



Hungary Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

Part of a series of Country Fact Sheets available on the EASPD website

Written by: Gabor Petri

Coordinated and edited by: Policy Impact Lab



SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

In Hungary, most social care and support services are run by the Directorate-General for Social Affairs and Child Protection (www.szgyf.gov.hu), a centralised, state-owned agency, however, churches and non-governmental organisations also run many services. For-profit social services provision for disabled people is largely unknown in Hungary. Residential institutions are still a dominant form of social service in the country and community-based services are underdeveloped and often inappropriate to the needs of disabled people. (Kopasz et al., 2016) Lack of cooperation between service sectors (i.e. health, social, education, and employment) is a serious problem. The 2010s brought many substantial legal and policy changes in how certain employment or social services are organised in Hungary. EU funds have been allocated to several disability-related programmes in social care (Kozma et al., 2016).

Early Childhood Intervention

In Hungary, early childhood services – including early intervention services – are found in nurseries, kindergartens and specialised early intervention centres. The large majority of these services are run by municipalities, however churches and civil society organisations also run services. Early screening and diagnosis are provided by state-run expert committees consisting of trained professionals including special teachers, psychologists and medical doctors – these committees identify special educational needs. Children are usually referred to assessment by nurseries, kindergartens or at times, by family doctors (Gyulavari & Horvath, 2019).

Although many different services, including nurseries, family day-care centres and residential homes have been accredited by authorities to deliver early childhood intervention services, actual early childhood intervention centers with an integrated methodology and trained, multidisciplinary teams are limited to the bigger cities, with the majority in Budapest (Lannert, 2015). According to the Central Statistical Office, in 2013, of nearly 6,000 children with disabilities only 407 received early intervention services such as personalised therapies, rehabilitation, physiological, cognitive or other relevant support in Hungary. Services are provided by trained professionals including special teachers, psychologists, physiotherapists and occupational therapists. Data about waiting lists is not available. Families must pay a service fee for most services. In 2017, acknowledging the need to improve access to early intervention centres, the government launched an EU-funded programme¹ of 17.3 million EUR.

Services for children with disabilities can be found in nurseries for children under three years and in kindergartens for those between three to six years. The majority of children with 'special educational needs' (SEN; the term includes all disability groups but also those with some form of mild learning difficulty or other conditions, including challenging behaviour) attend mainstream nurseries and kindergartens. According to the Ombudsman, the special needs of disabled children are often not met in mainstream schools, for example trained staff is not available (AJBH, 2017). In 2018, according to Central Statistical Office data, the total number of children in nurseries in Hungary (including in all subtypes such as regular nurseries, 'mini nurseries', 'family nurseries' and 'workplace nurseries') was 44,577 (KSH, 2019). The total number of children under five who were diagnosed with disabilities was 5,397 in 2011, when the last national census to date (as of fall of 2019) was held (KSH, 2015 pp. 37), of which only over 700 children were in nurseries. For those without access to nurseries, which either have waiting lists or are not available in a given area, day-care may also be available (see section on day care for more details). However, day-care centres serve a limited number of children - around 1000 in 2015 (KSH, 2015). Most children with disabilities in nurseries have moderate to severe intellectual or physical disabilities² (KSH, 2015).

In 2011, 9.3% of all nursery groups (the maximum number of children in one nursery group is 12) were in integrated services meaning they included children with and without disabilities. Most nurseries (90%) are run by local municipalities. Non-governmental organisations (NGOs) and churches also run some services. Nurseries may charge a service fee, with the ceiling – 20% family's monthly income per person – regulated by law.

¹Programme code EFOP-1.9.5. Website: https://www.antsz.hu/felso_menu/rolunk/projektek/EFOP195

²According to the Central Statistical Office, under the age of three disability is usually present in the form of severe physical disability or brain injury which result in severe disability (KSH, 2015 pp. 38).

In 2019, there were nearly 5,000 kindergartens in the country, providing services for over 326,000 children. Of all children in kindergartens, 3% (approx. 10,000) had SEN, 0.2% more than in the previous year (KSH, 2019). Of all SEN children in kindergartens, over 82% attended integrated classes. By law, specialised support should be provided for SEN children in kindergartens, however a recent study found that the majority of staff in kindergartens and parents did not think SEN children's special needs are always met in kindergartens. (Domiterné Weidl, 2015) The large majority of kindergartens are run by local municipalities. NGOs, churches and the central state run less than 10% of kindergartens.

