Report
on the implementation of the Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care (2022/C 476/01), present and planned measures

HUNGARY

1. Context and baseline

The target group of long-term care in Hungary is the elderly, people with disabilities, psychiatric patients, addicts and homeless people.

When examining demographic changes, it is striking that the continuous decline of the Hungarian population is taking place in parallel with the aging of the population. Despite the changes in the composition of households and the structure of families, supportive relationships between households and families show a positive balance. However, the fact that fewer people live near their elderly parents makes it difficult to maintain relationships, as well as to care for them in case of illness. With the increase in life expectancy at birth and the increasing frequency of dementia, the demand for long-term care and care among the elderly will continue to increase, and thus increasing the pressure on basic social services and residential care.
The demand for the care of people with disabilities is also increasing. During the services provided to them the goal is to support them with services that match their abilities and needs, help them to lead an independent life as possible, and take their self-determination into account.
According to the European Commission and the WHO, mental disorders are one of the most urgent public health problems in our continent. Even today a psychiatric diagnosis can mean stigmatization in many societies of the world, despite the fact that the impact of mental disorders on the quality of life is often more pronounced than that of many chronic, somatic diseases.
Due to the increase in the average age of homeless persons and the progressive deterioration of their condition, more and more people are in need of nursing care, whose health, social and mental condition is irreversibly damaged, and as a result, their reintegration into mainstream society and their preparation for independent living cannot be solved.

Act III of 1993 on Social Administration and Social Benefits (hereinafter: Social Act) defines the forms and organization of certain social services provided to the above target groups, the eligibility conditions, and the guarantees for the enforcement of the entitlement in order to create and preserve social security. The social service providing personal care can be provided by any service provider as long as it meets the conditions specified in the legislation. Accordingly, among the social service providers there are state, local government, church and civil organisations playing a role.

Care policy has many actors, and in addition to the individual's primary responsibility and self-care, the supportive assistance of the family comes first in solving individual problems. In the case of insufficient family care, community care found in the immediate environment also helps to satisfy needs, and if these resources are exhausted or do not provide sufficient support for the individual, measures of the state and local governments, the services they operate help the needy to solve problems. When implementing assistance, the state also takes into account the commitment to care of church and civil actors.

The Social Act defines the establishment and operation of individual services as the responsibility of the state and local governments, however, there are several services that are

not obliged to be operated in the settlement, but the local government can establish and operate these services if necessary, and the state provides support. The assessment of local demands and needs is recorded by the local government in the service planning concept. Depending on the population of the settlement, local governments have an obligation to perform tasks in relation to the operation of social services.

The services are designed with a specific approach on the target group, and they ensure the fulfilling of the needs of the elderly, people with disabilities, psychiatric patients or addicts, as well as homeless people. According to the current regulations, the use of social services providing personal care is voluntary, and the service is provided based on the oral or written request of the person requiring care. (Council recommendation point 4.b.)

In accordance with the international intention, **domestic political effort is also to strengthen basic social services**, which enable the user of the service to get the necessary help in his own home, and thus to live in his own environment as long as possible. By improving basic services, the use of boarding services can be avoided or postponed, and it also contributes to strengthening the labor market position of the caring family member.

A total of 550,000 elderly, people with disabilities, psychiatric or addicted people, homeless people and needy families use basic social services. **These provide support based on the physical, mental and social needs of the service user in the user's own living environment.** The amount of support is determined according to the recipient's age, life situation and health condition in such a way that the maintenance, use and development of existing abilities is ensured. In addition, supporting relatives has a particularly important role, which strengthens the available resources, increases the quality of life, and also helps relatives to accept the situation, understand progressive processes, and to use effective, modern and adequate care techniques that respond to the particular life situation.

In order to ensure broad access to social services, the Social Act defines the rules for reimbursement fees, thereby guaranteeing that people with low incomes and those with no income also receive the help they need. The rules also specify which services must be provided free of charge. In addition to state and local government operators, the rules also apply to church and civil operators who receive support from the central budget for the operation of the service. According to the care policy approach, the individual and the family are primarily responsible for social security. If the individual cannot solve the problems on his own, then the family's duty of care steps in, which principle also prevails in the rules for payment of fees. As an element of guarantee, the Social Law establishes to what extent the user's monthly income can be charged with a reimbursement fee when using certain services, and it also states that the service provider provides free care to the beneficiary who does not have an income. In the case of permanent residential placement, the user's financial and real estate assets must be examined, and if he does not have these, his adult child – in the absence of a voluntary commitment – may be ordered by the court to pay the reimbursement fee. (Council recommendation point 4.c.)

Quality assurance is served by the fact that the conditions for the establishment and operation of social services are the same regardless of the type of service provider, and that these conditions are fixed in legislation. The executive decree on the professional tasks and conditions of operation of social institutions providing personal care contains the basic standards necessary for operation, which also serve as guidelines for operators and service providers on the specific content of the service. In addition, they form the basis of the operating authorization procedure for social services, during which the competent county government office examines the

fulfillment of the professional conditions and checks their existence at specified intervals. In addition to the uniform rules defined in the legislation, the relevant ministry responsible for care policy also defines the professional framework related to the operation of social services through **methodological guidelines** based on uniform principles and criteria covering all service providers, in order to ensure the quality that underpins operation. Methodological guides have already been prepared in the cases of several services, or they are currently under preparation.

In order to ensure high-quality operation based on uniform principles, **a network providing regional professional development and professional support tasks** was established. Its purpose is to promote a uniform level of service provision, to introduce and accept the sector's professional policy aspirations, to channel the needs of the sector to decision-makers, and to form a bridge between the sector management and the working staff to ensure continuous flow of information. (Council recommendation point 6.a.)

