

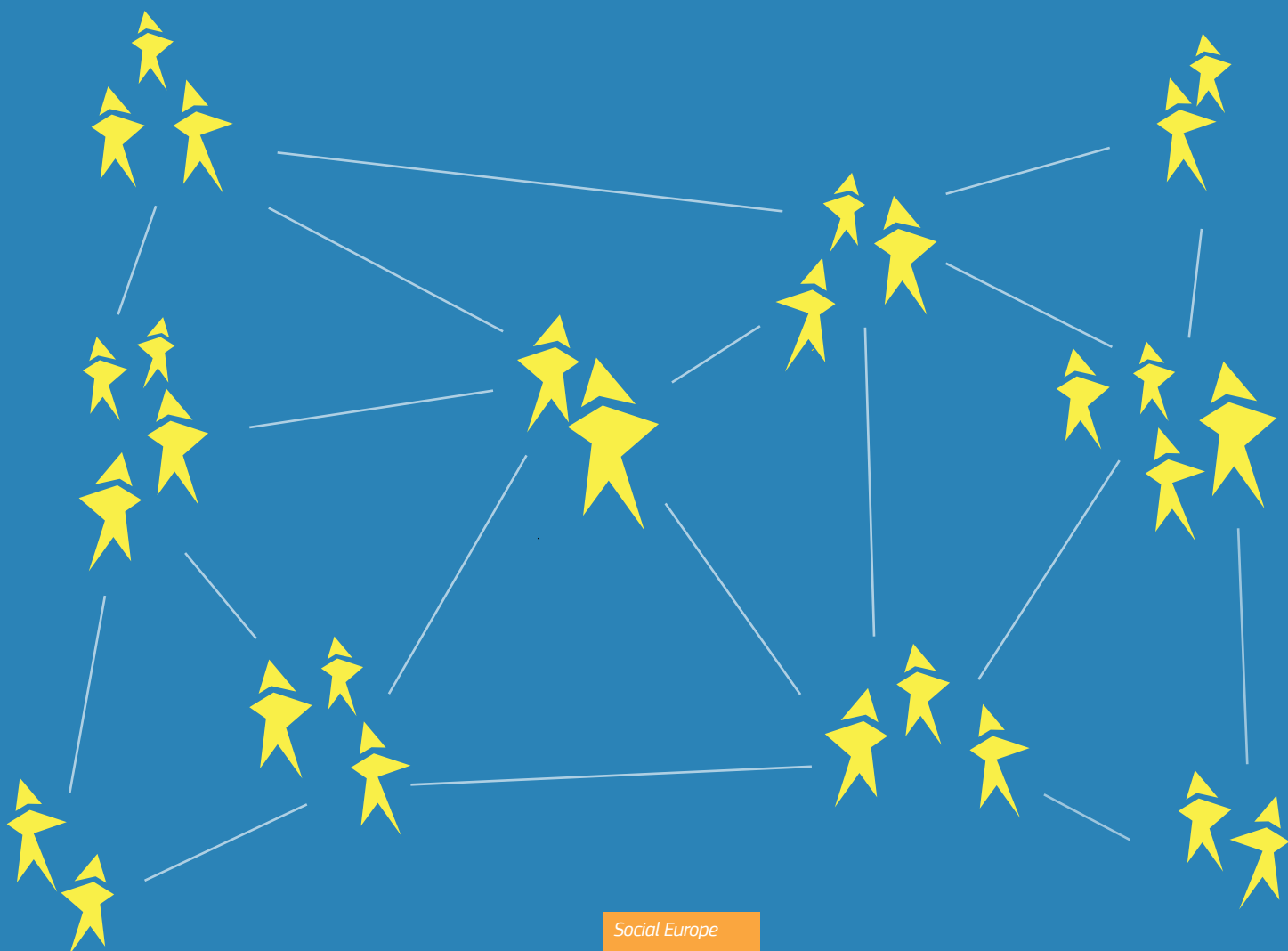


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Hungary

Zita Éva Nagy, Fruzsina Albert, Ildikó Bihari
and Andrea Rácz



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Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

*European Commission
B-1049 Brussels*

European Social Policy Network (ESPN)

ESPN Thematic Report on Social protection for people with disabilities

Hungary

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Nagy Zita Éva, Albert Fruzsina, Bihari Ildikó, Rácz Andrea

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or over). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, "people with disabilities" should be understood as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

The Hungarian system of support for people with disabilities is complex and extremely difficult to understand – even for experts. Application processes are typically cumbersome, complicated, and multi-step (with a heavy administrative burden, long forms to be filled in, documents to be collected from several places, etc.). The support system makes a distinction between those who had a job before claiming a benefit and those who did not (the distinction is therefore not between those who are currently working and those who are not), and for several benefits it is important to establish when the claimant became disabled. The level of non-contributory benefits (only available to people with severe disabilities) is very low (€55-120 per month), and substantially lower than that of contributory benefits. The classification of disability in Hungary is currently still predominantly tied to a medically based assessment.

Non-contributory benefits for people aged 18 and over include: the *Rokkantsági járadék* (invalidity benefit), the *Fogyatékosági támogatás* (disability allowance), the *Vakok személyi járadéka* (personal allowance for blind people) (not discussed in detail as it is being phased out) and the *Emelt összegű családi pótlék – nevelési ellátás* (increased family allowance - child-raising allowance). Contribution-based benefits are: the *Rehabilitációs ellátás* (rehabilitation allowance), the *Rokkantsági ellátás* (invalidity allowance), the *Kivételes rokkantsági ellátás* (exceptional invalidity allowance) and miners' invalidity allowance (not discussed further due to low take-up). There are two small-scale non-contributory benefits that include people with disabilities among the beneficiaries: in one case the primary criterion is social need due to lack of labour market participation, which is common among people with disabilities; in the other case, the *Emelt összegű családi pótlék – nevelési ellátás* (increased family allowance), the impairment/disability had to have occurred before the claimant turned 18. All of these benefits also require people with a health impairment to have a statutory degree of disability. Thus, a significant social group – people living with less severe disability, and those who are not classified as having severe disabilities under the relevant legislation for the other benefits described – are excluded from virtually any benefit (contributory or non-contributory) that takes into account their disability (permanent or otherwise). There are currently only estimates of the number of people in this situation, but it is certain that a significant proportion of them are in an extremely difficult socio-economic situation.

With regard to personal assistance, only two basic social services target people with disabilities directly (the support service and the sign language interpreting service), although some others include them as one of their target groups. The services are characterised by substantial coverage problems, a lack of capacity, and infrastructure and human resource problems. The main task of the support service is to provide access to services so as to meet basic needs, but only 12% of people with disabilities have access to it and it is a means-tested provision. Sign language interpreting services are free of charge, but are capped.

In recent years, national debates regarding people with disabilities have mostly focused on deinstitutionalisation, compensation for pensioners with disabilities, and accessibility; but there have been no systemic changes since 2017.

Overall, the Hungarian system tries to provide (at least minimal) cash benefits to people with disabilities (legally defined), but the amount of these benefits is very low (except for people who have more severe disabilities and previously had substantial insurance coverage). A measure encouraging and supporting employment is that, from July 2021, it has been possible for people with disabilities to work without any limitation, either regarding duration or amount of earnings. The benefits provided for, and policies affecting, the target groups should be harmonised and made more transparent; and a substantial increase in the level of various kinds of benefit is needed.

1 Access to disability-specific income support

Benefit entitlements are regulated at a national level, and benefits are paid by the Hungarian state treasury. The rehabilitation administration body is a responsibility of the counties, except in the case of Budapest (whose administrative service also covers Pest county).

Two important benefits (including in terms of the number of claimants) are not discussed: personal tax relief for people with severe disabilities, and the care allowance. A description of these can be found in the Academic Network of European Disability Experts (ANED) Country report on Social Protection and Article 28, for Hungary (ANED, 2017).

The Hungarian system of support for people living with disabilities, including the application process, is extremely complex and difficult to understand, both for applicants and also for providers, stakeholders and researchers. Every year the Ministry of Social Affairs publishes very detailed information booklets to help inform providers and stakeholders; but we agree with the ANED experts (ANED, 2017 and 2019) that, although these booklets simplify and extract the legislation, the complexity of the system and the language used make them almost certainly incomprehensible for a significant proportion of clients. The same problem often exists with the information material produced by other public bodies (e.g. certification or disbursement bodies, government agencies) and advocacy organisations¹.

Two groups of disability-specific benefits available in Hungary for people aged 18 and over can be identified. Non-contributory benefits include: invalidity benefit, disability allowance, personal allowance for blind people (a phased-out benefit, not awarded since 2001 and therefore not discussed in detail) and increased family allowance - child-raising allowance. Contribution-based benefits are: rehabilitation allowance, invalidity allowance, exceptional invalidity allowance and miners' invalidity allowance (not discussed further due to low take-up). There are two small-scale non-contributory benefits that include people with disabilities among the beneficiaries; in one case the primary criterion is social need due to lack of labour market participation, which is common among people with disabilities.

1.1 Disability-specific benefits/pensions available to working-age people

1.1.1 *Rokkantsági járadék* (Invalidity benefit)

In January 2019, 33,169 people received the *Rokkantsági járadék* (invalidity benefit)². The invalidity benefit is a pension, the conditions of which are regulated by MT Decree 83/1987 (XII. 27) on invalidity benefits. The amount of the invalidity benefit is very low and people with less severe disability are not covered. We do not have precise data about the size of this group but a significant part of them must be in a difficult socio-economic situation.

a) Eligibility conditions

Disability-related qualifying criteria: To be entitled to the invalidity benefit people must have a disability of at least 70%.

Age: Aged 18 or over.

Nationality and/or residency: Apart from Hungarian nationals, foreign citizens living in Hungary are also eligible³, as are Hungarian citizens residing permanently (over 90 days) outside Hungary.

¹ For example: <http://info.kezenfogva.hu/szolgalatasok/23589>.

² Source: KSH 2019 <https://www.ksh.hu/docs/hun/xftp/idoszaki/regiok/orsz/nyugdij/nyugdij19.pdf>.

³ This applies to EU and non-EU nationals as well.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: No contributory period is required.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Not eligible for pension benefits, accident benefits or (most) benefits for people with disabilities.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type of assessment: Medically based assessment of disability.

Responsible authorities: The claim must be submitted to the pension insurance administration of the relevant county (or one of the 22 districts in the case of Budapest). The invalidity benefit is paid by the Pension Disbursement Directorate of the Hungarian state treasury on the basis of a decision of the pension insurance administration.

Method: The assessment is based on the documents submitted, which must meet the criteria described in the legal regulations.

Supporting evidence: The degree of disability must be certified by a valid decision of a medical expert, a statement by a specialist authority or a specialist opinion. If these are not available, the medical documents necessary to establish the medical condition may also be submitted, in which case the pension insurance administration decides on the degree of disability.

Assessor: Medical experts.

Decision-maker: The pension insurance administration. The legal deadline for issuing a decision is 60 days for most benefits. There are no data regarding the actual average time.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The monthly amount of the invalidity benefit is HUF 43,100 (€120⁴) from 1 January 2022. The amount of the benefit is very low.

Duration of the benefit: The duration of the benefit is not limited.

Interactions with other income or other related benefits: There is no time limit on the payment of the invalidity benefit, but it will cease if the beneficiary is granted a pension (including orphan's pension, widow's pension, and old-age pension) or a disability benefit, or if the beneficiary's disability becomes less than 70%. The award of the invalidity benefit is not precluded if the claimant is in receipt of a disability allowance or a family allowance, or if the claimant is employed (*foglalkoztatott*) or has another employment relationship (*egyéb munkavégzésre irányuló jogviszony*).

1.1.2 Fogytékossági támogatás (Disability allowance)⁵

The stated aim of the *Fogyatékosági támogatás* (disability allowance) is "to contribute to the reduction of social disadvantages resulting from a person's **severe** disability by

⁴ The exchange rate used in the report is HUF 365 / €1.

