

GOVERNMENT OF THE REPUBLIC OF HUNGARY

**The Draft Resolution
of the Parliament No. H/18907**

**on the new
National Disability Programme**

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MINISTER FOR YOUTH, FAMILY, SOCIAL AFFAIRS AND EQUAL OPPORTUNITIES

Budapest, December, 2005

Resolution of the Parliament No..../2006. (...)

on the new National Disability Programme

1. Based upon Section 26 of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities, the Parliament discussed and adopted the National Disability Program for 2007-2013, which is an *annex* to the Parliament Resolution, and was prepared in the course of the revision of Parliament Resolution No. 100/1999 (XII. 10.) (Programme, hereinafter). The Programme builds upon the contents of Parliament Resolution No. 6/2005. (II. 25.) on the adoption of the 2001-2003 implementation of the National Disability Program and the related Government actions, it is in harmony with international conventions and contains compatible measures with the legal acts of the European Union's institutions.
2. Parliament requests the Government to work out – in cooperation with the national advocacy organisations of people with disabilities, and with the National Disability Council – the medium term implementation plan of the Programme for 2007-2010, including the definition of tasks, naming people in charge and identifying the necessary resources by 31 August, 2006, the latest.
3. The Government shall prepare a Report for Parliament every two years on the progress of the implementation of the Programme. The first Report is due on 31 March, 2008.
4. Parliament requests the Government that while preparing plans and programmes related to European Union membership, take the basic principles and objectives of the Programme into account, with special regard to the 2nd Europe Plan of Hungary, the National Employment Action Plan, the Memorandum on Social Inclusion, and the National Action Plan prepared on the basis of the European Union Strategy for Social Inclusion.
5. Parliament requests the Government to support the establishment and operation of the Monitoring Committee facilitating and controlling the implementation of the Programme by drawing in the national advocacy organisations of people with disabilities and the non-governmental organisations providing services to people with disabilities, as well as employers employing people with disabilities, and the Council of Local Government Associations.
6. With the present Resolution, the Parliament requests
 - a) the national advocacy organisations of people with disabilities and the non-governmental organisations providing services to people with disabilities, the local governments, governmental and local governmental institutions, as well as employers to do everything possible for the implementation of the objectives defined in the Programme,
 - b) the managers and staff of the mass communication organisations to take part in communicating the Programme and in promoting positive changes in the attitudes of the members of society related to people with disabilities,

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- c) people with disabilities to lead an active role in guaranteeing their own rights – while also complying with their responsibilities – and also to participate actively in issues related to their lives in community, local, sub-regional, county, regional and national levels.
7. Parliament requests the Minister responsible for equal opportunities to make sure that the present Parliament Resolution and the Programme included in its *annex* be communicated in such a way that takes the different communication needs of various groups of people with disabilities into account; for people with visual disabilities using the Braille form, making the Ministry home page accessible for blind and short sighted people , for persons with hearing disabilities in a video-file form with sign language interpretation, for people with intellectual disabilities and for people living with autism using an easy-to-understand language.
8. The present Resolution shall enter into force on the day it is announced and published. Parliament Resolution No. 100/1999 (XII.10.) on National Disability Program shall at the same time expire.

National Disability Programme 2007-2013

Chapter I: Basic principles of the Programme

The **basic principles of the Programme are of horizontal character**; it is the responsibility of all concerned parties to keep them in mind and make them prevail in the course of implementing the Programme.

The **principle of prevention** says that society must do everything to prevent accidents and diseases causing disability. Behaviour and action in connection with people with disabilities must be such that in the spirit of prevention they do not deteriorate the condition of disability.

The chances of social integration of people with disabilities and especially the quality of their lives are *determined* by the **general social situation of their families**. It is especially important whether the parents and other family members have a chance at all of getting a job while they are raising and taking care of children with disabilities and supporting adults with disabilities. This does have an impact on the access to services and technical aids necessary for equalising opportunities. Consequently, an important basic principle of the Programme is that it includes actions related not only to people with disabilities, but also to their family members.

People with disabilities are a heterogeneous group whose members – people with visual disabilities, with hearing disabilities, with physical disabilities, with intellectual disabilities, with communication difficulties and those living with autism, or even people living with severe, multiple disabilities – have different needs. Women with disabilities and people of ethnic minorities living with disabilities can be hit by multiple discrimination. **Therefore an important basic principle is that the different measures must be planned on the basis of individual needs.**

Based on **the principle of need and the increased protection of the most vulnerable ones**, the differentiation in the measures and tasks necessary to create equal opportunities and in the system of services and support provided to people with disabilities must be guaranteed in order to keep social disadvantages at a minimum. Thus the Programme helps in creating social cohesion and is capable of promoting social integration of people with disabilities by correcting social inequalities.

People with disabilities have the same rights and responsibilities – being equal members of society and of the local community – as any other citizens. Yet when carrying out a task or action, or taking part in a daily life situation – in other words exercising a right – due to the injury/ies of

physical functions and/or physical structures certain measures are needed in order to equalise opportunities, in other words to eliminate the hindrance of action or the restriction of participation. These social obstacles and restrictions result in discrimination and social exclusion. **The Programme is built upon the principle of equalising opportunities.**

The principles of prohibition of negative discrimination and the responsibility of favourable treatment are principles that must be observed in all areas of society. No negative discrimination is allowed against people with disabilities, no treatment that is prejudicial to them and no exclusion are allowed, they must not be restricted in their access to public goods that are easily accessible to other people due to their disabilities. Since people with disabilities can exercise their rights, which they are equally entitled to just like anyone else, less because of their condition, it is fair and justified to provide them with certain advantages.

The principle of protecting personal rights, and the protection of the (special) rights of people with disabilities that they are entitled to, as well as the principle of supported decision-making must prevail in all general rules and regulations (e.g. guardianship, caretaking). The principle of supported decision-making, as against decisions made by professionals instead of people with disabilities, means that people with disabilities are supported in their own decision-making depending on their individual capacity to some or to full extent, covering all possibilities. In order to make use of this principle, the Government must help people with disabilities by providing the necessary resources to create a network for supported decision-making. Besides the “Programme elements” necessary for exercising rights, the Programme must be monitored, rights must be familiarized and explained, legal protection techniques must be promoted, and institutions protecting rights must be enhanced.

