

NATIONAL REPORT HUNGARY

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Contents

Contents	Page
<u>Overview</u>	3
I.1 National Background + Context	3
Social environment + disability	4
Service development history	4
Disability + labor market participation	7
Rationale + policy	8
<u>Service organizations + Agencies</u>	12
II.1 Overview of Organizations	12
Categories: PHYSICAL	15
SENSORY	15
DEVELOPMENTAL	15
PSYCHIATRIC	15
SOCIAL (intellectual)	15
<u>Voluntary associations, charities, networks</u>	16
Statistical Data	20
Number by category	20
Dedicated expenditure	21
National coordinating bodies	22
Demographic profiles	25
Research + policy resources	27
Public / Private	27
Independent living	27
<u>National Employment Consultancy Services</u>	28
III.1 Extent of consultancy services	28
Public	28
Private	28
Community / Voluntary	29
Self-advocacy	29
III.2 Nature of consultancy resources	29
Assessment	29
Eligibility	29
Placement	29
Supports	29
Welfare and legal	30
Monitoring and follow-up	30

Employer support	30
Training and support	30
Vocational training	30
Rehabilitation	32
Supported employment/quotas	32
Sheltered employment	32
Job coaching/mentoring	33
<u>Legal Framework</u>	33
IV.1 National Disability Legislation	33
Specific laws	33
Policy objectives	34
Strategic goals	35
Standards	36
Accreditation	36
IV.2 Employment Law	37
Incentives	37
Penalties	39
Job Standards	40
Health + Safety	41
Equality	47
Rehabilitation re-training	47
Social partner roles	48
Absence Management	49
Universal Design	50
Standards	51
Accreditation	52
<u>Additional Resources</u>	53
V.1 Materials	53
Policy Documents	53
Research Reports + Publications	53
Websites	57
Agency reports/analyses	58
Socio-economic reviews	58
Tools + evaluative resources	59
<u>Analytical Snapshot/Survey</u>	59
VI.1 Gathering information	59
Questionnaire	59
Numbers (by category)	63
Target companies	63
Best practice	64

Evaluating information	
Methodology	64
Measuring awareness, willingness + capacity to employ people with disabilities	64
Qualitative data	64
Outlining strategy	65
Access	65
Guidance, counseling, support	65
Planning + review	65
Consultancy to meet needs	65
Consultancy and best practice	65
Appendix 1. Abrivations used in the report	66
Appendix 2. Hungarian version of the SME questionnaire	67

I. Overview

I.1 National Background + Context

Social environment + disability

The area of the country measures 93,030 square km and its population is 10,043,000 (17 percent under 14 and 63.2 percent between 15-59). Therefore the density of population is 108 (per square km). Twenty percent of the entire population lives in Budapest, the capital, while the next largest city has a population almost ten times less.

Hungary has approximately one million disabled people. Among them there are mentally disabled and physically disabled people, people with hearing or visual impairment.

Source: (<http://www.independentliving.org/cib/cibbudapest26.html>)

Service development history

In Hungary until the last decade of the 20th century due to specific historical reasons the problem of disabled people was not a matter of public interest it remained the problem of their family. During the social planned economy where people were employed mainly in big enterprises the social and vocational rehabilitation system did not exist. The system of wage-regulation demanded many spheres of activity with low wages therefore in simple unskilled jobs disabled people were employed. Their rehabilitation and jobs corresponding to their abilities were not available. Disabled people were employed in great numbers only in “sheltered” work places and in enterprises.

This role in the labor market did not require the availability of special education and vocational training for the disabled children.

This stratum being at the periphery of the society anyway became the biggest loser of the political and economic change. At the beginning of the 90ies the number of employed people decreased by 1.5 million in Hungary but only a part of this decrease appeared in the increase of unemployment. The more dramatic change was registered in the increase of the number of inactive people of working age.

In 1993 the Rehabilitation Fund was established for encouraging the investments and developments offering employment for disabled people. In spite of the above this activity did not become part of the main activities in the labor centers. There were no means for avoiding the long-term unemployment of people becoming disabled for health reasons and also the

labor market situation did not make it possible to introduce institutional solutions. In the first part of the 90ies the rate of unemployment, its dynamic did not allow the creation of the system of services providing personal advice and care. The medical experts of the employment rehabilitation were not available, the conditions for medical rehabilitation were not ensured; practically there were no co-operation between the experts of the labor market and the doctors.

The number of people living on disability pensions increased parallel with the number of unemployed meaning that the burdens of the society increased significantly. In 1994 drafts of acts were prepared for ensuring the rights and equal chances of disabled people, the elaboration of the concept of the vocational rehabilitation started. At this time the emphasis was laid not on the rehabilitation but rather on changing the system of passive benefits and of other elements of the budget.

In 1995 the reform of the budget focused on changing the disability pension system, the benefit system for the disabled people in order to achieve the financial balance between the health insurance and the pension insurance. During this work it became clear soon that the primary condition for changing the benefit system is the assurance of the employment chances for those people who drop out from the benefit-system and will not be included in the changed system. The initiatives at that time remained unsuccessful due to the situation of the labor market, to the high unemployment rate and to the lack of conditions.

In 1996 the unified Labor Market Fund was created from the separated funds, the Rehabilitation Fund became part of it ensuring the conditions for integrated services for the disabled employees.

Hungary joined the Geneva Convention No. 159 on Vocational Training and Employment dated 20th June 1985 and the Geneva Convention No. 161 dated 20th June 1985 on the Health Service at Workplace. The Conventions were accepted at the General Conference of the International Labor Organization and published by the decrees of legal force No. 9. of 1985 and No. 13. of 1988, but they have been adapted only in their elements and ad hoc. The planned changes were included in the decision No. 75/1997 (VII.18.) brought by the Parliament on the changes of the social insurance and social benefits' system for the disabled people.

In 1997-98 during the economic and social transition period heated debates begun on the equal opportunities of disabled people, it became urgent to establish the medical and labor institutions and conditions for the vocational training. During these years the unemployment rate slightly decreased and one could start with the rehabilitation of the inactive people. Thus, the backlog of 50-70 years in the Hungarian society had to be significantly decreased, the legal framework, the institutions had to be established and the problems, values of the disabled people had to become public.

In spring 1998 fundamental legal rules came into force, e.g. the employment rehabilitation became a service of the public employment service, the conditions, legal status and support of NGOs, acts ensuring the rights and equal chances of the disabled were elaborated, significant

modifications in the legal rules of health care and taxes were made in order to support the rehabilitation and equal chances for the disabled people.

The Act IV.1991 (hereinafter Flt.) on the Promotion of Employment and on Unemployment Benefits includes the terms of employment rehabilitation within the institutional system of the employment policy from 1998. It was an important aim to make the services available all over the country, in each county, in each settlement in order to achieve the positive discrimination for the disabled people.

This work required the elaboration of new solutions, regulations, different financing in the framework of a close co-operation within the public service, within the government and through involving the nonprofit organizations. The representations of interests of the disabled strengthened, the National Council of Disability Affairs, as a consulting body of the Government was established.

In 1999 by involving the parties concerned the National Disability Program (100/1999.XII.10-OGY) was elaborated and published. It contains the medium-term tasks for the implementation of the equal chances for the disabled. The Program also contains an Action Plan. (2062/2000. III.24. Governmental Decree)

The further development of the system is part of the legislation process but also because of its complexity, it does not receive the required attention. The topic of disability appears as a horizontal priority in the National Development Action Plan. List of legal rules referring to the quality of life, equal chances and integration of disabled people.

Disability + labor market participation

There are only estimates about the number of disabled people employed on the open labor market, but it can be stated that their presence is very low in spite of the existing incentives. Therefore, it is a task of outstanding importance for the Hungarian government to do more in order to ensure equal opportunities for people with disabilities on the labor market.

The current system attempts to use several tools to encourage the employment of disabled people: in this case of organizations employing more than twenty people including the budget financed and non-profit organizations-the law specifies an obligatory quota that at least 5 per cent of the statistical staff should be persons with disability. If this quota is not met, the employer must pay contribution of a specified amount to the Labor Market Fund, to be used for rehabilitation purposes. Companies employing less than 20 persons may receive a tax benefit if they employ people with disabilities. If organizations employ disabled people in a ratio above the specified quota, they can make use of wages subsidies. In addition, the employers may receive other subsidies as well.

The system of social services includes benefits based on personal care. While cash and in kind benefits are primarily aimed at members of the population capable of working, the legislator has established a system of social services covering the nursing and care requirements of individuals who find it difficult to enter the labor market or cannot enter the labor market at all primarily because of their physiological or physical conditions, or individuals who already left the labor market, or those who are in a durably difficult financial situation (elderly people, disabled people, homeless, psychiatric patients and addicts). The system of social services is a

lot more complicated than the system of cash and in kind benefits, because it distinguishes between by the system of the law, primary and specialist services, in which the latter category requires a special organizational framework, by the types of services, primary and day services for those who can be supported in their homes too, temporary and long-term institutional care for those who need institutional services, by the type of organization of services, independent or complex (integrated) types of organizations.

On the other hand the rehabilitation institutions try to develop or reconstruct the individual lifestyle of their residence through targeted therapeutical sessions. Stay in such types of institutions cannot be longer than five years, but it may be extended by maximum three years on one occasion. After this period of placement the institution will provide follow-up care to its patients for maximum two years with the involvement of an external service provider or external institutional spaces.

Sources:

<http://www.fmm.gov.hu/main.php?folderID=3440&articleID=955&ctag=articlelist&iid=1>

<http://www.kuleuven.ac.be/thenapa/education/comparative/Hungary.pdf>

http://www.fmm.gov.hu/upload/doc/200405/equal_opp.pdf

http://www.eum.hu/eum/eum_angol_archive.news.page?pid=DA_26424

Rationale + policy

Based upon Section 26 of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities, the Parliament discussed and adopted the National Disability Program for 2007-2013, which is an *annex* to the Parliament Resolution, and was prepared in the course of the revision of Parliament Resolution No. 100/1999 (XII. 10.) (Program, hereinafter). The Program builds upon the contents of Parliament Resolution No. 6/2005. (II. 25.) on the adoption of the 2001-2003 implementation of the National Disability Program and the related Government actions, it is in harmony with international conventions and contains compatible measures with the legal acts of the European Union's institutions.

National Disability Program 2007-2013

Chapter I: Basic principles of the Program

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

- The **principle of prevention** says that society must do everything to prevent accidents and diseases causing disability. Behavior and action in connection with people with disabilities must be such that in the spirit of prevention they do not deteriorate the condition of disability. The chances of social integration of people with disabilities and especially the quality of their lives are *determined by the general social situation of their families*. It is especially important whether the parents and other family members have a chance at all of getting a job while they are raising and taking care of

children with disabilities and supporting adults with disabilities. This does have an impact on the access to services and technical aids necessary for equalizing opportunities. Consequently, an important basic principle of the Program is that it includes actions related not only to people with disabilities, but also to their family members. People with disabilities are a heterogeneous group whose members – people with visual disabilities, with hearing disabilities, with physical disabilities, with intellectual disabilities, with communication difficulties and those living with autism, or even people living with severe, multiple disabilities – have different needs. Women with disabilities and people of ethnic minorities living with disabilities can be hit by multiple discrimination. **Therefore an important basic principle is that the different measures must be planned on the basis of individual needs.**

- Based on **the principle of need and the increased protection of the most vulnerable ones**, the differentiation in the measures and tasks necessary to create equal opportunities and in the system of services and support provided to people with disabilities must be guaranteed in order to keep social disadvantages at a minimum. Thus the Program helps in creating social cohesion and is capable of promoting social integration of people with disabilities by correcting social inequalities. People with disabilities have the same rights and responsibilities – being equal members of society and of the local community – as any other citizens. Yet when carrying out a task or action, or taking part in a daily life situation – in other words exercising a right – due to the injury/ies of physical functions and/or physical structures certain measures are needed in order to equalize opportunities, in other words to eliminate the hindrance of action or the restriction of participation. These social obstacles and restrictions result in discrimination and social exclusion. **The Program is built upon the principle of equalizing opportunities.**
- **The principles of prohibition of negative discrimination and the responsibility of favorable treatment** are principles that must be observed in all areas of society. No negative discrimination is allowed against people with disabilities, no treatment that is prejudicial to them and no exclusion are allowed, they must not be restricted in their access to public goods that are easily accessible to other people due to their disabilities. Since people with disabilities can exercise their rights, which they are equally entitled to just like anyone else, less because of their condition, it is fair and justified to provide them with certain advantages.
- **The principle of protecting personal rights, and the protection of the (special) rights of people with disabilities that they are entitled to, as well as the principle of supported decision-making** must prevail in all general rules and regulations (e.g. guardianship, caretaking). The principle of supported decision-making, as against decisions made by professionals instead of people with disabilities, means that people with disabilities are supported in their own decision-making depending on their individual capacity to some or to full extent, covering all possibilities. In order to make use of this principle, the Government must help people with disabilities by providing the necessary resources to create a network for supported decision-making. Besides the “Program elements” necessary for exercising rights, the Program must be

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

- **The principle of subsidiary** provides that people with disabilities have access to services they need at their places of residence or as close to this place as possible, and decisions and measures related to people with disabilities be made and implemented locally.
- **The principle of integration** supposes that people with disabilities can make and maintain contacts with other people and with the widest range of social and economic institutions in their everyday lives (e.g. in education, social care and child welfare, employment, sport, culture). Providing the opportunities for contact includes making members of the society sensitive (social inclusion), adjusting specific conditions necessary for changing place (making public transport and built environment accessible), the use of the necessary communication devices and technology (e.g. accessible web pages for people with visual disabilities, sign language interpretation, easy-to-understand language and pictograms). Besides traditional, personal type of contacts, the principle of integration can be attained via modern technology (Internet access, e-mail, mobile/cellular telephones), and also modern methods (tele-work, tele-education). Special attention is to be paid and support given so that people with disabilities can maintain regular contact with their family members, especially when using health, education, social and child protection services. It is relevant; especially for the sake of promoting social integration that the use of such supports or subsidies results in building and maintaining a wider range of and more intense network. All action leading to cutting off social contacts in the community and to exclusion should be avoided, and for good cause it should be even sanctioned. All measures and professional principles that result in unfair segregation should be reviewed.
- **The principle of normalization** makes it possible for people with disabilities to access and reach life patterns and everyday life conditions, which are equal to those of other members of society. Therefore conditions must be created in such a way that

they comply, to the most complete extent possible, with the usual conditions and life styles of society at large.