⁵ Source: Act XXVI of 1998 on the rights of people with disabilities and the guaranteeing of their equal opportunities (hereinafter: RPD Act), and

providing financial assistance, regardless of his/her income"⁶. In October 2020, 107,479 people were in receipt of the disability allowance, of whom 48,242 received a lower rate and 59,237 a higher rate – see paragraph c)⁷.

a) Eligibility conditions

Disability-related qualifying criteria: People with severe disabilities are eligible. Severe disability is clearly defined in the legislation introducing the benefit (the RPD Act)⁸. However, certain groups of people with disabilities (e.g. organ transplant recipients and people with speech impairments) are excluded from the statutory list of severe disabilities. The Commissioners for Fundamental Rights have investigated this issue several times⁹, concluding that the state was not fulfilling its duty to ensure equal opportunities.

Age: Aged 18 or over.

Nationality and/or residency: Hungarian citizens living in Hungary as well as citizens from the European Economic Area (EEA) residing in Hungary, and Hungarian citizens residing in the EEA, are eligible. People who have exercised the right to free movement and residence, who have resided for at least three months in Hungary before submitting the claim, and who have a registered address in Hungary, are eligible. Third-country nationals with a blue card¹⁰, or with a complex permit allowing them to reside legally in Hungary¹¹, are also eligible.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: No contributory period is required.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

<https://cst.tcs.allamkincstar.gov.hu/ell%C3%A1t%C3%A1sok/fogyat%C3%A9koss%C3%A1gi-t%C3%A1mogat%C3%A1sok/fogyat%C3%A9koss%C3%A1gi-t%C3%A1mogat%C3%A1s.html>

⁶ Source: RPD Act, sec 22-23.

⁷ Source: <http://www.meosz.hu/blog/a-meosz-kormanyzati-szintu-egyveztetest-kezdemenez-a-fogyatekossagi-tamogatas-a-vakok-szemelyi-jaradeka-es-a-rokkantsagi-jaradek-osszegenek-emeleseert/>. A detailed analysis on the take-up of the disability allowance can be found at:

<https://www.tamogatoweb.hu/index.php/irasaink1/84-fogyatekossagi-tamogatas>.

⁸ Act XXVI of 1998 on the rights of people with disabilities and the guaranteeing of their equal opportunities, sec 23.

⁹ For example:

https://www.ajbh.hu/documents/10180/2500969/Jelent%C3%A9s+egy+fogyat%C3%A9koss%C3%A1gi+t%C3%A1mogat%C3%A1s+%C3%BCgy%C3%A9ben+1078_2016/37541020-6fea-42a8-b104-8bf7e700193f?version=1.0, and:

https://www.ajbh.hu/documents/10180/2500969/Jelent%C3%A9s+egy+fogyat%C3%A9koss%C3%A1gi+t%C3%A1mogat%C3%A1s+ir%C3%A1nti+k%C3%A9relem+elutas%C3%ADt%C3%A1sa+kapcs%C3%A1n+4082_2016/77971a88-f80b-4cd8-a331-39021a1a9b30?version=1.0.

¹⁰ The EU blue card is a residence permit which entitles the holder with a high level of qualifications to reside in the territory of a Member State and, at the same time, to have a right to work under legally defined conditions requiring a high level of qualifications. See also:

http://www.bmbah.hu/index.php?option=com_k2&view=item&layout=item&id=58&Itemid=812&lang=en.

¹¹ <https://cst.tcs.allamkincstar.gov.hu/ell%C3%A1t%C3%A1sok/fogyat%C3%A9koss%C3%A1gi-t%C3%A1mogat%C3%A1sok/fogyat%C3%A9koss%C3%A1gi-t%C3%A1mogat%C3%A1s-az-egt-tag%C3%A1llamokban.html>

b) Disability assessment framework

Type of assessment: The assessment involves several different approaches. The statutory definition of severe disability covers functional capacity and care or support needs in addition to medically based elements¹².

Responsible authorities: The application for benefits can be submitted to the district office of the county in which the person resides or is staying. The district office passes the documents to the county-level department of rehabilitation and expertise, where they are examined to determine whether the claimant meets the statutory criteria for severe disability.

Method: The evaluation is primarily based on documents submitted. If the available medical documentation does not establish eligibility, the claimant is referred for a specialist examination appropriate to the nature of the disability or may be required to appear in person for examination.

Supporting evidence: The claim must be accompanied by a medical referral and supporting medical evidence which proves disability. A medical examination may also be needed.

Assessor: In the county-level departments of rehabilitation and expertise, applications are typically formally verified by administrators with a human resources background.

Decision-maker: The expert decision is taken by doctors. On the basis of the expert's decision, the decision is taken by the district office of the county in which the county seat is located. The Commissioners for Fundamental Rights have also investigated and found several cases of violations of the prolonged assessment of disability allowances¹³.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The monthly amount of the allowance varies according to the type of disability and the level of self-reliance, as follows. The monthly amount of the allowance is HUF 24,335 (approximately €67) if the person has a hearing disability, regardless of whether or not they lack the ability to care for themselves. The monthly amount of the allowance is the same if the person has a disability other than hearing and does not lack the ability to care for themselves. The monthly allowance is HUF 29,713 (€81) if the person has a disability other than hearing and lacks the ability to care for themselves, or has multiple disabilities.

Duration of the benefit: The duration of the benefit is not limited.

Interactions with other income or other related benefits: A person who receives the personal allowance for blind people, or the increased family allowance, is not entitled to the disability allowance. However, the allowance can be paid for an indefinite period and can even be claimed by people in receipt of an old-age pension.

¹² [ANED Disability Assessment Synthesis Report](#) (2018).

¹³ For example:

https://www.ajbh.hu/documents/10180/2500969/Jelent%C3%A9s+egy+fogyat%C3%A9koss%C3%A1gi+t%C3%A1mogat%C3%A1s+%C3%BCgy%C3%A9ben+1078_2016/37541020-6fea-42a8-b104-8bf7e700193f?version=1.0 and:

https://www.ajbh.hu/documents/10180/2500969/Jelent%C3%A9s+egy+fogyat%C3%A9koss%C3%A1gi+t%C3%A1mogat%C3%A1s+ir%C3%A1nti+k%C3%A9relem+elutas%C3%ADt%C3%A1sa+kapcs%C3%A1n+4082_2016/77971a88-f80b-4cd8-a331-39021a1a9b30?version=1.0.

1.1.3 Vakok személyi járadéka (Personal allowance for blind people)

Another non-contributory disability benefit is the *Vakok személyi járadéka* (personal allowance for blind people). This benefit has not been available to new applicants since 2001, following the introduction of the disability allowance. Currently, 3,137 people are still claiming it, amounting to HUF 20,008 (€55) per month (interest groups have proposed an increase to HUF 70,000, or €190). Due to the low take-up and the temporary nature of the benefit, it is not described in detail in this report. Points b) and c) are not relevant, as no new claims have been possible since 2001.

1.1.4 Emelt összegű családi pótlék – nevelési ellátás (Increased family allowance)¹⁴

A person aged over 18 who is permanently ill or has a severe disability can apply for the *Emelt összegű családi pótlék – nevelési ellátás* (increased family allowance) in their own right if they have lost their entitlement to education allowance (i.e. they are no longer a pupil in a public education establishment). In 2019, 41,234 people received this allowance¹⁵.

a) Eligibility conditions

Disability-related qualifying criteria: For the purpose of this benefit, a person is considered to have a severe disability if: they have lost at least 67% of their capacity to work; or acquired a disability of at least 50%¹⁶ before the age of 18; and this condition has lasted, or is expected to last, for at least one year.

Age: Aged 18 or over.

Nationality and/or residency: The conditions for entitlement to family allowances are governed by Regulation (EC) No 83/2004 and Regulation (EC) No 987/2009¹⁷. In the case of Hungarian citizens, benefits are suspended if the beneficiary leaves the country for a period of more than three months to go a country that is not an EU Member State, an EEA Member State or a country whose nationals enjoy the same status as EU or EEA Member States' nationals.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: No contributory period is required.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: No longer eligible for the education allowance.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type of assessment: It is a medically based assessment of disability.

Responsible authorities: The initial assessment is carried out by the county-level department of rehabilitation and expertise (as described in paragraph 1.1.2b), which

¹⁴ Source: A családok támogatásáról szóló 1998. évi LXXXIV. törvény (Cst.), and: <https://cst.tcs.allamkincstar.gov.hu/ell%C3%A1t%C3%A1sok/csal%C3%A1dip%C3%B3tl%C3%A9k.html>.

¹⁵ https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2019.pdf – page 28.

¹⁶ The wording follows the changes in the procedure for the classification of people with reduced capacity for work. The concept of reduced capacity for work was in force until 2008 under Act II of 1975 and its predecessors and Act LXXXI of 1997. Total disability was in force from April 2008 to 31 December 2011 under Act LXXXI of 1997, Act LXXXIV of 2007 and Government Decree 387/2007 (23.12.2007) on the social allowance for people with health problems.

¹⁷ <https://cst.tcs.allamkincstar.gov.hu/10-ell%C3%A1t%C3%A1sok.html>

issues an expert opinion. The application, including the expert opinion, can then be submitted online or by post to the Hungarian state treasury, at the customer services department of government offices, or at the applicant's place of work (provided the latter provides family support payments¹⁸). In the latter case, the family support payment office is the assessing body; in other cases, it is the district office for the applicant's place of residence/stay.

Method: The evaluation is primarily based on documents submitted. If the available medical documentation does not establish eligibility, the claimant is referred for a specialist examination appropriate to the nature of the disability or may be required to appear in person for examination.

Supporting evidence: Medical documentation must be submitted, and medical examinations may also be prescribed.

Assessor: In the county-level department of rehabilitation and expertise, applications are typically formally verified by administrators with a human resources background. Doctors prepare the expert opinion.

Decision-maker: The decision-making body is the family support payment office or, in other cases¹⁹, the district office for the applicant's place of residence/stay.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The monthly amount of the increased family allowance is HUF 20,300 (€55).

Duration of the benefit: The increased family allowance is paid until the end of the month for which the existence of the illness or serious disability is certified. The benefit must be stopped if the beneficiary leaves for a period of more than three months to go to a country outside the EU or EEA.

Interactions with other income or other related benefits: The increased family allowance and the disability allowance cannot be paid together.

1.1.5 *Rehabilitációs ellátás (Rehabilitation allowance)*²⁰

In Hungary, the number of people receiving some kind of benefit for people with a modified work capacity fell significantly in recent years: from 473,360 in January 2012 to 293,755 in January 2020 (Krekó and Scharle, 2020a). Of the latter, 232,679 were of working age²¹, of whom 22,222 received the *Rehabilitációs ellátás* (rehabilitation allowance) and 208,769 the invalidity allowance^{22/23}.

a) Eligibility conditions

Disability-related qualifying criteria: People who have a health impairment leaving them with 60% or less of their normal health, according to the "complex assessment"

¹⁸ It is mostly done by the state treasury, but some public employers still have this function.

¹⁹ Not all employers have a family support payment office. It is compulsory only for employers who have at least 100 employees for at least six consecutive months (1998. XXXIX law).

²⁰ Source: The Act CXCI of 2011 on allowances of people with limited working ability (hereinafter: APLWA Act), sec 2. and 6-10., and: https://www.kilato.piarista.hu/wp-content/uploads/2021/04/Megvaltozott_munkakepessegu_szemelyek_ellatasai_2021.pdf.

²¹ This can differ between individuals, as the retirement age has gradually been increased to 65, so official statistics refer to people over or under the pensionable age.

²² https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2019.pdf

²³ For the reasons for it see: https://kti.krtk.hu/wp-content/uploads/2021/06/hlm2020_infocus7_2.pdf.

process, and who are recommended for rehabilitation, long-term rehabilitation or subsequent employment.

Age: Aged 15 or over at the time of application.

