Social Movements and Policy Change: Case Study on Caregiver Benefit Policies in Hungary

By

Bernadett Sebály

Submitted to Central European University

School of Public Policy

In partial fulfilment of the requirements for the degree of Master of Arts in Public Policy

Supervisor: Andrea Krizsán

Budapest, Hungary

2019

Author's Declaration

I, the undersigned Bernadett Sebály hereby declare that I am the sole author of this thesis. To the best of my knowledge this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material that has been accepted as part of the requirements of any other academic degree or non-degree program, in English or in any other language.

This is a true copy of the thesis, including final revisions.

Date: June 14, 2019

Name (printed letters): Bernadett Sebály

Signature: Sebály Bernadett

Abstract

This case study of the Hungarian disability movement examines its impact on changes in caregiver benefit policies. By analyzing the influence of movement infrastructure, political allies and public opinion, the article contributes to a more systematic understanding of the policy impact of movements. The analysis draws on the movement infrastructure model of Andrews (2001) and the joint-effect model of Giugni and Passy (1998). Findings demonstrate the importance of a strong movement infrastructure, where organizations are able to employ both “insider” and “outsider” strategies. At the same time, the presence or absence of alignment of strategies between movement organizations influences the movement’s impact on policy formulation and policy implementation. The study also shows that resonant framing with government policies can increase the opportunity for the intervention of a policy entrepreneur.

For those who dedicate their lives for social change

Table of Contents

1 Introduction

Family caregivers are the backbone of long-term care system in Hungary. Due to insufficient care services for people with permanent illness or severe disabilities, at least 51,700 family members provide home care for their relatives, whereas almost 70,000 people are placed in nursing and residential care facilities (KSH 2018). Nevertheless, family caregivers lack policies that improve their role and wellbeing (Colombo et al 2011), and they receive significantly lower remuneration than the average in Eastern Europe (Csordás and Romhányi 2017). In fact, between 2001-2018, the national caregiver benefit was less than half of the minimum wage even though caregivers do not have a lot of other support services to draw on. For this reason, it was a surprise to many when the Fidesz-KDNP government, in 2019, raised the benefit to almost 70 per cent of the minimum wage for one third of the caregivers. The result was a hitherto unseen scale of increase in the amount of the allowance for more than 18,000 families and led to a modest rise for another 33,000 (MEOSZ 2019).

The policy change came after decades of at best modest improvements in the benefit, despite the issue having long been a high priority for the disability movement. The final breakthrough came in the wake of an online petition that went viral in May 2018, and was signed by more than 40,000 people. This created an opportunity that enhanced mobilization, drew the attention of both the media and opposition MPs to the issue, and strengthened the movement's position at the negotiating table with unexpected magnitude. There was, however, a very similar opportunity 13 years ago that activists were not able to translate into a policy win. In 2005, self-help advocacy groups collected more than 50,000 signatures and put legislators under the obligation to vote on the increase and reform of the caregiver benefit. On the day of vote, the initiative failed.

As Meyer (2004:125) says, “social movements make history, albeit not in circumstances they choose.” Their impact on policy outcome is contingent on the interaction with the political environment, and their ability to draw resources from that context (Koopmans and Statham 2000:32). What changed in the internal dynamics of the disability movement that it could exert enough influence on policy change in 2018? In other words, under what circumstances could the movement take advantage of openings in the political opportunity structure? This is an even more intriguing question in the Hungarian political context where, after the illiberal turn, the Fidesz-KDNP government is rarely receptive to critical claims coming from civil society organizations.

The ambition of this paper is to provide an analysis of the policy impact of social movements and contribute to understanding what factors influence the potential for policy change to originate outside of formal government process. The Hungarian family caregiving case is particularly useful for two reasons. First, almost any improvement in caregiver policy in Hungary is closely associated with the actions of the disability movement, which makes the analysis of the movement impact relevant. Second, the movement had made continuous efforts to influence the policy since 1994, which gives the researcher the opportunity to compare the impact of the movement in a changing political opportunity structure.

In addition, this study will fill gaps in the movement literature. There is not enough systematic research on the policy outcomes of movement activities (Giugni and Passy 1998, Cress and Snow 2000, Andrews 2001) and this paper aims to contribute to this body of research with empirical data. Last but not least, the research also aims to enrich the Hungarian disability literature, which is dominated by human rights and social policy perspectives, and deepen understanding of the movement itself in a way that can be generalized to other contexts.

The paper will analyze the policy impact of the disability movement by focusing on one specific component of caregiver policies, the cash-for-care schemes (caregiver benefit) using quantitative and qualitative methods. After the literature review and the methodology section, I will give an overview of the policy context of cash-for-care schemes in Hungary compared to other OECD countries. I follow this by introducing the structure of the political environment, leaning on Kriesi et al's (1995) opportunity structure dimensions. In the movement analysis and discussion part, I will apply the conceptual framework of Andrews (2001) and Giugni and Passy (1998). My theory is that the development of the movement infrastructure – organizational structure, leadership and resources – enabled the disability movement to use multiple strategies and tactics and thus make a bigger impact on exogenous factors such as political allies and public opinion. Based on my hypothesis, I incline to agree with Andrews' argument that movements that are able to use multiple – "insider" and "outsider" – strategies can have a bigger impact on policy outcome. In my conclusion, I will generalize my findings to other contexts and identify directions for further research.

2 Literature review and conceptual framework

Scholarship on the impact of social movements traditionally begins with the recognition that both the development and influence of movements are context-dependent (Meyer 2004:126). As Tarrow says, these political contexts, or "the rules of the game" in which movement organizers pick their strategies, are dynamic structures (1994:85). They create opportunities for activists or prevent them from advancing their claims and they vary over time.

This changing character of the context is captured by the framework of the political opportunity structure (Tilly 1978, Tarrow 1994, McAdam, Tarrow and Tilly 2001). This framework, which explains the mutual interaction between context and strategy, helped shift the focus of researchers from resource mobilization to the policy outcomes of movements (Koopmans and Statham 2000:33). Scholars extended the scope of their research beyond the internal dynamics of movement and integrated previous theories about movement impact (such as Piven and Cloward 1977 or Gamson 1990) into a broader theoretical perspective.

Therefore, several scholars in this tradition emphasize that no single model or variable can explain the policy impact of movements. Andrews (2001) proposes a movement infrastructure model to resolve conflict around the efficacy of disruptive vs. institutionalized tactics. In this approach, the effectiveness of strategy and tactics depend on a movement's infrastructure: leadership, organization and resources (Andrews 2001:76). He suggests that "[I]nfrastructures that allow the movement to employ multiple mechanisms of influence (including disruption, persuasion, and bargaining) will have the greatest impact on policy implementation." (2001:75)

Cress and Snow (2000) underscore the complexity of the dynamics that contribute to achieving a policy outcome. Besides the movement's organizational characteristics, tactical repertoires and the political context, they stress the movement's ability to frame (producing and maintaining meaning). What matters is how these conditions combine with one another and generate multiple pathways to attaining an outcome (2000:1096). They distinguish between localized and national contexts and argue that systematic research of local level organizing can increase our understanding of what social movements can or cannot actually accomplish (2000:1095).

Other researchers are more skeptical about the impact of movements and emphasize exogenous factors as mediators of success such as elite allies or public opinion. The strongest form of this approach holds that movements can only have an indirect impact on these variables (Burstein 1985, Amenta et al 1992). In other words, movements can influence the public and the decision-makers only up to a certain point, as their ability is contingent on favorable political climate (Amenta et al 1994). It is eventually the external context that provides sufficient conditions for policy change.

Empirical evidence, however, shows that there is more interaction between context and strategy, and strong social movements can have direct impact on public opinion and political alliances (Giugni and Passy 1998, Andrews 2001, Soule and Olzak 2004). Soule and Olzak, for instance, emphasize that movements can gain leverage over elites from the competitiveness of electoral systems (2004:477). As Giugni and Passy summarize, "in order to force powerholders to engage in substantial policy reform, it is necessary to have the joint and simultaneous presence of a strong social movement and either a favorable public opinion or the action of a major political ally in the institutional arenas." (1998:7) Ideally, he adds, all these three factors are present.

The literature provides a sophisticated understanding of outcomes. First of all, outcomes encompass both successes as well as unintended and negative consequences and can take a variety of forms (Andrews 2001:72). They can refer to organizational and beneficiary outcomes such as representation in decision-making bodies, material concessions or relief, or securing rights (Cress and Snow 2000:1066-1068). Staggenborg highlights attainments that can influence the impact of movements in the long run such as changing frames, disseminating new vocabulary, or lifting up new leaders (1995:341).

Acknowledging this diversity, my research will focus on the policy outcomes of movements, through analyzing the impact of the Hungarian disability movement on the national cash-for-care policies. My research question is: “What is the impact of movement infrastructure on policy outcomes in relation to openings in the political environment?” I hypothesize that the development of the organizational structure, leadership and resources enabled the movement to use “insider” as well as “outsider” strategies and make a bigger impact on exogenous factors such as political allies and public opinion, and thus attain policy change. In my analysis, I will draw on the conceptual framework of Andrew’s (2001) movement infrastructure model and Giugni and Passy’s (1998) concepts of public opinion and political allies in their joint-effect model.

