

## Questionnaire: Hungary

1. **There needs to be a careful balance between collective and individual arrangements and responsibilities, which is not easy to achieve. Individuals can be involved in collective arrangements (through co-payments; or personal budgets) while local authorities can help people to cope independently with long-term care.**

- 1.1 *Is collective funding of long-term care in your country a part of the fiscal taxation or a part of the obligatory care-insurance or both?*

In Hungary long-term care does not have a separate system; the 'long-term care services' are supplied within the healthcare and social service system. Professional policies pertaining to long-term care are basically shaped by the ministries in charge of health (Ministry of Health) and social affairs (Ministry of Social Affairs and Labour). This means that there are two separate systems with different principles.

- Healthcare is financed by contributions paid by employers and employees and by the state budget. (mandatory health insurance system).
- The social service system is financed from the state budget.

- 1.2 *Is long-term care the same for everybody (packet / content; cost) or does a possibility exist that someone receives (after assessment) a "better" or "more luxurious" packet of long term care by paying a higher or additional premium?*

As there isn't any separate long-term care system, there aren't long-term care packages.

Basically the quality of the long-term care services is the same for every person. Of course there are some differences between the different institutions (some are older or bigger etc.) but they have to meet the same (minimum) quality standards.

There are institutions, that provide services in better quality but in those cases the user has to contribute (when the service would be free of charge) or contribute more to the costs of these services.

- 1.3 *Referring to the system of objective assessment / indication of long-term care: is it common practice to take personal characteristics into account, like age, personal income and / or wealth, to belong to and behave (or not) as a part of a social network of family / friends / neighbours?*

In case of social services:

When evaluating an applicant's dependency a detailed evaluation exists for home care and elderly people's home. Daily activities, social and health needs are taken into account:

- if the dependency level is lower (the care need of the applicant is less than 4 hours per day) the person can receive only home care;
- if the dependency of the person is higher (more than 4 hours per day), he/she can receive care in an elderly home.

Evaluation in case of patients who have mental illness or they are living with disabilities: there is a "committee of specialist", who is responsible to offer the better for the claimant.

Wealth evaluation:

The users have to contribute to the costs of services provided (co-payment). The amount of co-payment is defined according to a means-test and is different in the various institutions. The amount shall be paid on a monthly basis. Services are provided free of charge in case the beneficiary does not have an income (besides that, in the case of elderly homes: does not have a property), and does not have any relative who would be responsible and able to fulfil his/her obligation to support and care for the beneficiary.

- 2. Clear boundaries need to be drawn between long-term care and related schemes like subsidised housing or home-help, so that people are aware of what services they are entitled to and how this is decided.**

- 2.1 *Are residential or living arrangements part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

Yes in both cases. In the social service system, when we speak about the long-term care services residential care (institutions in which permanent care is provided) is considered as part of long-term care.

The maintainer of a social institution has to provide care and also residence for the service users.

- 2.2 *Is medical treatment (“cure”) part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

Cure is not part of the long-term care. Some healthcare services are considered to be a part of the long-term care (for instance: home nursing; nursing beds). Healthcare is insurance based and each healthcare service is financed from the Health Insurance Fund.

- 2.3 *Is there a separation between residential (intramural) care and ambulant (extramural) care concerning (a) the current legal / financial system and / or (b) the actual organisation of the care system?*

The social services are financed from the state budget. The state provides what is called normative state contribution for the maintenance of social services, at a rate set forth in the annual budgetary act. The amount of this contribution depends on the type of the service. (For example: after a person who receives home care, the maintainer receives between 171.000 and 270.700 HUF (614–972 €) per year, but for residential care (elderly home) the maintainer can receive between 689.000 and 772.700 HUF (2.474–2.775 €) per year. So the difference between the levels of service provision is taken into account.

- 2.4 *Do you observe (or expect) that clear boundaries between long-term care and related schemes will improve or complicate an integrated and client-oriented approach (traject management, case management, chain management)?*

We don't have the experience yet but probably – in most cases – it could make the service management more transparent.

- 3. Qualified personnel are as important as funding being available, while balancing supply and demand needs to take account of demographic and, labour market factors.**

- 3.1 *Is the availability of sufficient personnel a worrisome item for long-term care, (a) now and (b) in the coming decennia?*

(a) Nowadays the shortage of appropriate personnel is not so heavy in Hungary, but there are there are fields (shortage in certain specializations, groups of trained employees) and some regions where the problem is bigger.

(b) Yes, because of the demographic ageing more care-nursing demands are foreseen to occur.

- 3.2 *Do you expect that long term care, as a branch, will be able to compete with other branches in terms of a tight labour market? Do you expect that branches within the public sector (like education) will challenge long-term care in this respect in the future or do you expect more competition from the side of trade and industry branches?*

Depending on the average income level's alterations and salary-differences between the branches a competition is existing (and will be existing in the future) but mainly from outside the public sector.

In the near future Hungary's main challenge will be probably to retain the personnel in the long-term care services. If the average income level of the long-term care services will not be higher, other branches could attain the personnel. Besides that the attraction from abroad (where the income level is higher) is also a heavy challenge for Hungary.