People with disabilities are not subjects of charity, but they are the owners of rights. People with disabilities are not ill; rather they are individuals assuming responsibility for their own lives. They are not dependants but consumers with working capacities. They are people who do not wish others to make decisions for them on their lives, because they are capable of doing so themselves. **Accordingly, all efforts should be made to support people with disabilities taking part in identifying and then implementing measures.** According to the **principle of self-determination**, people with disabilities can, within the frame of their capacities and opportunities, freely decide on their lives. Independence covers self-determination on personal movement, time, possession, and one’s own body. **For the sake of self-determination and for the respect for human dignity** the principle must be observed when granting any subsidies and support, so that people with disabilities can decide on their own objectives in their lives, on the way they want to reach them, and on their human and moral values. The support given must not strip people with disabilities of all the things they can do by themselves, and can independently achieve.

The principle of subsidiary provides that people with disabilities have access to services they need at their places of residence or as close to this place as possible, and decisions and measures related to people with disabilities be made and implemented locally.

The principle of integration supposes that people with disabilities can make and maintain contacts with other people and with the widest range of social and economic institutions in their everyday lives (e.g. in education, social care and child welfare, employment, sport, culture). Providing the opportunities for contact includes making members of the society sensitive (social inclusion), adjusting specific conditions necessary for changing place (making public transport and built environment accessible), the use of the necessary communication devices and technology (e.g. accessible web pages for people with visual disabilities, sign language interpretation, easy-to-understand language and pictograms). Besides traditional, personal type of contacts, the principle of integration can be attained via modern technology (Internet access, e-mail,

mobile/cellular telephones), and also modern methods (tele-work, tele-education). Special attention is to be paid and support given so that people with disabilities can maintain regular contact with their family members, especially when using health, education, social and child protection services. It is relevant; especially for the sake of promoting social integration that the use of such supports or subsidies results in building and maintaining a wider range of and more intense network. All action leading to cutting off social contacts in the community and to exclusion should be avoided, and for good cause it should be even sanctioned. All measures and professional principles that result in unfair segregation should be reviewed.

The principle of normalization makes it possible for people with disabilities to access and reach life patterns and everyday life conditions, which are equal to those of other members of society. Therefore conditions must be created in such a way that they comply, to the most complete extent possible, with the usual conditions and life styles of society at large.

According to the principle of rehabilitation people with disabilities should be supported to become capable of making real efforts in order to improve their own conditions, or to stop and to slow down deterioration in their condition. The principle of rehabilitation supposes the cooperation of people with disabilities with the corresponding public service institutions. This way they have the opportunity to influence the specific goals and methods of rehabilitation, and their cooperation as an agreement between two equal parties should be laid down within the frame of written rehabilitation contracts or personal rehabilitation plans that include mutual guarantees.

The principle of equal access means that people with disabilities be able to use public services in the same quality and quantity as the majority of society. For this purpose, public services must be organised in such a way that takes the different needs of various groups of people with disabilities into consideration.

The principle of Universal Design means that the world that surrounds us (built and artificial environment) must not necessarily be transformed according to the needs of people with disabilities, but they must be planned from start so that they are accessible and usable for people with disabilities as well.

The principle of “Nothing About Us Without Us” means that people with disabilities, in their own right or via their elected representatives, and in case of people with intellectual disabilities, people living with autism and people with severe, multiple disabilities in their own right or via their parents, participate in the preparations, making and implementation of decisions that fundamentally influence their lives. This is especially applicable to the governmental and local governmental legislative processes, and to the allocation of development funds earmarked for improving the living conditions of people with disabilities.

Chapter II: Presentation of the social situation of people with disabilities

1. Demographic data on people with disabilities

The number of people with disabilities was assessed at the 1990 and at the 2001 censuses; according to the latter one there were 577 thousand people with disabilities, which is 5.7% of the population. This data – even according to KSH, the Central Statistical Office – underestimates the number of people with disabilities, thus we can estimate their numbers at around 600 thousand.

A typical feature of the demographic composition of people with disabilities is that there is a large number of elderly people among them since a significant proportion of people with disabilities have not been disabled from birth, but their disabilities were caused by diseases or accidents during their life. . Among people with disabilities, the proportion of those older than 60 years is 44.8%, twice as much as the proportion of the similar age group within the whole population. Disability is caused in most cases by some sort of long term disease (53.8%). 17% of people with disabilities have been suffering from disabilities since birth.

We can see from the categories of the 2001 census that people with physical disabilities represent the largest proportion (43.6%) within the disabled population, while the proportion of people with intellectual disabilities is approximately 10%, and the proportion of people with visual disabilities is 14.4%. The proportion of people with other disabilities increased from 6.7% (data of the 1990 census) to 21.6%. 10% of people with disabilities suffer from hearing disabilities and communication disabilities.

22.7% of people with disabilities live alone, 57% live with another person (but with a non-disabled person), another 10.5% live together with three or more people, and nearly 8% of them were accommodated in an institution.

19% of families with people with disabilities have children with disabilities. This index in case of two-parent families is 15%, in case of single parents it is 45%. Families in which both or all three children live with disabilities are in an especially difficult situation. 2.9% and 0.3% of families caring for children with disabilities belong to this group, respectively.

The regional distribution of people with disabilities and people without disabilities differs significantly. The ratio of people with disabilities in the Southern Great Plain and in the Northern Hungary Regions is higher. According to distribution per settlement data, higher number of people with disabilities live in villages (40.3%) and fewer live in the capital, in Budapest (14.2%), and in other towns and cities (29.6%), than those without any disabilities, 17.6% of whom live in Budapest, 47.2% live in other towns and cities, while only some 35.2% live in villages.

