ANED country report on the implementation of policies supporting independent living for disabled people

Country: Hungary

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PART 1: EXECUTIVE SUMMARY AND CONCLUSIONS

This section should be written after you have completed all of the other sections (please refer to the specific questions in the guidance note as appropriate).

In the second half of the 1990s a reform process was started, aiming at the closure of mass institutions that isolated people with disabilities, and also to spread "human scale" community provisions at local level.

There are 26,728 people with disability, psychiatric patients or addicts living in their own homes and only 6.5% in residential homes. The majority of the people in these institutions live in huge mass institutions. According to the 2001 Population Census, the average number of residents was 97, 78% of whom lived in institutions with more than 100 people and 60% in a room with five or more beds.

All available data confirm that typically people with moderate and severe mental disabilities make use of institutional care services. According to the data of the Population Census of 2001, 90% of people living permanently in these residential institutions have mental disabilities or multiple disabilities.

A significant proportion of all people with disabilities live with their families, isolated from the rest of the society. The services available for them are regulated by the Social Act of 1993; however access to these services is rather limited.

In 2006 Hungary spent 9,6% of total social benefit expenditure on disability benefits, compared to the EU27 average of 7.5%. The largest part of disability allowances consists of monetary grants (87.2% in comparison with 79.1% of the EU-27 average) and almost two third of these grants covers pensions.

A legal framework has been established in the last decade to promote integration and equal treatment of disabled persons. In 2009 the most important legal developments were the introduction of supported decision-making and the approval of a new act on sign language.

Independent living is supported essentially by three personal assistance (social) services, regulated by Act III of 1993 on Social Governance and Social Benefits. The promotion of independent living of disabled people is mostly realized in the framwork of the so called support services. In several higher educational institutions "student helping services" are available.

Regarding support for assistive equipment and adaptations, Hungary has a number of codified assistive forms, as well as information and services provided typically by NGOs. Regarding equal access and complex, physical and information/communication the last couple of years have brought significant programs, services and pilot models designed directly for persons living with disabilities, both on the governmental and non-governmental sides.

PART 2: LEGAL AND POLICY CONTEXT

Please refer to the specific questions in the guidance note, and describe what legal rights exist in your country to support independent living in the community (e.g. explain the relevant parts of the main laws, policies and strategies at national or regional/local level as appropriate).

The legal framework has been established in the last decade to promote the integration and equal treatment of disabled persons. In 2009, the most important legal developments were the introduction of supported decision-making and the approval of a new act on sign language.

On 21 September 2009 the Hungarian parliament passed the new Civil Code of the Republic of Hungary, which will come into force on 1 May 2010 and 11 January 2011. In accordance with the spirit of the UN Convention it has based terminology and regulation of capacity on new principles. Its essence is the abolition of plenary guardianship, recognition of legal capacity, and the introduction of a preliminary legal statement and supported decision-making. With the help of supported decision-making, anybody in their full capacity status can declare in a preliminary legal statement can be in charge of his/her affairs in the event of loss of capacity. The person may make a statement as to whether they should go into a nursing home, manage their business, sell their flat or manage their property. The person limited in his/her judgment can make decisions with the support of family members and friends, so it is not necessary to limit their capacity. For the protection of human rights the new law does not allow a full limitation on one's capacity. In the future capacity can only be limited in individual cases, defined fields and groups of cases.1

The act CXXV of 2009 on Hungarian sign language and its application of is also a new act that defines the community of deaf persons as members of a linguistic minority, by acknowledging Hungarian sign language. The act defines deaf and blind person's' right to learn special communication systems and the right to use it by the application of these policies. In the future deaf and blind persons will be able to communicate at offices with the help of sign language interpreters. From 1 September 2017 the teaching of Hungarian sign language will be obligatory for deaf children in special schools, while in integrated schools it will become available even if only one parent of the child chooses it. From that time it will be obligatory to organize bilingual education in deaf children's schools for children who have chosen it.

The Republic of Hungary has ratified the relevant international Treaties. These include the act C of 1999 on Enactment of the European Social Charter, the act XCVIII of 2005 on Enactment of the Additional Protocol to the European Social Charter in 1988 and the act VI of 2009 on Enactment of the Revised European Social Charter integrating the European Social Charter and it's amendments into Hungarian law. The act XCII of 2007 enacts the Convention on the Rights of Persons with Disabilities and its Optional Protocol. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

In the interests of easing the disadvantages of persons living with disability, laying the foundations for their equality of opportunity and shaping the attitudes of society, the

