

¹⁵ <https://www.youtube.com/watch?v=czLISP1gQxA&feature=youtu.be>. It was released on a flagship event at the beginning of 2020 called ValuePlacc International Conference to support the employment of the disabled workers: <https://www.ertekplacc.hu/en/>.

increase job creation targeting this group to a budget of HUF 45.6 billion (EUR 126 million, compared to HUF 43.4 billion in 2020). Furthermore, a newly launched support programme of HUF 182 million, based on the close involvement of the business sector, as a new key feature,¹⁶ is also aimed at facilitating job creation for people with disabilities on the open labour market. These promising signs of policy shift may also be a reaction to a recent UN CRPD inquiry of 2019 – devoted primarily to the ongoing deinstitutionalisation process – in which the Committee criticised the government for favouring funding for subsidised sheltered, ‘segregated’ employment, over open labour market jobs.¹⁷

No substantial progress has been made on reasonable accommodation, which is essential for labour market integration of the disabled people. Despite the repeated appeals of relevant international agencies and domestic organisations, the obligation to provide reasonable accommodation, included in the new Labour Code,¹⁸ has still not had much effect in practice.¹⁹

Behind the employment increase, the same forces and measures have continued as described in detail in the ANED country fiche of 2018/2019.²⁰ The strong labour demand of the business sector is mainly met via measures introduced to mobilize labour market reserves by activating ‘hard-to-reach’ people, especially public workers, inactive persons, jobseekers, school leavers, women with small children and pensioners.²¹ The dominant employment measure of the public work scheme²² was transformed and aimed to be further downsized to 2020 by channelling capable public workers to the business sector. Further ALMPs were targeted to improve mobility and employability of employees and members of the labour reserve and to increase job-creation ability of businesses.

The remarkable improvement in disability employment to 48 % is presumably partly the result of these labour market interventions, as well as the general labour market conditions, especially those aiming at the activation of people being further from the labour market. Although disabled people were not specifically listed among the beneficiaries of the targeted government measures, they had a fair chance of sharing in the outcomes due to their overlapping characteristics with the priority target groups of the low-skilled, inexperienced, long-term unemployed or inactive. Nevertheless, it would be beneficial to identify them as a target group more explicitly.

¹⁶ <https://www.facebook.com/fulopattilaallamtitkar/>.

¹⁷ Committee on the Rights of Persons with Disabilities, *Inquiry concerning Hungary carried out by the Committee under Article 6 of the Optional Protocol to the Convention*, 13 September 2019, p. 7 https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fHUN%2fIR%2f1&Lang=en.

¹⁸ <http://www.ilo.org/dyn/travail/docs/2557/Labour%20Code.pdf>.

¹⁹ Halmos, Szilvia: *Requirement of reasonable accommodation under Hungarian employment law*. (in English) Hungarian Labour Law E-Journal, hllj.hu 1/2014: 15-38.

²⁰ European Semester 2018/2019 *country fiche on disability*, Hungary, pp. 8-14 <https://www.disability-europe.net/theme/eu2020?country=hungary>.

²¹ National Reform Programme of Hungary, 2020, p. 20.

²² A mass public work scheme was introduced in 2011 to support the new government’s key aim of raising the employment rate and to promote ‘work-fare’ rather than ‘well-fare’ (employing 250,000 people at its peak). This scheme was targeted mainly to out-of-entitlement registered jobseekers unable to find a job during the three months of the unemployment benefit with shortest entitlement in the EU and to persons with reduced work capacity (i.e. persons with disabilities).

The other part of the improving employment rate of disabled people is certainly the result of specific policies to this end, discussed in detail in the ANED country fiche of 2018/2019.²³ Among these, we wish to underline the role of the reformed disability allowances from 2012 intended to encourage (or push) persons with reduced capacity to work to (re)enter to the labour market (of protected or open employment).

As to the possible job opportunities beside public work, the modestly increasing accredited employment and rehabilitative development employment schemes should be pointed out. The last two are part of the occupational rehabilitation system taking up sizable investments of EU operational programmes to facilitate job creation for this group. We highlight the ESIF programme of HRDOP-1.9.3. CCHOP-17 on Development of the professional rehabilitation (with a budget of HUF 921 million) improved employability of people with disabilities. CCHOP 7.1.3.-15 on Supporting the integration of people with disabilities to the open labour market' programme (with a budget of HUF 2bn) aimed at facilitating entry/re-entry of unemployed people with disabilities into the open labour market.

Beyond protected employment, further job opportunities are available in the open labour market, intended to match by specific financial incentives. The relief of the rehabilitation contribution is nine times higher than the annual mandatory minimum wage and is available to employers who employ people with disabilities on a given quota basis.²⁴ The relief of social contribution²⁵ replaces, as of 2019, the rehabilitation card. It is available to a wider range of companies and comes with less administrative burden; the exemption is based on gross income paid to disabled employees up to twice the minimum wage, taxed by 15.5 % (as of July 2020).

Aside from the 154,000 working persons registered with so called 'reduced work capacity', an estimate used by representatives of ministries responsible for disability issues at various public events, there is no data on the total number of disabled public workers, their transitions to open market jobs, or evidence about the impact of benefit reforms.

The role of financial incentives to strengthen the recruitment attitude of private employers has also been confirmed recently by a survey in 2019. It was found,²⁶ that 62 % of companies having at least a staff of 10 employed disabled persons, and its main motive was access to the relief of rehabilitation contribution (67 %).²⁷ This is also in line with the assessment of possible incentives for employers who do not yet have such a staff; 34 % of them would consider it if the creation of suitable working environment was to be financially supported for them.

A new programme to increase open labour market opportunities was announced in August 2020, This seems to combine the attitude of employers with the needs of

²³ European Semester 2018/2019 *country fiche on disability*, Hungary, pp. 12-15, <https://www.disability-europe.net/country/hungary>.

²⁴ European Semester 2018/2019 *country fiche on disability*, Hungary, p. 13.

²⁵ <https://www.rsm.hu/en/blog/2019/02/new-social-contribution-tax-law-from-2019>.

²⁶ Employment of disadvantaged or disabled workers in Hungary, *Economic and Enterprise Research*, Budapest, December 2019, pp. 1-4. <https://gvi.hu/research-details/597/employment-of-disadvantaged-or-disabled-workers-in-hungary>.

²⁷ In the second place among the motivations was social responsibility (63%).

disabled jobseekers. The Employment 2020 - Supporting programme to facilitate labour market integration of people with altered working capacity, with a budget of HUF 182 million will finance activities such as job retention and creation, competence and employability development, just to name a few. The target groups are unemployed disabled people losing their job or unable to find a job due to the pandemic, open market employers affected by the pandemic, and professional rehabilitation institutions. As a new precondition, a cooperation agreement must be concluded with at least one open market employer.

Among the supporting measures related to the labour market effects of the epidemic, this is the only specific rescue programme tailored to the group of people with disabilities. As to the general rescue package its composition in line with its declared goal of building a 'work-fare society', the government's response focused on maintaining demand for labour rather than supporting consumption.²⁸ Specifically, the government expressed its firm intention not to extend the duration of unemployment benefit, 90 days, or introduce new benefits, urged by labour market experts at home and abroad, the European Commission and the OECD. Instead, the budget of the public work scheme was increased. The rest of the response package mainly included business support, as liquidity-enhancing measures for different actor of the economy – among them households - regulatory changes to assist companies, temporary tax reductions and exemptions, investment subsidies for sectors hardest hit by the crisis.

In order to preserve jobs, two types of short-time working arrangements were introduced. The general scheme covers up to 70 % of lost wages (max. twice the minimum wage) for 3 months as long as a specific scheme targeted research and development (R&D) personnel.²⁹ The scope and coverage of the Hungarian rescue package was generally rated by experts as rather limited compared to most Member States.³⁰

It would be unfortunate, if labour surplus, caused by the epidemic crisis were to reverse policy developments towards the increased open labour market employment of persons with disability which took shape in the context of a tight labour market. The labour market outlook is very uncertain at present. In the second half of the year, the expected economic growth ranges between plus 4 and minus 7 %.³¹ The chances of further expanding the employment of people with disabilities in such circumstances are increasingly difficult to estimate.

²⁸ ESPN Flash Report, Hungary 2020/37, European Commission, <https://ec.europa.eu/social/main.jsp?langId=en&catId=1135&furtherNews=yes&newsId=9753>.

²⁹ Country Specific Recommendations, Hungary, 2020, p. 7.

³⁰ The job protecting measures covered about 5% of the employees while this number was e.g. 30% in Germany, 25% in Austria and for a significantly longer period, with a bigger percentage of wages <https://g7.hu/kozelet/20200825/a-tervezett-osszeg-toredeke-ment-bertamogatasra-nincs-meg-egy-ilyen-szukmarku-orszag/>.

³¹ <https://www.portfolio.hu/gazdasag/20200904/mi-lesz-magyarorszaggal-a-koronavirus-valsagban-oriasi-a-bizonytalansag-az-elemzok-kozott-447430>.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2012, the UN CRPD Committee made the following recommendations to Hungary:

[Article 19 UN CRPD](#) addresses Living independently in the community.

‘34. The Committee calls upon the State party to ensure that an adequate level of funding is made available to effectively enable persons with disabilities to: enjoy the freedom to choose their residence on an equal basis with others; access a full range of in-home, residential and other community services for daily life, including personal assistance; and enjoy reasonable accommodation with a view to supporting their inclusion in their local communities.

35. The Committee further calls upon the State party to re-examine the allocation of funds, including the regional funds obtained from the European Union, dedicated to the provision of support services for persons with disabilities and the structure and functioning of small community living centres, and to ensure full compliance with the provisions of article 19 of the Convention.’

The latest comments on Hungary’s disability policies by the CRPD are in the Report on Hungary³² published (together with state comments)³³ on 16 April 2020 in English. The report was the result of an inquiry triggered ‘when Validity Foundation, an international disability rights organisation headquartered in Budapest, requested the Committee to investigate in 2017 and provided extensive evidence documenting the violations’.³⁴ The Report contains legal analysis, evaluation of measures and data from 2014-2020. This and the state’s comments provide current insight into the state of affairs regarding social policies and healthcare. It has been widely commented by civil organisations and the press.³⁵ The Report concludes that the CRPD found certain violations of Articles 4, 5, 12 and 19 of the CRPD, some of them grave in nature.

The National Disability Programme (2015-2025) also identified social inclusion, health care and independent living as areas for intervention.³⁶ An Action Plan for 2020-2022

³² The Report has been prepared on 13 September 2019, the Hungarian state comments were attached on 31 March 2020, the complete set of documents were published on 16 April 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25799&LangID=E> (Press release).

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fHUN%2fIR%2f1&Lang=en (UN documents).

³³ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fITB%2fHUN%2f9115&Lang=en (Comments of Hungary to the Report of the CRPD).

³⁴ <https://validity.ngo/2020/04/16/press-release-un-finds-hungary-responsible-for-grave-and-systematic-violations-of-disability-rights-condemns-mass-institutionalisation-funded-by-the-eu/>.

³⁵ <http://www.meosz.hu/blog/rendszerzinten-serul-magyarorszagon-a-fogyatekossaggal-elo-szemelyek-onallo-eletvitelehez-valo-joga/> (MEOSZ) https://bbj.hu/politics/un-finds-hungary-responsible-for-violations-of-disability-rights_181480 (Budapest Business Journal).

³⁶ Decision 15/2015 (of 7 April) OGY of the National Assembly on the National Disability Programme (2015–2025).

was adopted on 28 April 2020,³⁷ in which social policy and health care are specified areas.

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in Hungary was 21.8 % in 2018, compared to 10.6 % for other persons of similar age - an estimated disability poverty gap of approximately 11 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 3.5 points (11.3 % for older persons with disabilities and 7.8 % for other persons of similar age). The tables in annex also indicate the respective rates of AROPE and break these down by gender as well age.

4.2 Analysis of social policies relevant to the Semester

Act 3 of 1993 on social services and benefits (hereinafter: SA) covers cash benefits, in kind social benefits and social services. Statutory health care is provided for insured persons and those residing in Hungary as a main rule. The state, local governments, NGOs and churches are the most important stakeholders in providing social protection and health care for persons with disabilities.

