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Hungary

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

This country report has been prepared as input for the European Semester in 2022.¹

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

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Table of contents

1	Executive summary and recommendations	4
1.1	Key points and main challenges for Hungary in 2022	4
1.2	Recommendations for Hungary	5
2	Mainstreaming disability equality in the Semester documents	6
2.1	Recovery and Resilience Plan for Hungary (RRP)	6
2.2	Semester links to CRPD and national disability action plans.....	6
3	Disability and the labour market - analysis of the situation and the effectiveness of policies	7
3.1	Summary of the labour market situation of persons with disabilities	7
3.2	Analysis of labour market policies relevant to the Semester	8
4	Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies	9
4.1	Summary of the social situation of persons with disabilities	10
4.2	Analysis of social policies relevant to the Semester	11
5	Disability, education and skills – analysis of the situation and the effectiveness of policies	16
5.1	Summary of the educational situation of persons with disabilities	16
5.2	Analysis of education policies relevant to the Semester.....	18
6	Investment priorities in relation to disability.....	21
6.1	Updates on use of existing EU funds (up to 2021)	21
6.2	Priorities for future investment (after 2021)	21
7	Annex: disability data relevant to the Semester	22
7.1	Data relevant to disability and the labour market.....	23
7.1.1	Unemployment.....	24
7.1.2	Economic activity	25
7.1.3	Alternative sources of labour market data in Hungary	26
7.2	EU data relevant to disability, social policies and healthcare (2019)	26
7.2.1	Alternative sources of poverty or health care data in Hungary ...	27
7.3	EU data relevant to disability and education.....	28
7.3.1	Alternative sources of education data in Hungary.....	29

1 Executive summary and recommendations

1.1 Key points and main challenges for Hungary in 2022

Disability and the labour market

The general labour market situation has improved in 2021 compared to 2020. However, the disability employment gap indicator increased to 31.2 in 2020 (from 28.6 in 2019).² The general statistics lack information as to people with disabilities. Therefore, it would be essential to generate new data on the specific situation of persons with disabilities. The RRP and the 2020 NRP do not contain any programme, investment, or reference to persons with disabilities. Therefore, the RRP should put emphasis on increasing employment opportunities for women and men with disabilities in the public and private sectors and their inclusion in the open labour market. The National Disability Programme 2022 contains 8 measures regarding the labour market financed by EU funds (e.g. rehabilitation, mentoring and training, accessibility, increase employment opportunities). There is no available information on the implementation of the programme.

Disability, social policies and healthcare

Priorities have not changed in the field of social policies and healthcare in 2021 compared to 2020. Deinstitutionalization remains the key priority, transformation process is ongoing but slow. Activities can be observed in the regulation of cash benefits. Albeit the aggregated amount of benefits for people with disabilities has not changed, the fee/person provided for taking care of children with disabilities or with long term illnesses has increased by 20 % in average. From 2021 the amount of local government aid for those who take care of their adult relative with long term illness cannot be less than the minimum amount of nursing aid (prior to this year the maximum amount was the old-age minimum), that is a one and a half times increase. The RRP has not addressed the social situation of people with disabilities.

Disability, education and skills

The main themes defining the strategies and actions connected to *Disability, education, and skills* are inclusion and employability. Inclusion is performing well in numbers, but quality inclusive education is not possible without a sufficient number of highly qualified professionals, which is still a distant goal for the public education system. Large-scale national programmes and strategies focus on different factors of employability like language skills, career guidance, and the most important: the strengthening of digital skills. The COVID-19 taught hard lessons for the education system and made it clear that SEN students and their teachers are not ready for the digital world.

Investment priorities for inclusion and accessibility

The most present important programme is EFOP 1.1.5-17 promoting info-communications remote services to help the everyday life of persons with disabilities. Persons with disabilities are not addressed by the RRP, beyond the general programme of EFOP-3.1.5 on early school leaving. Therefore, the RRP should put emphasis on services, employment increase and accessibility measures for persons with disabilities.

² [Statistics | Eurostat \(europa.eu\)](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&code=sdg_8_4_10&plugin=1)

1.2 Recommendations for Hungary

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

Recommendation: Generate detailed data on the specific labour market situation of persons with disabilities.

Rationale: The general labour market statistics lack information on people with disabilities. This is partly addressed by the inclusion of disability data in the EU core of the Labour Force Survey but needs to be disaggregated and promoted in Hungary.

Recommendation: Increase the attention and resources directed to consistent inclusive education of SEN students, including staffing resources.

Rationale: It is essential to ensure that a sufficient number of professionals are in place to meet students' individual requirements. Adequate resources should be allocated for the continued training of teachers and all other educational staff to enable them to work in inclusive educational settings in line with recommendation 41 of the UN CRPD Committee. Data shows that there is a severe need for more school professionals, despite the government's measures from previous years, especially in poorer regions.

Recommendation: Act to reinforce deinstitutionalisation, improve access to healthcare and reduce waiting lists in day-care institutions.

Rationale: The COVID-19 pandemic posed several challenges for Hungary, including in the area of social policy and health care. Measures that were introduced to protect the vulnerable groups of society, including persons with disability, were focusing on cash benefits. The extension of payment periods safeguarded the income safety of persons that contributed to withstand the shocking effect of COVID-19. However, burning issues which have been identified before the pandemic must be put back on the table, like the deinstitutionalisation process, better access to health care services and to reduce waiting lists to day-care institutions.

Recommendation: The RRP should put emphasis on services, employment increase and accessibility measures for persons with disabilities.

Rationale: Persons with disabilities are not addressed by the RRP, although recommended in the guidance to Member States.

2 Mainstreaming disability equality in the Semester documents

Country Reports and Country Specific Recommendation of direct relevance to disability policy were not published in this exceptional policy cycle. For a commentary on the last published documents please see our country fiche for the previous Semester 2020-21.

2.1 [Recovery and Resilience Plan](#) for Hungary (RRP)

The following key points highlight where the situation of persons with disabilities or disability policies was considered in these plans. We address the most relevant of these and other issues arising from the RRP/NRP in the next chapters.

- 'Disability' is mentioned twice in the 427 pages long document: once as a reference to the contents of the European Pillar of Social Rights (p. 30), and second at the list of consulted civil organizations (p. 372). So disability is not mentioned in relation to any of the fields addressed by this Report.
- There is a short part of 2 pages on equal opportunities (pp. 30-31), which contains the ban on discrimination and general statements on the importance of equal opportunities, however, it does not contain any direct or indirect reference to the equal opportunities of persons with disabilities.
- Digital contents of education must be accessible for all (p. 45).
- There are several general references to equal opportunities, particularly in relation to various levels of education (e.g. p. 47, 67, 72, 79), however, these are just very general remarks, that equal opportunities are important.

2.2 Semester links to CRPD and national disability action plans

Relevant recommendations and issues arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in each chapter.

It is also important that Semester plans align with national disability strategy too. In Hungary, this refers to the Implementation of the National Disability Programme 2022.³ The National Disability Programme (OFP) was developed for the decade 2015-2025.⁴ The current Action Plan was adopted in 2020 for the period to 2022.⁵

In Hungarian: <https://njt.hu/jogszabaly/2020-1187-30-22.1>.

⁴ In Hungarian: <https://magyarkozlony.hu/dokumentumok/9be87c3c76abd6feb974122c0d2fce8bcd2d5646/megtekintes>, pp. 2265-2277.

⁵ The overall strategy is available at <http://kozlonyok.hu/nkonline/MKPDF/hiteles/MK15047.pdf> (p. 4593).

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

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

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

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

More recently, the 2017 List of Issues requested the following:

'31. Please inform the Committee about measures taken to implement effectively the disability-specific provisions of the Labour Code and the principle of equal remuneration for work of equal value, and to develop programmes to increase employment opportunities for women and men with disabilities in the public and private sectors and their inclusion in the open labour market. Please provide information about measures taken to implement target 8.5 of the Sustainable Development Goals.'

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Hungary of 50.2 % in 2019, compared to 79.3 % for other persons against a national employment target of 75 % and approximately -1.1 points below the EU27 average. This results in an estimated disability employment gap of 31.2 percentage points in 2020 (EU27 average gap 24.5, see Tables 2-4) or an employment chances ratio of 0.6.

The same data indicate unemployment rates of 12.4 % and 4.9 %, respectively in 2019 (see Tables 5-7) and the economic activity rate for persons with disabilities in Hungary was 57.3 %, compared to 83.3 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in annex.

The general labour market situation has improved in 2021 compared to 2020 by reaching a high employment of 4.7m persons in August 2021⁶ (74.2 % employment rate).⁷ The general statistical indicators on the labour market⁸ lack any information as to people with disabilities. There is not any recent research or data regarding the

⁶ Central Statistical Office, 27 August 2021, <https://www.ksh.hu/docs/hun/xftp/gyor/fog/fog2107.html>.

⁷ <https://www.ksh.hu/munkaero>.

⁸ <https://www.ksh.hu/docs/hun/xftp/gyor/fog/fog2106.html>; <https://www.ksh.hu/docs/hun/xftp/gyor/fog/fog2105.html>; <https://www.ksh.hu/heti-monitor/munkaeropiac.html>; <https://www.ksh.hu/docs/hun/xftp/gyor/fog/fog2107.html>.

labour market situation of persons with disabilities, and particularly as to the disability employment gap. Therefore, it would be essential to generate new data on the specific situation of persons with disabilities and inclusion in the EU core Labour Force Survey is very welcome.

Since the present economic growth and constantly increasing employment rate, labour shortage has become again the main problem in the labour market. Without any data and research, we can just suppose that the employment rate of persons with disabilities also increases. However, this cannot be based on existing evidence.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Hungary and the Implementation of the National Disability Programme 2022, as well as the National Reform Programme 2021.

The 2021 [Recovery and Resilience Plan](#) for Hungary does not contain any programme, investment, or substantial reference to persons with disabilities. In particular, the chapter on 'Highly educated and competitive workforce' (pp. 67-99) does not contain any such information. Therefore, the RRP should put emphasis on increasing employment opportunities for women and men with disabilities in the public and private sectors and their inclusion in the open labour market. The 2020 NRP does not have any specific labour market programme regarding persons with disabilities.⁹

The National Disability Programme 2022 (issued in 2020)¹⁰ contains eight measures regarding the labour market (points 4.1-4.8). If there is a need for financial support, it will be provided by EU funds. The following measures are defined to be implemented by 31 December 2021: rehabilitation, mentoring and training, accessibility; increase employment opportunities; working group on labour market activation; elaboration of proposals; integrated work opportunity database; raising awareness campaign. There is no available information on the implementation of the programme.

