

Decision

15/2015 (of 07.04.) OGY of the National Assembly

on the National Disability Program

(2015–2025)

Based on Section 26 (2) of Act XXVI of 1998 on the Provision of the Rights and Equal Opportunities of Persons Living with Disability, and considering the UN Convention on the Rights of Persons with Disabilities ratified in Act XCII of 2007 and the Communication from the Commission 'European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe' (COM/2010/636), the National Assembly adopts the below Decision in order to improve the living conditions of people with disabilities and to create their equal opportunities:

1. The National Assembly approves the long-term concept of the National Disability Program (2015-2025) (hereinafter: Program) which is enclosed as an *Annex* to the Decision.
2. The National Assembly calls upon the Government to
 - a) enforce the principles, tasks and objectives approved in the Program in its legislative and executory activity;
 - b) facilitate, considering the actual budgetary possibilities, the existence of a set of tools, including measurable indicators, for implementing the stipulated tasks and objectives, of the necessary tools and their use in the government-level political programs. Additionally, to ensure that in planning the central budget the leaders of the organizations supervising the affected chapters take the Program objectives into consideration;
 - c) elaborate the first Action Plan covering 2015-2018 (political program), determine the tasks and assign the responsibilities within three months of approval of the Program;
 - d) report to the National Assembly on the time-rated fulfilment of the objectives in the half-time period of the Program;
 - e) report to the National Assembly on the fulfilment of the Program objectives concurrent with the submission to the National Assembly of the new National Disability Program following the 2015-2025 period but within one year of the lapse of the Program period the latest.
3. By way of this Decision, the National Assembly asks
 - a) the non-profit organizations offering interest advocacy and other services for people with disabilities, the local governments, the government and local government institutions, the sports associations, sports organizations, the employers to make all efforts to fulfil the objectives of the Program;

Annex to Decision/2015 (.....) OGY of the National Assembly

NATIONAL DISABILITY PROGRAM

(2015 –2025)

PREAMBLE

Hungary has in the recent years and decades taken significant legislative steps to improve the quality of life of people with disabilities and to promote their independent living and social integration. First and foremost, Act XXVI of 1998 on the Provision of the Rights and Equal Opportunities of Persons Living with Disability (hereinafter: Disability Act) and the UN Convention on the Rights of Persons with Disabilities ratified in Act XCII of 2007 are of priority importance among these regulations. Additionally, the Communication from the Commission 'European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe' (COM/2010/636) also provides a fundamental foundation.

One of the key features of the disability portfolio is that it equally affects each area of life and thus almost each administrative sector, therefore, the effective application of the above documents requires the actual government to take carefully planned and coordinated measures. Accordingly, the objective of the 2015-2025 National Disability Program (hereinafter: Program) is to determine the political tendencies of the coming years and to specify the main points of cooperation among the sectors and beyond state administration.

As its long-term concept, the Program builds on the experience of the report approved with Decision 70/2012 (of 16.10.) OGY of the National Assembly on the 2007-2010 Implementation of the National Disability Program and the Relevant Government Measures, and it meets the criteria under Government Decree 38/2012 (of 12.03.) on Governmental Strategic Management.

I. ASSESSMENT OF CURRENT CONDITIONS

1. Demography

Based on the 2011 census data, 490,578 people, i.e. 4.9% of the population declared themselves to be people with disabilities. To the contrary, some experts' estimations based on international surveys indicate that 10% on the average of the population lives with some disability, so the actual number tends to approximate 1 million in Hungary. The census data based on which the number of permanently ill or health-impaired people is above 1.6 million in Hungary supports the above. Considering that permanent disease is in most of the cases accompanied by the development of some disability, this is all in all believed to affect a social group of a million people, as regards its order of magnitude.

Since most of the people with disabilities are not disabled from their birth, their demographic breakdown highlights the huge number of elderly people: 41% belongs to the +65-year-old age group and a mere 28% is younger than 50 years of age.

58% of the permanently ill persons are women, who otherwise indicated to have both health problems, diseases and disability in a higher ratio than men.

As regards the type of settlement, one third of the sample lives in a small town, another third in a rural town and only the remaining one third lives in a county seat or in the capital. So disabled persons typically live in small rural settlements.

2. School qualifications

Based on census data, the ratio of disabled persons with some school qualification lower than the 8th grade is 20%, and another third only completed the 8th grade. 17% have a vocation, 19% passed the secondary school leaving exam and 9% have tertiary qualification.

Compared to the 2001 census data, there seems to be an improving tendency. The number of disabled persons with college or university degree increased 1.5-fold, by nearly 14 thousand, which is an outstanding figure in this regard. However, the above figures lag behind the data of the whole population, so bringing the qualification level of people with disabilities near the indices for the entire society should still be a top priority issue.

