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BETWEEN SOLIDARITY AND SUBSIDIARITY: ELDER CARE, LEGAL RESPONSIBILITY, AND WORK–LIFE BALANCE IN AN AGING HUNGARY

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Abstract Hungary is facing an increasingly acute eldercare challenge driven by rapid demographic aging, persistent socioeconomic vulnerability, and shifting legal responsibilities. This article examines the contemporary 'duty to care' through a socio-legal lens, focusing on the interaction between law, social policy, solidarity, and work–life balance. Using qualitative and normative legal analysis combined with interpretative policy review, the study analyses Hungarian constitutional and statutory frameworks alongside demographic data and social service trends. The findings reveal a structural contradiction: while care needs are expanding, public support mechanisms – pensions, care allowances, and community-based services –remain inadequate in real terms, and responsibility is increasingly shifted onto families. These rebalancing places disproportionate pressure on informal caregivers and intensifies conflicts between employment and caregiving obligations. The article argues that without a strengthened, operationalized concept of solidarity – embedded in legal guarantees, integrated care services, and supportive employment policies – the current framework risks deepening social exclusion, gender inequality, and intergenerational injustice in an aging Hungarian society.

Keywords
demographic aging,
informal carers,
care allowances,
labour–care conflict,
constitutional obligations

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1 Introducton

In the context of increasingly intensified demographic changes and mounting economic pressures, societies in Europe and Hungary are facing a complex challenge in providing dignified and sustainable care for their aging populations. The issue of elderly care has emerged not only as a demographic reality but also as a social policy imperative (Petek & Goriup, 2025; Kraljić & Kačer, 2020). The proportion of old-age dependents in Hungary has increased from 20.0% in 1990 to 31.2% in 2021. The proportion of Hungarians aged 65 and over will reach nearly two million by 2024 (Hungarian Central Statistical Office (KSH) - Központi Statisztikai Hivatal, 2026a). The issue of elderly care has emerged not only as a demographic reality but also as a social policy imperative. These statistics are not mere numbers; rather, they indicate a significant change in the composition of Hungarian society. In tandem with this demographic change, there is a crisis of social exclusion, with a significant proportion of the elderly living on extremely low pensions. Despite some increases in nursing allowances, the financial support provided to the elderly is inadequate to meet the rising cost of living. This has led to a situation in which a significant proportion of older adults are facing social exclusion. In addition, there is a structural problem with the care system, with long waiting lists and a lack of availability of community-based services. The number of professional carers is also dwindling.

However, caring is not just an issue of institutional support or public finance; rather, it is fundamentally a moral and relational act – a cornerstone of social cohesion and intergenerational solidarity. In this context, the concept of solidarity is of particular importance. As discussed in the classical as well as modern literature, solidarity is not just a rhetorical or ethical construct; rather, it is a structural imperative for welfare states and democratic societies (Casla, 2024, pp. 2–5; Crow, 2010, p. 1–6). However, the increasing importance of the individual in the face of the intensifying individualisation and the neoliberal restructuring of the welfare state is also a challenge to maintaining solidarity (Middlemiss, 2014, pp. 465-468). Durkheim's early observation is as relevant today as it was in the early 20th century: solidarity and individualism are not necessarily contradictory concepts; rather, they are interrelated dynamically to maintain social cohesion even in the face of increasing social fragmentation (Durkheim, 2014, pp. 70–85).

The current state of the care infrastructure in Hungary, as well as the experiences of both professional and informal caregivers, also indicate an urgent need to rethink the balance of responsibilities between the state, families, communities, and employers. With an estimated 400,000 people caring for an adult family member, with only a fraction of these receiving state support, the situation is unevenly distributed and invisible (Gyarmati, 2019, p. 1, 21). Concurrently, the situation is also marked by a number of overarching factors, such as the lack of employer support for care leave as well as the increasing incidence of dementia.

This paper aims to address the above dynamics through a socio-legal lens to examine the implications of demographic aging in Hungary, with a focus on the interrelationship between law, solidarity, care obligations, and social exclusion. It argues that unless the care policy is underpinned by a strong ethic of solidarity, the situation is likely to deteriorate further with serious social and economic repercussions for the country as a whole.

2 Methods

This article applies both a qualitative and normative legal analysis, integrating doctrinal legal research with policy-oriented reflection. The research method is twofold: first, it involves a systematic examination of relevant Hungarian and European legal instruments, including the Fundamental Law of Hungary, the Hungarian Civil Code, the Social Administration and Social Benefits Act (Szt.), and Directive (EU) 2019/1158 on work-life balance. The doctrinal analysis is used to explore legal obligations regarding caregiving and social solidarity, particularly the duties of adult children and the subsidiarity principle in state intervention.