Social cash benefits

As of 1 January 2019 a new benefit has been introduced, the fee for caring for children at home that has been designed to help families raising disabled children, who are unable to support themselves as a result of severe disability, or long-term illness.³⁸ The benefit is paid to the carer and entitles him/her for service period, consequently for pension later on. It is similar to carer's fee, which is granted to persons caring for their adult relative who is in need of long-term care based on severe disability or chronic illness. These two benefits are designed to protect the disabled, and the number of beneficiaries grows gradually and reached 54.000 persons in 2019.³⁹

In addition, there are the old forms of support: a) disability benefit (appr. 110.000 beneficiaries) providing support for the elderly, and b) allowance for people of active age (which includes two types: the allowance to compensate health damage and the allowance to protect for the loss of job).⁴⁰ The Constitutional Court has dealt with the definition of severely disabled in terms of hearing impaired.⁴¹ According to the petition, the requirement of reasonable accommodation in Article 2 of the CRPD were not met by Hungarian law, when only those who were unable to live independently with severe hearing impairment were entitled to a disability allowance. The Constitutional Court, however, did not endorse the petition saying that the additional condition of inability to live an independent life did not breach the requirement of reasonable accommodation.

³⁷ Official Journal 2020/90, pp. 2265-2277 (in Hungarian). Government Decision No. 1187/2020. (IV. 28.) on Implementation Plan of the National Disability Program up to 2022.

³⁸ Article 38 SA.

³⁹ https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsp010b.html (KSH).

⁴⁰ Articles 32/B and 33 SA.

⁴¹ Decision 3258/2019. (X. 30.) AB.

In kind social benefits

In kind social benefits are the following: personal assistance for small villages and farms,⁴² catering service,⁴³ in-house service for persons with severe needs for care,⁴⁴ in-house service with emergency alarm devices, crisis management for families, community services for persons with mental impairments, outdoor social work helping homeless persons, day care for adult persons.⁴⁵ These benefits have a wide horizon, however, there are human resource problems in providing the benefits resulting in spatial inequalities.

Health care

Deprivation rates of children with disabilities is a constant issue. The 2020 Action Plan enumerates several target objectives that are related to improve the life niveau of disabled children, (e.g. improvement of their living standard, support and services for their independent life, training for parents and carers). Moreover, a constant issue is the treatment of psychiatric patient throughout the years – including guardianship issues. The 2010 CRPD alternative report stated that ‘The Act on Health excludes persons under guardianship from certain reproductive health services’.⁴⁶ The 2019 CRPD report reaffirmed that ‘Overmedication, and violations of sexual and reproductive health and rights, including non-consensual sterilization were also observed’.⁴⁷

Overall, 2020 can be deemed a fairly active year in terms of reporting and planning: the Hungarian government compiled a report for the CRPD in March and adopted the Action Plan in April. The issues identified in the 2019 CRPD report, the negotiation process with the CRPD Committee in general since 2010 and the work which have been carried out in Hungary when analysing past experiences and while preparing the Action Plan, altogether, seemingly generates a tangible influence on the priorities set by the Hungarian Government for 2020-2022. Areas of targeted intervention largely overlap with those addressed by CRPD.

Our key points of analysis are the following.

Improvement of the social safety net aimed especially at persons with disabilities

According to the 2020 National Reform Programme, Hungary's main health indicators have shown an improving trend over the last decade.⁴⁸ Infant mortality per thousand live births decreased from 5.3 % to 3.4 % between 2010 and 2018, while life expectancy at birth increased slightly from 74.38 to 75.94 years. Also, institutional investments and improvements in the field of prevention are foreseen. This concerns

⁴² Article 60 SA.

⁴³ Article 62 SA.

⁴⁴ Article 63 SA.

⁴⁵ Articles 64-65 SA.

⁴⁶ 2010 CRPD Alternative report, p. 28. <https://www.mdac.org/en/resources/disability-rights-or-disabling-rights-crpd-alternative-report>.

⁴⁷ 2010 CRPD Alternative report, point 59. (p. 8).

⁴⁸ https://ec.europa.eu/info/sites/info/files/2020-european-semester-national-reform-programme-hungary_hu.pdf. National Reform Programme, pp. 28-30.

the entire population, however, persons with disabilities are not mentioned in the programme as a distinct target group. The key priority is to streamline persons with disability and make them visible as a target group in the forthcoming national reform programme.

Strengthening health care services

The 2010 CRPD alternative report stressed that equal access of persons with disabilities to health services is considerably impeded by the fact that healthcare workers receive no training in communicating with, and treating, patients with disabilities, that persons with disabilities do not have equal access to various screening tests.⁴⁹ The 2019 CRPD report reaffirms that, despite public health care services, including access to general practitioners and specialized medical services are available for disabled persons, 'witnesses stressed the inaccessibility of most health care facilities, the limited number of pharmacies, few opportunities to receive mental health support outside hospitals, and the fact that the social insurance excludes psychotherapy. Another gap in health services is the lack of awareness of disability among health care professionals.'⁵⁰

In this regard the 2020 Action Plan sets out the following four tasks for the Minister for Human Resources to address health care challenges (section 2.1-2.4.) in the field of healthcare: to develop a disability-specific training and further training programme for doctors and professionals involved in the health care of people with disabilities, and to launch trainings; to improve equal access to healthcare for people with disabilities based on surveys in the field of screening and other diagnostic tests for children and adults with various disabilities; to review the system for using medical devices and assistive technologies available with support in order to tailor the available devices to the needs of users and finally to make ambulances accessible to all while the simultaneous transport of electric wheelchairs (mopeds) and patients with reduced mobility must be ensured. These measures could tackle inequality in designated areas if implemented accordingly.

Improve community-based care facilities, numbers and quality

According to the CRPD 2019 report institutionalization is still prevalent and the implementation of moving persons with disabilities from large-scale institutions suffers from drawbacks and there is lack of choice and limited autonomy in 'supported housing'.⁵¹ In this regard the Action Plan envisages the provision of basic services for people with disabilities in their own homes, in particular support service and day care, moreover, it stresses that deinstitutionalisation needs to be continued (point 5.4-5.5).

⁴⁹ 2010 CRPD Alternative report, p. 28. <https://www.mdac.org/en/resources/disability-rights-or-disabling-rights-crpd-alternative-report>.

⁵⁰ Committee on the Rights of Persons with Disabilities (CRPD), *Inquiry concerning Hungary carried out by the Committee under Article 6 of the Optional Protocol to the Convention*, Report prepared by the Committee, point 54. (p. 7).

⁵¹ Committee on the Rights of Persons with Disabilities (CRPD), *Inquiry concerning Hungary carried out by the Committee under Article 6 of the Optional Protocol to the Convention*, Report prepared by the Committee, points 57-73.

Statistics show that there is a departure in the approach of the government from large-scale institutions to smaller institutions because the number of beds in large institutions decreased and those in smaller institutions increased.⁵² However, this is not equal to support persons with disability in their own homes. There are severe critics appeared in civil society regarding the endeavours of the government to spend EU funds also in the future to establish small-scale institutions for persons with disability.⁵³ Ann Campbell, Co-Executive Director of Validity pinpointed: 'There is a wide-spread misconception that small institutions of 6-12 people or less are acceptable 'alternatives' for persons with disabilities. The findings of the [CRPD] Committee starkly confirm that the risks for people in these settings remain as serious as for those in larger institutions and the violation of rights is just as grave.' Moreover, Kristóf Környei, Expert of the Equality Project of TASZ said 'On 5 March 2020, the Hungarian Government announced a new call for tenders to close institutions and develop community-based services. The budget of the call is of nearly EUR 150 million. The new call does not meet international human rights standards, and if the implementation of the project takes place without amending the call, the Hungarian government will sustain and reinforce institutional culture by building mini-institutions across the country.'⁵⁴ Seemingly, there is a long road ahead to reconcile the rationale of deinstitutionalisation between the different stakeholders.

⁵²

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fITB%2fHUN%2f9115&Lang=en (Comments of Hungary to the Report of the CRPD) pp. 12-16.

⁵³ <https://validity.ngo/2020/04/16/press-release-un-finds-hungary-responsible-for-grave-and-systematic-violations-of-disability-rights-condemns-mass-institutionalisation-funded-by-the-eu/>.

⁵⁴ <https://validity.ngo/2020/04/16/press-release-un-finds-hungary-responsible-for-grave-and-systematic-violations-of-disability-rights-condemns-mass-institutionalisation-funded-by-the-eu/>.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2012, the UN CRPD Committee made the following recommendations to Hungary:

[Article 24 UN CRPD](#) addresses Education.

'41. The Committee calls upon the State party to allocate sufficient resources for the development of an inclusive education system for children with disabilities. It reiterates that denial of reasonable accommodation constitutes discrimination and recommends that the State party significantly increase its efforts to: provide reasonable accommodation to children with disabilities based on the student's individual requirements; provide students with disabilities with the required support within the general education system; and to continue training teachers and all other educational staff to enable them to work in inclusive educational settings.

42. The Committee urges the State party to develop programmes to ensure that Roma children with disabilities are included in mainstream education programmes, without disregarding the provision of reasonable accommodation that might be needed to obtain the desired outcome.'

The National Disability Programme (2015-2025) identified education and training as an area for intervention.⁵⁵ An Action Plan for 2020-2022 was adopted on 28 April 2020.⁵⁶

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC estimates concerning educational attainment should be treated with some caution due to variable confidence levels, but they consistently indicate disability quality gaps. Table 16 indicates early school leaving rates disaggregated by disability status. Youth with disabilities (aged 18-24) tend to leave school significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider sample for age 30-39).

As part of the Europe 2020 targets, Hungary is committed to reducing the share of early school leavers (ESL) to 10 % by 2020. In 2019 the national rate of ESL⁵⁷ was 11.8 %, higher than the EU-27 average of 10.2 %, but somewhat lower than the 2018 rate of 12.5 %. Hungary was closest to the 10 % goal in 2010 with a value of 10.8 and is around 12 % since then. The ESL rate of disabled young people can only be estimated from the available EU-SILC data and may be almost twice this rate; around

⁵⁵ Decision 15/2015 (of 7 April) OGY of the National Assembly on the National Disability Programme (2015–2025).

⁵⁶ Official Journal 2020/90, pp. 2265-2277 (in Hungarian). Government Decision No. 1187/2020. (IV. 28.) on Implementation Plan of the National Disability Program up to 2022.

⁵⁷ Data on ESL from Eurostat:

https://ec.europa.eu/eurostat/databrowser/view/sdg_04_10/default/table?lang=en.

23 % based on data from 2018 (see Table 16 in annex). Also, the indicated rate of tertiary education among disabled young adults falls significantly below the EU average and demands attention (see Table 17 in annex). In national data sources, the nearest proxy measures relate to students with SEN.

In the 2019/2020 school year,⁵⁸ 6.04 % of all students were categorized as students with special education needs (SEN). The number of SEN students in public education has been steadily increasing in the last 5 years, from 83.954 in 2015 to 91.331 in 2019 (from preschool to secondary education). The growth is mostly due to the biggest group: the number of students having severe learning disabilities increased from 34.316 (41 % of SEN students) in 2015 to 38.700 (42 %) in 2019. There is a remarkable growth in the last 5 years in the number of students diagnosed with autism spectrum disorder (3.868 in 2015 to 6.593 in 2019) and those diagnosed with serious disturbance in attention (3.922 in 2015 to 6.030 in 2019). According to UNICEF Hungary, the increase is due to the development of diagnostic tools.⁵⁹ The second largest group – children with mild intellectual disability – is slightly decreasing.

In the 2019/2020 school year, there were 40,661 primary school SEN students and 17,335 secondary school SEN students studying in integrated classes. The level of integration is advanced, and has been increasing year-to-year in the last decade. In the 2018/2019 school year 82.2 % of SEN nursery school children, 71.1 % of SEN primary school students, and virtually all SEN secondary school students (apart from those attending special segregated schools) attended integrated classes. The quality of integration is key in preventing early school leaving and depends strongly both on material and human resources.