- **According to the principle of rehabilitation** people with disabilities should be supported to become capable of making real efforts in order to improve their own conditions, or to stop and to slow down deterioration in their condition. The principle of rehabilitation supposes the cooperation of people with disabilities with the corresponding public service institutions. This way they have the opportunity to influence the specific goals and methods of rehabilitation, and their cooperation as an agreement between two equal parties should be laid down within the frame of written rehabilitation contracts or personal rehabilitation plans that include mutual guarantees.
- **The principle of equal access** means that people with disabilities be able to use public services in the same quality and quantity as the majority of society. For this purpose, public services must be organized in such a way that takes the different needs of various groups of people with disabilities into consideration.
- **The principle of Universal Design** means that the world that surrounds us (built and artificial environment) must not necessarily be transformed according to the needs of people with disabilities, but they must be planned from start so that they are accessible and usable for people with disabilities as well.
- **The principle of “Nothing About Us Without Us”** means that people with disabilities, in their own right or via their elected representatives, and in case of people with intellectual disabilities, people living with autism and people with severe, multiple disabilities in their own right or via their parents, participate in the preparations, making and implementation of decisions that fundamentally influence their lives. This is especially applicable to the governmental and local governmental legislative processes, and to the allocation of development funds earmarked for improving the living conditions of people with disabilities.

Service organizations + Agencies

II.1 Overview of Organizations

There are many national and civil organizations providing services and representing people with disability. Nowadays civil organizations try to work together in order to influence politicians and key decision makers to pay much more attention to people with disability. One of the new „associations” is the The Hungarian Disability Caucus.

The Hungarian Disability Caucus which is a non hierarchical collaborative network of Disabled Peoples Organizations and their allies has been working on collecting information about conditions SN people face by writing a national report. The Caucus has been undertaking this exercise through an open consensus process. The Caucus has been following this process as an exercise of deliberative democracy and with the belief that the right of civil society participation requires informed, responsible and responsive deliberation on behalf of civil society members.

The members of the Hungarian Disability Caucus are

Committee of Disabled Persons’ Organizations (FESZT)

FES ZT is a cross-disability umbrella body and its members are the different national organizations of the persons with disabilities. FES ZT started its work almost 20 years ago and its member organizations work for about 600,000 persons with disabilities. FESZT coordinates the advocacy and protection activity of its member organizations; it organizes common actions, programs and events for the improvement of the social inclusion of persons with disabilities. It also represents its members in the European and international organizations of persons with disabilities. FESZT is a full member of the National Disability Council which is the consultative body of the government.

Down Association

Their goal is to provide support for children and adults living with intellectual and multiple disabilities to live a full, joyful life, with the greatest possible autonomy. The Society opened a new centre in April 2008, which provides programs to prepare persons with disabilities for living independently, it offers assistance and counseling for parents along with organizing community events. Professionals of Csupaszívek Society provide counseling and administration in the field of medical, psychiatric, psychological, developmental, education, speech therapy and sexual problems.

Hungarian Association for Persons with Intellectual Disability (ÉFOÉSZ)

ÉFOÉSZ was established 30 years ago as an umbrella body for organizations concerned with the care and rehabilitation of people with intellectual disability in Hungary. Currently our organization represents 50 member associations 26 local branches and 22,000 individual members all over the country and we run 9 community based settings. One of the main goals of ÉFOÉSZ is to represent the interests of the people living with intellectual disability and

their families at the national level and also in international organizations such as ED F, Inclusion Europe, and Inclusion International.

On the other hand, their objective is to support persons with intellectual disability in the field of equal rights and equal opportunities to be able to live independently, while actively participating in social life as visible citizens. Most recently, ÉFOÉSZ has participated in the revision of the Civil Code of Hungary, focusing on supported decision-making for persons with disabilities. Among other issues, we plan to contribute to the CRPD parallel report in the field of legal capacity and equal recognition before the law.

Hungarian Association of the Deaf and Hard of Hearing (SINOSZ)

This group, which co-coordinates, together with MDA C and the Hungarian Disability Caucus, is a non-hierarchical network of civil society based on solidarity to help the effective implementation of the UN Convention on the Rights of Persons with Disabilities. SINOSZ can provide with access to their worldwide national assemblies (WFD and EUD) using the lessons learned and best practices on the Hungarian CRPD parallel report initiatives and can assist deaf researchers and the editors in the production of the civil society based reports and widely disseminating the report. Their motto is: ‘Respect for the individual, inclusion in the community, and change in the society’.

Hungarian Autistic Society (AOSZ)

The Hungarian Autistic Society (AOSZ), established in 1988, is the only umbrella body in the field of autism in Hungary, with 53 affiliated organizations and over 1,300 individual members. Our legal aid service launches dozens of cases every year involving the infringement of the rights of autistic people. Throughout the monitoring of the CRPD implementation process, we are able to rely on those legal cases and the nearly 1,000 complaints received every year, made by persons living with autism and their families. AOSZ has been very active in the work of the Disability Caucus. Raising awareness among its members, AOSZ regularly distributes information on the rights of persons with disabilities as guaranteed by the CRPD, and promotes the implementation of the Convention with the participation of researchers, lawyers and civil advocates. As only less than one third of the persons living with autism have been diagnosed in Hungary, the realization of the Convention is of extreme importance for persons living with autism.

Hungarian Civil Liberties Union (TASZ)

The Hungarian Civil Liberties Union (TASZ) is a non-profit human rights watchdog NGO established in Hungary in 1994. TASZ is a law reform and legal defense public interest organization, working independently of political parties, the state or any of its institutions. Its aim is to promote the case of fundamental rights and principles laid down by the Constitution of the Republic of Hungary and by international conventions. Generally it has the goal of building and strengthening the civil society and rule of law in Hungary and the CEE region. TASZ has been participating in the work of the Hungarian Disability Caucus since its foundation in May 2008.

Mental Disability Advocacy Center (MDAC)

The Mental Disability Advocacy Centre (MDAC) advances human rights of children and adults with real or perceived intellectual or mental health disabilities. MDA C uses a combination of strategic litigation, legislation, policy advocacy and monitoring of human rights to promote equality and social integration. MDAC takes a proactive approach to advancing the rights of people with intellectual or mental health disabilities. Stigma and discrimination often leads to people with disabilities being isolated from their communities and exposed to human rights abuses. MDA C focuses on three clusters of human rights issues that are in most urgent need of change: autonomy and legal capacity, institutions and the community, and ill treatment and deaths. MDA C has been involved in several alternative reporting for various UN treaty bodies. In the preparation process of the CRPD parallel report, MDA C provides legal technical assistance, especially on the issue of equal recognition before the law (Article 12).

National Federation of Disabled Persons' Association (MEOSZ)

MEOSZ was established by people with physical disability in 1981 and it is still controlled by them. It is one of the largest and most powerful NG Os in our country, built up and working democratically. Within the 110 member associations 850 local groups are working throughout the country. The total number of individual members amounts to 190,000. The 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. As a member of the National Council of Disabled Persons' organizations (FES ZT), MEOSZ has been striving together with three other national NGOs – the national federations of the blind, of the deaf, and of the mentally disabled persons – to achieve the same goal for people with disabilities. MEOSZ has been a member of the Hungarian Disability Caucus since its foundation in May 2008, and is working closely with other members on the preparation of the CRPD parallel report.

Voice of Soul Association

The association is one of the biggest self-advocacy organizations of persons living with psychiatric diagnosis (primarily schizophrenia and depression). It is a fully user-run and user-controlled NGO that aims at equal opportunities for people who are or have been at the receiving end of mental health services. The empowerment of former and present „mental patients” is among its priorities. Voice of Soul is fighting for alternatives to conventional services that are based on the medical model. Autonomy and self-determination of people who have experienced emotional/spiritual/mental distress are basic values in Voice of Soul. We act as a catalyst in Hungary to help new user controlled groups. We are also active in the field of direct representation of recipients of mental health services at a national level.

II. Categories

There are many different categories mentioned in documents related to disability. Many organizations use the WHO category systems but others have a different categorization. However the WHO categorization the most commonly used categorization. Here are some examples of services according to different categories. Detailed description of the organizations mentioned can be found in other sections.

PHYSICAL

Organization	Website
National Federation of Disabled Persons' Association (MEOSZ)	http://www.meosz.hu

SENSORY

Organization	Website
Hungarian Association of the Deaf and Hard of Hearing (SINOSZ)	www.sinosz.hu

DEVELOPMENTAL

Organization	Website
National Center for Epidemiology (NCE)	http://www.oek.hu/oek.web?lang=eng

PSYCHIATRIC

Organization	Website
Mental Disability Advocacy Center (MDAC)	http://www.mdac.info
Hungarian Autistic Society (AOSZ)	http://www.esoember.hu/index.php?option=com_content&task=view&id=957&Itemid=89

INTELLECTUAL

Organization	Website
Hungarian Association for Persons with Intellectual Disability (ÉFOÉSZ)	http://www.efoesz.hu

III. Voluntary associations, charities, networks

Voluntary Associations, charities, networks	Description and activities	Website address
Professional responsibility of the Public Foundation for Equal	<p>The founder is the Government of the Hungarian Republic. The organization has nearly 10 years of experience. It's board of trustees consists of experts appointed by the minister who is responsible for the furthering of equal opportunities who acts as the representative of the founder.</p> <p>During the implementation of its professional programs, in order to widen the social acceptance of people with disabilities, the organization closely cooperates based on the theory "nothing about us without us" with the special interest and professional groups for people with disabilities, with experts and institutions at home and abroad.</p>	http://www.fszk.hu
Motiváció Foundation	<p>The aim of the MOTIVACIO Foundation for Helping Disabled People is to offer various services for disabled people and to carry out projects and take part in activities which promote the integration of disabled people into the society. During more than 15 years of existence, the Foundation has realized various initiatives to help the acceptance of disabled people as equal citizens with the same personal rights and claims for human dignity as other people.</p>	http://www.motivacio.hu/english.php?level=1
Hand in hand Foundation	<p>The Hand in Hand Foundation (Kézenfogva Alapítvány) was founded in 1993 with the aim to improve the situation of children and adults with intellectual and multiple disability, their families, their caretakers as well as specialists and NGOs at national level. The Foundation considers as one of their most important tasks to form public opinion. Public appearances of the president, Mrs. Zsuzsa Göncz serve for drawing attention to the needs and problems of our disabled fellowmen and to our responsibility for them. The Foundation contacts possibly every NGO in the country that provide services for</p>	http://www.kezenfogva.hu/english/

	<p>people with mental or multiple disabilities supporting them by providing them with information and consultation as well as by organizing conferences and other professional programs for them. The aims of the foundation are: Improving the living condition of children and adults with intellectual and multiple disability, promoting their development, Helping their caretakers and specialists by organizing trainings, Promoting the inclusion of people with intellectual and multiple disability</p>	
<p>Salva Vita Foundation</p>	<p>Transition from school to work Supported Employment Job Club Cultural program Dissemination</p> <p>The Salva Vita Foundation was established in 1993 with the mission of helping young people and adults with intellectual disabilities to live an independent life and to integrate into society. The main goal of the foundation is to try to achieve this through their Supported Employment services and other related programs.</p> <p>The Supported Employment program of the Salva Vita Foundation helps in:</p> <ul style="list-style-type: none"> the integrated employment of people with intellectual disabilities; the individual and group development of our clients; providing supportive background through generating family support; the stabilization of the financial situation of their clients (and often of their families) through regular income from work; <p>Strategic plans of the Salva Vita Foundation is:</p> <ul style="list-style-type: none"> Providing special, individualized labor market services that take the interests of both the clients and the employers into consideration; Preparing, upgrading and distributing methodology guidelines and quality standards for WEP and SE programs; Screening and development of the recording and archiving systems of the WEP and SE programs; Building up a network of NGOs that provide Supported Employment services in Hungary, in order to have more efficient advocacy of interests and 	

	<p>to elaborate and supervise general professional standards; Working on normative (state) funding for the WEP and SE programs with the relevant ministries and experts; Cooperating with foreign and international organizations active in supporting the employment of people with disabilities; Adapting the WEP and SE methodologies for other target groups (people living with sensory impairments).</p>	
Soteria Foundation	<p>The Soteria Foundation in Budapest was organized by both professionals and nonprofessionals with the purpose of forming residential homes for people who otherwise would become psychiatric patients. The Hungarian psychiatric practice at the present time places no emphasis on community-based care programs. There are very few, if any existing alternatives to psychiatric hospitalization. The Soteria Foundation's program is a variety of community-based alternatives to standard psychiatric hospitalization.</p> <p>There is already in existence a service which provides counseling care for families of diagnosed "psychotics". The foundation also running a Club house as a Day Centre. By this people who work for the foundation integrate their programs and offer their opportunities all day long. They offer a friendly environment plus individual care and attention for individuals in need, who suffer greatly from the lasting effects of past institutionalizations and from having taken on the role and carrier of being "a psychiatric patient". The clubs offer clients free social and socializing programs in the community.</p>	
Hungarian Federation of the Blind and Partially Sighted	<p>The duty of the Federation is to search and create possibilities, which provide equal chances for the visually handicapped. It takes part in the preparation of different legal regulations referring to the visually handicapped, in order to implement the activity of interest representation. It also keeps track of the proper prosecution of them, and for this purpose keeps tight contacts with the state and public institutions responsible for the execution. Runs audio and Braille library, recording studio and Braille printing house.</p>	mvgyosz@axe.ro.hu

IV. Types of approaches + funding

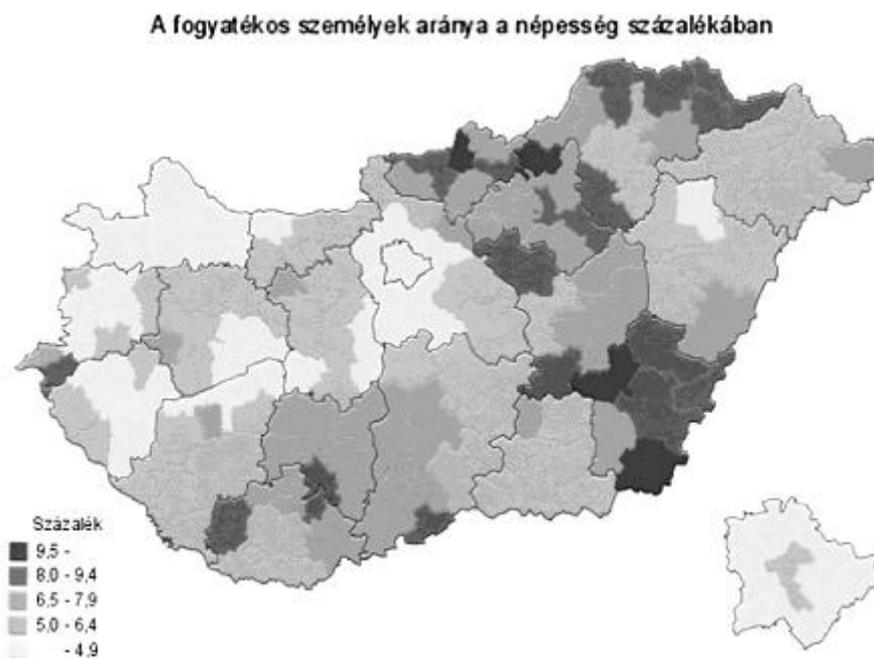
In 1993 the Rehabilitation Fund was established for encouraging the investments and developments offering employment for disabled people. In 1995 the reform of the budget focused on changing the disability pension system, the benefit system for the disabled people in order to achieve the financial balance between the health insurance and the pension insurance. During this work it became clear soon that the primary condition for changing the benefit system is the assurance of the employment chances for those people who drop out from the benefit-system and will not be included in the changed system. The initiatives at that time remained unsuccessful due to the situation of the labor market, to the high unemployment rate and to the lack of conditions. In 1996 the unified Labor Market Fund was created from the separated funds, the Rehabilitation Fund became part of it ensuring the conditions for integrated services for the disabled employees. In spring 1998 fundamental legal rules came into force, e.g. the employment rehabilitation became a service of the public employment service, the conditions, legal status and support of NGOs, acts ensuring the rights and equal chances of the disabled were elaborated, significant modifications in the legal rules of health care and taxes were made in order to support the rehabilitation and equal chances for the disabled people.

