

Hungary: Monitoring Report

**DIS-CONNECTED:
DISABILITY-BASED CONNECTED
FACILITIES AND PROGRAMMES
FOR PREVENTION OF VIOLENCE
AGAINST WOMEN AND
CHILDREN**

101049690- DIS-CONNECTED

Disability-based connected facilities and programmes for prevention of violence against women and children (101049690 – CERV-2021-DAPHNE)

Hungary: Monitoring Report

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General information on the monitoring visits

As part of the implementation of the DIS-CONNECTED project in Hungary, we conducted four monitoring visits in Budapest to segregated day care centres in January 2025. We have sent out a request to all the daycare centres in the city (one in each of the 23 districts plus two private institutions) and received a positive reply from five centres. These centres represented districts with diverse socio-economic backgrounds and included both privately and publicly maintained facilities. A fifth visit was planned for February; however, due to administrative hurdles on the institution's side and time constraints, it ultimately could not take place.

These visits were carried out by a team of Validity staff members (3 persons) and volunteers (4 persons) who had previously participated in our monitoring training and signed up to take part. Our volunteers had a diverse background, some of them were working for disability rights NGOs and the Budapest mayor's office, other were studying special pedagogy.

Under Hungarian legislation¹, municipalities with more than 10,000 inhabitants are required to provide daytime care for adults with disabilities. These centres should offer structured daily routines tailored to the social, health, and mental well-being of service users. They ought to organise community programmes and provide space for community-led initiatives. The services are meant to be open and accessible, ensuring that both service users and the wider community can benefit from them, though in practice, this is not always the case.

Depending on individual needs, the centres are expected to offer a range of services, including counselling and skill development. Additional support should include case management, such as problem-solving and administrative assistance, as well as supervision, therapy and community development. However, the availability and quality of these services vary between centres.

For persons with disabilities, the centres are supposed to provide specialised educational and pedagogical support as needed. They should also organise individual development programmes that incorporate special education sessions to ensure that each service user receives tailored support to enhance their skills and overall well-being. In practice, the extent to which these services are available and effective differs significantly between providers.

¹ Act III of 1993 on Social Administration and Social Services; Decree 1/2000 (I. 7.) of the Ministry of Social Affairs and Labour on the professional duties of social institutions providing personal care and the conditions for their operation, Sections 74-84/A; Government Decree 29/1993 (II. 17.) on the fees for social services providing personal care; Decree 9/1999 (XI. 24.) of the Ministry of Social Affairs and Labour on the use of social services providing personal care.

Selection of the services

We chose to focus on services providing daytime support for adults, aiming to cover a variety of service models within the project. A key objective was to monitor the shift towards community-based services, and to improve reporting of violence through enhancing the knowledge base and improving monitoring relating to violence against women and children with mental disabilities in facilities and programmes that serve them. As stated in the *Guidelines on deinstitutionalization, including in emergencies*² by the United Nations' Committee on the Rights of Persons with Disabilities, "women and girls with disabilities in situations of risk and humanitarian emergencies are at a heightened risk of sexual and gender-based violence compared with other women and girls, and are less likely to have access to recovery and rehabilitation services and access to justice. They are at risk of gender-based, multiple and intersecting forms of discrimination and of institutionalization." Given these risks, we found it particularly important to incorporate an intersectional approach into the monitoring of community-based services.

The visits also served as an opportunity to initiate cooperation with some of the municipalities involved, which was later formalised in the cooperation protocol focused on piloting a personal assistance scheme for persons with disabilities. Our monitoring focused on understanding how day care centres prepare service users for independent living in cases where their families can no longer support them, helping to prevent future institutionalisation. Additionally, we examined the extent of training provided to service users on the prevention and reporting of violence and sexual health to assess efforts in preventing their victimisation. Finally, we explored how these services are integrated into their local communities.

Methods used

Information was gathered through voluntary interviews with directors, staff, residents, service users, and patients; observations of the service environment, including the building and facilities; and a review of relevant documentation and policies, such as the internal regulations, the complaints management policy, and the professional and operational regulations. Where applicable, we also reviewed the minutes of the municipality's social affairs committee meetings if the day care centre was discussed.