Second, the article applies interpretative policy analysis to examine Hungary's long-term care strategy, demographic data, and social welfare trends. National statistical data from the Hungarian Central Statistical Office (KSH), EU sources (e.g., Eurofound), and secondary academic literature are used to illustrate the societal context of aging and caregiving. The study also draws on conceptual frameworks related to care ethics, solidarity, and intergenerational responsibility, allowing a comprehensive reflection on the intersection of legal norms, policy measures, and practical caregiving realities.

This interdisciplinary method enables the paper to address the legal, ethical, and institutional dimensions of aging policy and the caregiving responsibilities of adults in Hungary, while also offering critical insights into the tensions between individual, familial, and state obligations in the context of an aging society.

3 Results

In Hungary, the old-age dependency ratio rose from 20.0% in 1990 to 31.2% in 31 years, meaning that on January 1, 2021, there were 312 people aged 65 and over for every 1,000 people of working age (15–64). According to data from the Hungarian Central Statistical Office (KSH), there were a total of 1,963,837 people aged 65 and over in the country on January 1, 2022. In 2022, there was 357,369 in Budapest, 233,437 in Pest County, 121,547 in Borsod-Abaúj-Zemplén County, 105,773 in Bács-Kiskun County, 100,544 in Hajdú-Bihar County, and 94,701 in Szabolcs-Szatmár-Bereg County. In 2024, these figures were: 352,676 in Budapest, 238,879 in Pest County, 122,104 in Borsod-Abaúj-Zemplén County, 106,760 in Bács-Kiskun County, 101,866 in Hajdú-Bihar County, 95,943 in Szabolcs-Szatmár-Bereg County, and a total of 1,983,444 nationwide (KSH) (Központi Statisztikai Hivatal, 2026b).

Table 1: Regional distribution in selected counties (2022 vs. 2024)

Area	2022 (persons)	2024 (persons)	Change (persons)
Budapest	357,369	352,676	−4,693
Pest County	233,437	238,879	+5,442
Borsod-Abaúj-Zemplén County	121,547	122,104	+557
Bács-Kiskun County	105,773	106,760	+987
Hajdú-Bihar County	100,544	101,866	+1,322
Szabolcs-Szatmár-Bereg County	94,701	95,943	+1,242

Source: KSH (Hungarian Central Statistical Office), 2026b.

The number of older adults aged 65 and older has clearly increased over the past two years.

These figures are saddening because the purchasing power of Hungarian Forint has been declining at an incredible rate in Hungary for years (Varga, 2020, pp. 149-152). Many people live on low pensions and are truly vulnerable to exclusion.

Table 2: Income distribution (January 2022)

Monthly income (HUF)	Approx. EUR	Number of people
80,000 – 99,999	200 – 250	234,013
100,000 – 119,999	250 – 300	306,180
120,000 – 139,999	300 – 350	342,138
140,000 – 159,999	350 – 400	261,132
160,000 – 179,999	400 – 450	217,544
Over 300,000	~700+	123,067

Source: KSH (Központi Statisztikai Hivatal, 2025).

Table 3: Change in low-income groups over two years

Monthly income (HUF)	Approx. EUR	People (in 2022	People (in 2024)
Less than 39,999	< 100	56,496	20,523
40,000 – 59,999	100 – 150	87,900	40,322
60,000 – 79,999	150 – 200	121,926	68,253
80,000 – 99,999	200 – 250	234,013	69,829

Source: KSH (Központi Statisztikai Hivatal, 2025).

Vajda emphasizes that basic social services do have conflicting objectives. Concerning care services, these conflicting services were essentially home help services since those who made use of day care services could not make use of home help services either. In other instances, it would essentially be beneficial to the care receivers if the carer for instance helped the care receivers with their daily activities in the morning so that they could make use of the activities organized by the day care centre in the afternoon. Socialization, along with avoiding loneliness and isolation, was more significant for the aged since these could be predictors for different mental and physical disorders (Plagg et al., 2020; Choi & Cho, 2015). As such, if the care receivers were given an option between the two services, according to their responses, they would rather make use of the home help service, thereby excluding themselves from making use of a service that could essentially give them company due to the nature of the system in place (Vajda, 2021a, pp. 84, 88–89; Vajda, 2021b, pp. 135–138).

