



**Convention on the Rights
of Persons with Disabilities**

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Consideration of reports submitted by

States parties under article 35 of the Convention

**List of issues to be taken up in connection with the
consideration of the initial report of Hungary
(CRPD/C/HUN/1), concerning articles 1 to 33 of the
Convention**

Addendum

**Replies submitted by the Government of Hungary to the list of issues
(CRPD/C/HUN/Q/1) to be taken up during the consideration of the
initial report of Hungary (CRPD/C/HUN/1)***

[6 July 2012]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited.

A. Purpose and general obligations (arts. 1 - 4)

Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/HUN/Q/1)

1. Social protection, including both basic social services and special care, extends to include persons with psychosocial disabilities, as psychiatric patients and not a specific group of disabled persons, as well as homeless people with disabilities.

2. In accordance with Act III of 1993 on Social Administration and Social Services (hereinafter Social Act), individuals provided social care in institutions offering personal care have, in view of their social situation and health and mental state, the right to be provided the full range of services offered by the social institution, as well as individual care and services based on their personal needs, special situation or state.

3. In regard to the right of individuals provided individual care in social institutions, the Social Act first of all specifies the protection of personal data and specifically refers to the protection of data provided during the course of care, with special regard to target groups either unable to or encountering difficulties in representing their own interests. This, in particular, refers to the following: rights pertaining to life, human dignity, corporal integrity, physical and mental well-being, the protection of personal data and confidentiality relating to private life. During the care procedure, special focus must be paid to only allowing access to the personal data of the individual provided care for authorised persons. Special rights include the following: ensuring access to the built environment, ensuring access to information and the data of the individual provided care, development of skills and abilities and maintaining their state or creating opportunities for improving their state, the principle of self-determination, respect for decisions made by the person with disability in respect of their personal lifestyle, right to social integration, creating contacts with other persons, having relationships, as well as use and access to institutions and services.

4. Relevant provisions governing Act CLIV of 1997 on Healthcare, the Social Act and its executory decrees regulating restriction and guarantees must be applied if the individual cared for manifests threatening or indirectly threatening conduct in large residential institutions providing services for psychiatric patients.

5. In view of how Hungarian law currently does not classify individuals with psychosocial disabilities in the category reserved for persons with disabilities, there is no special legal protection mechanism in place in Hungary for individuals with such disabilities. However, in view of how the Hungarian legal environment does not make any distinction on the grounds of any particular state – and therefore neither in respect of mental impairment – in respect of fundamental rights, persons with psychosocial disabilities have the right to take advantage of every legal protection instrument available for any other person with a disability. One of the fundamental instruments available is that the concerned individual (or the individual or organisation authorised to act their behalf) may appeal to the court competent in respect of the given regulation in the event of encroachment on their rights. In the event of any given encroachment on the rights of the individual relating to the procedure of authorities operating in Hungary, after exhausting opportunities available in respect of public administration legal redress (or in the event of the lack of opportunity for legal redress), a complaint may be lodged to the Commissioner for Fundamental Rights (Ombudsman). The Ombudsman is authorised to put forth recommendations for remedying the potentially exposed abuse to the authority concerned or its supervisory body, the public service provider or the codifying forum, alongside initiating the review of compliance between the relevant piece of legislation and the Basic Act at the Constitutional Court. The operation of the Equal Treatment Authority (EBH) represents another opportunity for seeking legal protection. Any individual (or group of individuals) treated unfairly in relation to how other individuals or groups of individuals in a comparable situation are,

were or may be treated because of traits, characteristics listed in Act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunities has the right to turn to EBH. This Act equally lists disabilities and health state among so-called protected traits, which is why individuals with psychosocial disabilities have the right to initiate procedures on the grounds of the new and old approach. If, during the procedure, it is proven that equal treatment criteria has been violated, the authority is authorised to order the termination of this state of abuse, prohibit the future manifestation of this conduct of abuse, publically disclose the decision made in respect of this conduct of abuse, impose a penalty ranging from 50,000 to 6 million HUF and issue a decision in respect of the costs of the procedure, which must be borne by the abusing party.