3 Methodology

I define *policy outcome* (*dependent variable*) as changes related to securing favorable policies, insuring that those policies are implemented, or shifting the distribution of institutional resources to benefit the movement’s constituents (Andrews 2001:72). With regard to the focus of this particular analysis, I measure policy outcomes in terms of changes in the structure (targeting) of the caregiver benefit, and/or increases in the amount in relation to the minimum wage.

With regards to *independent variables*, I define *movements* as “networks of informal interactions between a plurality of individuals, groups and/or organizations, engaged in political or cultural conflicts, on the basis of shared collective identities” (Diani 1992:1). Based on Andrews, I determine *movement infrastructure* as the organizational structure, leadership and resources of a movement (Andrews 2001:72). I measure *organizational structure* by (1) the level at which the organization provides services or operates (national/regional/local), (2) membership status in the

National Disability Council (y/n), and (3) recipient status of annual state budget contribution (y/n); and *leadership* by (1) accountability to membership/network of beneficiaries (y/n), (2) level of formality of network (informal = based on a mailing list, formal = defined in statutes); and *resources* by (1) membership size, (2) number of member organizations, and (3) size of the budget. I define *first-generation organizations* as the ones emerged during the socialist period and continued to operate after the transition; and *second- and third generation organizations* as the ones that were established after the transition.

Building on Andrews, I regard *insider strategies* as facilitating alliances with insider actors (government officials, parliamentary representatives, etc.) and/or resorting to negotiations and consensual agendas. In contrast, I define *outsider strategies* as facilitating alliances with sympathetic actors outside the state and/or including confrontational or disruptive tactics in the repertoire such as petition, letters to the decision-makers, demonstration, march, disruption of a parliamentary meeting, strike, etc. I consider *public opinion* and *political allies* as general public's preferences and insider actors, respectively, which social movements can influence and interact with (Giugni and Passy 1998:7). I measure public opinion based on the number of news accounts of movement activities, and the political allies based on their number and the number of their favorable public actions (in or outside the Parliament).

In order to give an overview of the *political opportunity structures*, which are rules in the political environment that determine the chances of the movement to introduce new policy struggles (Koopmans and Statham 2000:33), I will use Kriesi et al's (1995) *four political opportunity dimensions*. These are the national cleavage structures, formal institutional structures and legal arrangements, informal procedures and prevailing elite strategies, and alliance structures.

Applying this conceptual framework, I will analyze disability movement activities in terms of their interaction with the caregiver benefit policy. I will use case findings to refine the understanding of the determinants of policy impact of movements. I use quantitative and qualitative analysis. I analyze the change of the caregiver benefit (annual rate of change, change as a percentage of minimum wage). I gathered survey data from eight organizations and had expert interviews with four top leaders in three disability organizations. I reviewed newspaper accounts related to movement activities and/or caregiver benefit policy changes between 1990-2019 (online resources) and minutes of parliamentary meetings in 2004-2005 and in 2012-2018, related to two intense phases of activities. Besides for the actual measurements, I used these data to map the contours of the phases of movement activities and recognize interaction with caregiver policy changes between 1993-2019. Last but not least, I relied on my participatory observations (ethnological data) based on my work mentoring community organizers working to increase and improve the caregiver benefit between 2013-2018. Based on this analysis, I will distinguish some patterns of context-dependent, multiple pathways of factors leading to movement outcome attainments.

4 Policy context

Family caregiving lies at the intersection of several policy fields. Supporting caregivers involves addressing the special needs of people with disabilities in public education, improving long-term care services and institutions, addressing special work arrangement needs and providing financial compensation in return for reduced labor hours. Hungarian caregivers, however, operate in a fragmented, low-capacity care system where their needs are not fully addressed. The lack of well-staffed, accessible services often require that family members reduce their working hours or withdraw from the labor market in order to care for disabled relatives (Bass 2009, Márkus 2009, Aczél-Gyarmati, 2014, Velkey 2017). Measurements in the last decade demonstrate that risk of income loss, impoverishment, mental deterioration, and isolation for parents and other relatives is high, and gendered, due to the high proportion of women caregivers (Bass 2009, Tátrai 2016, Rubovszky 2017).

The disability movement has been involved in the caregiving policy process since 1994, partly through providing support services such as help with instrumental activities of daily living (IADL) or day care services, and partly through advocating for policy improvement related to institutional care, the extension of support services and financial compensation reform. Acknowledging that cash benefits should be seen in the context of a comprehensive policy approach that enhances coordination between formal and informal care (Colombo et al 2011:24, Szabó 2014:85), I will provide a brief assessment of the changes specifically in the caregiver benefit. I do this because the development of viable cash-for-care schemes is an important part of long-term care policies (Da Roit and Bihan 2010, Colombo et al 2011). In addition, this overview will be essential to evaluate the policy impact of the disability movement in the next sections.

Cash benefits are part of the long-term care (LTC) system in the majority of OECD countries (Triantafillou et al 2010, Colombo et al 2011:132). Roit and Bihan (2010) suggest that the primary objective of these various financial schemes is to give autonomy and control to the cared-for and their families by enabling them to choose the most adequate care arrangement. In line with this approach, in several countries (e.g. Austria, France, Germany and the Netherlands), cash benefits go either to the family member or the care recipient (or both) and they can decide whether they want to pay the family member or hire a formal caregiver (Roit and Bihan 2010). The Hungarian caregiver benefit lacks this empowering character for several reasons.

First, Hungary provides directly paid, universal caregiver benefit only to family members who work no more than 4 hours per day in the labor market (please see Table 1 for an overview of the benefit types).

	Benefit name	**Intensity of caregiving**	**Care recipient**	**In effect**
Type 1	Basic caregiver benefit (“alapösszegű”)	Low and medium*	(1) persons with severe disabilities at any age or (2) permanently ill persons under the age of 18 Until 1999: (3) Permanently ill persons above the age of 18	1993-
Type 2	Special caregiver benefit (“méltányossági”)	Low and medium	Permanently ill persons above the age of 18	2000-2015
Type 3	Increased caregiver benefit (“emelt összegű)	High*	Type 1 + care recipient suffers from at least three limitations of daily activities	2006-
Type 4	Highly increased caregiver benefit (“kiemelt”)	High	Type 3 + care recipient cannot meet their own needs	2014-
Type 5	Caregiver benefit after children (“GYOD”)	High	Type 4 + care recipient is the caregiver’s child or foster child regardless of age[1]	2019-
	***low- and medium intensity: < 20 hours **high-intensity: > 20 hours**			

Table 1: Types of caregiver benefits.

In case the family decides to hire a professional caregiver so that the family caregiver can go back to paid employment, the household loses the benefit. Essentially, the family needs to cover caregiving from their own budget or a family member needs to give up full-time work (unless they choose the low quality state-funded nursing and residential care). In other words, leaning on Fraser,

---

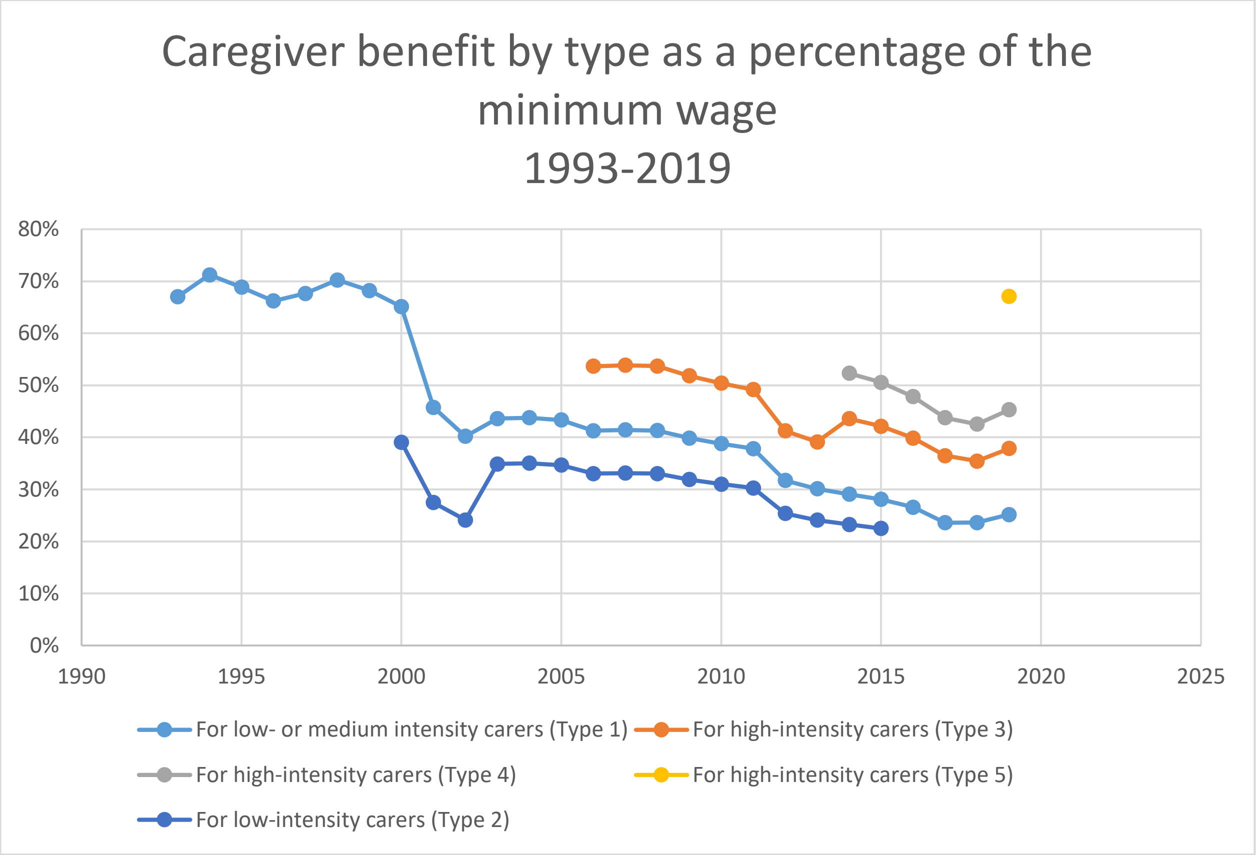
[1] Due to eligibility criteria, some high-intensity parent caregivers are excluded from this benefit. See the letter of Lépjünk to State Secretary Attila Fülöp (Lépjünk 2019) and the report of AOSZ (AOSZ 2019).

care is "commodified" for those who can pay for it and "privatized" for those who cannot (2016:104). Making the benefit conditional on the provision of caregiving rather than tying it to the family status of the caregiver would be a first step to more integrated formal and informal care, even at the current low level of the transfer.