Nationality and/or residency: Pursuant to Paragraph (1) of Article 1 of Act CXCI of 2011 on the Benefits for People with Disability and amending certain Acts, the provisions of the Act apply to people and benefits covered by the EU Regulations on the Coordination and Implementation of Social Security Systems in accordance with the rules of the EU Regulations²⁴. In the case of Hungarian citizens, neither temporary nor permanent residence abroad is an obstacle to receiving the allowance.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: Insured for at least 1,095 days during the five years preceding the date of application, or at least 2,555 days during the preceding 10 years, or at least 3,650 days during the preceding 15 years.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Not in gainful employment (at the time of application) and not in receipt of regular cash benefits. There is an important exception (in effect since 1 May 2016) which benefits young people with disabilities leaving school: a person is entitled to the rehabilitation allowance if they acquire a disability before the age of 35, become insured either during their school education or within 180 days of the end of it, and have been insured without interruption for more than 30 days. People who are eligible for the allowance, but have less than five years until reaching the pensionable age at the time of the claim or review, will be awarded the invalidity allowance (i.e. in practice, no one will receive the rehabilitation allowance who is of pensionable age).

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type of assessment: Complex assessment process – mainly a medically based assessment of disability, and partly an assessment of functional capacity and care or support needs.

Responsible authorities: The application must be submitted to the district office for the place of residence, in paper or electronic format, in person or by post.

Method: The assessment is made partly on the basis of the documents submitted, and partly on the basis of a personal medical examination and an interview with an occupational rehabilitation and social expert. Prior to 2020, only the personal examination was waived in exceptional cases; but during the COVID-19 pandemic the complex assessment has been carried out exclusively on the basis of documentary evidence.

Supporting evidence: The application must be accompanied by a very detailed file, including a referral from a general practitioner, a medical opinion on the care, treatment and current condition of the claimant, detailed medical documentation, an occupational medical opinion on continued employment (for employed claimants), and declarations and certificates from the claimant to establish eligibility (e.g. declaration of the date of cessation of employment). In addition to the processing of the documents submitted, the complex assessment also includes a personal examination, where, in addition to the medical examination, there is an interview with an occupational rehabilitation and social expert. The medical examination is carried out by a doctor, and the interviews

²⁴ <https://szocialisportal.hu/eu-ugyek-tajekoztato/>

with occupational rehabilitation and social experts are carried out by a professional with a humanities degree (see details in Government Decree 390/2017 of 13 December 2017). The complex assessment involves an assessment of the claimant's health on the one hand, and an assessment of the employability and social aspects of rehabilitation on the other, with the involvement of employment and social experts. The criteria for the assessment are set out in detail in the NEFMI Decree²⁵ 7/2012 (II. 14.)²⁶. If the residual health status is assessed as 51-60%, and employability can be restored through rehabilitation, the claimant is placed in category B1. If their residual health status is 31-50% and they require long-term rehabilitation, they are placed in category C1 (with an additional condition that the claimant had not worked prior the submission of the claim and receives no regular cash benefit).

Assessor: Medical examinations are carried out by a doctor, and interviews regarding occupational and social rehabilitation are carried out by human resources specialists.

Decision-maker: The rehabilitation allowance is paid by the Hungarian state treasury on the basis of a decision of the relevant district office in charge of rehabilitation.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The amount of the rehabilitation allowance depends on the qualification category (B1 or C1), which is based on the degree of health impairment, and on the monthly income and a yearly basic amount set by government decree. For category B1: 35% of the average monthly income (if the claimant had an income during the reference period), but at least 30% and up to 40% of the basic amount²⁷ (HUF 32,265-43,020, or €88-118); if the person had no average income, 30% of the basic amount (HUF 32,265, or €88). For category C1: 45% of the average monthly income (if the claimant had an income during the reference period), but at least 40% and up to 50% of the basic amount (HUF 43,020-53,770, or €118-147); if they had no average income, 40% of the basic amount (HUF 43,020, or €118). Besides the cash benefit, rehabilitation services are also provided²⁸.

Duration of the benefit: The rehabilitation benefit may be granted for a maximum period of 36 months, which cannot in principle be extended unless there has been a substantial change in health, social circumstances or employability since the complex assessment. After that a person with a severe disability may apply for a new review. Eligibility will cease in the following cases: the beneficiary asks for its termination; the claimant receives other regular cash benefits (excluding sick pay, accident sick pay, infant care allowance, childcare allowance and adoption allowance); there is a deterioration in the claimant's state of health which makes rehabilitation impossible; or, in the event of a permanent health improvement, their employment is undeclared (in which case the benefit must be repaid for the 12 months preceding the date of termination or for the daily period of entitlement if the entitlement is shorter). Furthermore, a person is not entitled to the benefit if they fail to co-operate with the rehabilitation authority as set out in the rehabilitation plan. The obligation to co-operate requires that the individual must visit the rehabilitation authority within 10 days of the decision and at agreed times thereafter, actively seek employment, and accept any offer of rehabilitation, subsidised training, participation in a labour market programme, or job (including public employment). In the event of a first breach of the duty to co-

²⁵ <https://net.jogtar.hu/jogszabaly?docid=a1200007.nem>. NEFMI is the Hungarian acronym for the former Ministry of National Resources (*Nemzeti Erőforrás Minisztérium*).

²⁶ The length of the present report does not permit their presentation in detail.

²⁷ Government decree 327/2011. (XII. 29) determines a basic amount (8/A. §) which is HUF 112,920/€309 since 31 December 2021. Source: <https://net.jogtar.hu/jogszabaly?docid=a1100327.kor>.

²⁸ Source: APLWA Act, sec 2 and 6-10.

operate, benefits are suspended for three months and may be terminated in repeated cases²⁹. In addition, the benefit will also be terminated if the beneficiary fails to comply with the notification obligation, which requires the beneficiary to give notice within 10 days if they have a permanent improvement or deterioration in health, are gainfully employed or have ceased to be gainfully employed, have a reduced working capacity for at least 60 consecutive days, or are in receipt of other regular cash benefits (e.g. invalidity benefit).

Interactions with other income or other related benefits: Beneficiaries cannot receive any other regular cash benefit (excluding sickness benefit, accident-related sickness benefit, infant care allowance, childcare allowance and adoption allowance). A change from 2021 is that beneficiaries can work, without time or income limits, while receiving the rehabilitation allowance.

1.1.6 *Rokkantsági ellátás (Invalidity allowance)*³⁰

a) Eligibility conditions

Disability-related qualifying criteria: The *Rokkantsági ellátás* (invalidity allowance) is an income-replacement benefit for people who have a residual health status of 60% or less according to the complex assessment process and for whom rehabilitation is not recommended (i.e. they have a category B2, C2, D or E rating). The invalidity allowance is also paid to those whose employability can be restored by rehabilitation, or who require long-term rehabilitation but have less than five years until reaching the retirement age. The conditions of eligibility, other than the level of disability and suitability for rehabilitation, are the same as those presented for rehabilitation allowance (see paragraph 1.1.5a).

Age: Aged 15 or over at the time of application.

Nationality and/or residency: Pursuant to Paragraph (1) of Article 1 of Act CXCI of 2011 on the Benefits for People with Disability and amending certain Acts, the provisions of the Act apply to people and benefits covered by the EU Regulations on the Coordination and Implementation of Social Security Systems in accordance with the rules of the EU Regulations³¹. In the case of Hungarian citizens, neither temporary nor permanent residence abroad is an obstacle to receiving the allowance.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: Insured for at least 1,095 days during the five years preceding the date of application, or at least 2,555 days during the preceding 10 years, or at least 3,650 days during the preceding 15 years.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Not in gainful employment (at the time of application) and not in receipt of regular cash benefits. There is an important exception (in effect since 1 May 2016) which benefits young people with disabilities leaving school: a person is entitled to the rehabilitation allowance if they acquire a disability before the age of 35, become insured either during their school education or within 180 days of the end of it, and have been insured without interruption for more than 30 days.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

²⁹ <https://kormanyablak.hu/hu/feladatok/82/NRSZH00002>

³⁰ Source: APLWA Act, sec 2 and 6-10, and: https://www.kilato.piarista.hu/wp-content/uploads/2021/04/Megvaltozott_munkakepessegu_szemelyek_ellatasai_2021.pdf.

³¹ <https://szocialisportal.hu/eu-ugyek-tajekoztato/>

b) Disability assessment framework

The qualification procedure is the same as for the rehabilitation allowance (see paragraph 1.1.5b).

Type of assessment: Complex assessment process – mainly a medically based assessment of disability, and partly an assessment of functional capacity and care or support needs.

Responsible authorities: The application must be submitted to the district office for the place of residence, in paper or electronic format, in person or by post.

Method: The assessment is made partly on the basis of the documents submitted, and partly on the basis of a personal medical examination and an interview with an occupational rehabilitation and social expert. Previously, only the personal examination was waived in exceptional cases; but during the COVID-19 pandemic the complex assessment has been carried out exclusively on the basis of documentary evidence.

Supporting evidence: The application must be accompanied by a very detailed file, including a referral from a general practitioner, a medical opinion on the care, treatment and current condition of the claimant, detailed medical documentation, an occupational medical opinion on continued employment (for employed claimants), and declarations and certificates from the claimant to establish eligibility (e.g. declaration of the date of cessation of employment). In addition to the processing of the documents submitted, the complex assessment also includes a personal examination, where, in addition to the medical examination, there is an interview with an occupational rehabilitation and social expert.

Assessor: Medical examinations are carried out by a doctor, and interviews regarding occupational and social rehabilitation are carried out by human resources specialists.

Decision-maker: The invalidity allowance is paid by the Hungarian state treasury on the basis of a decision of the relevant district office in charge of rehabilitation.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The amount of the invalidity allowance depends on the degree of work ability (categories B2, C2, D or E) and the monthly income and yearly basic amount set by government decree. For category B2 and for those who are classified as B1 but have less than five years until reaching the applicable retirement age, the amount is 40% of the average monthly income (if the claimant had an average income during the reference period), but at least 30% (and up to 45%) of the basic amount (HUF 32,265-48,395, or €88-133); for those who had no average income, it is 30% of the basic amount (HUF 32,265, €88). For those in category C2 and for those who are classified as C1 but have less than five years until reaching the applicable retirement age, the amount is 60% of the average monthly income (if the claimant had an average income during the reference period), but at least 45% (and up to 150%) of the basic amount (HUF 48,395-161,310, or €133-442); for those who had no average income, 45% of the basic amount (HUF 48,395, or €133). For those in category D, it is 65% of the average monthly income, but not less than 50% of the basic amount (HUF 53,770, or €147) and not more than 150% of the basic amount (HUF 161,310, or €442). For those in category E, it is 70% of the average monthly income, but at least 55% of the basic amount (HUF 59,150, or €162) and up to 150% of the basic amount (HUF 161,310, or €442). In addition, are all entitled to free medical care without having to pay the health contribution.

Duration of the benefit: It is a lifelong provision. Invalidity allowance will cease if one of the following conditions is met:

- i. the recipient becomes entitled to a retirement pension (the day before the date on which the retirement pension starts);

- ii. the recipient requests termination;
- iii. the recipient receives other regular cash benefits (excluding sickness benefit, accident benefit, infant care allowance, childcare allowance and adoption allowance);
- iv. there is a deterioration or permanent improvement in the recipient's state of health which makes rehabilitation impossible or unnecessary;
- v. an employment by the recipient is not declared³² (in which case the benefit is refunded for the 12 months preceding the date of termination or for each day of entitlement if entitlement is shorter); or
- vi. the recipient fails to comply with the obligation to notify, or fails to co-operate with the review for reasons for which they are responsible.

Interactions with other income or other related benefits: Recipients must not receive any other regular cash benefit (excluding sick pay, accident allowance, infant care allowance, childcare allowance and adoption allowance). From 2021, they can work, without time or income limits, while receiving invalidity allowance.

1.1.7 Kivételes rokkantsági ellátás (Exceptional invalidity allowance)³³

a) Eligibility conditions

Disability-related qualifying criteria: People with a disability who, due to their condition, illness or other justifiable cause, have not been able to fulfil the qualifying period for invalidity allowance, but have at least half of it, are eligible for the *Kivételes rokkantsági ellátás* (exceptional invalidity allowance). Preference is given to people who have completed at least 90% of the period of entitlement.

Age: Aged 15 or over at the time of application.

Nationality and/or residency: According to Article 1 (1) of Act CXCI of 2011 on Benefits for People with Disability and amending certain Acts, the provisions of the Act shall apply to people and benefits covered by the EU Regulations on the Coordination and Implementation of Social Security Systems in accordance with the rules of the EU Regulations³⁴. In the case of Hungarian citizens, neither temporary nor permanent residence abroad shall be an obstacle to the payment of benefits.