Reply to the issues raised in paragraph 2 of the list of issues

6. The notion of reasonable accommodation was introduced by the Convention on the Rights of Persons with Disabilities – which is a key paradigm change and was undoubtedly one of the greatest achievements of the Convention – however, ever since its endorsement almost every State Party is struggling with how to adapt this principle in regulations and practice.

7. This criterion has not been sufficiently clearly or accurately defined for it to be able to have an impact commensurate to the spirit of the Convention.

8. Hungary treats disability as a priority area, more specifically, adheres to the guidelines set out in the Convention.

9. Opportunities inherent in legal regulations may also be reviewed after the precise professional and legal specification of the notion of reasonable accommodation.

10. Act XXVI of 1998 on the Rights and Equal Opportunities of Persons with Disabilities states that equal access must be ensured for persons with disabilities to information of public relevance, as well as information in connection with the rights persons with disabilities are entitled to and services provided for them.

11. Government Decree 1056/2012 (III.9.) on the Action Plan for 2012-2013 of the Implementation of the New National Disability Programme sets out that the disability access rules of the website of the National Assembly, central public administration bodies, the Constitutional Court, the Commissioner for Fundamental Rights, the prosecutor, courts, law enforcement bodies, as well as local governments and minority local governments must comply with parameters set out in the WCAG 2.0 web content accessibility guidelines.

12. The Government Decree referred to above also sets out that calls for applications must be launched to ensure equal access to public services, alongside elaborating service organisation and regulation proposals by integrating experts on transport, disability issues and accessibility to ensure equal access to transport systems.

Reply to the issues raised in paragraph 3 of the list of issues

13. 10 studies were compiled during the reporting period; almost every relevant question was assessed. The studies compiled or commissioned by the National Disability Council (OFT) were used to prepare Act CXXV of 2009 on Hungarian Sign Language and the Use of Hungarian Sign Language (hereinafter Sign Language Act). We also used key findings put forth in these studies during the course of the elaboration of the two executory decrees, namely, Ministry of National Resources Decree 38/2011 (VI.29.) on the National Registry of Sign Language Interpreters and Ministry of National Resources Decree 62/2011 (XI.10.) on the Operation of Sign Language Interpreting Services and Conditions Related to the Use of Sign Language Interpreting Services.

14. Studies compiled by OFT were also extremely helpful for preparing Government Decree 1257/2011 (VII.21.) on the Strategy of the replacement of the large social institutions providing nursing and caring for persons with disabilities with community based settings (Deinstitutionalisation) and Government Duties in respect of its Implementation, as well as calls for applications announced this year.

15. The findings set out in the studies compiled by OFT also played a major role in integrating the prohibition of disability-based discrimination and the protection of sign language in Hungary's Fundamental Law.

Reply to the issues raised in paragraph 4 of the list of issues

16. The National Disability Council was set up on the grounds of Act XXVI of 1998 on the Rights and Equal Opportunities of Persons with Disabilities.

17. In accordance with this Act, the Council initiates, proposes issues opinions and undertakes coordination in respect of decisions relating to persons with disabilities and carries out analysis and evaluation during the course of the implementation of these decisions. The Council issues opinions in respect of draft legislation concerning persons with disabilities; puts forth proposals in respect of decisions, programmes and legal frameworks concerning persons with disabilities; takes part in the coordination of activities relating to issues pertaining to persons with disabilities; regularly informs the Government about how the life situation of persons with disabilities is proceeding.

18. The Council elaborates the National Disability Programme and monitors its implementation.

19. Within the scope of activities of the Council, we find it important to emphasise that in order to protect the rights of persons with disabilities, the National Disability Council or the advocacy organisations of persons with disabilities may initiate lawsuits against anyone that violates the rights of persons with disabilities ensured by law, even if a larger group comprised of accurately unidentifiable persons committed this act.

20. The financial management of OFT is defined in the Budget Act, i.e., specific budgetary funding is approved by the National Assembly.