Education Support

The primary and secondary education system in Hungary is largely centralised by the state. The National Public Education Act (Act 190/2011) provides two options for children with special educational needs (SEN), including (a) education in special schools or (b) education in mainstream schools. Special schools - mostly³ for children with intellectual disabilities or autism, or for children with dual diagnosis that includes intellectual disability or autism, run a special needs education curriculum. They have trained special teachers and assistants to provide support in learning. In Hungary, education is compulsory for all children aged six to 16 so while there can be competition among families to enrol their children into their preferred school, there are no official waiting lists in schools – all children are educated.

In 2019, 3,575 primary schools provided education for 726,300 children, of which 7.6% were SEN children. There were also 2,299 secondary schools with 416,400 pupils, of which 5.7% were SEN. In 2019, 71.1% of all SEN children were educated in integrated classes, constituting a slight increase compared to previous years (KSH, 2019). As stated above, the Ombudsman has found the integration of SEN children into mainstream schools wanting, with insufficient support in the classroom (AJBH, 2017). In integrated classes support may be given by teaching assistants and there may be reasonable adjustments of the physical environment such as accessible classroom. Due to complex societal reasons and the availability of services, there is a disparity between different regions in the proportion of SEN children who are in mainstream schools. For example, in the Western Győr-Moson-Sopron county, nearly 83% of SEN children are in mainstream schools while only 56.8% of SEN children learn together with their non-disabled peers in Budapest (KSH, 2019).

The education system is largely centralised by the state. The large majority of schools are run by the state's Klebelsberg Institution Maintenance Centre⁴ that is a central national agency running nearly 2,900 primary and over 1,400 secondary schools across the country. A smaller number, less than 500 primary schools and less than 400 secondary schools are run by churches including the Catholic Church, the Calvinist Church and the Lutheran Church. An even smaller number of primary and secondary education institutions are run by NGOs and private enterprises, however, data about SEN children in these is not available.

For deaf or hard of hearing children studying in special schools, education in Hungarian Sign Language is mandatory. In mainstream schools, parents can choose for their children to be taught in Hungarian Sign Language. It is mandatory to provide bilingual education for those deaf or hard of hearing pupils whose parents choose so (Act 2009/125 on the Hungarian Sign Language).

Although legislation (such as the National Public Education Act 190/2011) provides inclusionary measures for all Hungarian children, the education of children with severe and multiple disabilities, and the education of autistic children in schools remains somewhat contentious. A special provision 'developmental education' has been created exclusively for children with severe and multiple disabilities – this form of education was delivered to 2,708 children in 2018 at specialized schools. Developmental education entails personalised education and support appropriate to the needs of the child, including speech or occupational therapy, cognitive therapies, physiotherapy and it can be provided for children between six to 16 years of age, for up to 20 hours a week. Children with severe and multiple disabilities are often reported to be excluded from schools and participate in home-education with the help of outreach teachers provided by the state.

³A small number of schools are specialised for children with a physical disability, or blind or shortsighted children.

⁴<https://kk.gov.hu/>

The education of autistic children also remains problematic: although the number of children diagnosed with autism is rising, many parents do not report their child's autism diagnosis due to fear of failing to enrol them (Verdes & Valyi, 2010).

Due to demographic trends, both the number of schools and children in primary and secondary education have been dropping, however, the proportion of SEN pupils is relatively stable. There are regular media reports about staff shortages (i.e. special teachers) in special schools (for example, Eduline, 2018).

At most universities, student support services are responsible for helping students with special needs. Student services provided by universities are free of charge. There is no data available about waiting lists at student services. Support may include personalised advice, consultation, personal assistance, workshops, transportation, and access to special aids. Personnel at student services may include social workers, special teachers, psychologists, personal assistants and drivers.

Employment Support

Hungary features a complex system of labour market services, policies and incentives aiming to support the employment of disabled people. The assessment for 'reduced working ability' consists of various application documents submitted by the claimant as well as a referral by the claimants' GP. Assessment is done by a committee that includes an occupational rehabilitation expert and is headed by a medical doctor (Gyulavari & Horvath, 2019). The present system of labour market policies is relatively recent, following substantial legal reforms throughout the 2010s.