The caregiver benefit in its current form can hardly fill an empowering role when it is overall tokenistic and comes with a lower level of social protection. More developed LTC systems witness such symbolic cash-for-care schemes only where support services provide quality care, are well staffed and widely accessible (e.g. in the Nordic countries). As part of their wider attempts to address the gaps in caregiving policy, the disability movement has long asked for the adjustment of the cash transfer to the minimum wage and the recognition of family care as work in the form of an employment status. As Graph 1 shows, governments had different ideas about these policies. In 2001, the caregiver benefit was excluded from the benefits of the minimum wage increase and its value substantially dropped in this comparison.[2] Type 2 benefit ("méltányossági") was abolished in 2015, leaving with no financial assistance those who provide care for permanently ill people above the age of 18. The introduction of new types of benefits in 2006, 2014 and 2019 reflect the attempts by policy-makers to move the remuneration of high-intensive caregivers closer to the minimum wage, nevertheless, in a piecemeal manner.

---

[2] In 2001, the minimum wage was substantially raised in Hungary. As the caregiver benefit was adjusted to the old-age pension between 1993-2010, and the old-age pension was not adjusted to the minimum wage increase, the value of the caregiver benefit descreased in 2001. Since 2011, the amount of the caregiver benefit has been defined annually in the state budget.



Graph 1: Caregiver benefit by type as a percentage of the minimum wage between 1993-2019. Source: Own compilation.

In this regard, the recently introduced "GYOD" provides real prospects for a specific group of caregivers. At the same time, the benefit received a lot of criticism because the eligibility is contingent on a parent-child relationship. More precisely, even though caregivers provide care for care recipients with the same (highest) degree of disability, one will receive Type 4 (highly increased benefit) unless the care recipient is his or her child or foster child (see Table 4). The "GYOD" is a clear example of the ideologically driven as well as pragmatic character of the Orbán government, which Szikra calls "eclectic" policy-making (2018:223). The "GYOD" differentiates between high-intensity caregivers based on their family relations, thus provides additional support for children (who are, in fact, minors or adults) because this complies with the policy and communication directives of Fidesz-KDNP. The fact that the disability movement when organizing for better caregiver policies used a framing that resonated with the narrative of the government is not without importance, and its impact will be examined in the next sections.

The policy context in which cash transfers in Hungary were institutionalized in 1993, reflected the neo-liberal policy makers' vision of the "small state" (Ferge 1998:13), which recognizes and maintains informal care in order to contain the costs of institutions. Even though the amount of the financial compensation was originally defined in a 1990 decree to fall between the honorarium of formal caregivers and the minimum wage,[3] the 1993 Social Care Act qualified the benefit as a social protection scheme tied to the lowest possible benchmark in the absence of an extensive formal care system. This policy decision has maintained a huge gap between the cost of institutional care and cash-for-care transfers up to most recent times. The social value of family caregiving is high but the incentives are not aligned. As the cost of institutional care exceeds the financial support of family caregivers (KFIB 2016), they receive a fraction of the value they create. This reiterates the importance of a more coordinated approach to formal and informal care.

Making the conditions of cash-for-care schemes more flexible by enabling the families to choose the most adequate care arrangement, and increasing social protection by adjusting the benefit to the minimum wage, which also could be done through providing employment status are only two options for providing more autonomy for caregivers. The risks of these policy changes is that they may de-incentivize decision-makers to improve support services, and that they may strengthen the traditional role of women as caregivers who would be more likely to become isolated. Additional policies such as paid care leave, flexible work arrangements and respite care

---

[3] Decree of 33/1990. (II. 25.)

(services providing short and long-term breaks for caregivers, such as vacation breaks, emergency care or day-care services) can mitigate these risks (Colombo et al 2011).[4] The disability movement also plays a significant role in reducing isolation.[5] Besides extending access to public education, support services and institutions, the recognition and support of family caregivers through policies that offer more choice and flexibility are part of the solution to a more efficient long-term care (LTC).

5 Political opportunity structure

As Meyer says, “activists do not choose goals, strategies, and tactics in a vacuum” (2004:127). The rules of the game, in which movement organizers make their choices, define their opportunities. In this section, I will discuss the political opportunity structures of the Hungarian disability movement context, or in other words, those factors in the political environment that determine the chances for the movement to introduce new policy struggles (Koopmans and Statham 2000:33). From the range of factors scholars have identified (Koopmans and Statham 2000, Meyer 2004), I will apply Kriesi et al’s (1995) four dimensions to reveal components of the favorable and opposing opportunity structures.

First of all, Kriesi and his colleagues suggest that the nature of formal institutional actors and legal arrangements significantly define the access for the movement to the polity, the relationships

---

[4] Currently, Hungary guarantees unpaid leave up to 2 years (Colombo et al 2011:146), whereas long-term respite services such as vacation breaks or emergency care are completely absent (Colombo et al 2011:139).

[5] According to Bass, one third of the parents of children with multiple severe disabilities are members of a disability advocacy organization. This proportion is the same in bigger and smaller towns. Membership is more likely if the level of education or status of parents is higher (2009:59-60).

and competencies of institutional actors, and their reaction to specific types of challenges (Koopmans and Statham 2000:34). Indeed, the presence of parliamentarians with disabilities, and disability organizations in bureaucracy provide bargaining power for the movement as well as a means of control for the state. The National Disability Council (Országos Fogyatékosügyi Tanács, OFT), a consultative platform since 1999, regulated by law, has proven to be a viable form of engagement with the state that has persisted across governments. Nevertheless, the fact that member organizations perform a dual role – service provision from state budget and advocacy to secure rights and services – affects the level of their critical engagement, and makes them more vulnerable to co-optation and patron-client relationships.

This structure inevitably shifted the movement toward some level of institutionalization, where securing the insider status is considered a critical source of leverage in the policy process. The state can thus legitimize persuasive tactics when "insider" organizations regard movement "pioneers," new organizations seeking more autonomous paths, as a threat rather than an opportunity. Major legislative changes such as the 1998 Disability Rights Act or the 2007 ratification of the CRPD demonstrated the impact of the movement and provided openings to introduce new policy struggles (Ficsorné 2009:59-61, Hegedüs 2009:165-168); but they also showed how the state made limited concessions in order to reduce contention, by guaranteeing rights "on paper" while, in fact, allocating piecemeal resources subject to ongoing bargaining.

The institutionalization of negotiations follows a political tradition that pacifies dissatisfied constituencies through incorporating organizations and/or leaders into the polity. Prevailing elite strategies (Kriesi et al's second dimension) such as this refer to procedures that have historically emerged for dealing with challengers (Koopmans and Statham 2000:34). During socialism, the

Hungarian state made all efforts to integrate grassroots initiatives into state-controlled "advocacy" organizations and bargaining platforms (Ficsorné 2009:39, Hegedüs 2009:147-148) and oblige them through financial or in-kind support (Ficsorné 2009:41). The continuity of these strategies is tangible when participation in the National Disability Council is limited to a consultative right instead of shared or devolved decision-making, or when the ability to provide crucial services is subject to annual budget restructuring rather than more transparent, multi-year allocations (Verdes 2013). At the same time, the continuity of the structure between the state and the organizations contributes to the long-term viability and impact of the movement. International norm diffusion also created openings in the structure. During socialism, for example, it contributed to the formation of new organizations (Ficsorné 2009:39, Hegedüs 2009:147).

The alliance structures between political actors such as the relative strengths of political parties and the government, or the composition of the party system is Kriesi et al's third dimension (Koopmans and Statham 2000:34-35). In this regard, the divide in the Hungarian polity between the "left" and "right" elites creates as many favorable opportunities as opposing ones for movements. Opposition parties can provide a vehicle for movement demands. They are more likely to engage with contentious extra-parliamentary actors or can even take control of a disability issue to generate voters' support (MEOSZ 2012, Timár and Fabula 2013, Fabula 2014:84-86). Competitiveness in the electoral system can provide an opening but it is again context-dependent whether legislators respond favorably in low or high electoral competition (Giugni and Passy 1998:19, Soule and Olzak 2004:492).