Due to their condition, the disabled persons' road to getting a qualification for their living generally requires considerably more efforts than for their healthy mates. Consequently, the policies in support of the above objectives should handle the individual sections of early intervention, education, training and life-long learning as an interdependent process, in its complexity, and accordingly, the necessary developments should be planned in conformance.

School socialization is a determinative factor in terms of continued learning, the subsequent process of finding and doing a job, developing an independent career and, finally, social integration. So, in order to achieve the above objectives, meeting the conditions of inclusive education must be emphatically kept in view, given that apart from developing a knowledge-based society it is one of the most efficient, personal experience-based tools of awareness raising.

3. Employment

With regard to the rate of employment of partially incapacitated workers, some progress is also seen versus the 2001 census data. Still, despite the development, the 2011 figure of 14.0% for partially incapacitated workers is lower than for non-incapacitated workers (48.3%) in the +14-year-old population. In this regard three main tendencies (high ratio of inactive persons, passivity, isolation) call for intervention.

In response to the requirements, the employment support system has recently been transformed. Its primary aim was to make a shift in employment toward rehabilitation and thereby toward the biggest possible rate of employment on the open labour market. For this to be achieved, the minimum conditions supporting labour market integration must be met as a

precondition and the employers must be made interested in employing partially incapacitated workers, apart from preparing the participating persons. The measures taken so far, like the transformation of accredited employment and the introduction of the Rehabilitation Card, proved successful. In continuation of, and based on experience from, the above, additional dedicated measures and developments need to be taken and launched.

Apart from improving the employees' personal conditions, the employers' proper preparation is also among the strategic objectives. One of the relevant key areas, in addition to having economic incentives in effect, is improving the employers' attitude and motivation, as well as developing the inclusive job environment. Demolishing the negative prejudice, which in most of the cases originates from the lack of information and personal experience, plays a key role in the above. Therefore, special emphasis needs to be laid on the targeted distribution of basic information related to the employment of partially incapacitated workers and on the development of programs and services that facilitate the collection of disabled employee-related positive personal experience.

4. Housing, access to basic social services

A long-term strategy has been set up to redeem residential institutions that care for a big number of persons and therefore, after having invested significant funds, major steps have been taken to disseminate the supported housing scheme. Moreover, another major proportion of disabled persons receiving residential care anticipates to be accommodated in a residential home or other community shelter, so, beside continuously using experience, the continuation of the commenced task is a priority objective.

Additionally, helping disabled people who live in a family with community-based services, basic social services and high quality housing services (so that they could live their lives in their residence, without necessary moving) are all important political tasks.

The support services facilitate an especially important relation among the disabled persons' residence, job, school, institutions and public services, so the continuous development of (equal, both regarding the regional scope and those cared for) access to services ranks among the key tasks.

5. Benefits and services in cash and in kind

Social transfers play an especially important role in the life of persons with disabilities. Therefore, the financial benefits related to disabled persons have recently been significantly transformed. The sum of transport allowances granted to severely physically handicapped persons has risen several fold, moreover, access is now also facilitated to visually, hearing, mentally impaired and autistic persons.

The disability support underwent major change, considering that the group of those entitled to the support has been extended to cover those with chromosome disorder since May 2012. Moreover, the monthly amount of disability support went up by 5.2% from 1 June 2013 and as from 2014 it has been increasing according to the rules on the annual regular increase of pension benefits.

The benefit system for partially incapacitated workers was also transformed: by offering the transparency and uniformity of benefits and through the more emphatic enforcement of employment rehabilitation, it helps permanently improve the conditions of the beneficiaries. As a result of the transformation, insurance-based benefits (i.e. rehabilitation and disability benefit) uniformly represent the partially incapacitated workers' income support benefits, instead of the former disability, accident disability pension, the regular social benefit and the temporary benefit.

In families bringing up children with disabilities, the parents' or other active aged family members' labour market and social (re)integration is a vital issue, wherein the day-time care for and development of disabled children plays a determinative role. So developing the capacity of institutions capable of offering this type of care (primarily nurseries) is a priority issue in this regard.

6. Rehabilitation

A specific characteristic of complex rehabilitation, deriving from its diversity, is that, regarding state administration and the benefit system, the individual service components frequently belong to the competence of an organization that is supervised by various sectors and that follows diverse operational models, still, all this appears as a single coherent process from the client's point of view. Therefore, it is of key importance that the individual regulatory and service areas develop and operate the connection points whereby they can accord their plans and contribute to the intertwining and actual continuity of rehabilitation measures.

The development of efficient intersectorial coordination and continuous information supply to the affected groups is of vital significance therein.

In the 2014 Hungarian application period for wage and cost support, 325 organizations won support to employ 30,524 persons, and in this group employers get permanent and transit employment support after 25,182 and 5,342 persons, respectively.