One of the basic conditions for the operation of social services is **accessibility**. It is stipulated by law that in order to assert the rights of people with disabilities particular attention must be paid to ensuring a barrier-free environment. The location of the services must be designed in such a way that it is easily accessible by means of public transport, the architectural solutions enable accessible movement, and furniture, equipment and the conditions necessary for living correspond to the age characteristics, health and movement status of client. Compliance with these conditions is checked by the body authorizing the operation. (Council recommendation point 5.d.)

The Social Act lays down client rights. During the provision of social services attention must be paid to the **full and complete respect of the constitutional rights** of those who receive care, with particular attention to the right to life, human dignity, physical integrity and physical and mental health. In Hungary the **Integrated Legal Protection Service** (IJSZ) operates for the integrated enforcement of citizen's rights related to patients', caregivers' and children's rights. In its scope of duties related to integrated legal protection representation the IJSZ ensures the enforcement and protection of the legally defined rights of beneficiaries. Within the framework of the national network of human rights' protection, legal representatives operating with county jurisdiction perform these tasks on the basis of the professional conditions for human rights' protection work defined by the IJSZ. The Beneficiary Rights Representative protects the rights of the beneficiaries, helps them learn about them and enforce them. In addition to the beneficiaries, employees are also protected in such a way that the Social Act classifies them as persons performing public duties, based on which status they enjoy increased criminal protection, and crimes committed against them are considered more serious. (Council recommendation point 6.f.)

The existence of well-educated and competent staff is a fundamental condition for performing quality long-term care. Legislation defines the jobs and personnel conditions necessary for the operation of social services as a guarantee of professional quality, and also specifies which professions and professional trainings can be accepted as professional qualifications for each job. The professions accepted as specialized professional qualifications necessary to fill the job position have been broadly defined, so for example, professional qualifications that provide relevant knowledge and belong to the health or education sector are also accepted. Some of the positions defined in the professional decree (e.g. head of institution, senior nurse, social worker) can only be filled with professional qualifications tied to a higher (Bsc, Msc) qualification, while there is no higher level qualification requirement for filling the positions of carer, nurse,

helper, assistant, but they can be performed with higher education and professional qualifications suitable for the job. (Council recommendation point 8.)

The number of employees in the care policy sector is 107,886 which includes the number of employees in state, local government, church and civil institutions and service providers. 8% of the professionals in the sector have a basic education, 65% a secondary education, and 28% a higher education. Based on the data of the Central Statistical Office, in 2023 the average salary of workers in the care policy sector was HUF 435,014 gross.

Among the social services, the following are relevant from the point of view of long-term care:

Basic services:

Home assistance is a service that is provided in the home and living environment of an elderly person who needs help due to their health condition, and it provides assistance in everyday activities. It performs assistive and basic care tasks, provide the applicant with the necessary assistance for maintaining personal hygiene (washing, bathing, etc.), administering medication and eating, and help with shopping, acquiring medication, and administration can also be requested. The service can be used based on a care needs assessment.

The **support service** is a special basic service that provides targeted long-term care and care activities for people with disabilities, as well as a special transport service with staff who have expertise in helping people with disabilities. It contributes to the social integration of people with disabilities, ensures equal participation in family, community, cultural and leisure relationships, as well as supports work and employment, and provides support for children in getting to educational institutions.

Community care provides care for psychiatric patients and addicts in their home. This form of service provides care, mental care, and skills' development to those living with long-term psychiatric problems who receive specialist medical care, while their rehabilitation, recovery and social security can also be helped with intensive community care. On the other hand it helps addicts with social and mental care to improve their health and psychological condition, maintain their abilities, and resolve their conflicts. Family members of users are also included in the service.

The residents of small villages and farms are provided by **village and land management services**. In small villages, on the outskirts of settlements, and in farms the village and land caretaker is the support of the community with the help of which basic social care can be provided. In the depopulated villages, in the sparsely populated farm world farm and village caretakers have an increasing role and task, their work contributes greatly to keeping small settlements in life of the local society, and with their help people living in the small villages/farms also have access to social, health, labor, public culture, public education, etc. services.

Day care provides elderly, people with disabilities, psychiatric patients, addicts and the homeless with the opportunity to stay warm during the day, meet hygiene needs, eat on demand, maintain social relationships, and receive social and mental support. Day care is a multi-effective form of service. On the one hand, it is a scene of skills' development, -rehabilitation and -preservation, and on the other hand it is the most effective form of basic social service for the family of a person living in their own home in need of support, since the time spent in day

care enables the family members providing care to perform other tasks, and to maintain their health and mental condition, as well as employment. People living with dementia are a prominent target group, and in their case, the purpose of professional activities in day care is to preserve and improve their abilities and skills, and to strengthen the feeling of belonging to the community.

Residential social services:

Residential social services are aimed at those persons whose circumstances, health status, or social need make it impossible to maintain their independent lifestyle even with the use of basic services. Social institutions providing long-term care can provide full care on a temporary or a permanent basis. As part of comprehensive care at least three meals a day (dietary meals based on a specialist's prescription if needed), housing, care, and basic care tasks must be provided.

Supported housing, as a form of novel, innovative care, is provided to people with disabilities, psychiatric or addiction patients, which offers housing services and other services based on a complex needs assessment in accordance with the age, state of health and self-sufficiency of the person in order to maintain and support independent lifestyle. The basic principle is that housing and social services are separated from each other. No other social services may operate at the location of the housing service, which is possible in houses and flats with a maximum of 12 people. Instead of providing residential care in a ready-made "package", supported housing uses a flexible combination of different forms of housing and assistant services, the locations of which are also separated from each other. By separating the places of residence during the day from the place of residence, we strengthen and encourage independent participation in local community life. The service is based on a complex assessment of the users' needs, which enables care that is best adapted to individual needs.

