

Support (Care) Service: A Supportive or a General Care Service for Persons with Disabilities?

1. INTRODUCTION

The supporting (care) service (*támogató szolgáltatás*) was institutionalised by Act LXXIX of 2001 by which Act III of 1993 on Social Administration and on Social Benefits (hereinafter: Szt.) was amended. The service was introduced actually in 2003, when the regulation about it entered into force. The introduction of this service was part of the disability legislation of the Millennium in Hungary. It has been linked to the regulation of Act XXVI of 1998 on the Rights and Equal Opportunities of Persons with Disabilities (hereinafter: Fot.). By that regulation – which has been amended several times during the last two decades – a new, specialised service has been introduced which focused on the social care of the persons with disabilities. Actually, this is one of the main non-institutional social care services which is entitled directly to assist the persons which disabilities. Therefore, it seems *prima facie* that it is the major basic home care service for persons with disabilities. This *prima facie statement* is analysed by this paper.

2. METHODS

Our research is basically a jurisprudential analysis. First of all, we would like to analyse the legal regulation on the support (care) service, especially the regulation of the Szt. and even the regulation of the executive decree of the rules of the Szt. [Decree of the Minister of Social and Family Affairs No. 1/2000. (published January 7th)]. Secondly, the major – available – data on the provision of this service are examined by the paper, especially the number of the potential recipients of that benefit and the actual number of the persons who are provided by this care. Based on these data and jurisprudential analyses the nature of this care is examined.

3. LITERATURE REVIEW AND ANALYSIS OF THE REGULATION OF THE SUPPORT (CARE) SERVICE

The support care service is institutionalised by Article 65/C of the Szt. *Prima facie*, it seems to be the general basic social care for persons with disabilities. It is stated by the first part of the first sentence of par 1 art 65/C. that “the support service aims to provide care for persons with disabilities in their residential environment...”. This first sentence states that this service can be interpreted as the general care service for the persons with disabilities, because that is the major basic (non-institutional) service to which exclusively persons with disabilities are entitled (another service, the day service for persons with disabilities can be interpreted as an institutional one) (Velkey, 2017, 144). However, another picture is shown even by the following regulation of par 1 art. 65/C. It is stated by the aforementioned rule that the support care focuses on helping access to public services and providing special home assistance while maintaining the independent life of persons with disabilities. Therefore, par 1 art 65/C. is a two-faced regulation: *prima facie* it is a general care service for persons with disabilities, but after that statement the special nature of the service is emphasised by the regulation. If we look at par 3 art 65/C of the Szt., an exemplary list of the services provided by support care is regulated by that paragraph. However, it is theoretically an exemplary list, but actually it is a very detailed regulation of them. These services have mainly *special* and *supportive nature*. The listed services focus on providing the access to public services for persons with different disabilities and the different services for the different groups of persons with disabilities. This supportive nature is confirmed by the executive decree of the Szt., the Ministerial Decree No 1/2000. (published on January 7th). title VI of the Decree has a detailed regulation on the services defined by the Szt. This list can be interpreted by the practice. Therefore, the *supportive nature* of this service as a tool for providing access to public services is emphasised by the literature as well (Kozma et al., 2020, 393–394; Laki, 2021, 87–89 and Cserti-Szauer, 2021, 36–38, Csák, 2016, 273–275).

DATA ANALYSIS AND DISCUSSION

To examine our hypothesis which has been based on the jurisprudential analyses of the regulation and the results of the former research, we examined the available quantitative data on the support care. As it has been mentioned earlier, the support care is persons with (severe) disabilities are entitled to support. As a first step, we analysed the number of persons with disabilities in Hungary (Based on the data of the 2001 and 2011 census and the 2016 microcensus).

TABLE 1. PERSONS WITH DISABILITIES IN HUNGARY (2001–2016) (KSH)

Year	2001	2011	2016
Persons with disabilities	577,006	490,578	408,021

As it can be seen, the number of persons with disabilities is declining in Hungary (the only exception is the number of persons with intellectual and psychosocial disabilities, which is constantly increasing) (Kiss et al., 2021, 2–4). These are the potential recipients of that service. Based on the regulation of the Szt., the services are provided to persons with severe disability are entitled to those services. In the practice, severe disability is linked by the Szt. and the executive decree to those persons who can be the beneficiaries of the disability benefit (*fogyatékosági támogatás*). Therefore, as a second step, we examined the number of persons receiving disability benefit (*Table 2*).

TABLE 2. NUMBER OF RECIPIENTS OF THE DISABILITY BENEFIT
(in December of the given year) (Source: KSH STADAT)

Year	Number of beneficiaries
2004	96,695
2005	101,360
2006	106,620
2007	109,169
2008	110,838
2009	112,647
2010	113,909
2011	114,625
2012	113,778
2013	114,009
2014	115,541
2015	114,066
2016	114,515
2017	112,887
2018	110,569
2019	109,262
2020	NDA

These data have been compared by the number of the actual recipients of support service (*Table 3*).