Labour market measures for people with reduced working ability (this legal category includes persons with disabilities and with chronic or long-term illnesses) include a nationwide Public Work scheme, launched in 2011. The scheme aims to form a bridge from long-term unemployment to the open labour market, by enhancing the employment of traditionally excluded social groups. The scheme is run nationally and is available across the country, free of charge for both employers and employees. Data about waiting lists is not available. The programme is managed through the state-owned National Employment Service. In the end of 2019, the Public Work programme includes over 100,000 people nationwide whose wages are reimbursed to employers up to 100%. Training may also be provided to employees under this scheme. Notably, this scheme is not targeted directly at those with a reduced working ability but to everyone in long-term unemployment (Gyulavári & Halmos, 2018).

Sheltered or semi-sheltered employment are often referred to as 'accredited employment' in Hungary. Accredited employers provide employment for people with a reduced working ability, and they also give rehabilitation services through personalised rehabilitation plans. Accredited employers receive 100% of the costs of both employment and rehabilitation services, and also 100% of the costs of workplace adaptations relevant to the employees needs. Social employment is a form of sheltered employment for those living in a residential institution and is subsidised by the state. It entails working hours of a minimum of four and a maximum of six hours per day (20 and 30 hours per week, respectively) (Országgyűlés Hivatala, 2016).

In the open labour market, the state-owned National Employment Service (<https://nfsz.munka.hu>) runs regional training centres that provide training for all jobseekers including people with disabilities. Although such training centres are found across the country, not all centres provide training to people with all types of disabilities – some centres are specialised in physical disability, others in intellectual disability etc.

There are also alternative labour market services in Hungary, often run by non-governmental organisations. These include the 'supported employment'⁵ scheme helping autistic people and people with an intellectual or psychosocial disability. These services are only provided by a handful of organisations across the country therefore they only reach a small number of people (Scharle, 2011). Since 2016, EU Structural Funds have also been allocated to programmes aiming to improve access to employment for disadvantaged social groups, including people with disabilities. For example, the GINOP 5.1.2., GINOP 5.1.3. and GINOP 5.1.7 programmes allocated substantial EU-funds to support social enterprises that employ disadvantaged groups including disabled people.

⁵'Supported employment' is an internationally known and successful model that aims to support people to (re)join the labour market. For more information see for example: <https://www.base-uk.org/what-supported-employment>

Day Care

Day care is a specific form of a basic social service recognised by the Social Act (Law 3/1993). Day care services aim to provide social support to persons with disabilities close to their homes – clients are usually adults who are not employed and live with their families. Only a small minority (4.8% in 2017) of users of day care centres are under 18.

Day care centres for persons with any type of disability are responsible for organising social activities and they also provide meals for service users. They also often provide some form of social employment. Day care centres can be found in all cities with over 50,000 inhabitants, and over 90% of settlements with 10,000 to 50,000 inhabitants (KSH, 2016). In smaller towns and villages, day care centres are rarely available. Municipalities with over 10,000 inhabitants are obliged to organise day care services, however, only 71% of these municipalities run centres. Day care centre users pay a fee to attend.

The number of clients in day care centres for persons with disabilities was 7,613 in 296 centres in 2018 (KSH, n.d.). Both the number of clients and the number of centres have been rising since the early-2000s. In the end of 2018, there were 239 people on waiting lists to join day care centres for persons with disabilities. (Kovács-Angel, 2019) Day care centres are not always able to address the needs of clients, for example a person's special sensory or communication needs are not always accommodated. Therefore many disabled people choose to seek assistance outside centres, through informal networks or their own families (KSH, 2018).

In 2013, the most recent data available at the time of drafting this report at the end of 2019, 38% of all users of day care centres were attending municipality-run ones, 41% were in centres run by non-governmental organisations (including disabled people's organisations), and 19% in church-run services. Centres run by enterprises or private entities are virtually non-existent in Hungary. Clients in most day care centres pay a service fee.

Living Support

In Hungary, living support is provided through services regulated in the Social Act (3/1993), and services are usually provided by the state, churches or NGOs. Although a range of services (e.g. clubs for the elderly, subsidised meals etc.) are available, services more specific to persons with disabilities include 'support service' ['támogató szolgáltatás'] and home assistance – the latter used mostly by elderly people. These community-based social services aim to support those persons with disabilities who live outside residential institutions, however, residents in small group homes or other social care homes may sometimes use 'support services' (Farkasné et al., 2016).