The objective of day care for the elderly is to avoid social isolation, and to help them feel useful and comfortable in their familiar surroundings. The positive aspect of being involved in the care is that the professionals dealing with the recipients of the care would be able to identify any change in their physical and mental status at a much earlier stage, so they could refer the concerned persons to the appropriate

health/social care facility accordingly. The concept of involving elderly recipients in basic social services, hence providing care for the elderly in their own familiar surroundings for as long as possible, is quite an excellent concept in more ways than one can understand (Vajda, 2022, pp. 12-13). Some comparative studies have focused on the positive implications of day care facilities for the elderly, hence emphasizing the improved mental status of the cared-for persons, beneficial outcomes in terms of positive subjective health changes, alleviation in terms of the burden on the relatives of the day care-attended, avoiding early placement in special care institutions for the cared-for, and also the concept of 'aging in place'. As in other nations, it is anticipated in Hungary that the concept of basic services would gain prominence in practice due to the strengthening commitment to community care on the policy level (van Dijk, 2021, p. 9).

The data on waiting lists, which is unfortunately only available for 2017, provided important information. Of the total number of people on waiting lists, 1.3% are waiting for day care for older adults and 1.8% are waiting for home help with an alarm system. The most troubling data shows that 61% of people are on the waiting list for care in nursing homes. This is very important because these older adults probably do not have family relationships that would allow them to remain in their home environment in order to prevent isolation. The increase in care needs is closely linked to the increase in the number of older adults affected by dementia. Dementia is a syndrome and a group of diseases, the latter of which belongs to organic and symptomatic mental illnesses among mental behavioral disorders, the most common cause (60-70%) being Alzheimer's disease. It is estimated that dementia currently affects approximately 200,000-250,000 people in Hungary. In its final stages, the disease requires a very high level of care (24-hour supervision) and incurs high costs, which is a burden on both families and the public care system (Gyarmati, 2022, pp. 28–29). This is when families really need help and is where both local communities and the state have important roles to play in supporting families.

Every local government has the duty to provide for basic services (meals, in-home care). Concurrently, there is an imbalance in capacity provision; in other words, there exist some local governments which provide care for 80% of the elderly, while others provide care to only a couple percent. In 2015, 91% of communities provided in-home care and 86% of communities provided meals, even though every local

government has an obligatory duty to provide these services (Gyarmati, 2022, p. 11; Meleg & Ládonyi, 2019, pp. 1–15; Szabó, 2014, pp. 45–66).

The absence of care is also becoming increasingly apparent and worrisome. The number of professional caregivers is steadily dwindling, largely because the social sector pays the lowest salaries among other sectors in the country's economy. As a direct result, since 2010 there has been a steady rise in the number of job vacancies, leading to a labour shortage in the sector. Additionally, the average age of professional caregivers is also steadily rising to 50 years, indicating that they are also nearing retirement age, and will be leaving the labour market en masse in the coming years (Csoba et al., 2022). As a direct result of these factors, an increasing number of caregivers in the labour market today consist of untrained workers from the public service who do not possess the required skills for these critical jobs (Gyarmati, 2022, pp. 3–4).

The number of family carers for adults is currently between 400,000 and 500,000. However, what is even more startling is the shockingly small number that actually receive care allowance - only 20,000, with the majority of family carers being unaware that they can actually claim it in the first place. The number of family carers is actually quite low in Europe, but that number also will be likely to continue to fall for a number of reasons: an increasing number of older adults do not have children living with them, more continue to emigrate, and the number of divorces is on the increase (Gyarmati, 2022, pp. 3-4).

As a result, the issue of responsibility also entails the duty to look after ourselves and our parents. The question is how this can be accomplished in relation to the work-life balance issue, which is yet to be resolved in the Member States. Our belief is that performing caring obligations simultaneously with work in the present circumstances in Central Europe might result in the loss of a large number of jobs because employers often demand the full attention of their employees.

Since 2010, the Hungarian government has made a significant decision to implement an increase in nursing fees for various care services. Over the span of eleven years, from 2010 to 2021, the nursing fee specifically for providing care to relatives who are in the most serious and critical condition has seen a substantial rise, more than doubling its previous rate from HUF 37,050 to HUF 74,405, per month which is

equivalent to EUR 196. This fee is designated for those individuals who dedicate their time and efforts to care for and nurse severely disabled persons who require intensive and specialized care due to their challenging conditions. However, in 2025, the special care allowance experienced an increase of only HUF 3,000 (approximately 8 euro) which raises concerns considering that inflation has reached exceptionally high and unbearable levels in Hungary during this period. The monthly amount of the care allowance is calculated, in addition to other regular cash benefits that the recipients may receive, as the difference between the gross monthly amount of the care allowance and the other regular cash benefits that are paid to the beneficiary, unless specified otherwise by law. The basic nursing allowance currently stands at HUF 43,405, which translates to EUR 114 gross per month, while the increased nursing allowance amounts to HUF 65,110, or EUR 171 gross per month (Budapest Főváros Kormányhivatala, n.d.).