2. Education level of people with disabilities

According to 2001 census data 13.2% of people with disabilities have studied in some special elementary school. People with physical disabilities usually have higher qualifications than elementary education, while fewer people with sensorial disabilities gain qualifications at higher level than elementary education, and students with intellectual disabilities are practically totally

excluded from higher education. Students with learning difficulties (people with mild intellectual disability) can – according to 2004/2005 data – study in 126 special vocational schools; their number is 8369. This number is doubled comparing to 1991. The education level of people with disabilities is usually lower on the whole than that of the population at large. According to the census, 32% of people with disabilities do not finish elementary school, and only 39% of them have elementary education. This is a significant, 9% increase, yet it is left far behind by those who live without any disabilities. 25% of them have vocational qualifications and/or matriculation, while only 5% of people with disabilities graduated from universities or colleges.

3. Employment data on people with disabilities

The employment data of people with disabilities were included in the 2001 census. The growing integrated and protected presence of people with disabilities on the labour market is vital for a most complete social integration possible.

According to the 2001 census, the employment rate of people with disabilities was 9% as compared to 16.6% in 1990. Parallel to that the 0.7% unemployment rate of people with disabilities increased “only” to 2%. This is explained by the fact that such people became inactive earners (from 57.5% to 76.7%).

In 2000, 2001, 2002 and 2003, one third of those concerned managed to get placement on the labour market.

4. Data on social care

The social care system provides people with disabilities with three special financial and four special personal types of care and support to. As for the number of people with disabilities receiving financial and personal care, it is nearly 410 thousand, though many receive double or multiple support.

The largest group is the one receiving financial support. According to September 2005 data, 8 thousand people receive annuity for blind people – that is given to blind people over the age of 18 who are not cared for in institutions.. Increased amount of family allowance – given to people with disabilities, children with long term and chronic diseases and young adults with severe disabilities – is provided for 122 thousand people. People with severe physical disabilities who cannot use public transportation receive transportation support. The number of them is roughly 270 thousand. The new financial form of support introduced in 2001 called the disability allowance was given to 100 thousand people according to September, 2005 data.

As for the specialised personal social care, the local governments provide day care in 95 institutions for 2299 people. The number of people receiving temporary accommodation and the number of those placed in welfare care homes is very small. 16 thousand people receive long term care or care in caring-nursing homes, and 5 thousand people are accommodated in rehabilitation institutions. Most of the boarding homes provide care for people with severe disabilities, and the rehabilitation institutions provide care mostly for people with physical and intellectual disabilities and also for blind people.

5. Social exclusion

Social exclusion is a consequence of the low education level, as well as the low employment rate of people with disabilities. Integration is made even more difficult by the fact that rehabilitation services are accessible only in larger settlements and the purchase of aids for independent life is impossible just from one's own resources.

6. Equal access

Based on 2004 data, 13.3% of all public buildings maintained and run by local governments were accessible. As for public buildings run by ministries, this proportion differs depending on how many public buildings are run by the given portfolio; this ratio is 60-70% as an average.

Chapter III: The objectives of the National Disability Programme

1. Rehabilitation related objectives

1.1. *Prevention of the disabled condition and its deterioration*

Linked with the National Public Health Programme health awareness programmes are needed whose special scenes or venues can be the family, health and education institutions, as well as the employment.

Institutions that help conscious family planning and provide life-style counselling (health, education, social and child protection) should be strengthened and be made accessible, and also should be operated in a system.

Supporting further researches is essential for prevention in the area of reducing the risk of congenital disabilities and to reduce the number of premature births. It is necessary to expand pre-natal and postnatal screenings, increase the special health interventions through which the extent of disabilities can be reduced.

The system of compulsory screenings should be reviewed, and if necessary, proposal is to be propounded to up-date them; related to this, the possibility of organising the health, social, mental health, educational and occupational rehabilitation after medical screening into a system should also be examined.

Related to the National Labour Safety Programme such legal measures are to be taken and programmes are to be started that prevent workplace accidents, Health and Safety on workplace and labour safety conditions are to be strengthen. The legal and financial possibilities to create and introduce an accident insurance system based on independent, modern risk management should be examined.

1.2. *Definition of disability, classification of disabilities*

WHO issued the document called International Classification of Functioning, Disability and Health, (ICF) in 2001, which is the most up-to-date classification system. The most significant message of ICF is that limited human physical activity and hindered participation in society can derive equally from health issues, and also from environmental and personal factors. In order to place this classification on new foundations, the legal conditions for the practical application of ICF as an interdisciplinary, complex classification system is to be worked out, and it is also important to ensure training possibilities for professionals and the required physical conditions of the classification procedure.

Whenever speaking of adult people with disabilities, the meaning of the definition of disability also covers people with changed working capacities.

1.3. *Laying the foundations for complex rehabilitation*

The legal definition of disability in Hungary today is not consistent, therefore the range of people who receive care/support is also different, often unfairly so. Nevertheless, several assessment

committees function for conceding eligibility to different financial and in kind educational, health, child protection, employment care/support, and their professional opinions are often not interchangeable even within the same sector. This puts unfair burden on those concerned and on the fund providers as well. Therefore the chance to unify and simplify the assessment procedures is to be revised.

In order to provide rehabilitation as defined in Section 4 point b) and Section 19 of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities – to be implemented in a complex manner as a system, providing financial and personal services – the possibility of introducing a disability identification card should be taken into consideration. Also the possibility to set up an expert committee responsible for the preparation of the complex rehabilitation plan, for the coordination of the complex rehabilitation and for the measuring of the efficiency of the plan must be examined.

2. Action to be taken to induce a positive change in the attitude of society towards people with disabilities

2.1. On the reasons for the attitude of social exclusion

In spite of the 2001 census and research done by the National Disability Council and non-governmental organisations in recent years, we have few data on the numbers and living conditions of people with disabilities. In order to have a clearer picture and to make services more planable, research projects, surveys and analysis are to be launched and supported, with special attention to the number of people with disabilities and to programmes adjusted to their socially justified requirements.

People with disabilities were invisible citizens of this country for a long time. Consequently, a number of prejudices evolved and mistaken ideas got fixed. The media, the national advocacy organisations of people with disabilities, as well as non-governmental organisations providing services to people with disabilities have the primary role in dispersing such prejudices and in making people familiar with people with disabilities. Support is to be provided to these organisations in programmes that help to shape public opinion (events for personal meetings, publications to convey information indirectly, and training programmes for people of different groups of professions).