Using the Rehabilitation Card, 29,463 persons were employed in 8211 companies in July 2014. The employment figures reflect an increase in the number of employees and employers each month. An important change was seen inasmuch as the size of rehabilitation contribution rose by an order of magnitude versus the previous amounts as of 1 January 2010; consequently, the employment of partially incapacitated workers increased by nearly 25%. Additionally, the relevant organizations paid HUF 65 bln in the central budget under this title, which suggests further significant exploitable capacities.

7. Disabled accessibility

In terms of accessibility, one of the most typical phenomena is that while immense funds are being invested in the subsequent development of disabled accessibility, the criteria of disabled accessibility are in most of the cases not or just partially observed in planning new buildings and services or in transforming or reorganizing the existing ones, so the problem continuously reproduces itself. So, in addition to supporting the subsequent development of disabled accessibility in the future, driving back the above phenomenon is also a central task.

In most of the cases, the creation of actual accessibility requires unique solutions that can be confined within the regulatory frames with extraordinary difficulties only, still, the related legal obligations must inevitably be recorded. A typical problem similarly resulting from the above is that the implemented disabled accessibility solutions are of significantly varied quality, which calls for intervention both regarding efficient use and cost effectiveness. A regulatory environment that can reflect the complex criteria of disabled accessibility, yet is rational and easy to use in practice can be an essential support for suitable quality accessibility interventions.

The most important value in up-to-date and complex approach to disabled accessibility is that it transmits a message interpretable and assessable by all, regardless of age, gender, residence and disability. Viz. what is inevitable for a disabled person will be comfortable, simpler or safer for everyone else. This points at the horizontality of the area: accessibility, similar to several other fragments in the disability portfolio, cannot be successfully developed in lack of continuous and efficient intersectorial cooperation.

II. PRINCIPLES

1. Prevention

All necessary steps need to be taken to prevent the development of any accidents, diseases or other circumstances that cause disability and to prevent the deterioration of the disabled status in the course of developing the regulations that affect people with disabilities, during planning and implementing government and other programs and in any other activities.

2. Self-determination

People with disabilities are not the subjects of charity activities but are the owners of rights, are autonomous and independent individuals with free will. Therefore, the state and government actions should first and foremost promote that the participation of the institutional system and the society is directed not at making decisions and performing activities in lieu of disabled persons but at helping the disabled persons do the above and retain their human dignity. The principle of self-determination must be enforced also with regard to free opinion-making, independent decision-making and proclamation and accordant actions.

3. Absolute and efficient social participation

Ensuring that people with disabilities can in each stage and each area of their life exercise their political, economic and social rights on the same grounds as the others, through the institutions, services and benefits employed by the majority, as active and visible citizens of their community should be the fundamental value and aim of each administrative action affecting disabled people.

4. Universal planning

The principle of universal planning must in every case be borne in mind in the individual legislative, planning and service development actions. This means the plan of products, the built environment, various benefits and services in a way that they were ab ovo accessible to everyone to the biggest possible extent, without the need of subsequent adaptation or special plans.

5. Nothing about us without us

In planning and implementing the legal regulations and programs that (also) affect people with disabilities, the disabled persons' actual option to express their opinion about the content of a specific state or government action by their own right or via their elected representatives should be emphatically granted.

6. Prohibition of discrimination, reasoned prioritization

The statutory prohibition of discrimination should be taken into account with special emphasis in the course of preparing decisions related to disabled persons, in planning, adopting and implementing the legal regulations, policies and programs; moreover, considering that disabled persons can in certain cases exercise the rights that they are entitled to on the same grounds as others to a lesser extent, due to their condition, the option of proportionate and fair prioritization should be granted to them in reasonable cases.

7. Subsidiarity

The benefits and services granted to disabled people should be organized so that both regionally and regarding the organizational levels of administration and decision-making they could provide efficient support the closest possible to the relevant persons, while minimizing their administrative burdens.

8. Reasonable adaptation

The principle of reasonable adaptation should in every case be observed in preparing any decisions with an affect on disabled persons, in planning, adopting and implementing legal regulations, policies and programs. This means all the inevitable and adequate modifications and changes that are adapted to the individual's needs, do not cause disproportionate and unreasonable burden and that need to ensure, in specific cases, the equal enjoyment, due to all, and exercise of disabled people's fundamental human rights and freedoms.

III. AREAS OF INTERVENTION, THEMATIC OBJECTIVES

1. Professional development projects supporting the social inclusion of people with disabilities

Even nowadays, scarce and inaccurate information is available about the various needs of disabled people in Hungary, which complicates the plan and implementation of measures and sectorial initiatives tailored to the target group. A key objective of the Program is to supplement the 2011 census data and make additional data collections and research in order to support these development projects.

National awareness raising programs need to be launched, relying on the results of the above identified researches, for the social inclusion of people with disabilities.

Specifying the condition of former border areas and disability groups (inc. inter alia people with psychosocial disability or rare disease) that/who were included in the scope of the disability policy as a result of the modified definition in the Disability Act of persons with disability plays an especially important role. Strategies and services need to be developed on the basis of an assessment of the current conditions.