Service users received an easy-to-read project leaflet to ensure they understood the purpose of the visit. All interviewees were informed about the project before the interviews and had the right to withdraw their consent at any time. The interviews were conducted

² CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022), p16

anonymously, and any data that could potentially identify individuals was omitted from the feedback reports.

Location of the institution

The monitored daycare centres are all accessible by public transport, but their locations vary in terms of surroundings and transport convenience. Centre #1 is situated in a suburban area, with a bus stop 350 metres away. Centre #2 is located among panel buildings, with a bus stop 230 metres away. Both are accessible by public transport and barrier-free.

Centre #3 is near a suburban railway station and has a bus stop directly in front. It is surrounded by both panel and detached houses and has a large garden. Transport for service users is arranged with two separate buses from Buda and Pest, though some arrive with parental assistance. Centre #4 is centrally located, with a bus stop directly in front of the building. It was renovated in the early 2010s to meet the specific needs of the service. Like the others, it is barrier-free and has its own minibuss for transporting service users.

Profile of the institution and service(s) provided

The monitored daycare centres provide daytime care and developmental support for adults with disabilities. While all centres aim to maintain and improve service users' skills, their structure, funding model, and available programmes differ.

Centre #1 operates under the local government and serves adults with disabilities living in the district. The service is provided free of charge, except for meal costs. Most attendees transition from the public education system and remain in the service as long as their families can support them. The centre offers group developmental sessions and optional activities.

Centre #2 follows a similar municipally funded model, providing daytime care for adults with disabilities from the district. Service users only contribute to meal costs. The centre offers both group and individual developmental activities. As in Centre #1, most participants join after leaving the education system and stay while family support is available.

Centre #3 is a privately run facility supported by a foundation, offering daytime care for adults with autism and intellectual disabilities. Unlike the municipal centres, service users pay a monthly fee. Programmes focus on maintaining and developing existing skills, incorporating activities such as adapted conductive therapy, individual physiotherapy, and speech therapy. The centre also offers additional therapeutic sessions, including hydrotherapy and canine-assisted therapy, and organises community activities.

Centre #4 is a local government-operated service providing daytime care for adults with disabilities living in the district. Service users pay only for meals. The centre offers group developmental sessions and optional activities. As in Centres #1 and #2, most attendees transition from public education and remain in the service while family support is available.

Physical environment

The monitored daycare centres operate in renovated buildings, each designed to accommodate the needs of service users. While all provide clean and well-maintained environments, their physical layouts and available spaces differ.

Centre #1 is housed in a refurnished older building with a multi-purpose activity room, a dining/activity area, an office, and a combined kitchen preparation and activity space. There is also a changing room and separate male and female restrooms, the latter also serving as a changing room for female staff.

Centre #2 has a similar layout but includes two main activity rooms that can be divided into four smaller spaces with folding doors. Additional facilities include a laundry room, a first-aid room, and a relaxation room. Like Centre #1, its female staff share the women's restroom as a changing area.

Centre #3 is located in a renovated larger family house with a garden. It offers more specialised spaces, including two group rooms, a large common area, a smaller and a larger gym, a quiet room with light curtains, and a salt room. It also features an accessible restroom with lifting equipment. Other facilities include a kitchen area for meal preparation, a staff restroom and changing room, a kitchenette, offices, and storage spaces.

Centre #4 is another renovated facility, it consists of a main activity area, a dining/activity room, an office, and a combined kitchen preparation and activity space. Like the others, it has a changing area and separate male and female restrooms, with the latter also used by female staff.

Residents, service-users

The four visited daycare centres provide day services for people with disabilities, each with varying capacities, age ranges, and approaches to support.

Centre #1 has a capacity of 32, with 18 places filled; service users are aging, and some transition to residential care or pass away. Most service users speak positively about the staff and their peers, with many forming friendships within the centre.

With a full capacity of 36 and a long waiting list, Centre #2 serves primarily adults aged 18-50, most of whom live with their families and have higher support needs than service

users in other centres. The structured group system considers mobility, behavioural needs, and communication requirements, but integration into the community is challenging due to a lack of community-based options.

Currently serving 17 people aged 16-40, Centre #3 serves individuals with congenital or acquired disabilities, grouped based on support needs, including an autism-focused and a mobility-focused group. Service users primarily come from other institutions, and their diverse needs pose occasional challenges for program planning.