The rehabilitation fund is part of Labor Market Fund. The main authority for Fund management, the Ministry of Labor, employs the staff. Management of funds is a central task, while ensuring continuity of their utilization is a decentralized country task. Financial practices of the Fund are supervised by the Ministry of Finance, the State Audit Office and the Government Control office. Funds are not invested and Treasury account at the end of the fiscal year.

II.2 Statistical Data

a. Number by category

General background: The last available data is dated back to 2001. A diagram shows the percentage of disabled people in different regions of the country compared to the number of inhabitants.



Percentage of disabled people living in Hungary (%)

Year	Population	People with disability	Percentage %
1990	10 374 820	368 270	3,55
2001	10 198 315	577 006	5,66

Number of people with disability by categories (Hungarian categories)

Different types of people with disability in Hungary in 2001

Categories of disability	Number of people with disability	Percentage %	Men	Women
Mobility impairment (Physical)	251 560	43,6	121 715	129 845
Short sighted or blind (Sensory)	83 040	14,4	34 947	48 093
Mentally retarded (Psychiatric)	56 963	9,9	31 408	25 555
Hearing impairment (Sensory)	60 865	10,5	31 636	29 229
Others	124 578	21,6	63 162	61 416
Total	577 006	100	282 868	294 138

According to the most recent figures of the Central Statistics Office (KSH), there were 577,000 persons with disabilities in Hungary in 2001, constituting 5.7% of the total population. Their level of education was lower in 2001 than that of those without disabilities.¹ This educational disadvantage alone is very detrimental to the employment opportunities of persons with disabilities, but it is further aggravated by the inequalities between different parts of the country and different forms of settlements, because 68% of persons with disabilities live in villages or small towns. Persons with physical disabilities formed the largest group of the disabled in 2001 (43.6%), whilst persons with mental disabilities, and the blind and partially sighted represented about 10% and 14.4%, respectively. The rate of those with other disabilities grew, when compared to 1990, from 6.7% to 21.6%. About 10% of all persons with disabilities have hearing impairment or a speech-related disability.

b. Dedicated expenditure

There was no data available about the whole dedicated expenditure for helping people with disability.

c. National coordinating bodies

Of course different opinions are available when we search for national coordinating bodies. Here is the Government's official statement:

“There is a national umbrella organization where many organizations of persons with disabilities are included. There are no legal provisions mandating the representatives of persons with disabilities to participate in policy-making and to work with Governmental institutions. Organizations are often consulted when laws, regulations and/or guidelines with a disability aspect are being prepared. Consultations with disabled person's organizations take place at both the national, regional and local levels. The Government gives financial support to existing or new organizations. Persons with disabilities participate to a very limited extent in government, legislature, political parties, NGOs but to some extent in judiciary. The disabled persons' organizations have the role to advocate rights and improved services, mobilize persons with disabilities, identify needs and priorities, contribute to public awareness, and provide services.”

National Federation of Disabled Persons' Associations (MEOSZ), Hungary

“There is no national umbrella organization. According to the Government, there is a national umbrella organization. There are no legal provisions mandating the representatives of persons with disabilities to participate in policy-making or to work with governmental institutions. Organizations of persons with disabilities are sometimes consulted, when laws and regulations with a disability aspect are being prepared. According to the Government, organizations are often consulted. Consultations occur at the national level. Consultations occur also at the regional and local levels, according to the Government. The government financially supports existing or new organizations of persons with disabilities. Persons with disabilities participate to a very limited extent in legislatures, judicial authorities, and political parties and to a great extent in NGO's. According to the Government, disabled people participate to a very limited extent in government, legislatures, political parties and NGO's but to some extent in judicial authorities. The role of organizations of persons with disabilities is to advocate rights and improved services, mobilize persons with disabilities, identify needs and priorities, contribute to public awareness, provide services and promote/organize income generating activities. According to the Government, organizations do not promote/organize income generating activities.”

List of Associations, charities and networks in Hungary

Voluntary Associations, charities, networks	Description and activities	Website address
Ministry of National Resources	The Ministry of National Resources is responsible for the functioning of the national healthcare and welfare system in Hungary, the development of school education, the protection of our cultural heritage, promotion of the interests of children and the young, and the realization of government aims related to sport in Hungary.	http://www.kormany.hu/en/ministries
Equal Treatment Authority	The Equal Treatment Authority conducts proceedings if the principle of equal treatment might have been violated either at the request of the injured party or upon its own motion (ex officio) in cases set forth by law in order to establish whether any discrimination occurred.	http://www.egyenlobanasmod.hu/
Hungarian Association for Persons with Intellectual Disability)	ÉFOÉSZ was established 25 years ago (Hungarian Association for Persons with Intellectual Disability) as an umbrella body for organizations concerned with the care and rehabilitation of people with intellectual disability in Hungary. At the present time our organization represents 50 member associations, 25 local branches and 22.000 individual members all over the country and we run 9 community based settings	http://www.efoesz.hu
Hungarian National Health Foundation	The mission of the Hungarian National Heart Foundation is to reduce cardiovascular diseases so that it is no longer the primary cause of death and a major factor of early disability in Hungary. Aims of the Hungarian National Heart Foundation: to reduce cardiovascular diseases, to coordinate activities of heart foundations in Hungary, to represent Hungary in international organizations, to fight against sudden cardiac death, to prevent childhood obesity, to inform about prevention and care of cardiovascular diseases.	http://www.mnsza.hu/ang_index.htm
The Hungarian	The Hungarian Autistic Society , established as the	http://esoemb

Autistic Society	<p>Association for the Welfare and Interests of Autistics in 1988, is the only umbrella body in the field of autism in Hungary, with 53 affiliated organizations and over 1300 individual members. The HAS is a public benefit organization since 1998.</p>	er.hu
Hungarian Federation of the Blind and Partially Sighted	<p>The duty of the Federation is to search and create possibilities, which provide equal chances for the visually handicapped. It takes part in the preparation of different legal regulations referring to the visually handicapped, in order to implement the activity of Interest representation. It also keeps track of the proper prosecution of them, and for this purpose keeps tight contacts with the state and public institutions responsible for the execution. Runs audio and Braille library, recording studio and Braille printing house.</p>	mvgyosz@axelero.hu
National Federation of Disabled Persons' Associations (MEOSZ) in Hungary	<p>The National Federation of Disabled Persons' Associations (MEOSZ) is the umbrella organization of persons with physical disability in Hungary. MEOSZ was established by people with a physical disability in 1981 and is still controlled by them. It is one of the largest and most powerful NGO's for public use in our country, built up and working democratically. Within the 84 member associations 580 local groups are working throughout the country. The total number of individual members of our member associations amounts to 190.000. Within the Federation there are also sections according to certain diagnoses, as well as the sections of young people and of women. The activity of the Federation is determined by voluntarism. Regular administrative work is carried out by paid staff. Most of the volunteers and the paid staff are disabled people themselves. The main goal of MEOSZ is to achieve equal opportunities and full participation of all people with a physical disability in the society of Hungary by representing, protecting and promoting their interests and advocating for their rights. As member of the National Council of Disabled Persons' organizations (FESZT), together with the NGOs of the blind, deaf and mentally disabled people, MEOSZ contributes to achieve the above goal for people with all kinds of disability.</p>	www.meoszinfo.hu

d. Demographic profiles

Types of disabled people between the ages of 15-59 in 2001

Categories of disability	%	Number of people with disability	Men	Women	15-59 years old
Mobility impairment (Physical)	43,6	251 560	121 715	129 845	114 131
Short sighted or blind (Sensory)	14,4	83 040	34 947	48 093	34 876
Mentally retarded (Psychiatric)	9,9	56 963	31 408	25 555	37 584
Hearing impairment (Sensory)	10,5	60 865	31 636	29 229	22 692
Others	21,6	124 578	63 162	61 416	80 246
Total	100	577 006	282 868	294 138	289 529

Demographic data on people with disabilities

The number of people with disabilities was assessed at the 1990 and at the 2001 censuses; according to the latter one there were 577 thousand people with disabilities, which is 5.7 % of the population. This data – even according to KSH, the Central Statistical Office – underestimates the number of people with disabilities, thus we can estimate their numbers at around 600 thousand. A typical feature of the demographic composition of people with disabilities is that there are a large number of elderly people among them since a significant proportion of people with disabilities have not been disabled from birth, but their disabilities were caused by diseases or accidents during their life. . Among people with disabilities, the proportion of those older than 60 years is 44.8%, twice as much as the proportion of the similar age group within the whole population. Disability is caused in most cases by some sort of long term disease (53.8 %). 17 % of people with disabilities have been suffering from disabilities since birth. We can see from the categories of the 2001 census that people with physical disabilities represent the largest proportion (43.6 %) within the disabled population, while the proportion of people with intellectual disabilities is approximately 10 %, and the proportion of people with visual disabilities is 14.4 %. The proportion of people with other

disabilities increased from 6.7 % (data of the 1990 census) to 21.6 %. 10 % of people with disabilities suffer from hearing disabilities and communication disabilities.

22.7 % of people with disabilities live alone, 57 % live with another person (but with a non-disabled person), another 10.5 % live together with three or more people, and nearly 8 % of them were accommodated in an institution. 19 % of families with people with disabilities have children with disabilities. This index in case of two-parent families is 15 %, in case of single parents it is 45 %. Families in which both or all three children live with disabilities are in an especially difficult situation. 2.9 % and 0.3 % of families caring for children with disabilities belong to this group, respectively. The regional distribution of people with disabilities and people without disabilities differs significantly. The ratio of people with disabilities in the Southern Great Plain and in the Northern Hungary Regions is higher. According to distribution per settlement data, higher number of people with disabilities live in villages (40.3 %) and fewer live in the capital, in Budapest (14.2 %), and in other towns and cities (29.6 %), than those without any disabilities, 17.6 % of whom live in Budapest, 47.2 % live in other towns and cities, while only some 35.2 % live in villages.

Education level of people with disabilities

According to 2001 census data 13.2 % of people with disabilities have studied in some special elementary school. People with physical disabilities usually have higher qualifications than elementary education, while fewer people with sensorial disabilities gain qualifications at higher level than elementary education, and students with intellectual disabilities are practically totally excluded from higher education. Students with learning difficulties (people with mild intellectual disability) can – according to 2004/2005 data – study in 126 special vocational schools; their number is 8369. This number is double of the 1991 figure. The education level of people with disabilities is usually lower on the whole than that of the population at large. According to the census, 32 % of people with disabilities do not finish elementary school, and only 39 % of them have elementary education. This is a significant, 9 % increase, yet it is left far behind by those who live without any disabilities. 25 % of them have vocational qualifications and/or matriculation, while only 5 % of people with disabilities graduated from universities or colleges.

Employment data on people with disabilities

The employment data of people with disabilities were included in the 2001 census. The growing integrated and protected presence of people with disabilities on the labor market is vital for a most complete social integration possible. According to the 2001 census, the employment rate of people with disabilities was 9 % as compared to 16.6 % in 1990. Parallel to that the 0.7 % unemployment rate of people with disabilities increased “only” to 2 %. This is explained by the fact that such people became inactive earners (from 57.5 % to 76.7 %).

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

Data on social care

The social care system provides people with disabilities with three special financial and four special personal types of care and support to. As for the number of people with disabilities

receiving financial and personal care, it is nearly 410 thousand, though many receive double or multiple support. The largest group is the one receiving financial support. According to September 2005 data, 8 thousand people receive annuity for blind people –that is given to blind people over the age of 18 who are not cared for in institutions. Increased amount of family allowance – given to people with disabilities, children with long term and chronic diseases and young adults with severe disabilities – is provided for 122 thousand people. People with severe physical disabilities who cannot use public transportation receive transportation support. The number of them is roughly 270 thousand. The new financial form of support introduced in 2001 called the disability allowance was given to 100 thousand people according to September, 2005 data. As for the specialized personal social care, the local governments provide day care in 95 institutions for 2299 people. The number of people receiving temporary accommodation and the number of those placed in welfare care homes is very small. 16 thousand people receive long term care or care in caring-nursing homes, and 5 thousand people are accommodated in rehabilitation institutions. Most of the boarding homes provide care for people with severe disabilities, and the rehabilitation institutions provide care mostly for people with physical and intellectual disabilities and also for blind people.

e. Research + policy resources

In recent decades research projects have been performed on the extent of disability in Hungary. Examples are the “2 per thousand examination” in the medical field, or “The Budapest study of disabled children” in the field of special education. Both studies had a one-year longitudinal follow-up which gave some information on the use of the services by chronically ill or disabled persons. Other studies had the aim of revealing social causes of disability or disabilities in the elderly population. Research projects were also conducted on situation analysis of vocational rehabilitation and social security, or others for possible introduction of community-based rehabilitation services in primary health care services. Research-based development of early pediatric neurorehabilitation created international interest. The aim of the study of the family helping centers was to assist families having one or more disadvantaged persons – as the smallest functioning entity of the society – instead of assisting different persons. Due to favorable results family helping centers have been widely established in the country.

f. Public / Private

These organizations are funded by public resources. This is why they are considered as public organizations.

g. Independent living

The Independent Living Institute (ILI) is a policy development center specializing in consumer-driven policies for disabled peoples' self-determination, self-respect and dignity. Although the organization sponsored a conference in Siófok, Hungary, there is no Hungarian association or organization mentioned in the institute's network.

