**Written submission of Hungary on the theme of the general discussion on “Persons with disabilities in situations of risk and humanitarian emergencies” to be reviewed at the one-day General Debate organized by the Office of the United Nations High Commissioner for Human Rights (OHCHR)**

1. **Support of persons with disabilities living in their home**

The recent coronavirus pandemic has highlighted the need to develop and implement interventions that are more focused or different from those of the average citizen in epidemic and other emergencies for several social groups. Among the social groups concerned, special attention should be given to persons with disabilities and their families living in their homes, as they may find themselves in an unfair and even life-threatening situation without public intervention. Unexpected events may occur which leave a person with disability living in their home alone, without supervision and support, due to (for example) a serious illness of the carer, without the knowledge of the authorities or the community.

In order to reduce the risks of such and similar situations in Hungary, an **Action Plan** has been issued to support persons with disabilities and their families living in their homes during the coronavirus pandemic, which primarily sets out tasks for the offices (e.g. municipalities) closest to the homes of persons with disabilities. The Action Plan detailed in nine points the tasks which were set out as the primary objective of ensuring that there are no persons with disabilities in the country of whom the local municipality of their place of residence has no knowledge and therefore unable to intervene in the event of an emergency.

It is essential that **information on emergencies is published in a way that is understandable** (easy to understand) **and accessible** to persons with disabilities. Appropriately publicized and widely disseminated information will help to ensure that emergencies are handled smoothly, thus avoiding possible panic (situations) resulting from a lack of information.

In Hungary, during the coronavirus pandemic, several measures were set out to help persons with disabilities to obtain appropriate information.

In order to support access to appropriate information for persons with disabilities and their families, a publicly accessible Uniform Information Portal for Persons with Disabilities ([efiportal.hu](http://www.efiportal.hu)) was set up before the pandemic period, and advocacy organizations representing persons with disabilities published information on their websites as well as on official websites (e.g. [koronavirus.gov.hu](https://koronavirus.gov.hu)).

The social affairs department responsible for disability has worked with local authorities, a number of (specialized) departments, government agencies, professional and advocacy organizations to promote accessible information for persons with disabilities. In particular, sign language interpretation was provided at the daily press conferences on the situation held by the Operative Board. In addition, communication with persons with disabilities and access to appropriate information was facilitated by the installation of so-called „urgency communication boards” in all health care institutions.

The adaptation of various services to the pandemic situation has also contributed to the daily lives of persons with disabilities, with several services - speech therapy, support for persons with autism and their families, augmentative and alternative communication device lending, sign language interpretation services that required a personal presence before the crisis - being provided online by organizations.

It is also vital that persons with disabilities have access to ICT tools - for example, during periods of isolation caused by the coronavirus pandemic - to help them stay in touch with each other. During the pandemic, applications developed by advocacy organizations using resources of the EU, such as the KONTAKT online sign language interpretation service, and professional materials and other information specific to certain disabilities helping the persons with disabilities and their families which were continuously published also contributed to the provision of appropriate information and communication.

A number of measures have been taken to reduce the spread of the COVID-19 pandemic. Government Decree 431/2020 (18.IX.) on protective measures during the period of pandemic preparedness severely penalised those who did not comply with the provisions of the decree. It was important to ensure that persons with disabilities who had difficulty wearing masks -because of their condition- were not penalised, therefore in cooperation with the organizations representing persons with disabilities, the decree was amended to exempt children under 6 years of age, persons with intellectual or psychosocial disabilities and persons with autism spectrum disorders from wearing masks.

1. **Maintaining the operation of social services provided to persons with disabilities during the emergency period**

During the emergency situation caused by the COVID-19 pandemic, the management of the epidemic situation and the protection of the social and child protection system were successfully implemented in Hungary as a result of the governmental and ministerial measures and the persistent efforts of the institutions’ owners and employees.

In addition to the responsibility of individuals for themselves and their families, and of local communities for their members, the state and local governments are responsible for providing social services, while church and non-state providers also play a role in the operation of these services. The government is constantly mindful of the state’s social care responsibilities, and the primary aim in developing services is to enable vulnerable people to live in their own homes for as long as possible, – as previously mentioned - so the most important thing is to support people in need primarily in their own familiar environment, their own homes.

This general principle has been emphasised in the measures taken to support social services during the pandemic caused by the COVID-19 virus. At the beginning of the first wave of the COVID-19 pandemic, the relevant sectors, with particular attention to the epidemiological measures in the health and social sectors, worked closely together to take decisions and measures that contributed to the effective management of the pandemic. In drawing up the protocols to be applied during the epidemic, the sectoral management has constantly consulted the professional organisations of the social sector, including the methodological institutes providing professional support to public, religious and non-public institutions. However, the diversity of the social sector and the differences in the size of the institutions meant that the management of the institutions and the head of each institution had a major responsibility in terms of protection, as the tasks relating to each epidemiological measure had to be carried out differently for institutions with a small number of staff and those with a large number of places, while the interpretation of the measures was uniform.

**Main measures**

During the period of the emergency, several central (government, sectoral management, epidemiological) measures modified the operational arrangements of the social services.