Following Kriesi et al, other forms of existing cleavages such as conflicts over national identities, class conflicts or center-periphery conflicts are also available for movements to introduce new conflicts into a polity (Koopmans and Statham 2000:33). In the context of the disability movement, this fourth dimension of the political opportunity structure is the disability-abled cleavage, which is shaped by international norm diffusion. However, cleavages manifest also within the disability community along the degree of disability, which can be an “opportunity” for policy-makers and advocates for well- or badly-targeted resource allocation. The economic recession / growth dilemma may also belong here when governments introduce budget cuts with reference to badly performing economy and the movement demands budget increase due to economic recovery.

Improvements in caregiver benefit policies in Hungary have been closely associated with the development of the disability movement. Based on my interviews, I can identify the following windows of opportunities which provided openings for influence: the enactment of the Disability Rights Act in 1998; the support of opposition politicians Márta Mátrai and Erika Szabó in 2004; the meeting of the National Disability Council after a long gap in 2013; and the central role of family policies in the current Fidesz-KDNP government beginning in 2010. In the next sections, I will give an analysis of the impact of the movement on caregiver benefit policies with more explanation on these events.

6 Explaining movement outcomes

6.1 Movement infrastructure: organizational structure, leadership, resources

The relationship between state and disability organizations is traditionally institutionalized in Hungary. In this context, second- and third-generation organizations that decided to pursue a more autonomous path, increased movement capacity to employ multiple strategies and tactics in advocacy.

Similarly, to other countries, disability organizations are typically established by people with disabilities or by family members in Hungary, as they have first-hand experience with marginalization and low level of services. Access to state funding was vital for service provision and made the process of institutionalization inevitable. The institutionalization of advocacy – through annual state budget contributions and the National Disability Council – comes organically from historically embedded elite strategies for dealing with challengers. First-generation organizations, such as SINOSZ, MVGYOSZ, MEOSZ, ÉFOÉSZ and AOSZ,[6] were models of collective action for those who decided to take charge of advancing disability issues.

Second- and third-generation groups were either open to cooperation with the state or wanted to pursue more autonomous organizational paths. The institutionalized relationship essentially created an "insider" and "outsider" status among organizations. The movement language as well as some government documents (SZMM 2009) often refer to these two blocks as "big" vs. "small" organizations, implying a hierarchical relationship within the movement.

Disability organizations are embedded in formal or informal networks of beneficiaries such as people with disabilities, parents or other relatives. National service providers, such as AOSZ, ÉFOÉSZ, Hungarian Deafblind Association[7], MEOSZ, MVGYOSZ and SINOSZ, are umbrella organizations, whereas other groups provide local or regional coverage. Service provision can

---

[6] The abbreviations stand for Hungarian Association of the Deaf and Hard of Hearing (SINOSZ), Hungarian Federation of the Blind and Partially Sighted (MVGYOSZ), National Federation of Disabled People's Associations (MEOSZ), Hungarian Association for People with Intellectual Disability (ÉFOÉSZ), Hungarian Association for People with Autism (AOSZ). The organizations are listed according to the date of their establishment.

[7] Hungarian Deafblind Association is the English name of Siketvakok Országos Egyesülete.

create a client-patron relationship between organizations and beneficiaries, which is an impediment to leadership development and mobilization. As a result, a few political claims are made other than in institutionally formalized transactional context by large organizations (Petrova-Tarrow 2007).

Caregiver benefit has been part of a broader agenda of service reform for more than 60 organizations between 1990-2019.[8] Movement organizations prioritizing the caregiver benefit reform, such as ÉCSJE, ÉFOÉSZ, Hand in Hand, HSOÉSZ, Lépjünk, and MEOSZ[9], provided leadership and resources in different ways. Insider strategies, such as negotiations with decision-makers and policy recommendations, dominated the advocacy process, while organizations provided crucial services and legal aid to caregivers.

Even though outsider strategies were present for many years, they substantially increased after 2013, and peaked in 2018 (see Table 2 below on p. 21). This is connected to Lépjünk, a grassroots organization of parents, contributing with community organizing experience. The

---

[8] aHang, AOSZ, Ápolási díj Facebook csoport és Otthoni ápolás Facebook csoport, Autizmus a Családban Debrecen Egyesület, Baranya Megyei Liga Szakszervezet (BMLSZ), Bice-Bóca Hátrányos Helyzetűek és Nagycsaládosok Egyesülete, „Bicebóca" Sérült és Tartósan Beteg Gyermekek Szüleinek Levelező Csoportja, Bliss Segítő Kommunikációs Központ, Budapesti Korai Fejlesztő Központ, Civil Kollégium Alapítvány, Csak Együtt Van Esély (CSEVE) csoport, Csillagom Alapítvány, Down Alapítvány, ÉCSJE, ÉFOÉSZ, Egészségügyben Dolgozó Szociális Munkások Országos Egyesülete, Egy világunk Alapítvány, Egyesület az Inklúzióért, Életfa Csoport Egyesület - Érdi szülőcsoport, ÉTA Országos Szövetség, Európalánta Egyesület, Halmozottan Sérültek Heves Megyei Szülőszövetsége, Hemokromatózisos Betegek Egyesülete, HSOÉSZ, Hungarian Deafblind Association, Kacifántos Gyerekeink Mosolyáért Alapítvány, KÉK fejlesztés - AUTIZMUS facebook csoport, Kézenfogva Alapítvány, Kis Hőseink Alapítvány, Konduktív Iskoláért Közhasznú Alapítvány, Közélet Iskolája (School of Public Life), Közösség Dél-Budáért Egyesület, Lépjünk, hogy léphessenek, Magyar Angelman Szindróma Alapítvány, Magyar Porphyria Egyesület, Magyar Williams Szindróma Társaság, Második Élet Alapítvány, MEOSZ, Minimálbért! Az ápolási díj helyett Facebook csoport, MOZAIK Közhasznú Egyesület az autizmussal élő emberekért, Mozgáskorlátozottak Heves Város és Vonzáskörzetének Egyesülete, Mozgáskorlátozottak Nagykanizsa Városi Egyesülete, Mozgáskorlátozottak Somogy Megyei Egyesülete, Mozgássérültek Veszprém Megyei Egyesülete, MVGYOSZ, NORMA, Nők Országosan Magyarországért Facebook csoport, Összefogás az Egyenlő esélyekért Nonprofit Közhasznú Kft., Rehab Critical Mass, Ritka és Veleszületett Rendellenességgel élők Országos Szövetsége, SINOSZ, SMA Izomsorvadásos Betegek Magyarországi Egyesülete, Szegedi Civil Háló, Szülői Hang Közösség, Szülői Összefogás, Találj Magadra Egyesület, Társaság a Szabadságjogokért (HCLU), Tehetséges és átütő fejlődésű gyerekek és szüleik, Tüdőér Egylet, UNICORNIS Egészségforrás Alapítvány, Veni Vidi Vici Alapítvány, Völgyzugolyház Alapítvány a Kacifántosokért.

[9] The abbreviations stand for the Advocacy Association of Persons with Intellectual Disability and their Families (ÉCSJE, "Értelmi Sérültek és Családjaik Jogvédő Egyesülete" in Hungarian), National Advocacy Association for People with Multiple Severe Disabilities (HSOÉSZ, Halmozottan Sérültek Országos Érdekvédelmi Szövetsége in Hungarian), Step so that They Can Step! Association (Lépjünk, "Lépjünk, hogy Léphessenek! Közhasznú Egyesület in Hungarian). Hand in Hand Foundation is the English name of KézenFogva Alapítvány.

increase of the caregiver benefit became part of the organization's agenda in 2013. Their alliance with the Civil College Foundation (CKA) between 2016-2019, a third-party actor advancing community causes with organizing methodology, provided a viable structure and non-state resource flows to develop a multi-year organizing campaign. In 2018, when the online organizing platform aHang took on the cause of the movement, the organizing capacity multiplied online as well as offline.

Lépjünk's community organizing resources had an impact on the organizational structure of the movement. Being a third-generation organization with no established relations with the state enabled the group of parents to pursue an autonomous, bottom-up approach adopting "insider" as well as "outsider" tactics. This strengthened the movement's informal structure of relationships among organizations, parents and people with disabilities, developed new leadership, and enabled the movement to employ multiple strategies and tactics.

6.2 Strategy

Only a few movement organizations have systematically combined insider and outsider strategies, and MEOSZ was prominent in this role (Hegedüs 2009:165-170). However, in terms of caregiver benefit advocacy, insider strategies by MEOSZ and other influential organizations such as ÉFOÉSZ, Hand in Hand and HSOÉSZ dominated the process until 2013. When Lépjünk joined the struggle to increase and improve the caregiver benefit, the movement could implement inside and outside strategies simultaneously, which multiplied its impact on policy.

As Table 2 shows, MEOSZ and Lépjünk took a leadership in mobilization in different times of the campaign, and both used multiple strategies including negotiations and confrontation.