It is a positive development in taxation, that the income tax of persons with serious disabilities is decreased from 1 January 2021 by third of the minimum wage, what means a monthly HUF 8370 (circa EUR 25) decrease of the income tax per employee by month.¹¹

Another important change from 1 January 2021, that persons with changed ability to work may work without any threshold on their income beside their rehabilitation benefit.¹²

⁹ https://ec.europa.eu/info/sites/default/files/2020-european-semester-national-reform-programme-hungary_hu.pdf.

¹⁰ <https://njt.hu/jogszabaly/2020-1187-30-22.1>.

¹¹ https://nav.gov.hu/magan/nav/ado/szja/A_szemelyi_kedvezmeny20190130.html?classname=M0Portlet&keywords=M0.

¹² Article 10 of Act 191 of 2011, in force from 1 January 2021, <https://net.jogtar.hu/jogszabaly?docid=a1100191.tv>. See also: <http://www.meosz.hu/blog/januartol-megszunik-a-keresetkorlat-a-megvaltozott-munkakepessegu-szemelyek-ellatasaban-reszesulok-szamara/>.

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

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

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection but there was no recommendation on it in 2012.

More recently, the 2017 List of Issues requested:

‘32. According to information before the Committee, the disability pension system was replaced in 2012 by a disability benefit scheme. Please provide detailed information on the disability benefit scheme. Please specify any steps taken towards bringing assessment of disability and the necessary benefits fully into line with the Convention. Please also provide information on any earmarked compensation schemes with regard to disability-related extra expenses incurred by persons with disabilities and their families.’

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

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

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

The 2017 List of Issues requested:

‘24. Please provide updated information on the status of the deinstitutionalization process. Please inform the Committee about effective measures taken to ensure that an adequate level of funding is made available to effectively enable persons with all types of disabilities to: (a) enjoy the freedom to choose their residence on an equal basis with others; (b) have access to a full range of in-home and other community services for daily life, including personal assistance, instead of congregate care; and (c) are provided with the necessary reasonable accommodation, with a view to supporting their inclusion in their local communities.

25. Please inform the Committee about the use of the European Union structural funds and national funds, including reallocation of those structural funds provided to residential institutions, including “small home communities”, and financial resources provided to personal assistance and other support services in local communities, including support for the de-institutionalization of boys and girls with disabilities.’

[Article 25 UN CRPD](#) addresses Health but no conclusion was made on this.

More recently, the 2017 List of Issues requested:

'29. Please inform the Committee about the steps taken towards providing accessible, gender-sensitive, mainstream and quality public health-care services, including accessibility to public health-care facilities and the equipment used therein throughout the entire State party and on an equal basis with others. In view of the concern expressed by the Committee on the Elimination of Discrimination against Women in its previous concluding observations, namely, that women with disabilities are excluded from gynaecological and breast-screening tests and about the limited access to and inadequate quality of sexual and reproductive health services for women with disabilities (see CEDAW/C/HUN/CO/7-8, para. 32), please indicate whether any steps have been made to ensure the access by women with disabilities to quality sexual and reproductive health services, and all screening tests on an equal basis with others.

30. Please inform the Committee about any mandatory and systematic training of health-care professionals on human rights of persons with disabilities.'

The latest comments on Hungary's disability policies by the CRPD are in the Report on Hungary¹³ published (together with state comments)¹⁴ on 16 April 2020 in English. The Report contained legal analysis, evaluation of measures and data from 2014-2020. As a follow-up, an Action Plan for 2020-2022 was adopted by Hungary on 28 April 2020,¹⁵ in which social policy and health care were specified areas. The issues identified in the 2019 CRPD report, the negotiation process with the CRPD Committee in general, the work which have been carried out in Hungary when analysing past experiences and while preparing the Action Plan, altogether, seemingly generated a tangible influence on the priorities set by the Hungarian Government for 2020-2022. Areas of targeted intervention largely overlapped with those addressed by CRPD. The National Disability Programme (NDP, 2015-2025) also identified social inclusion, health care and independent living as areas for intervention.¹⁶

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC 2019 indicate the poverty risk rate for working age persons with disabilities in Hungary was 23.1 % in 2019, compared to 10.2 % for other persons of similar age - an estimated disability poverty gap of approximately 13 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 5.2 points (13.3 % for older persons with disabilities and 8.1 % for other persons of similar age). The tables in annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well age.

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

¹⁴ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fHUN%2fIR%2f1&Lang=en (UN documents).

¹⁴ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fITB%2fHUN%2f9115&Lang=en (Comments of Hungary to the Report of the CRPD).

¹⁵ Official Journal 2020/90, pp. 2265-2277 (in Hungarian). Government Decision No. 1187/2020. (IV. 28.) on Implementation Plan of the National Disability Programme up to 2022.

¹⁶ 15/2015 (of 7 April) OGY of the National Assembly on the National Disability Programme (2015–2025).

For persons with disabilities of working age in Hungary (age 16-64) the risk of poverty before social transfers was 57.0 % and 23.1 % after transfers. The in-work poverty rate for persons with disabilities aged under 60 was 13.3 %.

Of interest to health policy are the data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in Hungary was 2.7 %, compared to 0.3 % for other persons, which is above the EU27 average of 1.7 %.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Hungary and the Implementation of the National Disability Programme 2022, as well as the National Reform Programme 2021.

The CRPD Report, the state's comments, the Action Plan for 2020-2022 and the NDP provide the latest insight into the state of affairs regarding social policies and healthcare hence no new report, action plan or information on implementation have been endorsed or made public recently. Although in December 2020, a Member of Parliament has submitted a draft for a parliamentary resolution on supporting persons with disabilities, the Parliament did not have a plenary debate on this item.¹⁷

The RRP did not address the situation of people with disabilities directly. There is a component about supporting undeveloped villages. The Government's policy is to help these villages financially as well as socially, with the aim to raise these communities' living level, including that of vulnerable groups.¹⁸

A new web page - cofounded by the EU and the Hungarian Government – provides a unified portal where people with disabilities can access up-to date information¹⁹ of different kinds regarding new laws, eligibility criteria for benefits, contact points. A new project called MONTÁZS also can be found on this site. The project mainly focuses on providing help, support for persons with disability by providing information and instruments designed for them.

Social cash benefits (national government)

As of 1 January 2019 a new benefit was introduced, the fee for caring for children at home that has been designed to help families raising children with disabilities, who are unable to support themselves as a result of severe disability, or long-term illness.²⁰ In the year of introduction the fee has been paid for 20 000 beneficiaries.²¹ The number

¹⁷ <https://www.parlament.hu/irom41/14195/14195.pdf>.

¹⁸ https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en and <https://www.palyazat.gov.hu/helyreallitasi-es-ellenallokepesege-eszkoz-rrf>.

¹⁹ Unified Disability Information Portal [Egységes Fogymatékosságuji Információs Portál] www.efiportal.hu.

²⁰ Article 38 SA.

²¹ https://www.ksh.hu/stadat_files/szo/hu/szo0021.html (HSO).

of beneficiaries stagnated in 2020 but the amount of benefit per person increased substantially: from HUF 95 453 to HUF 118 275. This is a 20 % increase.

The fee for caring for children at home is similar, which is granted to persons caring for their adult relative. Carer's fee can be applied for only if the person with disabilities is being taken care of at home. There are three different depending on the severity of the disability.²² The number of beneficiaries stagnated in 2020 but the gross monthly amount of benefit increased by 5 % from 2020 to 2021.²³

In addition, there are other forms of support: a) disability allowance (appr. 110 000 beneficiaries) b) providing support for the elderly (6 700 beneficiaries), and c) allowance for people of active age - which includes two types: the allowance to compensate health damage and the allowance to protect for the loss of job – benefiting 80 000 persons.²⁴ According to the data of the Hungarian Statistical Office there have not been remarkable changes here in 2020, neither in the number of beneficiaries nor in the amount of benefits per person.²⁵ In turn, there are two types of invalidity benefits available for those who has reduced working capacity and whose remaining health condition is only 60 % or less based on the complex qualification of the rehabilitation authority. These persons can apply for 1) rehabilitation benefit or 2) disability benefit.

There has been a positive change in overlapping of benefits. Prior to 2021, adults receiving the rehabilitation benefit of disability benefit could not apply for insurance-based family benefits (GYED, child care benefit, or CSED, infant care fee). Due to the latest modification of Act CXCI of 2011 on Supporting people with reduced working capacity, this prohibition has been lifted, consequently the receipt of rehabilitation benefit or disability benefit does not any more exclude the parallel payment of GYED or CSED.²⁶ This has strengthened the social protection of parents with disabilities.

During the COVID-19 pandemic Hungary introduced extraordinary measures to prevent marginalisation, including people with disabilities, but no special measures for the unemployed.²⁷ The eligibility period for rehabilitation benefits was extended until 1 September 2020 during the first wave of COVID-19.²⁸ These provisions were re-introduced in December 2020 following the declaration of the second state of emergency. Rehabilitation benefits will only be terminated on the last day of the

²² <https://www.penzcentrum.hu/egeszseg/20210718/apolasi-dij-2021-az-apolasi-dij-osszege-2021-ben-az-apolasi-dij-utalasa-mikor-jon-az-apolasi-dij-1116253>. Those who are nursing relatives with disabilities branded with label E in a complex series of proceedings or those who are nursing relatives with disabilities stated in a ministerial order can get special carer's fee.

²³ Normal Nursing Fee in 2021 is HUF 41 335 (HUF 39 365 in 2020), higher carer's fee is HUF 62 005 in 2021 (HUF 59 048 in 2020) and special carer's fee is HUF 74 405 (HUF 70 857 in 2020).

²⁴ Articles 32/B and 33 SA.

²⁵ https://www.ksh.hu/stadat_files/szo/hu/szo0021.html (HSO).

²⁶ <http://www.meosz.hu/blog/lenyeges-jogszabalyvaltozasok-2021-ben-a-mozgaskorlatozott-emberek-eleteben/>.