V. National Employment Consultancy Services

III.1 Extent of consultancy services

There are numberless organizations and SMEs dealing with providing job opportunities to people with disability. However they seem to be less successful as many of them has left the market and only a few survived. Without funds private organizations may have problems to be active in the work market.

a. Public

National Employment service

The organization aims to expand its client base this year amidst a declining number of registered unemployed. The organization puts a lot of emphasis on liaising with companies, identifying new vacancies, and on placing those already employed in better jobs. The organization endeavors to establish cooperation with the growing number of private placement and recruitment agencies. It cooperates with NGOs and foundations established for purposes of promoting employment. These organizations, by nature, may help the disadvantaged unemployed to find their way back to the labor market more effectively and more economically than the public employment service. The organization keeps track of the disadvantaged people's fate and the employment service helps them whenever necessary. Concerning spending under the Labor Market Fund, the role of passive measures keeps decreasing year after year, and this process is accompanied by a consequent rise in active measures that help people re-enter the labor market. The organization has many regional centers which provide consultancy services both to people with disability and companies willing to employ SN people.

b. Private

Rehabilitációs Foglalkoztató Kft

Rehabilitacios Foglalkoztato Kft. (Operating in the field of rehabilitation, since 1990 the key objective of the firm continues to be the employment of people with changed working capabilities. People with changed working capabilities and with handicap are increasingly subject to social insecurity, to the feeling of being shut out of society, so our conviction- which has never changed- was that these people need not only welfare, but rather a wide range of work possibilities. When establishing the firm its owners contributed their savings and considered the possibilities for obtaining state grant and decided to provide stable jobs and continuously improving working conditions to people with changed working capabilities within the frameworks of the firm.) www.luxtex.hu

Relabor Kft.

The company was founded in 1989 with a local site and with a site in Dorog to give the opportunity for people who can't find another job because of their health problems or disabilities. 90% of the employees are disabled.

Company's sites we are doing the followings:

- Assembly of electric and mechanic parts
- Assembly of cable harnesses
- Manual and wave soldering of electric parts
- Packing and sorting
- Manufacturing of little pieces of furniture
- Cleaning and gardening activities (for councils, hospitals and other institutes)
- Manufacturing of cardboard boxes
- Sewing jobs (uniforms and other clothes)
- Assembly of electric enclosures
- Assembly of water meters

c. Community / Voluntary

No community or voluntary consultancy services could be found.

d. Self-advocacy

No services providing self-advocacy were detected.

III.2 Nature of consultancy resources

e. Assessment

The performance or the quality of the above mentioned consultancy and rehabilitation services is not supervised by a central body.

f. Eligibility

If a company has all the documentation and legal background no other special requirements are necessary to provide rehabilitation and consultancy services to companies.

g. Placement

No national service is available.

h. Supports

The National Employment Service is responsible to provide services to employees and employers. The activity of this organization is described in the previous chapter.

i. Welfare and legal

The National Disability Program describes legal issues.

j. Monitoring and follow-up

Central monitoring and follow up of companies acting as consultancy providers to companies does not exist.

k. Employer support

The National Employment Service and the branches have very strong relationship with the companies. As companies have to report the number of people with disability, in certain cases the company must employ a representative and internal expert, companies must be in touch with the NES administrative staff. In reality companies often get support from the National Employment Support Agency.

III.3 Training and support

l. Vocational training

„According to the census data, 32 percent of persons with disabilities did not finish primary school, and only 39 percent completed their primary education. Though this accounted for a considerable 9 percent increase, it still lagged considerably behind the educational level of persons without disabilities. 25 percent had vocational training or the diploma of a secondary school, and 5 percent had a college or university degree.

(Source: Resolution of Parliament 10/2006 (16 February) on the new National Disability Program [10/2006. (II. 16.)

There are different kinds of initial vocational education opportunities in Hungary. Secondary vocational schools provide both general and vocational training, and pupils have the option of applying to a college or a university after graduation. In Hungary usually disabled children have their own special kindergartens, special schools and vocational training. These institutions are specialized for certain disabilities and provide sufficient education for their children. The Hungarian National Core Curriculum deals with the discussion of education of disabled children in a separate, additional chapter. This document states guidelines for the education of children with disability in special kindergartens and in special schools, with noticing the special educational requirements what the institutions follow in order to offer suitable education for their students. These special needs can be expressed in the local curriculum of the school (the local curriculum is also used in other, non-special Hungarian

schools), where the regulations of the national curriculum can be adapted to the special needs of the students.

Therefore the education of disabled students mainly takes part in special schools. Despite the fact that the number of requests for integrated education has increased, the obligatory integrated education is not possible, because of the current financial situation of Hungary. However the fact of the right for every Hungarian school to educate students with disability, if the institution has the required accessibility is already an enormous step ahead. Schools educate handicapped students receive higher normative from the State after every disabled student.

In Hungary in the current academic year in total 43,140 disabled students' education is in process in special institutions, where as the number of integrated students is 3,968. At the moment there are 200 special institutions for students with disability, and there are 469 general schools that run special classes for students with disabilities. In the special kindergartens and primary schools 6517 teacher or educator work. Most of the universities consider the presence of a disabled student as a problem, rather than a positive phenomenon. Of course, the institutions always can bring up "good" reasons to accept a presence of a handicapped student with a negative attitude. The most common reason is the lack of accessibility. But the problem of bad attitude of individuals toward disabled people shouldn't be neglected as well. In order to provide educational opportunities to such populations, the government seeks to aid students with accessibility to buildings and facilities. The Ministry of Education will provide wheelchair accessible entrances, bathrooms, doors, and other structural accommodations.

Taking into consideration the skills and state of health of persons with reduced working abilities, training, or the insurance of vocational training, is the duty, in the first place, of the employer (at the time when the reduction of working abilities is established). The employer may apply for financial support. People with reduced working abilities and disabled persons may attend, in addition to mainstream training institutions large, rehabilitative and general-purpose training programs run by the employment offices. The services offered by the labor market organization are free of charge. The special institutions that are established in order to train or retrain disabled people offer their services by taking into consideration the conditions of the persons with disabilities. Such institutions have specially trained teaching staff who can carry out effective training. The NGOs play an important role in this field. However, the number of applicants who seek training at such institutions by far exceeds the number of places available. Measures of vocational rehabilitation like vocational guidance, job-seeking and vocational training is financed by the Labor Market Fund. Whereas the legal background has been established, this has not resulted in an adequate institutional system yet. The transportation, the adaptation and technical aids are financed by the Rehabilitation Fund, which is part of the Labor Market Fund. The local authorities as well as any employers who employ disabled person can compete for sources. The institutional background is missing.

Sources:

http://www.eurydice.org/Search/frameset_en.html

http://www.om.hu/e_cikk.ivy?artid=fa9f6e2e-e155-42b5-ac71-a73fa30c04d6&colid=4f7c4850-ea2b-40ef-b799-5eff70fd932c

A good example

Home for Handicapped Children and Adults Boarding school for visually impaired children from age 6 to 14. Training includes typewriting and telephone operating, as well as integration in secondary school or vocational training.

m. Rehabilitation

No data available.

n. Supported employment/quotas

No data available.

o. Sheltered employment

Time budget surveys are probably the only means by which we can gather some information about the work of people in the informal sector. Vajda (2000) considers four types of such kinds of activities: expenditure-minimizing non-routine work around the household (dwelling construction and maintenance, agricultural work, repair); work in exchange for other households; income supplementary work; and volunteer work on the behalf of organizations. Comparing time budget surveys of 1986 and 1993, Vajda asserts that contrary to expectations, it seems that parallel to the decrease in time used for work in the formal sector, time used for work in the informal sector also decreased. This can be the consequence of the reason cited above, that some people were continuing their second economy activity in the formalized sector as self-employed with license. The ratio of working time in the informal sector to that in the formal sector remained constant at around one third. Small agricultural production still played the leading role in working time used in the informal sector, but its extent was decreasing together with construction and maintenance activities. Spéder (1997) provides a more nuanced picture of agricultural production, stating that while production for self provisioning increased, production for market purposes decreased between 1992 and 1994.

The only type of informal work that increased was repair work. It seems that time-use decreased the most for those activities where the formal counterpart was also in crisis. This suggests that as former second economy activities were integrated into first economy activities, so the crisis in the latter also caused the former to lose ground. Participants in informal work are mainly older (with a high percentage of pensioners), low skilled males living in villages and other marginalized groups in the formal labor market. Some changes occurred in the composition of the labor force in the informal sector: namely there emerged a growing percentage of women and more skilled people.

A study based upon in-depth interviews with the unemployed, suggested that work in the informal sector is one way of maintaining minimal living conditions (Simonyi 1995). Small-scale agricultural production, child-caring, baby-sitting, repair activities, sewing and cleaning are the kinds of activities that are widespread. Casual work in the construction industry, catering, commerce is also possible in many instances, but people in this situation can rarely manage without extensive help from the family. Those who have some resources and stable

family help can end up as self-employed. For others, relying on Social Assistance or doing casual work possibly in the informal (illegal) sector remains as alternatives.

- **Job coaching/mentoring**

Job coaching for people with disabilities does not exist. Coaching and mentoring refers only to management and senior leaders.

VI. Legal Framework

IV.1 National Disability Legislation

The rights of persons with disabilities are protected by a combination of special legislation and general legislation. According to the Government, the rights of persons with disabilities are protected only by general legislation. There is no judicial mechanism to protect the rights of persons with disabilities. The non-judicial body for that purpose is an Ombudsman. According to the Government, the judicial mechanism available to protect the rights of persons with disabilities is due process (legal remedy through the courts). Non-judicial bodies also include a special arbitration/conciliation body.

General legislation applies to persons with different disabilities with respect to education, employment, the right to marriage, the right to parenthood/family, political rights, and access to court-of-law, the right to privacy and property rights. The following benefits are guaranteed by law to persons with disabilities: health and medical care, financial security and participation in decisions affecting themselves. According to the Government even the benefit of training, rehabilitation and counseling is guaranteed by law.

No new legislation concerning disability has been enacted since the adoption of the Rules.

a. **Specific laws**

The officially recognized disability policy in Hungary is expressed in law and in guidelines adopted by the Government. The emphasis - in descending scale - is on: antidiscrimination law, prevention, rehabilitation, individual support, accessibility measures. The rights of persons with disabilities are protected by general legislation. The judicial mechanism available for the protection of disabled persons rights is due process (legal remedy through courts), while administrative and other non-judicial bodies include: an Ombudsman and a special arbitration/conciliation body. The general legislation applies to persons with different disabilities with respect to: education, employment, the right to marriage, the right to parenthood/family, political rights, access to court-of-law, right to privacy, property rights. The following benefits are guaranteed by law to persons with disabilities: health and medical care, training rehabilitation and counseling, financial security, and participation in decisions affecting them.

The rehabilitation fund is part of Labor Market Fund. The main authority for Fund management, the Ministry of Labor, employs the staff. Management of funds is a central task, while ensuring continuity of their utilization is a decentralized country task. Financial practices of the Fund are supervised by the Ministry of Finance, the State Audit Office and the Government Control office. Funds are not invested and Treasury account at the end of the fiscal year.

Public health is an organized activity pursued by all of society, target at improving the population's health status through health promotion and disease prevention. Within the scope of public health action, scientifically founded biological and natural-social environment conditions for health shall be defined, as shall methods for promoting health and preventing disease that are effective, accessible and acceptable to the population, as shall the specifics of an institutional system required to carry out said activity.

Sources:

<http://www.eum.hu/eum/english/CLIV/chapter3.htm>

b. Policy objectives

Chapter III: The objectives of the National Program of Disability Affairs

1. Rehabilitation related objectives – I.

1.1. Prevention of the disabled condition and its deterioration

1.2.

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

Institutions that help conscious family planning and provide life-style counseling (health, education, social and child protection) should be strengthen and be made accessible, and also should be operated in a system. Supporting further researches is essential for prevention in the area of reducing the risk of congenital disabilities and to reduce the number of premature births. It is necessary to expand prenatal and postnatal screenings, increase the special health interventions through which the extent of disabilities can be reduced. The system of compulsory screenings should be reviewed, and if necessary, proposal is to be propounded to up-date them; related to this, the possibility of organizing the health, social, mental health, educational and occupational rehabilitation after medical screening into a system should also be examined. Related to the National Labor Safety Program such legal measures are to be taken and programs are to be started that prevent workplace accidents, Health and Safety on workplace and labor safety conditions are to be strengthen. The legal and financial possibilities to create and introduce an accident insurance system based on independent, modern risk management should be examined.

1.3. Definition of disability, classification of disabilities

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

c. Strategic goals

Laying the foundations for complex rehabilitation

The legal definition of disability in Hungary today is not consistent, therefore the range of people who receive care/support is also different, often unfairly so. Nevertheless, several assessment committees function for conceding eligibility to different financial and in kind educational, health, child protection, employment care/support, and their professional opinions are often not interchangeable even within the same sector. This puts unfair burden on those concerned and on the fund providers as well. Therefore the possibility to unify and simplify the assessment procedures is to be revising. In order to provide rehabilitation as defined in Section 4 point b) and Section 19 of Act XXVI of 1998 on the rights and equal opportunities of people with disabilities – to be implemented in a complex manner as a system, providing financial and personal services – the possibility of introducing a disability identification card should be taken into consideration. Also the possibility to set up an expert committee responsible for the preparation of the complex rehabilitation plan, for the coordination of the complex rehabilitation and for the measuring of the efficiency of the plan must be examined.

Complex rehabilitation areas – as processes

The possibility of developing the early intervention of disabled children under 6 in public educational, social and child protection institutions into a professionally and financially unified system is to be examined. New foundations are to be laid for the assessment of working capacities, and the rehabilitation system which follows such an assessment procedure, which is aimed at putting people to work, which is successful and complex, which have elements that build upon one another and complement to each other (health, employment, mental health, and social rehabilitation); the aim is that rehabilitation – during which rehabilitation annuity can be paid – would be followed by employment. The new assessment system of the change in working capacities is to be developed in such a way that focuses on the present level of working capacity, the trainability of the given person, his/her

qualifications, occupation and age be all taken into account. A complex set of professional criteria needs to be worked out by transforming the medical assessment system, and these criteria would cover the status of the given individual, including the extent of the disability, the major directions of rehabilitation and the use of the remaining functions. The institutional system for the immediate and complex rehabilitation of people becoming disabled due to accident or disease must be developed (e.g. basic rehabilitation of blind people). The institution system providing complex rehabilitation (employment, social and pedagogic) to autistic children and especially to adults is to be developed, including the diagnosis of autism. Equal access must be guaranteed to primary medical care and to secondary care to all people with disabilities. Therefore and in order to develop the public health system, purchase of tools and instruments necessary to provide equally accessible family (paediatric) medical care and dental care as well as specialized secondary care also to people with disabilities is to be supported, the possibility of easier access to health services (e.g.: screenings) is to be reviewed, and a program is to be drawn up for implementation. In case of young people with disabilities who can be drawn into vocational training, training, rehabilitation and employment are to be coordinated. Processes that harmonize the various forms of non-educational support with the conditions of training (e.g.: transport and personal help services, auxiliary aids helping training, etc.) for students with disabilities must be elaborated. It is important to define the role of educational institutions in starting the access process to these different forms of support, in providing certificates of eligibility to such care, and in providing such care (e.g.: renting certain aids for the duration of the training course).