Waiting period: None (i.e. it is granted from the moment the disability is certified and the claim is submitted).

Contributory history: Has completed at least half of the required period of insurance (see paragraph 1.1.5a).

Level of financial resources: Is not gainfully employed, and does not receive regular cash benefits. There is no income-related criterion or means test for the benefit.

Other: Has been placed in category B2, C2, D or E following the complex assessment, or in category C1 but has less than five years to go before reaching the applicable retirement age, or whose claim for a benefit for people with disabilities has been rejected due to inadequate insurance history.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

³² Someone employed in the shadow economy.

³³ Source: <https://szocialisportal.hu/tajekoztato-a-kiveteles-rokkantsagi-ellatasrol/>, and: https://www.kilato.piarista.hu/wp-content/uploads/2021/04/Megvaltozott_munkakepessegu_szemelyek_ellatasai_2021.pdf.

³⁴ <https://szocialisportal.hu/eu-ugyek-tajekoztato/>

b) Disability assessment framework

Type of assessment: Complex assessment process – mainly a medically based assessment of disability, and partly an assessment of functional capacity and care or support needs.

Responsible authorities: The application must be submitted to the district office for the place of residence, in paper or electronic format, in person or by post.

Method: The assessment is made partly on the basis of the documents submitted, and partly on the basis of a personal medical examination and an interview with an occupational rehabilitation and social expert. Previously, only the personal examination was waived in exceptional cases; but during the COVID-19 pandemic the complex assessment has been carried out exclusively on the basis of documentary evidence.

Supporting evidence: The application must be accompanied by the documents necessary to justify the circumstances requiring special consideration, or a copy thereof. The assessment of the application must take into account the degree of residual health status as defined in the complex assessment, the duration of previous insurance, the income situation and other special circumstances requiring special consideration. Preference will be given to people who have completed at least 90% of the period of eligibility.

Assessor: Medical examinations are carried out by a doctor, and interviews regarding occupational and social rehabilitation are carried out by human resources specialists.

Decision-maker: The allowance is paid by the Hungarian state treasury on the basis of a decision of the relevant district office in charge of rehabilitation.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: Someone who requires long-term occupational rehabilitation on the basis of their state of health, but who is denied it because of other circumstances (as defined in the decree on the professional rules for complex assessment), receives 65% of 45% of the basic amount (i.e. HUF 31,460, or €86, a month). If someone is employable only with continuing support (category D), they receive 65% of 50% of the basic monthly amount (HUF 34,955, or €96). Someone with a significant health impairment who is not able to support themselves or can only do so with assistance (category E), receives 65% of 55% of the basic monthly amount (HUF 38,450, or €105).

Duration of the benefit: It may be a lifelong provision. The exceptional invalidity allowance ceases if: the beneficiary becomes entitled to an old-age pension (the day before the start date of the old-age pension); they request the termination of the benefit; they receive other regular cash benefits (excluding sickness, accident and childcare benefits); there is a permanent improvement in their state of health (residual health condition over 50%); they are in employment that is undeclared (in which case the benefit is refunded for the 12 months preceding the date of termination or for each day of entitlement if the entitlement is shorter); or if they fail to comply with the obligation to notify and to co-operate with the review, for reasons for which they are responsible.

Interactions with other income or other related benefits: Cannot be paid together with an old-age pension, or other regular cash benefits (excluding sickness, accident and childcare benefits).

A limitation on access is that a certain budget is available for the exceptional invalidity allowance, and a person's claim can be rejected because the budget has been exhausted. In such cases they can reapply in the following calendar year.

Challenges: Regarding all the benefits described in Section 1.1, limited research results are available on the impact of the changes in the qualification and benefit systems for

people with disabilities in 2008 and 2012 and on the characteristics of the new systems. In their 2019 study, Krekó and Scharle investigated the factors behind the drastic fall of around 60% in the number of people receiving disability benefits between 2003 and 2019 (see the introduction to Section 1.1.5). In addition to the demographic composition and health status of the population, the number and proportion of people receiving benefits is influenced by the system of, and access to, benefits and the benefit levels. The study results showed that the 2008 reform, which introduced a new method of measuring residual working capacity, encouraged rehabilitation and expanded rehabilitation services, and resulted in a marked drop in the number of people entering the benefit system, while the number of people leaving the system remained largely unchanged. However, the 2012 reform, which tightened the rules on access to benefits and substantially reduced the level of benefits, led to an even sharper drop in entries and a substantial increase in exits, with many former beneficiaries losing their eligibility. The data also indicate that the reforms have led to a more targeted provision of care, with a group of people entering care with poorer health than before. This may be due to two factors: on the one hand, the tightening of eligibility rules and, on the other hand, the earnings barrier in the context of a reduction in the absolute and relative share of benefits in wages. At the end of their study, the authors concluded: *"The targeting of the benefits increased, while the abuse of the benefit system and the impact of disability benefits reducing labour supply probably declined considerably. Only a small proportion of beneficiaries are found suitable for rehabilitation in the complex assessment and the activating, rehabilitating elements of the system have not been appropriately expanded"* (Krekó-Scharle, 2020a:188-189). The gaps in rehabilitation services have been highlighted by several other research and expert papers in recent years (e.g. Nagy, 2015; ANED, 2018).

However, previous research shows (see Hajdu, 2011) that disability benefits accounted for a very large share of income (64-90% depending on the degree of disability) for both people with limited work capacity and people living with a disability. A positive development is that, since 2021, there have been no time or income limits on working while receiving disability benefits, as the benefit-related regulations no longer restrict the participation of beneficiaries in the labour market, which reduces their risk of poverty. Unfortunately, there are currently no data on the poverty-reducing effect of disability-related provisions.

Nagy (2015) examined the functioning of the first period of the new qualification system in her doctoral thesis. Her results indicated that several factors influenced who became a beneficiary of disability benefits: the timing of the disability (those who acquired a disability in childhood were three times more likely to receive benefits, reflecting a dependency approach to disability); age (older people were more likely to receive benefits); and whether there was another person living with disability in the household. The research indicated that the functioning of the system was also influenced by territorial-institutional aspects and differences. *"Different labour market circumstances may explain the results: a claimant from Central Hungary is three times more likely (2.95) to become a beneficiary than a claimant from Central Transdanubia, six times more likely than a claimant from Southern Transdanubia and about five and a half times more likely (5.6) than a claimant from Southern Great Plain (who are otherwise 'the same' in terms of other characteristics examined). Less so explained, however, is the fact that there is no significant difference in the chances of a claimant from Northern Hungary and a claimant from Central Hungary becoming a recipient of a provision: it seems from these data that it is 'more difficult' to obtain disability benefits in these areas, given the circumstances. This certainly raises the question of whether there was some 'informal institutional barrier' or 'special operation'³⁵, either at government or local level, regarding the number of inputs in these areas. It is also a surprising finding that, compared to claimants living in a village, those living in the county town are about*

³⁵ The author assumes the possible existence of an informal agreement.

twice as likely to receive benefits, while those living in the city are about one and a half times more likely. Although there was no significant difference in the odds of Roma claimants in the logistic model of either claiming or inflow alone, when the two steps are considered together (i.e. analysing the odds of a Roma claimant receiving disability benefits among people with disabilities), it can be seen that a Roma claimant is 0.52 times more likely to receive benefits compared to a non-Roma claimant when all other characteristics are excluded from the analysis" (Nagy, 2015: 80-81).

In connection with the anomalies and problems of the new system (in addition to countless media reports³⁶ and individual stories), the Commissioner for Fundamental Rights has repeatedly found, following investigations, that fundamental rights are being violated³⁷. In 2018, the Constitutional Court found³⁸ that the National Assembly had failed to fulfil its legislative duty under an international treaty when, after a review, it reduced the amount of disability benefits for thousands of beneficiaries on the grounds of an improvement in their condition, without defining the concept of improvement in condition (and in practice measuring it only by the percentage of change in the degree of health impairment). Several invalidity pensioners have subsequently won cases against Hungary before the European Court of Human Rights in Strasbourg.

1.2 Disability-specific old-age pension schemes

Hungary currently has no disability-specific old-age pension schemes. People receiving disability benefits (which are not pension-specific benefits) can decide at retirement age whether to claim an old-age pension (in accordance with the current rules on pension calculation) or to continue receiving disability benefits. Exceptions to this rule are those who were born before 1 January 1955 and were in receipt of a group I-III invalidity or accident-related invalidity pension on 31 December 2011 (i.e. before the reform of benefits for people with disabilities): they can request that their invalidity allowance be paid as a retirement pension at the same amount after reaching retirement age. (For more details, see Section 2.1.)

1.3 Income support aimed at covering disability-related healthcare and housing expenses

Three aspects of the income support for disability-related health and housing expenses discussed below are highlighted:

- the award of both the *közgyógyellátás* (public healthcare allowance) and the *akadálymentesítési támogatás* (accessibility allowance) is based on a medical classification of disability which is considered to be rather restrictive – for example, the accessibility allowance is not available to the people with sensory disabilities, who might benefit from the provision of information and communication technology;
- the public healthcare allowance is not available to people with permanent health impairments, even disabilities, if their level of impairment does not exceed the level set by law; and
- for both allowances, the amounts of the allowances are rather low, and substantially below actual expenditure levels.

³⁶ https://nepszava.hu/3139074_rokkantnyugdijasok-karpotlasbol-karvallottak and https://hvg.hu/gazdasag/20181129_Rokkantsagi_felulvizsgalat_Ekuldtek_fat_vagni_mert_szerintuk_annyit_ja_vult_az_allapotom.

³⁷ E.g.: <https://www.ajbh.hu/-/az-ombudsman-a-megvaltozott-munkakepessegu-emberek-elhuzodo-felulvizsgalatarol> or <https://www.ajbh.hu/-/az-ombudsman-a-rokkantsagi-ellatorendszerbe-valo-bekerules-megvaltozott-felteteleirrol-es-kovetkezmenyeirol>.

³⁸ https://www.alkotmanybirosag.hu/uploads/2018/11/sz_v_507_2018.pdf

1.3.1 Healthcare

There is no such disability-specific benefit in Hungary.

1.3.2 Housing

1.3.2.1 Akadálymentesítési támogatás (Accessibility allowance)³⁹

a) Brief description

The accessibility allowance is a 10-year non-refundable state grant, currently worth HUF 300,000 (€822), which can be used to finance the construction or purchase of a new home or renovation works⁴⁰ for accessibility purposes.

b) Main gaps/obstacles

People with reduced mobility or severe mobility impairments (and their close relative or partner as defined by the civil code) can apply for the accessibility allowance. It is important to note that, bearing in mind the principles of equal access and complex accessibility, the accessibility allowance may be needed not only by people with reduced mobility but also by people with other disabilities: however, the latter are not eligible for this provision.

c) Main adequacy challenges

The Habitat for Humanity 2020 research report (among others) looked at the housing situation of people with disabilities. The report indicated that there was practically no research or statistical data or information on the state of the housing market in terms of accessibility. It was estimated that *"less than 1 per cent of those affected are able to improve the accessibility of their homes with public subsidies each year. In addition, the average amount granted and used per claim was HUF 196,590 HUF (roughly €539) over the last 10 years. This is quite low for housing renovation, and not enough to solve the majority of accessibility problems that arise"* (Habitat, 2020: 62⁴¹). Moreover, applications for grants were very unevenly distributed, with a disproportionate number of them being submitted in Budapest (which they argue is a sign of the compounding of disadvantages – i.e. that even those who need the most services cannot access them due to spatial-social inequalities and lack of information). They added: *"We also found in the 2016 Living Independently survey that the low take-up rate of the accessibility allowance is partly due to the fact that the low amount is not sufficient to address most of the accessibility problems encountered and that administrative barriers discourage some of the beneficiaries even before they apply. These include the need to request a quotation for the application itself, or the fact that, particularly in rural areas, it is difficult or very expensive to find self-employed people with a bank account, and the extra work and costs involved make them reluctant to take up the job. Of the 200 eligible respondents to the Living Independently survey questionnaire, 76 could not claim the grant for one reason or another"* (Habitat, 2020: 62).