The restoration of the appreciation and the prestige of the professional work is needed and the support of the workers has to be strengthened. The Government handles the immediate reinforcement of the retention ability of the professional workforce as a priority. There are some programmes facilitating the adaptation of the personnel to the changing professional environment, restoration of the reputation and prestige of the profession and the retention of the personnel in the profession.

3.3 *Are there programmes or initiatives to make schooling and training of future personnel in long-term care enough attractive and large-scale so that sufficient supply of personnel can be guaranteed in the future?*

There are some governmental programmes with the aim to:

- *develop the system of training and retraining towards better and quicker adaptability to fast-changing professional circumstances* (simpler professional training system, convertible trainings, transformation of the resident system),
- *in the professional training system of skilled employees* more general skills allowing a higher level of professional mobility, specialized trainings, licensed trainings, qualifications establishing competences, scholarships towards the attractiveness of professional trainings for skilled employees
- *motivate to remain in the profession* – the government intends to facilitate for healthcare employees to make child-care and work compatible with each other by the provision of part-time employment facilities, flexible working hours, gradual expansion of kindergarten and nursery school capacities – in line with the improvement of economic potentials.
- *support for returning to the profession* – grant application opportunities in connection with training, retraining and temporary income subsidies.

In the social and health higher education system there are also special education programmes (Health Social Work master training; Social Gerontologist training) and there are many curriculum which are a part of the social worker and health profession trainings, for instance: end of life care (hospice), psychosocial work with elderly etc.

The social service system in Hungary – the services providing long-term care are indicated with bold type of letters. (Services with some kind of long-term care are indicated with bold and italics.)

Basic social services	Specialized (residential) forms of care	
a) village and remote homestead community care-giving service, b) meals provision c) <b>home care</b> , d) family support, e) <b><i>signalling home care</i></b> , f) community-based services, g) support services, h) street social work, i) <b><i>day care</i></b> .	<b>a) care facilities providing nursing and care</b>	<b>elderly homes, care homes for psychiatric patients care homes for addicts, care homes for persons with disabilities, care homes for homeless persons.</b>
	b) institutes of rehabilitation	rehabilitation institutes for psychiatric patients rehabilitation institutes for persons with addictions, rehabilitation institutes for the persons with disabilities, rehabilitation institutes for homeless persons.
	<b>c) residential care homes</b>	<b>residential care homes for the persons with disabilities for rehabilitation; residential care homes for the persons with disabilities for care and nursing; residential care homes of psychiatric patients for rehabilitation; residential care homes of persons with addictions for rehabilitation.</b>
	<b>d) institutes providing temporary placement</b>	<b>care homes for the elderly, care homes for persons with disabilities, temporary homes for psychiatric patients, temporary homes for persons with addictions, night shelters, temporary accommodation for homeless persons.</b>
	e) other special social institutes	

Hereinafter we would like to provide some statistical data on the Hungarian social system. The tables are from the Hungarian Central Statistical Office's yearbook.

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**Main data on home care**

Year	Number of care recipients	Of which		Care recipients per ten thousand of over-60 population	Number of care recipients paying cost contribution	Percentage of care recipients paying cost contribution
		male	female			
2000	40 292	12 093	28 199	193,7	34 774	86,3
2001	41 275	12 707	28 568	197,3	35 603	86,3
2002	43 083	13 395	29 688	204,0	36 405	84,5
2003	43 733	13 354	30 379	205,7	37 349	85,4
2004	43 542	13 030	30 512	202,3	37 099	85,2
2005	45 130	13 154	31 976	209,2	36 908	81,8
2006	48 088	13 949	34 139	221,6	37 765	78,5

**Number of domestic carers (in home care)**

Year	Number of carers	Number of care recipients per carer
2000	8 664	4,7
2001	8 532	4,8
2002	7 894	5,5
2003	7 644	5,7
2004	7 576	5,7
2005	7 601	5,9
2006	6 585	7,3

**Main data on day care institutions by maintainer, 2006**

Maintainer	Clubs for the aged		Day homes for disabled		Day homes for addicts		Day homes for psychiatric patients	
	number of							
	institutions	attendees	institutions	attendees	institutions	attendees	institutions	attendees
Local government	1 147	35 634	81	1 940	11	311	9	223
Multipurpose subregion association	4	110	2	40	–	–	–	–
Church	41	1 570	5	113	–	–	–	–
Public services company	20	859	7	184	–	–	2	16
Foundation	16	551	20	434	8	309	8	452
Association	10	324	15	374	4	122	–	–
Central state budget institutions	–	–	1	23	–	–	–	–
Other	–	–	–	–	2	120	–	–
<b>Total</b>	<b>1 238</b>	<b>39 048</b>	<b>131</b>	<b>3 108</b>	<b>25</b>	<b>862</b>	<b>19</b>	<b>691</b>

Number of residents in long- and short-term residential social institutions by type, 2006