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

d. Standards

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

e. Accreditation

Accreditation is performed by the Public Employment Service. On aim of this is to make sure that the proper financial and human resources are available for the employment. The other aspect is that that people with disability should do the highest possible level of work compared to their state. So they should be provided with not only jobs requiring training but also jobs requiring more professional knowledge. The accreditation experts check the spot and the location, whether these expectations are fulfilled or not. Companies have to write reports annually, and may lose accreditation if they cannot reach the indicators.

There are three accreditation levels in Hungary:

1. Basic level: enables the employer to receive the subsidy even if they employ only one employee with disability. This subsidy can be 60-100% of the employee's salary.
2. Accredited organization level: These organizations can employ 20-50 people. These organizations must have at least one rehabilitation expert. The subsidy is similar to Level 1.
3. Highest accreditation: They employ people who could not get a job in the open work market. These organizations can apply for support for assets and personal conductors, besides tax and other benefits.

IV.2 Employment Law

f. Incentives

New legal rules:

- XXVI Act of 1998 on the rights and equal chances of the disabled 11/1998(IV.29) MüM (Ministry of Labor)
- Decree on the Rehabilitation Process of the Labor Centers C Act of 1999 on the announcement of the European Social Charta (Article 15 “the right of physically or mentally disabled persons to vocational training, rehabilitation and social inclusion”)
- Act V. of 2005 on the amendment of the C Act of 1999 on the European Social Charta) 100/1999 (XII.10.)
- Resolution of the Parliament on the National Disability Program (Listing of measures in order to ensure the equal chances, the right to self-determination, the independent living and the active participation in the social life for the disabled persons.)
- 2062/2000 (III.24.) Resolution of the Government on the middle-term Action Plan for the Implementation of the National Disability Program (the middle-term Action Plan for the Implementation of the National Disability Program refers to all fields of the life, the tasks are determined separately for each ministry).
- 30/2000 (IX.15.) Order of the Ministry of Economy on the services of the labor market and on the referring benefits. (Content of the service, rehabilitation advising, as an independent form of advising.)
- Act of CI of 2001 on Adult Training (22§ on the normative support for adult training).
- 29/2002 (V.17.) Order of the Ministry of Education on the terms ensuring the equal chances for disabled students for continuing their studies.
- Act CXXV of 2003 on the equal treatment and on promoting the equal chances.

- Resolution of the Government - 362/2004 (XII.26) - on the Authority for Equal Treatment and on the detailed rules of its procedure.
- 1/2000. (I.7.) Order of the Ministry of Social and Family Affairs on the tasks of the social institutions providing personal care and on the terms of their functioning. (organizing the employment for persons living in the institutions; elaboration of individual rehabilitation program; supporting service; rules referring to the rehabilitation institutions; rules for the work of those who get any social service.)

Legal rules modified between 1999-2005:

- III. Act of 1993 on the social administration and on the social benefits, 112-113 E § (separate rules referring to the rehabilitation institutions and to homes for rehabilitation)
- Act XXII of 1992 on the Labor Code; 72 §, X/A Paragraph (regulates the telework as a special labor relationship; 87/A the employment relationship of the person entitled to a disability pension can not be terminated with regard to this)
- IV. Act of 1991 on the support of the employment and on the unemployment benefit 41/A orders the employment obligation of the employer employing at least 20 persons (a quota of 5 %) and the payment of a contribution to the rehabilitation after the missing number. In 2004 the rate of contribution increased to 8 % of the national economic gross average earning in the year prior to the given year.)
- Act LXXXI of 1996 on the Corporate Tax and Dividend Tax 7§ (1) v): If the corporate tax payers employ at least to 50% disabled employees they are entitled to decrease the taxable value to the extent of the valid minimum wage. (per month and per person)
- CXVII Act of 1995 on the personal tax income 21.§ 49/B §(6)a; if the personal income tax payers employ at least to 50% disabled employees they are entitled to decrease the taxable value to the extent of the valid minimum wage. (per month and per person)
- Order 6/1996 (VII.19) of the Ministry of Labor on the supports for promoting employment and on the support from the Labor Market Fund that can be given in case of employment crises. 19 - 20 §.
- (Support that can be given for the employment of disabled persons)
- Joint Order of the Ministry of Health and Ministry of Finance 8/1983 (VI.27) on the Employment and Social Benefits of Disabled Employees (rules for providing support for the employers, support of the sheltered employment).

Penalties

In Hungary business companies employing more than 20 people are obliged to employ 5% disabled people. Companies which fail to fulfill this requirement are bound to pay 178.00 HUF (680 Euro) as rehabilitation contribution to the state. Most companies refer choosing paying instead of employing people with disability. The government planned to raise the contribution dramatically in 2009. Rehabilitation employment is supported from this income. From January 1, 2010, the rehabilitation contribution payable based on the Act on Job Assistance and Unemployment Benefits increased significantly, to more than five-fold and its annual rate now reaches HUF 964 500/person.

The obligation to pay this public burden depends on the number of workers with altered working capacity a company employs.

The employer is only obliged to pay contribution for the support of the rehabilitation of people with altered working capacity if the number of the company's employees exceeds 20 and the number of employees with altered working capacity does not reach 5 percent of the headcount, i.e. the mandatory employment level. Practically, the employer who employs 21 workers and none of these employees are of altered working capacity must pay rehabilitation contribution.

Headcount means the average statistical headcount of the current year as the number of employees may change a number of times during the tax year. We have to note that for the purposes of average statistical headcount calculation, data must be rounded to one decimal place in accordance with general rounding rules – rounding figures up to 4 downwards and figures above 5 upwards – for both 2009 and 2010.

The following persons do not have to be considered for headcount purposes:

- employees employed in public-interest and communal work,
- employees subject to the scope of the Act on the Service Relationship of Professional Members of the Armed Forces and the Act on the Legal Status of Professional and Contract-employed Soldiers of the Hungarian Defense Forces, and
- employees who are employed under secondment, temporary assignment to another employer or work hire as defined in the Labor Code.

Until 31st December, 2009 the rate of the rehabilitation contribution was determined on the basis of the annual gross average income of the national economy in the second year before the current year. However, from this year the basis of the contribution is determined by the Annual Central Budget Act.

The rehabilitation contribution liability is determined on the basis of the mandatory employment level, i.e. the difference between the prescribed number of altered working capacity employees and the actual number of such employees.

The annual amount of the rehabilitation contribution is the number of the above-mentioned difference from the prescribed number of altered working capacity employees in the current year multiplied by the rate of the rehabilitation contribution.

We note that for more than 10 years now, employers have had the opportunity of exemption from the obligation of rehabilitation contribution payment by employing altered working capacity employees as the amount payable depends on the number of employees missing from the prescribed 5 percent ratio.

The persons whose employment exempts the employer from the obligation to pay rehabilitation contribution are defined in a special regulation, the Government Decree on Budget Subsidies Available for Employment of Altered Working Capacity Employees.

For the purposes of the employment obligation, only those persons can be considered as altered working capacity employees, whose daily work-time, based on their employment contract, reaches four hours and who have the expert opinion prescribed by the regulation.

A person may be considered as an altered working capacity employee as long as the expert opinion certifying the health impairment is valid. The employer must keep a record of these persons in the prescribed form and with the prescribed data also including data on the health impairment of altered working capacity employees.

The rehabilitation contribution liability is assessed, declared and paid to the relevant account of the Hungarian Tax Authority by the employer obliged to pay this contribution.

The payment obligation is fulfilled by the employer through the payment of a quarterly advance during the year the rate of which is twenty-five percent of the annual rehabilitation contribution liability calculated on the basis of the actual figures of the current year. The due date of payment of the advance is the 20th of the month following the current quarter. No advance is payable for the fourth quarter.

The actual annual rehabilitation contribution liability for the current year is payable until the 25th of the second month following the current year and the employer also has to pay the difference of the annual contribution liability and the difference of contribution advances declared during the year at this time.

- Job Standards

Part-time employment is far less significant in Hungary than in most countries of the EU (Laky et al. 1997, Frey 2000, Labor Research Institute 2000). This also has some historical roots: in the socialist economy part-time work was only possible for working pensioners, and when at the beginning of the 1990s this group lost its position on the labor market, so did

part-time employment. In 1995 the Labor Force Survey reports only a 1,8% of employees who regularly work less than 34 hours a week. The percentage of part-time workers is the highest in jobs requiring a university diploma and in the poorest qualified jobs. Part-timers are also more frequent among women between 25 and 44 years of age (Laky et al. 1997). This percentage has somewhat increased since then. In 1997 and 1998 the percentage of those employees who regularly worked less than 30 hours was around 4,5%. Not all of them are part-time workers however: an estimated 45% of them are effectively workers whose total employment time fell into this category (Frey 2000). Presumably, these are casual workers. Another 10% of the employed had very variable working times, but these might also be casual workers rather than part-timers (Labor Research Institute 2000). Part-time employment is not popular in Hungary mainly because social security contributions and taxes are so high that it does not pay for firms to hire part-timers. Also, the lower pay associated with part-time work might simply not be enough for job-seekers to leave unemployment benefits or to make it worth working once travel costs have been deducted (Labor Research Institute 2000). Another popular form of flexible working time is overtime work. According to the Labor Force Survey data, 21% of employees reported working regularly more than 40 hours a week. The main reason for this is overtime work (Frey 2000). Employees can also extend working hours by having a second job. The percentage of those having a second job is surprisingly low: in 1999 only 1,8% of the employees had a second job. Work time flexibility also results from the tendency of companies to extend activity over nights and weekends, in order to ensure the efficient utilization of machinery, for example. According to the Labor Force Survey results, 17% of employees work regularly during the evening, and 9% during the night. Some 16% of employees go to work on Saturdays and 9% has to work also regularly on Sunday. This work is mainly concentrated in mining, the food industry, transportation, commerce, health care and social services. One fifth of all employees work in double shifts. In 1998, 7% of employees report working flexible hours and 6% said that they were free to determine their working hours (Frey 2000).

- **Health + Safety**

Information, consultation and participation of workers concerning health and safety in SMEs

The Hungarian Act XCIII of 1993 on Labor Safety came into force on 1 January 1994. According to this act:

- employers shall initiate consultation with employees and/or their representatives in advance and in good time on all questions relating to the employer's actions concerning safety and health at work.
- employees or their representatives shall be consulted with regard to the following obligations of the employer:
 - the designation, employment and activities of workers for carrying out the duties related to occupational safety;
 - the provision of information concerning safety at work;

- the planning and organisation of training on with occupational safety.

Workers representatives

- Workers have the right to elect (a) representative(s) to represent their rights and interests related to occupational safety, and an occupational health “worker’s representative” according to the following:
 - A worker’s representative shall be elected at all employers with at least fifty employees in accordance with the Hungarian Labor Code. The provision of the conditions for the election and the staging of the election shall be the responsibility of the employer.
 - b) Since 1 January 2008, the employer with less than fifty employees (SMEs) has an obligation to organize the election of employee representatives wherever it has been initiated by the local branch of the trade union or the works council, or – in case they have failed to do so –by the majority of workers.
 - c) At employers’ with less then fifty employees (SMEs), consultation with the employees shall be held if a workers’ representative has not been not elected.

Representative body

- At employers with at least fifty workers and where a workers’ representative has been elected, a representative body shall be set up by the employer, with an equal number of delegates representing the employer and the employees.

Administrative reporting

- An administrative report on the situation of OSH in Hungary is prepared for the government by the National Labor Inspectorate (Országos Munkavédelmi és Munkaügyi Főfelügyelőség, [OMMF](#)) and the Hungarian Office for Mining and Geology (Magyar Bányászati és Földtani Hivatal, [MBFH](#)). According to the latest report on the year 2007 at the majority of enterprises worker representatives do not take part in the investigation of accidents at work.

Foundation

- In order to help worker’s representatives to carry out their activities efficiently, the Foundation for the Worker’s Representatives ([Munkavédelmi Képviselekért Alapítvány](#)) was founded, which organizes training courses, forums for the members of the foundation, issues booklets to support them in their work at the workplaces.

Since 1 January 2008, employers with less than fifty employees (SMEs) are obliged to organize the election of employee representatives wherever it has been requested by the local branch of the trade union or the works council, or – in case they have failed to do so – by the majority of workers.

Employers with less than fifty employees (SMEs) – if a workers’ representative is not elected – shall hold a consultation with the workers.

There are no reliable statistics on the number of elected representatives. According to the estimation issued by the Foundation for the Worker’s Representatives, they represent one-sixth of all employees.

This estimation is issued by the Foundation for the Worker’s Representatives.

Trade unions demand that safety representatives shall be elected in SMEs, too. The National Confederation of Hungarian Trade Unions (Magyar Szakszervezetek Országos Szövetsége, [MSZOSZ](#)) calls for the compulsory election of in workplaces with more than twenty employees, given the large share of SMEs in the economy. The proposal met fierce opposition from the employer side.

Most typically, enterprises strive to simply comply with the legal regulations, rather than outdo those. The approach “well-being at work” is applied by thriving businesses and/or multinational enterprises.

The first occupational health and safety strategy is included in the Hungarian Program of Occupational Safety and Health (*A Munkavédelem Országos Programja*, available in Hungarian at <http://osha.europa.eu/fop/hungary/hu/systems/index.html/#programs>), which covers the period 2002-2007. This program recommends the election of safety and health representatives, as well as their training, and their provision with information and legal protection under labor law should be ensured.

The National Policy on Health and Safety at Work 2009-2012 (*Nemzeti Munkavédelmi Politika 2009-2012*) has laid down the principles of the strategy on health and safety at work, taking into account the Community Strategy which calls upon the member states to reduce the number of work-related accidents by 25%.

This national policy is currently undergoing consultations in the public administration system and has not been approved by the Hungarian Parliament yet. Although the current version of the policy paper, approved by the National Interest Reconciliation Council (Országos Érdekegyeztető Tanács, OÉT), does not single out SME-s, it proposes an analysis and preliminary investigations of the ways in which of the threshold may be lowered with respect to company size where the election of representatives would be mandatory or proposes to extend to the whole “organized work”.

According to this policy mentioned, there is a need for the

- simplification of the election procedure,
- voluntary registration of representatives,
- setting up professional standards on the training of representatives.

Workers' representatives are entitled to inspect the enforcement of occupational safety and occupational health requirements at workplaces, with particular attention to the following:

- safe condition of workplaces, work equipment and personal safety equipment;
- the implementation of measures taken in order to protect health and to prevent accidents at work and occupational diseases;
- the preparation and training of employees for occupational safety and occupational health at work.