People with disabilities themselves play a very important role in shaping public opinion and social awareness, and in giving personal and positive examples. Accordingly, the Independent Living Movement of people with disabilities must be supported, just as the activities of people with disabilities who are talented in sports, in culture, or any other areas, their education into being intellectuals, their college or university studies are to be supported.

2.2. On the reasons of social exclusion due to lack of information

At all levels of education (from nursery schools through elementary and secondary schools all the way to higher educational institutions and adult education) information must be provided on disabilities as corresponds to the given age group.

Preparation and training for teaching children and adults with disabilities should be an integral part of the profession of teachers. In order to spread the different forms of integrated education, special curriculum programmes are to be developed in higher education institutions and in

accredited further training forms, through which teachers can get experience in communicating with children with disabilities (“using sign language”, Braille writing, augmentative communication), and which prepare teachers to overcome behavioural and learning difficulties of children with disabilities even in a regular elementary school environment. Training and further training of teachers for such special requirements is to be made continuous.

Disability issues should appear in the curricula of basic or medium level further training courses of experts of social affairs, child protection, health, occupational and labour affairs, legal, administration, internal affairs, IT and transport, and experts should learn the techniques of special communication with people with disabilities.

2.3. On the institutional reasons for social exclusion

We can be confident of changing of social attitudes if people with disabilities can live together with the members of the majority in their everyday lives. Therefore all measures taken must serve the purpose of integration, with special attention to education, social and child protection care, employment, culture, sport and tourism. It is important that in all systems of education (public education, vocational training, higher education, and adult education) spreading of the integrated forms of education continue, and the number of education institutions with facilities needed for the special education of children and adults with disabilities increase.

Often children’s home and boarding social institutions (rehabilitation institutions, small group homes, caring-nursing homes for people with disabilities) providing long term care and dormitories (students’ homes) are the venues for the lives of people with disabilities. Thus people with disabilities do not live with their own families in normal conditions, but they live in homogeneous groups with their disabled fellows. Often the reason is that public education, child protection institutions and social services providing primary care for children with disabilities are missing from where such families live. The fact that there are historically evolved huge boarding institutions hinders the establishment of such facilities, and professional as well as financial interests are attached to maintain the current situation. Also financial conditions and even often professional conditions are still missing to provide primary care that is cheaper, integrative and serves prevention.

With crèche, nursery school and elementary school integration, efforts are to be made towards making sure that children with disabilities under the age of 10 receive the necessary care at the place where they live and thus they are not forced to go to a boarding school.

Regarding child protection, health and special education areas, the legal, professional and physical conditions are to be worked out so that children with disabilities do not fall into child protection care just because of their disabilities, and children with disabilities cared for in children’s homes be placed in integrated homes, or if it is impossible, in group homes which are not bigger than 12-40 people.

The number of places in small group homes must be increased, and the possibility must be studied whether small group homes are accessible for all groups of people with disabilities. The regulations for small group home care for people with disabilities must be reviewed, which includes the conditions for access and the professional contents of the services provided. Attention is to be paid that the new form of care be spread nationwide.

With regard to the written and unwritten norms of the European Union and to the efforts of the European organisations of people with intellectual disabilities and their families (Inclusion Europe, European Disability Forum), the legal, professional, physical and financial conditions are

to be studied so that just like in case of the 1997 reform of the child protection institutions, the size of boarding institutions be limited to a maximum of 40 people. Special programmes are to be drawn up to break down and transform institutions providing long term boarding (caring-nursing institutions and rehabilitation homes) and to provide alternative forms of living, with the participation of the county governments, national advocacy organisations and the non-governmental organisations providing services for people with disabilities. Such programme is to cover – taking the principles outlined in Chapter I into consideration – the re-utilisation of buildings (e.g.: as complex rehabilitation institutions), the necessary changes (reconstruction of buildings), the improvement and expansion of services, and the modernisation of the methods of care provided.

In order to provide up-to-date and professional care, human resources are to be developed by increasing the number of specialised professionals (special education teachers, social workers, rehabilitation experts), and by increasing their levels of qualification.

In order to provide up-to-date care it is also important to take effective measures to provide customer protection, to inform people with disabilities using certain services, and to fund only quality services based on measuring the supply of customer demands.

Rehabilitation institutions of people with disabilities operate on the basis of Act III. of 1993 on social administration and social care are to be transformed in such a way that they truly provide complex (mental health, training, social and employment affairs) rehabilitation for a maximum of 5 years – with or without boarding – and as a result, people using such services become capable of living independently in their own homes or in small group homes, and work in the open labour market or in sheltered workshops.

Non-profit organisations providing high quality services that can react rapidly to needs play an increasingly important role in the complex rehabilitation of people with disabilities, and especially in supporting an independent way of living and providing day care. Possibilities how such organisations can provide long term, reliable services is to be reviewed. All legal barriers in developing of complex services should be broken down.

Most of the children with disabilities study in segregated special education institutions. Enhancing the swapping between segregated and inclusive education institutions is to be an objective. In order to provide equal access, the education programmes of majority elementary schools are to be supplemented with special measures which make the school activities of students with disabilities easier while setting the same requirements. An indicator system is to be developed in order to monitor integration.

3. Improving the quality of life of people with disabilities

The quality of life of families raising children with disabilities or caring for adults with disabilities is determined basically by family living conditions. These are the following:

3.1. *The primary venue for family life is the home of the family*

Certain groups of people with disabilities – especially those with physical disabilities, visual and hearing disabilities, people with severe, multiple disabilities or those who live with autism – can live their lives independently only in especially transformed homes equipped with certain facilities (made accessible). All legislations and financing systems are to be reviewed that concern

construction of homes, (“principle of Universal Design”), making them accessible, and equipping homes with warning systems to inform the organisations, providing assistance and help.

Parents of children (and often of adults) with disabilities often stay at home and care for the family member with disabilities – partly because of the lack of day or boarding care providing the necessary care and services – even if they have to leave the labour market and thus suffer loss of income. This results in the deterioration of quality of life of the entire family however it is a cheaper solution for the state (as compared to care in an institution).