21. In accordance with Government Decree 1065/2008 (X.14.), the Government, pursuant to Point 2 of Article 33 of Paragraph (2) of Section 2 of Act XCII of 2007 on the Convention on the Rights of Persons with Disabilities and the Proclamation of the connecting Facultative Protocol, appointed the National Disability Council to promote, protect and monitor the assurance of rights set out in this Convention and implement the obligations set out in the Convention.

22. The National Disability Council is comprised on two main parts: a government side and a non-governmental side. More specifically, the non-governmental side has a dual composition: on the one hand representatives of advocacy organisations of key disability segments make up the permanent civic members of the Council, whilst, on the other hand, elected civic representatives are also delegated to the Council. The latter are given mandates at delegating meetings executed on the grounds of a legal framework in which only representatives of disability non-governmental organisations participate that are not permanent members of the Council. Therefore, non-governmental organisations delegate these members.

23. Recently, the National Disability Council issued opinions, among others, in respect of the report on the implementation of the new National Disability Programme and the Strategy of the replacement of the large social institutions providing nursing and caring for persons with disabilities with community based settings (Deinstitutionalisation). In addition, OFT also debated the Government proposal concerning the action plan for 2012-

2013 of the implementation of the new National Disability Programme. However, the Government's contact with non-governmental organisations is not limited to OFT. Numerous issues were discussed personally or via email with national disability advocacy organisations, such as, for example, current problems concerning the provision of medical aids, the system regarding accreditation, wage subsidy of employees with disabilities, or most recently, extending the scope of the car equipping subsidy.

Reply to the issues raised in paragraph 5 of the list of issues

24. The National Inclusion Strategy approved pursuant to Government Decree 1430/2011 (XII.13.) handles social problems ensuing from poverty and deep poverty affecting both the Roma and non-Roma population in their integrity owing to the nature of these problems and in a coordinated fashion.

25. We followed this approach when we elaborated Act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunity and the new system for developing local equal opportunity programmes by issuing Government Decree 321/2011 (XII.27.) on Rules Underpinning the Development of Local Equal Opportunity Programme and Equal Opportunity Mentors.

26. Accordingly, municipal local governments must compile local equal opportunity plans focusing on 5 equal opportunity target groups (individuals living in deep poverty and Roma, children, women, persons with disabilities and elderly people) running for 5 years every 5 years from 1 March 2012.

27. These local equal opportunity programmes must include a detailed analysis of the situation of the target groups, as well as an action plan compiled in order to complexly deal with problems exposed during the course of the situation analysis, which plan is capable of responding to the special needs of both the local Roma population and local persons with disabilities (include Roma persons with disabilities).

B. Section of the report related to special rights

Article 9 – Accessibility

Reply to the issues raised in paragraph 6 of the list of issues

28. As also specified in the National Report, the direct legal implication of the expiry deadlines stipulated in relevant legislation is that lawsuits may now be initiated against public service providers that fail to meet deadlines. In addition, based on a request, the Equal Treatment Authority is equally authorised to impose penalties in the mode detailed in the response to Question 1. Based on the earlier funding policy in place in respect of providing accessibility, only maintainers in respect of which the deadline stipulated in legislation has not yet expired are eligible to receive funding, primarily European Union funding. At the same time, the Government sensed that providing accessibility fails to reach the desired level in spite of the expiry of deadlines, which is why a further 8 billion HUF of European Union funds were allocated for this purpose in 2011, 2012 and 2013. Unfortunately, based on the previous funding system in place, the regional and sectoral distribution of public services was not sufficiently documented, alongside which similar types of developments were also implemented from alternative funds, although at a lower ratio, about which we have no data. Consequently, we have no substantive information at the moment about exactly where and what type of accessibility is ensured to public services, which is why we are launching a governmental and local government disability assessment encompassing the entire country by integrating disability experts. Based on this

assessment, on the one hand we will receive a reliable and updateable database about the public services concerned, whilst, on the other hand, based on the assessment we can adjust further developments to the real situation in Hungary and use available resources in a targeted and therefore cost-efficient manner. This assessment is expected to be ready by the end of the year.