[1] http://communityor.blogspot.com/2008/02/tmogatott-dntshozatal.html

Parliament has approved the act XXVI of 1998 on Provision of the Rights of Persons Living with Disability and Their Equality of Opportunities. According to the act, the person living with disability has the right to a man-made environment that presents no obstacles, that can be perceived and is safe and also has the right to access information and support services. Equal opportunities must realized in health care, education, employment, choice of residence and sport and culture. In addition the aim of this act is to define the rights of persons living with disability and the instruments for the exercise of these rights. Further, it regulates rehabilitation to be provided for persons living with disability, aiming to ensure equality of opportunity, independent living and active participation in the life of society for persons living with disability. The act declares that in the course of planning and decision-making processes the special needs of persons living with disability must be given particular attention. Regarding decisions affecting persons living with disability it must be taken into account that they are equal members of society and their local communities and for this reason conditions enabling them to participate in the life of society must be created. The act exempted for all institutional barriers which had built before the act come into force in 1 January 2005. Public transport systems and passenger traffic facilities – including signals and information points – must be made suitable for safe use by persons living with disability. The transport network should be built up gradually, but this must be completed by 1 January 2010 at the latest. Institutions providing long-term residence for persons living with disability also should be altered gradually, but by 1 January 2010 at the latest, in such a way that care for persons living with disability capable of independent living with personal help are housed in residential homes for small communities. Further, humanized, modernized institutional care must be provided for persons living with serious disability who are in need of such care. In 2007 the regulations on physical barriers were changed by the Parliament and the deadlines were pushed forward to 2010 or in some cases to 2012.

By the act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunities the Republic of Hungary acknowledges every person's right to live as a person of equal dignity, determines to provide effective legal protection to those suffering from negative discrimination, stating that the promotion of equal opportunities is principally the duty of the State. The general scope of this anti-discrimination act provides effective legal protection against discrimination in all parts of life (employment, education, health, etc.) The act set up the Equal Treatment Authority, whose task is to conduct investigations into whether there have been equal treatment violations on behalf of individuals for instances defined by the act.[2]

The new National Disability Program is a government action plan that states aims related to rehabilitation, the tasks needed to improve social attitudes, the conditions needed to improve the quality of life of persons living with disability and their families and to promote the active participation in social life of persons living with disability.3 The National Disability Council should assist the Government in carrying out its tasks related to disability affairs. The Council takes initiatives, draws up proposals, gives opinions and co-ordinates decision-making related to persons living with disability and analyses and evaluates the implementation of decisions. It also gives its opinion on draft regulations, makes proposals for decisions programs and legal regulations, takes part in the co-ordination of activities and regularly informs the Government on trends in the life situation of persons living with disability.

[2] http://egyenlobanasmod.hu/index.php?g=hirek/TTaf_200610.htm
[3] http://www.szmm.gov.hu/main.php?folderID=1295

PART 3: PROGRESS TOWARDS INDEPENDENT COMMUNITY LIVING

Please address the specific questions outlined in the guidance note for this section

During the Communist era disability was basically considered as some kind of "deviation" in Hungarian social policy, in the institutional network and in the society.[4] The everyday life of people with disabilities was determined by the principle that "society must be protected from people with disabilities and people with disabilities must be protected from society". Therefore all people involved in this situation were hidden in families and institutions, where they lived, both physically and regarding their relationships. In accordance with this principle psychiatric institutions and institutions for people with mental deficiency had been relocated to the provinces since the 1950's, to nationalised castles, country houses or barracks, surrounded by stone walls. Until the democratic transition these segregated institutions expanded, both in terms of the numbers living there and the number of their employees.

In the first decade after the democratic transition, this system went through a drastic expansion, without any fundamental structural transformation. The Social Act of 1993 (amended several times) contained social provisions on services for people with disabilities and at the same time reinforced the system based on large institutions.

In the second half of the 1990's a reform process started, aiming at the termination of mass institutions, which had isolated people with disabilities. "Human scale" community provisions provided at local level were developed. The residential home movement was initiated and emerged to a great extent from criticism of the institutional way of life. Although the number of people living in residential homes is still not significant in comparison with the number of beds in the large institutions, development of methods of assistance and steps toward autonomy are still significant. This issue already has a wide-ranging scientific literature, where new solutions and the changed philosophy on treatment can be seen.[5]

The first results of this reform process emerged in the legislation as Act XXVI of 1998 on the rights of people with disability and ensuring equal opportunities, which includes the following right: "Persons living with disability have the right to choose a form of residence – family home, residential home, institution – corresponding to their disability and personal circumstances" (17 §). The Act also prescribes that long-term institutions must be altered gradually, but by 1 January 2010 at the latest, in such a way that persons living with disability capable of independent living with personal help are housed in residential homes for small communities. Further, it stated that that humanised, modernised institutional care must be provided for persons living with serious disability who are in need of such care (29.5 §). Since this deadline expired the Government has proposed an amendment of the Act on Equal opportunities and the Social Act. The strategy to replace social institutions, which would provide permanent residence for more than 50 people, will be elaborated by 31 December 2010 by a working group, which includes non-governmental experts and government officials.