In collaboration with the professional, non-governmental and interest advocacy organizations for the disabled, the strategic-type professional documents compiled in the individual areas of the disability portfolio still need to be continuously monitored, and the possibility of integrating their content in governmental action plans should be assessed.

2. Healthcare

2.1. Early recognition, diagnostics

A key task for the years ahead is to interconnect and accord the individual areas that comprise the early intervention process, including in particular early recognition, special educational consulting, early development, education and care (hereinafter jointly: Early Development), as well as the benefits and services offered to the disabled person's family.

Early childhood intervention comprises, from prevention, the screening phase, problem recognition and warning through making a diagnose, the various therapeutic and special educational development and advisory activities. The individualized and target-oriented special assistance serves the child's personal development, reinforces the family's own competence and is dedicated to the family's and child's social inclusion.

The early identification of disability plays a crucial role in the individual's quality of life, given that the precondition to launching any individualized developments, services and benefits accessible to the disabled person is the soonest possible professional identification of disability. This is of special importance in the group of disabled children, as in their case efficient early intervention requires not only the quickly and accurately established diagnosis but also the concerted activity of the health care sector, the social sector and the public

educational sector in charge of early development. Consequently, the key objectives in the period covered by the Program are to meet the personal and objective conditions for establishing an early health diagnosis, to develop the related technical protocols and create the yet missing connection points between early recognition and the supply system for early development.

One of the biggest obstacles to establishing an early diagnosis and commencing proper developments is at present the lack of information and the consequential and not always evident patient path. Therefore, the launch of developments that permit access, in each relevant point of the supply system, to knowledge, information and data concerning each individual disability and the accessible services by both the experts and the disabled persons and their family members is a key priority issue. A strongly correlated aim is to set up a simple patient path that can be easily perceived by the related persons. In pursuit of preventing any deficiencies that can be identified in the system, several factors that can underlie a more flexible child path through the accurate determination of the transfer paths, the warning paths and the tasks need to be specified. Moreover, a condition to having an efficient child path in effect is the development of a network-structured institutional system, as well as the development of an integrated data collection, data management and uniform IT system.

2.2. *Basic and special services*

Yet another key issue in offering certain health-care services is proper information supply about high quality services and improved accessibility to obstacle free (subject to the specific disability) and clear information. Therefore, in connection with the development trends described in Section 2.1., an information and guidance system continually running parallel with the patient path (and which permits, if required, the employment of a sign language interpreter, communication or personal supporter or any other external assistance) needs to be developed.

In view of duly caring for people with psychosocial disability, regionally equally accessible psychiatric treatment arranged by adapting to the characteristics of the disability needs to be developed.

The provision of health-care services for disabled children and adults, including especially those living with autism, frequently requires (due to the characteristics of disability) stand-alone and uniform protocols. These protocols need to be compiled and put into practice in the period of the Program.

In terms of outpatient treatment, the obstacle-free transportation of people handicapped in their travelling capacities represents a task of outstanding importance; and the performance of this task requires the set-up of a uniform, nationally applicable system and set of tools.

Relying on cooperation between the health-care and the social sector, the strategic responsibilities related to the treatment and provision of, and care for, persons suffering of diseases that originate from or cause disability need to be reviewed.

2.3. Supportive technological devices

One of the key objectives of the Program is to facilitate access to medical aids and devices that support the way of living (hereinafter jointly: Supportive Technological Devices) and to comprehensively review their distribution system. Among others, the possibilities of setting up a comprehensive rental system, supporting the new and up-to-date Supportive Technological Devices and creating conformity with the devices-related services should be assessed during the review. The definitions of the medical aids and the devices that support the way of living should be unambiguous and clearly distinguished, and their support should also be separable, which are all essential criteria during the review. A key strategic objective in modernizing the support system of medical aids is to further improve the quality of treatment, through the application of the actually effective international and national standards.

3. Early development, education, training

3.1. Early development

The efficiency of starting early development can drastically decrease with the increasing age of the child with special educational needs. So, in line with Section 2.1., the primary objective is that children with special educational needs who are recognized in due time and have their diagnosis are integrated in the early development system as early as possible. To this end, a key task is the clear demarcation of health-care, social and public educational tasks in early intervention, just as the creation of interconnection and concert among them, with special regard to the recently transformed special service system.

For the sake of efficient treatment of regionally equal quality, there is a need for elaborating a uniform procedure and transparent client path, expanding access to early intervention, developing the human resources who work in the area and expanding the coverage.

3.2. Public education

Promoting an effective shift from integration to inclusion will rank among the key tasks of public education in the forthcoming years. In this frame, the infrastructure, methodological and education-organizational conditions of inclusive education, which requires a certain organizational level higher than integration, need to be met, and the related human resources to be developed at each level of public education, among others by way of developing the networks of travelling special educational pedagogues.