The long-term care strategy has voluntarily undertaken to adopt an ambitious target of shaping and informing the minds of future generations. Another critical task is to assimilate the notion of care as an indispensable moral responsibility which all individuals should endeavour to undertake. It is, nonetheless, our considered view that the present sum allocated towards the care allowance is grossly insufficient. That situation, of course, stands particularly manifested where it does little to mitigate the financial and psychiatric impact frequently associated with the role of caring for aging parents (Emberi Erőforrások Minisztériuma, 2025).

We also understand that concerning the health status of Hungarian citizens, it is senior citizens over 65 years old who are generally marginalized in the different spheres of life. The high percentage of low-earning senior citizens waiting in queues for nursing homes manifests the obvious need to find solutions to address the gap in care provision that currently exists either in the profession or within their families, and in many cases both. How do the needs for care get met in a family where the income of two parents is required? Of course, if a senior's health does not allow for self-care, then it is absurd for another senior in the family to assume the burden if they also have to earn a living. Employment is also a source of survival for many senior citizens because it keeps their minds and attention alert. Senior citizens often suffer from the consequences of isolation. Socialization can help mitigate this harm.

In order for working children to meet their moral and legal obligations, there is an intersectoral task that has to be resolved, which needs to be done in close collaboration between the health and social sectors. Furthermore, it is essential to alter the attitude of employers. This situation can be significantly improved if care leave agreements can be established under which the working terms can be adjusted and tailored in such a manner that workers would be able to meet their caring obligations in case-specific ways. After all, it is quite clear that the legal obligations have to be met in any circumstance whatsoever. A significant deficiency in the current system is that employers are not willing to establish these contracts.

There is one thing on which we can definitely agree: That care policy and employer action is doomed if both the present and future generations fail to grasp the importance of solidarity, both for their own lives, for those of their immediate families, and for the broader community. Without solidarity, the legal goals underlying the legal policies discussed in this article cannot be upheld, and an increasing number of elderly persons will fall into deprivation.

4 Discussion

As delineated in Article XIX of the Fundamental Law, *"(1) Hungary is committed to ensuring social security for all of its citizens. All Hungarian citizens are entitled to receive support as stipulated by law in cases of motherhood, illness, disability, widowhood, orphanhood, and unemployment that is not attributable to their actions. (2) Hungary is responsible for providing social security for those individuals identified in paragraph (1) and for other individuals in need through a network of social institutions and initiatives. (3) The characteristics and scope of social measures may also be defined by law in alignment with the activities of the individual receiving social assistance that contribute positively to the community. (4) Hungary shall facilitate the provision of subsistence in old age by maintaining a cohesive state pension system grounded in social solidarity and by supporting the operation of voluntarily established social institutions.*"

The law may also establish the prerequisites for eligibility for a state pension, also taking into consideration that women require additional protection. These principles resonate with broader work–life balance and welfare policy research that highlights the connection between social security systems and sustainable care arrangements for aging populations (Demissie, Koech, & Molnár, 2024).

Paragraph (1) of the Fundamental Law – following the interpretation of Section 70/E of the previous Constitution as elucidated by the Constitutional Court – highlights the imperative to guarantee social security, characterizing it not as an inherent right but rather as an objective of the state. While the second sentence of paragraph (1) closely resembles the second sentence of Section 70/E(1) of the previous Constitution, importantly the latter provides merely an illustrative enumeration, whereas the language of the Fundamental Law distinctly indicates that the state is obliged to address only the social security of the specified groups (Hajdú, 2015; Kiss, 2016). Despite the characterization of social security as solely a state objective in the Fundamental Law, this does not imply that the Constitutional Court lacks the capacity to assess, during legal protection proceedings, whether the state has made sufficient endeavors to attain social security and whether it is realizing this aim. The state must be afforded the flexibility to establish its own social protection framework. A literal comparison of Article XIX of the Fundamental Law pertaining to social security with the corresponding provision of the prior Constitution suggests a diminution in the level of constitutional safeguarding of social security, as it is exclusively framed as a state objective, reflecting the aspirations of the state. An analysis of the Constitutional Court's practice before and after the Fundamental Law was enacted indicates that there has been no substantial alteration (diminution) regarding the right to social security (Téglási, 2019, p. 347). Research on comparative social policy suggests that conceptualizing social security as state policy rather than a justiciable right can weaken the normative guarantee of welfare support, unless paired with strong institutional protections (Parisse, 2025).

