

Hungary - List of issues
submissions prepared by the
Child Rights NGO Coalition

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1. Introduction

According to the census, 35,121 disabled children and young people (younger than 20 years old) lived in Hungary in 2011.

Problems and questions outlined below are based on Article 23 of the Convention on the Rights of the Child (CRC) as well as in Article 7 of the CRPD. Regular offline and online consultations among the participating organisations within the framework of the Child Rights NGO Coalition facilitated the preparation of this report.

Participating organisations:

The NGO Coalition on the Rights of the Child was founded on the initiative of the UNICEF National Committee for Hungary. The aim of the professional forum is the promotion of communication and active cooperation between non-governmental organisations and experts working on child protection and child rights advocacy. www.unicef.hu/gyermekjogi-koalicio

The **National Association of the Deaf and Hard of Hearing** (“SINOSZ”) was established in Hungary in 1907, to secure social acceptance of people who are deaf or hard of hearing and to advocate for the establishment of education, employment and transportation conditions that promote independent living. SINOSZ has served both communities direct assistance programs and advocacy. The work of SINOSZ is driven by our commitment to equal opportunity. Our vision is a world where the sign language of the deaf community is part of the national culture and where the deaf and hard of hearing persons are helped on the road to active social participation in national life. For more information, please visit www.sinosz.hu

The **National Federation of Disabled Persons’ Associations** (hereinafter: MEOSZ), established by persons with physical disability in 1981, is an independent, non-profit, non-governmental umbrella organisation. MEOSZ represents 90 member associations made up of 850 local groups, and 160.000 individual members from all over Hungary. The overall goal of MEOSZ is to achieve equal opportunities and full participation in the society for all persons with physical disability living in Hungary by representing, protecting and promoting their interests and advocating for their rights. www.meosz.hu/en

For over two decades, the **Hungarian Civil Liberties Union (HCLU)** has been active in protecting the rights of citizens against undue interference by those in position of public power. The HCLU monitors legislation, pursues strategic litigation, conducts public education and launches awareness raising media campaigns. Our lawyers provide free legal aid service in about 2000 cases per year and this number is increasing. The Disability Rights Program focuses on assisting mentally challenged

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and severely handicapped people. The aim of the program is to help them to live their life as an equal citizen and as a recognized member of their community. The most important goal is to eliminate totalitarian mass institutions and, in parallel, to develop programs in the community that promote integration; to reform the guardian system, that is, to advocate supported decision-making; to fight legislation that attempts to restrict the voting rights and to promote the right to education for children with mental disabilities. For more information, please visit www.tasz.hu

The **Mental Disability Advocacy Centre** (hereinafter “MDAC”) is an international human rights organisation which uses the law to secure equality, inclusion and justice for people with mental disabilities worldwide. MDAC’s vision is a world of equality where emotional, mental and learning differences are valued equally; where the inherent autonomy and dignity of each person is fully respected; and where human rights are realised for all persons without discrimination of any form. MDAC has participatory status at the Council of Europe, and observer status at ECOSOC. For more information, please visit www.mdac.org.

Autism Advocacy Association was founded in 1988, which is now known as **Hungarian Autistic Society**. It has played a major role in the interest advocacy of people living with autism spectrum disorder and their families for 29 years. This national umbrella organisation, which is strategically very important, includes more than 90 member organizations. In Hungary it represents the interests of nearly 100 000 families with autistic member in supporting persons with autism and their families, advocacy issues, awareness raising, networking and international relations with stakeholders. For more information, please visit www.aosz.hu.

The **National Council of Persons with Disabilities (FESZT)** is the umbrella organization of national and/or regional NGOs of persons with various disabilities in Hungary. It was established in 2004 when Hungary joined the European Union with the aim to advocate for the interests of Hungarian disabled people in the work of the European Disability Forum. FESZT is member of the National Council on Disability which is the consultative body of the government in disability issues.