Within the framework of exercising their rights, labor safety representatives are entitled to

- enter the various units of the workplace during working hours and inquire among the employees working there;
- participate in the preparation of employer decisions which may affect the health and safety of employees, including the compulsory employment of specialists, the planning and arrangements for occupational safety training and the decisions on the establishment of new jobs or positions as well;
- request information from employers regarding any and all issues pertaining to occupational safety and health;
- express their opinion, and request the employer to take the necessary measures;
- take part in the investigation of industrial accidents, and in the exploration of the circumstances of occupational diseases upon the initiative of the party entitled to conduct such investigations;
- petition the competent occupational safety and health administration in justified cases;
- express their opinion to the person conducting the regulatory inspection.

The workers' representative or H&S Committee may request information from employers regarding any and all issues pertaining to occupational safety and health and employers shall take measures or respond within 8 days to the initiatives of workers' representatives or H&S Committee. If they disagree with an initiative, employers shall explain their position in writing, with the exception of cases requiring immediate action.

Within the framework of its operation, the Labor Safety Committee carries out, among others, the following activities related to occupational safety and health:

- gives its preliminary opinion on bills and drafts of other provisions, measures, reports and temporary program, with its unanimous resolution or the differing opinion of the negotiating parties shall be indicated in the respective proposal;
- takes part in drawing up the program for occupational safety, as well as the annual schedule and timetable for the execution of the program, and carries out the analysis and review of the program;
- provides its opinion and recommendations concerning the issues presented by the negotiating parties and to OÉT;
- makes recommendations concerning occupational safety beyond those contained in occupational safety regulations;
- provides information to the general public concerning its work;

- makes proposals for the use of proceeds from the penalties imposed by the H&S administration.

In Hungary social dialogue for better working conditions is in development. According to social partners, national level dialogue and its structure function well but in the majority of sectors H&S related dialogue does not exist.

Workplace level dialogue on the issue shows a colorful picture. In large companies it works at a higher level, and there is a more widespread practice of corresponding social dialogue. However, at a great number of workplaces no safety representatives are elected, or instead of consultation employers reduce their duties in providing information.

Accidents at work

The H&S administration, conducting inspections in order to enforce the provisions on safety at work, reports annually about the results of these inspections and the situation of H&S to the minister in charge of employment and labor, including statistical data on accidents at work, occupational diseases, as well as increased exposures http://www.ommf.gov.hu/index.html?akt_menu=223

However, data on occupational accidents (see statistics of OMMF on page 9 of the report available at http://www.ommf.gov.hu/index.php?akt_menu=172&hir_reszlet=234) by the size of enterprises have been available since 2008, which are accessible by directly requesting the Hungarian Labor Inspectorate related to earlier statistics.

There were more than 80 thousands accidents at work in 1989, but only more than 22 thousand in 2008. The decline is due to the decrease in the level of high risk in the heavy industry, the appearance of unemployment, as well as the general decrease of the intensity of production in many places. At the same time accident statistics need to be used with great caution in the attempt to assess the Hungarian situation of H&S at work.

The Hungarian Labor Inspectorate conducted a nationwide inspection campaign in the end of the 1990's to examine whether employers actually report occupational accidents as. The results of that survey are still valid today: at least 25% of work accidents have not been reported. Consequently the apparent decrease in the number of accidents is partly due to an increase of underreporting. One of the reasons of underreporting is the heavy presence of the illegal economy, but it is impossible to even estimate the number of accidents among illegal worker, and only a few serious fatal ones are known of.

Self-employed people, i.e. one-person enterprises with no employees, are not covered by the occupational safety and health regulation at the present time, and consequently there is no reliable information available about their accidents at work.

Statistics available

Total number of accidents at work

The number of reported occupational accidents has shown an apparently improving trend for the past five years: the absolute number of the registered accidents decreased in the period 2004-2007, and showed a little increase in 2008. Most of the accidents occurred at the companies with 500 employees (37-39%), the proportion of the accidents at the micro-small-medium size companies is lower (4-15%).

Accidents entailing 3 lost days

Regarding accidents with 3 or more lost days, the same statement can be made: the highest proportion of accidents occurred at large companies (cca 38%), the lowest proportion of accidents at micro- (cca 4%), small- (14-15%) and medium sized (cca 30%) enterprises.

Fatal accidents

The reverse can be said if we look at fatal accidents at work: the majority of fatal accidents occurs at micro- (30-35%), small- (26-34%) companies, and a lower proportion can be noted at medium sized (18-22%) and at large (8-10%) ones.

However, the total number of fatal accidents decreased slowly but consistently in the period 2004-2008, with the proportion of accidents occurring at SMEs is relatively high.

The Foundation for Workers Representatives on H&S was established in 1996. The Foundation announces tenders to fund projects from the fines paid by employers failing to fulfill H&S requirements; it regularly and organizes forums, regional meetings for the representatives; issues booklets on the following, for example:

- Methods and proposals for representatives of OSH
- Basic knowledge on labor law for workers representatives of OSH.

Regional Consultative Forums are organized annually for promoting representative activity, where outside experts and lecturers are invited. The elected chairman of the Forum has a consultative right in the Labor Safety Committee of OÉT.

The Foundation conducted a survey in 2007 to explore the experience of the operating representatives and committees, the results of which have not been summarized yet. They were requested to fill out a questionnaire. 73 of the requested 125 companies have sent back valid responses. <http://www.mvkepvisele.hu/tapasztalatcsere.html>

The Foundation leaders expect further support from the Hungarian Labor Inspectorate. They seek to increase their prestige, e.g. by taking part in inspections conducted by the authorities.

g. Equality

On 22 December 2003 the Parliament adopted Act CXXV on equal treatment and the promotion of equality of opportunities. The Act is a general anti-discriminatory act prohibiting discrimination against women based on ‘gender, marital status and maternity (pregnancy)’. The principles of gender equality are also enshrined in the Constitution and in the 2002 Labor Code: ‘Everyone without any discrimination has the right to equal pay for work of equal value.’

The Equal Treatment Authority, established in 2005, monitors the implementation process of the requirements in relation to equal treatment. The authority is directed by the government and supervised by the minister responsible for equal opportunity issues – currently within the Ministry of Social Affairs and Labor (Szociális és Munkaügyi Minisztérium). The authority investigates individual cases of any infringements of the law, and gives its opinion on draft regulations on equal treatment and advises the government on the issue.

h. Rehabilitation re-training

Measures on the interest of employability of people with altered working abilities

The Adult Education Act (no. CI of 2001) on adult education instated the normative support of adult education which

a) can be given to educate the adult participating in education aimed at the first, government recognized certificate included in National Educational Register, and b) can be given to educate the adult with disability for general, language, and vocational education in government recognized, accredited adult education institution.

The normative support is provided since 2003 by the budget.

Concerning the permanent employment of unemployed people with altered work abilities the government is planning labor market education to play an increasing role. According to experience this customer group basically needs to resettle to an occupation fast, their education experiences are outdated, and rarely undertake the regular strain associated with education. There are only few accessible educational institutions, or institutions in accessible environment, and remote training is chosen only in small number because of lack of learning routine.

The special program are organized and realized by non governmental organizations, supported by governmental and European funds. These program aims at reintegration of people with disadvantages on the labor market. The main elements of special program are education and mental help taking the capabilities and limits of the people with disadvantages into account, and supported occupation.

One of the priorities of the Hungarian Government is to ensure equal opportunities for all members of the society. To facilitate the realization of this overarching goal as well as to express the commitment of the government, a special governmental body was set up in May

2003, the so called Government Office for Equal Opportunities. It is run under the supervision of a minister without portfolio in charge of equal opportunities. The mission of the Office is to facilitate mainstreaming in all policy fields as well as in the related strategies and actions. It pays special attention to influencing the values of the society, to making people more inclusive, especially in social terms. The Office strongly fosters equal opportunities and equal treatment in all areas, and fights against any negative discrimination and exclusion. Equal opportunities on the labor market, on the one hand assume an inclusive labor market free of discrimination, where nobody is at a disadvantage as a result of his/her origins, disability, age, gender, etc. On the other hand, in order to ensure equal opportunities on the labor market, positive measures are also needed to assist disabled people in obtaining a job and to eliminate the causes of a disadvantageous situation. The labor market participation of people with disability is low, the majority of the disabled people receive passive benefits, and many of them are threatened by the risk of social exclusion. According to a 2002 survey conducted by the Central Statistical Office among the population with long-term health problems, of the 656 thousand working age people fewer than 95 thousand were present on the labor market and almost 10 thousand of them as unemployed. The labor market opportunities of the people with disabilities are heavily restricted. Among those employed, less than 1/5 were employed in special (so-called sheltered, supported) jobs. The majority of disabled people subsist on disability pension or allowance.

i. Social partner roles

Both the associations of employers and the trade unions are fragmented and non-homogenous. Nine associations of employers currently operate by partly competing against each other, and face six trade union federations with conflicting interests. (For example the interests of the two largest trade union federations, MSZOSZ, the largest federation in the market sector, and SZEF, the largest federation of public servants are different in essence.) Further confusion derives from the fact that the bigger party of the social-liberal coalition maintains a close relationship with MSZOSZ, the chairman of the trade union confederation being a member of the Executive Committee of the Socialist Party. The pressure to pursue a restrictive economic policy splits the Socialist Party into several camps (supporters of a liberal economic policy, supporters of traditional socialist values and equal opportunities and the nationalist wing). If the government does not discontinue its restrictive policy, the party rank and file protests and the trade union wing threatens to separate. If the government, however, does discontinue such policy, it loses the coalition partner and its own liberal wing.

Neither the chambers nor the trade unions have the administrative apparatus or the expertise to secure their substantial participation in the institutions of social partnership. The financing of these tasks is equally uncertain. As a result, the social partnership in Hungary is a rather loose network of institutions of different size, competence and interests than a ripe corporatism. While government ideas concerning regulation follow the patterns of the type of corporatism that can be seen in Germany or Austria (efforts towards an overall "socio-economic agreement" that has failed so far, mandatory membership), real processes develop rather according to the "Italian", decentralized and pluralistic paradigm.

j. Absence Management

Available Hungarian statistics relevant to the topic are confined to one particular form of absenteeism, namely sick leave.

The National Health Insurance Fund Administration (Országos Egészségbiztosítási Pénztár, [OEP](#)) collects data on absence from work due to illness, as it administers and disburses the sick pay (*táppénz*). Sick pay is compensatory payment for income loss to be paid by OEP for every calendar day for a maximum of one year. Absence from work in this context is defined as non-attendance at work as a result of the condition of incapacity for work, recognized by a doctor. Incapacity for work may occur in the following cases:

- illness of the insured person;
- pregnancy and childbirth, if the insured person is not eligible for another allowance;
- a parent who looks after their child aged under 12 years;
- a mother whose child is receiving hospital treatment and is aged less than one year, and the mother breastfeeds the child;
- hospitalization;
- individuals who have been prohibited from performing their job due to public health concerns.

To facilitate employers' control over absenteeism, for the first 15 days of sick periods employees have to take sick leave (*betegszabadság*) and the loss in salary is compensated by the employer. If an employee has used all 15 days of sick leave that they are entitled to in a calendar year, the employee may then go on sick pay leave if needed; however, that leave must also be certified by a doctor.

Employees report incapacity for work to their employers, supported by evidence from the doctor; the employers report it to OEP.

In 2007, two million people were entitled to sick leave, 31,000 of whom went on sick leave. In the same year, the number of working days lost on sick leave was 8.1 million, which is the lowest figure in recent years (Table 1). Taking into account the average annual working days (253) and the number of employees in companies with at least five workers (2.8 million), the above figures correspond to a 1.2%–1.3% sick rate, according to the *Statistical yearbook of Hungary 2008* published by the Central Statistical Office (Központi Statisztikai Hivatal, KSH).

No data are available according to the length of absence.

Volume of sick leave, 2002–2006

	2002	2003	2004	2005	2006	2007
No. of days of sick leave (in millions) – working days	9.2	9.6	9.6	9.2	8.5	8.1

The new rules on sickness absence entail:

- a 10% decrease in the amount of the allowances – for the first 15 days of sick leave, employees receive 70% of their average daily gross salary, instead of the previously provided 80%. They are then entitled to 60% of their average gross daily salary as sick pay (rather than the 70% paid previously) if the employee has at least two years of employment history;
- a maximum length has been set for so-called ‘passive’ sick pay whereby people are entitled to receive sick pay even if they are no longer employed – a couple of years ago, it was 365 days but now it is 30 days;
- a maximum amount has been set for the sick pay, which is not more than four times the minimum wage;
- a maximum amount has been set for the amount of sick pay to be paid per day;
- the length of sick pay provided on account of equity – that is, when the employee does not have the required two years of insurance history to be entitled to sick pay – has decreased from 45 days to 30 days.

Furthermore, it is suggested that the enhanced service of the supervising doctors employed by OEP, who have the right to review the state of incapacity for work, as well as general practitioners’ medical practice and documentation related to the cases, have also contributed to the decrease in the number of sick days taken by employees ([HU0910029I](#)).

k. Universal Design

In Hungary the Budapest Business School runs courses on Universal design.

The Budapest Business School, Hungary's market leading and largest college, educating some 20 000 students, was established as a result of the Hungarian higher education integration and on 1 January 2000 the three legal predecessors - the College of Commerce, Catering and Tourism (CCCT), the College of International Management and Business (CIMB), and the College of Finance and Accountancy (CFA) - were merged.

In the academic year 2010-2011 the Budapest Business School (BBS) offers 8 undergraduate programs (in the case of four programs in foreign languages as well: in English, French, German), 6 post-graduate programs, 21 post-secondary vocational training programs, 48 post-graduate diploma courses, Business Administration doctoral school, and numerous adult education programs to its prospective students.

I. Standards

Different forms of employment that go beyond non-standard employment in Hungary

- Very short part-time contracts (less than 10 hours per week)

In Hungary the share of part time workers is far lower than the EU average: only 3.1 % of the employees working regular hours. (The statistical definition assumes fewer than 30 hours weekly. If we take into account jobs up to 36 hours, the figure will come up to 5.9%.) The statistical category of shortest working hours indicate the share of employees working less than 15 hours, this included a mere 0.4% of the employed in 2007. There have not been many variations in the figures over the years. (Source: Hungarian Central Statistical Office (Központi Statisztikai Hivatal, [KSH](#)))

- Short fixed-term contracts, of either less than six months, less than three months or less than one month

The share of fixed-term contracts is also lower than the EU average: it was 5.9% of the employees in 2007. Of them 62.2% had a contract for less than six months, 42.3% for less than three months and 6.7% for less than one month. The share of fixed-term contracts has gradually increased over the years. (Source: Hungarian Central Statistical Office (Központi Statisztikai Hivatal, [KSH](#)))

- employment without formal written contracts, (based on oral contracts)

No statistical data available.