³⁹ Source: Government Decree No 12/2001. (I.31.) on the state subsidies for flat purpose, sec. 9-10, and: <http://www.meosz.hu/mozgaskorlatozott-vagyok/lakas-akadalymentesitesi-tamogatas/>.

⁴⁰ Small-scale construction work (e.g. ramps, doorsteps).

⁴¹ https://habitat.hu/sites/lakhatasi-jelentes-2020/wp-content/uploads/sites/9/2020/10/hfhh_lakhatasi_jelentes_2020.pdf#page=61&zoom=100,53,250

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 *Öregségi nyugdíj (Old-age pension)*

The *Öregségi nyugdíj* (old-age pension) is paid as a pension in its own right to people who have reached retirement age, have completed the statutory period of service, and are no longer working. There are three types of old-age pension: full old-age pension, partial old-age pension and reduced old-age pension for women.

a) Eligibility conditions

Eligibility conditions for people with disabilities are not different from those for people without disabilities.

b) Additional amount/compensation included and adequacy issues

There is no systemic distinction between people with disabilities, people with permanent disabilities and other claimants, in terms of entitlements or the amount of benefit: only personal factors matter.

c) Gaps/obstacles

There is no known Hungarian research on the characteristics and inequalities of the flow of people living with disabilities into the pension system. The extremely unfavourable labour market situation of the working-age population with disabilities has been recognised in a number of studies (see: Krekó-Scharle, 2020a; Hungarian Central Statistical Office [KSH] Labour Force Surveys [LFS]; Nagy, 2011). Based on the results of these studies, we can only assume that, due to the difficulties for people with disabilities to obtain the necessary work history, including a greater likelihood of inactivity in the period before retirement, their access to old-age pensions is substantially less than for people without a disability, and that the amount of old-age pension that they can obtain is also substantially lower.

2.1.2 *Időskorúak járadéka (Old-age allowance)*⁴²

The *Időskorúak járadéka* (old-age allowance) is for older people who are not entitled to a pension in their own right after reaching retirement age due to lack of work history, or who have a low benefit level. In 2019, 6,825 people received an old-age allowance. There are no differences between people with and without disabilities. The allowance makes no distinction regarding access with respect to disability.

a) Eligibility conditions

To be entitled to an old-age allowance:

- the claimant must have reached the pensionable age, and their monthly income (calculated as half the combined income of both them and their spouse/partner) may not exceed HUF 27,145 (€74) in 2021; or
- the claimant must be single, over the pensionable age but under 75, with a monthly income not exceeding HUF 31,925 (€87) in 2021; or
- the claimant must be single, over 75, with a monthly income not exceeding HUF 43,100 (€116) in 2021.

The amount of the old-age allowance, if the claimant has no income, is equal to the monthly per capita income limit for each category. If they do have an income, the

⁴² Source:

https://www.kormanyhivatal.hu/download/0/ff/34000/Informaci%C3%B3_id%C5%91seknek_2018%20-%20EMMI.pdf.

amount of the pension is the difference between the above amounts and their monthly income.

b) Additional amount/compensation included and adequacy issues

There is no systemic distinction between people with disabilities, people with permanent disabilities and other claimants in terms of entitlements or the amount of benefit; only personal factors matter. In addition to the old-age allowance, older people with disabilities may receive the disability allowance, the increased family allowance, or the personal allowance for blind people in their own right to cover their additional costs, if they meet the eligibility criteria – subject to the total income limits described above.

c) Gaps/obstacles

No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

2.2 Unemployment benefits

2.2.1 *Álláskeresési járadék* (Job-seeking allowance)⁴³

a) Eligibility conditions

To be entitled to the *Álláskeresési járadék* (job-seeking allowance), people must: be registered as a job-seeker with the employment department of the district office for their place of residence; co-operate with the office; have completed at least 360 days of qualifying service time; have been in employment in the three years preceding the application, and not in full-time education; be seeking employment; have been unable to find a job on their own; and not have been offered a suitable job by the public employment service. Only people who are not in receipt of benefits for people with a reduced capacity for work can receive the job-seeking allowance. There are no differences between people with and without disabilities regarding eligibility; however, there are some differences (e.g. regarding the concept of a "suitable job" offered by the public employment service). A specific requirement for people with a reduced capacity for work is that the daily commuting time between the place of work and the place of residence does not exceed two hours, using the means of transport available to the person with a reduced capacity for work. This is an advantage over the general population, for whom travelling for three hours can be deemed acceptable (Art 25 d) of Act IV of 1991).

b) Additional amount/compensation included and adequacy issues

In terms of the amount of the benefit, the system does not differentiate between people living with disabilities, people with a long-term health condition and other claimants.

c) Gaps/obstacles

The job-seeking allowance is granted for a maximum of 90 days (10 days of entitlement is equivalent to one day of allowance) which is one of the shortest among Member States. The amount of the allowance is 60% of the statutory personal contribution base, up to a maximum of the daily amount of the statutory minimum wage in force on the day entitlement starts. This is currently HUF 6,667 per day (€18). The job-seeking allowance can only be paid to a person who is not in receipt of the benefit for people with a reduced capacity for work – even if the latter meet the other conditions for the benefit (see above). They are therefore excluded even if they had a job. In addition, the three years for accumulation of qualifying periods laid down in the conditions of

⁴³ Source: Act IV of Law 1991 on the promotion of employment and unemployment benefits, and https://nfsz.munka.hu/cikk/78/Ki_jogoszt_allaskeresesi_jaradekra.

eligibility are extended by the period for payment of benefits to people with reduced work capacity, invalidity and accident benefits and the miners' invalidity allowance.

The employment situation of people with disabilities in Hungary is rather unfavourable (also by international standards). In the LFS survey in Hungary for the second quarter of 2020, the employment rate among 458,684 people aged 19-64 with a self-reported disability was only 27.5%⁴⁴. The employment rate for people with a statutory disability was significantly higher, at 44% (this is due to both their different social composition and the policy instruments supporting the employment of people with a statutory disability). In their 2020 study, Krekó and Scharle (2020b) found that less than a fifth of the employment gap between people with and without a disability is explained by differences in the characteristics of the two groups (educational attainment, age, gender, regional distribution and the type of settlement of residence). Around 46% of the gap was attributable to disability (health impairment), indicating the discriminatory characteristics of the Hungarian labour market. Overall, given the eligibility and exclusion criteria, which exclude a proportion of people with disabilities from benefits, especially those who are relatively better off in the labour market, the take-up of benefits is rather limited for the target groups we have studied.

2.3 Guaranteed minimum income schemes and other social assistance benefits

2.3.1 *Aktív korúak ellátása* (Benefit for people of active age)⁴⁵

The *Aktív korúak ellátása* (benefit for people of active age) is practically the minimum income scheme in Hungary: it is a social benefit for people of working age who are in a disadvantaged labour market situation. The primary criterion for this benefit is social need resulting from lack of employment or labour market participation, which is recognised in the case of people with health problems⁴⁶. There are two types of the benefit, one of which is relevant in the context of the present report – the *egészségkárosodási és gyermekfelügyeleti támogatás* (a benefit for people with health problems or taking care of a child and therefore not able to work).

In 2019, 20,027 people received the *benefit for people with health problems or taking care of a child and therefore not able to work*⁴⁷.

a) Eligibility conditions

The following people with a long-term health condition/disability are entitled to this benefit:

- people who have lost at least 67% of their capacity to work, who have at least a 50% impairment, or whose residual health status does not exceed 50% according to a complex assessment by the rehabilitation authority;
- people who are in receipt of the personal allowance for blind people;
- people who are in receipt of the disability allowance; or
- people who are in receipt of childcare benefit, nursing fee, childcare allowance, child-raising allowance, regular social allowance, miners' invalidity allowance,

⁴⁴ https://www.ksh.hu/docs/hun/xstadat/xstadat_evkozi/e_megvamk9_16_01j.html

⁴⁵ Source: Act III of 1993 on social administration and social benefits (hereinafter: SA), sec. 33-37, and <https://webcache.googleusercontent.com/search?q=cache:rCvoklqc3foJ:https://emmiugyfelszolgalat.gov.hu/szocialis-raszorultsag/szocialis-ellatasokrol/hszocfuzet2021+&cd=1&hl=hu&ct=clnk&gl=hu>.

⁴⁶ This is an especially important provision for those living with a permanent health impairment or disability, since a sizeable proportion of the target group is not entitled to the non-contributory provisions described above for people living with severe disabilities and – due to the lack of the necessary insurance period – is not entitled to contributory provisions either. That is why, for them, this is the only available provision.

⁴⁷ Source: https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2019.pdf, p. 101.

transitional allowance, rehabilitation allowance, invalidity pension, accidental invalidity pension, the benefit for people with reduced capacity for work, the temporary widow's pension, or the widow's pension ceased to be paid because of the age of the child, and who have co-operated with the public employment service or the rehabilitation authority for at least three months immediately before the application was submitted.

The benefit is conditional on:

- the claimant not having other means of subsistence for them and their family, and not being gainfully employed; and
- the monthly income per consumption unit in the family not exceeding 90% of the current minimum old-age pension (HUF 25,650, or €70), and the claimant having no assets.

The application must be submitted to the district office, which is responsible for processing the application. The application form must be accompanied by a declaration of assets, documents proving the existence of a health impairment and, for children over 18 living in the household, documents proving their status as pupils.

b) Additional amount/compensation included and adequacy issues

The form of provision is linked to the "dependency paradigm" of disability. It is formulated explicitly as: "for people who are not fit for work".

The monthly amount of the benefit for people with health issues or taking care of a child and therefore not in a position to work is the difference between the family income limit (where the family size is taken into account as consumption units) and the total family income; but the amount is capped at 90% of the net minimum wage of public work (HUF 50,875, or €139). The family income limit is the sum of the consumption units of the household, multiplied by 92% of the statutory minimum pension⁴⁸. The adjustment to family income is tied to the (arbitrarily set) level of the statutory minimum old-age pension. Family means close relatives (spouse, domestic partner, a child under 20 without any independent income; a child under 23 without any independent income and pursuing full-time studies; a child under 25 without any independent income and pursuing full-time studies in an institution of higher education; and, irrespective of age, a child who is permanently ill or who has a disability) residing at the same (registered) address. The monthly amount is calculated as follows: social assistance (SA) = (0.95*minimum old-age pension*consumption unit) – household monthly income. The consumption units are as follows: the first adult is 1.0 (+0.2, if a single parent); a spouse or partner is 0.9; the first and second children are 0.8; the third and other children are 0.7; a child with disabilities is 1.0 (if there are healthy children and children with disabilities, the first healthy child counts as 0.8). If the first adult or the spouse (partner) is receiving disability allowance, they count as 1.0+0.2, or 0.9+0.2. The entitlement is revised at least every two years. There is no need to reclaim. It is not the amount which is reviewed, but whether people are still eligible or not, although the amount may change slightly depending on income. There are no regular annual/periodic adjustments, only on an ad hoc basis. In 2019, in the case of a single beneficiary without a family, HUF 27,075 (€74) was the highest possible amount per month. In the case of a whole family, regardless of the number of children, the total amount is capped at HUF 48,795 (€134) per month; it remained unchanged in 2020 and was increased in 2021 to HUF 50,875 (€139). If the amount payable is less than HUF 1,000 per month, the beneficiary is entitled to a benefit of HUF 1,000.

There are a number of grounds for exclusion from receiving the benefit, such as being under arrest, imprisonment, loss of residence permit, full-time attendance at public or

⁴⁸ Until 28 February 2015 it was 90% of the statutory minimum pension.

higher education, and receipt of the benefit for people with reduced working capacity or other social benefits (training or municipal assistance)⁴⁹. Payment of the benefit may be suspended during the first 120 days of employment, during participation in public works, during training for which the beneficiary receives a livelihood support to help them catch up with the rest of society or a replacement allowance such as training allowance. The benefit may be terminated if the beneficiary reaches retirement age, if they are gainfully employed (from the 121st day of employment – prior to that the benefit is suspended), or if they are unlawfully employed (in which case suspension is immediate).

c) Gaps/obstacles

Among the eligibility criteria, we indicated that the benefit cannot be used together with gainful employment and that the per capita income limit per household is very low. But the legislator has set strong limits on disability. Thus, people living with less severe disabilities than the legal limit – see paragraph (a) – are excluded from this benefit, which is supposed to be a minimum income scheme, in spite of the fact that they are at a severe disadvantage in terms of labour market participation.