2. Executive summary

The report is focusing on issues highlighted in the Convention on the Rights of the Child and in Article 7 of the Convention on the Rights of Persons with Disabilities. Even though some improvement can be observed regarding the rights of disabled children, serious deficiencies appear as well e.g. in participating in decision making processes affecting their lives, in the access to different types of institutions and to public transportation and in their rights to family life, to inclusive education, to all forms of medical services, to adequate standard of living and social protection and to participate

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in cultural life, recreation, leisure and sport.

3. Issues article by article

3.1. General principles and obligations (arts. 1-4)

3.1.1. Article 2: Definitions

Under the CRPD the lack of provision of reasonable accommodation is a form of discrimination, while the application of it promotes equal opportunity. The definition of reasonable accommodation has not yet been clarified in Hungary. Apart from the Labor Code, no Hungarian legal regulation reflects the requirement of reasonable accommodation and it is also left out of consideration that the denial of reasonable accommodation is a form of negative discrimination.

- **How does the government define reasonable accommodation during policy making?**
- **Why are the requirements of reasonable accommodation not extended to, apart from the world of labour, areas affecting children's lives as well?**

3.1.2. Article 4: General obligations

According to our best knowledge, the Government failed to meet its obligation to actively involve children with disabilities – via their representative organizations – into law, policy making and implementation procedures aiming at enforcing CRPD. Neither were they involved in consultations on decision-making procedures regarding other matters affecting them.

- **What kind of effective measures does the Government intend to apply to consult children with disabilities – via their representative organizations – and to actively involve them in the planning, implementation and scrutiny of decision-making procedures affecting their lives in a way that they have a rational and sensible timeframe for opinion formation?**

3.2. Article 8: Awareness-raising

The report of the Commissioner for Fundamental Rights¹ draws attention to the shortage of educating children on their rights, duties and the principle of equal treatment. In this report² the Commissioner for Fundamental Rights called on the Minister of Human Capacities to develop a strategy in this regard, highlighting that the

¹ OBH-2096/2008., AJB-2601/2014

² AJB-2601/2014

proper dissemination of the rights of children and people with disabilities must effectively be incorporated in their curriculum from the earliest stage so that students have a better awareness of their rights. The Ombudsman suggests furthermore that higher education programs for professionals dealing with children must introduce obligatory courses on children's rights and on the rights of people with disabilities.

- **Has the Government developed any strategy – and if so with what content, sources, coordinators, indicators and deadlines – to incorporate the dissemination of knowledge on the rights of children and people with disabilities within the curriculum of children and higher education institutes that train professionals dealing with children?**

3.3. Article 9: Accessibility

Even though it is an obligation imposed by law that the Hungarian state must ensure equal access to the built environment, public services and public transportation and also provide access when visiting establishments of education, arts and culture as well as sports, still the info-communication and physical accessibility is haphazard and partial. For instance, only 8% of the local buses have a low-floor deck. The ratio for accessibility is only 13% of the entire local public transportation. This is especially discriminative to those who live in smaller towns where there is an absolute lack of accessible means of transportation opportunities.

The failure to provide accessibility is also the reason why teachers with disabilities or reduced mobility are barely employed and why parents with disabilities are excluded from their children's educational institutes preventing them to fully exercise their rights. The law does not lay down any particular deadline for the enforcement of ensuring equal accessibility, neither imposes any sanction in case of not meeting the enforcement of it, therefore, even though the statutory obligation is clearly recorded, in practice implementation it is hindered.

- **Why has the Government failed to determine a specific and reasonable deadline to ensure those obligations set in Article 9?**
- **How has accessibility regarding public services and public transportation been developed in Hungary since 2012?**
- **What sorts of devices have been applied for implementing accessibility?**
- **What has the Government done in order to strengthen the authorities monitoring the implementation of accessibility?**
- **What kind of sanctions could be imposed and among what circumstances in case public services fail to ensure accessibility?**

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- **What has the Government done in order to monitor and sanction the accessibility of services provided by the private sector?**

According to our best knowledge, the Government has not fulfilled the statutory obligation on disseminating information, namely to prepare healthcare information materials on accessibility to people with disabilities and their family members to learn more about the benefits and developments they can obtain based on their condition.