* During the period of the epidemic waves, several epidemiological measures imposed a ban on visits and on leaving the institutions and the admission of new patients was subject to testing. These restrictions were gradually lifted for those who had received the vaccine.
* During the epidemic, social service providers were allowed to operate under a different regime from the general professional rules, measures taken by the Government to help them to care for all persons in need, while taking into account the need to reduce the epidemiological risks, and using the budgetary support necessary to run the service. These derogations, in force until the end of the month in which the emergency ended, were as follows:
* the operation and provision of services in day-care facilities were also adapted to the emergency: services provided in the day-care facility building were suspended, with staff providing the necessary services in the beneficiary’s own home or via ICT to support independent living;
* basic social services were available without an eligibility check;
* in the case of communal catering, except in the people’s kitchen, a hot meal once a day could be provided by removal, delivery or consumption on the spot for a recipient who was legally protected against the coronavirus;
* in the case of home help, a personal care agreement had to be concluded with the newly admitted person and the period up to the end of the month in which the emergency ceased did not have to be taken into account when determining the annual average of personal care. The measure allowed service providers to benefit from the higher amount of subsidy (granted for the operation of personal care services) from the central budget;
* the possibility to deviate from the staffing and material conditions laid down as operating conditions for social services, on the basis of the maintenance provider”s decision, in the interest of the service, helped to respond rapidly to local needs;
* in the case of basic services, the signature of the beneficiary attesting to daily use was waived;
* in the case of basic services, the provision of certain elements of the service, with the exception of meals, could be suspended at the discretion of the maintainer;
* for support services, the service vehicle could be used to transport personal care attendants in order to minimise the risks arising from the use of public transport, and the transport of personal care attendants did not have to be registered in the register of recipients.

In addition, at the beginning of the epidemic, the legislation allowed for the possibility of transferring exempted staff from day care services, institutions, public collections and cultural institutions to social services facing human resources problems in order to ensure the continuity of the operation of social and child protection services and institutions. Any provider could request to be employed by them if a shortage of staff in the institution they were maintaining jeopardised the provision of care.

A further emergency measure to promote employment was the possibility to set 24-hour working hours for persons employed in specialised care institutions.

* Persons working in a social, child welfare or child protection service, institution or network, who were carrying out tasks related to the emergency or necessary to deal with the consequences of the SARS-CoV-2 pandemic were entitled to free public transport services, both local and interurban.
* The Ministry of Human Resources has continuously supported the implementation of the official measures of the National Public Health Service, which is competent to take epidemiological measures, by issuing guidelines, procedures and circulars. The Ministry's guidelines have helped service providers to adapt to the rapidly changing epidemiological situation. Procedures and decisions issued by the National Public Health Centre also followed the current epidemiological situation.
* Residential social care facilities were identified as high-risk sites in the coronavirus outbreak. Given the increased vulnerability of the target population (including disabled persons) to COVID-19, restrictions imposed on social institutions could only be lifted in a cautious and prudent manner, e.g. in the case of curfews, leaving the institution for daily recreational activities organised by the institution for disabled and psychosocial disabled persons.
* After the first wave, there was no uniform legal regime for the re-opening of day-care facilities. Until 31 July 2020, the number of persons with disabilities residing at any one time in the premises of day-care facilities for disabled persons could not exceed 50% of the registered occupancy rate, and day-care facilities for disabled persons could continue to provide the necessary care in the residential environment of the persons concerned.
* Until 17 June 2020, it was not possible to carry out a basic assessment of disabled people, a review of those placed in a social institution and a complex needs assessment in specialised social institutions during the period of the ban on visits. The validity of the expert opinions and recommendations on the rehabilitation assessment of persons in developmental employment was extended until the 60th day after the lifting of the visiting ban.
* For children with disabilities living in institutions, where deviations from the norm can cause significant psychological damage and where these families often live in difficult financial circumstances, the SARS-CoV-2 PCR tests required as a condition of return for those who regularly return home from residential social care institutions were provided free of charge, at the initiative of the Minister.
* On 20 November 2020, the testing of social workers started and, following the procurement of vaccines, the vaccination of health workers was followed by the vaccination of residents and workers of social services. In July 2021, the Government decided that vaccination is compulsory for employees of residential social care institutions providing health care services who are licensed to provide health care services and who are employed to perform duties within the framework of the licensed health care service.
* In October 2021, the Government decided that an employee of a social institution providing residential care, a child welfare or child protection service, an institution, a network or a correctional institution
* in the case of a state-maintained institution was obliged to be vaccinated,
* in the case of municipalities, the mayor or mayor-general of the municipality in which the municipality is located decided that the worker was obliged to be vaccinated.

In addition, in the case of all providers or institutions providing basic and specialised social care, basic child welfare and specialised child protection services, whether or not state-owned, the employer could decide to require compulsory vaccination as a condition of employment.

In January 2022, the assessment of the need for the fourth vaccination and the administration of the vaccination started among the beneficiaries of social services.

* The Ministry has been working throughout the epidemic to ensure that the necessary protective equipment is in place to protect staff and beneficiaries. In accordance with the decision of the Steering Board, social services have received a stock of protective equipment for epidemic control from the central budget.

During the period of the epidemic, the social, child welfare and child protection institutions were provided with a total of:

* 103.3 million surgical mouth masks;
* 247 335 FFP2 masks;
* 46.8 million rubber gloves;
* 3,86 million litres of hand and surface disinfectant;
* 236 945 pieces of isolation gowns;
* 1 081 698 pieces Covid19 rapid test;
* 90 pieces of polycarbonate face shields with forehead strap.
1. **Employment of persons with disabilities or changed working capacity**

The Government took all efforts during the state of emergency to maintain the employment of persons with changed working capacity and disabilities.

Taking the state of emergency announced into account, service providers providing developing employment and accredited employers also faced difficulties because on the one hand the further employment of the target group of employees particularly sensitive due to their health condition during the pandemic is questionable and on the other hand they cannot continue their work as usual due to the lack of orders and base material. Therefore, the rules of using the subsidy provided were modified in relation with the duration of the state of emergency.

The temporary rules helped preserve workplaces and support employers to prepare the new circumstances of employment after the state of emergency, the gradual and safe return of employees to work and the flexible organisation of working hours.