Reply to the issues raised in paragraph 7 of the list of issues

29. The basic function of the Building Act and its executory decree (the National Requirements of Spatial Planning and Building Decree) is that building authorities issue (or refuse to issue) construction and use permits based on the assurance of providing access to new buildings and subsequently ensuring access to existing buildings, hence enforcing legal requirements relating to access. The 2008 amendment of the National Requirements of Spatial Planning and Building Decree brought fundamental changes in the domain of equal access, namely: much more detailed accessibility regulations were added to the Government Decree, which extend to include access criteria on built environment and information communication too. However, several practical difficulties were exposed during the course of the implementation of this Decree. One of the main ones was that, due to the lack of adequate training, the vast majority of the employees of building authorities have no knowledge about providing accessibility, which is why they are often incapable of applying the relevant regulations of the Decree. In view of how only a handful of Hungarian building engineers have such professional knowledge, this in many cases unfortunately results in the construction of inadequate building solutions for persons with disabilities. The way in which certain access elements (such as, the guide lane for persons with visual disabilities, suitable colour and surface coverings, contrasting doors and stair edges, signs, glare and reflection free surfaces, suitable bars and handles, etc.) are building activities not subject to permit represents a further problem, which is why building authorities do not even consider verifying their appropriateness. Since one of the main roots of this problem points to the lack of adequate training, we developed – with the help of European Union funding – a comprehensive adult training package comprised of 75 modules and connecting curricula, which equally encompasses knowledge about accessibility which can be integrating in engineering courses. We are delivering the trainings devised and accredited to the professionals concerned via a recently announced European Union call for applications by offering free trainings during the project period.

Article 11 – Situations of risk and humanitarian emergencies

Reply to the issues raised in paragraph 8 of the list of issues

30. Article XX of the Fundamental Law of Hungary states that every citizen is entitled to a healthy environment, and therefore to the right to security. Accordingly, Hungarian citizens, including persons with disabilities, must be guaranteed the minimum knowledge necessary to be able to save themselves.

31. In accordance with the new disaster management regulation (Act CXXVIII of 2011 on Disaster Management and the Amendment of Specific Connecting Legislation, hereinafter Disaster Act) which entered into force on 1 January 2012, the reform and development of preparation procedures of the population has begun.

32. In view of how a standard protocol satisfying the emergency needs of persons with disabilities does not exist at present, this special target group is represented within the framework of disaster management planning.

33. In accordance with special rules detailed in Chapter V of the Disaster Act, as well as Section 28 of Government Decree 234/2011 (XI.10.) on the Implementation of the Act,

an information leaflet must be compiled for the population as a part of disaster prevention planning. In this regard, it is necessary to take account of how Section 65 of Ministry of Interior Decree 62/2011 (XII.29.) on Specific Rules regarding Disaster Management treats the disaster management preparation of children requiring special attention and adult training participants as a special task.

34. In the first half of 2012, the internal standards of the National Directorate for Disaster Management have set the target of developing a central training package, opportunities for addressing our compatriots with disabilities (persons with intellectual disabilities, physical disabilities, hearing disabilities and visual disabilities), as well as developing the integration of these in teachers' training higher education courses, in order for qualified teachers to have sufficient knowledge about disaster management by the time they obtain their degree, as an outcome of which their training will be cheaper.

35. This task is currently in the process of implementation in accordance with the 3x3 Child and Youth Preparation Action Plan; contacts are being established with special institutions and the preparation course components are currently being developed. In view of the special needs of the target group, fully developing preparation for disaster management is a long-term task.

36. Ministry of the Interior Decree 28/2011 (IX.6.) on National Fire Protection Regulations (hereinafter National Fire Protection Regulation) includes rules relating to persons with disabilities in the area of fire protection. Section 320 of the National Fire Protection Regulation defines special building requirements in respect of buildings used to accommodate, train, care for, treat and employ persons with physical disabilities and persons placed under guardianship in order to ensure effective fire prevention.