In order to increase the social recognition of caring for a family member with disabilities at home, the system of the nursing care fee is to be continued to develop, taking the sovereignty and nursing care needs of the people with disabilities into consideration in such a way that those involved be able to freely decide for whom and how to use this fee and what kind of care and help (care, nursing) they would take. The possibility of increasing the nursing care fee in a differentiated way is also to be reviewed.

3.2. Employment of family breadwinners

There are parents who provide home care and nursing, as mentioned above, because of the lack of boarding institutions and services, and have been doing it for years or even decades. In case day care or even boarding (small group home) care was provided, these parents would return to the labour market. However, “long term unemployment” makes it very difficult for them to get a job. Therefore vocational rehabilitation services are to be provided to them as well.

Education level has a basic impact on possible employment, on the income that can be earned, and thus the quality of life of the family. The education level of people with disabilities – based on 2001 census data – is 8 grades of the elementary school, or even less, in case of 70.4% of people with disabilities, while in case of non-disabled people is 49.5%. The ratio of people with college or university degrees within the disabled population is 5%, while this proportion among non-disabled people is 10.2%. Accordingly, access to adult education and higher education for people with disabilities must be improved, and thus their chances to get a job will also improve. This measure must also include increasing the number of adult education programmes adapted to people with disabilities, training of teachers participating in adult education and higher education on disabilities and special education, and providing physical and infrastructural conditions necessary for education.

Opportunities provided by an information society should be advertised more widely among the family breadwinners, just as the use of information and communication technologies, through which they might even learn a new profession and get a job.

3.3. Family incomes covering, among others, the extra expenses incurring from disabilities

Disadvantages determining the quality of life of the family often get multiplied in case of people with disabilities.

The rehabilitation and the independent living of people with disabilities often cause extra financial burden to the family. Such extra costs incur when they use rehabilitation services, when they purchase technical aids for independent living, when they make their home accessible, when they have a car transformed, and when they use public transport in case the services needed are not available locally.

The introduction of the disability allowance reflected the recognition of such extra expenditures. However, other disability related care types need up-dating. It would be appropriate to oversee the different forms of support by disability groups, as well as the possibility to continue to develop them in a well coordinated manner.

The district nurse network, the family (paediatric) practitioner, the child welfare services, the family help centres, the expert and rehabilitation committees and the educational guidance centres in case of disability is interpreted as defined by the ICF could play a very important role in preventing and handling family problems and in recognising the suspicion of disability. Support services, home help, home meals, and the village caretaker network could be of help in everyday life. The staff of such institutions must be provided with sufficient knowledge on disabilities, they are to be given trainings and also means of communication and physical access are to be provided to these services.

3.4. Technical aids for independent living

People with disabilities need to use adaptive technologies, technical aids and/or personal help in order to lead an independent life. The purchase and possession of such aids that support independent living is a basic precondition for the chance to participate in society and for the principle of self-determination to prevail. The range of technical aids is much wider than just medical ones. Besides aids that promote mobility, devices that replace vision by sound or by touching (e.g. speaking thermometer, the white cane), that help seeing (e.g. magnifiers), devices that replace hearing by giving light signals or vibration signals (e.g. light signals for doorbells and telephones) hearing aids (e.g.: radio receivers-transmitters), in case of deaf blind people vibrating aids replacing vision and hearing are also included among such devices. So are the adaptive technologies for people using alternative communication channels and communication helping devices (e.g. in case of people with hearing disabilities, mobile telephones capable of sending text messages, fax machines; in case of people with visual disabilities computers, in case of not speaking autistic people augmentative communication tools). The opportunity to support obtaining and renting teaching and learning aids to students needing special education is to be elaborated.

People with intellectual disabilities, people living with autism and people with severe multiple disabilities also need technical support, but in their case personal help is more prominent. The possibilities to support the development and use of aids that help them living independently are to be reviewed, as well as the possibilities to expand non-governmental organisations, governmental and church institutions providing personal help (e.g. support services, home help, baby sitting), and to coordinate their activities. The possibility to apply ISO 9999: 1992 pattern on "Technical aids for people with disabilities" and the German DIN 18030 pattern in Hungary is also to be considered.

The medical aids supply is to be reviewed, just as the conditions for their sale and purchase is, and also what solutions can provide the best care for people with disabilities considering increased use of such medical aids. Also the possibilities of renting and re-using medical aids are to be elaborated.

3.5. On services encouraging keeping people in family

Public education, social and child protection primary care services provide a number of opportunities for day care of children. Such are, for example, the nursery school (kindergarten), the school day care centre, the crèche, the play houses, the family day care centres, and the day institutions for people with disabilities. Only some of these are available for children with disabili-

ities. As for adults with disabilities, only the day care centre for people with disabilities is available. The network providing day care must be enlarged, and the integrated admission of children with disabilities must be promoted.

We must provide the possibility to parents caring for children and adults with disabilities – especially for people with intellectual disabilities, with autism and with severe, multiple disabilities – to get occasional outside help. The possibility to create special services and to expand the tasks of the ones that already exist is to be examined.

IS mentors (IS = Information Society) help not only in keeping people in family, but also help in accessing services in general. The employment of IS mentors who can help people with disabilities with the right advice and counselling in utilising info-communication tools and the opportunities offered by them is to be supported. Such opportunity is, for example, electronic administration, information gathering, exercising one's rights and working.

3.6. Access to complex rehabilitation services for people with disabilities

According to the 2001 census, 17% of people with disabilities have had disabilities since birth, 66.5% of them have disabilities due to accident or disease. 40.3% of people with disabilities live in small or larger villages.

The institutions of complex rehabilitation are used mostly by the relatively smaller number of people with congenital disabilities for the sake of successful school education and in the hope of getting a job, and also in order to restore their working capacity it is used by those larger number of people who became disabled due to accident or disease, and are over the age of 40. In case of both groups it is true that the specialised institutions of rehabilitation (special education in the public education system, child protection special services, rehabilitation health and social institutions, rehabilitation groups of the labour centres, etc.) are available only in larger cities. Therefore their use requires significant efforts in time and money. The professional, legal and financial possibilities to bring the rehabilitation services providing adequate help closer to the people who use them are to be investigated. The system of transport allowances and the transport services must be continued to develop (including support services, purchasing school buses, and the network of village caretakers, taxi services, and transport by ambulance).