The maximum level of resources is the same for everyone, and therefore does not take into account the fact that people with disabilities may have (much) higher expenses. This can result in a situation where a person with income higher than the means-test threshold is excluded from a benefit and is confronted with poverty.

2.3.2 *Települési támogatás (Local benefit)*⁵⁰

In addition to the cash and in-kind benefits provided on the basis of Act III of 1993, local authorities may provide a *Települési támogatás* (local benefit) under the conditions set out in a local government decree. The local benefit is available to people who are in an exceptional situation threatening their subsistence⁵¹, and to people who are temporarily or permanently in need of support; but local authorities are free to determine the conditions and forms of receipt of the benefit. The law lists some suggested cases in this respect: a) regular housing-related expenses; b) for the care of a relative aged 18 or over who is chronically ill; c) expenditure on medicines; and d) housing costs arrears.

a) Eligibility conditions

Determined by local, municipal decrees, which are different in every settlement (there are more than 3,000 settlements in Hungary).

b) Additional amount/compensation included and adequacy issues

As set out in the legislation, there is no difference in the amount of the local benefit between people with disabilities and other claimants.

c) Gaps/obstacles

The *local benefit* replaced, among others, the previous normative housing maintenance support and a number of other provisions – debt management services, crisis benefits, and the *méltányossági ápolási díj* (equity nursing fee), which was a municipal allowance for the care of a relative over 18 who is chronically ill. In the new system since 1 March 2015, the forms, eligibility criteria and level of allowances provided within the framework of the *local benefit* are determined and financed by local authorities, with the result that both the conditions for, and the scale of, this benefit have lost

⁴⁹ Due to the limitation on the length of this report, all the grounds for exclusion are not listed in detail here, but can be found in the legislation.

⁵⁰ Source: SA, sec. 33-37, and: <https://webcache.googleusercontent.com/search?q=cache:rCvoklqc3foJ:https://emmiugyfelszolgalat.gov.hu/szocialis-raszorultsag/szocialis-ellatasokrol/hszocfuzet2021+&cd=1&hl=hu&ct=clnk&gl=hu>.

⁵¹ Exceptional situation defined by law is e.g. sudden death, sudden illness, which risk subsistence. Temporarily or permanently in need of support is e.g. if there is someone needing permanent care in the family.

transparency. Mózer (2016: 103) analysed the eligibility criteria for being considered as being on a low income across a sample of local measures, and identified 16 different sets of criteria. There have been a number of analyses (Mózer, 2016; Kováts, 2015; Kopasz and Gábos, 2018) of the impact of this reform. All have concluded that, although the total number of recipients did not change, the real value of the provision has fallen significantly, especially in smaller settlements and in the most deprived areas. During the first two years of the new provision, the change affected housing-related benefits the most: the number of those receiving such support fell by 44%. For care-related expenditure, the number of care recipients receiving the *local benefit* was halved, the support per recipient fell by 23%, and total expenditure on care fell by 59% in real terms. Overall, the number of people receiving the *local benefit* for the provision of medicines did not change significantly, but the support per person and total expenditure in real terms halved. There was a shift in the number of beneficiaries: in municipalities there was a significant (38%) increase, whereas in Budapest it fell by a quarter during the first two years after the change. This also means that although significantly more people received support in the municipalities in 2016 than in 2014, the amount of support per beneficiary fell by around 68%. The fall in the level of support was most significant in small and micro villages. There are also significant regional differences in this respect: the amount of benefit per person fell most in the least developed regions (Northern Hungary, Northern Great Plain, Southern Transdanubia) and least in Central Hungary and Western Transdanubia. The number of beneficiaries increased by 87% in Northern Great Plain, while the number of beneficiaries fell in Central Hungary and Western Transdanubia (Kopasz and Gábos, 2018). Previous studies on this question also concluded that local provision targets the poorest population segment less, and provides less support for them; at the same time, discretionary elements are more abundant and the transparency of the allocation of provisions has often fallen significantly (Mózer, 2016; Kováts, 2015). In 2020⁵², the average benefit amount per capita was HUF 23,634 (€65) for the cash *local benefit* (average for all purposes) and the average amount per case was HUF 9,614 (€26). In 2020, 681,843 people received the cash local benefit. The share of beneficiaries of care and medical assistance among those receiving the local benefit was very low, hovering around 3% in 2016 (Kopasz and Gábos, 2018).

3 Provision of assistive technology and personal assistance

3.1 Personal assistance

With regard to personal assistance, the following social services assist people with disabilities: the support service (*támogató szolgáltatás*), the sign language interpreting service (*jelnyelvi tolmács szolgáltatás*), and alarm-system based home assistance (*jelzőrendszeres házi segítségnyújtás*). Almost all of the services described are characterised by substantive coverage problems, lack of capacity, infrastructure and human resource problems, described below.

The *support service* is one of the basic social services aimed at assisting people with disabilities and is regulated by § 65/C of Act III of 1993. The aim is to ensure that people with disabilities are provided with care in the home environment, mainly by helping them to access public services outside their home and by providing special assistance within the home while maintaining their independence. The main tasks of the support service, depending on the nature of the disability, are to: provide access to services so as to meet basic needs (specialised personal transport, transport services); provide staff and equipment for access to health and social care and development activities appropriate to the general state of health and the nature of the disability; provide information, administration, advice and, after counselling, access to services that promote social

⁵² Source: KSH, https://www.ksh.hu/stadat_files/szo/hu/szo0022.html.

integration; ensure access to sign language interpretation services; ensure the conditions necessary for the clients' participation in self-help groups to strengthen family ties; ensure the conditions necessary for equal participation in the community, family, cultural and leisure activities; and facilitate access to services to help people with disabilities to work and find employment⁵³.

The service-providers are publicly funded organisations. When applying for benefits, a means test is compulsory and a person with a severe disability is classified by law as socially deprived⁵⁴. According to KSH data, the number of people using support services in 2020 was 12,623⁵⁵, but according to research by the Budapest Institute (Greskovics – Scharle, 2019), only 12% of people with disabilities have access to the services. A fee is charged for the use of the services, based on the number of service hours and kilometres of transport. The fee may not exceed 30% of the recipient's income⁵⁶.

Obstacles in way of the personal transport service include vehicle-related obstacles (e.g. inadequate accessibility of the vehicle) and the frequent absence of a carer/therapeutic assistant⁵⁷.

Data from a 2017 survey showed that 88% of the target group would be satisfied with the services if they could be requested from 6am to 6pm instead of 8am to 4pm on weekdays. There is a significant demand for services at weekends, whereas the working hours of support service providers are typically based on 8 hours a day, 40 hours a week, which does not cover the clear demand from service-users⁵⁸.

The basic legislation for the social equality of people with hearing impairment consists of the Act CXXV of 2009 on the Hungarian language and the use of the Hungarian sign language, and Decree 62/2011 (XI. 10) of the Ministry of Education, Science and Culture on the conditions for the operation and use of sign language interpreting services⁵⁹.

Sign language interpreting services (19 at county level and three in Budapest) are designed to support the independent living and social equality of the beneficiaries by providing barrier-free communication. A person is entitled to sign language interpreting if they receive an increased family allowance or disability allowance, or have a hearing loss of more than 60 dB in at least one ear or 40 dB in both ears, or have a disability in both group H54 (vision impairment) and group H90 (hearing impairment). The service is free of charge. Free sign language interpreting services are provided by state-funded sign language interpreting services, where the person entitled to the service is free to choose the sign language interpreter. The state subsidises the operation of sign language interpreting services by means of a call for tenders. The provision of sign language interpreting services is capped at 36,000 hours per year and a maximum of 120 hours per person⁶⁰.

Since 2020, the state-recognised language exam in Hungarian sign language is considered as a foreign language proficiency exam under the Act on National Higher Education. This innovation is expected to have a positive impact on the uptake of sign language among the non-deaf population, thus supporting social inclusion⁶¹. According to the Hungarian Sign Language Bureau, in 2021 the number of active clients (requiring at least one hour of interpretation) was 2,005, which means 29,747 cases of interpretation and 29,803 hours

⁵³ <https://net.jogtar.hu/jogszabaly?docid=99300003.tv>

⁵⁴ https://www.kilato.piarista.hu/wp-content/uploads/2021/04/Tajekoztato_szocialis-ellatasokrol_2021.pdf

⁵⁵ https://www.ksh.hu/stadat_files/szo/hu/szo0025.html

⁵⁶ <https://net.jogtar.hu/jogszabaly?docid=99300003.tv>

⁵⁷ https://tamogatoweb.hu/olvasnivalo/szakmai_ajanlas_tsz_2017.pdf

⁵⁸ https://tamogatoweb.hu/olvasnivalo/felmeres_2017_09_04.pdf

⁵⁹ <https://net.jogtar.hu/jogszabaly?docid=a1100062.nem>

⁶⁰ <https://net.jogtar.hu/jogszabaly?docid=a0900125.tv>

⁶¹

https://emberjogok.kormany.hu/download/4/7c/c2000/Emlekezteto_20210505_Fogyatekossaggal%20Elok%20Jogaiert%20F_TMCS.pdf

of interpretation. The annual time limit is used up by a very small number of clients (around five), mainly those who are in education. Half of the clients are registered only once.

The *alarm-system based home assistance* is also regulated by Act III of 1993 on Social Administration and Social Benefits and related decrees, and is a complementary service to homecare. The aim of the *alarm-system based home assistance* is to help people living in their own homes who may need assistance because of their health and social situation to avert a crisis (e.g. accident, sickness) by calling the service-provider on the telephone, while maintaining independent living. The *alarm-system based home assistance* service operates on a continuous stand-by basis, 0-24 hours a day, every day of the year. In the event of an emergency call, a signal is sent to the dispatching centre, where the on-call carer is informed and arrives on the spot within 30 minutes. The service is provided by the state and is therefore not organised at municipal level, but by a designated body (currently the Directorate-General for Social Affairs and Child Protection). Eligibility criteria: an older person or a person with disabilities living in their own home, who may need assistance because of their health and social situation and who is able to use an emergency call device properly. A person over 65 living alone, a person with a severe disability living alone, a person over 65 living in a two-person household, or a person with a severe disability living in a two-person household (in which case the number of people does not include a minor) whose state of health justifies the need for the continued provision of the service is considered to be socially deprived⁶². Use of the service is voluntary. A fee is payable, the amount of which is set by the municipality in a decree. However, under the Social Administration and Social Benefits Act, the personal contribution depends on the regular monthly income of the person using the service. The payment obligation applies to the days on which the functioning signalling device is located in the home of the claimant. If there is no social need determined at the time of the application, the amount of the fee may be freely determined by the provider⁶³.

The number of people receiving *alarm-system based home assistance* in 2020 was 19,395, according to KSH statistics⁶⁴. The overall number of people waiting to use the service in 2019 was high, at almost 500 (Gyarmati, 2019: 12).

3.2 Assistive technology

There are two types of access to medical devices, covering a significant proportion of assistive technologies: non-subsidised devices (i.e. devices that do not receive public funding, where the price is set freely by the manufacturer), and devices that are eligible for social security subsidies⁶⁵. A price subsidy is available if the device is ordered by a doctor on prescription and is sold by a distributor who has a contract with the National Health Insurance Fund (NEAK), which also determines the amount of the subsidy regarding price, repair or loan charges, which are then shared between the social security system and the patient. The reimbursement is either a percentage amount, a fixed amount, or an amount depending on the disability. However, the price of single-use devices and implants with high therapeutic costs is subsidised by the NEAK through a special financing scheme, called "itemised billing with the healthcare provider"⁶⁶.

⁶² https://www.kilato.piarista.hu/wp-content/uploads/2021/04/Tajekoztato_szocialis-ellatasokrol_2021.pdf

⁶³ <https://net.jogtar.hu/jogszabaly?docid=99300029.kor>

⁶⁴ https://www.ksh.hu/stadat_files/szo/hu/szo0025.html

⁶⁵ Source:

http://www.neak.gov.hu/felso_menu/lakossagnak/ellatas_magyarorszagon/gyogyszer_segedeszkoz_gyogyfuro_tamogatasi_segedeszkozok.