In practice the law allows oral contracts up to the thirtieth day of employment. Beyond this period oral contracts can be considered an illegal practice. Estimates for undeclared work vary between 20 and 30%, which, of course, include other illegal and semi-legal forms, too.

- “zero hours” contracts/on-call work, where workers can be called upon at short notice to go into work. Do these contracts guarantee a minimum number of working hours a week? Do these contracts offer a fixed hours pattern or can the employer vary working hours?

No statistical data available. However, as far as it can be assessed based on personal experience, this form of contracts is not used in Hungary. The Labor Code regulates on-call work, but in practice such employment contracts usually contain a minimum of regular hours.

- any other forms of employment that are considered to be non-standard in your country (excluding regular part-time, temporary agency work and economically dependant work).

In August 2005, the so-called ‘blue-book for casual workers’ was introduced, which later on was renamed as Booklet for Casual Workers (*Alkalmi Munkavállalói Könyv, AMK*). ([HU06090191](#)) This was initially envisaged as a simplified method to turn private households into lawful employers, following the German model of ‘mini-jobs’, however it became more common in agricultural, construction and other industries employing casual/seasonal workers. Casual workers can apply for the booklet in the state-run employment offices free of charge. It allows taking up casual jobs for up to a duration of 5 days at maximum for 15 days in a month and 120 days in a year. (The regulations slightly vary for different forms of AMK depending on the nationality of workers and the sector as well as the legal status of the employer.) Taxes and social insurance contributions are to be paid by the employers in the form of a stamp which needs to be stuck into the booklet on the days of work. The ‘price’ of the stamps is legally regulated depending on the day’s pay. Not only is the employers’ administration burden eased, but taxes and contributions are also lower than those for ‘regular’ employment. Casual employment with the use of the booklet qualifies as employment contract implying appropriate insurance and pension base.

In 2007 altogether 372 thousand booklets were actually in use and the total number of working days amounted to 7.4 million. (This is lower than the performance of Temporary Agency Work, and equals to 0.6% of the country’s employment in terms of full time equivalent.) The same figure was 4.3 million in 2006, so it shows a steep growth. In 2007 on the average an AMK worker performed altogether 20 days in 12 installments, namely he/she worked 1.7 days at one occasion. According to an establishment survey about 20% of the firms make use of this preferential form of employment. (Source: Public Employment Service (Állami Foglalkoztatási Szolgálat, [ÁFSZ](#)))

There is no significant debate on non-standard employment. In the nineties some published several articles which presented the European trends and claimed that in the future only atypical forms provide job creation capacity in Hungary, too. Policy debates focus on active employment policy measures (like AMK), and are tied to proposed or submitted bills amending the regulations. Trade unions do not address the issue either, with the exception of Temporary Agency Work.

m. Accreditation

The only accreditation form existing in Hungary is described in “Legal Framework” chapter

VII. Additional Resources

V.1 Materials

a. Policy Documents

NGOs in Hungary have produced a shadow report which looks in detail at the level of CRPD implementation in the country. The 254-page report entitled ‘Rights of Persons with Disabilities or Disabling Rights?’ was launched at a public event in Budapest, Hungary, on 10 August 2010.

The report contains recommendations to the Hungarian government, including

- Providing supported decision-making for the approximately 80,000 people under guardianship;
- Amending legislation to guarantee reasonable accommodation and accessibility;
- How to close large institutions and develop independent living;
- How to ensure inclusive education of children with disabilities;
- How to bring employment law in line with the CRPD.

The shadow report has been sent to the UN Committee on the Rights of Persons with Disabilities.

b. Research Reports + Publications

Rehabilitation services

1. Medical rehabilitation

Medical rehabilitation services have a top to bottom organization scheme in Hungary. First the National Institute for Medical Rehabilitation was established. Its Department of organization and Methodology has been assigned to support the establishment of rehabilitation medicine services at county and community levels. This work started in 1975. Currently 17 out of 19 counties in Hungary have rehabilitation medicine units in their county hospitals, totalizing about 700 beds. The level of services still rather varies, depending on the size and location of the unit and on the previous training and experience of the consultant in charge and other members of personnel, etc. The best units work on a European level. Hopefully this network will be completed in the near future and the level of work standardized. In addition to the interdisciplinary rehabilitation medicine departments for people with physical impairments, there are specialized rehabilitation medicine units in cardiology, pediatrics, psychiatry etc. There is no organized rehabilitation training in the curricula of physicians, and the postgraduate rehabilitation medicine training and the specialization were also created recently. Consequently the described development was

almost inevitable. Most of the services are covered by the national health care system. Some elements of medical rehabilitation are part of the work of general practitioners. Some municipalities established health centers, somewhat similarly to the Finnish system. In recent years experimental projects were initiated to provide rehabilitation services in the community as part of the primary health care system. Community nurses, social workers and family physicians (general practitioners) have been trained, their training containing mainly practical information.

The Hungarian WHO Liaison Office aided this development. The follow-up is in progress. On the other hand, translation and edition of booklets and videos have started, each dealing with specific rehabilitation medicine problems and tasks of a smaller group of chronic diseases or disabilities. These aim to help the work of primary health care. Health care and medical rehabilitation services for persons with certain chronic illnesses are also provided by polyclinics. These highly specialized polyclinics are usually integrated into university clinics or into county hospital units. Hungary has many spas. These are partly used as part the rheumatological services, partly as holiday resorts. Only a few of them – but an increasing number – provide rehabilitation services for people with more severe disabilities. This later development is also supported by new legislation. Some of the spas are used as holiday centers through the summer months and provide rehabilitation services during the rest of the year. Specialists of the National Health Service, usually in hospitals and polyclinics, prescribe medical and technical aids. Polyclinics are to be found everywhere in the country within a distance of 50 km. General practitioners are authorized to prescribe simple aids, mainly for repeated use, like shoe-inlays, aids for incontinent and ostomy patients, etc. Some of the more expensive and foreign aids, however, are only prescribed by special clinics or services (e.g. some hearing aids, electric arm prostheses and electric powered wheelchairs). Aids – except prostheses and some orthoses – are not provided free of charge. Patients usually pay 15% of the total price of the device. Victims of industrial accidents, war veterans, families with poor social status and persons with constant need of aids are provided all technical aids free of charge. Repeated provision of different aids for the reduced price is allowed only after various specified time intervals, usually after one year. Most technical aids are produced at the factory of aids and its county branches. Some cooperatives and private technicians also produce aids. Some aids are imported. The aids on the official lists are evaluated and approved by the National Institute for Hospital and Medical Engineering. This institute cooperates in its evaluation work with various national institutes representing different disciplines. If a patient needs an individually produced aid, which is not only a special adaptation of an existing aid on the official list, the price will be calculated and its respective percentage has to be paid by the patient. The establishment of so-called “Prosthetic and orthotic teams” at county level started in 1975. These teams do not deal only with prosthetic and orthotic fitting, but also with the provision of other aids for mobility-related impairments. On the other hand, they do not deal with the large number of simple medical aids, which are prescribed by polyclinics. These teams usually employ a physician, who is the head of the team, a physiotherapist for training the use of the aid, an orthopedic technician for technical control and necessary adaptations or small reparations, and finally an administrative worker. The establishment of these teams decreased the number of complaints related to the provision of technical aids.

2. Education

Pedagogical rehabilitation is based on special education services. The first institution for training children with disabilities was established in 1802 and the services have gradually developed. The enrolment of a child in the special education system is the responsibility of the so-called Transferring Committees and the Education Counseling Services. Children with the most severe disabilities, who are incapable of succeeding in any form of school education, are taken care of by the health care children's homes, where they may get help in developing some of their individual skills. At present, somewhat more than 3% of all primary school children participate in the special education system, i.e. about 35,000 children. The system has different types of services, special boarding schools (usually for children with multiple or very severe disabilities), special schools of various types and special sections or classes operating in public primary schools. There is also a possibility to have corrective education beside participating normal schools (e.g. for children with speech impediments – some 10,000 children receive such help) or for children who, due to their disability, study at home as private students. The system is often criticized for its tendency to act against integration, being a segregated system. This is especially true for children with physical impairments, who often cannot learn in regular schools because of the still existing architectural barriers. The new Law on Education created better chances for the integration of children with disabilities in public schools; the conditions, however, have to be established in the future. On the other hand, the special education system made many efforts to integrate pupils into normal social life. The children are prepared for vocational habilitation or rehabilitation through practical instruction and training as part of the training program. This aim is also supported by the auxiliary extended education, which helps young people with learning difficulties to enter work by developing their practical, vocational skills. A number of special schools also have direct contacts with sheltered workshops and with organizations of and for persons with disabilities. Integrated forms of education, both in kindergartens and in primary schools are also increasing. Mobile special teachers provide specialized services and counseling for the teachers and the family of children with disabilities who are integrated into regular schools and classes. Finally, higher levels of education – secondary schools, high schools or universities – are open for hearing, mobility or visually impaired students.

3. Vocational rehabilitation

The legislation on vocational rehabilitation has not created the expected interest – neither of the disabled employee students, nor the employer. The basic idea behind the legislation was that the shortage of the labor force and some economic regulations would create the interest of the employers to maintain the employment of those with changed working capacities and that they would initiate the rehabilitation process of those who could not fulfill the requirements of the earlier job without risking their health condition, e.g. because of a chronic illness. This did not come true in general; many employers placed their disabled workers into auxiliary jobs with less income and less social prestige. This happened in spite of the fact that the enterprises received various forms of financial support if they employed persons with changed working capacities or developed facilities for vocational rehabilitation. In the present situation of almost 14% unemployment – which has emerged rapidly – the interest in vocational

rehabilitation has further decreased. Employers and Work Force Offices cannot cope with the unemployment of non-disabled workers, the retraining facilities and other compensation mechanisms are still underdeveloped. On the other hand, many unemployed persons seek disability pension (if they can find a possible reason), for it provides a long-term compensation and financial safety in comparison to the temporarily available unemployment benefits. Employees, who lost 50% of their working capacity (or 15% of their working capacity because of a work accident or an occupational illness) and therefore need to be transferred to a new job, receive wage compensation by during the period of retraining or new vocational training. Those, whose working capacity decreased 25% or more as a consequence of a work accident or occupational disease, receive the compensation after the training period as well, if the new earnings are less than 80% of the previous income. The interest of the disabled person is usually to get the disability pension (that under special circumstances may reach 100% of the previous average income, but usually much less) and if possible, work in a part-time job afterwards. There is also a favorable new development in vocational rehabilitation in Hungary. The Hungarian Federation of Associations of Physically Disabled Persons and its member organizations established cooperatives or small enterprises for vocational rehabilitation and employment of their (usually severely) disabled members. These enterprises may receive financial benefits or tax reduction. Vocational rehabilitation during the reorganization of the country's production needs constant and careful attention and assistance.

4. Social rehabilitation

Some aspects of social rehabilitation services can be shortly summarized as follows. Social security for people with disabilities was shortly discussed under vocational rehabilitation. Personal social care has three main forms in Hungary. The most traditional is the institutionalized care in special homes. In spite of a constant and slow increase in the number of places in the homes and a rapid growth of other, community based forms like day care centers and home social assistance, the waiting list is not decreasing. The cause of this is not well examined and understood. On the other hand, the day care centers are never fully utilized. The caregivers of the home social assistance services are partly paid, partly voluntary workers. The churches also play a growing role in this respect.

Communication of persons with disabilities is helped by some benefits, mentioned in the legislation. However, state-organized services are still missing. Only a few institutions or organizations could solve the transportation of their members. There are a few specialized transportation services and the public transport enterprise of the capital has a few accessible buses. Housing is in an even worse situation, legislation still being in preparation. Accessible new flats are available in very limited number and in a few cities only. Holiday centers – the majority run by trade unions – are theoretically not discriminative against persons with disabilities, however, most of them are not or not fully accessible. The possibilities have improved in recent years. Organizations (like the Red Cross, churches or voluntary organizations) started to support summer camps for young people with disabilities or for families with disabled members. Sport and creative activities are usually organized by organizations of persons with disabilities. The oldest Hungarian organization of persons with disabilities is the Union of Blind and Partially Sighted (1918) that was shortly followed by the

establishment of the National League of the Hearing Impaired. The National Federation of Association for People with Physical Disabilities and the Parent's Association of Mentally Retarded Children were established in 1981, followed by the Association of Chronically Ill People. These are the five major organizations; smaller ones (like the Association of Persons with Cystic Fibrosis, etc.) have been formed recently. Altogether there are more than 60 organizations. It is very unlikely that these organizations would unify in one union of persons with disabilities, however, co-operation among them is increasing. Some 22 of these organizations are members of one umbrella organization providing co-operation. All organizations are actively protecting and representing the rights and interests of their members, e.g. in obtaining a friendlier environment, benefits or other types of financial support, education, health and social services or employment. They may organize training courses; establish private enterprises as mentioned earlier. Some organize summer holiday camps or cultural activities, or have good lending libraries. The twenty amateur theatre companies of deaf people have annual competitions, both they and the choir and the orchestra of the Union of Blind have won high reputation with open performances not only in the country but also abroad. Popular art groups have significantly increased in the country and also among groups and institutions of people with severe mental disabilities. The second Art Festival of Persons with Disabilities and their Friends was held in 1994. Sports activities are also organized by the organizations of persons with disabilities. Hungarian participants have increasing success at the Paralympics and at international competitions of persons with disabilities. This was recognized for example by hosting the World Championship in Sitting Volley Ball in 1986 at Pécs.

All these activities helped a great deal in both the social recognition and self-confidence of persons with disabilities in recent years.

c. Websites

Useful links

<http://www.addetur.hu/>

<http://www.drahu.org.hu/>

<http://www.salvavita.hu/index.php>

<http://www.latoter.hu/>

<http://szegedilatasserultek.5mp.eu/web.php?a=szegedilatasserultek>

<http://www.c3.hu/~mcsme/>

<http://www.szalmazszolgalat.hu/>

<http://www.autizmus.hu/index.shtml>

<http://www.efoesz.hu/>

<http://www.fogyatekos.hu/index.php>

<http://www.serultek.hu/>

<http://www.fszk.hu/>

<http://www.kezenfogva.iif.hu/>

<http://www.sinosz.hu/>

<http://www.kalvaria.eoldal.hu/>

<http://hallatlan.hu/>

<http://www.egymast-segito.hu/content/90>

<http://www.szebbenszeretnekjarni.hu/rehabilitacio.php>

<http://www.emberbarat.hu/>

<http://www.merfoldkorehab.hu/>

<http://www.siketvak.hu/>

d. Agency reports/analyses

No information available.

e. Socio-economic reviews

No information available.

f. Tools + evaluative resources

No information available.