- **What kinds of measures have been taken by the Government to have accessible healthcare information materials? Currently to whom can parents with disabled children reach out for receiving detailed information?**

Also when considering children with disabilities, assistive technology provide help in such everyday life situations where they face obstacles to perform certain activities independently. In Hungary under assistive technology generally medical aids are meant which could be accessed with difficulty on multiple levels. The Health Ministerial order³ specifies which medical aid is covered by the state via social security, also specifying the amount to cover, which means that the purchasing power of a family raising a child with disability counts as a crucial factor in determining which type of equipment or medical aid they can access. Equipment available via social security system suffer shortages of software, communicators, equipment for people with language problems, aids designed to help seeing and hearing, not to mention that the list of state-covered aids that have not been updated for several years, overshadowed by more modern aids which are available on the market today. Furthermore, the process of accessing this equipment is still approached from a medical point of view, as it is tied to a health eligibility examination. The National Disability Strategy sets out that all medical aids must be treated separately from assistive technology according to the legislator and the list of state-covered medical aids and equipment needs further expansion.

- **What measures have been taken by the Government to advance the accessibility and usage of equipment supporting everyday life activities?**
- **How does the Government apply the principle of fairness⁴ regarding assistive technology and medical aids?**
- **What research and development has been made or facilitated by the Government in order to advance the availability and application of new technologies for children with disabilities?**

³ 14/2007. (III. 14.) EüM rendelet

⁴ 14/2007. (III.14.) EüM rendelet, 3. § A gyógyászati segédeszközök befogadásának alapelvei
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One-third of children with disabilities aged 19 or under lives in villages. In Hungary, the type of the municipality strongly interrelates with the accessibility of services.

- **What measures have been taken to alleviate the regional inequalities of accessing services?**

3.4. Article 11: Situations of risk and humanitarian emergencies

In the past few years unaccompanied migrant and refugee children and families with children have also fled to Hungary.

- **How many children with disabilities are among the refugee and migrant persons and if so, what specific services they are provided with?**
- **What kind of disability specific measures are taken in emergency situations to protect health of disabled children and to meet their basic needs?**

3.5. Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

Hungary ratified the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in January 2012. The National Preventive Mechanism (NPM) started to visit places of detention – including places of detention such as social care homes or children’s homes – in January 2015. The NPM has repeatedly noted with concern that in some of the visited children’s homes the liberty of movement of children with psycho-social disabilities is often restricted by isolation, in many cases upon admission and for a prolonged period of time, exceeding 48 hours.⁵ The prolonged isolation of children with psychosocial and/or intellectual disabilities, can be considered to be as cruel, inhuman or degrading treatment.⁶ Concerns were also raised as regards to the risk of unnecessary use of neuroleptics,⁷ violence against some of the children⁸ and their involvement in child prostitution.⁹

⁵Case Report AJB-704/2016 on OPCAT visit to the Zita Special Children's Home of the Somogy County Child Protection Directorate, p 12-13, Case Report AJB-705/2016 on OPCAT visit to the Special Children's Home of the Károlyi István Children's Center, p 17.

⁶ See for example: Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Serbia, CRPD/C/SRB/CO/1, 23 May 2016, para 27.

⁷Case Report AJB-705/2016 on OPCAT visit to the Special Children's Home of the Károlyi István Children's Center

⁸Case Report AJB-705/2016 on OPCAT visit to the Special Children's Home of the Károlyi István Children's Center

⁹Case Report AJB-704/2016 on OPCAT visit to the Zita Special Children's Home of the Somogy County Child Protection Directorate, Case Report AJB-1603/2016 on OPCAT visit to Cseppekő Gyermekotthon.