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http://www.neak.gov.hu/felso_menu/rolunk/kozerdeku_adatok/tevekenysegre_mukodesre_vonatkozó_adatok/a_hatosagi_ugyek_intezesenek_rendjevel_kapcsolatos/gyse_tb_befogadas

On the basis of the principle of social solidarity, it is possible to claim certain medical aids or repairs of medical aids as a social benefit from the public healthcare system. It is also possible to borrow certain medical aids for a limited period with social security support, in which case the NEAK will subsidise the rental fee. The repair of medical equipment ordered for a person entitled to the public healthcare card is free of charge. A travel allowance is paid for travel for the testing and supply of medical devices, provided that the patient obtains the device from the authorised distributor nearest to their place of residence and that the doctor can prove that the travel was necessary. If the insured person needs an accompanying person during the journey, the doctor must indicate this on the voucher they prescribed⁶⁷.

The National Federation of Associations of People Living with Disabilities (MEOSZ) criticised the social security support system for medical aids in 2021, and referred the issue to the Ombudsman, who recognised a number of shortcomings. A systemic problem is that the social security system supports the product, not the person, and it monitors the price and not the quality of the medical aid. The quality of the devices should be continuously monitored; non-functioning devices should be replaced promptly; and poor-quality devices and their manufacturers should be excluded from the subsidy. MEOSZ also called for a shift from a medical approach to the use of modern assistive technologies⁶⁸ (e.g. not only providing access to wheelchairs but also to IT applications and computer programmes). Expenditure on medical aids in 2019 was HUF 72.6 million (€199,000)⁶⁹.

4 National debates, reforms and recommendations

4.1 National debates

In recent years, several areas related to the social protection systems for people with disabilities have become the focus of public interest in Hungary.

Five of them are briefly presented here.

4.1.1 Deinstitutionalisation

In 2012, the EU-funded phasing-out began of institutions in Hungary with more than 50 vacancies providing care and nursing services to people living with disability, psycho-social disability and addictions. In the first phase – with a budget of around HUF 7 billion (€19 million) – six institutions (four residential institutions for people with disabilities, and two psychiatric institutions) were replaced and 672 subsidised accommodation places were created⁷⁰. The tenders for financing the second wave of institutional replacements (EFOP 2.2.2 and VEKOP 6.3.2, HUF 21.875 billion + HUF 730 million (€6 million + €2 million) budget) were launched in 2017 and were open for applications from 2017 to 2019. The first public call for proposals attracted considerable professional interest and generated lively debates, which resulted in the modification of the call (around 10 interest groups, umbrella organisations, rights organisations and experts on the subject the public

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http://www.neak.gov.hu/felso_menu/lakossagnak/ellatas_magyarorszaqon/gyogyszer_segedeszkoz_gyogyfuro_tamogatas/gyogyaszati_segedeszkozok/gyogyaszati_segedeszkoz_ellatas.html#Gy%C3%B3gy%C3%A1szati%20seq%C3%A9deszk%C3%B6z%20v%C3%A1s%C3%A1rl%C3%A1s%C3%A1hoz%20sz%C3%BCks%C3%A9g%20van%20v%C3%A9nyre

⁶⁸ <http://www.meosz.hu/wp-content/uploads/2021/01/2021.01.04-Sajtoosszefoglalo-ombudsmani-kerelemrol.pdf>. "Medical aid as a health care provision reflects a medical approach, while it should be taken into account that the Convention on the Rights of Persons with Disabilities uses the term 'assistive technologies', which refers to the right of access to a significantly wider range of tools."

⁶⁹ https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2019.pdf – p. 37.

⁷⁰ On the experiences of the first wave of deinstitutionalisation, see: <https://fszk.hu/wp-content/uploads/2017/04/T%C3%A1mogatott-lakhat%C3%A1si-szolg%C3%A1ltat%C3%A1sok.pdf>.

participated). The implementation of the phasing-out process, and in particular the choice of sites for subsidised housing, was the subject of great interest, and attracted the attention of stakeholders, rights organisations and experts, as well as of the media. In many cases, the planned sites are located in settlements that are substantially smaller than the original institution, on the periphery of villages, less integrated into the settlement, which provoked protests not only from interest groups (e.g. MEOSZ⁷¹ and ÉFOÉSZ⁷²) but also several articles in the media⁷³. In 2017, the then State Secretary for Social Affairs of the Ministry of Human Resources undertook to relocate 2,500 people with disabilities by the end of 2018, and a further 7,500 by the end of 2023 as part of the next wave of the programme⁷⁴. Of the 32 winning applications under EFOP 2.2.2, six projects were closed in the summer of 2019 (including several homes for people with severe to profound disabilities), and the professional plans of the 26 institutions involved in the phase-out were to replace 2,242 places. There is no official information on the number of people who had moved into supported housing by the end of 2021, but the Minister of State for Social Affairs at the Ministry of Human Resources said in November 2021 that *"900 people will move out of supported housing by the end of this year into homes where up to twelve people will be placed instead of the large institutional numbers. This type of housing has lived up to expectations, with more than 2,000 beneficiaries in 206 sites in the current project, while 13,000 people still live in institutions with more than 50 beds, which are already being phased out"*⁷⁵. A new call for proposals (EFOP 2.2.5) for the relocation of around 7,500 people, planned for the 2014-2020 EU planning period, has not yet been launched.

In the meantime, there have been a number of scandals in large residential institutions in recent years, attracting significant media attention. The most notorious of these was the case of the Topház in Göd, which is an institution for people with severe and multiple disabilities where serious abuses were discovered against residents with severe or multiple disabilities, which shocked the public. The scandal came to light five years ago⁷⁶, since when the state has placed the institution under the management of a charitable service, which has started to implement a deinstitutionalisation process⁷⁷.

In December 2021, six mothers won a personal rights lawsuit against the Ministry of Human Resources and the Directorate General for Social Affairs and Child Protection, on the grounds that *"the situation that there is no subsidised housing in the capital in which they [their adult children living with disabilities] can live in a dignified manner seriously violates the right to privacy and family life of both the people concerned and their parents, as well as the rights of people with disabilities recognised in international and domestic legislation"*⁷⁸. Although there are a significant number of people with disabilities living in Central Hungary, very few resources have been allocated to this region in the deinstitutionalisation process (this region is not a convergence region, and support is only possible from Hungarian state resources). On 13 April 2022 the Court of Appeal not only found a violation of the law, but also ordered the public authorities to provide the necessary

⁷¹ <http://www.meosz.hu/wp-content/uploads/2019/02/222-kitagol%C3%A1s-helyszinek-elemzese.pdf>

⁷² National Association of People with Intellectual Disabilities and their Helpers (ÉFOÉSZ): <https://efoesz.hu/efoesz/eszrevetel-az-efop-2-2-2-intezmenyi-frohely-kivaltas-cimu-palyazat-szakmai-programjaihoz/>

⁷³ E.g.: <https://444.hu/2017/12/13/mocsar-es-szennyviztelep-melle-koltoztetnek-a-fogyatekos-embereket-22-milliard-forintbol>, <https://abcug.hu/munkat-remelnek-falvak-az-erdo-szelere-koltoztetett-fogyatekosoktol/>

⁷⁴ <https://tasz.hu/cikkek/tiz-eve-probalkozik-az-allam-a-fogyatekos-otthonok-felszamosalaval-de-a-fogyatekossaggal-elo-emberek-alig-ereznek-ebbol-valamit>

⁷⁵ <https://kormany.hu/hirek/fenntartotol-fuggetlenul-mindenki-kap-beremelest-a-szocialis-agazatban>

⁷⁶ <https://szocio.atlatszo.hu/2017/05/04/foldi-pokol-a-godi-fogyatekos-otthonban-kikotozik-ketrecbe-zarjak-es-eheztek-a-bentlakokat/>

⁷⁷ <https://maltai.hu/godiotthon>; <https://www.magyarkurir.hu/hirek/unnepelni-egy-emberhez-melto-eletet-vereseghazi-gondviseles-hazaban-jartunk>

⁷⁸ Nekik is élni kell! – A TASZ jelenti (444.hu).

subsidised housing and to pay HUF 5 million (€13,700) in compensation to each of the families for the harm they endured⁷⁹.

4.1.2 Introduction of a children's homecare allowance

The recent reform of the care allowance is a rare success story. The disability movement in Hungary has been fighting for it since the 1990s, with more than 60 organisations involved in advocacy activities to date. In 2013, the advocacy organisation *Lépjünk, hogy léphessenek* ("Let's Move So They Can Move"), which brings together families of people with severe to profound disabilities, took up the cause of home carers, calling for the employment of those on the care allowance and for the allowance to be raised to the minimum wage level. Over the next five years, they organised several demonstrations, campaigns and conferences. In spring 2018 they launched a petition, which was signed by more than 50,000 people in a short period of time; and at the same time their supporters sent around 13,000 emails to ministers, ministers of state and decision-makers responsible for the area, asking them to support their demands. Meanwhile, other organisations, including the major advocacy groups, have joined the initiative. Finally, in autumn 2018, the Parliament voted in favour of a new subsidy for people caring for their children at home, the children's homecare allowance, initially set at 100,000 HUF (€277 per month), with a promise to equalise the amount with the current minimum wage by 2022. Accordingly, from 1 January 2022, the allowance was increased to the minimum wage of HUF 147,000 (€403) per month. However, those who care for older relatives or spouses at home, rather than their children, will continue to receive a significantly lower amount (around HUF 50,000, or €137) per month. Although the opposition parties proposed an initiative to increase the allowance to the minimum wage for all home carers in the autumn session of 2021, the majority of the governing party in the Parliament's Committee on Public Welfare voted down the proposal.

4.1.3 Compensation for pensioners with disabilities

As briefly indicated at Section 1.1.7, the Constitutional Court ruled in 2018⁸⁰ that the National Assembly had failed to fulfil its legislative duty under an international treaty, because they had reduced the amount of disability benefits compared with the previous disability pensions, following a review. It affected thousands of beneficiaries, and was justified on the grounds of an improvement in their condition: but the concept of improvement in condition was not defined, and in practice was measured only by the percentage change in the degree of health impairment. The significant reduction in the amount of benefits and the increased uncertainty surrounding the amount of benefits resulted in a significant loss of income and extreme hardship for an extremely large number of people (many human stories of this were recorded in the written and visual media at the time). The Constitutional Court ordered the Parliament to resolve this situation by 31 March 2019. In 2021, after a delay of about two years and without consulting the interest organisations, the Hungarian government submitted a bill which, according to MEOSZ: *"essentially expect[ed] people who have been impacted by the restructuring of the disability pension system to give up their rights and thus their benefits in exchange for a one-off payment of HUF 500,000 (€1,389)"*⁸¹. In its protest, MEOSZ said: *"The question is whether this HUF 500,000 (€1,389) will compensate, for example, a person whose benefit amount has been reduced from HUF 91,000 (€249) to HUF 41,000 (€112) after the first complex examination in February 2016, the difference between the benefits being HUF 50,000 (€137) per month, which s/he has not received for 61 months, so that the amount withdrawn from him/her without reasonable justification now exceeds HUF 3 million*

⁷⁹ <https://www.facebook.com/atasz/posts/10166100939005234>

⁸⁰ The whole procedure is described here: <https://merce.hu/2020/10/18/az-otthonapolas-kampany-titka-1990-2019/>.

⁸¹ Source: <http://www.meosz.hu/blog/rokkantsagi-ellatas-500-ezer-forint-valodi-kompenzacio/>.

(€8,220). The HUF 500,000 (€1,389) does not therefore compensate for the past period. Nor is this amount adequate to compensate for the years of deprivation, stress, frustration and vulnerability resulting from the lack of money."⁸² With the announcement of the compensation, a number of stories about the victims of the restructuring and their previous experiences have again appeared in the media, raising questions about the fairness of the government's solution⁸³.