[4] For a more detailed analysis of the social functions of this process see: Verdes – Tóth 2008; Krémer – Nagy 2007.
[5] Lányiné 2002.

Parliamentary Resolution 10/2006. on the new National Disability Programme also set out important steps in order to encourage reform. The fact that Hungary joined the UN Convention on the Rights of People with Disabilities in 2007 (the 19th paragraph of which deals with independent community living: see Act XCII of 2007 in Hungary) could also be an important step toward transformation of the structure. In spite of these positive steps, Hungarian social policy provides a low level of financial allowances and institutional care for citizens with disabilities and ambulatory services that are necessary for social integration are almost completely missing.

Forms of residential service are defined by the Social Act; however the possibility of accommodating these people in residential homes was integrated into the law in 1999. Since then no new form of residential provision has been established: the possibility of accommodation in residential homes has only been established for other groups – people with severe disability, psychiatric patients and addicts. At present 4 permanent and 1 temporary services are available for people living in institutions: nursing-caretaking homes or residential homes for people who are unable to take care of themselves (or only with permanent assistance) or; rehabilitation institutions (for a limited period of time: 3+2+2 years maximum) for psychiatric patients; or residential homes for rehabilitation for people with moderate disabilities. Nursing homes provide services for 1+1 years for those who are not taken care of by the family or to provide temporary relief to the family.

According to data of the Hungarian Central Statistical Office 26,728 people with disability, psychiatric patients or addicts lived in their own homes in 2008, of whom only 6.5% took advantage of residential home provision.

1. The number of people living in public institutions

	People with disabilities			Psychiatric patients			Addicts		
	temporary homes	at home	residential home	temporary homes	at home	residential home	temporary homes	at home	residential home
2000	24	15, 199	123	16	8,108	9	61	1,100	-
2001	60	15, 062	317	-	7,939	23	48	1,342	-
2002	88	15, 216	524	-	7,877	83	45	1,490	-
2003	127	15, 137	772	25	7,727	137	94	1,532	17
2004	140	15, 017	969	20	7,823	122	82	1,669	8
2005	161	15, 084	1 062	65	7,823	186	101	1,956	26
2006	193	14, 891	1 183	35	7,867	230	156	1,920	42
2007	231	14, 919	1 307	61	7,838	254	155	1,962	59
2008	231	14, 796	1 378	65	7,878	310	153	1,847	70

The largest number of people live in huge mass institutions. According to the 2001 Population Census the average number of residents was 97 and 78% of the residents in these institutions lived in institutions with more than 100 people and 60% of them lived in a room with five or more beds.[6] Moreover, most of these institutions are located in remote places, typically far away from the permanent homes of the residents. Mansell et al.'s (2004) comparative research confirmed the Population Census data: Hungarian institutions scored an average 0.49 points on a scale of 1 to 5, representing the comfort of institutions. According to various estimates, presently there are 200-300 residential homes in Hungary.

[6] Kozma 2008.

A significant proportion of people with disabilities live with their families in deep isolation. The services available for them are regulated by the Social Act mentioned above, but access to these services is rather limited (Central Statistical Office, 2009: see Social characteristics and provision systems):

- In day care institutions approximately 4,000 places were available for people with disabilities in 2008 (85% of all places for the aged, 10% for people with disabilities and 2.5-2.5% for addicts and psychiatric patients). Although this number of available places was higher than in previous years, a place in these institutions could only be provided for two thirds of all applicants.
- In the case of all psychiatric patients and addicts approx. 2,000 people could use day care in 2008 and 4,500 people participated in community care programmes in 2007 (at present only psychiatric patients and addicts can use such services but since 2009 the provision of these services by local governments is not obligatory).
- In 2008 circa 19 thousand people with disabilities obtained support services in their residences that made independent living easier for them.
- Among basic provisions, catering and domestic assistance are aimed primarily at supporting older people in the first instance and there is no accurate information on the employment of domestic assistance among families of people with disabilities.

All available data confirms that mainly people with moderate and severe mental disabilities make use of institutional care services. According to data of the Population Census in 2001, 90% of people living permanently in these residential institutions have mental disabilities or multiple disabilities. Only a quite small number have mild mental disabilities and this is often determined by other external factors, e.g. the availability of daytime support services, services provided for families and financial allowances.[7]

In 2006 the Hand in Hand Foundation carried out a comprehensive survey (on a representative sample of 3%), that examined the situation, living conditions and special needs of mentally handicapped people and also their access to social, medical, special education and rehabilitation services. 24.5% of the people in the sample lived in an institution during the period of the research.[8] The findings of the study indicate that:

- The majority of residents in institutions had moderate or severe mental disabilities. The rate of people with multiple disabilities was significant and behaviour and integration problems were more frequent among this group.
- A significant number of people living in institutions were able to take care of themselves at a relatively high level and their needs for care were not remarkably different from those who lived with families.
- For almost half of those living in institutions the reasons for their admission were unknown. Among the known reasons, insufficient social provision was most frequently reported (e.g. if the mother had to go back to work and day care was not available, or the family could not arrange home care for the family member with disability after they left school). In one tenth of the cases the special needs of the family member concerned played an important role in the decision. A number of families had to place their children in an institution because of their inadequate living conditions.