- **What legal, policy and practical measures is the Government taking to identify and prevent torture and ill-treatment of children with disabilities, including those in institutions, and to ensure that such occurrences are properly investigated, perpetrators are punished and remedies to the victims are provided?**

3.6. Article 16: Freedom from exploitation, violence and abuse

People with disabilities placed in institutions are at heightened risk of abuse: sexual, medical, psychological and physical.¹⁰ This risk is heightened for children with intellectual disabilities or psycho-social disabilities.¹¹ These children may have particular vulnerabilities – ethnicity, age, communication impairments, and are placed in a situation of extreme vulnerability.

- **What measures is the Government taking to prevent and detect of violence and abuse in all institutional settings where children with disabilities live?**
- **Provide information on the number of cases where abuse has been identified and investigated, as well as on the outcome of the investigations and the redress provided for victim?**
- **How does the Government support the effective monitoring of children's homes and social care homes by independent authorities, particularly the independent monitoring by civil society?**

3.7. Article 19: Living independently and being included in the community

The possibility to get access to day care and community based services is the most important precondition for disabled children to live in their families. However, due to the lack of these services, a large number of children with disabilities are institutionalised across the country.^{12 13}

¹⁰World Health Organization, The World Bank. World report on disability. Geneva: World Health Organization; 2011.

¹¹Committee on the Rights of the Child, General Comment No. 9. (2006): The rights of children with disabilities, CRC/C/GC/9, 13 November 2007, para 42.

¹²Hungarian Central Statistical Office, Table 2.5.18. A tartós bentlakásos és átmeneti elhelyezést nyújtó szociális intézményekben ellátottak az intézmény típusa szerint (1993–) (The number of residents in residential social care homes according to the type of institution (1993–)), available at http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsi001.html (last accessed: 27 January 2017).

¹³Hungarian Central Statistical Office, Table 2.5.15. Gyermekotthonban és nevelőszülőknél ellátott gyermekek és fiatal felnőttek a gondozás időtartama szerint (2004–) (The number of children and young adults in children's homes or at foster parents according to the length of care (2004–)), available at http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg009.html (last accessed: 27 January 2017)

Even though the changes brought to the Child Protection Act in the last couple of years intended to put an emphasis on family based care, the Government has to date failed to implement an efficient strategy to replace children's homes with family-like or community-based accommodation.

However, in April 2016, the Government published a call for proposals that allows for the refurbishment of children's homes.¹⁴ These homes, in fact, can have more than 100 beds.¹⁵ The tender provides for a total of 3, 02 billion HUF (approximately 9, 7 million EUR), with support from European Union Structural Funds. We consider this a breach of the obligations Hungary has assumed by ratifying the CRPD, as such homes are institutions and are not settings that ensure the right to family life and being included in the community. Such steps therefore perpetuate institutionalisation and constitute a lost opportunity to ensure that the rights of children with disabilities are respected.

- **Please provide information on the number of children with disabilities – disaggregated by gender, age and type of impairment – living in social care and child protection institutions.**
- **When will the Government adopt and implement an official nation-wide deinstitutionalisation strategy for children living in institutions? Please provide details on the baselines, indicators, targets, benchmarks, timeframes and budget allocations that the strategy will include.**

According to the legal regulations day care services for adult persons are available for more than three years old disabled and autistic children who need special care. Furthermore, disabled children under eighteen live in different forms of residential care set up for adults due to the lack of day care and community based services.

- **Why are disabled children placed into social care institutions instead of the framework of the child protection system?**
- **Please provide information on the number of these children and on the services provided to them.**

¹⁴ Call for proposals to replace or refurbish children's homes or to create necessary places therein, (Gyermekotthonok kiváltása, gyermekotthonok korszerűsítése, hiányzó gyermekotthoni kapacitások létrehozása), EFOP-2.1.1-16, available in Hungarian here: <https://www.palyazat.gov.hu/efop-211-16-gyermekotthonok-kivltsa-gyermekotthonok-korszerstse-hinyz-gyermekotthoni-kapacitsok-ltrehozsa> (last accessed: 27 January 2017).

¹⁵ Article 163. § (1) of the 15/1998. (IV. 30.) NM. Ministerial Decree on the professional tasks and management of child welfare and child protection institutions providing personal care.