Operating slightly above its 20-person capacity, Centre #4 serves a mix of younger and older adults, with some on a waiting list. Many service users join after completing compulsory education, and some struggle to find employment due to intellectual disabilities.

Staff

The daycare centres employ a range of professionals, including special education teachers, therapists, and social care workers, though some face staff shortages. Training opportunities vary, with some centres emphasising external courses, while others struggle to provide relevant education, especially in human rights topics. Most of the interviewed staff members spoke highly of their colleagues and felt valued as team members despite the high workload.

Centre #1 employs a special education teacher and additional staff under the director's supervision.

In Centre #2, out of 26 authorized positions, 24 are filled, along with three out of four technical roles, but a cleaner and one caregiver are missing. Staff include therapists, conductors, and special educators, with limited training opportunities in disability-related topics, and a lack of human rights training.

In Centre #3, the staff consists of conductors, caregivers, and non-specialist workers, with the institution promoting a community-based approach. Regular training includes self-determination support, feeding therapy, and burnout prevention, with staff actively participating in external rehabilitation and social courses.

Centre #4 has 11 approved positions, with all professional roles filled but a technical staff vacancy remaining. Staff participate in accredited training, including abuse prevention and conflict resolution, though legal classes are less favoured.

PART 1 DEINSTITUTIONALISING SEGREGATED SETTINGS

Institutionalisation and its alternatives: least restrictive environment, support for community living

Across the centres, there's recognition that community integration requires both physical infrastructure and attitudinal changes. Most centres organise community-building activities including sports events, walks around neighbourhood and annual holidays, though the approach to independence training varies significantly between locations.

In Centre #1, staff report no formal independent living training but try to avoid making decisions for service users and help them with daily interactions and administrative tasks. Service users expressed interest in employment, with some seeing it as a prerequisite for relationships and family planning.

Centre #2 has been operating a dedicated group for parents for over ten years, which became the subject of a legal case in Hungary. They offer supported housing training and have developed materials specifically for people with severe and multiple disabilities.

Centre #3 aims to provide supported housing within 3-5 years, focusing on small buildings in Budapest's suburbs. They emphasise community engagement through continuous communication between staff and parents, organise sensitivity programmes with local schools and nurseries, and prioritise individual needs while supporting social connections.

In Centre #4, staff reported that they plan to create a kitchenette for cooking lessons and focus on consistent education, daily routines and rule-following, while acknowledging that parents often provide excessive care that hinders independence development.

Participation in decision-making, respecting individual choice and autonomy

Across centres, there appears to be tension between encouraging independence and protecting service users from potential negative experiences. While most centres involve service users in some level of decision-making, particularly regarding activities and outings, there are differences in how actively they promote autonomous decision-making in daily life.

In Centre #1, some service users travel independently while others have had this autonomy restricted due to past negative experiences or parental concerns. Staff involve service users in suggesting activities and developing life skills like cooking and gardening, though they note family dynamics often hinder independence development.

In Centre #2, programme planning primarily involves parents rather than service users, with only two service users participating in the planning process. Activities follow a structured weekly schedule with themed days, though participation is voluntary, and alternatives are offered.

Centre #3 particularly emphasises autonomy through flexible daily programming that adapts to service users' moods and preferences. They have implemented a "wishes" system where service users write down desired activities that are displayed on the wall, and they display "My Rights" images teaching users they can refuse uncomfortable situations.

In Centre #4, staff focus on community integration through joint activities with elderly clubs, nearby schools and kindergartens. Service users are consulted about holiday destinations and involved in practical tasks like kitchen assistance and shopping, though staff acknowledge some community activities like swimming are limited by staffing shortages and concerns about negative public reactions.

Support in access to education, work and leisure activities

Across centres, recreational activities are well-developed, but there appears to be little focus on education or employment opportunities. Service users generally express satisfaction with available leisure activities while some indicate interest in additional services.

In Centre #1 service users have access to cultural and nature activities including puppet theatre visits, museum trips, music events, library visits, and forest excursions. While some service users previously engaged in weaving or gardening work, current employment opportunities appear limited, though staff actively seek drawing and sports competition opportunities.

Centre #2 plans themed activities six months in advance with structured weekly schedules including movement days, music sessions, storytelling, and Friday relaxation. Programming decisions involve minimal service user input, with staff primarily consulting parents rather than service users themselves.