With regard to the variety of special educational needs and the continuous development of special education, the professional competence of experts doing various activities in the experts' committee needs to be developed. This involves the need to set up the organizational frames for the continuous professional development and extended training of experts who work in the committees, and to extend the range of tests, test methods and tools used during the tests. Based on experience from the past years, there is an especially big need for this in order to clearly separate the lags either in capacities or caused by environmental disadvantages.

Acceptable level services provided by special pedagogical institutions, with special regard to the special service-based activities related to education, continued learning and vocational orientation are of particular importance for parents who bring up children with special educational needs.

Additional places must inevitably be offered for the day-time accommodation, development of and care for children with special educational needs, for the sake of acceptable quality early development and the parents' labour market reintegration.

Personal experience, the get-togethers in childhood basically determine the adult's relation to disabled persons. Therefore, these forms of social awareness raising are particularly efficient among kindergarten and school-aged children who can be addressed in concentrated groups in the public educational system. Rested on these foundations, any awareness raising programs that are held in public educational institutions, are built on meeting authentic interested persons and on common experience with them and that strengthen humanitarian legal approach should all be reinforced.

Just as with other supply systems, the lack of information about, inter alia, the contact data, capacities and exact activity of public educational institutions responsible for the education, day-time care and development of children with special educational needs causes major problems in public education. So, it is an important task to launch development projects that will make the related up-to-date information easily accessible at the service level which is the closest possible to the parents and the experts of majority institutions.

Raising secondary education to an option that is widely accessible to and optional for young people with special educational needs, with special regard to the scenes of education in secondary grammar schools and secondary vocational schools that end with a secondary school leaving examination, is an essential task.

3.3. *Vocational training, adult training*

In view of improving the labour market potentials of young people with special educational needs, particular attention needs to be paid to vocational trainings accessible to them, the technical schools that offer these trainings and commit themselves to integrated education and to the follow-up of students who finished these trainings. In this framework, first and foremost the vocational trainings listed in the National Training Register need to be

reviewed from several aspects, with special regard to labour market demands and trends, and, based on the above, modifications and new vocational trainings need to be made and developed in order to expand the range of training accessible to young people with special educational needs.

Emphasis must be laid on developing the infrastructure conditions of special technical schools and on urging more and more young and prepared pedagogical experts to work in technical schools.

A key objective is to make business associations interested in continuing the practical training of children with special educational needs and to offer continued employment for young people who finished technical schools or special technical schools.

Reviewing and potentially modifying technical trainings, in particular social technical trainings, has become reasonable, inasmuch as bigger emphasis should be given to up-to-date information about disability in trainings related to this topic.

3.4. *Tertiary education*

As regards tertiary education, the crucial objective is that, as part of relevant basic trainings, disability, accessibility and rehabilitation-related knowledge is horizontally built in each representative's know-how within a specific field. To this end, the primary task is to build the now already developed trainings, subjects and modules that offer the above knowledge into the individual basic trainings in the most comprehensive form, and to elaborate additional training programs.

The training components related to disabled persons' social inclusion, now still special fields with a shortage of professionals, must be integrated in the training offer of tertiary education.

Observing the term set in Act CXXV of 2009 on Hungarian Sign Language and the Use of Hungarian Sign Language, the personal conditions of introducing the bilingual educational system must be met and a rising generation adapted to the needs should be continually provided.

Not only being enrolled in the tertiary educational system but also meeting the obligations there require young disabled people to make significant extra efforts in many cases. Complex services need to be developed and introduced in order to promote young disabled persons' participation in tertiary education. The main aim of these services is to support the young disabled persons' (who learn in tertiary education) preparation, access to available curricula, and their access (on identical grounds as the others) to each form of education and to programs infiltrated into university life.

3.5. *Career*

Due to their condition, disabled persons are compelled to make thorough plans in order to make their long-term decisions that influence their life and are related to their education, training, employment and the choice of their residence. The system of various professional advisory services can play an outstanding role in this process. For making preparations for successful labour market positions, access to advice about continued learning and vocational orientation, given in the special service system, needs to be improved.

The forms of lifelong learning, competence development and talent management, accessible to disabled persons as well, should be developed on the basis of, among others, international good practices.

4. Employment

As regards the employment of persons with disabilities and partially incapacitated workers, the primary objective in each case is to reach the biggest possible ratio of employment on the open labour market. Creating relations between employers and employees, properly preparing both sides and inspiring them to perform this type of employment and work are all of vital importance in this regard. Accordingly, a key task is to assess the demand and supply side on the labour market, as well as to develop certain labour market services (inc. alternative ones) and the network of organizations offering these services.

Performing the work in the expected quality frequently requires disabled persons to have an individual work order and working environment. Therefore, it is especially important to disseminate atypical employment forms, to support certain possibilities for distance work and part-time work, as well as to sensitize and prepare the employers in this regard.