[7] Hand in Hand Foundation 2008, 49.
[8] Bass 2008.

Decree No. 1/2004 (I.5.) of the Ministry of Health, Social and Family Affairs regulates the activities of those representing patient's rights, children's rights and the rights of subsidised people. The task of the representative of subsidised people's rights is to give help to those who request a place in an institution or to assist people who already live in an institution to exercise their rights (e.g. representatives may help to initiate and terminate legal relations with an institution since they are authorised to act in the name of subsidised people or their legal representatives). There are consulting hours for this in social institutions where there are more than 100 beds. Representatives also verify the legality of restrictive regulations concerning subsidised people.

In the past few years several research projects have examined the functioning of the guardianship system, which is at present the valid legal procedure concerning the restriction of the power of disposal. Their findings[9] clearly confirm that the social functions of the guardianship system are determined by the personal and family situations of the people involved and furthermore the functioning of the welfare sector and not disabled people's personal needs. The purpose of submitting a lawsuit, which aims at the restriction of the power of disposal usually has two aspects. On the one hand it derives from compulsion caused by the poverty of the family (the need to obtain the welfare allowances) and on the other hand the administrative procedures for placing people in institutions also require this process (the latter is not laid down in any laws but is a "requirement" established through everyday practice).

The power of disposal of affected people has been restricted at different levels: for 86.7%, who live in institutions, the power of disposal was restricted but this rate was only 38.8% for those, who lived with a family. Where there is complete elimination of the power of disposal it is possible that people with mental disabilities have to stay in institutions, even against their will, and where there is restricted power of disposal this may also happen.

The common goal of legislators, pressure groups and affected people is that the new Civil Code, effective from 2010, will be able to change the situation in a positive way.

- In 2006 Hungary spent 9.6% of the total social benefit expenditure on disability benefits compared to the EU27 average of 7.5%[10]. The largest part of disability allowances consists of financial grants (87.2% in comparison with a 79.1% EU-27 average) and almost two thirds of these grants covered pensions. Besides money grants there are other possible measures (support in kind), which provide personal care for those who are in need. In 2006 the Hungarian Social Security Fund spent 61.8 billion HUF on such services but the biggest proportion of this money was spent on the costs of institutional care and the total sum of these expenses was 25 times higher than the total amount spent on day care institutions and support services (Central Statistical Office, 2009: see Social characteristics and provision systems). The institutions that provide permanent residential and temporary care for people with disability and psychiatric patients – irrespective of the funder of the institution – receive most financial support from the state budget (in 2006 the largest part (58.8%) of the 61.8 billion HUF state support was spent on maintaining such institutions).

[9] Verdes – Tóth 2008; MDAC 2007.
[10] European System of Integrated Social Protection Statistics.

According to the survey results of the GKI Economic Research Co. (further details on this research below) state support (815,000 HUF per patient in 2006) makes up only 39% of all the incomes of the so called "castle homes" and rest is provided by the funder (local government or other body) of the institution. The other source of the maintenance of these institutions is from fees paid by the patients.

- Rehabilitation support covers the expenses of day care institutions established for people with disabilities and supporting services (costs were 1.6 billion HUF in 2006; 2.5% of the whole sum provided for support in kind).
- Other forms of support in kind are the following: housing support for disabled people, 2.4 billion HUF which was used to provide accessibility to buildings, 15.3 billion HUF financial support for preferential travelling expenses for people with disabilities, 6.3 billion HUF to support the NGOs of people with disabilities and 1.8 billion HUF to subsidise buying and modifying cars for disabled people.
- Home care costs are to be found among the old age expenses in ESSPROSS – because typically older people make use of these services in Hungary.

Table 2 Distribution of expenses assigned to disability by types of support in EU-27 and in Hungary, 2006 (%)

	financial support			support in kind			
	disability pension	premature pension because of reduced ability to work	other financial support	placement	rehabilitation	support at home	other support in kind
EU-27	61,2	11,7	27,1	47,4	16,8	27,1	8,7
Hungary	73,5	-	26,5	56,9	2,5	-	40,7

(Central Statistical Office, 2009**:** 83)

On behalf of the Ministry of Social Affairs and Labour, Skultéty 2007 has calculated the costs of replacing residential institutions for mentally handicapped adults operating in old castles. A comparison was made with residential homes (they examined institutions, where the rate of mentally handicapped adults was above 80%). Based on a detailed cost-benefit analysis they point out the following:

- The operational costs per patient are higher in residential homes than in the institutions based in castles. In existing residential homes the operational cost per patient per year is 1,842,000 HUF in run-down institutions this is 1,571,000 HUF and 1,564,000 HUF in renovated institutions.
- The research found that residential homes maintained by NGOs more or less met the legal requirements when they were founded as they were established with help of state support and one of the stipulations attached was satisfactory quality. On the other hand, in the case of big institutions, poor renovations, temporary permits and involuntary compromises arising from the rules on the protection of historic buildings made it likely that there were significant deficiencies in the physical conditions of the institutions in comparison with the legal requirements. If this difference in quality were measured and taken into consideration, residential homes would offer significant financial benefits.[11]

[11] Skultéty 2007: 39.