Centre #3 emphasises diverse, personalised activities including regular excursions to restaurants and parks, open days, and a dedicated festival. The centre prioritises physical activities.

In Centre #4 the programme offers various therapeutic activities including dance and dog therapy, silk painting, crafts, and music alongside individual development provided by special education teachers. They maintain close relationships with a nearby rehabilitation

centre, participate in sports competitions, and organise annual events including a summer camp and joint celebrations with elderly and non-disabled community members.

Maintenance of contact with family members and the community

Community engagement varies significantly between centres, with some primarily operating as closed environments with limited external interaction, while others foster more active connections with schools, elderly services, and community volunteers. Most centres have a partners' club, where families of the services users regularly meet.

In Centre #1, all service users live with their families and attend daily care on weekdays. Community engagement is primarily limited to joint activities with a nearby elderly club and occasional organised outings to museums, parks, music venues and libraries.

Centre #2 serves as a training site for special education students and organises joint programmes with local elderly day services. The centre follows a relatively closed operational model with occasional community outings to playgrounds, shopping centres and parks.

Centre #3 regularly accepts young people completing community service and kindergarten groups for joint programmes. Some service users expressed wishes for relationships and families whilst acknowledging perceived barriers related to their disabilities.

Centre #4 maintains strong family involvement through activities including joint dance and art sessions, family cooking days, and gardening programmes. A parent club meets regularly, and the centre holds annual open weeks where family members can observe daily routines, alongside monthly parent meetings with detailed minutes distributed to families.

Community-based vs. segregated services: Where do the ÉNOs stand?

Current human rights standards on deinstitutionalisation and independent living, as outlined in the UN Guidelines on Deinstitutionalization³, emphasise the need to shift away from segregated services. Community-based services should avoid new forms of segregation, such as group homes, sheltered workshops, and day-care centres, which do not meet the principles of inclusion and participation.⁴ Instead, support services should be tailored to the individual's needs, preferences, and choices, ensuring that persons with disabilities are at the centre of decision-making and that their broader support networks

³ CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022)

⁴ Para 77 of the guidelines

are involved where desired. These services must respect the dignity and autonomy of individuals, fostering full participation in society and allowing for a life of independence.

In line with these principles, disability-related support services should link with existing community networks and resources, promoting inclusion rather than isolation. Support mechanisms should be designed under a human rights framework, facilitating access to mainstream services, education, and employment, without segregating individuals or reinforcing dependency. The guidelines make it clear that services such as sheltered employment or day-care centres, such as the ones we have visited in Hungary, do not align with the Convention on the Rights of Persons with Disabilities, as they perpetuate the segregation and marginalisation of individuals rather than enabling their inclusion into the broader community.

Community-based services support persons with disabilities to live independently outside institutions, enabling their full inclusion in society. These services should provide not only practical support—such as financial management, housing, and daily living skills—but also access to mainstream community spaces, education, employment, and social opportunities. True inclusion requires accessible and affordable public spaces, transport, and housing, ensuring that persons with disabilities have real choices about where they live and how they participate in society. Access to quality education and employment is essential for financial independence and social inclusion. Creating inclusive communities benefits everyone, including an ageing population, by improving accessibility and fostering social cohesion⁵.

As we transition from institutional care to community-based services and, ideally, a functioning personal assistance system, it is essential to address the realities faced by individuals with disabilities and their families in Hungary. Currently, segregated daycare centres often remain the better option, particularly when families are unable to provide daily care for their adult children with disabilities, especially those with higher support needs and the only alternative is institutionalisation. This is a concern for many, as individuals with disabilities often grow up in segregated educational settings, rely on daycare services, and eventually end up in institutions when their families can no longer provide care and support for them.

To move beyond this model, it is critical to foster greater community engagement. The question is: how can services be made less segregated, and how can users better connect with the local community? Some initiatives have emerged, such as linking daycare centres with other local municipal services, such as residential and daycare institutions for older

⁵ The transition from institutions to community-based services and independent living for persons with disabilities, European Disability Forum Position Paper, March 2024

persons or district schools (kindergartens and primary schools). Connecting with educational services in this way could also help reduce prejudice in newer generations, as students can engage with and support individuals with disabilities, fostering understanding and inclusivity. In Hungary, the "mandatory volunteering" program (Iskolai Közösségi Szolgálat, IKSZ) offers an opportunity for students to engage in community support activities, which could include assisting daycare centres.