The purchase of special devices that assist employment and the possibilities of disabled accessibility to work (mainly through the development of support services) need to be supported.

Continuous, targeted activities and long-term partnerships need to be developed in order to promote the marketing of products produced by disabled persons and partially incapacitated workers.

Employers, including organizations that perform public duties, and central administrative organizations need to be invited, in employment-promotion programs and job-creating grants, to employ persons with disabilities on the open labour market; the range of supported employment possibilities needs to be expanded, and the options of further enlarging the support system for the employment of disabled persons need to be assessed.

The various programs within the application system aimed at improving disabled persons' employment and qualification need to be attuned, made interdependent and harmonized with the various target groups' needs, through closer cooperation among the

employment, educational and social sectors, also considering that the affected persons are in many cases multiple disadvantaged people.

Mentoring the complex rehabilitation of partially incapacitated workers and disabled employees, putting them to work and supporting their continued employment requires special expertise. So the legislative stipulation of a certain qualification as a precondition to the job is a priority objective. Supporting participation in relevant specialized extended trainings can mean a high quality step forward for those working in the field.

5. Social services and benefits

The most important objective in the planning cycle is to further develop and strengthen the social basic services, including complete accessibility to services offered for the majority on the spot, in the residence, as well as the capacity expansion of special child welfare and social basic services.

5.1. Social services for disabled persons

Caring for those who need long-term nursing and attention is more favourable in the home environment than in institutional care, both for the individual and the society, so the primary objective in their case is to develop a service environment that can promote their stay at home. To this end, the regional coverage of these types of services and benefits needs to be supervised, the social services in support of people with disabilities need to be evenly extended and rationalized and the local supply systems to be developed.

Additionally, the capacity of institutions offering day-care for disabled persons needs to be increased, and cooperation among basic services (especially with the support service) should be reinforced, in order to strengthen network-type operation. The various forms of personal assistance that all promote a self-determined, independent and self-reliant way of life should also play an outstanding role. For this, trainings should be on offer for social experts.

In view of preventing the burnout of relatives who bring up and care for disabled children or adults and for the sake of their social and labour market (re)integration, a purposeful objective is to develop and expand the services that offer temporary supervision and assistance for the disabled person at home.

As a characteristic in their demographic breakdown, disabled persons include a big number of elderly people, so the strategic tasks related to nursing and caring for elderly disabled persons should be reviewed through intersectorial cooperation.

5.2. Support services

The tendency whereby support services specialize themselves in practice with regard to the disability groups cared for, which reduces consistent access to the service, has recently become a tendency. So an important development objective in this regard is to integrate the

areas so far short in professionals, to increase the capacity of support services and develop their infrastructure.

Additionally, the efficient operation of support services can play an essential role in the activity of disabled persons and partially incapacitated workers, therefore, an imperative goal is to strengthen the activity of services promoting employment on the labour market.

6. Complex rehabilitation

6.1. Diagnosis, qualification

The fundamental condition of complex rehabilitation is a diagnosis established in time and on professional grounds, and accurate qualification conformant with the actual conditions. Given that, with a single diagnose, the remaining and potentially developed skills and functions can significantly differ, the legislative and objective conditions for the application in practice of the International Classification of Functioning, Disability and Health (ICF) should be met in the rehabilitation institutions and the health-care system, for the sake of accurate qualification, and the professional competence of experts establishing a diagnosis of major-aged disabled persons needs to be developed by way of holding appropriate and continuous trainings and extension trainings for them. In this process, particular attention should be paid to the existing areas short of professionals.

Since partially incapacitated workers do not have the chance to employ a support service, the way personal supporters can be integrated in the complex qualification process should be reviewed on account of the affected persons' special needs.

6.2. Developing the individual fields of rehabilitation

A legal regulation needs to be adopted on the operation, personal and objective conditions of the service, in order to stabilize and develop the elementary rehabilitation service accessible to disability groups of various needs.

Certain alternative labour market providers play a key role in the disabled persons' labour market integration, so it is a vital target to expand their regional coverage and to improve the services provided by them.

6.3. Coordination

The system of complex rehabilitation is unimaginable without the efficient interconnection of the individual areas (primarily including the health-care, elementary and employment-related areas) of rehabilitation. So, the key relevant task in the period of the Program is to create these connection points and to ensure that the individual rehabilitation phases make up a uniform (for the specific person) patient and client path.

A rehabilitation database encompassing the entire life-cycle and facilitating that the disabled persons are being followed up and supported, as necessary, also needs to be developed to support the above.

In terms of complex rehabilitation, collecting up-to-date information represents a complex task, so there is a need for developing a central info-store that will make all knowledge related to the complex rehabilitation process accessible on a single interface and include the contact data of the specialized professional, non-governmental and other organizations.