The system of individual transport adopted to the special needs of people with disabilities is to be worked out, especially for people with physical disabilities and autism, or any other disability that make the use of public transport impossible. Social primary care services in the place of residence and in the vicinity are to be expanded and the independent living of people with disabilities need to be enhanced by providing continuous services to them. First of all direct help in the place of residence is to be provided to people with disabilities and to their families, so that only in very special cases would board institution be necessary to care for such people.

3.7. Access to sports, cultural goods and tourist services for family recreation

In case of people with disabilities, sport is also used for rehabilitation purposes. Therefore access to sport and wellness facilities is to be provided.

With regard to the European Union Directives and the development of technology, such programmes are to be launched that help access of various groups of people with disabilities to cultural goods. It means making cultural public institutions (theatres, cinemas, etc.) physically and communication-wise accessible, and making the exhibited objects of museums accessible for

example to people with visual and hearing disabilities. Recording the objects on digital data carriers and their presentation on the Internet is also acceptable.

Support must be given to amateur and professional artists with disabilities, to their associations and artistic societies, whose purpose is, among others, to alter public opinion. With consideration of the principle of integration, cultural – especially artistic and educational – events should be supported where the performers make up an integrated group, or where a group of people with disabilities perform in front of the general public.

Going on holiday is a general human recreational need, thus it is important for people with disabilities as well. Holiday-making is to be subsidised on social bases, deciding what measures are needed to make sure that the services provided by holiday organisers (travel agencies, accommodation providers, programme organisers, tourist home pages, etc.) be accessible to groups of people with disabilities with different needs.

In accordance with the provisions of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities, sport, cultural and other community purpose facilities must be made accessible to people with disabilities. Tourist places, tourist centres and services must be made accessible.

It is necessary to help people with disabilities to preserve their health, to fulfil themselves, to experience success and to participate actively in community life. Programmes should be launched that support people with disabilities in active recreation (exercise, fine arts, drama groups, etc.) sport and cultural activities, with special regard to support organizing and taking part in national and international sport activities as well as the purchase of special sporting aids.

The following need to be done in order to create the background for sport medical services:

- a) the currently working sport medical services must be made suitable for providing such services to people with disabilities;
- b) sport medical certificate should be made compulsory for active competing;
- c) Joining anti-doping and anti-drug programmes.

In the course of training sport professionals, training of experts with disabilities and the development of the training of non-disabled experts must be given more attention so that with the knowledge required they can be capable of handling people with disabilities according to their special needs. The following tasks need to be solved for this purpose:

- a) sport for people with disabilities must be part of the curriculum for training teachers and coaches;
- b) the role of sport and sport rehabilitation must be highlighted in institutions where teachers and special educators being trained;
- c) experts need to undergo special further training courses;
- d) in case of analogue sports, experts should be trained together (e.g. volleyball, sitting volleyball), and in case of special sports, the training of experts is to be solved (e.g.: goal-ball, torr-ball).

It is important to designate a centre, made it accessible and get it transformed especially, a centre where sport camps, professional further training courses and competitions can be organised and that could serve as a daily venue for mass, competitive and adventure sports.

In order to guarantee equal opportunities for people with disabilities in culture:

- a) the development of cultural heritage sites (especially sites of the UNESCO World Heritage) and the information boards of heritage monuments should be done in such a way that people with disabilities could also understand them;
- b) the development of activities that serve the aim of equal opportunities in cultural institutions and public collections should be supported;
- c) the use of community facilities and recreational institutions should be made available for the active recreation of people with disabilities;
- d) active and creative participation of people with disabilities in public cultural activities should be supported;
- e) Participation of disabled artists and artistic groups of disabled people in international and national cultural festivals, in exchange programmes and guest performances should be encouraged;
- f) Research programmes that help creating tools, processes and methods through which people with disabilities can get to know cultural values, participate in creative and amateur artistic movements and other community activities are to be launched..

4. Promoting the active participation of people with disabilities in social life

4.1. Advocacy, self-advocacy and the enforcement of interests at policy level

The Madrid Declaration which declares that “Non Discrimination plus Positive Action Results in Social Inclusion” was adopted in 2002 by the European Congress of Disability Affairs. The essence of it is the principle of “Nothing about Us without Us”.

The opportunity for the non-governmental side of the National Disability Council must be guaranteed in practice too, so that they can participate in the preparation of legislations, so that no draft bill, government decree or ministerial ordinance related directly to the lives of people with disabilities can be adopted without the National Disability Council having discusses on it first, and without the Government getting to know the written opinion of the Council in advance. The system of regional, county and city disability councils is to be worked out – in the latter case considering the number of people with disabilities live in place. A programme is to be guaranteed for the national and local advocacy, self-advocacy and enforcement of the interests of people with disabilities.

The legal conditions are to be guaranteed so that based on the National Disability Program, regional, county and depending on the number of people with disabilities city disability programmes be worked out in order to implement the Programme.

The opportunity should be opened to people with disabilities to delegate their representatives into bodies dealing with the 2nd National Development Plan, with regional development plans and to the Board of the Foundation for Equal Opportunities of People with Disabilities.

The provisions of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities and of Act CXXV of 2003 on promoting equal opportunities prohibit discrimination in various areas of life. The Authority for Equal Treatment, the institutional system of ombudsmen, and the Act LXXX of 2003 on legal assistance help in enforcing such rights. Programmes are to be launched for the awareness of such possibilities.

4.2. Equal access

A precondition for active participation in social life is equal access to public services. Thus physical accessibility of public transport, public areas and public buildings is to be guaranteed, just as access to information and communication with regard to the special needs of people experiencing difficulties in understanding such information. A complex programme is to be worked out to eliminate circumstances that create barriers to equal access.