Regular outings and activities that expose service users to the community—such as visits to playgrounds, practice shopping, or attending local cultural events—are also beneficial in promoting social inclusion. Building partnership between different daycare centres through sports and arts events or competitions can further strengthen community ties. To improve community inclusion, more could be done, such as open days and initiatives to involve persons with disabilities to the local society can help raise awareness about their diverse skills, talents and needs. Additionally, supporting service users in seeking employment outside sheltered workshops and helping them form connections with non-disabled individuals could further promote independence and reduce segregation in the long run. A well-functioning personal assistance system would be crucial in enabling individuals with disabilities to participate in these activities on their own terms

Recommendations for steps towards community-based services

Recommendations for daycare centres

- *Increase community inclusion:* Daycare centres should foster stronger connections with local communities by facilitating regular outings in public spaces, such as local shops, or cultural events. This would help service users be seen and accepted in public spaces, build meaningful connections and combat segregation.
- *Collaborate with educational institutions:* Centres should actively seek partnerships with local schools, including kindergartens, primary, and high schools, to assist them to get to know each other. By involving students in supporting persons with disabilities through volunteer programmes (like IKSZ), they can reduce prejudice and foster empathy and solidarity in younger generations.
- *Raise awareness and encourage participation:* Organise open days and events that allow the community to engage directly with persons with disabilities. This will help raise awareness about their talents and diverse skills and encourage broader social inclusion. These events could also provide service users with opportunities to participate in local celebrations and cultural activities.
- *Encourage independence skills:* Establish an institutional culture that supports the autonomy and decision-making abilities of individuals.

- *Support employment inclusion:* Encourage service users to pursue employment outside sheltered workshops by providing career counselling, skill-building opportunities, and support in job-seeking. This will help individuals with disabilities gain independence and contribute to the local economy while reducing reliance on institutional settings.

Recommendations for maintainers of daycare centres

- *Develop person-centred support plans:* Maintainers should ensure that the services provided are fully tailored to the individual needs of service users, respecting their choices, wills and preferences. This would include supporting the transition to independent living and ensuring that services offer flexible, person-centred care. However, it's important to acknowledge that a more sustainable and empowering solution would be the introduction of a comprehensive personal assistance system. This would enable service users to live independently in their own homes, with the assistance they need, rather than relying on daycare centres as a long-term solution
- *Promote social inclusion and engagement:* It is crucial for maintainers to facilitate the integration of daycare centres with other local services. This could include partnerships with care facilities for older persons or collaboration with local businesses, fostering opportunities for service users to connect with different members of society and engage in activities beyond the centre.
- *Enhance training and awareness:* Maintainers should invest in continuous staff training on human rights, inclusion, and best practices for supporting people with disabilities. This would help improve the quality of care and ensure that staff are equipped with the skills needed to promote independent living and community engagement.

Recommendations for the Hungarian government

- *Invest in community-based services:* The government should prioritise the development and funding of community-based services and halt investing in institutional care. This includes supporting the transition to independent living, providing adequate funding for personal assistance services, and ensuring that individuals with disabilities have access to needed support while living in the community. Personal assistance should be seen as a better solution, as it allows individuals to live independently, outside of institutional or daycare settings, and fosters greater inclusion in society.
- *Ensure accessibility in public spaces:* National policymakers must work to ensure that public spaces, transportation, and housing are accessible and affordable to

people with disabilities. This is crucial for enabling independent living and promoting social inclusion, allowing people with disabilities to participate fully in their communities and exercise their rights.

- *Legislate for better inclusion:* The government should implement legislation that supports the inclusion of persons with disabilities into the workforce and education system and provides reasonable accommodations.
- *Strengthen support for families:* Policymakers should create and implement measures that support families of persons with disabilities. Personal assistance would be a valuable tool here, offering families the option to provide the necessary support at home, avoiding the need for institutional care.