²⁷ Dr. Éva Lukács Gellérné, Social Security in Times of Corona from a Comparative Law Perspective, Country Report: Hungary, In Devetzi / Stergiou, Social security in times of corona, Sakkoulas Publications, Athens, 2021. pp 65-80, p 68.

http://csdle.lex.unict.it/Archive/OT/From%20our%20users/Devetzi_Stergiou_Social_security_times_corona.pdf.

²⁸ Act LVIII of 2020 on the Transitional Period.

second month following the end of the state of emergency,²⁹ which will be at least the end of December 2021. The disability allowance is paid for persons who have severe mental or physical disabilities, or are visually or hearing impaired.³⁰ Expiry of this benefit is uncommon but even in this case the eligibility period was extended. The extension of FOT benefits set to expire between March and June 2020 comprised 372 persons during the first wave of the pandemic.³¹ Consequently, those with entitlement for rehabilitation benefit, disability benefit and disability allowance have been able to draw their benefit from the start of COVID-19 and they will maintain their entitlement even after the end of the emergency period.

Last but not least, according to Government Decree No. 342/2020. (VII. 14) on 13th-month support, that entered into force on 1.1.2021., those who are in receipt of regular monthly benefits with annual adjustments, like disability allowance, rehabilitation benefit and disability benefit are entitled to the 13th month support.³² The 13th month support has been paid to the beneficiaries of these benefits in February 2021.

Social cash benefits (local government)

At the level of local governmental benefits, a change was introduced. From 1 January 2021, the local authority aid merged three previously distinct benefits (funeral aid, interim aid and special aid). The new local authority aid can be applied for by people in need for several reasons. The main reason behind this change is to bring the decision-making as close to the beneficiaries as possible in their best interest.³³

From our point of view the crucial part of the change is the amount of local aid for those who take care of their relative with long term illness. Prior to 1 January 2021, the maximum amount of local aid used to be based on the minimum amount of old age pension – which is currently HUF 28 500, however, according to the new regulation from 1.1.2021. it cannot be less than the minimum amount of normal carer's fee, currently HUF 41 335. It is an almost 150 % increase, therefore, it is safe to assure, that the social safety net has become stronger in this area in the past one year.³⁴

In kind social benefits and improving the social net

In kind social benefits include the following: personal assistance for small villages and farms,³⁵ catering service,³⁶ in-house service for persons with severe needs for care,³⁷ in-house service with emergency alarm devices, crisis management for families, community services for persons with mental impairments, outdoor social work helping

²⁹ 556/2020. (XII. 4.) Government Decree on measures related to social assistance benefits and child protection benefits during the State of Emergency.

³⁰ 141/2000. (VIII. 9.) Government Decree on qualification of severe disability.

³¹ Dr. Éva Lukács Gellérné, Social Security in Times of Corona from a Comparative Law Perspective, Country Report: Hungary, p 73.

³² Government Decree No 342/2020. (VII. 14.) on 13th-month support, Article 1.

³³ <https://officina.hu/belfoeld/43-szocialis-segely-telepulesi-tamogatas>.

³⁴ <https://officina.hu/belfoeld/43-szocialis-segely-telepulesi-tamogatas>.

³⁵ Article 60 SA.

³⁶ Article 62 SA.

³⁷ Article 63 SA.

homeless persons, day care for adult persons.³⁸ As it has been observed in 2019, these benefits have a wide horizon, however, there are human resource problems in providing the benefits resulting in spatial inequalities.

In 2020, Hungary has been supporting the work of several civil organisations specialised in helping people with disabilities. Firstly, comparing the budget for 2020 and the budget for 2021,³⁹ it is important that the financing of civil organisations remained the same, furthermore, the Government in fact doubled the amount of financial support provided for organisations that focus on sport activities for persons with disabilities. Secondly, among their many goals, these civil organisations aim to create a far more understanding society: one that accepts and understands people with disabilities. As an example, there are Kézenfogva Foundation, and ÉFOÉSZ Foundation, both foundations have several programmes provided for people with disabilities in order to make their life easier.⁴⁰ These programmes include FECSKE at Kézenfogva Foundation. FECSKE offers assistance for families, and actually it is a special childcare provided for families in which there are children with special needs. FECSKE is the name of the professional sent to help these families. There is also Lily Day Care Center by ÉFOÉSZ Foundation, a programme which provides day-care for children with mental impairments at Hódmezővásárhely and 'Kézenfogva Truck' by Kézenfogva Foundation. 'Kézenfogva Truck' is a truck transformed into a pirate ship on the inside. 'Kézenfogva Truck' travels through Hungary. Each and every toy inside the truck, along with its furniture are made to help children understand and accept people with disabilities. Rainbow country is a programme by ÉFOÉSZ, and it provides day care for children and adolescents with disabilities. All in all, these programmes focus on giving legal, psychological, social and medical advice as well as providing special education.⁴¹

Health care

The 2010 CRPD alternative report stressed that equal access of persons with disabilities to health services was impeded by the fact that healthcare workers lack training in communicating with, or treating, patients with disabilities, and persons with disabilities did not have equal access to various screening tests.⁴² The 2019 CRPD report reaffirmed that, despite public health care services, including access to general practitioners and specialized medical services being available for persons with disabilities, 'witnesses stressed the inaccessibility of most health care facilities, the limited number of pharmacies, few opportunities to receive mental health support outside hospitals, and the fact that the social insurance excludes psychotherapy. Another gap in health services is the lack of awareness of disability among health care professionals.'⁴³ In this regard the 2020 Action Plan sets out tasks for the Minister for

³⁸ Articles 64-65 SA.

³⁹ Act LXXI of 2019 on the Central Budget of Hungary, Act XC of 2020 on the Central Budget of Hungary.

⁴⁰ <http://www.kezenfogva.hu/ismerd-meg-munkankat> and <https://efoesz.hu/magunkrol/>.

⁴¹ <http://www.kezenfogva.hu/ismerd-meg-munkankat> and <https://efoesz.hu/magunkrol/>.

⁴² 2010 CRPD Alternative report, p. 28 <https://www.mdac.org/en/resources/disability-rights-or-disabling-rights-crpdc-alternative-report>.

⁴³ Committee on the Rights of Persons with Disabilities (CRPD), *Inquiry concerning Hungary carried out by the Committee under Article 6 of the Optional Protocol to the Convention*, Report prepared by the Committee, point 54. (p. 7).

Human Resources to address health care challenges (section 2.1-2.4.) in the field of healthcare.

Regrettably, the pandemic impeded implementation of these objectives, coupled with change in the legal status of health care workers and health care professionals, so it is not possible to judge the completion of the 2020 Action Plan in this regard.

Community-based care facilities, numbers and quality

Priorities have not changed, deinstitutionalization remains to be the key priority, transformation process is ongoing but slow. The number of community-based care facilities continues to be very low, and the COVID-19 created long waiting lists in day-care institutions. At present, the biggest problem is that the elderly face long waiting lists to get admitted into an old people's home. According to szocialisportal.hu, in the past few years, the waiting list for these facilities has only become longer with about 32,000. person in waiting⁴⁴ Regrettably, COVID-19 has had a very negative effect on social facilities. The pandemic has spread rapidly in these facilities, leaving behind a large number of casualties. Therefore, the Government has restricted the number of new residents causing the waiting list to grow ever longer. With the crises caused by COVID-19 finally coming to an end, social facilities now have the chance to shorten their own waiting list and making their services more accessible.

⁴⁴ <https://www.napi.hu/magyar-gazdasag/kormany-idosotthon-varolista-apolas-gondozas-idos.715844.html>, <https://koronavirus.gov.hu/cikkek/idosotthonok-142-koronavirussal-fertozott-gondozott-hunyt-el-kozuluk-55-en-pesti-uton>, <https://koronavirus.gov.hu/cikkek/ujabb-intezkedesek-vegrehajtasara-utasitotta-jarvanyugyi-hatosag-az-idosek-otthonainak>.

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

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

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

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

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

More recently, the 2017 List of Issues requested:

‘28. Please explain in detail how the State party is working towards providing quality inclusive education at all levels of the education system with a view to fully replacing all forms of special education with inclusive education. In particular, please provide information about effective measures to: (a) ensure that an adequate level of funding is made available to provide reasonable accommodation to children with disabilities on the basis of the student’s individual requirements, including with regards to school transportation; (b) provide students with disabilities with required support within the general education system, including with a view to ensuring that they do not leave school earlier than their peers without disability; (c) ensure the full inclusion of Roma children with disabilities into the mainstream education system; and (d) continue training teachers and all other educational staff to enable them to work in inclusive educational settings. Please inform the Committee about measures to implement targets 4.5 and 4 (a) of the Sustainable Development Goals.’

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2019 estimates concerning educational attainment should be treated with additional caution due to relatively wide confidence intervals, but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 16 indicates early school leaving rates disaggregated by disability status in Hungary. Youth with disabilities (aged 18-24) tend to leave school significantly more than peers of the same age groups without disabilities (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

The number of SEN students increases yearly: by October 2019, 93 816 SEN students were in the Hungarian public education system (including vocational education).⁴⁵ 71 % of them studied in integrated educational settings.⁴⁶ Regional differences are high in the proportion of integrally educated SEN students among all students.⁴⁷

The number of special education teachers is growing with the demand, from 5,695 in 2010/2011 to 9 731 in the 2019/2020 school year.⁴⁸ Still, the supply of special education teachers is scarce, with considerable regional differences; the most significant shortage of professionals shows in disadvantaged regions. The national average is 13.4 students/special education teachers in primary schools. The worst off is Szabolcs-Szatmár-Bereg county, with an average of 39.6 students/special education teachers.⁴⁹ Prospects do not seem brighter, in 2020, despite the increase in opportunities, there was a 30 % decrease in the number of students applying for studies to become special education teachers compared to last year's numbers.⁵⁰

According to the international TALIS survey conducted with Hungarian teachers and school principals in 2018, the two areas where teachers would most like further training are the education of SEN students and IT skills.⁵¹ One in five Hungarian teachers articulated the need for professional development in teaching SEN students.⁵² One-third of Hungarian school principals stated that the lack of special education teachers and professionals significantly hinders high-quality educational work.⁵³ The Hungarian Government takes steps to respond to these stated needs. Ones are focusing on quality, as the availability of special education training for teachers,⁵⁴ and ones are focusing on quantity, like the August 2020 decree⁵⁵ that made it possible to become a special education teacher without any degree or training in special education (it is sufficient to have a general nursery or schoolteacher diploma).