In what manner did the Social Act subsequently evolve with respect to responsibilities? An important milestone was the enacting by the Hungarian Parliament and subsequent promulgation on January 27, 1993, of Act III of 1993 on Social Administration and Social Benefits (hereinafter: Szt.), which provided that social benefits – apart from the responsibility of individuals for themselves and their families as well as that of local communities for community members – fall under the competence of central government authorities as well as local governments. This formulation was retained until the 2022 amendment was enacted. The new provision of the Act enacted from January 1, 2023, brought about a basic shift in principle concerning the extent of responsibility for social benefits. The official Commentary to the Act highlights that this shift is in line with the approach otherwise reflected in Articles XIX and XVI of the Fundamental Law, which emphasized both

individual and family responsibility in laying down social security, with Article XIX mentioning that Hungary (only) 'strives' for social security. The emphasis on familial care is further detailed in Articles XVI (3) and (4) of the Fundamental Law. Parents are obligated to support their minor children while correlatively adult children are obligated to support their parents in need. In parallel, the state is obligated to care for parents who are in need and who are unable to take care of themselves because they are incapable of so doing on their own and are unable to perform their constitutional duty of care regarding their children due to circumstances that would risk both their own upkeep as well as that of their minor children. Section 2(1) of the Act also emphasizes the prime duty of self-care, stating that this responsibility rests mainly with the individual to make certain that they protect their own social security. It can be inferred under Section 2 of the Act that the state's responsibility towards individuals in need is essentially subsidiary in character to that of both the individual and family members. A hierarchy of care has developed. At the core of this framework is the principle of individual self-care. Consequently, the individual must first confront the challenges associated with their personal circumstances. Should this prove unfeasible, the obligation of the family to provide care becomes relevant. The Commentary underscores that Section 4:196 of Act V of 2013 pertaining to the Civil Code (hereinafter: Civil Code), which delineates a maintenance obligation for direct relatives and, in the absence of offspring, for more distant relatives, is predicated on the previously mentioned principle outlined in the Fundamental Law (Hoffman & Mattenheim, 2016; Gregor & Kováts, 2019).

The current Hungarian legal framework is explicit: state intervention is unwarranted in cases where an individual is incapable of self-sufficiency, yet the relatives who have a legal duty to offer assistance are able to address the pertinent issue. In instances where life's challenges cannot be surmounted within the stipulated framework, local communities are expected to extend care. These communities may vary widely, yet they principally encompass friends, acquaintances, neighbours, religious congregations, and workplace associations. However, the literature on work–life balance and social support systems emphasizes that reliance on informal networks without robust public policies can exacerbate inequalities and place undue burdens on caregivers, particularly women (Bouget, Chiara, & Slavina, 2017; Demissie, Koech, & Molnár, 2024).

Because this approach has not been enforceable under public law, as smaller communities typically lack legal entity status and, furthermore, cannot be held accountable for maintenance and care responsibilities under either private or public law, the current Act introduces the following remedy. In case a person is not competent to perform self-care, and relatives' obligations for support are insufficient, then this duty falls upon the local government of residence, which becomes primarily responsible, with the state's public law duty for care as a last resort. As stipulated under Section 2 of the Act that became effective on January 1, 2023, it is specifically stated that, within the state's institutional power hierarchy, local governments bear the highest public power duty regarding the operation of the social care system. The state therefore strives to ensure that individuals are primarily responsible for themselves. Is this a step backwards as the research on European work–life balance policies indicates that countries with stronger statutory support for carers, flexible work arrangements, and family leave tend to distribute care responsibilities more equitably across populations and mitigate labour–care conflict (Oliveira, Rodríguez, & Lütz, 2020)?

The social work profession was shocked by this amendment (Economx, 2026). Mélypataki and Kriston proposed that, in examining the last few years, it became plain that the legislator still supported insurance-based benefits in the social welfare framework and increased levels of these benefits in certain cases even further. Benefits that were grounded on other bases seem to be subjected to erosion through inflation or reduced in value in other ways. This pattern seemed to indicate a steady withdrawal of the state from this area, so that responsibility for benefits was shifted gradually back to the shoulders of families again. They believe that the source of the problem is not principally that individuality is stressed over family ties but rather that the state has neglected its responsibilities to them. In this light, it is interesting to see that in 2021, 404,203 people altogether made use of family support services through agreement in writing or otherwise. This number excludes other child welfare support services. Closer inspection of national statistics shows that cases of family dysfunction are rampant on a national scale. Furthermore, the mental well-being of families is subject to constant deterioration, a condition exacerbated by the recent pandemic (Mélypataki, 2023, Kmetty, 2013, Takács, 2016).