	Outsider strategies	Insider strategies	Political opp. structure	Outcome
1994-1999 *Special policy approach for disabled family care recipients*				
	No significant outsider strategies	Legal advocacy by MEOSZ, Halmozottan and allies	1998 Disability Rights Act	1999: care recipients are distinguished on elderly and disabled status (Type 2 introduced)
2004-2005 *Employment status and minimum wage*				
	2005 Aug: successful mobilization for popular initiative (ÉCSJE, MEOSZ, ÉFOÉSZ and allies) 2008: unsuccessful mobilization for referendum (ÉCSJE)		2004: two opposition MPs submit a motion that caregiver benefit should be adjusted to minimum wage 2007: CRPD ratification	2006: high-intensity caregivers receive increased benefit (Type 3 introduced) Benefit comes with pension (10 years of caregiving)
2012-2013 *Protecting the benefit from budget cuts*				
	2012 July-Oct: MEOSZ protests against disability social benefit cuts	2013: National organizations under the leadership of MEOSZ submit a policy paper	2012 Oct: Opposition MPs have caregiver benefit on their agenda 2013: National Disability Council meets after long break	2014: high-intensity caregivers receive increased benefit (Type 4 introduced)
2013-2018 *Employment status and minimum wage*				
	Multi-year organizing campaign. Demonstrations, marches, letter writing campaign, conference, electoral organizing, engaging celebrities (Lépjünk and allies) 2014: Rehab Critical Mass	2017: National organizations under the leadership of MEOSZ submit a policy paper, but no answer until 2018	2012-2018: Opposition MPs have caregiver benefit on their agenda 2016-2018: Barbara Czeizel is a Ministerial Commissioner in the Ministry of Human Resources	2018: 50,000 HUF additional contribution comes with pension (20 years of caregiving)
	May-Oct: Successful online and offline mobilization by aHang, CSEVE and Lépjünk and increased media presence. Peak of a multi-year organizing campaign. Petition and video story-telling, demonstrations, marches, letter writing campaign, engaging celebrities, disruptive tactics (aHang, Lépjünk and allies) 2018 July: MEOSZ issues an open letter to Viktor Orbán	2018: Meetings between national organizations and Ministry of Human Resources 2018: Meeting between Lépjünk and Ministry of Human Resources	2018 May: Attila Fülöp replaces Károly Czibere as State Secretary for Social Affairs and Inclusion 2018: Opposition MPs have caregiver benefit on their agenda 2018 Oct: Barbara Czeizel becomes consultant for Katalin Novák, Minister of State for Family and Youth Affairs	2019: high-intensity caregivers taking care of children receive increased benefit (Type 5 introduced)

Table 2: Phases of the caregiver benefit campaign between 1994-2018.

Compared to other movements in Hungary such as the women’s movement (Krizsán and Roggeband 2018:128), disability organizations have had a relatively good amount of insider allies such as MPs and public officials of the actual governing party or coalition. Given its institutionalized character, dominant strategies of engagement in policy-making processes are bargaining, policy recommendations, legal advocacy and litigation. In this regard, the 1998 Disability Rights Act created leverage for the movement. The new legal arrangement, which was the outcome of movement activities (Hegedüs 2009:165-168), contributed to the change in caregiving policy. In 1999, the 1993 Social Care Act distinguished between the conditions of disabled and permanently ill care recipients. The legislators, however, instead of raising the benefit based on intensity of care, cut the budget on cash transfer for the latter group. In fact, the law differentiated between caregivers based on the status of the care recipient instead of the number of hours spent with caregiving.

In subsequent years, increasing the benefit and securing employment status for caregivers were high on the movement agenda. The first moment of mobilization for these goals took place in 2004-2005 when ÉCSJE, a self-help advocacy organization of parents with disabled children, launched a popular initiative. According to then Hungarian law, provided at least 50,000 signatures were collected, the government was obliged to place the issue on the parliamentary agenda. Petition was a tested tactic by then in the disability movement (Hegedüs 2009:165-170), and MEOSZ and ÉFOÉSZ successfully mobilized their base to support ÉCSJE.

On the day of the vote, however, the governing coalition turned down the initiative. Among the reasons was that the policy idea was first initiated by the opposition in 2004, which the governing coalition, due to deep-seated elite division in the Hungarian polity, was reluctant to support. In addition, the movement had no strategy for the period in the run-up to the vote, owing to the tension between ÉCSJE leaders and other movement organizations. Yet the petition achieved some results. Decision-makers increased the benefit for high-intensity caregivers to 54 per cent of the then minimum wage and later introduced other modest concessions for a small group of caregivers. In a self-interested way, they announced this increase before the parliamentary debate on the popular initiative.

The next moment of mobilization in 2018 found a stronger movement. It also centered around a successful mobilization for a petition, but was preceded by a multi-year organizing campaign. After Lépjünk took on the caregiver cause in 2013, the movement infrastructure extended with an autonomous, viable organization. Lépjünk used the community organizing approach, which places base building and the dynamic use of conflict and negotiations at the heart of the policy change process. The informal character of the organization distinguished it from other organizations involved in the caregiver issue, and leaders positioned themselves in their parental role instead of "experts." By 2018, Lépjünk had developed some media presence through "outsider" tactics and engaged with public officials of the regime. The organization sought alliance with third-party actors when sent leaders to community organizing and advocacy trainings (in Hungary and the U.S.) and issued a policy brief on the reallocation of budget to caregivers (KFIB 2016). Lépjünk stressed the longstanding roots of current movement activities around the caregiver benefit, referring to "a quarter-century struggle" in the media.

The petition, requesting employment status and minimum wage, went viral in May 2018, two months before the vote on the 2019 budget. The government responded with different approaches. First, government-controlled media outlets started a smear campaign against Lépjünk and aHang;

and then top government officials held a meeting with the organization of parents. In the meantime, national organizations from the National Disability Council became vehicles for advancing caregiver claims. A few hundred parents and their minor or adult relatives with severe disabilities attended two demonstrations before the parliamentary vote. The government, however, downplayed the claim on the day of vote. As opposed to 2005, the movement did not stop and adopted disruptive tactics. The government changed approach to challenges for the third time and announced that they had started negotiations with the national organizations from the National Disability Council. Opposition parties as well as celebrities became more and more involved in Lépjünk's and its allies' actions. The caregiver benefit re-entered the agenda of the Parliament in October 2018, but the government did not yet propose a clear policy idea about the increase. Minister of State for Family and Youth Affairs, Katalin Novák intervened as a policy entrepreneur and announced that caregivers taking care of children will receive a new benefit ("GYOD") of 100,000 HUF from 2019, which will be gradually raised to the minimum wage by 2022. This measure increased the benefit for high-intensity caregivers with children to 70 per cent of the minimum wage.

6.2.1 Communication strategy

Public support reflected in more attention to the issue and favorable public opinion for the cause of caregivers and their disabled relatives, contributed to changing the willingness of the government to start negotiations with the movement. The fact that the campaign resonated with the family policies of the government increased the opportunity that an insider policy entrepreneur could promote the policy recommendations.

Caregivers gained significantly more public attention in 2018 than any time since they began their campaign in 1994. It was partly due to the changing nature of the media and because organizations learnt how to get better access to traditional and online platforms, and later through social media. It was common in the 2005 and 2018 activities that, through the petition, there was a clear demand on the government and a call for the general public to take action. The media campaign in 2018 was, however, shaped by the informal character of Lépjünk and its network. Leaders were perceived in their parental role instead of "professional experts" and were often seen in the media with their relatives with severe disabilities. The son of the head of Lépjünk was an active participant in the campaign, and was often present in movement meetings or during media interviews. This induced public sympathy about the everyday life of these families.

This was reinforced by a video presenting a condensed version of one day of a woman caregiver and her son (aHang 2018). The video accompanied the petition and increased the engagement of the media, which increased the number of people who watched it. The video displays a strong female character who is self-conscious of her choice and the value of her acts, and wants appreciation from society. This depiction of women was typical in the campaign. This sent a strong signal to female caregivers to come out of the closet, but did not take an overtly feminist character, leaving space for caregivers from both genders to participate. The same model was used when (male) celebrities were asked to take care of the son of the head of Lépjünk for an hour and share their experience in a video (Lépjünk 2018(1)).

Leaders used their personal stories in the media to underpin the need for policy change in the years preceding the petition, which had an empowering impact on other caregivers. As a result of the multi-year base-building campaign to bring new families into the struggle to improve the caregiver benefit, movement organizers could quench the thirst of the media for personal stories when the petition and the video went viral. Between May and October, at least nine families told the media about their life, either by letting journalists enter their home or by giving interviews at the demonstrations. In addition, a few hundred families, caregivers and people with severe disabilities, went public by attending these events. The steadily growing number of supporters and the intense media attention increased the opportunity of challengers to keep the issue on the political agenda even though the government first downplayed the demand on the day of parliamentary vote.

There are two other factors that likely played an important role in the policy outcome. First, the framing of the campaign fit the narrative of the government, which centers around (middle-class) families, and the idea of a "work-based" society. This, in fact, resonated with the demands of the movement that wanted employment status and minimum wage instead of benefits. The movement managed to present the story of families, caregivers and people with severe disabilities, who have an unusual family life. At the same time, these "insurgents" were predominantly lower-middle-class families, even though there were several stories in the media about low-income caregivers. This increased the opportunity that the government would eventually nod to the claim supported by a policy entrepreneur.

6.3 Political allies

The institutionalized character of the disability movement in Hungary did not only contribute to the continuity and long-term viability of the policy change infrastructure, but also created links to a variety of political parties, MPs and government officials. Major political allies in the government or in the governing coalition have been present early on. Public officials midwifed new organizations and participated in their management (Hegedüs et al 2009, kezenfogva.hu, sinosz.hu, etc.) or sponsored new laws, resource allocation and policy change (Hegedüs 2009:166, Ferenczy 2003). The degree of presence is tangible through politicians with impairment who have links to the movement.