- Also the fact that about the half of the big institutions are located at remote areas, isolated from the outside world, makes the whole picture more favourable for residential homes: because of the need for "delivery" of many services to the institutions, eg. health care.

Recent significant changes can be observed, as funding and planning increasingly encourages the process of de-institutionalisation. However progress has also been limited:

- Since 1999 the state has spent almost 23 billion HUF in form of support for projects to establish big residential institutions.
- Development has been supported by the Social Ministry through tenders since 1998. There have been tenders every year to support the establishment of residential homes, to develop community based services and to accomplish professional programmes, which aim at the reorganisation of institutions. However in the absence of a comprehensive development strategy the effect of these projects has had no effect on the level of the institutional network and they have not changed the predominance of the large institutions. Most of the resources were obtained by NGOs, and they created services for mentally handicapped people who were living with families and who were not aiming to live in the institutions. The available resources are limited (the establishment of no more than 10-14 residential homes is subsidised annually) and tenders were not advertised every year.

New resources have become available since 2008 for the institutional network from EU Funds (above all in the framework of the Social Infrastructure Operative Programme (TIOP) and the Central Hungary Operative Programme - both are financed by the European Regional Development Fund). To date two tenders have been announced, aimed at the modernisation of residential institutions. It is a progressive element of the tender that there is an opportunity to modernise and renovate already existing residential homes and temporary institutions: however this was attained only as a result of a significant civil protest, on the basis that institutions for mentally handicapped people with more than 50 beds cannot receive more resources for modernization from this tender, as replacement of these institutions is ordained by law.[12] At present the social verification processes of two tenders is ongoing, which are: "Replacement of residential institutions, creation of new capacities" (TIOP 3.4.1.) and "Modernization of residential institutions" (TIOP 3.4.2.).

[12] Hand in Hand Foundation 2008, 69.

PART 4: TYPES OF SUPPORT FOR INDEPENDENT LIVING IN THE COMMUNITY

Benefits depending on the extent of damage of health or disability

Disability support is an allowance for persons with serious disability. The purpose of the support is to cover part of the additional costs to reduce the social disadvantages arising from disability. The monthly sum of the disability support shall be equivalent to 65% of the minimum old-age pension at a given time if the applicant is not in possession of sensory functions – particularly sight, hearing – mobility or intellectual. It should be 80 % of the minimum old-age pension at the given time if the applicant completely lacks the ability to look after themselves.

Invalidity Annuity or Disability Allowance is for persons who have reached the age of 18. If they have lost their working ability by up to 100% before reaching the age of 25, or have been injured with more than 80% damage to their health, they are eligible to invalidity annuity. Invalidity annuity is administered by the regional pension insurance and financed through the Central Administration of National Pension Insurance. It must be applied for by the person concerned or by his/her legal representative.

Temporary Invalidity Annuity is for a person who is has health damage of at least 40% suffered in the course of his/her income earning activity, and who is unable to work in their present or former position or in another job corresponding to his/her qualification without rehabilitation. It applies to people who will reach retirement age (with an old age pension) within five years, and who have fulfilled the qualifying service time for the retirement pension. The applicant must receive no other form of income and their monthly average income in the four calendar months before applying must not have exceeded 80% of the prevailing minimum wage.

Regular Social Allowance is for a person whose health damage of at least 40% was suffered in the course of his/her income earning activity, who is unable to work in their present, former position or similar job. It is available to people who have not reached retirement age, who have half the service time necessary for a retirement pension and who does not receive any other pension or income. Monthly average income in the four calendar months before the submission of the application must not have exceeded 80% of the prevailing minimum wage.

Social benefits provided in kind

A free medication card is issued to the person who needs financial support or improve his/her health due to his/her social circumstances. The person holding the card is entitled to receive certain medicines free of charge within a determined budget: therapeutic equipment, dental plates, braces (including the cost of repair), and medical treatment for rehabilitation.

A parking card may be given to a person who has serious physical handicap, sight impairment, who is mentally handicapped or autistic, certified as blind or as having serious sight impairment, or physical handicap, in accordance with a decree on sicknesses and disabilities entitling people to an increased amount of family allowance. Eligibility is further determined through medical assessment.