3.8. Article 23: Respect for home and the family

Due to the lack of appropriate in-home and community-based services, many children with disabilities – who with sufficient social support provided to their family could live with their parents in the community - are placed mainly in child care institutions, but in social care institutions as well.

The report of the Commissioner for Fundamental Rights¹⁶ revealed serious problems concerning the human rights of children with special needs, among them disabled children living in residential care. The placement of these children is not determined by their needs, but rather by the possibilities of the child protection and social services systems.

The Child Protection Act¹⁷ requires children below the age of 12 to be placed with foster parents once they are in state care. The number of foster parents who are willing and trained to care for children with disabilities are low, leading to the frequent institutionalisation of children who are separated from their parents or abandoned.¹⁸ It is also concerning that despite the recommendations of the Committee of the Rights of the Child,¹⁹ there are children who are being taken away from their parents due to poverty, lack of housing or unemployment.²⁰ Institutionalisation constitutes not only a violation of the right to living independently and being included in the community, but also a violation of the right to respect for home and the family.

Education and health care – especially psychiatry and addictology – of disabled children is not sufficiently solved in these circumstances.

Frequently parents are held responsible for the serious behavioural problems of autistic children and referring to the best interest of the child, they are taken away from their families. It also occurs that the parents are unable to cope with the situation due to the lack of information, services and support.

According to the Social Statistical Yearbook, 591 disabled children were registered as adoptable and all together 7 disabled children were actually adopted.

¹⁶ AJB-1201/2016

¹⁷ Sections 7 (2) and 79 (4) of the Act XXXI of 1997 on Child Protection and Custody Administration.

¹⁸ Case Report AJB-3341/2016 on the OPCAT visit to the Special Foster Home for Children with Disabilities. p 12, Case Report AJB-373/2015 on OPCAT Visit to the Reménysugár (“Ray of Hope”) Children’s Home of Debrecen, p 12.

¹⁹ United Nations Committee on the Rights of the Child, Concluding observations on the combined third, fourth and fifth periodic reports of Hungary, CRC/C/HUN/CO/3-5, 14 October 2014, CRC/C/HUN/CO/3-5

²⁰ As reported by the Hungarian National Preventive Mechanism in multiple cases, see Case Report AJB-373/2015 on OPCAT Visit to the Reménysugár (“Ray of Hope”) Children’s Home of Debrecen, Case Report AJB-704/2016 on OPCAT visit to the Zita Special Children’s Home of the Somogy County Child Protection Directorate, Case Report AJB-3341/2016 on the OPCAT visit to the Special Foster Home for Children with Disabilities.

- **Please provide information with what measures and deadline will the Government solve the above mentioned problems (lack of appropriate services, education and health care; shortage of professionals etc.) of the child protection system.**
- **Please provide information on development of community-based services for children with disabilities.**
- **Please provide information on measures which are being taken to prevent children with disabilities from being separated from their families and institutionalised. In particular, please provide information on the specific legislative, policy and practical measures taken in order to prevent institutionalization, and to tackle to the disadvantaged social and economic situation of families with children with disabilities.**
- **What specific measures is the Government taking to develop and strengthen the network of foster parents which can take care of children disabilities, and those with profound or multiple impairments?**
- **What specific measures is the Government taking to provide targeted training to foster parents taking care of disabled children?**
- **Please provide information on the number of foster parents taking care of disabled children and on the number of disabled children living with foster parents.**
- **Please provide information on efforts made to intensify the adoption of disabled children.**

3.9. Article 24: Education

Since the Public Education Act allows both options of special and integrated education, mainstream schools are not obliged to admit children with 'special educational needs'. In Hungary, 83,634 children with special needs participated in the educational system while the principle of inclusive education does not appear in the Public Education Act. This diminishes the chances of these children to participate in the mainstream education system. The latest statistical data show that in the academic year of 2014/2015 there were 52,485 children with special educational needs educated in the primary school system, 35,574 of which were integrated in mainstream schools and 16,911 in segregated special schools.²¹