Meleg explained elsewhere that one of the principal criticisms of the law is that it sometimes interprets responsibility in a very narrow sense. One example is the

responsibility to care and provide for others, and another is the economic cost. In effect, the legislation fails to create new opportunities for citizens under this new definition but instead burdens citizens with the additional work and expenses of addressing social ills. He also questions the fact that the legislation prescribes a strict ordering of operations and makes transition from one level conditional. However, many social problems are not so linear: they often occur on several levels simultaneously, while interventions are not always most efficient when thought of on a single-person scale. Concerning unemployment, questions of the labour market are best solved by the state; otherwise, individual efforts are inefficient. In the same fashion, an elderly person suffering with a drug or alcohol addiction problem can become a private, family, communal, even societal affair (Economx, 2026).

We recognize that the proposed change is symbolic. Nevertheless, the social work profession is justified in its outrage, especially if the proposed change was not preceded by substantial social consultation. It is evident that all aspects of the social welfare system, such as insurance and welfare benefits, family care, employment policy, healthcare, social policy, and the pension system should all contribute in collaboration to an individual's success. The proposed changes appear to be sustainable in the long term. From a societal point of view, it is useful and important to stress, support, and promote an individual's responsibility as well as the role of the family. Concurrently, unless such changes are accompanied by, for example, supportive measures for families, it would seem that those excluded or marginalized would be left to fend for themselves.

Each person in society is of course primarily responsible to care for themselves. However, should self-care be insufficient, the family represents the most significant protective space. Ideally, adult children are employed. However, once the older population aged 55-69 requires external support, living together with their children represents the least favorable solution (5%). Thirty percent find it possible that under these circumstances they would be treated in a professional residential care home, while 61% would prefer to stay in their own home. Based on questionnaires conducted in Hungary, almost 67% of cancer patients would prefer to die at home among their family, but only 30% of the patients actually do this (Monostori & Gresits, 2018, p. 128). In 2021, the funds spent on social and welfare institutional services shall be almost HUF 800 billion, which means an increase of roughly 150% since 2010 (Emberi Erőforrások Minisztériuma, 2025).

Social care is an intricate procedure and must be specifically tailored to each individual with aid according to their needs. This procedure is undeniably conditioned by the health, social, and mental state of the individual in need of the aid in question. Important issues are: what is the state's role in aiding those in need? What is the extent of the state's constitutional duty concerning our fellow citizens in need? And where is the boundary within which individuals' responsibility is to be located? Individuals' boundaries have retreated, just like those of the family in these matters. Significantly, even if the essence of social security is unconditionally defined in the Fundamental Law as a state objective, it is nevertheless within the power of the Constitutional Court to review in each instance not only whether the state made every effort within its means to attain social security but also whether the state, in practice, is implementing the objectives of the mentioned act in an appropriate fashion. The state's room for maneuver should be provided within its own social safety network-building practice in view of expensive social rights in any manner anyway.

Directive (EU) 2019/1158, which repealed Council Directive 2010/18/EU, was adopted on 20 June 2019, by the European Parliament and the Council and provides for work-life balance for parents and carers. The preamble provides detailed background that underlies the scope of this article. Measures for achieving work-life balance are critical for promoting gender equality through encouraging workforce participation of women, promoting balanced allocation of caregiving responsibilities across both genders, as well as income and remunerative disparities. Initiatives of this nature must be attentive to shifts in population demographics, such as the impact of an aging population. The difficulties presented by these population shifts, when layered on top of subsequent pressures on individual Member States' finances, are likely to increase the demand for informal caregiving (Directive (EU) 2019/1158 Preamble (6) (7) (10); McCarthy, Darcy & Grady, 2010; Skinner & Chapman, 2013).

In implementing the Directive, Member States should also consider the fact that balanced access to family-related leave across both genders depends on support measures such as affordable and accessible childcare as well as long-term care support. These support measures are essential to enable parents as well as other caregivers to access, stay within as well as re-enter the workforce (Directive (EU) 2019/1158 Preamble (12); Downes & Koekemoer, 2011; King et al., 2012).