⁴⁵ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), p. 55 <https://2015-2019.kormany.hu/download/d/2e/d1000/K%C3%B6znevel%C3%A9si%20strat%C3%A9gia.pdf>.

⁴⁶ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), p. 55 <https://2015-2019.kormany.hu/download/d/2e/d1000/K%C3%B6znevel%C3%A9si%20strat%C3%A9gia.pdf>.

⁴⁷ From the database: 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author.

⁴⁸ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), p. 56 <https://2015-2019.kormany.hu/download/d/2e/d1000/K%C3%B6znevel%C3%A9si%20strat%C3%A9gia.pdf>.

⁴⁹ From the database: 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author.

⁵⁰ Koncsek Rita (2020), https://www.vg.hu/kozelet/kozeleti-hirek/kevesebben-tanulnak-gyogypedagogusnak-2-3007469/?fbclid=IwAR30-TjsaPk7elbzU3gd4wLpPg_JGw_BIsN5ex4ubwxlBWPEegxSAdGqw_Q.

⁵¹ Oktatási Hivatal (2019): TALIS 2018 Összefoglaló Jelentés, p. 18 https://www.oktatas.hu/pub_bin/dload/kozoktatas/meresek/talis/TALIS_jelentes_2018.pdf.

⁵² Oktatási Hivatal (2019): TALIS 2018 Összefoglaló Jelentés, p. 35 https://www.oktatas.hu/pub_bin/dload/kozoktatas/meresek/talis/TALIS_jelentes_2018.pdf.

⁵³ Oktatási Hivatal (2019): TALIS 2018 Összefoglaló Jelentés, p. 82 https://www.oktatas.hu/pub_bin/dload/kozoktatas/meresek/talis/TALIS_jelentes_2018.pdf.

⁵⁴ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), p. 17.

⁵⁵ Magyar Közlöny (2020) 196.sz. – pp. 6237-6254, <https://magyarkozlony.hu/dokumentumok/88c30d232bae2c479b620d82751ca7f75c49e2ca/megtekintes>.

Hungary's Public Education Strategy for the European Union 2021-2030 highlights SEN status as one of the most critical risk factors in early school leaving (besides disadvantaged background, regular nonattendance).⁵⁶ This became increasingly true during the digital learning phase of the COVID-19 pandemic. One of the ways the COVID-19 affected SEN students was through the shortage of digital devices or skills⁵⁷ (not only on the students' but also on the teachers' side). According to a non-representative survey⁵⁸ by a public benefit association with 770 respondents from parents with SEN children, 8.2 % of the students did not have an opportunity to participate in distance learning, and 15.1 % of the students had only one school day per week.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Hungary and the Implementation of the National Disability Programme 2022.

The Public Education Strategy marks out nine general areas of development⁵⁹ for inclusive education and the education of SEN students:

- supporting inclusive education for SEN children;
- providing professional support to some not-inclusive yet modern ways of educating SEN children;
- the development of the service provided to children with severe or multiple disabilities in public education;
- supporting the education of children undergoing long-term treatment;
- supporting the exploration of talents and help students capitalize on that talent
- provide career guidance for students, with special attention to orienting girls towards STEM areas;
- supporting the use of ICT tools and digital pedagogical solutions in the development of SEN students' skills;
- the development of the human resources and material conditions essential for inclusive education in educational institutions;
- the development of the service of pedagogical service institutions ("pedagógiai szakszolgálat").

The National Disability Programme 2022⁶⁰ contains 13 goals related to the early intervention, education, and training of people with disabilities. There is some overlap

⁵⁶ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), p. 50 <https://2015-2019.kormany.hu/download/d/2e/d1000/K%C3%B6znevel%C3%A9si%20strat%C3%A9gia.pdf>.

⁵⁷ 2021 Hungarian Recovery and Resilience Plan, p. 45 https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

⁵⁸ „Step by step!” association (2020) https://lepjunkhogylephessenek.hu/kerdoivunk-a-sajatos-nevelesi-igenyu-tanulok-helyzeterol-a-tavoktatasban/?fbclid=IwAR1Q5zYis9z291dU7d8v9OJbtodMq_F-shUSUexWKze8mj7methe-accessibility-of-digital-sbrnxRBgIKY.

⁵⁹ Magyarország Kormánya (2020): Az Európai Unió számára készített Köznevelési Stratégia (2021-2030), pp. 57-58 <https://2015-2019.kormany.hu/download/d/2e/d1000/K%C3%B6znevel%C3%A9si%20strat%C3%A9gia.pdf>

⁶⁰ <https://njt.hu/jogszabaly/2020-1187-30-22.1>.

with the goals of the Public Education Strategy (e.g., the support of inclusion, the strengthening of career guidance services, or the support of pedagogical service institutions). Other goals include theoretical ones that aim to create a more transparent basis for further developments and investments in the sector, like

- harmonisation of different definitions used for people with multiple disabilities;
- reflection on the relationship between psychosocial disabilities and the SEN status; or
- revision of the development pedagogy's professional content and legal status.

There are structural goals, like the

- harmonization of different diagnostic forums' working processes; or
- the introduction of bilingual education (sign-language); or
- the introduction of content about disability, equal access, and rehabilitation into relevant higher education studies.

And there are goals connected directly to higher education and employability, like:

- strengthening SEN students' foreign language skills;
- the review and cataloguing of services provided for SEN students in tertiary education; and
- development of ways to include SEN students in healthcare vocational training.

Two of the nine main components of the 2021 Hungarian Recovery and Resilience Plan⁶¹ build its reform and investment plans around different levels of education. Component 'A' is *Demography and public education*, and component 'B' is *Highly qualified, competitive workforce*. No measures are targeting directly SEN students, but some plans can affect them positively.

Component 'A' incorporates multiple aims to support the digital transformation of public education. One goal is to have 50 % of pedagogues use ICT tools in at least 40 % of their lessons by 2030.⁶² This goal is supported by an investment plan that aims to provide 615 000 notebooks to pedagogues and students by 2025, deliver creative and problem-solving ICT programmes to 3 100 schools by 2024,⁶³ and involve 30 000 pedagogues⁶⁴ in training programmes encouraging the use of digital educational tools and methods.

⁶¹ Hungarian Recovery and Resilience Plan 2021, https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

⁶² Hungarian Recovery and Resilience Plan 2021, pp. 53-54. https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

⁶³ Hungarian Recovery and Resilience Plan 2021, pp. 55-56. https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

⁶⁴ Hungarian Recovery and Resilience Plan 2021, p. 60. https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

As persons with disabilities in Hungary tend to be poorer than the average,⁶⁵ digital technology can represent an important opportunity for SEN students and adults with disabilities to participate in quality education and training in a relatively cost-effective way. To be able to live with this opportunity, accession to digital devices and acquiring basic IT skills should be supported.

Hungary's 2021 National Reform Programmes mentions one programme (EU-financed) connected directly to SEN students: the development, quality assurance, and dissemination of pedagogical methods supporting inclusive education through the strengthening of special education institutions. The ongoing project involves 37 applicants.⁶⁶

⁶⁵ Hungarian Central Statistical Office (2015), http://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_17_2011.pdf.

⁶⁶ National Reform Programme Hungary 2021, p. 45. https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester/european-semester-timeline/national-reform-programmes-and-stability-or-convergence-programmes/2021-european_en.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (up to 2021)

The most important recent programme is EFOP 1.1.5-17,⁶⁷ which aims at promoting info-communications remote services to help the everyday life of persons with disabilities. Several NGOs take part in the implementation of this programme, such as MEOSZ.⁶⁸ There have been certain other programmes⁶⁹ in recent years concerning persons with disabilities, however, EFOP 1.1.5-17 is the one still in the phase of implementation in 2021. The aim of this programme is to provide financial support to help persons with disabilities to administer their everyday life and official administrative obligations with equal opportunities to overcome accessibility difficulties.⁷⁰

6.2 Priorities for future investment (after 2021)

According to the Hungarian RRP,⁷¹ it is only EFOP-3.1.5, which is indirectly connected to persons with disabilities. EFOP-3.1.5⁷² (pp. 59-60), aims at preventing early school leaving by promotion of a new pedagogic system and institutional development. As a continuation of this programme, the implementation of institutional equal opportunities plans of Educational Centres⁷³ will be supported by training employees.

The Pandemic seriously affected institutions providing services for persons with disabilities. However, as one of the opinions, submitted in the debate of the RRP, remarks: there is no proposal or remark in the RRP on support for these institutions.⁷⁴ In general, persons with disabilities are not addressed by the RRP beyond the above mentioned, rather general EFOP-3.1.5. Therefore, the RRP should put emphasis on development of services for persons with disabilities. In particular, accessibility should be addressed by RRP.

⁶⁷ <https://www.palyazat.gov.hu/efop-115-17-a-fogyatkkal-lk-mindennapjait-segt-infokommunikcis-alap-tvszolqltats-kialaktsa>.

⁶⁸ http://www.meosz.hu/kategoria/efop_1_1_5/.

⁶⁹ <https://www.palyazat.gov.hu/search?s=1&keyword=fogyat%C3%A9k&search-submit=Keres%C3%A9s>.

⁷⁰ [EFOP-1.1.5-17 A fogyatékkal élők mindennapjait segítő infokommunikációs alapú távszolgáltatás kialakítása \(LEJÁRT BENYÚJTÁSI HATÁRIDŐ!\) | Széchenyi Terv Plusz \(gov.hu\)](https://www.efop.gov.hu/efop-1.1.5-17-A-fogyatkkal-elok-mindennapjait-segito-infokommunikacios-alapu-tavszolgalatasi-kialakitasa-LEJART-BENYUJTASI-HATARIDO-1).

⁷¹ https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-hungary_en.

⁷² <https://www.oktatas.hu/kozneveles/projektek/efop315>.

⁷³ <https://kk.gov.hu/tankeruletek>.

⁷⁴ <https://www.palyazat.gov.hu/helyreallitasi-es-ellenallokepessegi-eszkoz-rrf-velemenyezés>.