In order to make the built environment accessible and to transform it according to the needs of people with disabilities, the review and revision of construction legislation and standards, just as the monitoring of the enforcement of such provisions in connection with public buildings are to be continued.

A priority in the transformation of the built environment should be making buildings owned, managed or run by central governmental organisations accessible. In case of organisations owned, managed or run by local governments, making institutions of health, social and labour affairs fully accessible, and getting information in them (information boards, sound signals, etc.) should be a priority. In case of pedagogic and education institutions efforts should be made to have at least one accessible nursery school and school for every sub-region which is in a reasonable distance from the place of residence.

Central governmental support is needed to make the means of public transport and passenger facilities physically accessible. In public parking, appropriate number of parking places and parking cards must be guaranteed.

Equal access to public services is to be promoted by the use of the most up-to-date information and communication technologies.

People with disabilities sometimes need special information, or specially drafted information for leading an independent life. Issuing and disseminating publications (in printed, electronic form or in a form done by using other technologies) that provide information for example on equal access (physical and communication accessibility) to public services need to be supported. Access to information must be supported – also by making web pages accessible – in Braille format or electronically, by synthesized speech, by using sign language or subscription, in easy-to-understand format, or in pictograms. All information providing, consulting and counselling services and training need to be expanded through which people with disabilities can get information on services they can use, and which help them to meet their demands. At least one news programme per day should be transmitted in every national television channel so that people with hearing disabilities could understand it – by using sign language or subscription – using the means of media regulation.

In case of every new investment project financed from government or EU funds it should be made compulsory that the building to be constructed, or the means of public transport, or any other tool of public benefit comply with accessibility requirements.

Earmarked budget funds should be allocated to help similar programmes run by local governments and the non-governmental sector. In the scope of this effort and in order to promote the mobility and transport of people with disabilities, in coordination with the application scheme that has the same professional content as defined in the development plans of the Ministry of Economics and Transportation called “Develop Accessible Transport” since 2000 such plans are to be supported which leads to develop means and methods for accessible transport (e.g. recog-

nition of open surface objects and structures by blind people, sound signals in traffic lights, rounded off pavements, street ramps, etc.).

Info-communication accessibility and the eradication of digital illiteracy of people with disabilities are also to be supported, so that public services offered via info-communication means and solutions become accessible. The necessary human and physical resources are to be provided for such purposes.

4.3. Employment activities

Active participation in society can be best achieved through employment. Therefore the legal, professional and physical barriers hindering the employment of people with disabilities must be eliminated and the interest of employers and employees with disabilities must be created. In order to promote work place integration, the means and conditions which help more and more people with disabilities to work together with non-disabled people should be widened. Special attention is to be given to create work opportunities to people with mental disabilities who are in the most disadvantaged situation. The regulation of protected workshops must be continued to develop, including funding adjusted to actual costs. Furthermore, the legal, professional, physical and financial conditions for the “therapeutic occupation” of people with severe disabilities must be worked out. The rehabilitation tasks of the employer also need to be regulated. The employability of all people with working capacity must be made possible by transforming the legal environment.

Employment plans should be drawn up to place people with disabilities into work. In the course of assessing changes in the working capacity and classifying the disability, all institutions participating in the procedure should use the same documentation.

The possibility to establish a support system that would create an interest – both in the employer and in the employee – in the preservation or transformation of the job of the employee who became disabled, or in the re-training of such an employee is to be examined. Re-regulation is necessary when people with disabilities become individual entrepreneurs, and also when services and allowances support atypical forms of employment. Part time job, tele-work and other forms of employment should be adopted, employers should be made interested, and the necessary social services should be provided so that families caring for children with disabilities could also get integrated into the labour market, or they could return to work. Local governments’ interests should also be generated so that inactivity is reduced. Grants should be provided – through application schemes – to promote services that help in the activities of people with disabilities.

In every county, access to vocational rehabilitation information and to vocational rehabilitation services helping in employment in the open labour market is to be guaranteed. Access to training, further training and re-training helping the employment of people with disabilities is to be guaranteed. Employers should be encouraged to give a chance to people with disabilities for promotion in their work place.

4.4. Communication activities – active participation

An independent communication strategy needs to be developed in order to implement and disseminate the Programme, involving mass communication and other communication means that shape public opinion (written and electronic press, professional forums, the civil sector, the public administration and the local government sector). Publications or series of publications which present the best practices that work well in the different areas of life, and thus help towards positive action in society need to be issued. It is important that information on the measures taken

in connection with people with disabilities in order to create equal opportunities for them appear in the media continuously, so that a positive shift in the attitude of society and acceptance can be achieved.

In order to have the basic principle of the Madrid Declaration – “Nothing about Us without Us” – prevail, safe, proportional operational conditions for national advocacy organisations of people with disabilities must be created. The national advocacy organisations of people with disabilities will have to be drawn into the preparation processes of decision-making, and also into the implementation of the different tasks.

5. Rehabilitation related objectives – II.

5.1. Complex rehabilitation areas – as processes

The possibility of developing the early intervention of disabled children under 6 in public educational, social and child protection institutions into a professionally and financially unified system is to be examined.

New foundations are to be laid for the assessment of working capacities, and the rehabilitation system which follows such an assessment procedure, which is aimed at putting people to work, which is successful and complex, which have elements that build upon one another and complement to each other (health, employment, mental health, and social rehabilitation); the aim is that rehabilitation – during which rehabilitation annuity can be paid – would be followed by employment. The new assessment system of the change in working capacities is to be developed in such a way that focuses on the present level of working capacity, the trainability of the given person, his/her qualifications, occupation and age be all taken into account. A complex set of professional criteria needs to be worked out by transforming the medical assessment system, and these criteria would cover the status of the given individual, including the extent of the disability, the major directions of rehabilitation and the use of the remaining functions.

The institutional system for the immediate and complex rehabilitation of people becoming disabled due to accident or disease must be developed (e.g. basic rehabilitation of blind people).

The institution system providing complex rehabilitation (employment, social and pedagogic) to autistic children and especially to adults is to be developed, including the diagnosis of autism.