The proportion of integrally educated SEN students among all students in primary schools varies from 3-11 %. The rate of SEN students is the highest in Bács-Kiskun (11 %), Csongrád-Csanád (10 %), Vas (9 %) and Baranya (9 %) counties (see figure b for detailed data). In these counties, the average student/special education teacher ratio is 15, 23, 37, and 14 respectively. The national average in primary schools is 13.4: with 2.8 in Budapest on the low-end and 39.6 students/special education teacher in Szabolcs-Szatmár-Bereg county.

The tertiary education rate remains low, both for disabled and non-disabled people. The EU level headline target (40 % of 30-34-year-olds completing third level education) is far from being achieved. Even the modified and increased Hungarian target aims at achieving 34 % by 2020, while it is 31.8 % at present. The rate is especially low for disabled people, even though they are entitled to an additional 40 points (10 % of the total) at tertiary entrance exams.⁶⁰ While the target number cannot be tested directly for the disabled population with the available EU2020 data, it is interesting to compare the ratio of disabled people with tertiary level education to that of the total population in the historic LFS data from ad hoc modules. This indicated

⁵⁸ All (otherwise unreferenced) statistical data in this chapter is based on the database 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author.

⁵⁹ UNICEF Hungary: <http://sinosz.hu/wp/wp-content/uploads/2015/05/unicef-firenzei-jelentes-osszesito.pdf>.

⁶⁰ Note that this additional 40 points is also available for the socially disadvantaged (under 25) and for people caring their own child.

that around 17 % of people had at least one tertiary degree in 2011, while the corresponding figure for the disabled population is 9 %. While this is a major improvement from the 5.2 % level in 2001, there is still a substantial gap in the level of education between the disabled and the non-disabled.

5.2 Analysis of education policies relevant to the Semester

Shortage of staff

Infrastructural development is ongoing. There are several, both EU and government fund programmes that aim at modernization and expansion of the available infrastructural capacity from preschool to tertiary education.⁶¹ The topic of available human resources and investment needs is more complex. In the previous years, there has been a constant debate⁶² among politicians, researchers, pedagogues, and trade unions whether there is a shortage of pedagogues. The debate is a good illustration of the operation of the Hungarian public education system: it is less and less transparent, data is harder to get every year, and lack of trust is constantly growing between parties.

Data from the 2019/2020 school year shows that there is a big regional variance in the supply of special education teachers, conductors, developmental teachers, and school psychologists. Wealthier regions tend to have better-equipped schools, with more professionals, while poorer regions suffer from the lack of human resources. This is a forceful mechanism, that weakens the ability of the education system to counterbalance the impact of the students' family background and create equal opportunities for children with disabilities. As families with disabled children tend to be poorer than the average,⁶³ so their right for equal opportunities is violated.

In line with the finding that early intervention is key,⁶⁴ nurseries and primary schools are better equipped with specialists than institutions of secondary education. In nurseries, the rate of integrally educated SEN children varies from 1-5 %. The average number of children per special education teacher on the national level is 26 in nurseries. Regional variance is striking; in Nógrád and Szabolcs-Szatmár-Bereg counties (poorest counties) a special education teacher has to look out for 116 and 50 children (see more data in figure a).

Although most of SEN students attend vocational secondary school (*szakközépiskola*), the supply of specialists in these schools is especially scarce. For example, in Baranya county, there are 290 integrally educated SEN students (9 % of all students) and zero special teacher, conductor, developmental teacher, or school psychologists employed in vocational secondary schools. There are 8 more counties with only one special education teacher for all SEN students. The ratio of SEN students

⁶¹ National Reform Programme Hungary 2020, p. 24.

⁶² Recent examples (pro and contra):

https://eduline.hu/kozoktatasi/20200831_tanarhiany_kormanyrendelet;

https://eduline.hu/kozoktatasi/20191030_nincs_pedagogushiany.

⁶³ Hungarian Central Statistical Office (2015)

http://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_17_2011.pdf.

⁶⁴ National Disability Programme 2015-2025 (Országos Fogyatékosügyei Program 2015-2025)

http://njt.hu/cgi_bin/njt_doc.cgi?docid=174903.291647.

in vocational secondary schools varies from 2 % to 17 % regionally (see figure c for detailed data).

This data shows that there is a serious need for more professionals, especially in poorer regions; high-quality integration is not possible otherwise. Prospects are not better; in 2020 – despite the increase in opportunities - there was a 30 % decrease in the number of students applying for studies to become a special education teacher compared to the numbers of last year.⁶⁵ The Hungarian government made steps to react to the lack of pedagogues for SEN children, but these measures seem to be quick fixes rather than long-run solutions. There is a tendency to lower the entry barriers of becoming a special education teacher, from preschool to secondary education. After the 2017 regulation,⁶⁶ that opened up the opportunity in the case of specific subjects (e.g. P.E., drawing, ethics) for students with mild or moderate intellectual disabilities to be taught by teachers (not necessarily trained) instead of special education teachers, the latest (August 2020) government decree⁶⁷ made it possible to become a special education teacher without any degree or training in special education, it is sufficient to have a general nursery or school teacher diploma.

One possible solution would be to offer higher pay for special education teachers.⁶⁸

Digital competency

As the Hungarian National Reform Programme 2020 states '[...] the development of digital competency is a priority on all levels of education [...]'.⁶⁹ To achieve this goal, there has been a massive EU fund digital infrastructure development programme in less developed regions and digital training for teachers. In 2020 the plan is to install an additional 14 thousand digital competency development tools in 210 public education institutions located in disadvantaged towns. The spring wave of the pandemic was a sad occasion to test the readiness of the Hungarian education system for the digital era. From the 16th of March digital education was the baseline in all public schools. According to a non-representative survey⁷⁰ with 770 respondents from parents with SEN children, the digital operation was a big challenge for the students and their families. 8.2 % of the students did not have an opportunity to participate in distance learning and 15.1 % of the students had only one school day per week. 59 % of the respondents valued their experience as a 3 or smaller number on a 1-5 scale. The parents viewed the lack of group work and any other opportunity to socialize with

⁶⁵ Koncsek, Rita (2020), https://www.vg.hu/kozelet/kozeleti-hirek/kevesebben-tanulnanak-gyogypedagogusnak-2-3007469/?fbclid=IwAR30-TjsaPk7elbzU3gd4wLpPg_JGw_BIsN5ex4ubwxlBWPEegxSAdGqw_Q.

⁶⁶ https://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=A1700070.TV×hift=ffffff4&txtreferer=00000001.TXT.

⁶⁷ Magyar Közlöny (2020) 196.sz. – p. 6237-6254, https://magyarkozlony.hu/dokumentumok/88c30d232bae2c479b620d82751ca7f75c49e2ca/megte_kintes.

⁶⁸ Hungarian self-declared wages site: <https://www.fizetesek.hu/fizetesek/oktatas-kepzes-tudomany-kutatas/gyogypedagogus>.

⁶⁹ Hungarian Reform Programme 2020, p. 25.

⁷⁰ 'Step by step!' association (2020), https://lepjunkhogylephessenek.hu/kerdoivunk-a-sajatos-nevelesi-igenyu-tanulok-helyzeterol-a-tavoktatasban/?fbclid=IwAR1Q5zYis9z291dU7d8v9OJbtodMq_F-shUSUexWKze8mj7mebrnxRBqlKY.

peers as one of the biggest problems. In this period 73 % of the students only got educational material and homework via email and only 13 % of them could participate in video-call lessons or training sessions.

Vocational education

SEN students in secondary education are strongly affected by the operation of vocational education: 82 %⁷¹ of them participated in vocational education in 2019. 36 % (6236 students) attended vocational secondary school⁷² and 46 % (7962) participated in vocational training. The ongoing reform of vocational education started in 2015⁷³ and the system is facing another structural change from the 2020/2021.⁷⁴ The new structure will consist of a 3-year vocational school and a 5-year technical school.

Tanoda programme

Tanoda programme⁷⁵ is one of the tools the Hungarian National Reform Programme mentions to give academic support to disadvantaged students and prevent early school leaving. The programme reaches about 5000 students a year. Tanoda special schools started as independent civic initiatives managed by NGOs to react to the lack of flexibility of the public education system to adapt to the needs of disadvantaged and Roma pupils.⁷⁶ The educational setting of the programme is not inclusive; it is for disadvantaged and SEN students only. From 2019 the Tanoda programme got integrated into the central budget of Hungary.⁷⁷ The integration (apart from the big debate around the distribution of money) raised important questions. Why does the government finance a programme to compensate for the failures of the public education system, instead of managing the structural problems?⁷⁸ The programme has no official programme evaluation or any public impact study yet.

Early warning and pedagogical support system

In line with the Mid-term Strategy for Preventing Early School Leaving⁷⁹ and the connecting medium-term strategy action plan published in 2016⁸⁰ the Early Warning and Pedagogical Support System was implemented to support schools with

⁷¹ 100%= SEN students participating in inclusive educational settings.

⁷² This type of vocational school offers the opportunity to graduate.

⁷³ Act LXVI of 2015.

⁷⁴ National Reform Programme Hungary (2020), p. 25.

⁷⁵ 'Tanoda' is an extracurricular special school (for children with special needs). Children go to Tanoda after class, mostly in the afternoon.

⁷⁶ Fejes-Lencse-Szűcs (2016), https://motivaciomuhely.hu/wp-content/uploads/2016/04/Mire-j%C3%B3-a-tanoda_webfinal.pdf.

⁷⁷ Child Protection Act (Act 31 on 1997), <https://net.jogtar.hu/getpdf?docid=99700031.TV&targetdate=&printTitle=1997.+%C3%A9vi+XXXI.+t%C3%B6rv%C3%A9ny>.

⁷⁸ Lannert (2016) https://koloknet.blog.hu/2016/11/18/kellenek-e_tanodak.

⁷⁹

<http://eslplus.eu/documents/V%C3%A9gzets%C3%A9g%20n%C3%A9lk%C3%BCli%20iskolaelhagy%C3%A1s%20.pdf>

⁸⁰ <https://mokk.skanzen.hu/petofi-irodalmi-muzeum-ki-vagyok-en-en-mondom-meg-az-irodalmi-muzeum-lehetseges-szerepei-a-korai-iskolaelhagyas-kockazata>.

professional help to battle early-school leaving. The operation of the system is the task of the 15 regional Pedagogical and Educational Centres (established in 2015) operating as the organizational units of the Educational Authority.⁸¹ Statistical data on the progression of academic achievement collected by schools creates the basis of the system.⁸² Some of the data is public, aggregate tables can be reached on regional data for grades 5-12.⁸³ It would be too soon to evaluate the effect of the system, but according to the National Reform Programme it already had a positive influence by drawing attention to the problem of early school leaving.

⁸¹ Act 190 of 2011, Article 19(2).

⁸² Act 190 of 2011, Article 41(1).

⁸³ <https://www.kir.hu/kir2esl/Kimutatas/VeszelyeztetettTanulokMegoszlasa>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (to 2020)

There have been important positive steps to start the deinstitutionalisation process and to close down large-scale institutional care settings. Hungary began to use significant amounts of EU funding to move investments towards community-based solutions.

The European Strategic and Investment Funds (ESIF) support two operational programmes to transform institutional care to community-based services (deinstitutionalisation) in Hungary. The programmes aim to ensure the deinstitutionalisation of 10,000 persons with disabilities through the ESIF funds.⁸⁴ Nevertheless, these investment projects are not underpinned by an overarching vision to create wide-ranging person-centred support services, which would enable people to make decisions about where and with whom they want to live. This raises concerns about the potential re-institutionalisation, in the newly established supported living facilities, to which the Hungarian deinstitutionalisation process does not offer any possible solutions. The centrally organised, top-down approach that dominates the deinstitutionalisation process in Hungary cannot result in solutions that are fully compliant with Article 19 of the CRPD.⁸⁵

While acknowledging that a network of community-based services must be developed and that such services are preferable to institutions,⁸⁶ Hungary is currently only launching projects aimed at reducing the number of beneficiaries of large-scale institutional social care.⁸⁷ In 2016, a call for proposals was held where only residential institutions with more than 50 residents were eligible to apply.⁸⁸ Several projects provide home and community-based support.⁸⁹ The National Federation of Disabled Persons' Associations (MEOSZ) is implementing a EUR 2.2 million project aimed at facilitating the social inclusion of people with reduced mobility by providing access to Augmentative and Alternative Communication (AAC) tools.⁹⁰ The Hungarian Association of People with Intellectual Disabilities is also currently running a EUR 2.6 million project aimed at providing support for 1,200 people with intellectual disabilities in using AAC.⁹¹

⁸⁴ <https://www.euro.centre.org/projects/detail/3368>.