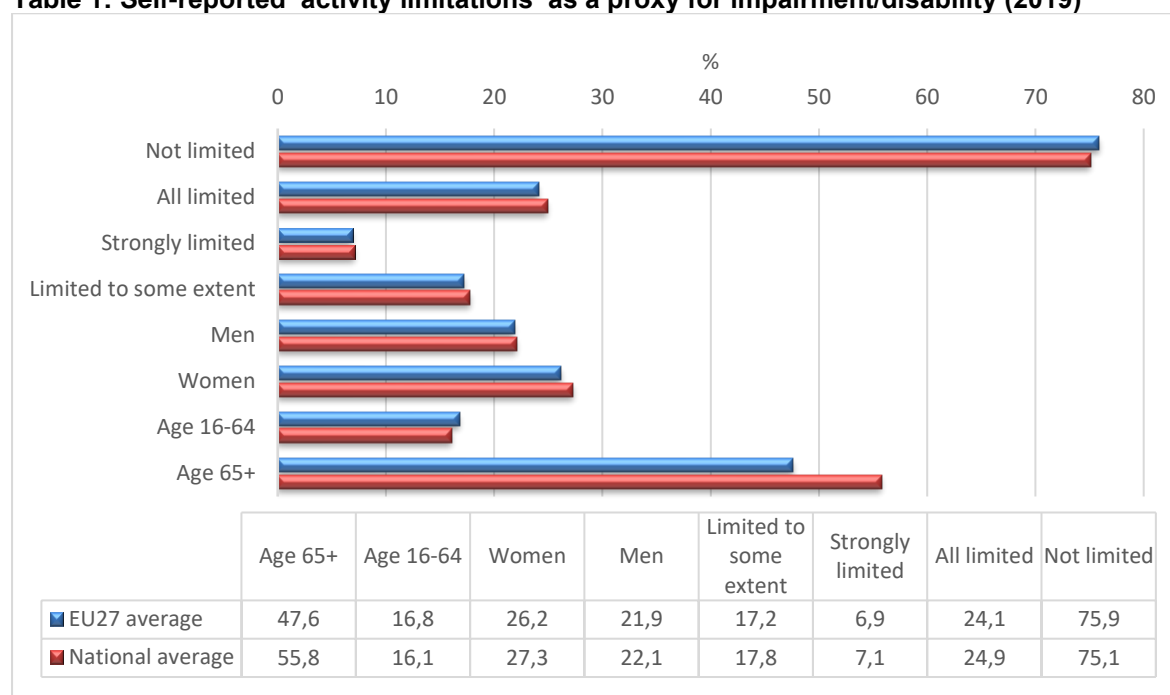
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁷⁵ and statistical reports.⁷⁶

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

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁷⁷

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2019)



Source: EU-SILC 2019 Release 2021 version 1.

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.⁷⁸ National estimates for Hungary are compared with EU27 mean averages for the most recent year.⁷⁹

⁷⁵ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁷⁶ Eurostat (2019) *Disability Statistics*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁷⁷ The SILC survey questions are contained in the Minimum European Health Module (MEHM), [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

⁷⁸ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

⁷⁹ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

7.1 Data relevant to disability and the labour market

Table 2: EU and Hungary employment rates, by disability and gender (aged 20-64) (2019)

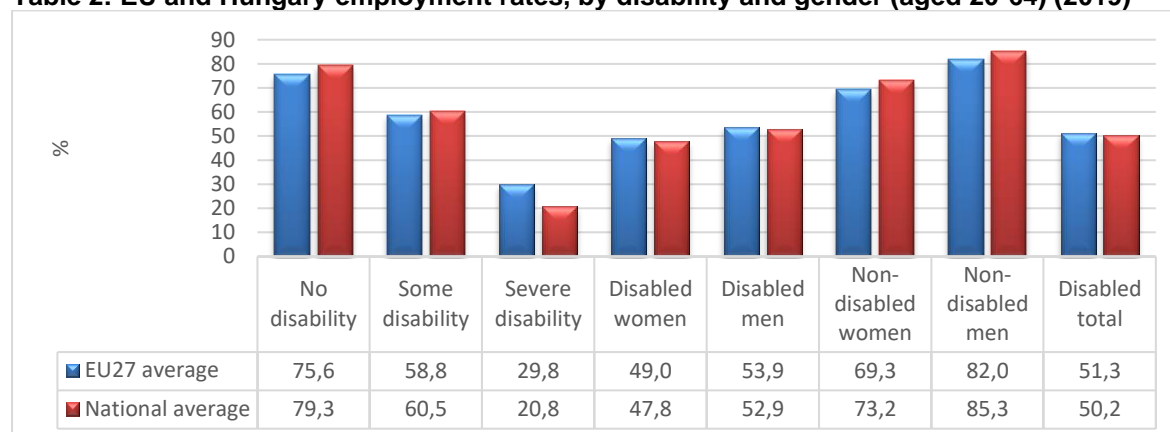


Table 3: Employment rates in Hungary, by disability and age group (2019)

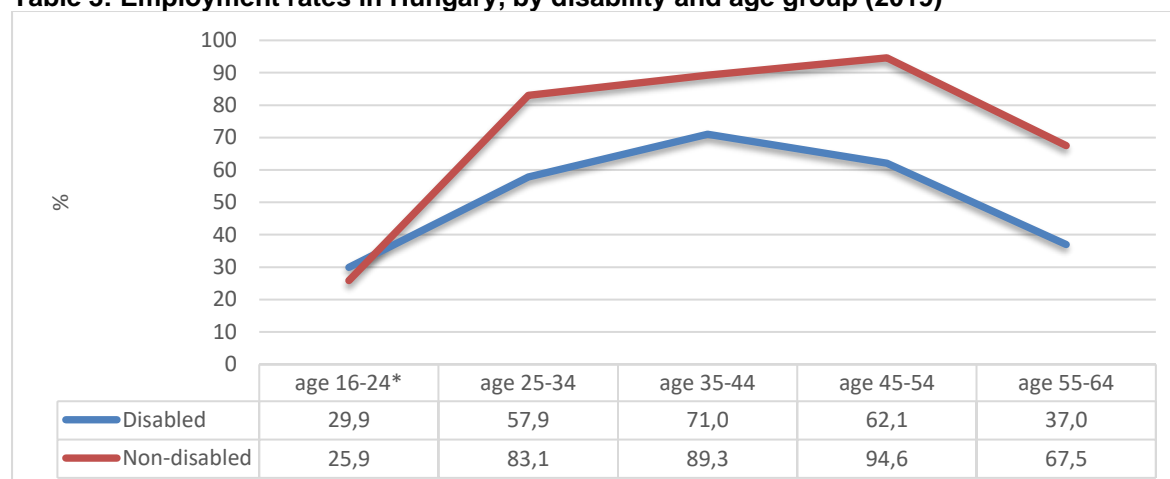
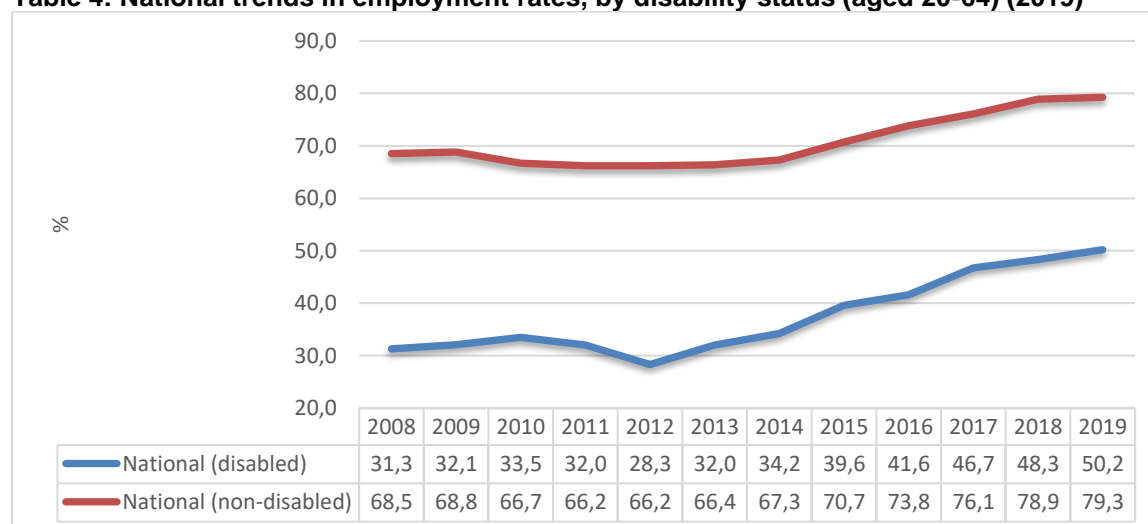


Table 4: National trends in employment rates, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2019)

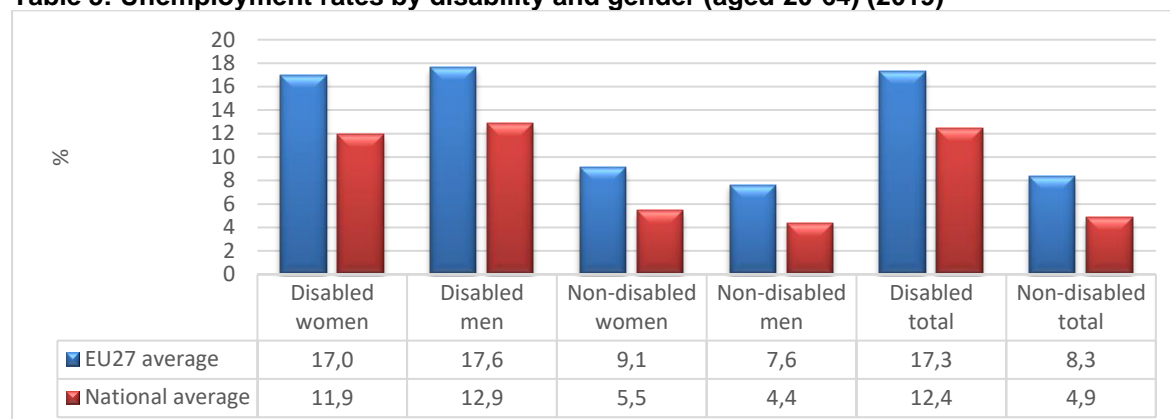


Table 6: Unemployment rates in Hungary, by disability and age group (2019)