Social meals is a basic social service concerned with personal care, whereby hot meals are provided at least once a day. People in need are entitled if they permanently or temporarily cannot provide at least one hot meal per day for themselves and the people they provide for due to their age, health condition, handicap, psychiatric illness, or because they are homeless.

Home help means care and support with everyday activities of independent living in the recipient's home. It is provided for those people who cannot take care of themselves and where there are no other possibilities to provide help for them. Home help is primarily for people living in their own homes but needing social and mental support due to their health conditions or old age, including those partly or wholly unable to care for themselves, disabled or autistic persons in need of supervision, psychiatric patients or addicts. Home help provides facilities for shelter, meals and social relations during the day, and help with basic hygiene needs.

Alarm system-based home assistance is a basic social service provided in case of crisis for persons living in their own homes and needing such assistance due to their health and social conditions.
Support service is a basic social service with the purpose of caring for disabled persons in their residential environments. Primarily it is to help them to access public services outside their homes, to maintain their independence, as well as to provide special assistance within their homes, to access information, guidance etc.

Institution providing day care is a day care institution for homeless persons, elders or people with disabilities. It provides meals, various services and leisure activities to those who live in their own homes, but who cannot fully look after themselves. Examples of day care institutions are clubs for the elderly, day centers for people with disabilities or autistic persons and day centers for addicted and psychiatric patients.

Special forms of care

A Residential home is a long term social institution providing nursing, care and/or rehabilitation for disabled persons who can only be cared for, educated, trained and employed within an institution.

A Rehabilitation institution for people with disabilities is for people who are blind, visually impaired, or have limited mobility, whose education, training, employing and nursing can be done only within the confines of this institution. These institutions provide education, training and rehabilitation for disabled people and prepare them to return to their families and home environments.

Respite homes for people with disabilities are for people with disability whose family members temporarily cannot look after them.

Residential nursing homes for people with disabilities provide 24-hour care and nursing for 8-12, or a maximum of 14 people – including autistic persons and addicted patients - who are unable to care for themselves. The institutions provide care for them in relation to health conditions and their degree of independence.

Financial benefits for the permanently sick or seriously disabled person or his/her relative

Disabled people receive a personal income tax allowance which reduces the tax payable.

A raised amount of family allowance can be provided for a child under 18 who is suffering a disease defined by the law or who needs permanent nursing because of disability. A certificate of raised amount family allowance is issued by a specialist from a child hospital or clinic.

Public medicine service is for a person in social need, to reduce his or her expenses relating to maintaining and restoring health and authorization may be issued by a public medicine service. The recipient is entitled to receive free of charge certain medicines and medical aids that are supported by social security. The public medicine service is for anyone whose parents or supporters receive the higher amount of family allowance. The application must be sent to the local government. The certification is issued by the notary, according to their place of residence, on the basis of the doctor's certificate confirming receipt of the higher amount of family allowance.

A person who is visually impaired, autistic, blind, or mentally handicapped is entitled to a parking permit. An expert medical opinion has to be attached to the application.

Blind and Deaf persons are eligible for unlimited free travel by local means of transportation.[13]

An insured person is entitled to travel cost reimbursement, if he/she is referred to or ordered to have an examination by a specialist physician or a referral is made to a health-care institution.

A seriously handicapped person may apply for tax exemption for a vehicle they use. The application must be submitted to the tax department of the local government where they live, together with expert medical certification of severe limitation of movement.

Obtainment allowance is financial support to buy a car with precisely defined characteristics, purchased privately for not more than 3 million HUF.

Transport Benefits for disabled people support the extra costs of transportation of persons with serious physical handicap. The basic amount of the transport support is 7,000 HUF per year.

Severely physically handicapped people can claim for state benefit to remove the barriers in their homes. In 2001 the benefit (7,000 HUF per year) for the construction or purchase of a barrier-free new home, was a maximum of HUF 250.000 and a maximum of HUF 150.000 to remove barriers from an existing home. These amounts apply when the party constructing or buying the home is disabled. However, the benefit is maximum HUF 100.000, for both new and existing homes, if the disabled person is a close relative of the person constructing or buying the home.

[13] To qualify, applicants need: receipt of blind person's allowance, certification of receipt of disability benefit or photo identification from the Hungarian National Association of the Blind and Visually Impaired, or National Association of the Deaf, and identification for an accompanying person.

This aid is financed through the central budget and disbursed by an authorized bank on the basis of a proposal by the National Federation of the Associations of Physically Handicapped People.

Temporary Aid may be granted to persons who are in an out of the ordinary situation endangering their existence and who have no other form of income for themselves and their families. It may be granted occasionally, for example in case of sickness or natural disasters implying huge expenses. The municipality defines the amount of the aid.

Nursing Fee may be given to an adult relative nursing a person who needs permanent care. With the exception of a fiancée or spouse, the relative is entitled to the fee if the person cared for is unable to live independently and needs constant supervision and care, is seriously handicapped or ill and is under 18.