In a bid to increase the prospects of those with caregiving obligations staying within the labour marketplace, it is suggested that at least five days of caregiving leave be provided to all employees on a yearly basis. Member States are left with discretion allowing for this leave to be taken within a single as well as multiple working periods. In accommodating different national schemes, it would be appropriate for Member States to be allowed to implement care leave arrangements with a different duration than that of one year, taking into consideration the person in need of care or support or evaluating it on a case-by-case approach. Due to the aging population and ensuing increase in age-related sicknesses, a spike in demand for care is envisioned (Vandeweyer & Glorieux, 2008; Kawaguchi, 2013). Member States should contemplate such envisioned upsurge in demand for care while drafting policies on care, especially concerning care leave. It is suggested that Member States extend coverage for care leave to other relatives such as grandparents as well as brothers and sisters (Directive (EU) 2019/1158 Preamble (27); Oliveira, Rodríguez, & Lütz, 2020; Bouget, Chiara, & Slavina, 2017).

On average, a significant 34.3% of the population from 20 European nations were identified as informal caregivers, while a slightly lower but significant 7.6% were classified as intensive caregivers, meaning they cared for someone at least a minimum of 11 hours weekly. It was noted that in those nations that had high levels of caregivers, there would also be correspondingly few people classified as intensive caregivers. The caregiving phenomenon was most visibly evident among females, people aged 50–59 years, non-employed people – specifically those who worked on housework – and people who classified themselves as religious (Verbakel et al., 2016; Petrini et al., 2019; Kaschowitz & Brandt, 2017; Miller & Cafasso, 1992). In Hungary, to date there had been no research on carers for relatives (Kopasz, 2021). The World Health Organization asserts that countries can implement 'active aging' programmes and policies that can enhance older citizens' health, engagement, and protection (Report of the World Health Organization, 2002; Walker & Maltby, 2012).

5 Conclusion

In Hungary, despite what was outlined above regarding factors that influence aging-related discourse, such discourse on aging as may exist does not concern itself with the idea of active aging; it is concerned almost exclusively with that important matter of social care alone. Social care is a complex activity as such, crafted with the

intention to offer different types of support that are precisely unique to fit individual requirements of those who are in need of it. The extent as well as the nature of such support is always dependent on those particular facts regarding someone's unique condition of health, social situations, as well as state of mind. According to Article XIX (4) of the Hungarian Fundamental Law, adult children are obliged to care for their parents in need. The Labour Code supports the obligation of adult children active in the labour market as defined in the Fundamental Law by allowing them to take care leave in accordance with the provisions of the Directive. The KSH (Central Statistics Office) did not publish separate statistics on caregiver leave in 2024 either. Surveys show that less than 1-2% of employees in Hungary take care leave, which is similar to the EU average (Ribeiro et al., 2021; Eurofound, 2025).

According to the Fundamental Law, the Civil Code specifically states in Section 4:196(2), listed under the heading "Persons obliged to provide maintenance and the order of maintenance obligations", that the principal role of providing maintenance falls on the parent towards the child, and, similarly, the adult child owes the same duty towards their parent who finds themselves in need. This right of care and maintenance also covers the significant matter of providing care to the parent in need.

The empirical and normative analysis provided in this study confirms a fundamental structural contradiction in Hungarian eldercare and social security policy in recent times. Demographic aging, as exemplified by the constantly rising old-age dependency ratio and the corresponding rise in the population over the age of 65, has ceased to be a future policy concern and has instead become an established feature of Hungarian society. This has occurred in tandem with socioeconomic challenges faced by elderly Hungarians in recent times, exemplified by the persistently low and diminishing real value of pensions and care allowances in the face of sustained inflationary pressures. The findings in this paper illustrate that although there has been a nominal decline in the number of pensioners in the lowest income groups, this has been an illusion in reality due to diminishing purchasing power. Thus, material poverty, social exclusion, and increased health risks have remained prominent characteristics of old age in Hungary. Economic circumstances have a direct impact on eldercare in the case of elderly individuals living alone with no strong family support system or in cases of the elderly suffering from dementia and other conditions demanding intense care. The exceptionally high percentage of

applicants awaiting placement in residential nursing home facilities underscores the incapacity of community-based and home-based eldercare facilities to address the complex demands of eldercare alone, without more robust state assistance.

From the point of view of the provision of services, the analysis shows the potential and the inherent contradictions of basic social services, such as day care and home help services. Day care services, in particular, have proven to have positive effects on social integration, mental well-being, and to help prevent isolation, which are all significant protective factors to combat cognitive and physical decline. Concurrently, the rigid division of service entitlements forces the care recipient to make suboptimal choices. The institutional logic of home help and day care being mutually exclusive contradicts the idea of 'aging in place' and the preventive potential of community care services.