The following table shows the number of users of the described services above relevant for long term care based on the data from the Central Statistical Office in 2022.

Service	Local government	State	Church	Civil	Total
Basic services					
Home care	48 617	273	38 126	4 321	91 337
Day care for elderly	29 967	38	3 885	905	34 795
Day care for people with dementia	1 723	0	510	559	2 792
Day care for people with disabilities	2 894	478	1 584	3 611	8 567
Day care for psychiatric patients	1 205	79	2 544	1 755	5 583
Day care for addicts	1 066	57	3 254	1 640	6 017
Day care for homeless people	2 271	0	1 091	4 831	8 193
Community care for psychiatric patients	2 059	12	523	2 409	5 003
Community care for addicts	1 060	23	826	2 526	4 435
Support service	4 159	401	2 307	5 821	12 688
Basic services in total	**95021**	**1361**	**54650**	**28378**	**179410**
Residential social services					
Supported living for people with disabilities	22	552	154	441	1 169
Nursing home for people with disabilities	10	30	44	103	187

Home for people with disabilities	84	7 537	1 777	1 277	10 675
Home and night shelter for homeless people	3 723	0	2 513	3 072	9 308
Nursing home for elderly	954	6	148	667	1 775
Elderly home	18 626	5 853	16 429	12 440	53 348
Temporary housing for psychiatric patients	0	32	15	48	95
Housing for psychiatric patients	0	5 233	1 104	882	7 219
Temporary housing for addicts	0	8	11	86	105
Permanent housing for addicts	0	895	152	20	1 067
Supported housing for people with disabilities	0	1 056	339	897	2 292
Supported housing for psychiatric patients	0	452	50	290	792
Supported housing for addicts	0	135	125	130	390
Residential social services in total	**23419**	**21789**	**22861**	**20353**	**88422**

In addition to the efficient operation of social services that provide personal care, the Government aims to operate a fair and targeted monetary social benefits' system ensuring that persons in social need can access benefits that ease their living. **The Government gives special support to families caring for their children with a disability and family members at home.** There is no legal definition of informal caregivers in Hungary. Carers of a family member can receive financial benefits, **care fee** or **child home care fee** from budget sources (the child can also be of adult age, e.g. a 40-year-old person with severe disability can be cared for by his 65-year-old parent). Both benefits belong to income replacement social benefits, and were created primarily to support those who give up their job due to the performing home nursing and care tasks. (Council recommendation point 9.)

The care fee can be provided to a relative who takes care of a person with severe disability (regardless of age) who needs constant long-term care, or a chronically ill child under 18 years of age. Depending on the severity of the patient's health condition, it can be determined in three different amounts.
As of 1 January 2019 the benefit called child home care fee (GYOD) was introduced to caregivers of children unable to care for themselves.

A biological or adoptive parent is eligible for GYOD if she/he cares for
a) a biological or adopted child who is incapable of self-support due to a severe disability, or
b) a child who is unable to support himself due to long-term illness.

Eligibility can be determined regardless of the child's age, only the parent-child relationship is relevant. Other relatives can only become entitled to the care fee in the event of the parent's death, or if the parent is no longer able to care for the child due to their health condition, the parent's right to parental custody is suspended or terminated by a court.

The child's inability to self-support is determined by a specialist who meets the conditions defined by law in the case of children under 6 years of age, and by an expert over the age of 6.

The **aim of GYOD** is to ensure that parents who care for their **children in the most serious condition 24 hours** a day receive an amount higher than the care fee. On 31 December 2018 those entitled to GYOD were selected from the list of those entitled to nursing fees.

Both the care fee and the GYOD are income replacement benefits created to support those who give up their earning activity to do home nursing and care tasks.

Therefore working besides receiving GYOD is limited. In the event that the condition of the person being cared for and the extent of the need for care allows, it can only be no more than 4 hours a day, but in the case of work done at home, earning activity can be continued without time limits.

The monthly amount of the home care fee for children was HUF 100,000 gross per month at the time of its introduction, which amount has already reached double the initial amount in 2022. At the same time, the number of beneficiaries is also increasing. In 2019-2020 it was an average of 20,000 people per month, and according to CSO data as of 31 December 2022 it increased to **26,692 people of which 23,740 were women**.

The amount of GYOD in 2024 is the same as the minimum wage in 2024, i.e. HUF 266,800 gross. If the parent takes care of several children who are unable to provide for themselves, the fee is **one and a half times** the amount, from which a pension contribution of 10% is deducted.

The period of entitlement to GYOD entitles the beneficiary to retirement benefits and the use of health services, just like the nursing fee.

1.1. Diagnosis of the gaps and remaining challenges

I. Limits on access to home basic services

Limited capacities
The local human system of services, which plays an important role in terms of the ability of settlements and regions to retain population, is a challenge, including the infrastructure of local social services. Another difficulty is the territorial inequality of long-term care and nursing services. In order to mitigate this, it is necessary to develop the infrastructural conditions of basic social services that take care of people with disabilities, the elderly, addicts, psychiatric patients and homeless people, and to develop community-based services that are adapted to individual needs.

Limited access period
In the case of basic social services opening hours are a problem. If we want to help the caring family member get or keep a job, opening hours must also facilitate this, and it is not enough to provide a service six hours a day or between 8 am and 4 pm.