Child Care Allowance may be paid to the parent, foster parent, custodian, minor parent under 16 (if he/she does not live in the same household with his/her custodian and the child welfare agency has approved leaving his/her home) until the child turns 3, or 10 for a seriously handicapped child. For twins it is paid till the end of the year when they reach school age (age of 6).

4.1: PERSONAL ASSISTANCE SERVICES

Please address the specific questions outlined in the guidance note for this section

The conditions of independent living are supported essentially by three personal assistance (social) services, which are regulated by the Act III of 1993 on Social Governance and Social Benefits**.** Promotion of independent living of disabled people is mostly through the framework of the support service. The support service aims to provide support for disabled people in their own homes and in their communities, to ensure the availability of public services outside their homes and to provide special help at home while preserving the independence of their daily lives.

The support service is paid for people who are classified as socially in need (people with severe disability) and the amount of the fee cannot exceed 30% of the monthly income of the person who using the social service. In the case of underage people the limit is 20% of the parents' regular monthly income per person. (For those who are not in social need the service provider can agree a price without such restrictions.)[14] The head of the institution providing the service has to use a method of means testing before the service is put into place and this has to be reviewed every two years. The support service has to be requested by filling in a form at the institution concerned.

Presently there are 540 support services and 363 community suppliers, and the central budget supports their work with 6.91 billion HUF per year. Each support service usually receives more than 8 million HUF from the budget every year. In 2008 19,000 people made use of this form of support. Regional coverage is rather uneven; there are a number of blank spots but redundant capacity can be found as well. Since 2009 the maintenance of support services has no longer been a compulsory task of the local governments, not even in towns with more than 10,000 inhabitants.

[14] More information (in Hungarian) about the conditions and methods of making use of these services: Guide to the supplies and services connected to disabilities and health deterioration.

The proportion of religious and civil funders (60-70%) significantly exceeds the proportion of local governmental funders (30-40%). (Social characteristics and provision systems)

Home care and telecare – although according to the law they are also available for people with disabilities –aim at the support of the elderly population in the first place and there is no available data on the utilization of these services by disabled people.

The alternative labour market service models operated by NGOs play an important role in supporting people with disabilities. In three of the five most significant models (Integrated Employment Support Service, Supported Employment and Transit-Employment Programme) personal escort of the disabled employee – not only during during the job search but also in the first period of work – have an important role.

In several higher education institutions "student help services" are available, where disabled students are escorted by a fellow, who helps as a personal assistant. Various devices can be available as well, which may help their studies.

4.2: ASSISTIVE EQUIPMENT AND ADAPTATIONS

Please address the specific questions outlined in the guidance note for this section

Assistive equipment, as well as information and services, is mostly provided by NGOs. As an allowance in kind, a free medication card allows the purchase of therapeutic equipment and medicine. Other allowances of this kind are car purchase support, car conversion support, home adaptations, as well as several forms of transportation support.

For all forms of assistive support, conditions of entitlement and administrative processes are rather complex; nevertheless, extensive governmental and non-governmental information is available for those concerned.

According to available statistical data[15], 398 637 persons possessed a free medication card in 2007: most of them (58,5%) were entitled on a subjective basis while the rest had been given this type of assistive support on a normative or fairness basis. Vehicle purchase had been supported in 19 186 cases (the amount of allowance cannot be higher than 60% of the purchase price, including the costs of putting it on the road, and not more than 300 000 HUF (1172 EUR)). Car conversion support was provided in 235 cases (the amount given can cover all conversion costs, but never more than 300 000 HUF (1172 EUR)). Where the applicant himself/herself has a serious physical handicap, the amount of home adaptation support is 250 000 HUF (976 EUR) for purchasing new flat/house (including adaptations), and 150 000 HUF (585 EUR) in case of adaptation of an already possessed property. Where the applicant is a close relative of the person living with a serious physical handicap, the amount of support cannot be higher than 100 000 HUF (390 EUR). Requests are sent to the responsible local organization of the Association of People living with a Physical Handicap, to be certified by the secretary-general of the Association and then forwarded to the institution providing the loan for authorization of the grant.

Regarding access and communication, the last two years have brought significant programs, services and pilot models designed directly for persons living with disabilities, by both government and NGOs. Two examples are:

[15] https://teir.vati.hu/szoc_agazat/ksh_evkonyvek/a2007/pdf/szocialis2007.pdf

- The Program Office of Public Foundation for Opportunities of Persons with Disabilities has accomplished a number of notable projects in the field
- Since its establishment in 1991, Motivation Foundation has consistently taken part in the promotion of equal access and actively participated in its implementation.

PART 5: EVIDENCE OF GOOD PRACTICE IN THE INVOLVEMENT OF DISABLED PEOPLE

Please refer to the specific questions outlined in the guidance note and use this section to describe any evidence and examples from your country.