VIII. Analytical Snapshot/Survey

VI.1 Gathering information

a. Questionnaire

The questionnaire (see Appendix 2 for the Hungarian version) was uploaded to Huddle docs and sent to 20 local and regional companies. Our first objective was to inform these companies about the project and to emphasize the advantages the project may offer to them. On the other hand willingness to employ people with disability was measured and we also wanted to collect information about existing good and bas practices too, to give examples for the training of auditors and consultants.

UEmploy Questionnaire

As a partner in the UEmploy European project (www.euemploy.eu), Enable Ireland is carrying out a study regarding the attitude of Irish employers towards hiring people with disabilities and, concurrently, focusing on identifying the obstacles they are faced with and the opportunities they are presented with in the labor market. The study is conducted at the level of 5 European countries (Bulgaria, Finland, Hungary, Ireland and Romania).

We kindly ask you to support us in the successful carrying out of this study by filling in the following questionnaire and by sending it back at the following e-mail address: [redacted]. All information you provide will be strictly confidential and your participation is completely voluntary

A. General information

Contact Details:	Name:	Position:
	Address:	

	Telephone:	Email:	Website:		
Type or organization (Please tick ✓ appropriate box)	National company	Foreign company	Public Institution	NGO	Other (please specify)
	5	1	3	3	
Number of employees (Please tick ✓ appropriate box)	1-9	10-49	50-249	250-999	Over 1000
	8	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of employees with a disability (Please tick ✓ appropriate box)	1-4	5-10	11-20	Over 20	None
	3	1	7	1	<input type="checkbox"/>

What categories of disabled workforce have you ever employed? Please tick.

Physical	8
Sensory	3
Developmental	1
Mental Health	-

B. Specific Information (Please tick ✓ appropriate box)

1a. Are you aware of the stipulations of the current legal provisions that refer to hiring people with disabilities?

Yes 100% No

1b. If yes, please provide at least one example

“(1998. évi XXVI. tv.) 387/2007. korm. rendelet; 1995. évi CXVII. Tv Szja” Hungarian laws regarding employing people with disability.

2. To what extent do you consider that the current legal provisions stimulates companies to hire people with disabilities?

To a small extent 5 To a moderate extent 6 To a great extent Don't know 1

3. Do you consider that by hiring people with disabilities the profit and profitability of your company will diminish?

Yes No Don't know

4. To what extent the working facilities in your company can accommodate people with disabilities?

Not at all 4 To a small extent 4 Largely Don't know 4

5. As far as your HR policy is concerned, to what extent do you facilitate the hiring of people with disabilities?

To a small extent 3 To a moderate extent 3 To a great extent 3 Don't know 3

6. What are the obstacles that may interfere with your policy of hiring more people with disabilities?

Access to the working place 5 Lack of qualifications 2 Lack of new positions 6

Lack of information 1 Other (please specify) 2

We had an employee with disability. We tried to find him companies nearly located to our center. He was responsible for giving advice to companies on financial and tax issues. In the interview he did not mention that he was afraid of travelling. Whenever he was supposed to travel out of the city and he had to take a bus or a tram, he did not do his job. We asked him why this happened but did not get any answer. Unfortunately he had to go to a company in the neighboring city and he failed to perform his job again. When our CEO tried to discuss it with him he decided to leave the company.

We had an employee with hearing impairment. He was a fork lift truck driver. He was perfect in his job, but there were some days in a month when he made a lot of mistakes. He pushed the holder holding glass or used the horn all the time. We sent him to our doctor who examined his papers and sent him to the central clinic. When he returned he decided to leave the company as his hearing ability worsened. We don't know exactly whether it was due to the noise of the plant or it was a natural process.

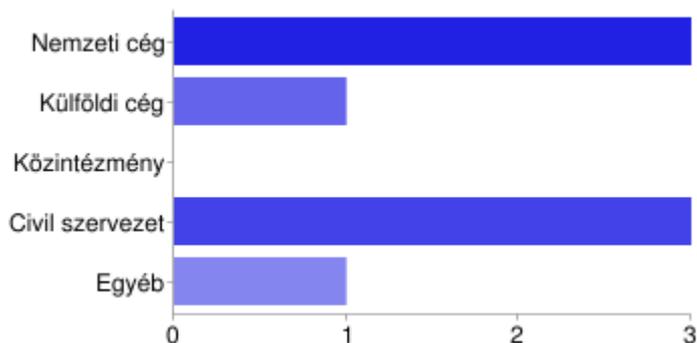
11. Please describe what specific problems did you face when you employed people with disability?

Communication was very difficult with them.

We had a lady who was mentally ill. She was a cleaning lady in the trade department. She started to work at 3 in the morning and cleaned the offices. After a month when our agents came into their offices they found all their papers missing from their desks. They wanted to find out where all their documentation was gone. They found everything in the dustbin outside their building. It was the cleaning lady who decided to produce a perfectly clean office. The cleaning lady never appeared again and the managers had to elect their documents for a whole day until they found everything. Some gossip arrived to the company about the cleaning lady cursing the company to others but everything was arranged by the local employment office who organized her employment.

b. Numbers (by category)

The survey was open for weeks. The questionnaire was sent to companies and other organizations.



8 companies filled out the questionnaire online.

c. Target companies

Target companies and organizations were

- national SMEs
- Foreign SMEs
- NGOs
- Civil organizations

d. Best practice

Some best practices were collected (see them in the questionnaire).

VI.2 Evaluating information

e. Methodology

The evaluation took place with Google docs.

f. Measuring awareness, willingness + capacity to employ people with disabilities

Companies seem to be willing to employ people with disabilities. Their most important trigger is avoiding paying the rehabilitation tax. Other important objective is staff cost reduction. Companies questioned were not reluctant to employ people with disability but were slightly afraid of higher costs. It is evident that they haven't used consultants to prevent risks while employing SN. Their employment took place randomly, without any concept or methodology. On the other hand profit oriented companies are afraid of higher quality costs when employing people with disabilities.

VI.3 Outlining strategy

g. Access

There are some consultancy services to companies which foster employment with people with disabilities. None of them provide structured services for employers to reduce risk by examining work positions. Their activity is limited to finding people with disabilities and finding employers to employ them. However there are some individuals consultants who try to analyze work places but they are not on the Internet and they have close relationship to the ministries responsible for rehabilitation.

h. Guidance, counseling, support

Employment centers provide information to companies about available work force including people with disability, they supervise accredited companies, but they only deal with reports companies send in regularly about the employment status. No real consultancy support is existing in Hungary to help companies to employ more people with disabilities with lower risks.

i. Planning + review

Designing a consultancy service which evaluates work processes and gives recommendations to companies how to employ people with disabilities would be a good investment in the future.

j. Consultancy to meet needs

Based on competencies consultants should evaluate work processes and determine the only categories of people with disability who can be employed on that certain work process with minimized risks.

Annex 1

Abrivations used in the report

- AOSZ** The Hungarian Autistic Society • Autisták Országos Szövetsége
- ÉFOÉSZ** Hungarian Association for Persons with Intellectual Disability •
Értelmi Fogyatékosággal Élők és Segítőik Országos Érdekvédelmi Szövetsége
- FESZT** National Council of Disabled Persons' Organisations • Fogyatékos
Emberek Szövetségeinek Tanácsa
- FSZK** Public Foundation for the Equal Opportunities of Persons with
Disabilities • Fogyatékos Személyek Esélyegyenlőségéért Közalapítvány
- MEOSZ** National Federation of Disabled Persons' Associations • Mozgáskorlátozottak
Egyesületeinek Országos Szövetsége
- MVGYOSZ** National Association for the Blind and Visually Impaired • Vakok
és Gyengénlátók Országos Szövetsége
- PÉF** Mental Health Interest Forum • Pszichiátriai Érdekvédelmi Fórum
- SINOSZ** Hungarian Association of the Deaf and Hard of Hearing • Siketek és
Nagyothallók Országos Szövetsége
- SVOE** National Association of the Deafblind • Siketvakok Országos Szövetsége
- ACT** Advocating Change Together
- DPI** Disabled People's International
- DPI Europe** Disabled People's International European Section
- EDF** European Disability Forum
- EUD** European Union of the Deaf

FIMITIC International Federation of Persons with Physical Disability

MDA C Mental Disability Advocacy Center

WFD World Federation of the Deaf

ÁNTSZ National Center for Epidemiology • Állami Népegészségügyi és
Tisztiorvosi Szolgálat

EBH Equal Treatment Authority • Egyenlő Bánásmód Hatóság

ELT E Eötvös Loránd University • Eötvös Loránd Tudományegyetem

IMEI Juridical and Observational Psychiatric Institute • Igazságügyi Megfigyelő
és Elmegyógyító Intézet

IRM Ministry of Justice and Law Enforcement • Igazságügyi és Rendészeti
Minisztérium

KSH Hungarian Central Statistical Office (HCSO) • Központi Statisztikai
Hivatal

MeH Prime Minister's Office • Miniszterelnöki Hivatal

NEFE International Development Cooperation (ID C) • Nemzetközi Fejlesztési
Együttműködés

NFÜ National Development Agency (NDA) • Nemzeti Fejlesztési Ügynökség

OBH Parliamentary Commissioner's Office of Hungary • Országgyűlési
Biztos Hivatala

OBH-ÁJOB Office of the Parliamentary Commissioner for Civil Rights •
Állampolgári Jogok Országgyűlési Biztosának Hivatala

National NGOs/DPOs

International NGOs/DPOs

National institutions

OBH-OJB Office of the Commissioner for Educational Rights • Oktatási Jogok

Biztosának Hivatala

OFT National Disability Council • Országos Fogyatékosügyi Tanács

OGYI National Institute of Pharmacy • Országos Gyógyszerészeti Intézet

SZMM Ministry of Social Affairs and Labour • Szociális és Munkaügyi

Minisztérium

IPU Inter-Parliamentary Union

ODA Official Development Assistance

OECD Organisation of Economic Co-operation and Development

OECD DA C Development Assistance Committee

OHCHR Office of the High Commissioner for Human Rights

UNICEF United Nations Children's Fund

Appendix 2

Hungarian version the the Questionnaire for Companies

Kérdőív

A UEmploy Európai Projekt tagjaként a Tudásklaszter Nonprofit Kft egy tanulmányt dolgoz ki tekintettel a magyar foglalkoztatók álláspontjára a fogyatékos emberek alkalmazására. A tanulmány egyidejűleg összpontosít az akadályok felismerésére, amelyekkel a munkáltatók szembesülnek valamint a munkaerőpiac lehetőségeire.

Kérjük, segítse munkánkat a következő kérdőív kitöltésével és visszaküldésével következő e-mail címre: zpg@t-online.hu. Szeretnénk felhívni a figyelmét, hogy az információkat szigorúan bizalmasan kezeljük.

A. Általános információk

Név					
Cím					
Telefon, e-mail, honlap					
A kérdőívet kitöltő neve és beosztása					
CAEN kód					
Szervezet típusa	Nemzeti cég	Külföldi cég	Közintézmény	Civilszervezet	Egyéb (Kérjük pontosítsa!)

Alkalmazottak száma	1-9	10-49	50-249	250-999	Több mint 1000
Fogyatékos alkalmazottak száma	1-4	5-10	11-20	Több mint 20	Egy sem

B. Egyedi információk

1. Ismeri a jelenlegi törvényeket, amelyek a fogyatékos emberek alkalmazására vonatkoznak?	Igen	Nem	Ha igen akkor kérjük, említsen egy példát!		
2. Ön szerint a jelenlegi jogi intézkedések mennyire ösztönzik a cégeket, hogy fogyatékos embert alkalmazzanak?	Kis mértékben	Átlagos mértékben	Nagy mértékben	Nem tudom.	
3. Ön szerint ha fogyatékos embert alkalmaz akkor a cége eredményessége csökkenni fog?	Igen	Nem	Nem tudom		
4. A cége mennyire alkalmas fogyatékos ember foglalkoztatására?	Egyáltalán nem	Kis mértékben	Nagy mértékben	Nem tudom.	
5. Véleménye szerint milyen esélyei vannak a munkahely szerzésre egy fogyatékos embernek Magyarországon?	Nagyon kevés	Kevés	Egyenlő	Sok	Nagyon sok
6. Az ön humán politikája milyen mértékben segíti elő a fogyatékos emberek alkalmazását?	Nagyon kis mértékben	Nagy mértékben	Nagyon nagy mértékben	Nem tudom	
7. Mi akadályozza a cégét abban, hogy fogyatékos	Munkahely megközelíté	Képzetts	Egyedi érvényesülé	Információ	Egyéb (Kérjük,

embereket alkalmazzon?	se	ég hiánya	si lehetőség	hiánya	említsen egyet!)
8. A következő kompetenciák és képességek közül ön szerint melyekkel rendelkeznek a legkevésbé a fogyatékos emberek?	Kommunikáció és kapcsolat		Csapatmunka képessége		Számítógép kezelés
	Alkalmazkodási képesség		Egyedi kompetenciák		Stressz kezelés
9. Milyen más intézkedéseket lehetne bevezetni, hogy ösztönözzük a foglalkoztatókat arra, hogy fogyatékos embereket alkalmazzanak?					
10. Kérjük, döntse el az állításokról, hogy igazak vagy hamisak!	A fogyatékos emberek több napot mulasztanak a munkahelyen.			Igaz	Hamis
	A fogyatékos emberek több munkahelyi balesetnek vannak kitéve.			Igaz	Hamis
	A fogyatékos emberek koordinálásának a költsége nagyobb mint a megszokott.			Igaz	Hamis
	A fogyatékos emberek kevésbé hatékonyak.			Igaz	Hamis
	A fogyatékos embereknek különleges bánásmódra van szükségük a munkahelyen.			Igaz	Hamis
Egyéb megjegyzések					

Nagyon köszönjük, hogy időt szakított a kérdőív kitöltésére. Válaszai segíteni fognak minket abban a törekvésünkben, hogy a munkaerőpiac könnyebben elérhető legyen a fogyatékos emberek számára. (További információkért kérjük keresse fel a projekt hivatalos honlapját: www.uemploy.eu)

Egyéb javasolt kérdések:

Milyen fogyatékosággal élő alkalmazottat foglalkoztatott? Please click.

Fizikai

Érzékszervi

Fejlődési

Pszichiátriai

Társadalmi

Kérjük, írjon le egy olyan esetet mikor sikerrel alkalmazott fogyatékosággal élő alkalmazottat.

Kérjük, írjon le egy olyan esetet mikor kevesebb sikerrel alkalmazott fogyatékosággal élő alkalmazottat:

Kérjük, írja le milyen nehézségekbe ütközött mikor fogyatékossgal élő alkalmazottat foglalkoztatott?