The caregiver benefit issue, however, was typically supported by members of whichever parties were in opposition. The employment status and minimum wage demands were promoted by both Fidesz-KDNP and MSZP while their parties were in opposition, and downplayed while they were in a governing position. Therefore, when movement organizations sought political allies, the deep-seated elite divide between the "left" and the "right" had a strong effect on advocacy.

In 2004, when Fidesz-KDNP was in opposition, after four years of governance it requested the adjustment of the caregiver benefit to minimum wage. The motion submitted by two MPs in 2004 (H/10681) was followed by the mobilization for popular initiative by ÉCSJE and its allies in 2005 (H/17209). The MSZP-SZDSZ governing coalition abstained from voting on the popular demand, which they explained by their striving for a complex solution of long-term care. No evidence supported this claim that they were seeking an alternative more comprehensive solution. During two subsequent periods of MSZP-SZDSZ government, no motion was put forward to advance reform in the area of caregiver benefits besides a vague policy paper (J/230), which was finally lost in the bureaucratic maze. It is more likely that the high level of electoral competition influenced the ruling parties' decision to block an increase in the benefit, which would have been seen as an opposition victory in the run-up to the general elections. The movement applied no disruptive strategies and having allies in the opposition was not enough for the advancement of their claims.

Due to substantial budget cuts in social benefit by the Fidesz-KDNP government when it returned to power in 2010, social welfare became a priority for the opposition. Caregiver benefits were also affected when Fidesz-KDNP abolished the cash transfer for care of permanently ill adults in 2015. In addition, the allowance showed stagnation for years between 2012-2016, which was counterweighed by occasional increases. In fact, MPs from all opposition parties submitted interpellations and motions regarding the conditions of caregiving. Opposition MPs Attila Mesterházy, Lajos Korózs and László Varju who did not support the popular initiative in 2005 when their party controlled the government, now promoted the increase to minimum wage (K/2595, T/9635/2, KVB-41/18-6/2018). LMP and PM politicians backed up the concerns of MEOSZ in their interpellation (K/8868), while another PM politician adopted the content of a media article written by Lépjünk and the Fiscal Responsibility Institute (K/499, Csordás and Romhányi 2017). Jobbik annually submitted motions about the increase of the benefit to minimum wage (T/15381/731, T/503/104). By the 2018 elections, each party program included the caregiver benefit reform (CKA and Political Capital 2018).

However, there were no political allies in the government committed to undertake a comprehensive reform, despite attempts both in and outside the National Disability Council. There were vague promises and half-hearted efforts, but they were never underpinned by policy directives. This did not change despite growing pressure from the movement from May 2018 (Ágnes Kovács 2018, KVB-41/22-3/2018, Rétvári 2018(1)) but the government publicly announced its intention to negotiate with Lépjünk in July 2018. The organization responded with distrust to the vague promises presented at the meeting (Lépjünk 2018(2)). The opposition changed tactics in July 2018 and did not ask the commission to sustain their joint proposal (T/503/607) on the increase (KVB-41/22-3/2018, KVB-41/21-3/2018, KVB-41/18-6/2018). Eventually, on the day of vote on the 2019 budget, the amount of the benefit was defined to be exactly the same as in the previous year (T/503).

Triggered by continuing movement activities, the opposition parties convened a special parliamentary session in August 2018. It was boycotted by the government, which publicly announced its intention to start negotiations with the national organizations. MEOSZ and their allies made a positive announcement about the meetings in September 2018 (MEOSZ 2018, Rétvári 2018(2)). The government, however, could not confine the movement to the institutionalized framework. Lépjünk, aHang and their allies disrupted the first day of the fall parliamentary session in September 2018. The opposition parties were wearing the movement's symbols, while Lépjünk and its allies emphasized that several MPs from the governing party expressed their support as well. This action triggered further media attention and another demonstration of caregivers in front of the parliament. Premier official Bence Rétvári announced an intention to increase the benefit beginning in October, but presented no policy proposal in the parliamentary session (Rétvári 2018(3)). Eventually, Katalin Novák, Minister of State for Family and Youth Affairs, intervened. She became the policy entrepreneur of a new caregiver benefit, which is anchored in the government's family policy. It resembles the movement's claims but is very different in several important dimensions. The next section will analyze these differences in relation to the impact of the movement on policy outcome.

7 Discussion

I began by indicating that there is not enough systematic research on the outcomes of movement activities. I have attempted to contribute to this body of research with empirical data through analyzing the impact of movement infrastructure on policy outcomes. I did this in the context of the Hungarian disability movement and its impact on caregiver benefit policy changes. With this work, I produced new data on the movement itself, focusing on the process and mechanisms of its impact on policy outcome.

My findings support the perspective that the development of organizational structures, leadership and resources enable movements to make a bigger impact on policy outcomes. As I noted in the Methodology section (p. 6), I measure policy outcomes in terms of changes in the structure (targeting) of the benefit, and/or increases in the amount in relation to the minimum wage. Taking into consideration that in 2001 the benefit substantially dropped in this comparison from 65 per cent of the minimum wage and then stagnated below 50 per cent during most of the period between 2001 and 2018 (please revisit Graph 1 on p. 12), any increase after 2001 that defines the caregiver benefit to be at least 50 per cent of the minimum wage will be considered substantial. Table 3 shows those years (brief periods by in large) when the caregiver benefit was at least 50 per cent of the minimum wage:

Year	Caregiver benefit	Amount as a percentage of the minimum wage	Amount stays at least 50 per cent of the minimum wage
1993-2000	Type 1	58-73%	1993-2000
2006	Type 3	54%	2006-2010
2014	Type 4	52%	2010-2011
2019	Type 5	67%	2019

Table 3: Caregiver benefit as a percentage of minimum wage between 1993-2019.

As identified in the Strategy section (p. 21), these years coincide with culmination of movement activities, which supports the impact of the movement by empirical evidence. The values imply that when movement infrastructure was stronger and employed both insider and outsider strategies under viable organizational structure and autonomous resource flows, the movement could reach a substantial impact. This reinforces Andrew's movement infrastructure model (2001) and, based on that model, my hypothesis, that when combined, insider and outsider strategies can have a bigger impact on policy outcome.

At the same time, these findings show that the impact of the movement on policy-making did not go beyond the agenda-setting stage. Even though the policy outcomes show strong signs of movement influence (discussed in the next paragraphs), the movement did not manage to translate its main claims, such as employment status and minimum wage, into the design of caregiver policy in Hungary. This contradicts Andrews who argues that a strong movement infrastructure can have long-term impact such as influence on the policy implementation (2001:76). The caregiver benefit case suggests a more nuanced understanding of the model.

Even though the movement become stronger, and was able to put caregiving on the political agenda, its strategies were not aligned. In fact, the two most significant movement organizations during the period from 2013-2018, Lépjünk and MEOSZ, had different claims in terms of the scope of beneficiaries. While Lépjünk requested that Type 4 benefit should be equivalent of the minimum wage (Lépjünk petíció 2013), MEOSZ demanded that Type 1 should be raised to that level (and other types be adjusted accordingly) (MEOSZ 2017). This drove a wedge between the two organizations, and led to the non-alignment of strategies. This finding implies that movements increase their influence on the policy formulation and policy implementation stage (i.e. the act of formulating what needs to be done to policy objectives, and carrying out those actions, respectively (Hill 2004:176)) if they *align* their strategies.

At the same time, the impact of the movement on the agenda-setting stage (i.e. the ability to influence the politics of selecting issues for active consideration (Dery 2000:37)) is supported by empirical evidence. Despite substantial differences, the newly introduced Type 5 benefit ("GYOD") includes components of movement claims. Table 4 introduces the course of policy-making:

Date	**Decision**	**Eligibility criteria**	**Amount**
Dec 12, 2018	Type 5 ("GYOD") passed by the Parliament	Parent caregivers automatically receive Type 5 benefit Other family members can receive Type 5 in special circumstances	100,000 HUF (2022: minimum wage)
Dec 27, 2018	Government limits the scope of beneficiaries	Limited from parent caregivers to parent caregivers with children with multiple severe disabilities	100,000 HUF (2022: minimum wage)

Table 4: Change in eligibility criteria of Type 5 ("GYOD") benefit.

The beneficiaries of Type 5 benefit are parents with children with multiple severe disabilities. This overlaps with the constituency of caregivers who were mobilized by Lépjünk. The amount of the benefit also coincides with the demands of the organization (KFIB 2016, aHang 2018). This implies that the elite aimed to end protest in a self-interested way (Andrews 2001:74), i.e. satisfying the claims of those who are the most disruptive. Organizations have other interpretations of the elite reaction, which can co-exist with the previous statement. Lépjünk and their allies, following the basic principles of community organizing, focused on policy changes that they are most likely to be able to influence based on limited resources; or, in other words, outcomes that would likely have the biggest impact on their constituency, in this case parents caring for children with multiple disabilities (Ganz 2004:1141). This implies that the understanding of "the rules of the game" or the political opportunity structure contributes to better implementation of "insider" and "outsider" strategies.