⁸⁵ Birtha, M.: Implementation of Article 19 of the CRPD in Hungary and Its Impact on the Deinstitutionalisation Process So Far In: Kakoullis, E.J. and Johnson, K. (eds.): *Recognising Human Rights in Different Cultural Contexts*. Palgrave, 2020, pp. 253-254.

⁸⁶ National Disability Programme between 2015 and 2018 (No: 1653/2015. (IX. 14.)), available in Hungarian at http://njt.hu/cgi_bin/njt_doc.cgi?docid=177684.298372.

⁸⁷ Paragraph 7(5) Long-term concept on deinstitutionalisation for the term 2017-2036 (1023/2017).

⁸⁸ Gîrlescu, O.: *Inclusion for all: achievements and challenges in using EU funds to support community living*. Community Living for Europe, 2018, https://eustructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf, p. 25.

⁸⁹ Gîrlescu, O. (2018). p. 23.

⁹⁰ For more information see (in Hungarian): <http://www.meosz.hu/blog/efop-1-1-5-projekt/>.

⁹¹ For more information see (in Hungarian): <http://efoesz.hu/efop-1-1-5-17-2017-00003/>.

6.2 Priorities for future investment (after 2020)

The priorities in the investment guidance on the Just Transition Fund for Hungary,⁹² are not explicitly directed to the challenges identified in this report. Nevertheless, it is vital to target investments in a way that responds to those challenges. For example:

CSR1 highlights the need to 'Improve access to quality preventive and primary care services', where the unmet needs of persons with disabilities are clearly evidenced and need to be mentioned.

CSR2 targets the need for investment in 'effective active labour market policies' and improving 'the adequacy of social assistance and ensure access to essential services and quality education for all'. As evidenced in our report, these are key areas where targeted investment is needed to address the situation of persons with disabilities in Hungary.

CSR3 recommends an investment focus on digital transition and infrastructure, including sustainable transport, where it is essential to acknowledge the need for accessibility to be built-in, in accordance with Article 9 CRPD and EU public procurement and accessibility Directives, as well as structural fund rules.

CSR4 requires the effective involvement of stakeholders in policy making process. This should include the involvement of persons with disabilities and their organisations in discussions of investment priorities.

⁹² <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020SC0516&from=EN>.

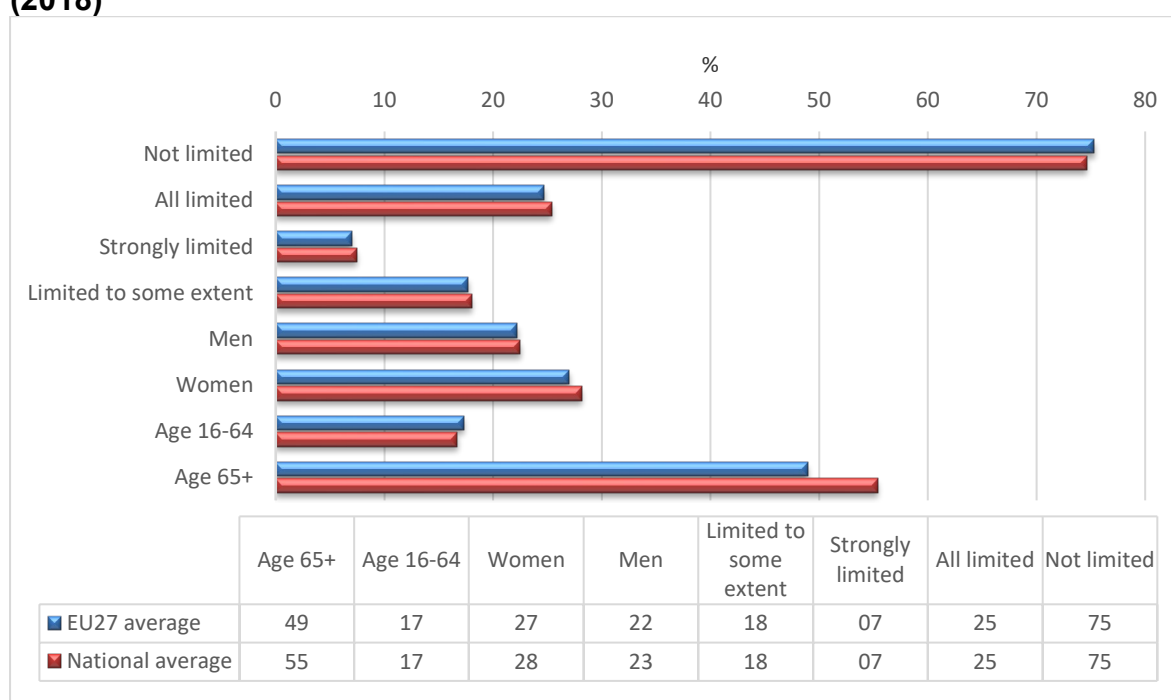
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁹³ and statistical reports.⁹⁴

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past six months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁹⁵

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.⁹⁶ National estimates for Hungary are compared with EU27 mean averages for the most recent year.⁹⁷

⁹³ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁹⁴ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁹⁵ The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