PART 2: PROTECTION FROM GENDER- AND DISABILITY-BASED VIOLENCE

Gender- and disability-based violence

Across all centres, staff members generally believed families of service users were supportive and protective, making domestic abuse seem unlikely in most cases. One centre noted concerns about hygiene neglect, inadequate supporting tools and improper clothing, which staff attributed to older parents being physically unable to provide proper care. Conflicts between service users occasionally arise due to limited space or differing activity preferences, and instances of auto-aggression were reported, with most centres providing "calm rooms" for agitated individuals. Service users consistently reported trusting staff members and would approach them or family members if experiencing violence, while staff in all centres emphasised their daily contact with users enabled them to monitor behavioural changes despite lacking formal violence protocols. One incident involved a verbally abusive staff member who was eventually dismissed after colleagues signed a petition, though staff reported feeling unsupported by management during this process.

Training on gender and disability-based violence varied across centres, with some lacking education entirely while others had received some training.

In Centre #1 staff reported that violence is uncommon, though they acknowledge public transportation might present situations where service users encounter aggression. Staff members have no specific training or protocols for handling abuse cases but would report to management if necessary.

In Centre #2, the staff haven't observed sexual abuse but note potential neglect in hygiene and appropriate equipment use among some service users. Though aggression and verbal abuse have occurred, there are no formal protocols for handling abuse beyond reporting to management.

In Centre #3 no gender or disability-based violence has been observed, with staff emphasising they would monitor and report any suspicions of family abuse. The centre has addressed sexuality education needs, particularly for male service users, with professional support.

In Centre #4, the staff would notify parents if signs of abuse were observed, though no such cases have occurred in recent years. The centre lacks formal protocols for handling abuse but provides biannual training.

Sexuality and relationships

This topic is particularly critical, as women with disabilities face a heightened risk of intimate partner and sexual violence.⁶ Families—infantilising their adult children and avoiding discussions on sexuality and relationships—can put persons with disabilities at greater risk. Some staff members reported that parents were “surprised” to hear that their adult children were interested in the topic of sexuality and relationships. Without proper information, they are more exposed to harm.

Several service users spoke about wanting to have relationships and eventually families as they see it with their siblings, but most of them noted that it is not possible because of their disability or their families’ explicit disapproval. Some service users mentioned that they have an interest in the issue, and a few brought up the idea of a “dating service” or putting them in touch with other persons with disabilities. Some had bad experiences with dating because of their disability, even though parents supported them. Despite the taboo around sexuality, staff members in most centres mentioned that service users had an interest in the topic, and that they had thematic activities, e.g. discussions and training sessions organised.

Persons with disabilities have the right to marry and have children, as stated in Article 23 of the CRPD, although it can be limited in Hungary when someone is placed under guardianship. The assumption of the general Hungarian public is that persons with intellectual disabilities are less interested in or capable of engaging in discussions about

⁶ García-Cuellar, Mónica Miriam, et al. "The prevalence of intimate partner violence against women with disabilities: a systematic review of the literature." *Disability and rehabilitation* 45.1 (2023): 1-8. and Mailhot Amborski, Amylee, et al. "Sexual violence against persons with disabilities: A meta-analysis." *Trauma, Violence, & Abuse* 23.4 (2022): 1330-1343.

relationships and sexuality often leads to their exclusion from education and conversations on these topics, reinforcing misconceptions and limiting their ability to make informed choices about their own lives. In many cases, service providers, families, and even professionals underestimate their ability to understand and express their feelings, desires, and the challenges they are facing. As a result, they may receive little to no support on healthy relationships, personal safety, and consent, leaving them more exposed to exploitation and abuse.

Some centres provide specific training and education for service users on their bodies and relationships, sometimes incorporating these sessions into holiday-themed activities such as Valentine's Day. One centre works in collaboration with an organisation of persons with disabilities to deliver targeted training sessions. Another centre is planning to organise discussions with a dedicated sexual psychologist who has experience working with persons with disabilities. Additionally, a men's club in one centre offers a space where participants can openly discuss these and other topics.

However, certain key aspects remain unaddressed. There is a clear need for more education on the rights of persons with disabilities, as this was mentioned in only one centre. Service users also require better guidance on recognising violence and understanding what actions to take if they experience or witness abuse. Furthermore, formal protocols are lacking on how to address violence within daycare centres and respond effectively to suspected cases of domestic violence.