4.1.4 Accessibility of metro line 3

Metro 3 is the capital's busiest underground line, which has been waiting for decades for renovation and 45 years for accessibility⁸⁴. In 2015, the Budapest Association of People with a Physical Disability had already negotiated the accessibility of the underground, but in March 2017 it was announced that only 10 of the 20 stops would be accessible⁸⁵. Several NGOs, including MEOSZ, the Budapest Association of Disabled People, the advocacy group Self-determined Living – Living in Community, Let's Move, So They Can Move!, Eleven Monuments – My History, and Rehab Critical Mass started a social movement. In order to achieve its goal, several awareness-raising demonstrations were organised (e.g. at the Dózsa György metro station on 26 October 2017, a Race for Access, a demonstration on 3 November 2017 under the title "Rebellion of People with Disabilities", and another demonstration at the Ferenciek station on 20 November 2017), and an online campaign was launched under the title "Accessible Christmas". In addition to civil pressure, opposition parties also joined the cause. At the end of 2017, Závecz Research conducted a survey for the Hungarian Liberal Party, the results of which showed that 92% of Budapest residents, regardless of party preference, considered accessibility necessary, even if it costs more. The opposition parties also called for a joint collection of signatures for a referendum, which was approved by the Curia, the highest judicial authority of Hungary.

As a result of the above-mentioned struggles, demonstrations, requests for help, negotiations and co-operation, on 25 April 2018 the Municipal Assembly of Budapest supported the barrier-free metro renovation, and on 10 May 2018 the Mayor of Budapest and the President of MEOSZ signed a written agreement on the full accessibility of the metro⁸⁶. All this was a success story in Hungarian disability policy. There had never been such a level of social co-operation and collaboration in the field of disability before. And Rehab Critical Mass won the NIOK Foundation's most successful advocacy project award for its "full value metro" campaign⁸⁷. The renovated and accessible metro was opened in phases in 2020 and 2021.

4.1.5 Adequacy of disability benefits

In 2021, MEOSZ, the National Association of Autistic People, ÉFOÉSZ, the National Association of Deaf and Hard-of-Hearing People, and the National Association of Deaf-blind People (all advocacy organisations) called for a government-level consultation on increasing the invalidity benefit, disability allowance and personal allowance for blind people. They proposed: an increase in the invalidity benefit to HUF 120,000 (€330) (versus HUF 43,100, or €120, today); an increase in the disability allowance to HUF 70,000 (€190) and HUF 100,000 (€275) (versus HUF 24,335, or €67, and HUF 29,713, or €81, today)⁸⁸; and an increase in the personal allowance for blind people to HUF 70,000 (€190) (versus

⁸² <http://www.meosz.hu/blog/rokkantsagi-ellatas-500-ezer-forint-valodi-kompenzacio/>

⁸³ E.g.: https://nepszava.hu/3139074_rokkantnyugdijasok-karpotlasbol-karvallottak or https://hvg.hu/gazdasag/20210401_rokkantak_karpotlas_alkotmanybirosag_torvenyjavaslat.

⁸⁴ <https://444.hu/2017/11/20/a-3-as-metro-akadalymentesitesert-tuntettek-civilek-a-ferenciek-tere-metromegalloban>

⁸⁵ <https://merce.hu/2018/08/26/rengetegen-fogtak-ossze-a-harmas-metro-akadalymentesitesert/>

⁸⁶ <https://infostart.hu/belfold/2021/12/09/ket-uj-liftek-adtak-at-a-3-as-metro-vonalan>

⁸⁷ <https://merce.hu/2018/08/26/rengetegen-fogtak-ossze-a-harmas-metro-akadalymentesitesert/>

⁸⁸ As explained in Section 1.1.2c, there are two different levels of benefit for the disability allowance.

HUF 20,008, or €55, today). In their petition, they argued that *"the current level of benefits, which does not reflect economic impacts, does not provide real financial assistance to those affected, is not adequate to alleviate the social disadvantages resulting from a severe disability condition"*⁸⁹ and therefore cannot fulfil its original purpose. There is no information on the government's response to this initiative.

4.2 Recent reforms and reforms currently in the pipeline

Since 1 January 2017 there have been no systemic changes; but the significant positive changes are reported in Section 4.1 and Section 4.3. No changes related to the COVID-19 pandemic have been introduced.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

In this section, we describe systemic good practice in Hungary that has been developed and implemented in recent years to help people with disabilities to access social protection benefits and services effectively.

The National Centre for Disability and Social Policy, a non-profit public benefit organisation, has developed gap-filling services that respond to the needs of people with disabilities within the framework of the EU-funded EFOP-1.9.2-VEKOP-16-2016-00001 priority project entitled "MONTÁZS – Developing and improving accessibility of professional and public services for people living with disabilities". The pilot project has created a network of support services for people living with disabilities and their families, with the aim of developing and improving access to systemic services that respond to the needs of the target group⁹⁰. One of the main achievements of MONTÁZS is the network of disability advisers to promote equal access to public services for the target group. Information and co-ordination points have been set up in family and child welfare centres (22 in the country), staffed by disability advisers⁹¹. The disability adviser's tasks include providing advice, information (e.g. accessing cash benefits, developmental services, obtaining a parking permit) for the person with disability, the family caring for a child with disabilities and the person caring for a relative with disability, running support groups for family members, organising club activities and social skills development for people with disabilities. In other words, one of the main aims of the service is to ensure that information on the services provided by the social protection system is available to the people concerned and their families, preferably through a single point of contact, a counsellor.

The effectiveness of the pilot project is demonstrated by the fact that although the disability advisory service was scheduled to end on 28 February 2022, it continues within the family and child welfare centres designated by the Minister responsible for Social Affairs and Pensions, with the 42 disability advisers⁹².

In addition, the single disability information portal (*Efiportal*⁹³), created within the scope of the MONTÁZS project, was intended to help significantly improve accessibility and information, providing truly up-to-date information to support the lives of people with

⁸⁹ http://www.meosz.hu/wp-content/uploads/2021/04/2021_04_13_Meosz-fot-e%CC%81s-rokk-ja%CC%81rade%CC%81k-javaslat-mvgyos-z-%C3%A1ltali-kieg%C3%A9sz%C3%ADt%C3%A9ssel.pdf

⁹⁰ Sources: <https://nfszk.hu/projektek/montazs-projekt/bovebben-a-montazs-projektrol> and http://tamogatoweb.hu/letoltes2021/2021_02_03_tajekoztato_emmi.pdf.

⁹¹ Sources: <https://szocialisportal.hu/egyuttmukodesben-a-fogyatekos-emberekert/>, <https://nfszk.hu/projektek/montazs-projekt/bovebben-a-montazs-projektrol> and http://tamogatoweb.hu/letoltes2021/2021_02_03_tajekoztato_emmi.pdf.

⁹² http://tamogatoweb.hu/letoltes2021/2021_02_03_tajekoztato_emmi.pdf

⁹³ <https://www.efiportal.hu/>

disabilities and their families and the work of professionals. With the closure of the MONTÁZS project, the fate of the portal is unfortunately uncertain for the time being.

In relation to the developments presented, facilitating easier access to the social protection system is clearly a necessity – whether through "one-stop shops", easier verification of eligibility (for example, by giving those who evaluate clients' eligibility limited access to IT systems containing their health data), or support for application through the use of blue card communication tools, etc.

A measure encouraging and supporting employment is that from July 2021 it is possible to work without any limitation, either regarding duration or amount of earnings, in the case of all benefits (since 1 January 2021, limits have been removed for rehabilitation benefit and invalidity allowance, and from 1 July for the increased family allowance).

We recommend that the benefits provided for, and policies affecting, the target groups should be harmonised and made more transparent. We also share the long-standing request from advocacy organisations for a substantial increase in the amount of various benefit types, so that they can genuinely compensate for the disadvantages resulting from living with a disability (if that is their aim) and provide a real living wage.

Data-collection mechanisms should be strengthened to ensure that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data collection) of the UN CRPD.

References

- ANED (2019) Task 2017-18 Disability assessment – country report, Hungary. <https://www.disability-europe.net/downloads/911-country-report-on-disability-assessment-hungary>
- ANED (2017) Country report on Social Protection and Article 28, Hungary. <https://www.disability-europe.net/downloads/736-country-report-on-social-protection-and-article-28-uncrpd-hungary>
- Greskovics, B and Scharle, Á. (2019) *A szociális alapszolgáltatások lehetséges bővítésének költségei* [The costs of a possible extension of the system of basic social services]. Budapest Intézet, Budapest. http://www.budapestinstitute.eu/uploads/BI_TASZ_otthonapolas_koltsege_2019.pdf
- Gyarmati, A. (2019) *Idősödés, idősellátás Magyarországon – Helyzetkép és problémák* [Ageing, provisions for older people in Hungary – state of the affairs and problems] FES, Budapest. <https://library.fes.de/pdf-files/bueros/budapest/15410.pdf>
- Habitat for Humanity (2020) *Éves jelentés a lakhatási szegénységről* [Annual report on housing poverty]. https://habitat.hu/sites/lakhatasi-jelentes-2020/wp-content/uploads/sites/9/2020/10/hfh_lakhatasi_jelentes_2020.pdf#page=61&zoom=100,53,250
- Hajdu, G. (2011) A jóléti ellátások szerepe és az állammal kapcsolatos attitűdök [The role of welfare provisions and attitudes toward the state]. In: Nagy, Z. É. (2011, ed.) *The situation of people with disabilities and people with partial work capacities in Hungary*. Budapest: NIFSP. 131-142.
- Kopasz, M. and Gábos, A. (2018) A szociális segélyezési rendszer 2015. Márciusi átalakításának hatása a települési önkormányzatok magatartására [The impact of the 2015 reform of the social assistance system on the behaviour of municipalities]. In: Kolosi, T. and Tóth, I. Gy. (eds), *Társadalmi riport 2018 [Social Report 2018]*. Budapest: TÁRKI, pp. 328–349. http://www.tarki.hu/sites/default/files/trip2018/328-49_Kopasz_Gabos_20180613.pdf (an extended version can be found at: http://www.tarki.hu/sites/default/files/2018-10/TARKI_Szocialis%20segelyezes_20180417.pdf)
- Kováts, B. (2015) Az önkormányzati hatáskörbe került lakhatási támogatások vizsgálata 31 önkormányzat példáján [The analysis of housing supports that became municipal responsibility, examining the practice of 31 municipalities]. Habitat for Humanity. http://www.habitat.hu/files/Onkormanyzati_lakhatasi_tamogatások_Habitat_0714.pdf
- Krekó, J. and Scharle, Á. (2020a) *Changes in disability benefits and their impacts*. In: Fazekas, K., Elek, P. and Hajdu, T. (eds) *The Hungarian Labour Market 2020*, pp. 179-189. <https://kti.krtk.hu/wp-content/uploads/2021/06/hlm-2020.pdf>
- Krekó, J. and Scharle, Á. (2020b) Employment of the disabled population and demand-side policy measures. In: Fazekas, K., Elek, P. and Hajdu, T. (eds) *The Hungarian Labour Market 2020*, pp. 170-177. <https://kti.krtk.hu/wp-content/uploads/2021/06/hlm-2020.pdf>
- Mózer, P. (2016) Az önkormányzati segélyezés alapvonásai [Main characteristics of local social assistance provision]. In: Gábos, A. and Szivós, P. (eds), *Szociálpolitikai monitoring tanulmányok [Monitoring Studies on Social Policy]*. Budapest: EMMI.
- Nagy, Z. É. (2011, ed.) *The situation of people with disabilities and people with partial work capacities in Hungary*. Budapest: NIFSP. <https://docplayer.hu/20162073-Az-akadalyozott-es-az-egeszsegkarosodott-emberek-elethelyzete-magyarorszagon-kutatasi-eredmenyek-a-tamop-5-4-1-projekt-kutatasi-pillereben.html>
- Nagy, Z. É. (2015) *VAN-E ÚT A MUNKÁBA? A fogyatékos és megváltozott munkaképességű emberek munkaerőpiaci reintegrációjának esélyei* [Is there a road to work? Chances of

labour market reintegration of people living with disabilities and limited work capacity].
PhD dissertation. http://phd.lib.uni-corvinus.hu/860/1/Nagy_Zita.pdf

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