Equal access must be guaranteed to primary medical care and to secondary care to all people with disabilities. Therefore and in order to develop the public health system, purchase of tools and instruments necessary to provide equally accessible family (paediatric) medical care and dental care as well as specialised secondary care also to people with disabilities is to be supported, the possibility of easier access to health services (e.g.: screenings) is to be reviewed, and a programme is to be drawn up for implementation.

In case of young people with disabilities who can be drawn into vocational training, training, rehabilitation and employment are to be coordinated.

Processes that harmonize the various forms of non-educational support with the conditions of training (e.g.: transport and personal help services, auxiliary aids helping training, etc.) for students with disabilities must be elaborated. It is important to define the role of educational institutions in starting the access process to these different forms of support, in providing certificates

of eligibility to such care, and in providing such care (e.g.: renting certain aids for the duration of the training course).

Within mental health care, programmes are to be launched that provide help to people with disabilities and to their families to accept the status of being disabled, and in case of secondary disability, help in creating a new way of life and in preparing for independent living; furthermore, help to professionals working with people with disabilities to prevent and manage burning out syndromes.

Chapter IV: Measures and institutions necessary to create equal opportunities

Implementing the Programme means to carry out legislative tasks, to do developments in order to create the physical conditions, to elaborate and develop professional contents (concepts and strategies, methods and procedures), and to offer training and general awareness raising programmes. The medium term Implementation Plan of the Programme will have to be prepared from 2007 to 2011 and then from 2011-2013 adjusted to the 2nd National Development Plan so that the people in charge, the milestone deadlines, and the resources necessary for implementation should be named. The report on the implementation of the Programme will have to include the presentation of the listed measures (legislative work, physical conditions, and professional contents, training programmes) as well as the resources used.

A government body is to be set up which would represent the measures necessary for the social integration of people with disabilities in a complex way at the governmental level and which is legally empowered to coordinate the implementation. Coordination must also cover the cooperation and coordination between the National Disability Program and other programmes.

The National Disability Council which, according to the Act XXVI of 1998 on the rights and equal opportunities of people with disabilities can play initiating, proposing, commenting and coordinating roles on issues related to people with disabilities, helps in carrying out tasks related to disabilities. The ministry responsible for the running of the National Disability Council is also responsible for the implementation of the Programme. The primary responsible bodies for implementation are the various ministries and the local governments.

The help of the National Audit Office is justified when it pays special attention, in the course of its regular audits to how regulations on accessible physical environment are kept, and with special attention to investment projects.

Since there is few data available on people with disabilities, it is necessary that the Central Statistical Office reviews – together with the national advocacy organisations and the concerned ministries – the questionnaires used in the National Data Collection Programme for the sake of drawing up and implementing the corresponding professional programmes for the protection and support of people with disabilities, and whenever it is necessary and possible to complement them with questions related to people with disabilities.

Furthermore, the participation of various ministries' background institutions (National Family and Social Policy Institute, National Health Development Institute, the National Public Education Institute, the National Public Education and Evaluation Examination Centre, the Employment Office, etc.) and regional development councils is also necessary.

The Government set up the Public Foundation for Children with Disabilities and the Public Foundation for the Equal Opportunities of People with Disabilities in order to coordinate and to provide methodological support and information for organisations participating in the implementation of tasks related to people with disabilities. The National Employment Public Foundation also takes part in running employment rehabilitation pilot programmes. Their participation in application scheme programmes aimed at development by using national funds should also be supported. An important role of the public foundations is to develop methods in which the basic principles of rehabilitation can prevail independently from the special features of the different sectors, to coordinate sectorised rehabilitation activities and to support initiatives that make the

social integration of people with disabilities possible via rehabilitation. The public foundations also have a special role in coordinating the work of professional organisations in the field of disability affairs, and in serving as a forum which provides the possibility to facilitate the exchange of information among the concerned organisations. It is the central budget that is to provide funds to such public foundations to carry out their tasks and to participate in the implementation of the Programme.

In case of using the European Union funds effectively, including the PHARE programmes, the cooperation of the National Development Office and the fund management offices responsible for the implementation of the different operative programmes is also necessary.

The Monitoring Committee of the National Disability Program is to be set up by the amendment of Government Resolution 67/2001 (IV. 20.) on the organisation and operation of the National Disability Council. In order to increase the efficiency of the Programme, the possibility to set up a regional institution system to supervise the Programme is to be examined with the public administration reform taken into account.

Chapter V: Financial resources for the implementation of the set objectives

The objectives of the National Disability Program can be achieved only with full social cooperation. Therefore the central Government, the local governments, the business sector and the non-governmental sector must share the responsibility of funding it, with consideration of the primary participants in the implementation of the programme.

Evidently, legislative work is followed by costly developments. The funds for them must be provided by the current budget act in its related chapters under the earmarked title of National Disability Program, they must be planned for among the operational costs and expenditures of the different budgetary institutions within the support to the Public Foundation for Children with Disabilities and to the Public Foundation for the Equal Opportunities of People with Disabilities, among the regional development funds, and among the normative support and grants of the local governments. It is important that in case of programmes related to the 2nd National Development Plan efforts are to be made to draw in funds from the European Social Fund and from the Structural Funds.

The possibility to establish a central fund for the creating equal conditions through access to education, work and public services (including making public buildings, means of public transport, and public areas physically and info-communication-wise accessible to people with disabilities with different needs, as well as making communication accessible) are to be examined, and educational institutions, employers and local governments could apply for grants from such fund.

The medium term implementation plan for the Programme, as well as the implementation report on it should include the financial report as well, and in them European Union funds should especially be highlighted. Regarding tasks related to the new implementation plan, the use of funds that could be used directly for disability purposes should be taken into account in the operative programmes (Human Resources Development Operational Programme, Economic Competitiveness Operational Programme, Agricultural and Rural Development Operational Programme, Regional Development Operational Programme, Environment Protection and Infrastructure Operational Programme). The mobilization possibilities of the rest of the funds should also be reviewed, just as the funds of the European Commission Equal Opportunities, Social and Employment DG.

In order to make the use of funds related to the implementation of the Programme transparent we propose the elaboration of an IT based data provision system that is also suitable to avoid double funding.