Regarding Giugni's and Passy's joint-effect model, the findings of my study support the idea that favorable public opinion and the action of a major political ally play an important role in policy outcomes (1998:7). The caregiver benefit case also demonstrates that there is interaction between context and strategy and that movements can have direct impact on public opinion. The Hungarian example shows that a strong movement rooted in the experience of people with a direct stake in the policy debate is more likely to draw on the support of the media. Whereas in 2005, the movement was not able to turn public support into sustained media presence, in 2018, the stories of parents caring for children with disabilities was an important source of leverage.

The analysis of the movement infrastructure and political environment in the previous section implies that without a major political ally this outcome could have not been reached. Even though the movement had a viable and strong infrastructure, top government officials made no more than vague promises and general statements to show their commitment. The importance of Katalin Novák's intervention as a policy entrepreneur on October 11, 2018, is supported by the evidence that Parliamentary State Secretary at the Ministry of Human Capacities, Bence Rétvári, had not introduced any policy proposals by October 1, 2018 in the parliamentary session; even though his ministry had several meetings with national disability organizations in September, and MEOSZ submitted policy papers previously. In addition, the appointment of Barbara Czeizel, a renowned disability expert, as the consultant of Katalin Novák, could also have an impact on the Minister's commitment.

At the same time, strong movements can help create a context in which major political allies are more likely to step forward. In case of the caregiver campaign, the framing and the movement's predominantly lower-middle class constituency, resonated with the government's family policy. This decreased the level of risk for a policy entrepreneur to undertake the sponsorship of the movement's claim. The opposition parties did not constitute a political threat but their activities made it more and more uncomfortable for Fidesz-KDNP to not support "families with disabled children."

This analysis underpins the complexity of the dynamics that contribute to achieving policy change. In agreement with Cress and Snow (2000:1096), what matters is how these conditions combine with one another and generate multiple pathways to attaining an outcome. To sum up my findings, in the caregiver benefit context, the development of the movement infrastructure, including the emergence of an organized group of parents able to tell their stories effectively in the media and willing to engage families in disruptive activities, enabled the movement to employ multiple strategies, which enhanced its impact on the agenda-setting stage of policy-making. The community organizing approach shifted the focus to leadership development and a more strategic use of resources in relation to the political environment. The resonant framing increased the opportunity that a major political ally could emerge from the governing party. However, in order to increase impact on policy implementation, the alignment of strategies is crucial. Despite the success of the campaign, the lack of aligned strategies left important issues related to the caregiver benefit unresolved, for example, adjusting the benefit to the minimum wage that could lead to increases for other types of family caregivers or recognizing caregiving as some form of employment.

8 Conclusion

This study provided an analysis of the impact of social movements on policy outcomes. Using the Hungarian disability movement and its advocacy for caregiver benefit policy changes as a case study. The overview of the disability movement activities from a longitudinal perspective witnesses a strong movement that has been able to achieve policy outcomes across governments and regimes. The findings demonstrate the importance of a strong movement infrastructure where organizations are able to employ both insider and outsider strategies. At the same time, research implies that the presence or absence of alignment of strategies between movement organizations influences the movement's impact on policy formulation and policy implementation. The study also shows that resonant framing with government policies can increase the opportunity for intervention by a policy entrepreneur.

This research was one of the few attempts in the Hungarian context to systematically analyze the policy impact of movements. It unearthed questions that can inform further research, such as movement impact under conditions of high electoral competition vs. semi-authoritarian governance, or the impact of community organizing in the development of movement infrastructure. My findings can be generalized to political and movement contexts where there is a deep elite division and where the relationship between the state and the movement is predominantly institutionalized.

The most recent mobilization for the caregiver benefit reform will certainly not be the last one in the history of the movement in Hungary. In fact, several organizations including AOSZ, Lépjünk and MEOSZ have already started advocating for better-designed eligibility criteria for the "GYOD" (Type 5 benefit) and a more comprehensive caregiving reform (AOSZ 2019, Lépjünk

2019, MEOSZ 2019). The resilience of the disability movement underscores the value of an organized constituency in our societies. For example, family caregivers caring for their permanently ill adult relatives were excluded from the benefits of the caregiving policies, partially, in 1999, and fully in 2016. Many of these caregivers perform medium- or high-intensity caregiving that is vitally important to their family members and society. Organizing people who care for adult relatives into a more active and visible constituency provides an opportunity as well as a challenge for the disability movement in their struggle to improve caregiving in Hungary.

Bibliography

Aczél, Zsófia, and Andrea Gyarmati. “A gyermekekre, idősekre és a fogyatékossággal élőkre irányuló szociálpolitika genderkérdései.” In *Nőtlen Évek Ára. A nők közpolitikai helyzetének elemzése 1989-2013*. 157-200. Budapest: Magyar Női Érdekérvényesítő Szövetség, 2012.

aHang. “Az otthonápolás munka, amelyért munkabér jár!” Petition. *terjed.ahang.hu*. May, 2018. Accessed June 14, 2019

Amenta, Edwin, Bruce G. Carruthers, and Yvonne Zylan. “A Hero for the Aged? The Townsend Movement, the Political Mediation Model, and U.S. Old-Age Policy, 1934-1950”. *American Journal of Sociology* 98(2) (September 1992): 308–39. https://doi.org/10.1086/230010.

Amenta, Edwin, Kathleen Dunleavy, and Mary Bernstein. “Stolen thunder? Huey Long's 'share our wealth,' political mediation, and the second New Deal.” *American Sociological Review*. 59 (1994):678-93.

Andrews, Kenneth T. “Social Movements and Policy Implementation: The Mississippi Civil Rights Movement and the War on Poverty, 1965 to 1971”. *American Sociological Review* 66(1) (2001): 71–95. https://doi.org/10.2307/2657394.

AOSZ. “Érdekvédelmi napló.” *Aosz.hu*. May 9, 2019. Accessed June 14, 2019.

Bass, László. “Szüljön másikat?! Súlyosan halmozottan fogyatékos gyermeket nevelő családok életkörülményei Magyarországon.” In: Könczei, György (ed). *A súlyos és halmozott fogyatékossággal élő emberek helyzete Magyarországon. Tanulmánykötet. Első rész*. 46-75. ELTE Bárczi Gusztáv Gyógypedagógiai Kar, 2009.

Burstein, Paul. *Discrimination, jobs, and politics*. Chicago, IL: University of Chicago Press, 1985.

CKA and Political Capital. "Caregiver Benefit - Analysis of party programs" *cka.hu*, January, 2018. Accessed June 14, 2019.

Colombo, Francesca, Ana Llena-Nozal, Jérome Mercier, and Frits Tjadens. "Help Wanted? Providing and paying for long-term care." *OECD iLibrary*, 2011.

Cress, Daniel M., and David A. Snow. "The Outcomes of Homeless Mobilization: The Influence of Organization, Disruption, Political Mediation, and Framing". *American Journal of Sociology* 105(4) (2005): 1063–1104.

Csordás, Anett, and Balázs Romhányi. "Az ápolási díjon fukarkodva az állam a saját karjába harap". *HVG.hu*, April 12, 2017. Accessed June 14, 2019

Da Roit, Barbara, és Blanche Le Bihan. "Similar and Yet So Different: Cash-for-Care in Six European Countries' Long-Term Care Policies". *The Milbank Quarterly* 88(3) (September 2010): 286–309. https://doi.org/10.1111/j.1468-0009.2010.00601.x.

Dery, David. "Agenda Setting and Problem Definition." *Policy Studies*. 21(1) (2000): 37-47.

Diani, Mario. "The Concept of Social Movement." *The Sociological Review*. 40(1) (1992): 1–25.

Fabula, Szabolcs. *A fogyatékosság mint társadalmi-térbeli viszony földrajzi vizsgálata*. Doktori Disszertáció. Szegeti Tudományegyetem, Földtudományok Doktori Iskola, 2014.

Ferenczy, Ágnes. "Beszélgetés Göncz Árpádnéval." Magyar Rádió. *Gonczarpad.hu*. April 28, 2003. Accessed June 14, 2019.

Ferge, Zsuzsa. "Szociális törvénykezés a rendszerváltás óta." *Esély* (3) (1998): 3-23.

Ficsorné, Kurunczi Margit. "Az intellektuális fogyatékossággal élő emberek mozgalmának hazai története." In: Hegedüs et al. *A fogyatékosságügy hazai és nemzetközi története.* 36-66. ELTE Bárczi Gusztáv Gyógypedagógiai Kar, 2009.

Fraser, Nancy. "Contradictions of Capital and Care." *New Left Review* (100) (July-Aug 2016)

Gamson, William A. *The Strategy of Social Protest.* Belmont, CA: Wadsworth. 2nd ed., 1990.

Ganz, Marshall. Organizing. In: Goethals, George R., Georgia J. Sorenson, James MacGregor Burns (eds.): *Encyclopedia of Leadership*. 1134-1144. Thousand Oaks, California: SAGE Publications, 2004.

Giugni, Marco, and Florence Passy. "Social Movements and Policy Change: Direct, Mediated, or Joint Effect?", 1998. https://archive-ouverte.unige.ch/unige:103599.

H/10681. "Motion of Márta Mátrai and Erika Szabó." *parlament.hu,* June 22, 2004. Accessed June 14, 2019.

H/17209. "Az Értelmi sérültek és Családjaik Jogvédő Egyesületének népi kezdeményezése az ápolási díj tárgyában." *parlament.hu,* August 5, 2005. Accessed June 14, 2019.

