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NGO Submission pursuant to Rule 9.2 of the Committee of Ministers' Rules for the
Supervision of the Execution of Judgments, on the implementation of *Case of Validity
Foundation on Behalf of T.J. v Hungary*, no. 31970/20, judgment of 10 October 2024

Submitted by:
Validity Foundation

20 July 2026

I. Introduction

1. This submission is addressed to the Committee of Ministers of the Council of Europe following the delivery by the European Court of Human Rights (the “ECtHR”) of the judgment in the *Case of Validity Foundation on Behalf of T.J. v Hungary*, no. 31970/20, judgment of 10 October 2024.
2. The submission is filed by the **Validity Foundation**, an international non-governmental organisation registered in Hungary, that uses legal strategies to promote, protect and defend the human rights of people with intellectual and psychosocial disabilities worldwide. Validity’s vision is a world of equality where emotional, psychosocial, and learning differences are valued equally; where the inherent autonomy and dignity of each person is fully respected; and where human rights are realised for all persons without discrimination of any form. Validity has participatory status at the Council of Europe, and special consultative status at ECOSOC. For more information, please visit www.validity.ngo.
3. This submission first outlines the main findings of the ECtHR (section II), then summarises our Rule 9.2 submission of 15 April 2025 (section III), gives input on the Revised Action Plan of 22 April 2026 in the Validity Foundation on behalf of T.J. v. Hungary (Appl. No. 31970/20; judgement of 10/10/2024, final on 10/01/2025) submitted by the Hungarian Government (section IV), focusing on (i) creation of supported housing for persons with disabilities; (ii) lack of respect for the right to legal capacity of persons with disabilities, and (iii) the current situation of the Hungarian Charity Service of the Order of Malta who took over the management of the Topház institution from the State.
4. Validity welcomes the decision of the Committee of Ministers according to which the *T.J. v. Hungary* case has been qualified as leading one by which it will be subject to enhanced supervision.

II. Case summary

5. In the *Case of Validity Foundation on Behalf of T.J. v Hungary*, the ECtHR unanimously found violations of the substantive and procedural limbs of Article 2 of the European Convention on Human Rights (the “ECHR” or the “Convention”), first due to the Hungarian authorities failure to protect the right to life of a person with disabilities who had been living in a social care institution for most of her life and second on account of the authorities’ failure to investigate the causes which led to her death.
6. The Court highlighted that infringements of the right to life were not isolated incidents. Rather, they were a manifestation of several failures of the Hungarian system. Such systemic failures existed in the manner of implementation of the guardianship system who left persons with disabilities without protection or effective legal assistance (para 79 of the judgment). The Court also noted deficiencies in the care system, exposing persons with disabilities in social care homes to long term neglect leading ultimately to death (para 81). The Court also criticized the domestic authorities for investigating the immediate cause of death, rather than the wider circumstances pertaining to life in social care homes.

III. Summary of our Rule 9.2 submission of 15 April 2025

7. Validity Foundation and the Hungarian Civil Liberties Union (HCLU) indicated in their Rule 9.2 submission of 15 April 2025 that little had changed for residents in social care homes since the facts of the case. We highlighted that civil society organisations never been allowed to conduct independent ad hoc monitoring visits to institutions for persons with disabilities in Hungary, including social care homes and supported housing facilities; Directors of these institutions retain full discretion in allowing visits for civil society organisations to the facilities.
8. We submitted that the impossibility of conducting independent monitoring visits results in impunity and a lack of accountability for grave human rights violations.¹
9. We highlighted that the Hungarian Commissioner for Fundamental Rights (CFR) may visit institutions on an ad hoc basis however, its independence and impartiality has been questioned on several occasions. For example, the Sub-Committee on Accreditation (SCA) of the Global Alliance of National Human Rights Institutions (GANHRI) have demonstrated that the Commissioner does not properly exercise his powers and does not fulfil its legal obligations to provide adequate legal protection.² As a result, GANHRI downgraded the CFR from A to B status in March 2022.³
10. We underscored that official data indicated that the number of persons with disabilities residing in long term institutions had remained constant.⁴
11. Furthermore, we showed that no changes had been brought to the guardianship system since April 2017. Official data showed that in 2023, there were 57,250 persons with disabilities placed under guardianship, and 27,576 of them were long term residents of social care homes.⁵

¹ See media accounts of sexual abuse or beatings of persons with disabilities in institutions:

<<https://telex.hu/belfold/2023/01/20/nagymagocs-szocialis-otthon-szexualis-bantalmazas-nyomozas-rendorseg>> 20 January 2023. last accessed on 20 July 2026; <https://telex.hu/belfold/2024/10/15/gondviseles-otthona-gecsely-bantalmazas-apolo-ertelmi-fogvatekossag>; <<https://telex.hu/belfold/2025/03/08/gacsaly-fogvatekos-otthon-apolo-croszak-bantalmazas>> last accessed on 20 July 2026.