Difficulties in caring for people with dementia
In Hungary, as in many other countries, we currently do not have accurate data on the number of people living with dementia, there is no dementia register. According to estimates the number of people directly affected is around 250,000. However, counting the affected direct or indirect family members, the number can be put at 1 million people, which is more than 10% of the entire population. Overall citizens have little knowledge and understanding of the development of the disease, the symptoms, its course, treatment and the possibilities. There is no platform

where adequate information can be obtained when the first symptoms are detected. There is no healthcare and/or social specialist with specific knowledge who can support families independent of the elderly care system.

In the current service system, within the framework of the support service, the transport of elderly people living with dementia to a day care facility is not resolved. Organizing this would be important in relieving the burden on family members.

II. The developmental needs of long-term nursing care residential services

Limited capacities

Although the number of births in Hungary has recently shown a positive trend thanks to favorable family support measures, the population is constantly decreasing and aging, as in many EU member states. The population's life expectancy at birth shows a continuously increasing trend. In the last few decades the health status of the population has improved in European countries including Hungary, and the number of premature deaths has decreased significantly. Those in need of long-term care are mainly the elderly. However, the fact that fewer and fewer people live near their elderly parents makes it difficult to maintain family relationships and care for them in case of illness. In view of this, it may become necessary to use residential social services, however, the available places cannot serve the increasing needs. This is especially true for people with dementia. Over the past ten years, the rate of residential care for the elderly has increased by 5%. figures show that there are now 4,828 more places available than in 2010. In addition, the pressure on care homes and the length of waiting lists is increasing.

Most buildings used for residential social institutions have a history of many decades, sometimes centuries, and the condition of the buildings is now deteriorated and out of date. For this reason, the operating license of many institutions is only valid for a temporary, specific period of time. In many cases, the physical conditions do not meet the needs of care, nor are they suitable for meeting the special needs of people with dementia. In the case of homeless people, it is typical that they are cared for in an institutional form, in which the personal and material conditions are given for the care of those with self-sufficiency, but the needs have changed and long-term care would be necessary.

In Hungary in health and social care nursing is a task that operates in different organizational settings, they are professionally and organizationally different tasks, while containing similar elements in its scope of activities. Within health care, the nursing task also appears in the work of general practitioner (district) nurses, in home care, and in active and chronic hospital care. In social care care is provided at the patient's home or in an institution providing residential accommodation. Due to the long-term progressive nature of their illness the care of patients who require long-term nursing care requires the continuous, coordinated cooperation of health and social care professionals.

All elements of nursing and care can be found in the domestic health and social services, they do not form a uniform system either in terms of management, financing, or care. There is a lot of overlap and similarities between the two areas. Tasks similar in content are currently organized in the two supply systems and implemented according to different access rules and funding rules. The difference, however, is that while the social institution provides full care – physical, mental and health care – to its residents, and also provides them with a home-like feel according to their personal needs, healthcare institutions provide medical services.

III. Long-term care human resource challenges

An important limitation of the proper operation of social services and the expansion of capacity is the labor shortage. It is common in the social sector to leave the career, and fewer and fewer people apply for social vocational training. The preparation of those employed in long-term care is very heterogeneous and fragmented. In the field of long-term care and care, safe, effective and efficient work can only be realized if the appropriate number and knowledge of human resources are available to satisfy the varying composition and size of care needs.

IV. Difficulties of caring family member

The limits of the capacity of basic social services, the extra burdens and tasks resulting from disability often grind down the "power" of families caring for them at home and push them to the margins of society. In most cases families are left on their own and do not receive expert help. It is also difficult for them to perform at the workplace and to keep the job. Because of care tasks that require constant presence, they are excluded from cultural and leisure activities, their relationships become narrower, and their social activity decreases, which may lead to further burdens on the social care system in the future.

V. The importance of social sensitization, approach and attitude formation

It is necessary to improve the awareness and recognition of the work of social professionals. Hungarian society does not value the work of those working in the social field, despite the fact that they perform tasks that are known to be very responsible and mentally taxing. Social professionals work a lot, they are helpful, perform useful but invisible work and are very much needed. It would be important to extend the visibility of the activity outside the field of those involved. It should be shown what exactly is the work done in the field of long-term care, why it is important, in which cases one can turn to them and how to contact them.

1.2. Involvement of stakeholders

In order to promote that the broadest groups of society can be involved in the preparation of measures within the framework of good governance, thereby promoting the multifaceted foundation of legal regulation in the interest of the public good, and thereby improving the quality and enforceability of measures and legislation, based on the Act on Social Participation in the Preparation of Legislation drafts must be submitted for social consultation. The purpose of social consultation is to ensure that well-founded measures are taken by **channeling and considering the opinions of as many organizations as possible**. Legislative amendments, strategic documents and drafts of more important measures are always consulted with civil and church organizations, interest representation bodies and trade unions. As part of social consultation, the drafts are publicly available to all citizens on the ministry's website, and anyone can make comments and suggestions.

2. Political objectives and measures to be taken

2.1. General policy response

Hungary's **strategy for long-term care** sets out goals with which, among other things, it supports long-term care in home conditions, as well as non-formal and informal assistance, and

focuses on eliminating regional inequalities and equal access. It strives to provide effective, sustainable, accessible and affordable services. An important and necessary intervention related to this is the establishment and development of institutional systems providing adequate care, as well as the development of human capacity and increasing the level of knowledge. (Council recommendation point 5.)