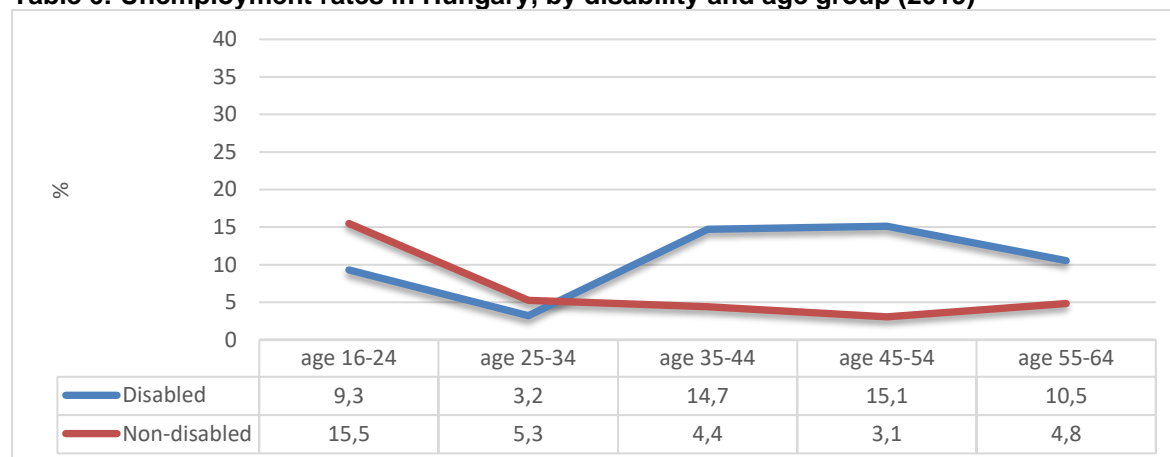
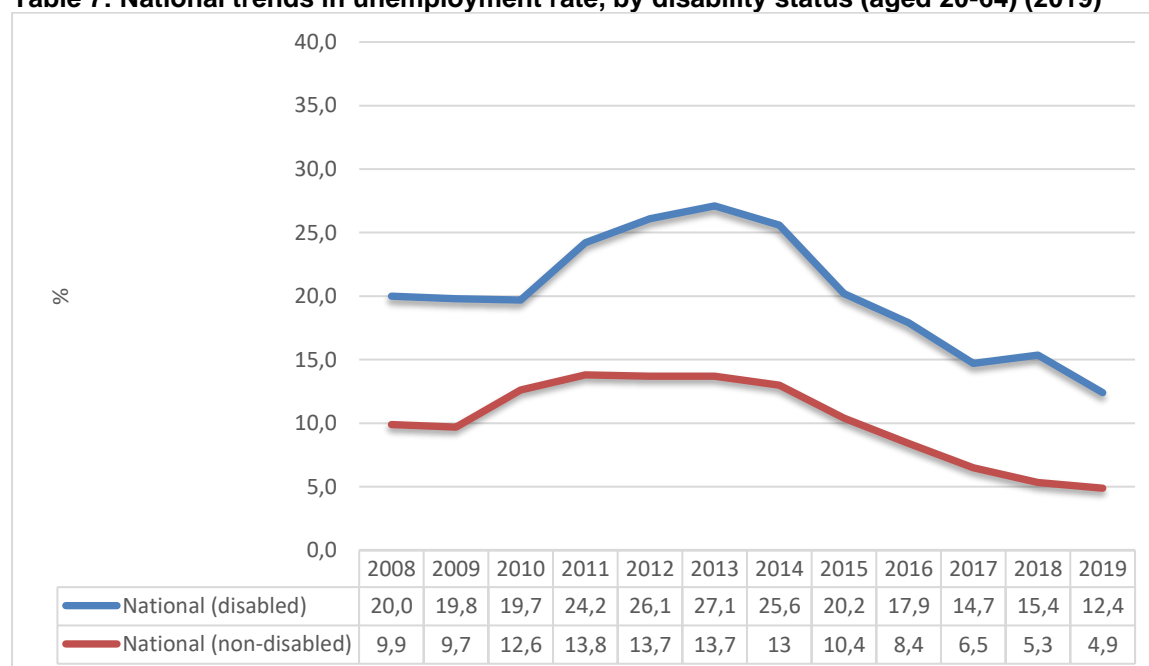


Table 7: National trends in unemployment rate, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.2 Economic activity

Table 8: Activity rates in Hungary, by disability and gender (aged 20-64) (2019)

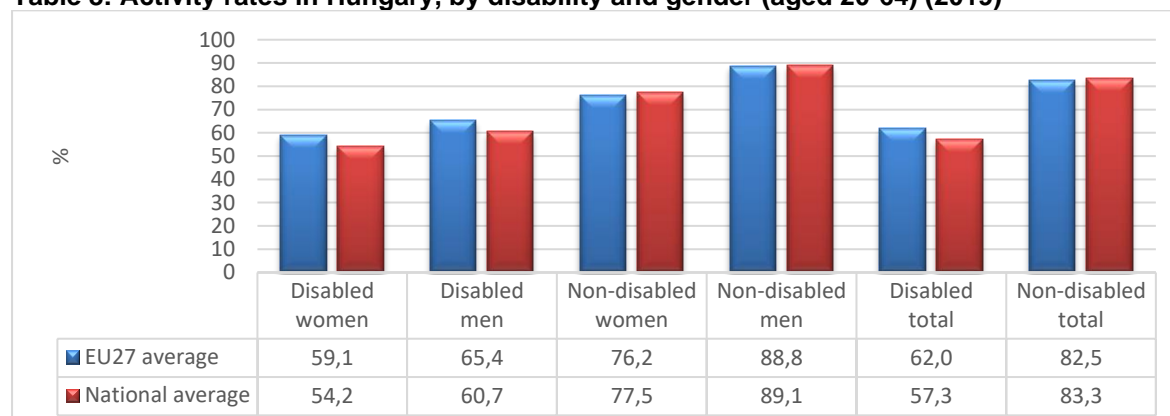


Table 9: Activity rates in Hungary, by age group (2019)

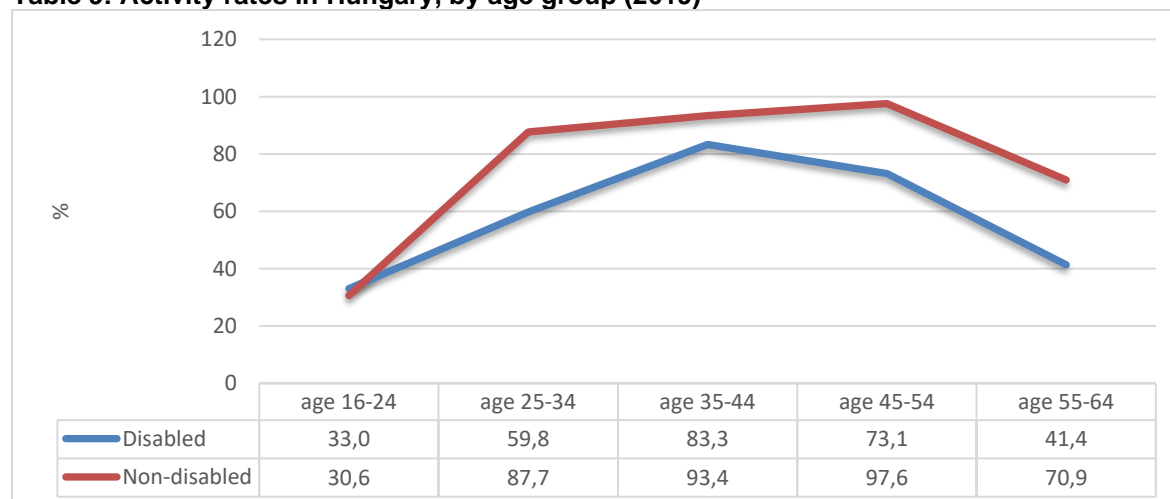
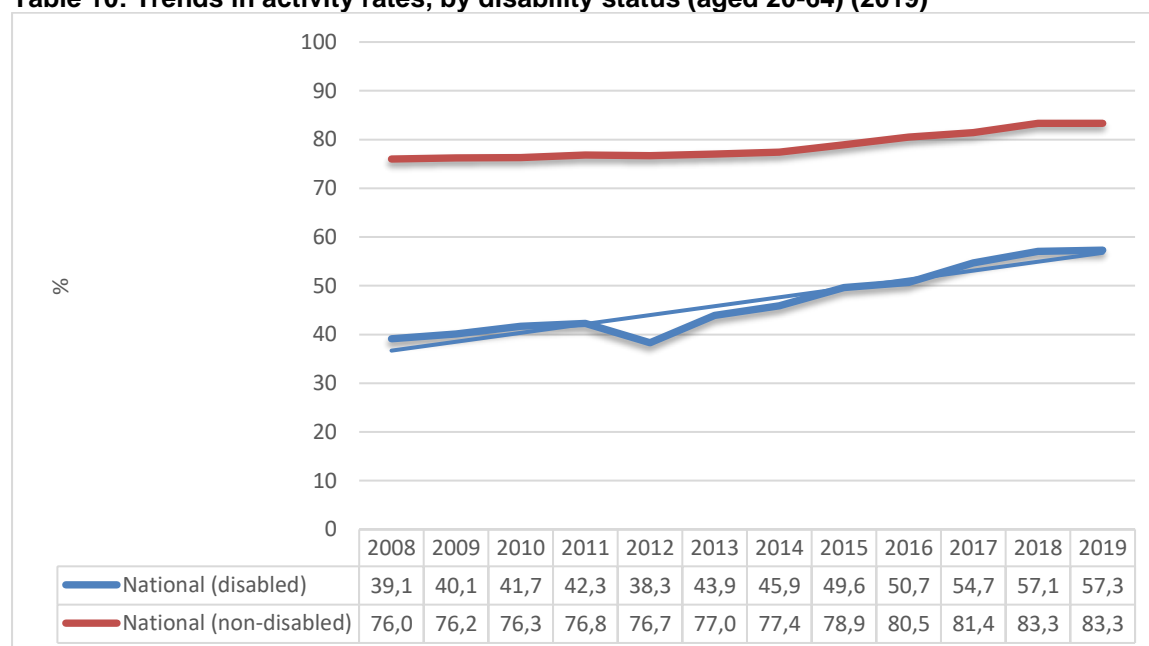


Table 10: Trends in activity rates, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.3 Alternative sources of labour market data in Hungary

Disability data is not yet available from the core European Labour Force Survey but labour market indicators for Hungary were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁸⁰

7.2 EU data relevant to disability, social policies and healthcare (2019)

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

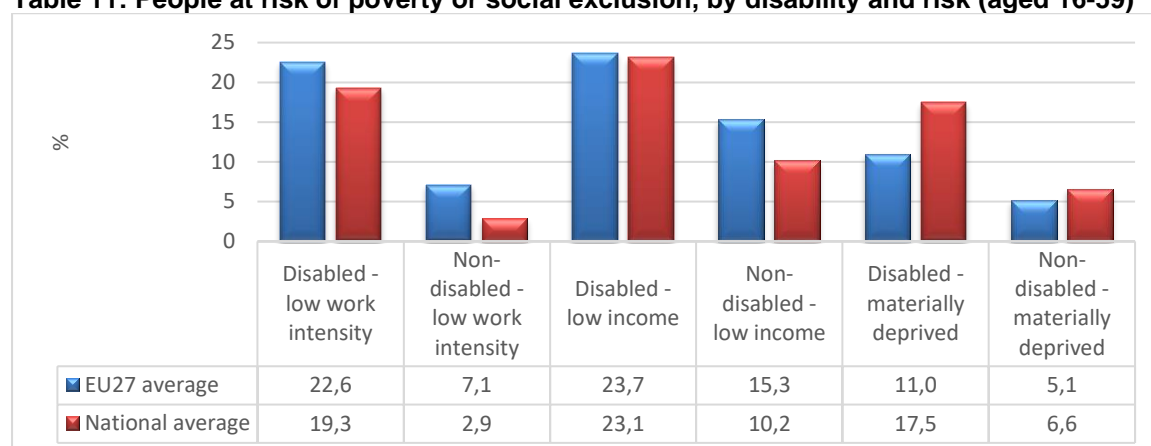


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

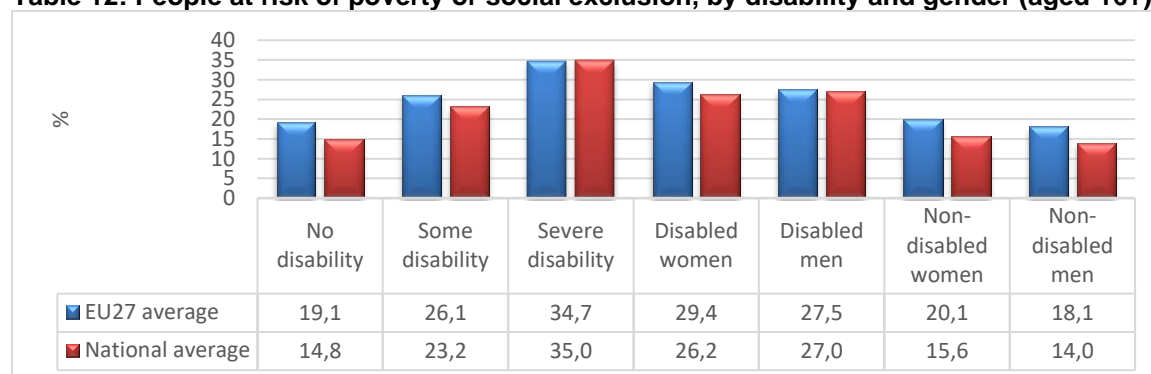
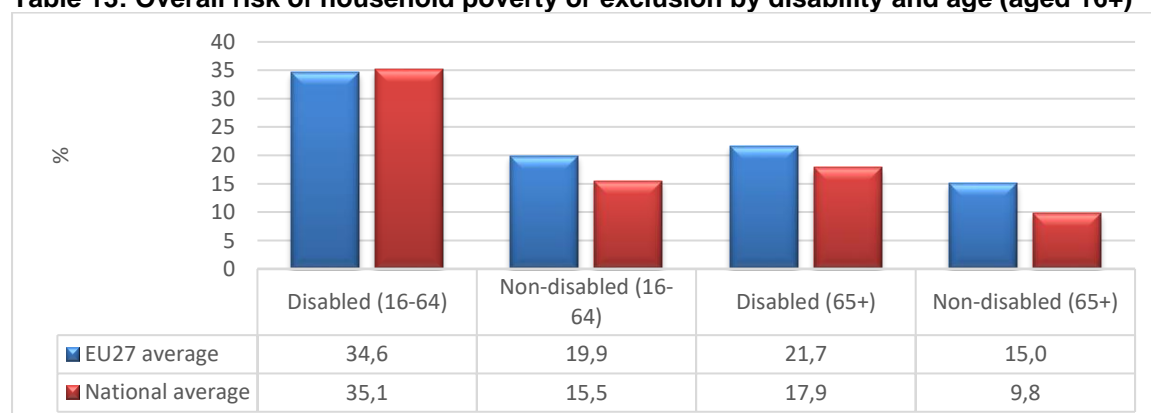
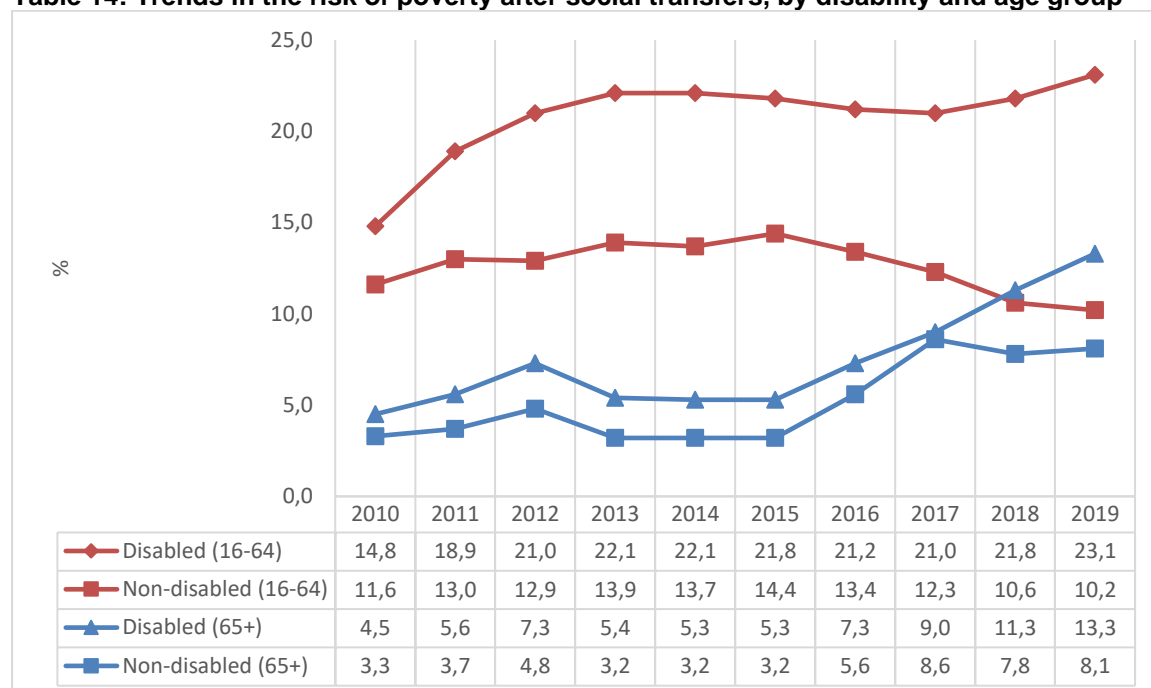


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)



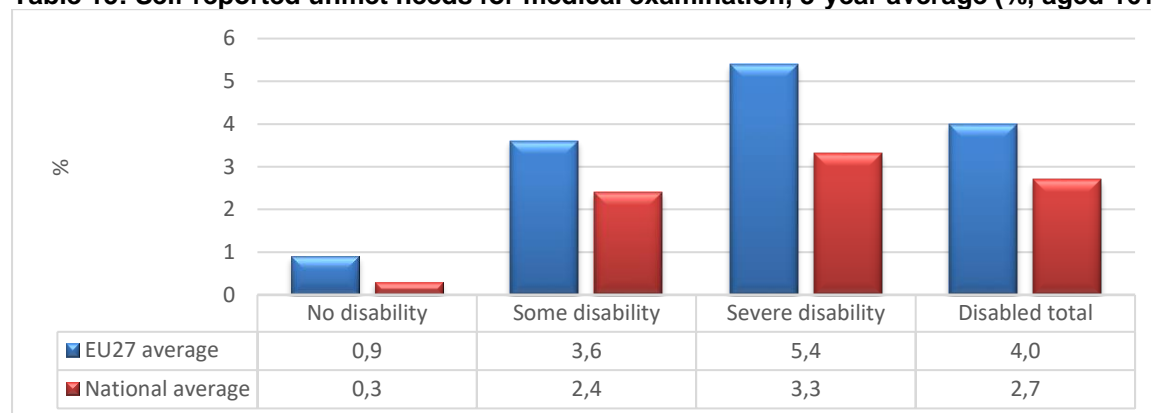
Source: EU-SILC 2019 Release 2021 version 1 (and previous UDB).