² GANHRI: Report and Recommendations of the Virtual Session of the Sub-Committee on Accreditation (SCA) 14-24 June 2021 < <https://www.ohchr.org/sites/default/files/Documents/Countries/NHRI/GANHRI/EN-SCA-Report-June-2021.pdf> > last accessed on 20 July 2026.

³ GANHRI: Accreditation status as of 26 April 2023

<<https://www.ohchr.org/sites/default/files/Documents/Countries/NHRI/StatusAccreditationChartNHRIs.pdf> > last accessed on 20 July 2026.

According to the accreditation status as of 4 June 2026, the CFR is still accredited with a B status.

<<https://ganhri.org/wp-content/uploads/2026/06/sca-47th-session-accreditation-chart-04062026.pdf>>

⁴ <https://www.ksh.hu/stadat_files/szo/hu/szo0026.html> last accessed on 20 July 2026.

⁵ <https://www.ksh.hu/stadat_files/szo/hu/szo0058.html> last accessed on 20 July 2026.

IV. Input on the Revised Action Plan of 22 April 2026 in the Validity Foundation on behalf of T.J. v. Hungary (Appl. No. 31970/20; judgement of 10/10/2024, final on 10/01/2025) submitted by the Hungarian Government

12. Our input focuses on (i) creation of supported housing for persons with disabilities; (ii) lack of respect for the right to legal capacity of persons with disabilities, and (iii) the current situation of the Hungarian Charity Service of the Order of Malta who took over the management of the Topház institution from the State.

Creation of supported housing for persons with disabilities

13. In paragraph 3 of the Revised Action Plan, the Hungarian government highlighted that (i) small group homes/supported housing facilities are compliant with Article 19 of the UN Convention on the Rights of Persons with Disabilities; (ii) more than 3500 supported housing units were created by the end of 2025 by using European Union funding sources under TIOP-3.4.1.A-11/1, EFOP-2.2.2-17, and VEKOP-6.3.2; and EFOP-2.2.25-22; (iii) the Hungarian Government provided domestic funding for the creation of supported housing facilities for 200 residents of the Topház institution; (iv) further 105 supported housing units will be created by 20 December 2026 and 37 supported housing units will be established by 31 December 2027.
14. We express our strong concern in respect of the measures both planned and which have already been taken by the Hungarian authorities in order to create new group homes including supported housing for persons with disabilities.
15. Validity highlights that the creation of supported housing units does not meet Hungary's obligations under Article 19 of the CRPD ('Living independently and being included in the community'),⁶ General Comment No. 5 of the CRPD Committee,⁷ the CRPD Committee's Inquiry Report on Hungary,⁸ and the Guidelines on deinstitutionalization, including in emergencies.⁹
16. The CRPD Committee gave the following authoritative interpretation in its General Comment No. 5:

“Neither large-scale institutions with more than a hundred residents nor smaller group homes with five to eight individuals, nor even individual homes can be called independent living arrangements if they have other defining elements of institutions or

⁶ UN General Assembly, Convention on the Rights of Persons with Disabilities, A/RES/61/106 (2006), Annex I. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.

⁷ UN CRPD Committee, General Comment No. 5 on living independently and being included in the community, CRPD/C/GC/5 (2017). Available at: <https://www.ohchr.org/en/documents/general-comments-andrecommendations/general-comment-no5-article-19-right-live>.

⁸ UN CRPD Committee, Inquiry concerning Hungary under article 6 of the Optional Protocol to the Convention, CRPD/C/HUN/IR/1 (2020). Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FHUN%2FIR%2F1&Lang=en.

⁹ UN CRPD Committee, Guidelines on deinstitutionalization, including in emergencies, CRPD/C/5 (2022). Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/5

institutionalization. Although institutionalized settings can differ in size, name and set-up, there are certain defining elements, such as obligatory sharing of assistants with others and no or limited influence over whom one has to accept assistance from; isolation and segregation from independent life within the community; lack of control over day-to-day decisions; lack of choice over whom to live with; rigidity of routine irrespective of personal will and preferences; identical activities in the same place for a group of persons under a certain authority; a paternalistic approach in service provision; supervision of living arrangements; and usually also a disproportion in the number of persons with disabilities living in the same environment. Institutional settings may offer persons with disabilities a certain degree of choice and control; however, these choices are limited to specific areas of life and do not change the segregating character of institutions. Policies of deinstitutionalization therefore require implementation of structural reforms which go beyond the closure of institutional settings. Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. “Family-like” institutions are still institutions and are no substitute for care by a family.”¹⁰

17. In April 2020, the UN CRPD Committee found Hungary responsible for “grave and systematic” violations of the human rights of persons with disabilities in the country. In the Inquiry Report, the CRPD Committee found Hungary in breach of international law for placing people with disabilities in institutions, aided by the European Union which has provided extensive funding to maintain this institutionalised system.