The **National Disability Program**, in accordance with the CRPD, emphasizes the benefits of providing care for people with disabilities who need long-term care in a home environment. It states that it is a more favorable form of care for both the individual and society than institutional care. It proposes to review the territorial coverage of these types of services and benefits, to expand and rationalize social services supporting people with disabilities, and the development of local care systems. It draws attention to the fact that different forms of personal assistance, which help to achieve a self-directed, independent lifestyle, should be given priority. (Council recommendation point 6.e.)

2.2. Detailed description of measures

Seeing the demographic changes and the increased demands in the field of long-term care Hungary has taken several measures in the past decade that served to strengthen the field, and it is enforcing this objective even more in its currently actions. Already in 2021 we adopted the Long-Term Care Strategy 2030 document including directions for development.

I. Development of access to services available at home

I.1. Already achieved developments:

In recent years, the strengthening of **village and land management services** has been intensively supported by the government. Previously this service could be operated in settlements with less than 600 inhabitants. The population limit increased to 800 people from 1 January 2020, and to 1000 people from 1 January 2022. In practice, the change in regulations resulted in a 51% expansion of the village management service and a 29% expansion of the farm management service in the last four years. (Council recommendation point 5.b.)

Among the digital solutions the **"Gondosóra" (”Caring watch”) program** was implemented within the framework of the project RRF-8.4.1-21-2022-00001 that supports autonomy and independent living. Within the framework of the program, every Hungarian citizen over the age of 65 is entitled to a digital smart device to support their independent lifestyle. Elderly people living in their own homes can contact the dispatch service with the help of a simple smart device, and thanks to prepared specialists who receive the signal, the person requesting help receives the appropriate assistance, let it be a family member, a person or organization performing medical or other tasks. In the event of a health emergency, the dispatcher directly notifies the family doctor or reports the illness to the 112 emergency number, which is why help is reached in a significantly shorter time, and the disaster management and the police can be reached more directly. With the help of the Gondosóra Program the elimination of dangers that arise during daily life becomes faster and more efficient, and the elderly person can live their everyday life safely in their own, familiar environment. (Council recommendation points 5.c.) and 5.e.)

The program *EFOP-1.9.10-22 Development of the transition to community-based services - establishment of a personal support system* was used to support the independent living of people

with disabilities. Personal assistance was modeled within the project. The essential element of this is that the decision is placed in the hands of the person with a disability as to how and what personal help they wish to use to cope with everyday challenges. Personal help facilitates everyday life, active participation in community life and can thus prevent institutionalization. The users of the service could choose their helpers themselves, and the helped person decided when and with what the helper should help. In the framework of the project, there was an opportunity for intensive help, i.e. the helper could be present several hours a day, even all day and on weekends. (Council recommendation point 4.)

In relation to the tasks performed by local governments, TOP Plusz serves to provide equal access to quality public services and to improve the quality of human services. In order to strengthen social cohesion one of the main goals of TOP Plusz is to provide cost-effective, sustainable and high-quality municipal public services at local level, creating the appropriate infrastructural conditions for service provision in the area of basic social care. The aim is to make certain services in the Social Act available to people living in areas affected by access inequalities by creating the infrastructure of new services, creating new capacities and improving the infrastructure of existing services. (Council recommendation point 5.a.)

I.2. Planned measures:

In order to improve access to home care, the quantity and quality of basic social services must be strengthened, which we plan with European Union funds in the 2021-27 planning period. Objectives to be achieved within this framework are the following:

• Expanding the capacity of basic social services by supporting the creation of new basic services and expanding the capacity of existing services.

• Extension of home help for the purpose of care and supervision for even more hours a day.

• Encouraging extended and weekend operation of basic services (home assistance, day care, support service). The Government's objective is to launch a model program that, based on the needs for extended opening hours in the morning and evening, as well as during the weekend, will model them in practice in order to determine the necessary incentives for national introduction. By extending the opening hours of basic social services access to long-term care will improve significantly.

• Organization of a special transport service for people living with dementia in order to strengthen families and promote the presence of the caring family member in the labor market.

• Creation of special counseling and care support to help people living with dementia and their relatives (dementia counseling network). The patients' quality of life can be improved and their independence can be prolonged if the person living with dementia stays with their family instead of being placed in an institution and receives professional nursing and care in their home. With the development of the planned service at the district level, the dementia counselor will be able to play a key role in the preparation of families and in the home care of people living with dementia, as they will be able to reach families who do not use social services. The dementia consultant knows the characteristics and course of the disease, the system of services that can be associated with the given stage, and is able to strengthen the relatives in their supporting role.

• Continuation of the personal assistance project based on the experience so far.

(Points 4, 5 and 10 g. of the Council Recommendation.)

II. Development of long-term care and residential care services

II.1. Already achieved developments:

The amendment of the Social Act, which entered into force on 1 January 2023 created the legal basis for the transfer of the nursing beds of the specialized health care from state-run long-term care to the social care system. Care activities carried out in these institutions in the future are carried out by **specialist care centers** operating within the framework of the social care system and subject to the Social Act. The specialist care center is a special type of nursing home also providing specialist care (e.g. infusion treatment, wound care, wound care, tube feeding, physical therapy, etc.). In these institutions elderly people who require specialized care due to their illness but who do not need acute inpatient hospital care or constant medical supervision, are cared for. The specialist care center therefore provides the same care as the nursing beds in health facilities, but with a higher level of social services.

The transformation of the specialized care system has begun, the goal of the transformation is to ensure that those in need of care receive the highest quality service that best suits their needs. In the year 2023 specialized care centers with 334 beds were established at six locations. Negotiations on the transfer of nursing beds to the social care system will continue this year. (Council recommendation point 5.a.)