Another aspect that is critical to the sustainability of care arrangements is the increasing crisis in the care workforce. Low wages, increasing vacancy rates, and the increasing age of professional caregivers are all factors that threaten the sustainability of the formal care system. The substitution of professional caregivers with inadequately prepared workers adds to the inherent risks to care recipients and families. In this context, the reliance on informal caregivers, which is estimated to comprise several hundred thousand people, is simultaneously indispensable yet problematic. The low uptake of care allowances, which is further combined with the low monetary value of these allowances, is a significant policy failure that is even more critical in the context of labour market developments, emigration, the decline in co-residence, and the unresolved work-life balance.

The legal and constitutional analysis further heightens these concerns. Article XIX of the Fundamental Law confirms the state's commitment to social security. However, its formulation as a policy objective rather than a legally enforceable right, in conjunction with the post-2023 legislative amendments, suggests there has been a rebalancing or shift away from state responsibilities towards individuals, families, and local governments. While subsidiarity and self-care are not in and of themselves problematic concepts, applying them in a system characterized by structural inequalities, labour shortages, and budgetary constraints has the potential to eviscerate any meaningful content to social security. The hierarchy of care from self to family to community to local government to state last has normative value.

However, in practice, this hierarchical model in practice tends to fail at the lower levels, leaving the most vulnerable of older citizens without support. The concerns raised by social policy experts and practitioners share common ground in their assessment that the state's gradual withdrawal from non-insurance-based benefits places an unfair burden on families who are already stretched. This is not a minor policy adjustment. It has profound implications for social solidarity, intergenerational equity, and gender equality in a society where there is already an uneven distribution of unpaid caring responsibilities.

In conclusion, the Hungarian elder care system is presently at a critical juncture. The combined effects of demographic, economic, and legal-institutional factors necessitate a fundamental overhaul of the care policy, moving beyond the rhetoric of solidarity. The need to enhance basic social services, to integrate care modalities, to professionalize and more robustly remunerate caregivers, and to significantly improve support services for family caregivers are not policy options but imperatives that must urgently be addressed if social cohesion is to be sustained. The question, therefore, is whether the normative values and principles embedded in the Hungarian constitutional and legal framework can be sustained in the absence of a renewed and palpable commitment on the part of the state, supplemented by more strongly engaging employers and sectors, or whether the challenge of aging will continue to manifest itself as deprivation, marginalization, and inequality, undermining the dignity and morality of the older person and the very concept of social solidarity.

Care-providing is thus undoubtedly a critical and challenging task for those workers who are actively engaged in the labour force. The multifaceted challenge of providing care for those who are elderly must be embedded in any overall active aging strategy. In accordance with the EU's Directive stipulation, caregivers are afforded the privilege of taking no less than five days of caregiver leave per annum. But it is certainly debatable to what extent these five caregivers leave days actually add up to support performance of caregiving duties over the course of the total calendar year. It is certainly patent that such EU Directive cannot be operated effectively without the availability of an active aging strategy that places significant priority on long-term caregiving support as well as from both familial support as well as that of the state. In view then of assessing the challenges experienced by older people in Hungary, it is therefore critical to scrutinize extensively the regulatory

landscape that provides the theoretical groundwork needed to support caregiving effectively.

Legal Acts

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Povzetek v slovenskem jeziku

Madžarska se sooča z vse bolj akutnim izzivom oskrbe starejših, ki ga povzročajo hitro staranje prebivalstva, vztrajna socialno-ekonomska ranljivost in spreminjajoče se pravne odgovornosti. Članek preučuje sodobno „dolžnost oskrbe" skozi družbeno-pravno prizmo, s poudarkom na medsebojnem delovanju prava, socialne politike, solidarnosti in ravnovesja med delom in zasebnim življenjem. Z uporabo kvalitativne in normativne pravne analize v kombinaciji z interpretativnim pregledom politik študija analizira madžarski ustavni in zakonski okvir skupaj z demografskimi podatki in trendi na področju socialnih storitev. Ugotovitve razkrivajo strukturno protislovje: medtem ko se potrebe po oskrbi povečujejo, javni mehanizmi podpore – pokojnine, dodatki za oskrbo in storitve na ravni skupnosti – ostajajo v realnem smislu nezadostni, odgovornost pa se vse bolj prenaša na družine. To ponovno uravnoteženje izvaja nesorazmeren pritisk na neformalne negovalce in zaostruje konflikte med zaposlitvijo in obveznostmi oskrbe. Članek trdi, da brez okrepljenega, operacionaliziranega koncepta solidarnosti – vgrajenega v pravna jamstva, integrirane storitve oskrbe in podporne politike zaposlovanja – sedanji okvir tvega poglobitev socialne izključenosti, neenakosti med spoloma in medgeneracijske nepravičnosti v starajoči se madžarski družbi.