Support services are the most commonly used form of social service for persons with disabilities in private households. Support services aim to assist people in most areas of life including accessing public services, employment and transport and tending to daily activities. Support services are provided at a fee, however, people with lower income pay a smaller fee. Support services are only available to people with a severe disability and they are only available in around 80% of towns and cities (KSH, 2018). Only around 4% of all persons with disabilities use these services (KSH, 2015). Around 38% of all support services are run by NGOs. Public bodies including municipalities run 13%, associations of municipalities run 25%, church organisations account for around 17% of such services and the state runs 3% (KSH, 2018).

There is also a third type of service, 'supported living' ['támogatott lakhatás'], that is a relatively new legal category in Hungary, introduced following legislative changes in 2013. Supported living aims to help persons with disabilities to live independently. Although the term 'supported living' internationally refers to living arrangements for a small number of people who receive social support independently from their housing services, the meaning of the term in Hungary is markedly different. 'Supported living' can be provided in houses and flats for up to twelve residents, but also in 'living centres' – units of residential institutions – for up to 50 people. Supported living is provided to persons with disabilities but also to psychiatric patients and those with drug or alcohol addiction. The service fee can be up to 80% of the resident's monthly income. Typically, 'supported living' services combine housing and social services provided by the same service provider. Since its establishment in 2013, the number of clients in supported housing services has been rising steadily from 220 clients in 2014; 1,324 clients in 2016; and 1,626 clients in 2018. (KSH, 2019b) There were 116 people on waiting lists for 'supported living' in 2018 (Kovács-Angel, 2019). Supported living services are run by large residential institutions (most of them owned by the state-run Directorate-General for Social Affairs and Child Protection), as well churches, municipalities and non-governmental organisations.

Long-term Institutional Care and Respite Care

In Hungary, there are around 39,000 persons with disabilities who live in residential institutions, (Halmos, 2019) including residential institutions for persons with disabilities or social care homes for elderly people (KSH, 2015) – this number represents around 8% of all persons with disabilities. Although the Hungarian social care system has a specific category of residential institutions for persons with disabilities, more than half of persons with disabilities in institutions live in homes for elderly people. Homes for psychiatric patients are a separate type of social service, with over 8,300 residents in 2018. The separation is due to the definition of disability in Hungary, that did not include psychosocial disability until the early 2010s – the social care system still follows the old paradigm where psychiatric patients are not recognised as persons with disabilities. Institutions are usually rather large – the average number of beds in residential institutions for persons with disabilities was 82 beds in 2013, the latest data available at the time of drafting this factsheet in the end of 2019, and a third of residential institutions had over 100 beds (KSH, 2018). Less than 10% of residents lived in homes with under 14 beds. Small group homes for up to 14 residents are less readily available – in 2016, only around 1,500 residents lived in such settings. Residents in residential institutions and group homes pay a service fee. In 2018, there were over 1,500 people on waiting lists for residential institutions for persons with disabilities (Kovács-Angel, 2019).

The large majority of residential institutions are run by the state-owned central agency Directorate-General for Social Affairs and Child Protection (<https://szgyf.gov.hu/en/>). Municipalities have capacity representing 18% of beds and church-run residential homes' capacity represent under 18% (KSH 2016). Most residents in institutions are people with an intellectual disability, people with multiple disabilities or people with psychosocial disabilities. Given the lack of accessible and appropriate community-based services many people with a physical disability live in care homes for elderly people.

Respite services exist in the form of 'temporary homes' for disabled people. Temporary homes are residential social services that provide temporary accommodation for those persons with disabilities whose family background, personal problems or other circumstances do not allow them to stay in their or their families' home. Clients in temporary homes pay a service fee. The capacity in temporary homes is relatively small, just over 200 beds (Székelyné Kováts & Szabó, 2017). There were 42 people on waiting lists in 2018 (Kovács-Angel, 2019).

Leisure and Social-Life Support

Leisure and social activities such as sports or cultural events for children with disabilities are usually organised by primary and secondary schools and NGOs. According to an interviewed government expert, social activities for adults with disabilities are mostly organised by different NGOs and other, often informal bottom-up initiatives at local level.