With Act XCII of 2007 on the promulgation of the Convention on the Rights of Persons with Disabilities and the related Optional Protocol Hungary undertook to fulfill the **UN Convention on the Rights of Persons with Disabilities**. Article 19 of the UN Convention on Independent Living and Inclusion in the Community recognizes the equal right of persons with disabilities to independent living and inclusion in the community, as well as their freedom to choose and manage their lives. The right of people with disabilities to live independently in the community and to exercise their right to make decisions like other citizens, especially where and with whom they want to live, must be ensured. It must also be ensured that people with disabilities have access to services available to everyone in the community.

Act XXVI of 1998 on the rights of persons with disabilities and ensuring their equal opportunities stipulates that social institutions providing nursing care for people with disabilities with a capacity of more than 50 people must be transformed taking into account the provisions of Article 19 of the UN Convention.

In order to meet the above obligations, **in 2011 the Government adopted Government Decree No. 1257/2011 (VII.21.) on the strategy for the replacement of places in social institutions providing nursing care for people with disabilities and the governmental tasks related to its implementation** (hereinafter: Strategy), and thereby committed to supporting the

independent living of people with disabilities. With this, in the field of social services for people with disabilities and psychiatric patients, it placed the emphasis and the center of social policy on services integrated into the community, based on individual needs and human dignity. The Government recognized that people with disabilities need personalized conditions and services instead of social and geographical marginalization and uniform, institutionalized services.

Since its adoption, the Strategy has been revised twice, first in 2017 (Government Decree 1023/2017 (I. 24)) and then in 2019 based on the available deinstitutionalisation experiences, with broad professional and civil participation. The purpose of the **Government decision 1295/2019 V. 27.) on the long-term concept on the deinstitutionalisation of places in social institutions providing care for persons with disabilities for the years 2019-2036** (hereinafter: Concept) is to create conditions for the full enforcement of human rights, to improve the quality of life of persons with disabilities, and to develop community-based services. According to the Concept, **residential institutional** forms providing nursing care for persons with disabilities and psychiatric patients **with more than 50 persons per license must cease in Hungary by 2036 at the latest**, and community-based forms of care must take their place.

In accordance with the basic principles of the Strategy, **on 1 January 2013 supported housing was introduced as a new form of service in the Social Act**. This is care provided to people with disabilities, psychiatric patients – not including those with dementia – and addicts, which, in accordance with age, health status and self-sufficiency, provides housing and further services. From 2015 new nursing places for the target group can only be created in the form of supported housing.

In the system of social services in Hungary, the regulation of supported housing has opened completely new paths. New principles and values have appeared in operation and management. The introduction of this model also brought modern, innovative thinking in the field of social services with its person-centered, needs-based logic based on service elements. The care of users is facilitated by the cooperation of basic social services.

Instead of a medical approach, supported housing moves towards a human rights, social approach which focuses on the active and independent social participation of the person with a disability on the same basis as others, and their sovereign community involvement:

- adapts to the individual's needs, thus supporting the development and maintenance of independent lifestyle;
- provides person-centered, individualized services;
- ensures the freedom of decision by choosing the form of housing and support;
- builds on the individual's existing abilities, provides an opportunity to acquire new skills necessary for independent living through the separate selection of support for housing and everyday living;
- is based on community-integrated service organization.

The availability and use of supported housing is constantly expanding in Hungary. There are currently **more than 5,200 supported housing places** in the country. It is important to note that supported housing is created not only by replacing large institutions, but also by building and renovating new apartments.

Since 2011 several European Union sources have made it possible to support the process of deinstitutionalisation, the professional coordination of the process, and the preparation of workers and service users. The aim of the projects – as part of a process – is to replace the form of institutional care that provides nursing care for people with disabilities, psychiatric patients, and people with addictions in institutions with more than 50 people per licensee by a form of supported housing and high-quality, accessible community based services that reflects the needs of residents.

- Within the framework of the program **Replacement of Residential institutions TIOP-3.4.1.A-11/1** a total of 6 social institutions' places were replaced in 2016, 697 supported housing places were created from HUF 5.8 billion.
- Within the framework of the scheme **EFOP-2.2.2-17 Development of transition from Institutional Care to Community-Based Services** 2050 places were replaced until 31 October 2023 from HUF 24.15 billion. The project VEKOP-6.3.2 Development of the Transition from Institutional Care to Community-based Services – Deinstitutionalisation of Institutional Places also contributed to this, which supported the replacement of 82 places in the Central Hungary Region with a budget of HUF 730 million.
- Within the scope of the call **EFOP-2.2.25-22 Development of the transition to Community-based services - Development of Supported Housing, Development of Basic Social Services** it was possible to create supported housing and to develop basic social services. The total support awarded was HUF 16 billion, from which 682 supported housing spaces were created until 31 December 2023. The Social Law stipulates that the accommodation capacity of large institutions must be reduced by the same number of places as the supported housing places created within the framework of the tender by 31 December 2025.

In addition to the European Union tenders, supported housing is also being built from **domestic sources** in the Central Hungarian Region. (Council Recommendation points 5.a, 6.e.)

The Government also supports the development of services with budgetary incentives. (Council Recommendation points 6.b, 10.h.)

In the case of supported housing for people with disabilities from 1 January 2020 those persons who have an **increased or high need for care** based on the complex needs assessment **receive additional support based on the actual intensity of care**. As a result of this positive change, funding follows the real need for care.

Recognizing the increased support needs of autistic people, the services provided to them **receive an increased amount of state support**.

In the case of people with autism **the level of state support for support services** provided in their homes that help them in their everyday life **is 33% higher** than in the case of people with disabilities with no autism. **In day care, the state subsidy is 30% higher** for the care of people with autism.