7. Self-determination, independent lifestyle

7.1. Supported decision-making

The institution of supported decision-making has been introduced as a new element of Hungarian legislation basically influencing the relevant disabled persons' lives, therefore, based on cooperation among the relevant sectors and fields, the enforcement of the legal institution will need to be intensively monitored and the consequentially established judicial and official legal practice to be regularly reviewed. In connection with the above, the development of a system dedicated to duly preparing the supporters and those supported, the judges and the experts of the competent authorities (with the integration of the affected interest representatives) is likewise an elementary goal.

7.2. Housing

The principles of self-determination and social integration must be taken into account with special emphasis upon planning and implementing the decisions and programs related to disabled persons' housing.

The capacities of social institutions offering nursing and care for people with disabilities should continually be replaced on the basis of the relevant government strategy, therein laying emphasis on preparing, informing and supporting the persons and institutions subjected to this replacement, by way of, among others, expanding the mentor network which is there to support the replacement.

Collaterally, another essential development goal will be to launch developments for the widespread use of supported housing, by using the related good practices and integrating the experienced experts.

The range of basic social services promoting an independent way of life and of services close to the residence needs to be enlarged in order to promote stay at home. The support system for the disabled accessibility of flats and the residential environment must be reviewed, alongside the consideration of any alternative solutions (inc. social tenements available to disabled adults, or special self-owned savings forms).

8. Persons with disabilities and their families

Disabled persons and their families face complex problems when the disability is to be ascertained. One of the most severe problems is the lack of proper communication and information. Consequently, special attention should be paid to supplying the parents and the relatives with comprehensive and uniform information about the subsequent patient path and client path and the accessible service options, regardless of any regional or other differences and adapted to the specified disability. This means that an information and communication system needs to be developed: one that can continually supply adequate information when the diagnosis is being established and then during the entire length of the patient path and client path.

In close correlation therewith, certain mental hygiene services that help preserve the relatives' and the specific disabled person's mental stability when the disability is being ascertained, help develop fighting strategies, accept their new role in the family and thereby help and keep the family together must be made accessible. Additionally, services that help prevent the family members' burnout, reduce their burden and promote their bodily and mental recreation will need to be provided for the subsequent period.

The relatives who care for and support the disabled person will frequently agree, even at the price of losing their job, to assist the disabled person, due to the responsibility they feel for the family member. Consequently, the family's income drastically decreases and their standard of living drops. So, in view of the relatives' labour market reintegration, employers should be particularly encouraged to help the employees (who care for and support a disabled person) with special measures, e.g. part-time employment, work at home or flexible working hours, so that they could match their work and duties at home.

The process of strengthening the communities that embrace the disabled persons and their families should be supported, just as their cooperation which can locally contribute to the disabled persons' social integration.

9. Transport

Disabled accessibility to the various modes of transport is a primary factor with regard to access to public services and active role on the labour market. So, while observing the principle of reasonable accommodation, a long-term national concept needs to be elaborated on the development of access to lines running in local and interurban relations, which will emphatically cover, in addition to disabled accessibility to the vehicles, the passenger transport facilities and the service management actions for accessibility.

Moreover, with an eye on supporting the above objectives, the regulators originating from international treaties and EU standards relevant to accessibility to transport need to be reviewed and potentially modified or supplemented; additionally, various awareness raising trainings and programs need to be launched for those working in the transport sector.

The national network of transport services has to be developed in order to promote the independent lifestyle and labour market integration of disabled persons and partially incapacitated workers, which includes the need to review the possibilities of developing and supporting special passenger transport solutions.

10. Sports, culture, tourism

As regards leisure time sports, the biggest problem is posed by the lack of access to facilities, so the primary objective in this field is to develop access to the infrastructure frames of leisure time physical exercise. This includes equipment in community spaces, parks and playgrounds, sports fields and sport facilities. The development of integrated sports clubs represents yet another important development goal.

In the field of disabled persons' competition sports, the sports-based integration of organizing the athletics' trainings and competitions must be placed in the foreground, also based on international trends. Sports scholarships for preparations must be offered, the existing reward system must be maintained and the sports-specific workshops supported in order to advance and develop the disabled persons' national and international competition sports; and the range of available special sports equipment also needs to be expanded. For the objective to be met, the sports health-care network must be made capable of offering the athletic disabled persons' treatment by a sports doctor.

Over and beyond the above, sports, when talking about disabled people, serve rehabilitation aims in a number of cases, so special attention should be paid to developing access to therapy and rehabilitation-type sports education and to such sports activities.

With regard to disabled people's access to cultural properties and artistic activities, the key development trends are to promote participation in amateur, autodynamic art communities; increase participation in non-formal learning sessions, creative programs, drama pedagogical and lifelong learning (inc. e-learning, community cultural activities and distance education); develop the content and service of public collections and public cultural institutions, with special regard to the accessibility of buildings and services, electronic and physical stocks. The achievement of these goals strengthens tolerance in the whole of the society and increases sensitivity against those in need.