Complaints mechanisms

Compared to large residential institutions, daycare services are smaller settings and generally lack formal complaints mechanisms, with most relying on informal communication channels. Service users typically report they would approach either a trusted staff member or the centre manager if they had concerns, but there is no standardised documentation process or follow-up procedure. While some centres maintain incident logs when specific issues arise (such as missing items or meals), there is little evidence of systematic tracking or analysis of complaints patterns. Information about legal representation appears inconsistent- some centres had signs and posters about representatives who can be contacted, while others did not. The absence of accessible, formalised complaints procedures is particularly concerning given communication barriers faced by many service users, especially those with intellectual disabilities or limited verbal communication, who may struggle to articulate concerns without proper support.

The service users we spoke to generally reported having positive relationships with staff members and felt comfortable sharing their concerns or complaints with them. Most of the

interviewed staff members also expressed similar sentiments about their relationship with management, stating that they could openly raise issues when needed. However, despite this trust and open communication, the absence of formal procedures for handling complaints and resolving issues remains a significant challenge. Without clear protocols in place, the way concerns are addressed often depends largely on the personality and approach of the head of the institution.

Recommendations on avoiding gender- and disability-based violence

Recommendations for daycare centres

Staff training and preparedness:

- Organise regular training sessions for staff on the rights of women with disabilities, recognising and addressing violence, and ensuring the safety of service users.
- Designate one or more staff members as specialists in violence prevention, whom colleagues can consult for guidance.
- Implement regular scenario-based exercises and supervision sessions to help staff recognise signs of abuse.

Ensure a safe and supportive environment:

- Introduce clear and enforceable violence prevention and abuse recognition protocols. Staff should be fully aware of these procedures and apply them consistently.
- Offer educational programs for parents, emphasising the importance of treating their adult children as independent individuals rather than infantilising them. Families should receive guidance on supporting autonomy, decision-making, and active participation in everyday life.

Formalise complaint mechanisms:

- Provide accessible and confidential complaint mechanisms for service users and their families. This could include an anonymous reporting system to ensure that concerns can be raised without fear of retaliation.
- Establish a standardised documentation and follow-up process for complaints and incidents to ensure accountability and transparency.

Address gender- and disability-based violence:

- Develop and implement formal protocols for handling and responding to suspected cases of violence, including domestic abuse.

- Ensure that all staff are trained in recognising and appropriately responding to signs of neglect, physical abuse, or psychological harm.
- Provide structured education on sexuality and relationships to service users, ensuring accessibility, including Easy Read materials and Easy Language and sensitivity to their needs.

Recommendations for maintainers of daycare centres:

Allocate resources for training and professional support:

- Make participation in violence prevention training mandatory for all daycare centres and allocate necessary financial resources for its implementation.
- Fund the involvement of external experts to assist institutions in developing effective violence prevention strategies.

Regular monitoring and oversight:

- Conduct regular, independent monitoring of daycare centres by involving persons with disabilities and their representative organisations and other civil society organisations, with a particular focus on service user safety and the enforcement of their rights.
- Support accessible and effective complaint mechanisms that allow service users and their families to report concerns and seek resolution.
- Foster collaborations between daycare centres and advocacy organisations to improve knowledge-sharing and best practices.

Recommendations for the Hungarian government:

Strengthen legal and policy frameworks:

- Develop and enforce national legislation and policies that mandate violence prevention measures in daycare centres (and all other services and institutions aimed at persons with disabilities), including formal complaint mechanisms and staff training.
- Ensure that laws protecting persons with disabilities from violence and abuse are effectively implemented in all service settings, with clear accountability structures.

Ensure sustainable funding for violence prevention initiatives:

- Allocate financial resources to support continuous training programs for daycare staff on gender- and disability-based violence prevention.
- Fund research and data collection on violence and abuse against persons with disabilities to inform evidence-based policymaking.

Improve access to justice and support services:

- Strengthen access to legal representation and advocacy services for persons with disabilities and their families.
- Ensure that complaint mechanisms at both institutional and national levels are accessible, effective, and independent.
- Grant civil society organisations access to institutions, including daycare centres, so that they can provide legal assistance to service users.
- Increase public awareness campaigns on the rights of persons with disabilities, particularly their rights to protection from violence, to relationships, and to independent decision-making.