In these types of institutions from 1 January 2023 (in day care, from 1 January 2024), recognizing the higher support needs of people with autism, appropriate care can be ensured by using higher state support. Compared to the 2022 Budget Act, the subsidy amounts were fixed in the 2024 central budget with the following increases:

- In the case of day institutional care for people with disabilities: 63.9% increase.
- In the case of autistic persons cared for in a home for people with disabilities: 74.5% increase.
- In the case of persons with autism in a rehabilitation institution for people with disabilities: 85.2% increase.
- In the case of care for a person with autism in a nursing home for people with disabilities: 51.0% increase.
- In the case of care for a person with autism in a nursing home for people with disabilities: 135.0% increase.
- Supported housing for people with autism (except for high or increased support needs due to the complex needs assessment): 90.3% increase

Another favorable change in the area of funding is that from 1 January 2020 in the case of support services and day care provided to people with disabilities including people with autism the support can also be taken into account if the recipient is also in supported housing for people with disabilities on the same day, that is, state support can be claimed for the same beneficiary in all three forms of service. Support can also be requested if the beneficiary of supported housing for psychiatric patients also uses day care on the same day.

The homeless population is also affected by the demographic change. Among those who use the services there is an ever-increasing number of elderly homeless people in need of long-term care due to their health and mental condition. The Social Law provides them with care appropriate to their condition within the framework of services defined in the law. Funding for long-term care homes for homeless people has increased significantly (by 192%) in the last five years, encouraging the operators to operate accommodation suitable for this target group.

II.2. Planned measures:

The Government plans to improve residential social care by implementing the following measures:

- **expanding the number of places** for residential care for the elderly living with dementia by reclassifying institutions and creating departments;
- **expansion of places in nursing homes for the elderly, expansion of places in supported housing services** for the disabled, psychiatric and addiction patients;
- increasing the number of places providing nursing care for homeless people;
- **making home nursing services available** in social institutions that do not have a nursing license.

(Council recommendation point 5.a.)

II. Human resource development

III.1. Realized developments

- Qualifications that provide the specialized qualifications necessary for filling the professional position can currently be obtained in vocational training that provides secondary education, or within the framework of higher education. Vocational training providing secondary education has changed significantly in recent years. Vocational qualifications of the foundation providing secondary education in the social services professional group can only be taught in the school system. Basic professions can be studied in vocational schools and technical schools, where the basic education in the sector is followed by specialized training. The basis of the curriculum is determined by the training and output requirements approved by the minister responsible for the management of the sector. In the school system there is also the possibility of day and evening (besides work) training, in the latter case the training period is shorter. A significant result of training in the school system is that training costs do not burden either the student or the employer.

The Social Act defines the **further training obligation** of employees employed in the sector. In recent years the further training education system has been transformed and strengthened. The purpose of further training is to ensure the continuous professional development of those working in the social sector, both methodologically and in areas affecting competences, including support for personality development.

For those with managerial mandates special further training has been developed in the form of **leadership training**, which promotes the continuous professional renewal of managers, their conscious and effective management, and the development of their competence awareness. The management training system prepares sector managers to be able to interpret their own leadership role and the work and role of the institutions/services they manage from a systems perspective, and to acquire in-depth, up-to-date knowledge for managing professional tasks in the current legal environment.

In the case of some service user groups, in addition to the above mentioned specialized professional qualifications, further training and management training and additional special knowledge is also required to adequately meet the individual needs of users. Support for the acquisition of specialized knowledge was ensured by the creation of additional training courses:

- mandatory professional training required for filling the position,
- sectoral trainings (provides specialized knowledge for employees with specialized qualifications, or serves to expand the competence of persons without specialized qualifications)

(Council recommendation point 8.a.)

- In order to support the wage conditions of those employed in social services, in order to avoid emigration, it is prioritized that workers receive the wages available in the health sector. The aim of the measure is to offer the same wage for those employed in social institutions in positions requiring medical qualifications as if they were employed in the health sector. As a result of this the **health care supplement** was introduced on 1 January 2018. Thanks to this there is no difference between the wages of colleagues working in the health field and those working in the social field, typically in the field of long-term care and specialized care, and the wages of those employed are the same in the two sectors.

As of 1 January 2023 as a result of the increase in the minimum wage and the guaranteed minimum wage, the wage in the social sector increased by an average of 11.8%. From 1 December 2023 the minimum wage was increased by 15% and the guaranteed minimum wage by 10%. As a result of the increase, wages in the social sector increased by almost 9% in December 2023. As a result of the increase the average salary in 2023 was HUF 435,014 gross. (Council recommendation point 7.a.)

III.2. Planned developments

It is necessary to increase the number of people employed in long-term care with means beyond training. Support programs must be developed to avoid a decrease in the number of applicants and a shortage of professionals. The **system of incentives** must be strengthened, e.g. by providing work clothes and introducing a scholarship program for applicants and students in secondary and higher social vocational education. The goal is also to further develop the further training and vocational training of professionals (e.g. the development of new teaching materials; enabling transfer between health and social vocational training; the coordination of the health and social further training system with regard to further training tasks affecting the field of long-term care). (Council Recommendation points 8.a, b.)

The expansion and development of the capital city's human capacity is planned as part of the TOP Plusz program. The program encourages young people and career changers through scholarships to choose training related to the jobs in the social sector most affected by the labor

shortage, and provides mobility and housing support for social professionals moving to the capital. (Council Recommendation 8. a) and b) points)

In order to reduce the shortage of professionals a priority task is to adjust the wages of those working in the field of care policy. (Council recommendation point 7.a.)