⁹⁶ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

⁹⁷ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

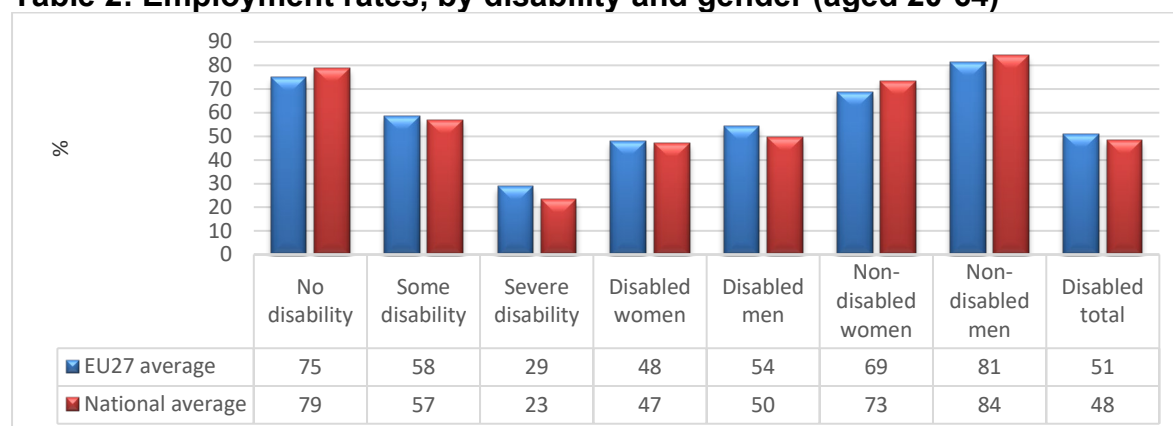


Table 3: Employment rates in Hungary, by disability and age group

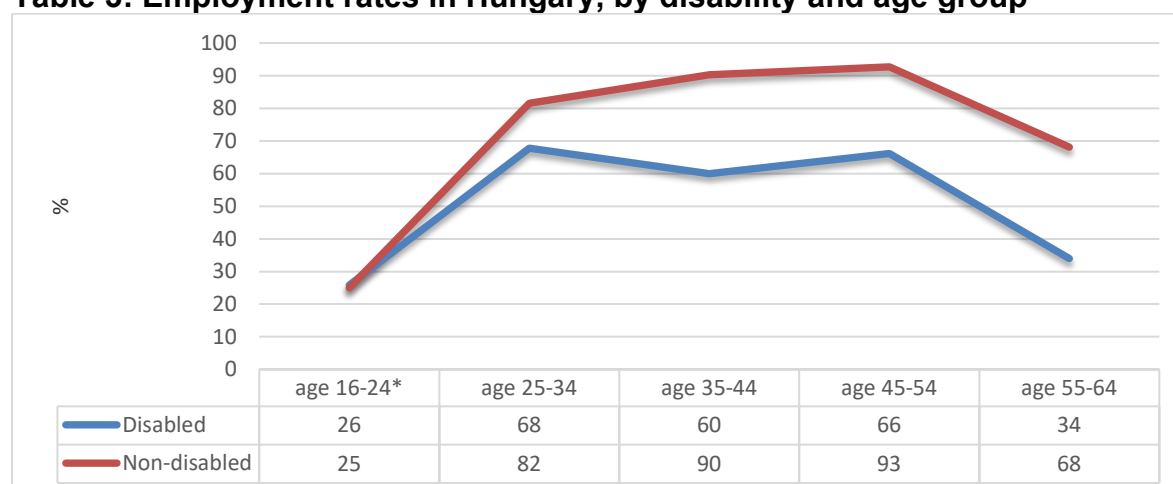
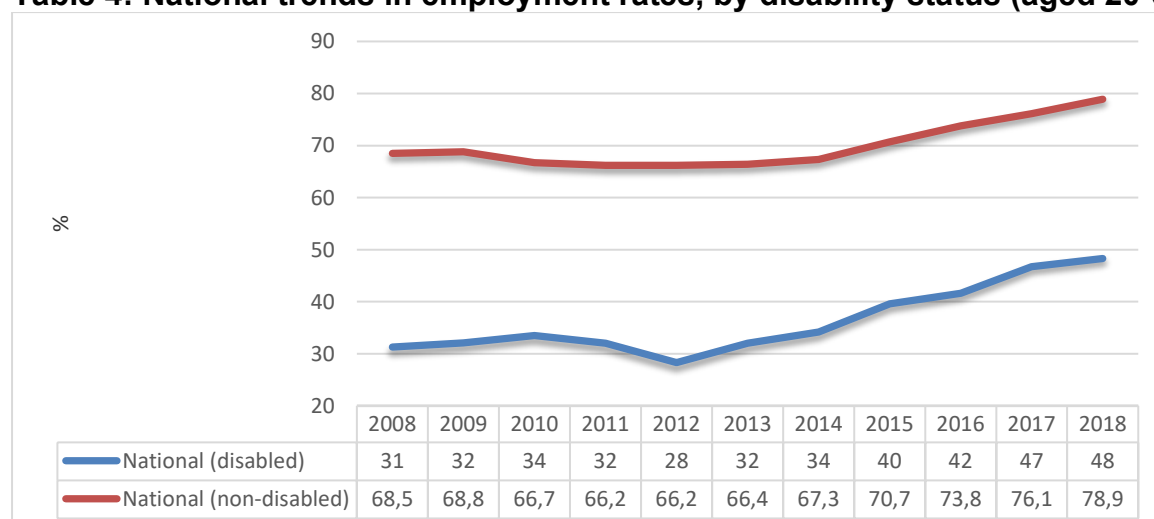
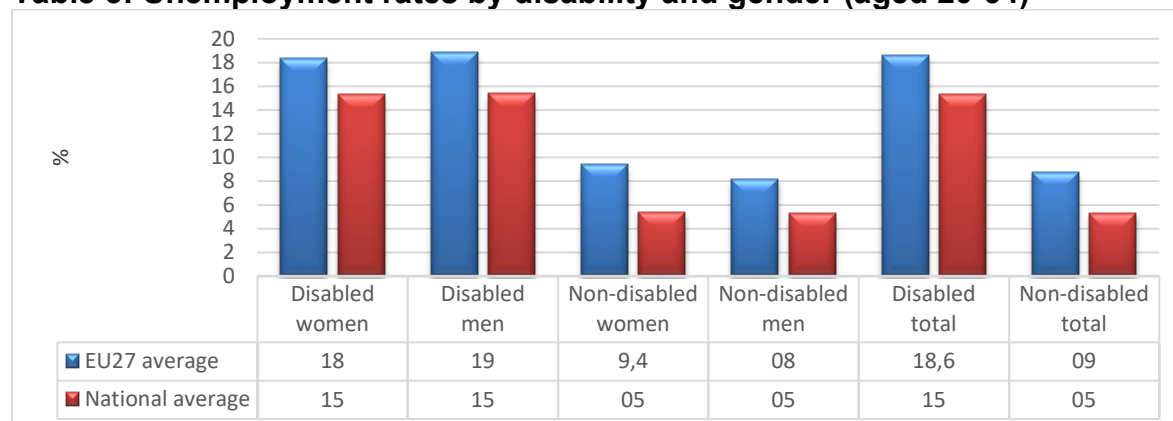
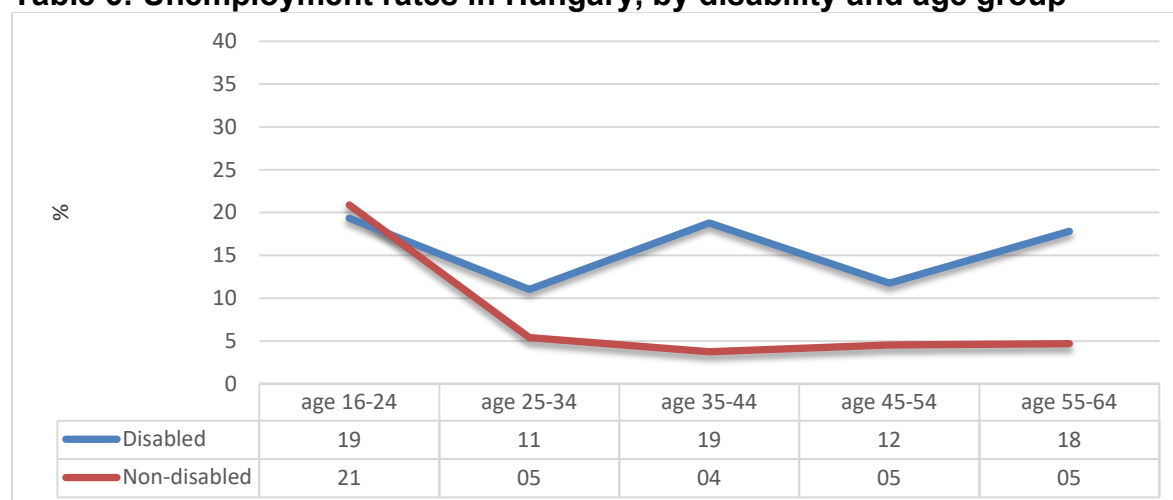
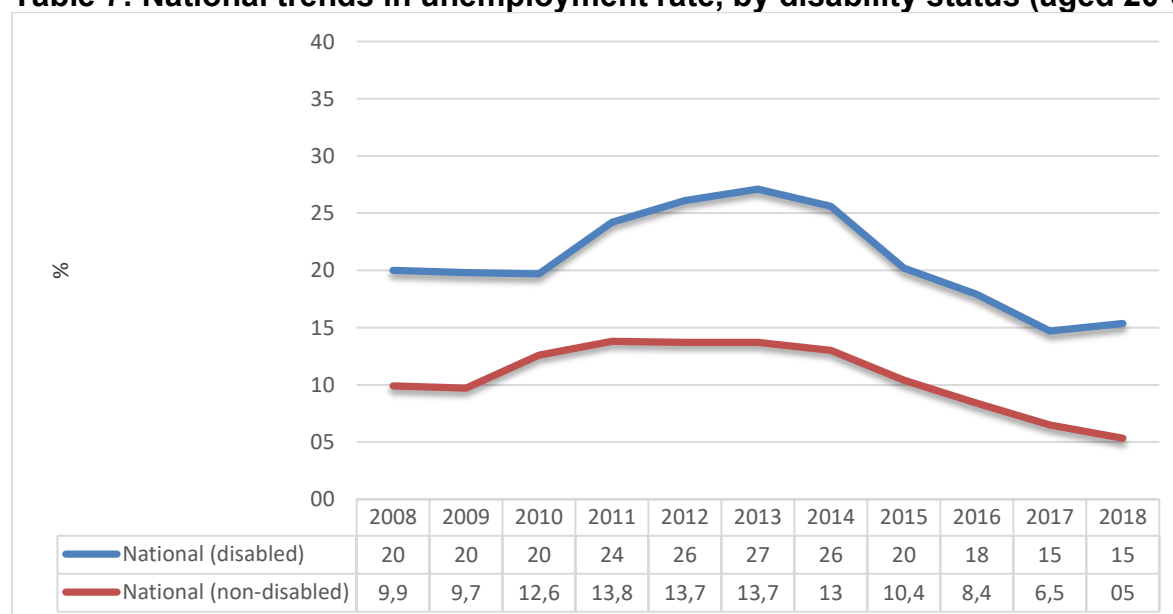


Table 4: National trends in employment rates, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64)

Table 6: Unemployment rates in Hungary, by disability and age group

Table 7: National trends in unemployment rate, by disability status (aged 20-64)


Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

Table 8: Economic activity rates, by disability and gender (aged 20-64)

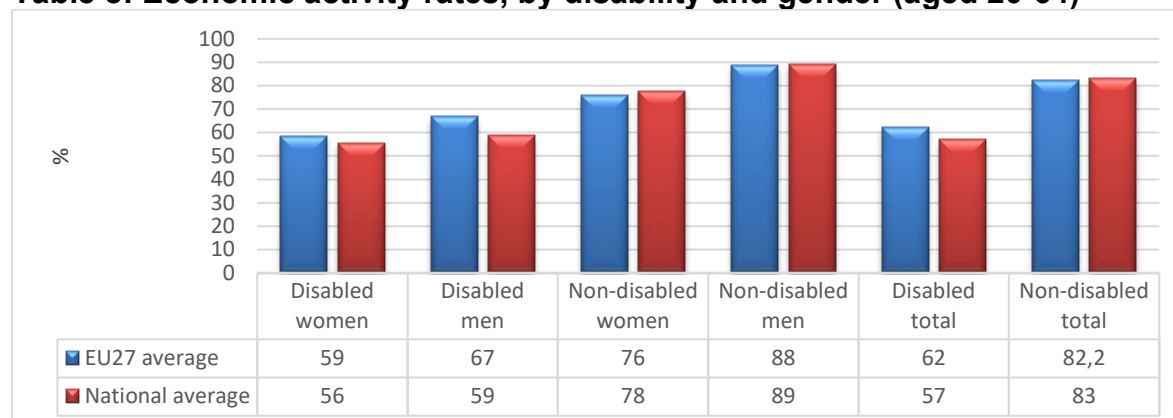


Table 9: Activity rates in Hungary, by age group

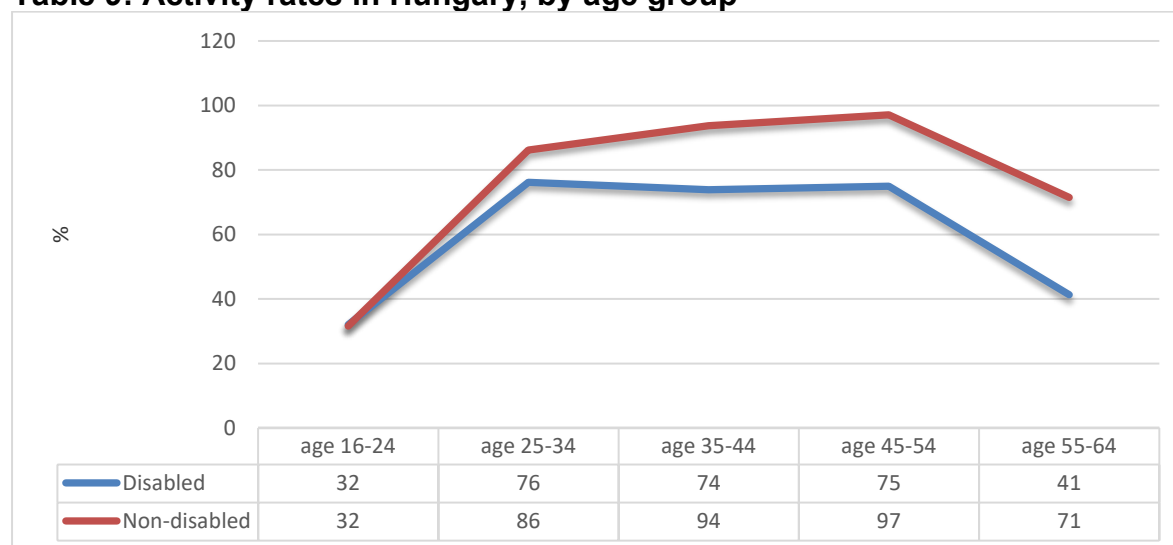
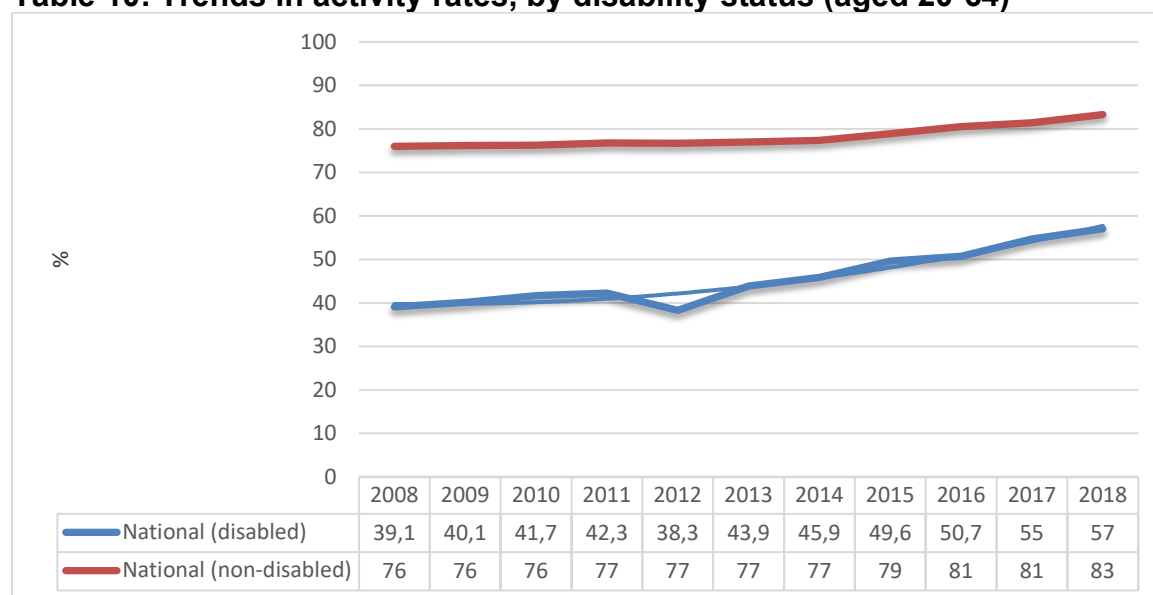


Table 10: Trends in activity rates, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Hungary

Disability data is not included in the core European Labour Force Survey but labour market indicators for Hungary were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁹⁸

The Hungarian Labour Force Survey is carried out by the Central Statistical Office according to the ILO and the EU (EUROSTAT) standards. Topics covered are: employment, unemployment, underemployment, inactivity, hours of work, duration of employment, duration of unemployment, discouraged workers, occasional workers, industry, occupation, employment status, educational level, second jobs. All of the population aged 15-74 years living in private households during the reference week are included. Excluded are the institutional and unsettled population, as well as household members temporarily absent and those residing abroad provided that they have common consumption with the surveyed household.⁹⁹ Disabled people are still not part of the regular survey (as it was discussed in the ANED country fiche of 2018/2019).