Type	Number of residents
<b>Long-term institutions</b>	
Care home for the aged (elderly homes)	46 975
Care home for psychiatric patients	8 097
Care home for disabled persons	16 074
Care home for addicts	1 962
Care home for homeless persons	550
Other home	–
<b>Total</b>	<b>73 658</b>
<b>Institutions providing temporary placement</b>	
Temporary care home for the aged	3 062
Temporary care home for psychiatric patients	35
Temporary care home for disabled persons	193
Temporary care home for addicts	156
Homeless shelter and night-shelter	7 029
Other home	–
<b>Total</b>	<b>10 475</b>
<b>Total</b>	
Care home and temporary home for the aged	50 037
Care home and temporary care home for psychiatric patients	8 132
Care home and temporary care home for disabled persons	16 267
Care home and temporary care home for addicts	2 118
Care home for homeless persons, homeless shelter and night-shelter	7 579
Other home	–
<b>Total</b>	<b>84 133</b>

Data on personnel of long- and short-term residential social institutions by provider

Year, maintainer	Residents	Number of carers	Percentage of qualified carers	Residents per carer
1993	56 118	12 543	65,4	4,5
1994	59 291	12 937	66,2	4,6
1995	62 265	14 000	65,5	4,4
1996	65 166	14 567	68,0	4,5
1997	67 349	15 297	72,8	4,4
1998	69 347	17 624	73,8	3,9
1999	70 287	18 419	75,4	3,8
2000	72 183	19 262	78,6	3,7
2001	74 338	20 238	79,8	3,7
2002	75 541	20 902	83,5	3,6
2003	77 386	22 031	84,4	3,5
2004	78 462	22 500	87,3	3,5
2005	81 425	23 269	88,5	3,5
2006	84 133	23 287	90,0	3,6
<b>Of which:</b>				
Local government	22 387	6 558	94,0	3,4
County, capital government	35 197	10 103	89,5	3,5
Multipurpose subregion association	289	67	97,0	4,3
Church	8 490	2 505	88,3	3,4
Public services company	8 188	1 912	83,7	4,3
Association	2 861	483	83,9	5,9
Foundation	5 975	1 384	87,7	4,3
Private enterprise	96	35	88,6	2,7
Central state budget institutions	601	227	92,1	2,6
Other	49	13	92,3	3,8

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**Main data on costs of long- and short-term residential social institutions by maintainer**

Year, maintainer	Number of institutions	Number of persons obliged to pay charge for care	Co-payment: Monthly compulsory charge per capita, HUF	Total paid in charges, million HUF	Operational costs, million HUF
1993	639	49 326	5 087	3 011	14 800
1994	668	53 382	6 028	3 861	18 002
1995	737	55 994	7 511	5 047	21 937
1996	748	58 673	9 166	6 454	21 040
1997	774	61 373	11 367	8 371	31 175
1998	805	65 161	13 576	10 616	39 784
1999	829	66 344	16 522	13 154	52 612
2000	865	68 089	18 215	14 883	55 637
2001	904	70 140	21 444	18 049	65 528
2002	930	71 149	25 144	21 468	83 848
2003	968	73 103	28 480	24 983	104 804
2004	960	74 090	32 379	28 788	109 468
2005	1 002	76 272	36 314	33 237	122 732
2006	1 020	78 240	39 779	37 347	130 294
<b>Of which:</b>					
Local government	370	20 909	38 918	9 765	33 772
County, capital government	196	33 868	36 165	14 698	58 728
Multipurpose subregion association	5	274	42 275	149	450
Church	161	8 291	44 705	4 448	13 967
Public services company	104	7 920	52 806	5 019	11 508
Association	54	1 836	34 287	755	2 722
Foundation	119	4 433	4 220	2 246	7 190
Private enterprise	4	96	62 897	72	132
Central state budget institutions	5	588	26 943	190	1 781
Other	2	25	17 360	5	44

**Main data on nursing fee\***

Year, region, settlement population	Benefit recipients		Total amount, thousand HUF	Average amount per capita	
	average number	per ten thousand inhabitants		HUF	previous year = 100,0
2005	39 843	39,5	10 993 937	22 994	109,0
2006	47 468	47,1	13 882 342	24 371	106,0
Settlement population					
x- 499	1 618	57,8	451 215	23 233	101,5
500- 999	2 840	58,2	805 845	23 649	103,8
1 000- 1 999	5 321	56,6	1 531 560	23 985	107,4
2 000- 4 999	8 023	54,4	2 295 998	23 849	105,7
5 000- 9 999	5 341	55,1	1 573 036	24 542	107,3
10 000-19 999	5 894	52,0	1 723 969	24 377	105,6
20 000-49 999	5 220	44,3	1 599 248	25 530	108,1
50 000-99 999	2 423	31,9	720 461	24 780	104,6
100 000-x	4 956	43,0	1 455 425	24 473	107,2
Budapest	5 833	34,4	1 725 585	24 653	104,6

*Nursing fee* is payable to persons who provide permanent care to family members who are disabled or under 18 years of age and permanently ill. In the case of persons with severe disabilities, the amount of assistance is 100% of the minimum pension, while in the case of persons with severe disabilities in need of intensive care it is 130%.