Sports activities for persons with disabilities are organised by several mainstream national sport associations as well as special associations established and run by persons with disabilities. The largest national umbrella organisations supporting sports activities for persons with disabilities is the Hungarian Paralympic Committee. The National Sports Association of Disabled Students (FODISZ) is another leading umbrella organisation that represents local and grassroots groups that organise sports for persons with disabilities in public education, vocational schools and local communities. According to expert interviews, sports activities are subsidised by the state through the Ministry of National Resources or by municipalities, however most sports associations also rely on private funding such as sponsorship agreements with enterprises.

FUTURE TRENDS

In 2012, the Hungarian government launched a deinstitutionalisation reform aiming to reduce the capacity in residential institutions by establishing smaller residential settings and moving residents to the community. The deinstitutionalisation programme is funded by EU Structural Funds. A long-term deinstitutionalisation strategy⁶ was also published and according to government communications⁷ up to 10,000 residents will be moved out of institutions by 2023. In the first phase of the reform, between 2012-2015, nearly 700 persons with disabilities left six residential institutions. Early evaluations (Kozma et al., 2016) of the reform found that newly established residential settings may carry many of the characteristics of institutions. The strategy also met vehement criticism by leading DPOs.⁸

CONDUCTED INTERVIEWS

- Adrienn Gazsi, legal expert, Hand in Hand Foundation
- Anonymous, social policy expert, Ministry of National Resources

DATA SOURCES

- Act on the Hungarian Sign Language (Act 2009/125). Available in English at <https://sinosz.hu/sinosz-materials-in-english/sign-language/> (Last accessed 14 November)
- National Public Education Act (Act 190/2011)
- Állampolgári Jogok Biztosának Hivatala – AJBH (2017). MULASZTÁSOK ÉS JOGSÉRTŐ GYAKORLATOK A SAJÁTOS NEVELÉSI IGÉNYŰ TANULÓK OKTATÁSHOZ VALÓ HOZZÁFÉRÉSÉBEN - AZ OMBUDSMAN VIZSGÁLATI JELENTÉSE. Available at <https://www.ajbh.hu/en/kozlemenyek/-/content/qzyKPkTyQAvM/mulasztasok-es-jogserto-gyakorlatok-a-sajatos-nevelesi-igenyu-tanulok-oktatashoz-valo-hozzafereseben-az-ombudsman-vizsgalati-jelentese>. (Last accessed on 28 November)
- Domiterné Weidl, A. (2015). Inklúzió az óvodában. In: Kovácsné Tóth, M. (ed.) Sajátos nevelési igények – méltányos pedagógia. Konferenciakötet. Savaria University Press, Szombathely. Available at <http://mek.oszk.hu/14700/14725/14725.pdf> (Last accessed on 14 November)
- Eduline (2018). Több ezer gyógypedagógus hiányzik a magyar oktatási rendszerből. Available at https://eduline.hu/kozoktatasi/gyogypedagogus_hiany_FA1Q9C (Last accessed on 14 November)

⁶The full text of the current strategy is available only in Hungarian at <https://www.kormany.hu/download/c/23/f0000/kiv%C3%A1lt%C3%A1sr%C3%B3l%20sz%C3%B3l%C3%B3%20koncept%C3%B3.pdf> (Last accessed on 5 November 2019)

⁷For example, <https://fszk.hu/english/deinstitutionalization/implementing-deinstitutionalisation-in-hungary/> (last accessed 5 November 2019)

⁸See the statement by the National Federation of Associations of Persons with Physical Disabilities: https://enil.eu/wp-content/uploads/2019/06/MEOSZ-statement-on-the-Hungarian-deinstitutionalisation-strategy_final-version.pdf (last accessed 29 November)