The most recent data on disability and the labour market, published by the national statistical office, is summarised in the following table:

Table A: Labour market characteristics of employed persons aged 19–64 with and without disability

Characteristics	Quarter 2, 2019		
	With disability	Without disability	Population
Number of employed	117,957	4,304,071	4,422,028
Status in employment			
Employee	108,094	3,865,158	3,973,252
Not employee	9,863	438,913	448,776
Duration of labour contract (employees)			
Contract of indefinite duration	87,247	3,623,201	3,710,449
Fixed-term contract	20,847	241,956	262,803
Reason of fixed-term contract (employees)			
Could not find other job/business	5,070	34,641	39,711
Does public employment	8,880	92,304	101,184
Other reason	5,048	86,061	91,109
No specific reason	1,849	28,950	30,799
Part- or full-time employment			
Part-time	44,837	150,160	194,998
Full-time	73,120	4,153,911	4,227,030
Reason of part-time employment			
Due to own illness	37,292	4,121	41,412
Due to other reason	7,546	146,040	153,586
Work at home			
Mostly works at home	2,685	46,836	49,521
Occasionally works at home	2,141	152,925	155,066
Never works at home	113,131	4,104,310	4,217,441
Telework			
Regularly or occasionally do telework	1,705	78,196	79,900
Doesn't do telework	116,252	4,225,875	4,342,128
Number of persons working at the local unit			
1–10 persons	25,289	952,540	977,829
11–19 persons	16,181	531,425	547,606

⁹⁸ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁹⁹ Central Statistical Office (English and Hungarian) https://www.ksh.hu/labour_market.

20–49 persons	20,896	694,226	715,123
50–299 persons	25,679	923,236	948,915
300 persons or more	12,192	652,914	665,106
does not know but it is more than 10 persons	14,656	447,890	462,546
does not know but it is less than 11 persons	3,064	101,839	104,903
Ownership of the enterprise or business			
State, municipal	38,902	1,233,312	1,272,214
Private, mixed	69,742	2,897,772	2,967,514
Other	4,620	92,822	97,442
Cannot say	4,693	80,165	84,859
Ownership of the enterprise or business (of private or mixed)			
Entirely in foreign ownership	10,134	558,016	568,150
Majority foreign ownership	5,212	285,055	290,267
National ownership	53,926	2,009,828	2,063,753
Cannot say	470	44,873	45,343
Economic activity of employer by industries			
A – Agriculture	5,700	206,013	211,713
B–F – Industry	41,173	1,379,470	1,420,643
Of which:			
C – Manufacturing	33,168	952,423	985,591
G – U Services	71,084	2,718,588	2,789,672
Of which:			
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	10,786	539,077	549,863
H – Transportation and storage	4,897	293,409	298,306
I – Accommodation and food service activities	5,534	179,893	185,427
N – Administrative and support service activities	6,515	131,540	138,055
O – Public administration and defence; compulsory social security	13,769	394,547	408,315
P – Education	9,025	337,453	346,479
Q – Human health and social work activities	12,225	293,686	305,911
S–U – Other Services	4,324	93,453	97,776
Major occupational groups – HSCO'08			
HSCO 1	991	171,766	172,757
HSCO 2	4,088	726,028	730,117
HSCO 3	11,100	686,149	697,250
HSCO 4	6,663	313,647	320,310
HSCO 1–4 Non-manual workers	22,842	1,897,590	1,920,432
HSCO 5	17,692	632,684	650,376
HSCO 6	4,878	122,088	126,966
HSCO 7	18,121	616,645	634,765
HSCO 8	22,381	622,648	645,029
HSCO 9	32,043	398,104	430,147
HSCO 5–9 Manual workers	95,115	2,392,169	2,487,284
HSCO 0 – Armed forces

Source: Hungarian Central Statistical Office

The results of a survey conducted by the Institute for Economic and Enterprise Research (IEER)¹⁰⁰ at the end of 2019 provide some insight into certain aspects of the employment of workers with disabilities, such as size and sectoral belonging of the employing company and furthermore the motivation of the employer. Data show that 62 per cent of companies employing at least 10 workers on the whole, employ disabled (altered working capacity) persons, especially companies of staff sized 50-249 (69 %) and 250+ companies (78 %). Concerning economic sector, companies in the processing industry tend to employ such workers at the highest rate (71 %), followed by other services (58 %) and trade (53 %). Companies generally quoted two reasons as motivations to employ disabled workers: the avoidance of rehabilitation contribution (67 %) and social responsibility (63 %). The majority of companies that currently do not employ such people (34 %) said that professional help and creating appropriate

¹⁰⁰ Employment of disadvantaged or disabled workers in Hungary, Economic and Enterprise Research, Budapest, December 2019, <https://qvi.hu/research-details/597/employment-of-disadvantaged-or-disabled-workers-in-hungary>.

working conditions would be the most efficient incentives to employ disadvantaged or disabled workers.

Figure A: Rate of employing disabled workers with respect to company size (Source: IEER, 2019)

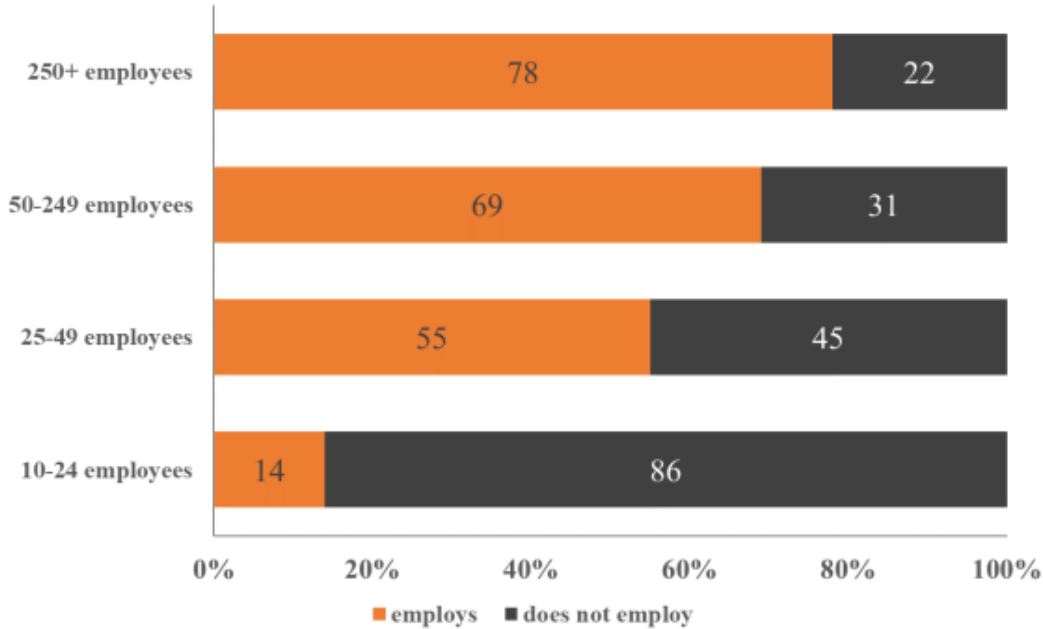


Figure B: Factors promoting current employment of disabled workers (Source: IEER, 2019)

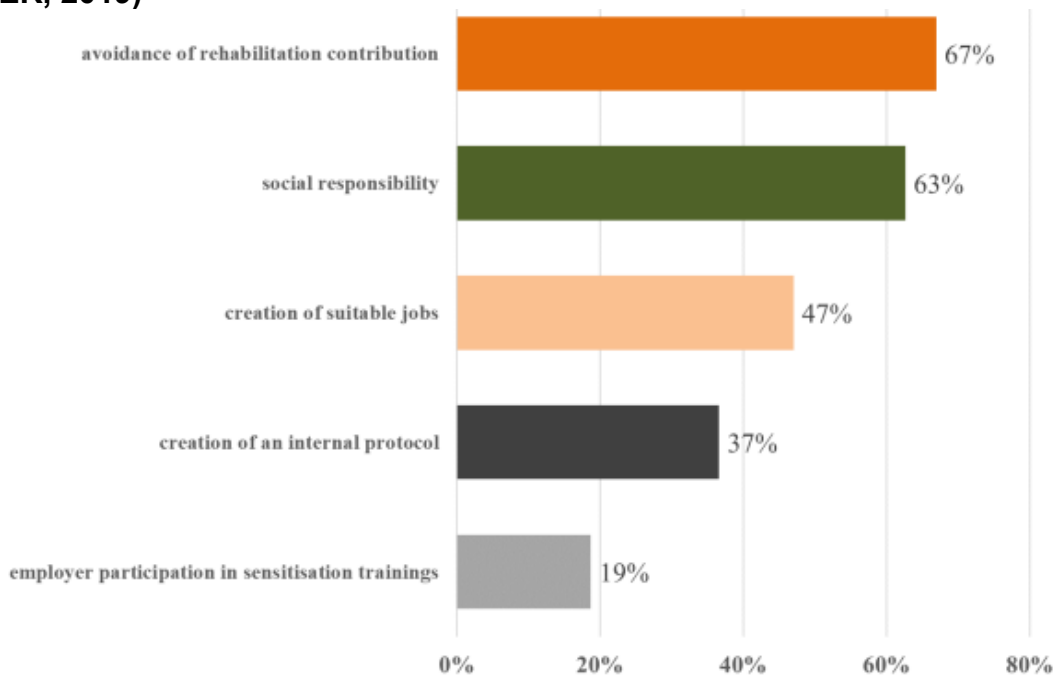
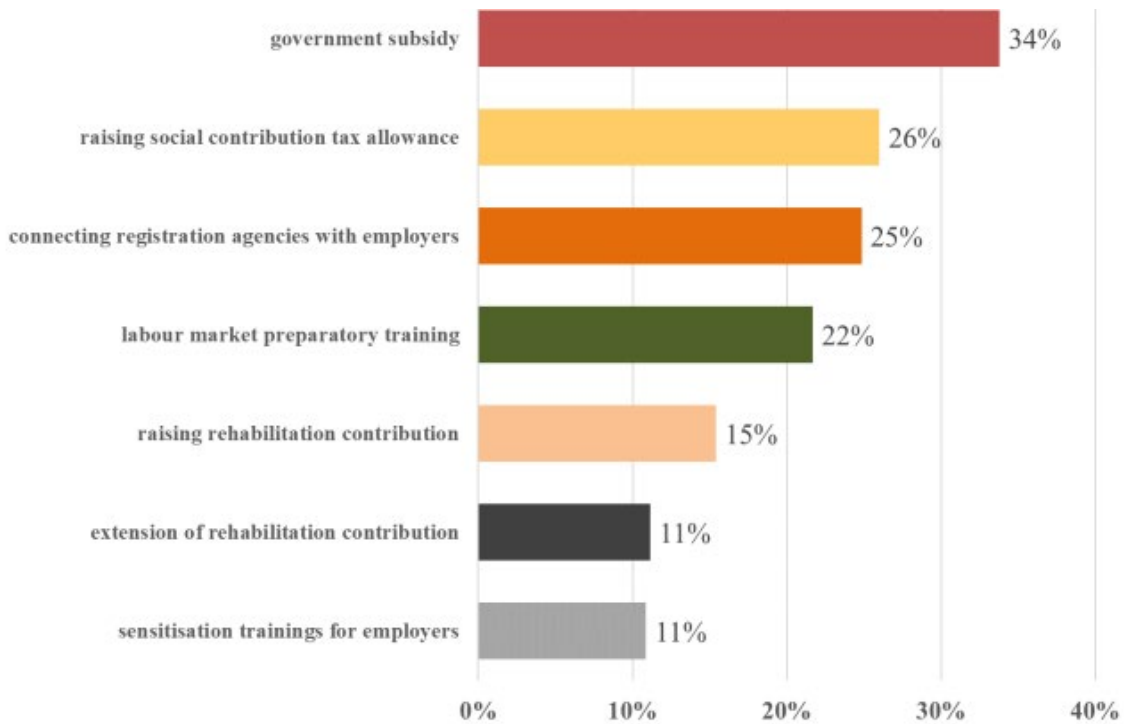


Figure C: Factors promoting future employment of disabled workers



Source: IEER (2019)