Reform proposal elaboration

The Budapest Institute and the Hungarian Civil Liberties Association (HCLU) have joined forces in preparing a proposal on the reform of issues concerning the intellectually disabled. The organization makes the following statements. There are still 15.000 intellectually disabled and 8.000 mentally challenged individuals living in institutions. The goal is to elaborate a modern approach to social policies in order to promote the social acceptance and inclusion of the intellectually disabled and to improve their situation in the labor market. Their goal is to reach a consensus among their partners and to convince social policy decision makers. They will strive to draft a plan based on scientific evidence, which could serve as a guideline for specific social policy reform. HCLU has called for suggestions and ideas from the intellectually disabled, their families, experts in the field and NGOs[16].

Active Workshop Employment Model

The Active Workshop project is funded by the EQUAL Program with the participation of various NGOs: Kézenfogva Alapítvány (Hand in Hand Foundation), Bárka Alapítvány (L'Arche Community), Esőemberekért Egyesület ('For the rainmen' Association), Fogd a Kezem Alapítvány ('Hold my hand' Foundation), Mécses Egyesület, Szimbiózis Alapítvány (Symbiosis Foundation). The project was implemented between 2005 and 2008. Their web site states:

> A new system will be developed, where the decision – whether the person with intellectual disability should be employed in a sheltered-, semi-sheltered workshop or in the open labour market - will be made on the basis of professional and rehabilitation principles. The basic novelty of the project is that the partners will develop the curricula and methodology - including therapeutic, developing, training aspects – of the employment of people with intellectual disability. The partners of the project will be setting up a complex system with the help of experts.
>
> http://www.kezenfogva.hu/english/index.php?q=node/3

Family Workplace Practice Program

Through the Public Foundation for the Equal Opportunities of Persons with Disabilities, the Ministry of Social Affairs and Labour has invited applications to implement the support of Family Workplace Practice Program to civil society organizations that provide alternative labour market services and day care. The purpose of the program is to provide and prepare mentally handicapped persons for employment.

[16] www.tasz.hu; http://tasz.hu/en

Representation of Interests

The Mental Disability Advocacy Center (MDAC) has launched an innovative project for building the capacity of civil society organizations. Their main purpose is to support advocacy for disabled people, to involve disabled people in policy-making and the development of policies represent their opinions and interests. They aim to strengthen disabled people's organizations, increase cooperation between disability organizations and the administration, and follow up the implementation process of the UN Convention on the Rights of Persons with Disabilities.

Parliamentary Open Day

The second Parliamentary Open Day on Disability was held on 6th of November 2009, organized by non-profit Media Center Foundation. Six groups of disabled persons asked questions to MPs. The main purpose of the meeting was to start a new discussion between disabled people and legislators.

PART 6: REFERENCES

Please provide an alphabetical list of bibliographic references for all the sources of evidence referred to in your report. Please include web links where these are available.

Bass, László (ed.) 2008: *„Amit tudunk és amit nem…" Az értelmi fogyatékos emberek helyzetéről Magyarországon*. Budapest: Hand in Hand Foundation.

Hand in Hand Foundation 2008: *Szakértői anyag a fogyatékos emberek számára tartós bentlakást nyújtó intézményrendszer átalakításához*. Budapest: Hand in Hand Foundation

Hungarian Central Statistical Office 2009: *Social characteristics and provision systems. Budapest: Hungarian Central Statistical Office*.
http://www.ksh.hu/pls/ksh/docs/hun/xftp/idoszaki/tarsjell/tarsjell08.pdf

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Krémer, Balázs – Nagy, Zita 2007: *Digestion of Working Plans of People Living with Disabilities and Altered Working Capacities*. Unpublished research progress report. Debrecen, Revita Foundation.

Lányiné, Engelmayer Ágnes (ed.) 2002: *Kiscsoportos lakóotthonok. Hol is tartunk? Két munkakonferencia tapasztalatai*. Budapest: Soros Foundation.

Mental Disability Advocacy Center 2007: *Gondnokság es emberi jogok Magyarországon*. Budapest, MDAC.

Skultéty, László (ed.) 2007: *A kasélyotthonokban működő felnőtt fogyatékos bentlakásos intézményei kiváltása lakóotthonokkal – gazdaságossági számítások*. Budapest, GKI Economic Research Co.

Verdes, Tamás – Tóth, Marcell 2008: *A per tárgya – cselekvőképtelen személyek társadalmi tagságának egyes kérdései az ezredforduló Magyarországán*. Budapest, Hungarian Civil Liberties Union.

Web sites:

- Guide to the supplies and services connected to disabilities and health deterioration – in Hungarian: Handout Summary of the Ministry of Social and Employment Affairs,
- Magyarorszag.hu, official website of the country provides an in-depth searching interface to explore the legal background to assistive support,
- Hand in Hand Foundation also provides a detailed information service and search facility.