TABLE 3. NUMBER OF THE PERSONS WHO WERE PROVIDED BY SUPPORT CARE
(Source: KSH STADAT)

Year	Number of recipients of support service
2004	4,491
2005	10,531
2006	17,450
2007	18,590
2008	19,350
2009	17,841
2010	18,008
2011	16,912
2012	14,844
2013	14,344
2014	13,639
2015	13,356
2016	13,186
2017	13,306
2018	13,100
2019	12,718
2020	12,623

First of all, it can be stated, that the number of persons with confirmed severe disability is much higher than that of the recipients of care services, therefore, this service could not be considered as a general one. Secondly, it is clear by the analysis of the national data that the number of beneficiaries of the disability benefit is relatively stable, while significant fluctuations can be observed in the number of recipients of support service. In 2004 relatively few people received this service, because the regulation on the service entered into force on January 1st, 2003, but it became a mandatory municipal task on January 1st, 2004. The financing instruments were introduced by the national budget of the year 2003. Annex 3 point 11. b) introduced a flat rate budget support, which was 10 million HUF/year/support provider per service provider. On the one hand, the municipalities where a support service provider was maintained with at least 4 public servants employed since July 1st, 2003 received this grant. On the other hand, support was given to municipalities that maintained a provider which received support from the Ministry or from the Public Foundation for Equal Opportunities for Persons with Disabilities in 2002. The third case of budget support was the aid for larger municipalities: those municipalities which had at least 50,000 inhabitants could receive the flat rate support if they were permitted to establish a support service provider until July 31st, 2003. These providers were established in the course of the following years and the number of recipients of the service started to increase significantly after 2005. In 2008 the trend changed, because the municipalities were not obliged to maintain these services and the service lost its mandatory municipal task nature. The main reason for the transformation was equalising the geographical

inequalities. This service therefore became the task of the central administration and the financing of the providers changed as well. The service was supported by a centrally managed tendering system. The institutionalisation of the tendering system resulted in the reduction of the persons receiving the service, and their number stabilised around 12-13,000 after 2013.

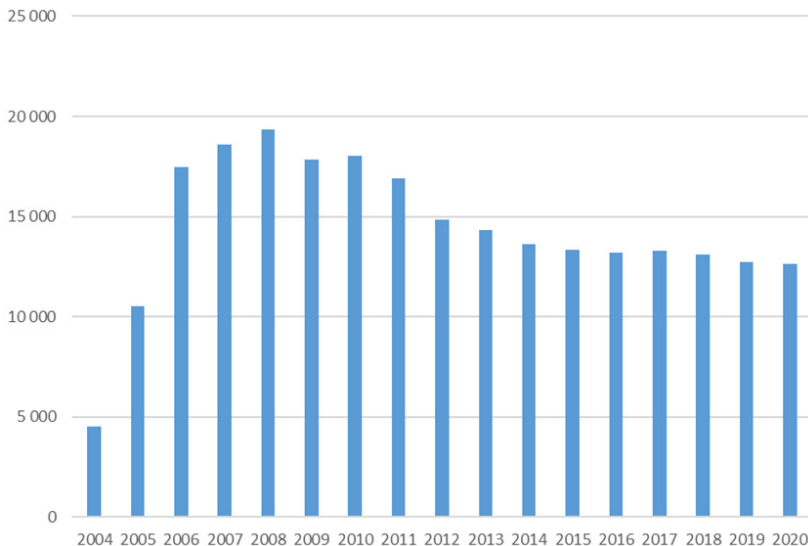
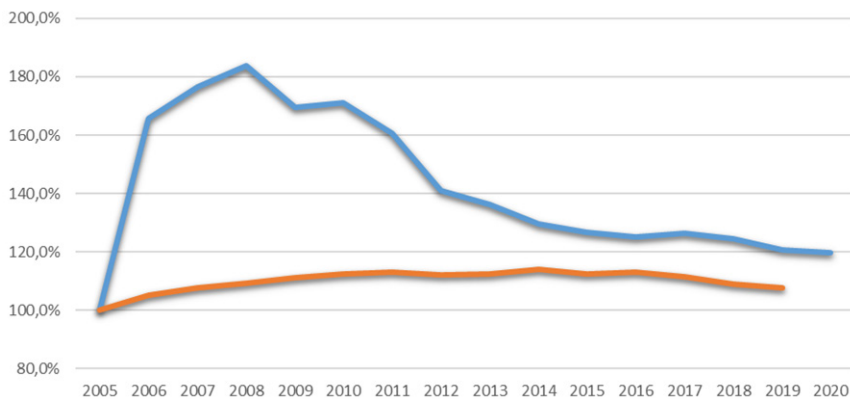


FIGURE 1. PERSONS WHO RECEIVED SUPPORT CARE SERVICE (2004–2020)
(Source: KSH STADAT)



**FIGURE 2. NUMBER OF RECIPIENTS OF DISABILITY
BENEFIT AND SUPPORT SERVICE (2005–2006) (2005 = 100%)**
(Source: KSH STADAT)

5. CONCLUSIONS

The data analysis confirmed the hypothesis based on the jurisprudential analysis of the regulation on support service. a limited share of the persons with severe disabilities received the support (care) service. It has been partially linked to the spatial distribution of the service providers, but actually it confirms that this service is merely a supportive service for persons with disabilities and not their general basic service.

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