7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

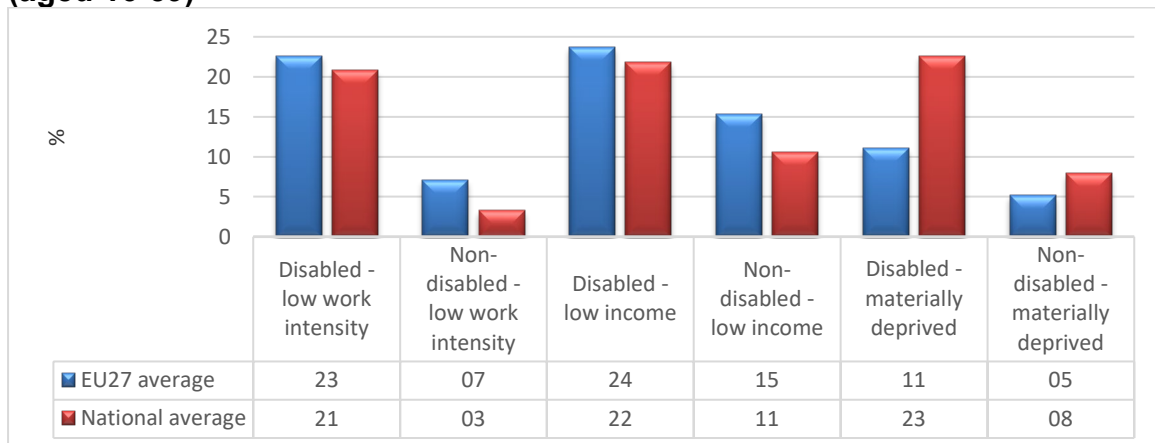
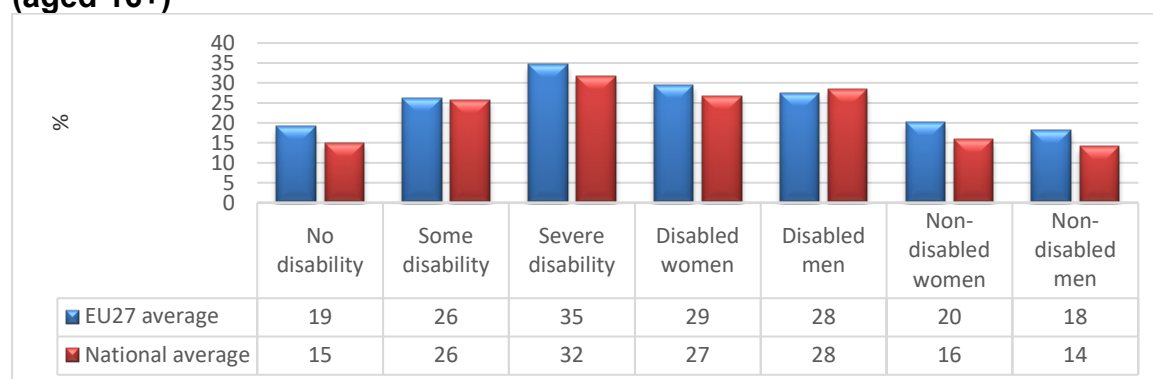
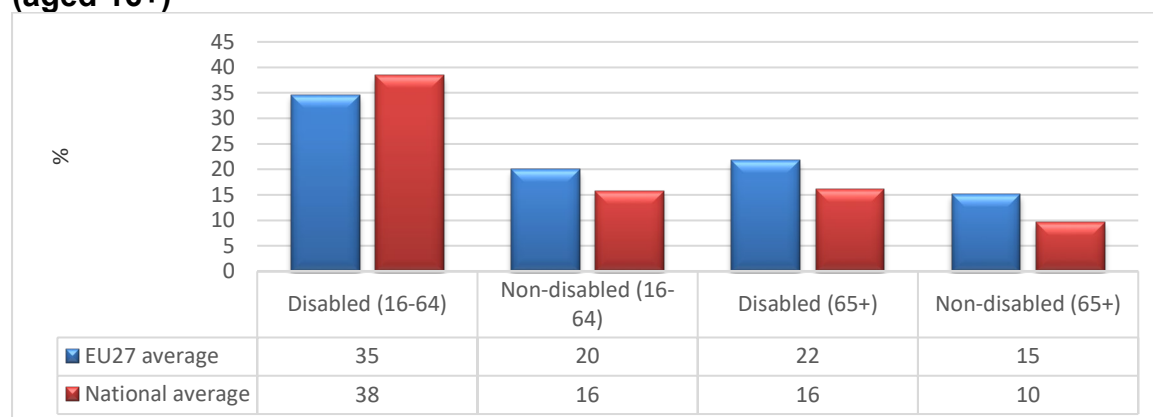
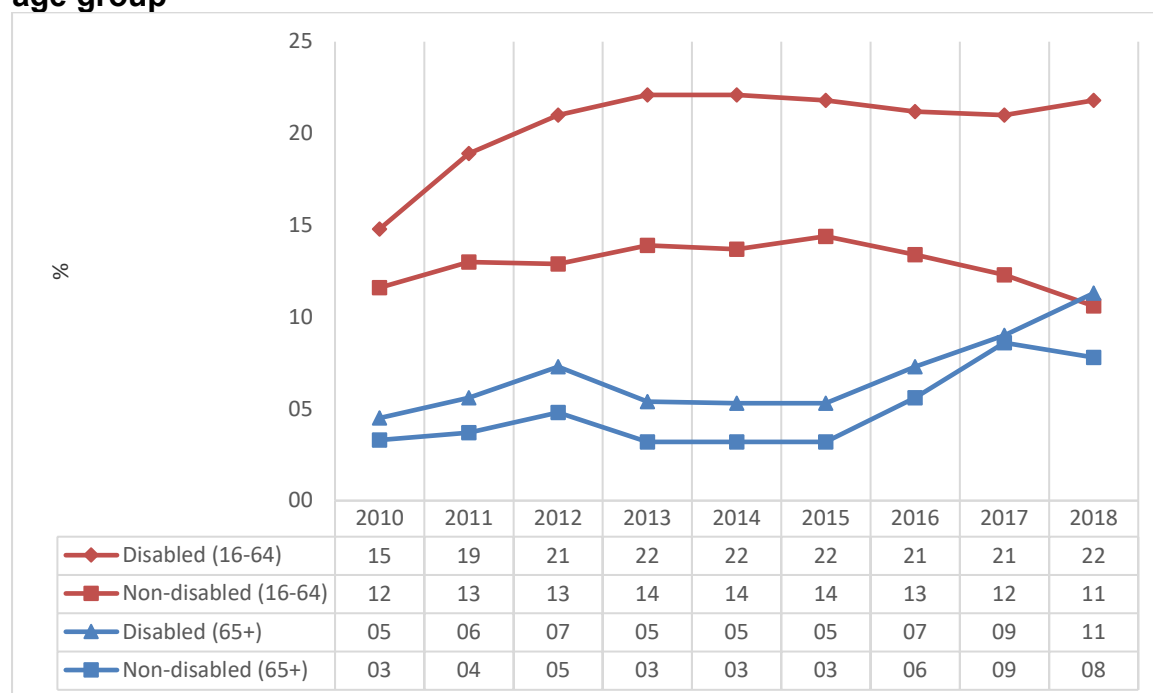


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)


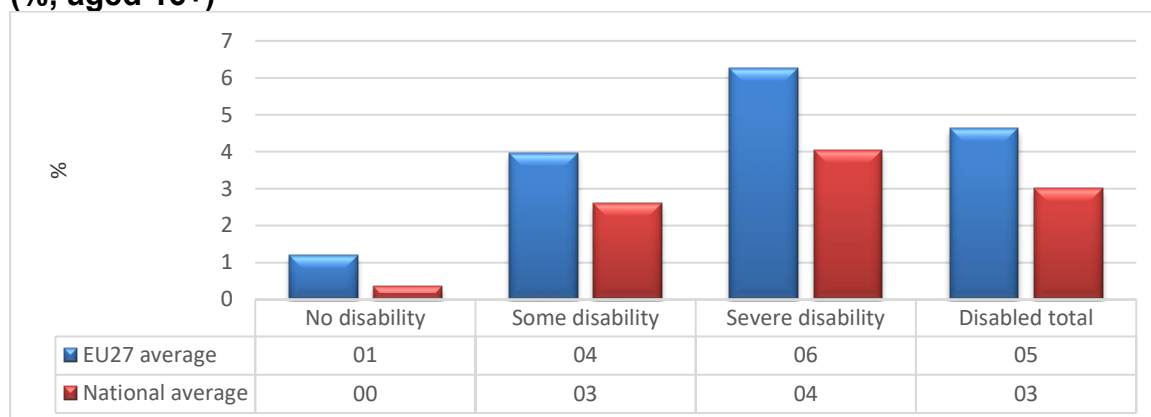
Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

Table 14: Trends in the risk of poverty after social transfers, by disability and age group


Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)



Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2018 are consistent with the 3-year mean values.

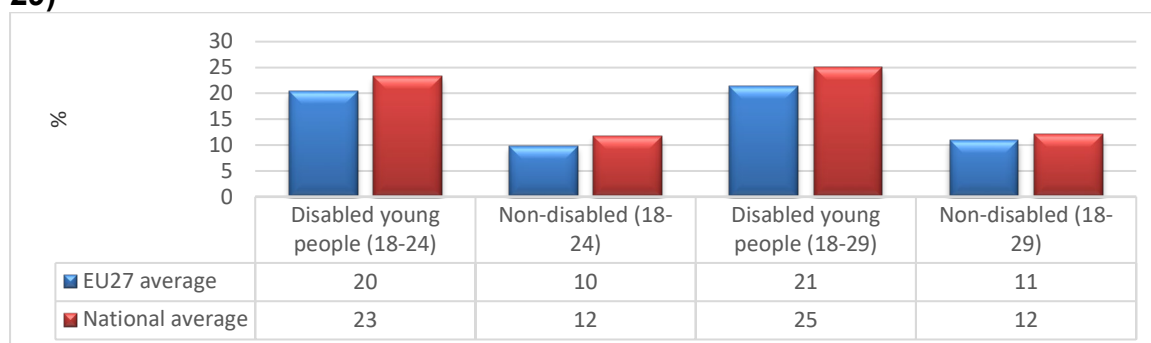
7.2.1 Alternative sources of poverty or health care data in Hungary

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.¹⁰¹

There are no available relevant surveys or studies with additional information.