²¹Hungarian Central Statistical Office, Statistical Yearbook of Hungary, 2014.
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Children with severe or multiple disabilities can be deprived of their right to education because of their disability. Regarding children with severe or multiple disabilities, the National Public Education Act allows for their education at home or within the residential care institution they are living in within the framework of the so-called 'developmental education'.²² Approximately 3,500 7-23 years old children and young people are affected by this restriction. While other children are provided with 20-30 hours of education weekly, children with severe or multiple disabilities frequently get only 8 hours.

- **How does the Government guarantee access to inclusive, quality education of all children, particularly for children with severe and multiple disabilities?**
- **When will the Government take the necessary legislative and policy measures to guarantee that children with disabilities have an enforceable right to inclusive education and reasonable accommodation?**
- **When will the Government adopt a concrete plan with targets, benchmarks, timeframes and sufficient budget allocations to eliminate segregation within the education system and abolish special schools?**

In his report,²³ the Commissioner for Fundamental Rights revealed that there is a shortage of well-qualified specialists who could develop the children with special educational needs in the majority schools. Further problems include teachers and other persons working in education have no adequate knowledge on disabilities to provide special and personalised education. It can lead to the increased number of drop-outs of children with disabilities.

- **What measures have the Government taken to promote the education for teachers on different disabilities and inclusive education, and to guarantee for children with disabilities the access to personalized education appropriate to their conditions?**
- **How have teachers been prepared and informed about the needs of children with disabilities? How can parents be helped in exploring the possibilities of inclusive education?**

Appropriate education for children with disabilities is frequently not accessible because authorities do not ensure the special conditions close to their home. Therefore, children

²²Article 15 (3) of Act CXC of 2011 on national public education

²³ AJB 343/2015,

– mostly in the countryside – are forced to travel 1-2 hours to school which imposes a disproportionate burden on them and on their families. It also violates their rights²⁴ as education service must be available in the communities where they live and travelling to school must be safe and secure.

- **What measures have the Government taken in order to guarantee the access to inclusive education in the communities where children with disabilities live?**
- **Describe the changes from 2012 in the number of the children with disabilities learning in segregated schools and inclusive education.**

Equal access to education for deaf and hard-of-hearing students is not provided.

- **How the info-communication accessibility is being implemented at schools and in their buildings?**
- **Does the Government provide assistive devices and technology to support the learning process of disabled students?**
- **Is the Government planning to increase the annual support of the sign language interpreting services for hearing impaired students provided free of charge?**

Children with disabilities don't have full access to vocational education since institutions who offer these trainings are not prepared to serve the special needs of persons with disabilities. For instance, we have no knowledge about any vocational training opportunities especially tailored to the needs of people with autism.

- **What measures have the Government taken in order to guarantee good quality vocational training, adult education and access to life-long learning to young people with disabilities?**
- **Describe the proportion of young people with disabilities who entered and finished vocational education.**

According to the Act on Sign Language²⁵, - in case a parent or guardian of a child with hearing impairment requests it – the child can participate in bilingual early development or care. Moreover, at the request of parents the institution of special education should also provide pre-school and school education with bilingual techniques. To the best of

²⁴ Article 24 of CRPD. General commentar to CRPD (Paragraph 27 and 69 of CRPD/C/GC/4)

²⁵ 2009. évi CXXV. törvény a magyar jelnyelvről és a magyar jelnyelv használatáról

our knowledge, since the legislation of the law, there had been no financial or personal conditions provided in order to introduce bilingual education. On account of the lack of special trainings, institutions and teachers of special education are not prepared to use bilingual techniques in education.

- **What measures have the Government taken in order to implement bilingual education?**
- **What qualification one should have to be allowed to teach in bilingual education? When and how did the training of these teachers happen?**
- **What measures have the Government taken in order to guarantee the employment of deaf and hard of hearing teachers?**

After they turn 3, children with hearing impairment are only entitled to further early development and care if according to the opinion of a professional committee, they are not able to join pre-school education. In such cases, the pedagogical professional service gives advice. Since communication is not supported by sign language during these examinations, it is not possible to evolve any realistic judgement about the linguistic abilities of children with hearing impairment.