Hegedüs, Lajos. "Velünk élő történelem, avagy egy érdekérvényesítő polgárjogi mozgalom mindennapjai." In: Hegedüs et al. *A fogyatékosságügy hazai és nemzetközi története.* 135-175. ELTE Bárczi Gusztáv Gyógypedagógiai Kar, 2009.

Hill, Michael. *The Public Policy Process.* New York: Pearson Longman, 2005.

J/230. "Jelentés az ápolási díj, valamint a hozzátartozóikat otthon ápoló személyeket segítőintézményrendszer továbbfejlesztésének lehetőségéről" *parlament.hu,* June 2007. Accessed June 14, 2019.

KFIB, Költségvetési Felelősségi Intézet Budapest (Fiscal Responsibility Institute Budapest) and Lépjünk, hogy léphessenek. "A kiemelt ápolási díj." *Kfib.hu*. May 12, 2016. Accessed June 14, 2019.

Koopmans, Ruud, and Paul Statham. "Migration and Ethnic Relations as a Field of Political Contention: An Opportunity Structure Approach." In: Ruud Koopmans and Paul Statham (eds.). *Challenging Immigration and Ethnic Relations Politics. Comparative European Perspectives.* 13-56. Oxford: Oxford University Press, 2000.

Kovács, Ágnes. "Open Letter of MEOSZ to Viktor Orbán." *Meosz.hu.* July 7, 2018. Accessed June 14, 2019. http://www.meosz.hu/wp-content/uploads/2018/07/apolasi-dij-level-2018.07.07.pdf

Kriesi, Hanspeter, Ruud Koopmans, Jan Willem Duyvendak, and Marco G. Guigni. *New Social Movements in Western Europe: A Comparative Analysis.* Minneapolis, Minn.: University of Minnesota Press, 1995.

Krizsán, Andrea and Conny Roggeband. *The Gender Politics of Domestic Violence*. London: Routledge, 2018.

KSH. 2.5.17. A tartós bentlakásos és átmeneti elhelyezést nyújtó szociális intézményekben ellátottak (1993–), *ksh.hu*, 2018. Accessed June 14, 2019

KVB-41/18-6/2018. "Minutes of the session of the Parliamentary Committee on the Budget." *parlament.hu,* July 4, 2018. Accessed June 14, 2019.

KVB-41/21-3/2018 "Minutes of the session of the Parliamentary Committee on the Budget." *parlament.hu,* July 11, 2018. Accessed June 14, 2019.

KVB-41/22-3/2018 "Minutes of the session of the Parliamentary Committee on the Budget." *parlament.hu,* July 12, 2018. Accessed June 14, 2019.

K/499. "Interpellation of Sándor Burány" *parlament.hu,* June 8, 2018. Accessed June 14, 2019.

K/2595. "Interpellation of Attila Mesterházy" *parlament.hu,* January 29, 2015. Accessed June 14, 2019.

K/8868. "Interpellation of Bernadett Szél and Tímea Szabó" *parlament.hu,* October 26, 2012. Accessed June 14, 2019.

Lépjünk, hogy léphessenek. "Petition." In: Szilvia Bakóczy, "Nyilvánvaló volt, hogy vagy a gyerekemet választom, vagy a munkámat", *nlc.hu,* December 4, 2013. Accessed June 14, 2019.

Lépjünk, hogy léphessenek. "5 férfi, 1 fiú, 1 hosszú nap." *facebook.com/LepjunkHogyLephessenek,* 2018(1). Accessed June 14, 2019.

Lépjünk, hogy léphessenek “Facebook post after meeting the Ministry of Human Resources” https://www.facebook.com/LepjunkHogyLephessenek/posts/1736196643130853, July 12, 2018(2). Accessed June 14, 2019.

Lépjünk, hogy léphessenek. “Kérés a GYOD igénylés igazságtalan szempontrendszerének felülvizsgálatával kapcsolatban.” *lepjunkhogylephessenek.hu*, January 23, 2019. Accessed June 14, 2019.

Márkus, Eszter. “A súlyosan-halmozottan fogyatékos emberek ellátásának jogi és intézményi háttere.” In: Könczei, György (ed). *A súlyos és halmozott fogyatékossággal élő emberek helyzete Magyarországon. Tanulmánykötet. Második rész*. 123-131. ELTE Bárczi Gusztáv Gyógypedagógiai Kar, 2009.

McAdam Doug, Sidney Tarrow, and Charles Tilly. *Dynamics of Contention.* New York: Cambridge Univ. Press, 2001.

MEOSZ. “Demonstráció a rokkantak, elesettek, fogyatékkal élők, idősek jogaiért!” Press release. *Msmke.hu*, June 26, 2012. Accessed June 14, 2018. http://www.msmke.hu/meosz/imola/20120626.pdf

MEOSZ “A Mozgáskorlátozottak Egyesületeinek Országos Szövetsége állásfoglalása az ápolási díjról” Statement. *Meosz.hu*, April 14, 2017. Accessed June 14, 2018.

MEOSZ. “Folytatódott az egyeztetés az ápolási díj ügyében” Press release. *Meosz.hu*, September 13, 2018. Accessed June 14, 2018

MEOSZ. “51700 magyar ápolási díjban részesülő család ügye ürügy lett egy politikai és méltatlan csatában!” Open Letter. *Meosz.hu*, February 4, 2019. Accessed June 14, 2018.

Meyer, David S. “Protest and Political Opportunities”. *Annual Review of Sociology* 30 (1) (August 2004): 125–45. https://doi.org/10.1146/annurev.soc.30.012703.110545.

Petrova, Tsveta and Sidney Tarrow. “Transactional and Participatory Activism in the Emerging European Polity.” *Comparative Political Studies* 40(1) (January 2007): 74-94.

Piven, Frances Fox, Richard A. Cloward. *Poor People's Movements.* New York: Vintage, 1977.

Rétvári, Bence “16. ülésnap, 40. felszólalás” *parlament.hu*. July 2, 2018(1). Accessed June 14, 2019.

Rétvári, Bence “22. ülésnap, 114. felszólalás” *parlament.hu*, September 17, 2018(2). Accessed June 14, 2019.

Rétvári, Bence “25. ülésnap, 1-4. Felszólalás.” *kneb.hu,* October 1, 2018(3). Accessed June 14, 2019.

Rubovszky, Csilla. “Idősgondozás a családban - a gondozó családtagok helyzete a mai Magyarországon.” *Esély* (4), (2014):45-70.

Soule, Sarah A. and Susan Olzak. “When Do Movements Matter? The Politics of Contingency and the Equal Rights Amendment.” *American Sociological Review* 69 (2004):473-497.

Staggenborg, Susan. “Can Feminist Organizations Be Effective?” In: Ferree, Myra Marx and Patricia Yancey Martin (eds.) *Feminist Organizations: Harvest of the New Women’s Movement.* Temple University Press, 1995.

Szabó, László. A professzionális és informális segítők szerepe az idősek otthoni ellátásában. *Esély* (1) (2014):79-93.

Szikra, Dorottya. “Ideológia vagy pragmatizmus? Családpolitika az orbáni illiberális demokráciában.” In: *Lépték és irónia.* 219-240. Budapest: L'Harmattan, 2018.

SZMM. “Megállapodást kötött az SZMM a fogyatékosügyi szervezetekkel” *hirkozpont.magyarorszag.hu*, October 8, 2009. Accessed June 14, 2019.

Tarrow, Sidney. *Power in Movement*. New York: Cambridge University Press, 1994.

Tátrai, Annamária. “Az alanyi jogú ápolási díj rendszere és az ellátotti kör Magyarországon.” *Tarki.hu*, 2016. Accessed June 14, 2019.

Tilly, Charles. *From Mobilization to Revolution*. Reading, MA: Addison-Wesley, 1978.

Timár, Judit and Fabula Szabolcs. “Whose identity politics? – Lessons for emerging critical disability geography in Hungary.” *Geographica Helvetica* (68) (2013):171-179.

Triantafillou et al. “Informal care in the long-term care system.” European Overview Paper. *Euro.centre.org,* 2010. Accessed June 14, 2019.

T/503. “Motion on the 2019 Budget of Hungary” *parlament.hu,* June, 2018. Accessed June 14, 2019.

T/503/104. “Motion of Tamás Sneider and János Stummer” *parlament.hu,* June 26, 2018. Accessed June 14, 2019.

T/503/607. “Motion of LMP” *parlament.hu,* June 28, 2018. Accessed June 14, 2019.

T/9635/2. “Motion of Lajos Korózs and Ildikó Bangóné Borbély” *parlament.hu,* March 17, 2016. Accessed June 14, 2019.

T/15381/731. “Motion of Lajos Rig, Balázs Ander, Tamás Sneider and Sebestyén Vágó” *parlament.hu,* May 17, 2017. Accessed June 14, 2019.

Velkey, Gábor Dániel. “Központi állam és önkormányzatok.” In: Zsuzsa, Ferge (ed). *Magyar társadalom- és szociálpolitika 1990-2015.* 125-160. Budapest: Osiris, 2017.

Verdes, Tamás. “A fogyatékos személyek jogairól és esélyegyenlőségük biztosításáról szóló 1998. évi XXVI. Törvény módosításáról szóló T/10746. Számú törvényjavaslatról.” *tasz.hu,* April 29, 2013. Accessed June 14, 2019.