



National Federation of Associations of Persons with Physical Disabilities

The current position on the Hungarian deinstitutionalisation process:

- To facilitate the independent living of those people with disabilities who are currently living in institutions, the process of deinstitutionalization should be continued by including all institutions providing social services. However, at the end of the process mini-institutions should not be established that only reinforces segregation. This requires strengthening the social care system and addressing the lack of resources and specialists.
- In its previous term, the operation of the National Coordinating Body for Deinstitutionalization (IFKKOT) remained ineffective as its civil members were unable to carry out their work transparently due to confidentiality obligations, and their opinions were weightless in the DI process. **The IFKKOT was renewed in November; however the members have not been met yet. The MEOSZ accepted the invitation for membership with the condition that the work of the body will be transparent. Unfortunately, we do not have any information about the current situation.**
- The Hungarian Government has not adopted any measure, legislation or strategy for the deinstitutionalization of disabled children. Nevertheless, the call for application EFOP-2.1.1-16 for financial support from the EU funds provides the possibility for the renovation and modernization of children's homes. Disabled children also live in such institutions.
- According to MEOSZ, the ongoing process of DI confronts these principles. Calls for DI tenders, such as the currently suspended EFOP 2.2.2-17, refer to Article 19 of the CRPD, while preserving a segregated lifestyle not only for those who are now moving out but also for those people with disabilities will request assistance from the state system later on. Persons concerned were not consulted upon selecting the locations for the EFOP 2.2.2-17 application, however after spending billions of HUF on DI still the institution will determine where they will live. As a result, persons concerned are forced to live in settlements with a poor infrastructure and a poor service network, where the institution will continue to provide everything for them.
- The Government reviewed its previous DI strategy and in June 2019 adopted the new long-term concept on the deinstitutionalization of social care facilities for people with disabilities for the period 2017-2036. MEOSZ made comments on the draft concept several times, but our comments and suggestions were hardly taken into consideration. The concept does not respond to the fundamental problems we have raised. It does not contain any guarantees that EU funds will not be used to create new illegal solutions. The concept further supports the underfunded social system, which is unsuitable for the care of people with disabilities. According to MEOSZ, the concept does not aim the real social inclusion of people with disabilities. The concept contains only generalities and avoids specifying deadlines and appointing persons with

responsibilities. When it mentions specific steps, it only label them as possible tools and solutions. Although the concept refers to Articles 12 and 19 of the CRPD as a starting point, its provisions go against to the principles and spirit of the CRPD.

- **For the time being, the new tender concept was only discussed by the National Disability Council, but the proposal was not supported by MEOSZ. The call for tender also encourages the establishment of institutions for 25 persons. There is no need to separate housing and support services in these institutions. It is humiliating and discriminatory the requirement according to which “a building complex for up to 25 persons (residential centre) exclusively for people with high support needs - people with severe and cumulative disabilities and psychiatric patients with severe behavioural problems” . Thus, the Hungarian state is illegally planning to build new institutions based on the severity of condition and “behavioural problem.” In our opinion, it is still nor assured that the smaller supported houses will serve inclusion.**
- The supported housing system is defined in the legislation so that housing service can be provided in an apartment or house designed for up to 7 or 12 people, or in a combination of apartments and buildings designed to accommodate up to 50 people. According to MEOSZ, this could greatly contribute to the creation of mini-institutions. In addition, the DI strategy does not identify measures that create or improve existing community-based services (support services, **personal assistance**). Furthermore, the strategy does not provide ground for closing of institutions completely, which may result in projects where some residents can move out of institutions while others, typically people with severe or multiple disabilities, remain institutionalized.
- In the MEOSZ’s opinion, the Government's goal is to preserve the current system, the domination of institutional culture, providing only a few services available to support those living outside the institution. There is a high risk that in the current DI process resources will be invested in institutions under the auspices of ‘supported housing’. **For years, MEOSZ has not seen any progress in preventing people with physical disabilities from living in homes for the elderly, and this is often justified by the fact that care for people with special needs is only provided here. It is also worrying that the waiting list for residential institutions is very long.**

Recommendation:

The Hungarian government should continue to the deinstitutionalization of social care facilities for people with disabilities with care, including all people living with disabilities in all residential social institutions (rehabilitation centres, homes for the elderly, homes for the homeless, residential homes). The entire process should be transparent, and both EU and domestic funds should be involved in the financing, but only for supported housing and services. The legal environment of DI and supported housing should be reviewed regarding children with disabilities as well. The regulations concerning supported housing should be reformed so that legal anomalies are eliminated, and no institutional model can be called supported housing by reference to the size of the population. 24/7 support services should be introduced at national level together with needs assessment, action plan, scheduling and resources. This is the only way for disabled people in Hungary to have access to personal assistance services according to the CRPD.