- **How do the pedagogical professional service guarantee clear communication with deaf and hard of hearing children during their examination? Giving special attention to the examination when they assess the abilities of children with hearing impairment before enrolment to kindergarten.**

3.10. Article 25: Health

According to the Yearbook of Health Statistics 2015 published by the Hungarian Central Statistical Office, “the second leading cause of health loss for children under 15 years of age, unlike for adults, is mental and behavioural diseases. 11% of the lost healthy years are caused by these diseases for children under 15 years of age.” 70000 children might be affected by attention deficit, hyperactivity disorder from whom only a minority (according to certain estimates 10% of them) is treated with specialised medical care. In spite of this fact, there are not enough psychiatrists and psychologists and beds at the child and adolescent psychiatry. Access to healthcare services is unequal geographically. In the absence of child psychiatry in the region, in many cases, adolescents over 14 years are treated at the Psychiatric Intensive Care Unit of the adult psychiatry, while younger children are treated at Paediatrics. Autistic children cannot get adequate treatment since there is no elaborated treatment protocol for them.

- **Has the Government reviewed the actual situation and what measures they intend to take to improve that?**

Very often autistic children, children with mental- and with multiple and/or severe disabilities cannot get the basic medical care as health professionals do not have the proper knowledge on disabilities: they cannot communicate or treat properly the children with disabilities. These discrepancies have been highlighted by the Commissioner for Fundamental Rights too in his report.²⁶

- **We ask the Government to define the measures they have taken to provide access to the basic and the special health care for the children with disabilities, having regard to their special needs. In the answer please pay specific attention to the rural regions.**

3.11. Article 26: Habilitation and rehabilitation

The Hungarian government wishes to implement²⁷ project-based, family-centered early childhood intervention based on EU funds. Furthermore, the mentoring programme²⁸ focusing on premature babies would be realised on a project basis, also using EU funds. Apart from these projects, we are not aware of any other initiatives (legislation, strategy creation) aiming to replace previous early development with family-centered early childhood intervention.

The presence of state-funded, personalised basic rehabilitation is a necessary and indispensable service, yet it is still missing in Hungary for children with disabilities. Neither basic rehabilitation nor the organisation and provision of peer support and mentoring has been realised.

- **What has the government done (allocation of adequate funds, adoption of laws, strategies) to provide effective, affordable, country-wide, peer support-based, gender-sensitive early and multidisciplinary intervention services for children with disabilities?**
- **What has the government done to develop and implement service structures that help the improvement of decision-making competences for families raising children who are born premature, are differently developing or have disabilities; to develop and implement alternatives to improve educational competences?**

²⁶ AJB-433/2010

²⁷ EFOP 1.9.5.-VEKOP-16

²⁸ EFOP-1.2.10.

- **What has the Government done to ensure the complete basic rehabilitation of children with disabilities?**
- **What measures has the Government taken to organise and provide peer support and mentoring for children with disabilities and their parents?**

3.12. Article 28: Adequate standard of living and social protection

Increased family allowance plays a significant role in the prevention of impoverishment and significant decrease of income of families raising disabled children. In the May of 2015, 53662²⁹ families are upbringing children with severe disabilities or long term sicknesses were provided with this benefit. The sum of the benefit has not been increased since 2008 thus approximately 25 percent of real value loss has hit these families.

It is a fair solution that Child Care Assistance³⁰ (and family allowance as well) is available for parents raising children with disabilities or long term sicknesses for a longer period of time, till the age of 10 of the child. In December of 2015, 79534 families were provided with this benefit. However the sum of the benefit has not been increased since 2008 either and the 28500 HUF (less than 100 USD/month) is hardly sufficient to supplement the lack of income.