⁸⁰ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

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

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

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

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

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

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2019 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Hungary

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.⁸¹

⁸¹ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

7.3 EU data relevant to disability and education

Table 24: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁸²

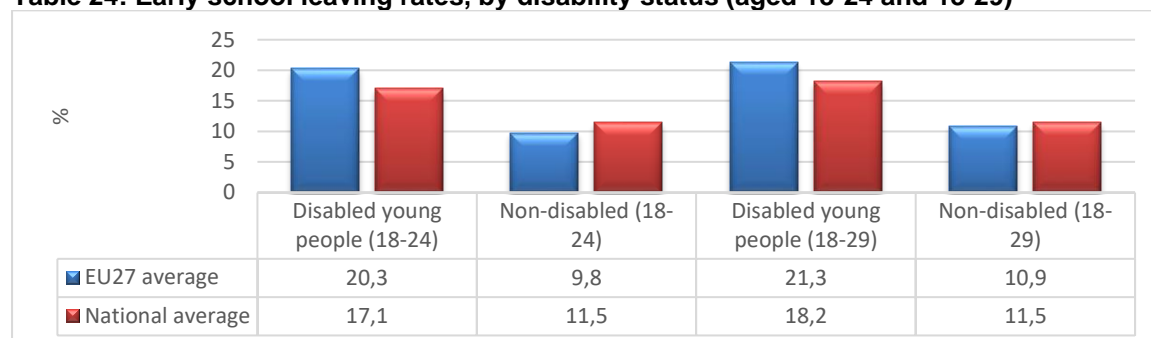
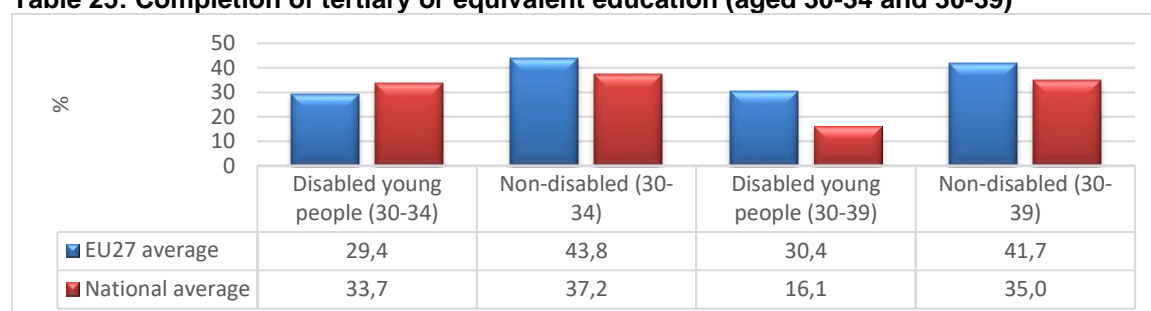


Table 25: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



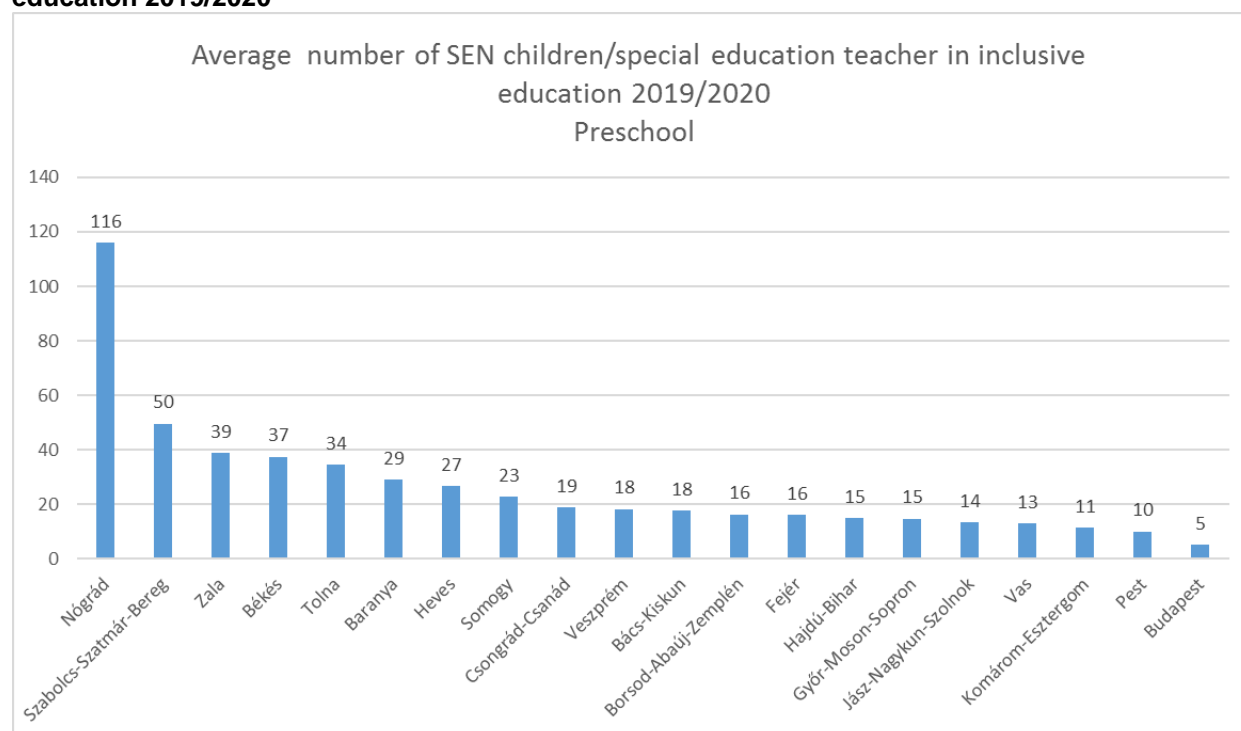
Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

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

⁸² There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

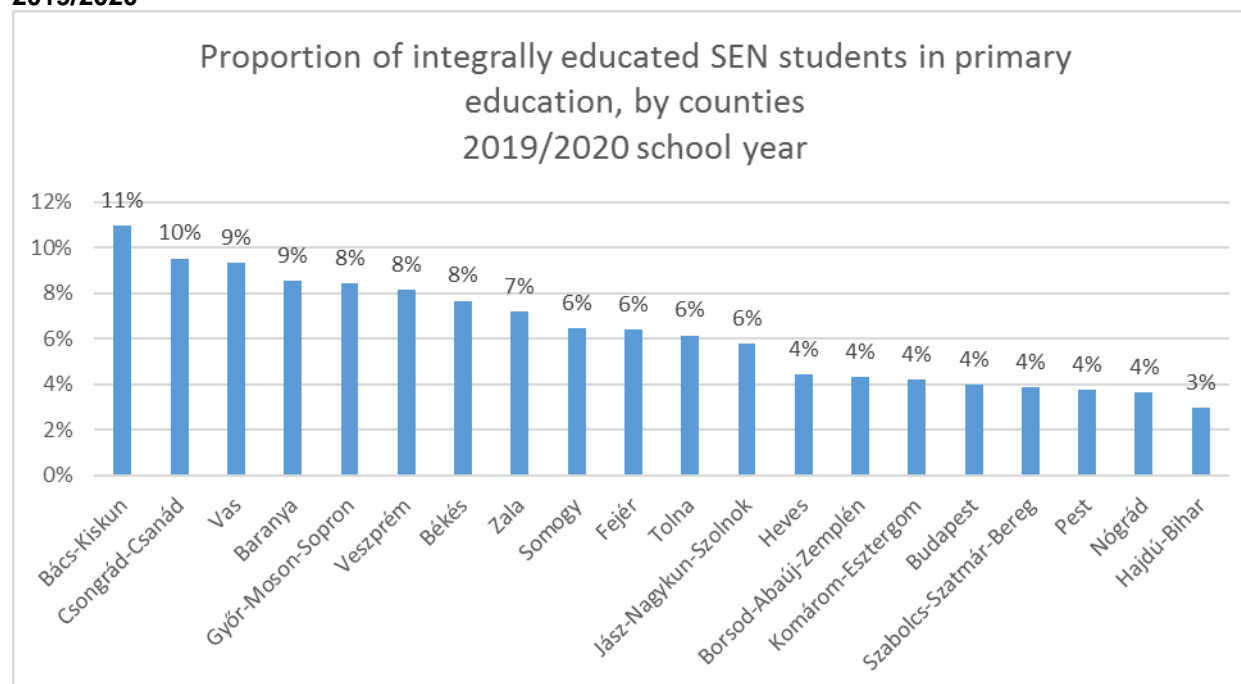
7.3.1 Alternative sources of education data in Hungary

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



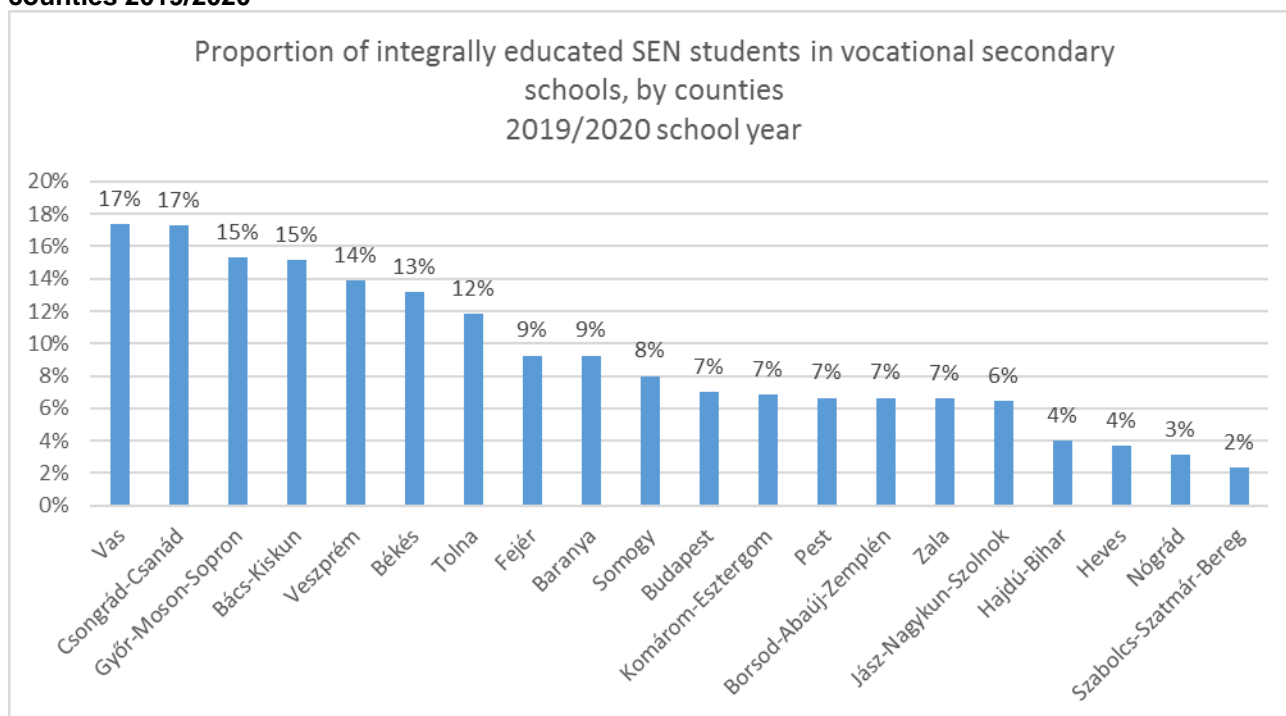
Source: Data from 'Statistical Data of Institutions of Public Education'. The database was provided by the Educational Authority of Hungary, calculations of the author.

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



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

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



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

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