- Farkasné Farkas, Gy., Meleg, S., Velkei, M. (2016). Támogató szolgálatok szakmai felmérése. Budapest: Nemzeti Rehabilitációs és Szociális Hivatal. Available at http://szocialisportal.hu/documents/10181/87698/tsz_tanulmany_2016.pdf/360d75a1-98b7-4b82-9051-21ffd179a2ce (Last accessed on 15 November 2019)
- Gyulavari, T., & Halmos, S. (2018). Social Pillar Country report. Hungary. Academic Network of European Disability Experts (ANED). Available at <https://www.disability-europe.net/country/hungary> (Last accessed on 5 November 2019)
- Gyulavari, T., & Horvath, P. (2019). Task 2017-18 Disability assessment – country report. Academic Network of European Disability Experts (ANED). Available at <https://www.disability-europe.net/country/hungary> (Last accessed on 28 November 2019)
- Halmos, Sz. (2019). Támogatott életvitel és támogatott döntéshozatal – a CRPD 12. és 19. cikkének konzisztens végrehajtásának lehetőségei Magyarországon. Pázmány Law Working Papers, Pázmány Catholic University, Budapest. Available at <http://plwp.eu/files/2019-03Halmos.pdf> (Last accessed on 5 November 2019)
- Kopasz, M., Bernát, A., Kozma, Á, Simonovits, B. (2016). Fogyatékossgal élő emberek életminősége Magyarországon az intézménytelenítési folyamat küszöbén. Budapest: Táarki. Available at <http://old.tarki.hu/hu/publications/SR/2016/18kopasz.pdf> (Last accessed on 16 November 2019)
- Kovács-Angel, M. (2019) Mélyponton a szociális ellátás: 34 ezer rászoruló a várólistán. 24.hu. Available at <https://24.hu/fn/gazdasag/2019/01/08/szocialis-varolista-rekord/> (Last accessed on 14 November 2019)
- Kozma, A., Petri, G., Balogh, A., & Birtha, M. (2016). The role of EU funding in deinstitutionalisation (DI) in Hungary and the experiences of the DI programme so far. Budapest: Hungarian Civil Liberties Union. Available at <http://tasz.hu/en/disability-rights/closing-down-six-institutions-slowly-hungarian-disability-policies-are-changing> (Last accessed on 5 November 2019)
- KSH – Központi Statisztikai Hivatal (n.d.). Tájékoztatósi adatbázis. Szociális szolgáltatások. Available at <http://statinfo.ksh.hu/Statinfo/themeSelector.jsp> (Last accessed on 5 November 2019)
- KSH - Központi Statisztikai Hivatal (2015). 17. A fogyatékossgal élők helyzete és szociális ellátásuk. Available at: https://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_17_2011.pdf (Last accessed on 5 November 2019)
- KSH - Központi Statisztikai Hivatal (2016). Szociális Statisztikai Évkönyv 2015. Available at http://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/szocialis_evkonyv_2015.pdf (Last accessed on 5 November 2019)
- KSH - Központi Statisztikai Hivatal (2018). Mikrocenzus 2016. A fogyatékos és az egészségi ok miatt korlátozott népesség jellemzői. Available at www.ksh.hu/docs/hun/xftp/idoszaki/mikrocenzus2016/mikrocenzus_2016_8.pdf (Last accessed on 5 November 2019)
- KSH - Központi Statisztikai Hivatal (2019). Statisztikai tükör, Oktatási adatok 2018/2019. Available at: <http://www.ksh.hu/docs/hun/xftp/idoszaki/oktat/oktatas1819.pdf> (Last accessed on 5 November 2019)
- KSH – Központi Statisztikai Hivatal (2019b). Stadat – Idősoros éves adatok, szociális védelem. Available at https://www.ksh.hu/stadat_eves_2_5 (Last accessed on 5 November 2019)
- Országgyűlés Hivatala (2016). Szociális foglalkoztatás. Available at https://www.parlament.hu/documents/10181/595001/Infojegyzet_2016_59_szocialis_foglalkoztatasi.pdf/6aa04c6a-a09a-494b-a96d-6770b0691398 (Last accessed on 14 November 2019)
- Scharle, Á. (2011). Foglalkoztatási rehabilitációs jó gyakorlatok Magyarországon. Kutatási jelentés. Budapest: Budapest Intézet. Available at <http://econ.core.hu/file/download/szirak11/scharle.pdf> (Last accessed on 14 November 2019)
- Verdes, T. & Vályi, R. (2010). Az autizmus diagnosztikája és a minősítés hazai gyakorlata. In: Bognár, V. (ed.) Láthatatlanok. Budapest: Scholar.



This fact sheet is prepared as part of the EASPD “Reaching Out” Work Programme 2019.

With the financial support of the European Union Programme for Employment and Social Innovation “EaSI” (2014-2020).

The information contained in this publication does not necessarily reflect the official position of the European Commission.

Copyright © EASPD 2019. All rights reserved. No part of this publication may be reproduced, stored in or introduced into a retrieval system without the prior permission of the copyright owners.