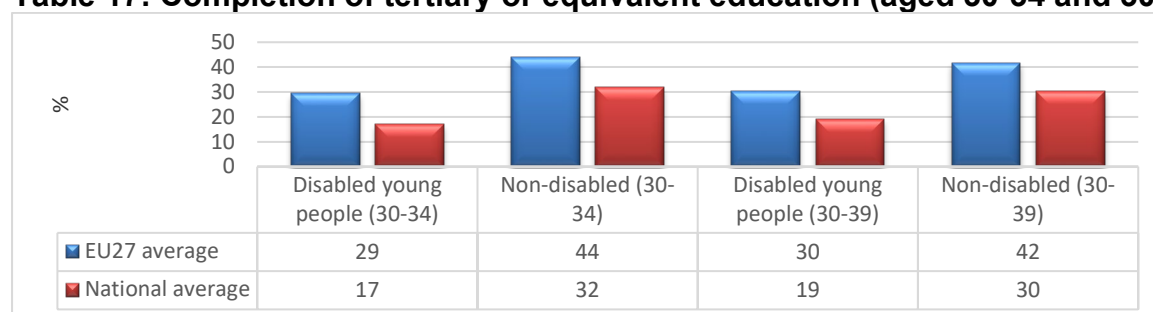
7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)¹⁰²



¹⁰¹ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

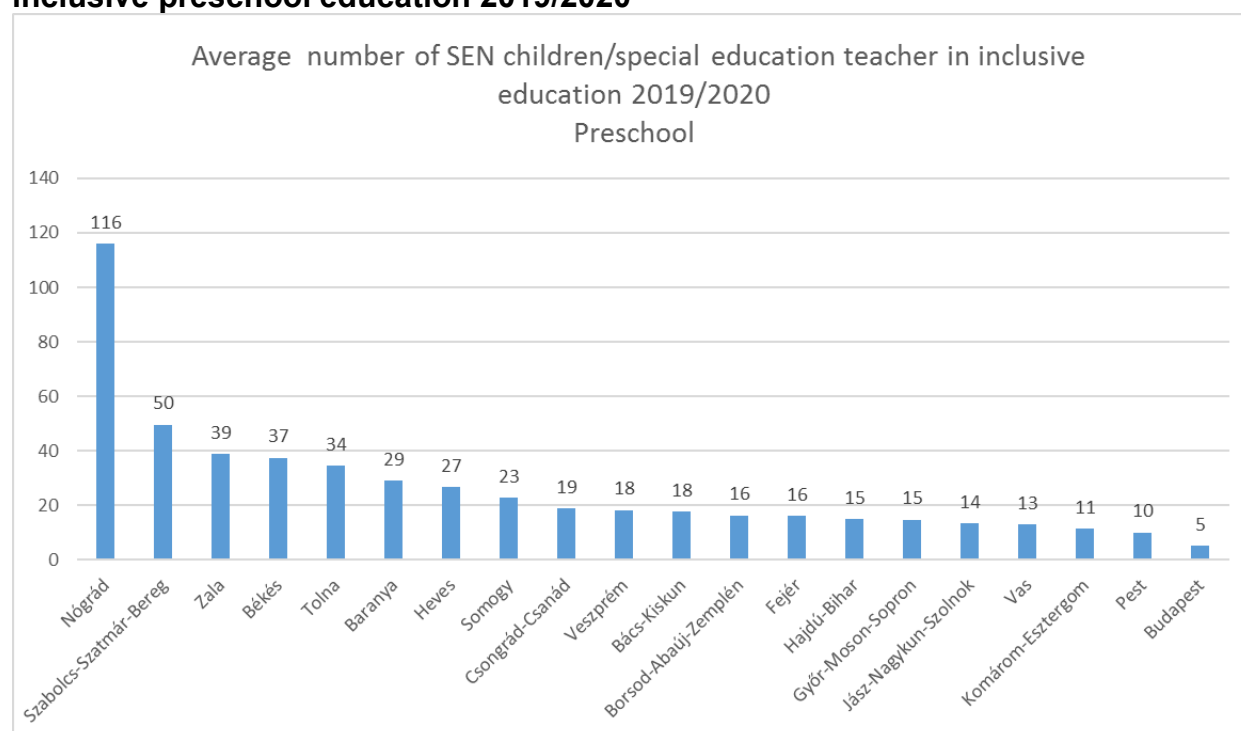
¹⁰² There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

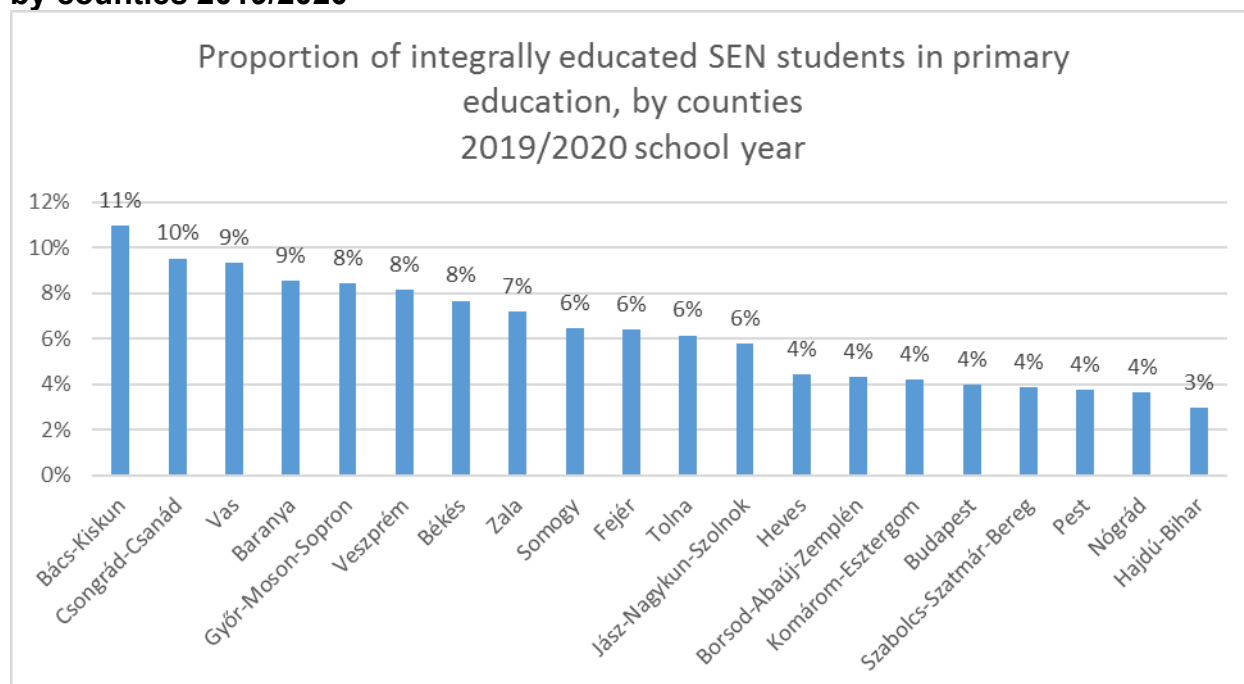
Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in Hungary

Figure a: Average number of SEN children/special education teacher in inclusive preschool education 2019/2020

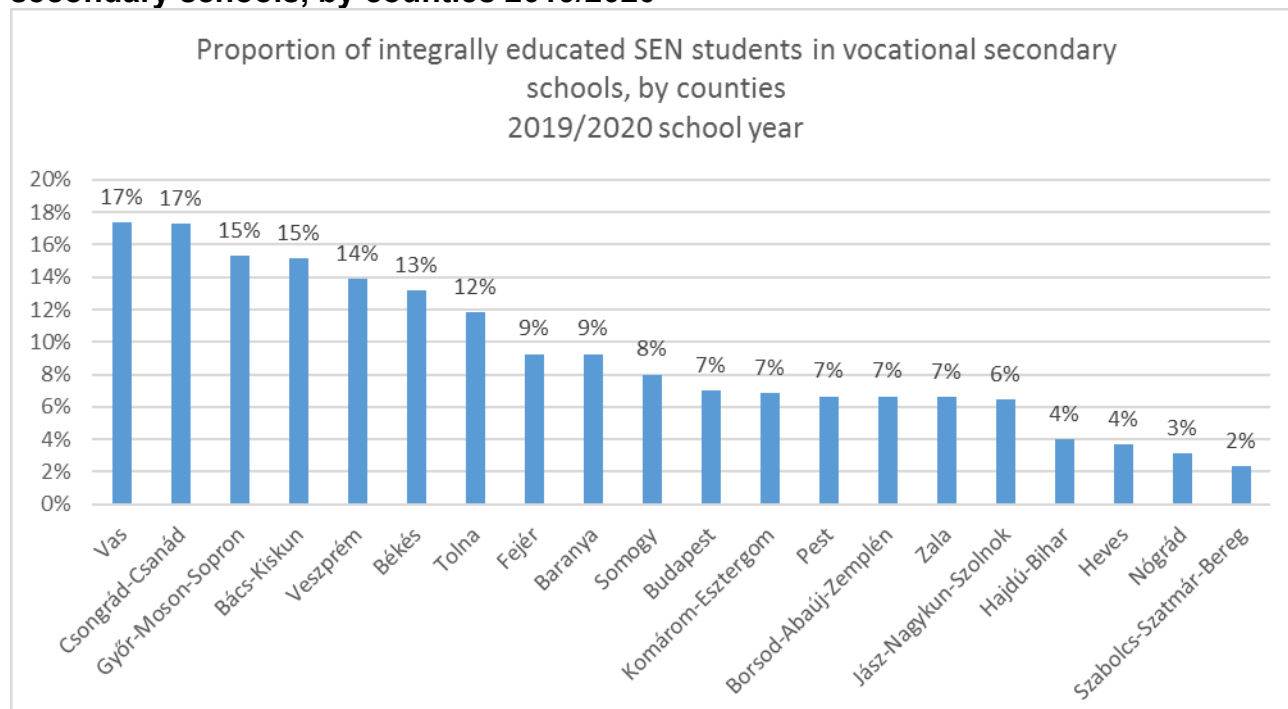
Source: Data from 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author

Figure b: Proportion of integrally educated SEN students in primary education, by counties 2019/2020



Source: Data from 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author

Figure c: Proportion of integrally educated SEN students in vocational secondary schools, by counties 2019/2020



Source: Data from 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted

in 2001 and 2011. These can be found in the Eurostat disability database.¹⁰³ Similar caution is needed with this data.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in Hungary.¹⁰⁴

The Hungarian Central Statistical Office and the Hungarian Educational Authority are the main providers of educational data. The Hungarian Central Statistical Office has a yearly publication on the most relevant data concerning public education.¹⁰⁵ The publication offers some basic data on SEN students on different levels of education, mostly their number, and the level of integration. The Central Statistical Office also provides some yearly time-series data tables on education¹⁰⁶ (e.g. on participation on different levels, or government expenditure on education), but none of it refers particularly to SEN students.

The Hungarian Educational Authority has a website gathering publicly available statistical data on education.¹⁰⁷ Further data tables can be requested directly from the Educational Authority,¹⁰⁸ or full databases for research.

The main sources of Hungarian public educational data are:

- a yearly school-level survey: 'Statistical Data of Institutions of Public Education' (KIR-STAT);
- yearly data generated from the Information System of Secondary Education Attainment¹⁰⁹ (KIFIR);
- the database of the yearly standardized student testing: 'National Competency Evaluation'.¹¹⁰

Aggregate tables from the database 'Statistical Data of Institutions of Public Education' were made available until 2017¹¹¹ by the Hungarian Educational Authority, but since then only selected tables are available. Edumap¹¹² was a useful data source visualizing regional data from the 'Statistical Data of Institutions of Public Education' database but it was not refreshed since 2017.

There is a yearly publication on the results of the 'National Competency Evaluation' but these national reports don't communicate any specific data on SEN students. The

¹⁰³ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

¹⁰⁴ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

¹⁰⁵ The latest publication (2019/2020 school year) <https://www.ksh.hu/docs/hun/xftp/idoszaki/oktat/oktatas1920/index.html>.

¹⁰⁶ http://www.ksh.hu/stadat_eves_2_6.

¹⁰⁷ <https://www.oktatas.hu/kozneveles/kozerdekuadatok>.

¹⁰⁸ https://www.oktatas.hu/kozneveles/kozerdekuadatok/!Kozerdeku_adatok/oh.php?id=kozerdeku_ig_enyles.

¹⁰⁹ http://www.kir.hu/kir2_kifir.

¹¹⁰ <https://www.kir.hu/okmfit/>.

¹¹¹ http://www.kir.hu/kir_stat/.

¹¹² <https://edumap.oh.gov.hu/hu/?id=77f9c6befd1a1b88402a541564505844/2017/map>.

individual-level database is available for researchers through the National Educational Authority.

As mentioned earlier, in the framework of the Early Warning and Pedagogical Support System some yearly regional data on students at risk of dropping out is published.¹¹³ The yearly number of integrally educated SEN students and those in private education status is available on the site by different levels of education (from grades 5-12). There are some subject-specific data on graduation results and the admission process to secondary schools, but nothing on the sub-group of SEN students.¹¹⁴ There is a yearly publication called Statistical Yearbook of Public Education published by the State Secretariat for Public Education that contains a chapter on students with special education needs.¹¹⁵

¹¹³ <https://www.kir.hu/kir2esl/Kimutatas/VeszelyeztetettTanulokMegoszlasa>.

¹¹⁴ https://www.oktatas.hu/kozneveles/kozepfoku_felveteli_eljaras/prezentaciok_tanulmanyok;
<https://www.ketszintu.hu/publicstat.php>.

¹¹⁵ The latest publication (school year 2018/2019), not available.

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