18. In its report, the CRPD Committee drew attention to the lack of choice and limited autonomy in “supported housing” in Hungary. For example, the Committee pointed out that:

“The lack of self-determination and restrictions on private life are a common feature in so-called ‘supported housing’. The design of the houses and the provision of basic furniture are matters decided by the institution. Persons with disabilities have no say in the choice of house to which they move. They are required to share their rooms, although some margin is reported with respect to choosing their room-mates. Houses are governed by internal rules not decided by persons with disabilities. For matters ranging from inviting guests and engaging in outside activities to owning a pet, they require prior authorization. Alcoholic beverages are prohibited. Couples, when allowed to move together, have limited possibilities for intimacy. Although persons with disabilities may leave supported housing, they have no real options to resettle as many of them have severed ties with their families or communities. Supported housing thereby becomes their new permanent living arrangement.”¹¹

19. The Committee stressed that the persistence of a culture of institutionalisation, including what is referred to as ‘supported housing’ in Hungary, is inconsistent with the right to live independently and be included in the community under the Convention.¹²

¹⁰ UN CRPD Committee, General Comment No. 5 on living independently and being included in the community, CRPD/C/GC/5 (2017), para. 16(c). *Emphasis added.*

¹¹ UN CRPD Committee, Inquiry concerning Hungary under article 6 of the Optional Protocol to the Convention, CRPD/C/HUN/IR/1 (2020), para. 68.

¹² *Ibid.* para. 73.

20. The CRPD Committee recommended that the State party, “guided by general comment No. 5: (a) Prevent any further placement of persons with disabilities in any institutional settings by halting programmes that develop institutions including supported housing, and provide reparations for persons with disabilities seeking redress for their institutionalization; (b) amend the current strategy of moving persons with disabilities from large-scale institutions into small-scale institutions (supported housing) by removing all elements of institutionalization.”¹³
21. The Guidelines on deinstitutionalization, including in emergencies, adopted by the CRPD Committee in 2022, highlights that: “Disability-specific detention typically occurs in institutions that include, but are not limited to, social care institutions, psychiatric institutions, long-stay hospitals, nursing homes, secure dementia wards, special boarding schools, rehabilitation centres other than community-based centres, half-way homes, *group homes*, family-type homes for children, sheltered or protected living homes, forensic psychiatric settings, transit homes, albinism hostels, leprosy colonies and other congregated settings.”¹⁴
22. In its Report on follow-up to the inquiry concerning Hungary, the CRPD Committee criticised the European Union funded EFOP 2.2.25-22, and its implementation:
- “The Committee is concerned that during the assessment period, the State party continued to implement measures in the context of its replacement programme that are incompatible with the Convention and that reinforce discrimination against persons with disabilities. In particular, the Committee is concerned that large-scale institutions still exist and that the *State party has actively pursued the establishment of small-scale institutions as part of its revised concept*. Nonetheless, this is contrary to the Convention as explained by the Committee in its guidelines on deinstitutionalization, including during emergencies, adopted in 2022. The adverse conditions prevailing in both types of institution for persons with disabilities pose risks to their health, safety and dignity.”¹⁵

Ongoing violation of the right to legal capacity of persons with disabilities

23. In paragraph 4 of the Revised Action Plan, the Hungarian government indicated that „Under the subheading 3.5.2. [of the Parliamentary Resolution No. 72/2025 (XII. 10.) on the National Disability Programme (2026–2036)] ‘Self-determination, services supporting independent living, and family support’, among its thematic objectives, the Parliamentary Resolution states that the goal is to expand the use of supported decision-making and increase its proportion relative to guardianship.”
24. We express our concern in respect of the expanded use of the supported decision-making system in force and lack of commitment to end guardianship in Hungary.

¹³ Ibid. para. 114.

¹⁴ UN CRPD Committee, Guidelines on deinstitutionalization, including in emergencies, CRPD/C/5 (2022), para. 15. *Emphasis added*.

¹⁵ Ibid, para 36. *Emphasis added*.