Care fee³¹ is available for parents raising children with disabilities or long term sickness after the age of ten. The objective of the benefit is to substitute the lost working income of the parent. Care fee has three categories, the sum of which is increasing according the severity of the disability/sickness of the child. Its highest net sum is 47790 HUF (165 USD) which is significantly lower than the net minimal wage (73815 HUF or 255 USD) and is hardly appropriate to substitute the lost working income.

- **When does the Government intend to increase family allowance, care fee and minimal old age pension being the base of Child Care Assistance?**

3.13. Article 30: Participation in cultural life, recreation, leisure and sport

In his Report³², the Commissioner for Fundamental Rights has concluded in connection with the right of children with disabilities to cultural, sports and leisure activities, that “the lack of criminal sanctions and insufficient financing of strategic target areas are reprehensible”. The Report adds that there are also deficiencies in terms of the provision of equal access in this area.

²⁹ monthly average

³⁰ regular cash benefit

³¹ regular cash benefit

³² AJB-7619/2013.

Based on our experiences, no improvement has been made in the rehabilitation, therapeutic and inclusion development areas of sporting opportunities of people with disabilities; sporting opportunities for children with disabilities are tied to educational facilities. Further deficiencies include the lack of concept for the education of sports recruits with disabilities, and the lack of an organised system and support of leisure sport activities for children and youth with disabilities that takes into account individual needs.

In the area of recreation, there is a lack of the provision of personal assistance, other support and accessible environment for children with disabilities and the families raising them in the current social recreation tendering system. Furthermore, in Hungary, there are not enough accessible camp sites.

- **What measures (allocation of resources, adoption of laws, strategies) has the government taken to ensure the rehabilitative and inclusive sports and leisure activities for children with disabilities?**
- **The Government should present how it ensures participation of children with disabilities and the families raising them in the social recreation tendering system, particularly in terms of personal assistance, other support, and accessible environment.**
- **The Government should present the organisation of recruitment for para-sports.**

The provisions of the Hungarian Media Law³³ are general. There are no specific legal regulations that would force programme creators and broadcasters to provide TV programmes aimed at children with sign language interpretation or narration for hearing impaired children who cannot yet read because of their young age.

In the case of children's films screened in cinemas and data carriers containing children's films, there are no legal regulations on making these accessible for deaf children in sign language or by subtitling, and on making cinema halls accessible for hard of hearing children by induction loops.

- **Are children's television programmes made accessible by sign language interpretation for hearing impaired children who cannot read due to their young age?**

³³ 2010. évi CLXXXV. törvény a médiaszolgáltatásokról és a tömegkommunikációról (továbbiakban: Médiatörvény) 39.§

- **Is the online re-watching of television programmes on the websites of service providers accessible for deaf and hard of hearing children as well?**
- **In which laws does the Hungarian state define and how does it ensure that children's films screened in cinemas are equally accessible for hearing-impaired children (e.g. induction loops in cinema halls, sign language narration for children who cannot yet read and write)?**
- **In which laws does the Hungarian state define and how does it ensure that data carriers containing children's films are made accessible for deaf and hard of hearing children (via sign language narration and Hungarian subtitles).**

3.14. Specific obligations

3.14.1. Article 31: Statistics and data collection

It is a favourable development that the data collection system of the 2011 census, unlike the previous ones, is now closer to international standards. However the new methodology encumbers following the trends to compare the results of different data bases. Acquiring the principle of nothing about us without us involving organisations representing disabled persons into the preparatory work of the research was also a good practice. However, making available different administrative databases could provide very useful information and would allow a more realistic evaluation of the situation of disabled people as well as of the efficiency, effectiveness and equity of the provisions and services for them. According to our experiences this is hindered even in the case of public institutions and databases maintained by public money.

- **How does the Government wish to facilitate access to more and disaggregated statistical data on the situation of disabled people?**
- **What does the Government wish to do to unburden the access to the administrative data bases (e.g. General Directorate of Social Affairs and Child Protection, Central Statistical Office etc.)?**