In tourism, providers have not yet identified the tourism options related to disabled persons. Meeting the disabled persons' special needs is sometimes cumbersome, so sales campaigns are not actively addressed to this clientele. So the existing surveys on tourism demands need to be updated, as well as disseminated within the tourism sector; moreover, the providers and the operating staff have to be trained and sensitized.

In this field, especially much emphasis should be laid on enforcing the principle of universal planning, which comprises the development of aesthetic accommodations with disabled accessibility, which can thus be efficiently sold to healthy clients, too, and the proper service management actions. From the aspect of this latter component, the emphatic aim is to stimulate the operation of tourism-oriented program packages for disabled persons: packages that are in a complex way targeted at access to tourism attractions in the accommodations and their vicinity, with special regard to the requirement whereby the relevant person could enjoy the specific service together with his family members and friends. The development, with the disabled persons' active participation, of accessible websites covering the individual destinations and accommodations and of accessible electronic services similarly plays a major role.

11. Multiple vulnerable groups

11.1. Disabled women

Programs need to be launched to map the disabled women's current social conditions, in order to identify the reasons for potential exclusion; and on that basis, a disadvantage managing strategy and complex services can be developed.

11.2. Disabled children

In the group of children taken into child welfare care, the rise in the proportion of disabled children taken over by foster parents greatly depends on knowledge about disabilities and on any fear or prejudice due to the lack of such information. Therefore, efforts should be made to provide mental hygiene and psychological support to foster parents who care for disabled children in child welfare care, for the sake of the complex management of any problems arising upon caring for and bringing up the children.

11.3. People with multiple disabilities

Scarce information is available about the condition and special needs of people with multiple disabilities (e.g. severely and multiple handicapped people; people with disability and conduct problems that complicate integration) and their families. So it would be vital to develop and implement political strategies that can assist these people's complex rehabilitation.

12. Accessibility

Complex accessibility should still be considered a basic principle in any infrastructure and other developments for accessibility: alongside the physical and info-communication components, this includes service organizational steps for actual accessibility.

With the aim of preventing that buildings and services are not subsequently and not at the price of extraordinary financial resources, energy and time improved for disabled accessibility, first and foremost the principle of universal planning needs to be disseminated and enforced in each phase of regulation, planning and implementation, including user-friendly products and packaging.

Additionally, the development of a regulatory environment that embraces the widest possible range of accessibility, yet permits adaptation to unique circumstances and is flexible is an inevitable task. The related aim is to set up an information and service system that stores, assesses, expands the data of accessibility-related surveys, collects and introduces good practices, gives technical and service-organizational advice and can thereby help the organizations that are subject to the obligation to develop disabled accessibility and, consequently, lead to a rise in the quality of accessibility.

In terms of communication accessibility, the primary development goal is to integrate the so far scarcely served areas (inc. services provided for autistic, speech handicapped and other persons severely retarded in their communication) in the system of existing communication services.

Owing to the continuous expansion of digital literacy, access to web-based and other electronic services is becoming more and more important. The key strategic objective is that the widest possible range of information, communication, public and other services were also electronically accessible to anyone, minding the actually available international and national standards and regulators. To this end, the organizations performing public duties and offering public services must be prepared for offering the accessibility of websites.

IMPLEMENTATION

13. Organizational frames of implementation

The achievement of the Program objectives calls for active and planned government measures, so their implementation must rely on the accurate and scheduled determination of the partial tasks which are rested on the objectives of the Program. The Action Plan stipulated in the Disability Act must be prepared with an eye on the above, in collaboration with the disabled persons' interest advocacy organizations, relating the developments within the Program period to 4 and 3-year-long phases.

Due to the peculiarities of the Program, dual requirements will need to be observed during the implementation of the Program. Disability is a horizontal issue wherein any considerable progress can only be made with common actions in the entire related government portfolio; therefore, the primary condition is that each related sector is integrated into implementation through actual measures. Still, the individual developments are interrelated in a number of points and can, in several cases, be interpreted in their interdependence only, so it will be inevitable to have efficient professional coordination in implementation.

Accordingly, efforts should be taken to guarantee that the Action Plan is compiled with actual contribution from each related sector; moreover, proper authorizations must be embedded in the Action Plan so as to facilitate the intersectorial professional coordination of implementation, the harmonization of the individual developments and the efficient follow-up of Program implementation, in collaboration with the disabled persons' interest advocacy organizations.

14. Assessment, report

14.1. Interim assessment

An interim assessment will be made about the time-rated achievement of the Program objectives at the half-time of the Program period, in cooperation with the disabled persons' interest advocacy organizations, and the Government will submit this as a report to the National Assembly.

14.2. Report

A summary assessment will be made about the achievement of the Program objectives concurrent with the submission of the subsequent National Disability Program to the National Assembly but within one year of lapse of the Program period the latest, with the involvement of the disabled persons' interest advocacy organizations, and the Government will submit this as a report to the National Assembly.