25. The new Civil Code, which was adopted on 11 February 2013 and entered into force on 15 March 2014, has not abolished substituted decision-making in Hungary, and introduced a supported decision-making system which is not compliant with the CRPD.
26. What is termed as “supported decision-making” is only available to people who “due to a minor decrease in their mental capacity need help in dealing with some of their affairs and in making decisions.”¹⁶
27. The Guardianship Authority, which is also entitled and in certain cases obliged to initiate proceeding to limit the legal capacity of persons with disabilities, is provided with powers under the Civil Code to implement the system of “supported decision-making.”
28. Rather than abolishing guardianship and replacing it with a system of genuine supports, the legal capacity reforms instead introduce parallel systems under the same authority. The “supported decision-making” system bears remarkable similarities to guardianship.
29. Act CLV of 2013 regulates the supported decision-making regime, and provides that:
- a) The regime is applicable only to persons who have only a “minor decrease” in their “mental capacity”;
 - b) It may be offered by the Guardianship Authority to persons during guardianship proceedings, when the judge is not fully persuaded that the person should be placed under guardianship;
 - c) The Guardianship Authority appoints supporters;
 - d) The person concerned may reject the supporter offered;
 - e) Persons who have been guardians may be appointed as supporters;
 - f) An official supporter may provide assistance to up to 30 persons, and in some cases up to 45 persons;
 - g) Persons under partially restricted guardianship may request the appointment of a supporter in other areas of life not restricted by placement under guardianship, and the supporter could be his/her guardian;
 - h) Persons under this regime are restricted in the exercise of other rights, such as parental rights, and are excluded from holding certain public positions.¹⁷
30. The CRPD Committee found that the Hungarian “system of supported decision-making established in Act CLV of 2013 remains anchored in substituted decision-making, and fails to provide persons with disabilities with support in the exercise of their legal capacity in accordance with the Convention.”¹⁸
31. In its Inquiry Report, the CRPD Committee called on Hungary to “move expeditiously to adopt a system of supported decision-making that is fully compliant with the Convention, including by modifying the current system of supported decision-making in order to:
- a) Allow all persons with disabilities to have access to supported decision-making, in accordance with the Convention;

¹⁶Section 2:38(1) of the Act V of 2013 on the Civil Code.

¹⁷ Cf: para 36 of the UN CRPD Committee, Inquiry concerning Hungary under article 6 of the Optional Protocol to the Convention, CRPD/C/HUN/IR/1 (2020).

¹⁸ Ibid, para 99(g).

- b) Eliminate any role of the Guardianship Authority in the appointment, supervision and training of supporters;
- c) Respect the right, autonomy, will and preferences of persons with disabilities to choose the forms of support that they require, including the right to accept, refuse, change or terminate the support if they so decide;
- d) Ensure that persons providing support are duly trained with respect to article 12 of the Convention and that any eligibility criteria to become a supporter are in compliance with the Convention.¹⁹

Current situation of the Hungarian Charity Service of the Order of Malta and its impact on persons with disabilities

- 32. In para 1.2. of the Revised Action Plan, the Government indicated that “Over the past decade, the objective of the Hungarian Government has been to strengthen the role of church partners in the provision of social services, in view of their longstanding and traditional mission,” and to ensure “high-quality and efficient service delivery, as well as long-term stability independent of political changes.”
- 33. However, recently, Miklós Thaisz, executive director of the Hungarian Charity Service of the Order of Malta, who took over the management of the Topház institution from the State, said in the context of supporting those living in extreme poverty catch up:

In the area of catch-up, the Hungarian Charity Service of the Order of Malta has the vision and experience to carry out this work; therefore, in 2019, the government asked Miklós Vecsei, the Charity’s vice president, to coordinate this program as a special envoy to the prime minister, with the state providing funding in return. From that point on, he worked physically at the Ministry of the Interior for seven years. At the same time that the government decided to embrace this program, it also placed tremendous external demands on us. [...] Unfortunately, I must say that Miklós Vecsei—who served simultaneously as vice president of the Hungarian Charity Service of the Order of Malta without any substantive authority and as the prime minister’s special envoy responsible for the program—though acting in good faith and with the intention of helping, – has led the Charity into a situation that is currently causing us to struggle with internal tensions and enormous financial difficulties.²⁰

- 34. The testimony of the executive director of the Hungarian Charity Service of the Order of Malta shows that the conflict of interest between the Government and faith-based organisations, including the Hungarian Charity Service of the Order of Malta has serious impacts on service delivery, efficiency, stability, sustainability and as a consequence of these on the lack of respect for and advancement of human rights of persons exposed to vulnerable situations, including persons with disabilities living in institutions.

¹⁹ Ibid, para 100 (c).

²⁰ <<https://www.valaszonline.hu/2026/07/10/magyar-maltai-szeretetszolgalat-thaisz-miklos-politika-szocialis-szektor-interju/#gsc.tab=0>> last accessed on 20 July 2026.

35. We respectfully request the Committee of Ministers to build their recommendations on the information provided in this Rule 9.2 submission and call on the Hungarian Government to bring their legislation, policies, law reforms and practice in line with the CRPD and the authoritative implementation of the CRPD Committee.

Sincerely,
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