IV. Support for the caring family member

IV.1. Realized developments

The care fee and the home care fee for children have increased as follows.

As of Act XXV. §71 (2) point c) of 2022 on the central budget of Hungary for 2023 (2023 Budget Act) the basic amount of the care fee is HUF 45,665 (+5.2% increase) from 2023.

As of Act LV. §68 (3) point c) of 2023 on the 2024 central budget of Hungary (2024 Budget Act) the basic amount of the nursing fee is HUF 48,405 (+6% increase) from 2024.

Form or care fee	Amount in 2022*	Amount in 2023*	Amount in 2024*
Basic amount care fee	**HUF 43 405**	**HUF 45 665**	**HUF 48 405**
Increased care fee	**HUF 65 110** *(150% of the basic amount)*	**HUF 68 500** *(150% of the basic amount)*	**HUF 72 610**
Premium care fee	**HUF 78 130,- Ft** *(180% of the basic amount)*	**HUF 82 200** *(180% of the basic amount)*	**HUF 87 130**

** gross amount before 10% pensions' contribution deduction*

The amount of GYOD in 2019 (the year of introduction) was HUF 100,000 gross. If the parent takes care of several children who are unable to support themselves, the amount is one and a half times.

According to the 2023 Budget Act, the monthly amount of GYOD in 2023 is the amount of the mandatory minimum wage established for 2023 (+16% increase).

According to the 2024 budget law, the monthly amount of GYOD in 2024 is the amount of the mandatory minimum wage established for 2024 (+15%).

GYOD	Amount in 2021*	Amount in 2022*	Amount in 2023*	Amount in 2024*

When caring for one child *(basic amount)*	141,680 in January 2021 147,315 from February 2021	**HUF 200 000**	**HUF 232 000**	**HUF 266 800**
When caring for more than one child *(150% of the basic amount)*	HUF 212,520 in January 2021 From February 2021 HUF 220,975	**HUF 300.000**	**HUF 348 000**	**HUF 400 200**

** gross amount before 10% pensions' contribution deduction*

(Council recommendation point 9.c.)

IV.2. Planned developments

In order to strengthen non-formal care, we would like to create the "nursing family member model", a system of volunteers, peer volunteers, helpers, whose work we want to support with regularly updated further training materials and an online interface and call center with good practices. In order for the model to spread it is necessary to support atypical forms of employment for working family members, so that they can better coordinate the care of their elderly relatives (and the care of their children) with their work.

Caring for a patient with dementia at home is a physical, financial and mental burden at the same time. Families must be prepared to help their relatives professionally, delaying and mitigating the negative consequences of symptoms. Learning to communicate properly, organizing visual and spatial assistance, helping to maintain personal hygiene and mental freshness are areas in which it is necessary to support family members. (Council recommendation point 10.g.)

V. Social sensitization, view and attitude formation

In order to shape the attitudes of the future generation and to change their attitudes, knowledge related to long-term care must be included in the curriculum of public education.

Sensitization of the adult population should be helped with media appearances (campaigns), leaflets and informational publications addressing individuals, groups and the mass population. The call for attention at the social level should focus on thinking ahead (prevention), on the importance of preparation (e.g. the importance of a healthy lifestyle, regular exercise and performing activities to preserve mental freshness throughout life).

By using indirect communication tools the services and the work of those in long-term care and hospice services must be introduced to the stakeholders.

There is also a need for a change of attitude in society in relation to dementia, in which caring for people living with dementia is valued both at the professional and lay level, as well as at the level of society as a whole. Successful implementation of 'dementia-friendly' initiatives requires a multi-sectoral approach involving government, civil society and the private sector. A dementia friendly society provides an inclusive and supportive community environment that optimizes opportunities for people's health, participation and safety to ensure quality of life and dignity for people living with dementia and their carers. (Council recommendation point 10.g.)

3. Remaining challenges and needs for EU support

3.1. Remaining challenges

- In addition to the large number of institutional places that have already been deinstitutionalized, **more than 15,000 more places must be deinstitutionalized by 2036**. During the negotiation of the sources for deinstitutionalization, the European Commission firmly refused that the state's Directorate-General for Social and Child Protection use EU funds to continue deinstitutionalization. In view of this, the beneficiaries of the EFOP 2.2.25 project were local governments, churches and civil actors. The project helped deinstitutionalization in such a way that the number of places in institutions providing nursing care for large numbers of people with disabilities or psychiatric patients was reduced by the same number as the number of supported housing places created. We would also like to implement a project based on similar principles to the project completed at the end of 2023 in the following years, within the framework of which **the number of supported housing places could be increased and the institutional capacity for treating disabled and psychiatric patients with more than 50 places could be reduced by the same extent.**
- In the field of long-term nursing and care of the elderly and homeless people it is necessary to develop capacities that meet the needs, which means the expansion of the available capacities, and the modernization of the available care conditions in line with the needs, and the reduction of crowding. In the case of these target groups it is also necessary to create units that provide housing for smaller numbers of people instead of mass institutions with large numbers of people.

(Council recommendation points 5.a, b.)

3.2. EU support

In the framework of the developments related to long-term nursing care the majority of the finance is provided by the 2021-2027 European Union funds (EFOP Plusz, TOP Plusz) and the Swiss-Hungarian Cooperation Program.

In view of the challenges faced by Hungary in recent years (pandemic, neighboring war and related war inflation) and their negative effects on the public finances, there are currently limited opportunities to implement the above goals from domestic sources. Therefore we are

initiating a dialogue on the possibilities of providing European Union support for the goals indicated in point 3.1.