37. In the event of a fire, special rules also apply to building evacuation in respect of persons with physical disabilities, as specified in Sections 477 to 478 of the National Fire Protection Regulation, in order to fully guarantee evacuation routes.

38. Therefore, fire protection regulations have been developed by taking account of the needs of persons with disabilities.

Article 12 – Equal recognition before the law

Reply to the issues raised in paragraph 9 of the list of issues

39. (a) According to regulations in effect, Section 14/A and Paragraph (5) of Section 15 of Act IV of 1959 on the Civil Code (hereinafter Civil Code) sets out the following provisions on the statutory review of persons placed under guardianship:

“Section 14/A: (1) The court ruling on restricting the legal capacity of a person shall specify the date by which to initiate the statutory review of guardianship; the date must be fixed within the five years from the date when the ruling becomes legally operative.

(2) The review procedure shall be initiated by the guardian. The petition for review may request termination of guardianship, the extension of guardianship, the transfer of guardianship of limited capacity to precluded legal capacity, the transfer of guardianship of limited capacity to allow limited capacity, or the revision of the sphere of rights that cannot be exercised by a person under guardianship of limited capacity.”

“Section 15: (5) The court ruling of limited legal capacity shall specify the date by which to initiate the statutory review defined in Section 14/A, unless the lack of

discretionary ability of the person affected appears permanent, which shall be attested by a forensic medical expert.”

40. The codification of the new Civil Code is currently in progress. Book Two of the draft version of the new Civil Code¹ (hereinafter new Civil Code draft) sets out rules governing capacity and guardianship. The way in which guardianship would not be for an indefinite period, but instead, the court must in every case define the date of statutory review is an important guarantee rule in the planned amendments. This draft – contrary to regulations in effect – does not define any exemptions from statutory review. Statutory review would be mandatory from time to time in the case of limited and full legal capacity alike.

(b) The Ministry of Public Administration and Justice does not dispose of any data in respect of decisions reviewed or the gender breakdown of persons under guardianship.

Reply to the issues raised in paragraph 10 of the list of issues

41. Book Two of the new Civil Code referred to in Point 9 defines rules in connection with legal capacity and fundamental provisions governing supported decision-making.

42. According to the planned regulation, the following changes can be expected: a relevant change in the bill is that there is no opportunity for generally limiting the legal capacity of adults; capacity may only be limited by the court in a specific category of cases (partial limitation). Accordingly, legal capacity may be limited according to the bill in the following two ways: fully limited (identical to exclusive guardianship) or partially limited (limitation according to specific category). A relevant legislative stipulation is that capacity may only be fully limited if partial capacity limitation aimed at protecting the rights of the individual concerned is insufficient (adherence to the principle of proportionality and necessity).

43. Beyond the decrease in discretionary ability, the “individual circumstances, family and social connections” of the concerned individual has been included in the criteria, i.e., a decrease in discretionary ability alone is insufficient for limiting capacity. The judge must equally take account of the personal and family circumstances of the individual concerned when determining the need to place this individual under guardianship.

44. The draft fails to mention the group of cases which may be limited even as an example; therefore, the judge may rule to limit capacity in however a limited scope by adapting to individual circumstances.

45. The instrument to preliminarily make legal declarations appears in the draft as a new legal instrument in relation to the regulation in effect, according to which any given competent individual may nominate who their guardian will be in the potential event of capacity limitation and may also define how this guardian manages their personal or financial affairs/assets.

46. The draft also alludes to the opportunity of supported decision-making. The assisting party may assist in making decisions without having to limit the capacity of the individual concerned. Pursuant to the consent of the assisted party, the assisting party would be assigned by the guardianship authority upon the request of the individual concerned or the decision issued by the court. The Civil Code does not define the detailed rules underpinning supported decision-making, since the assignment of the assisting party

¹ The draft version of the new Civil Code was debated at the Public Administration State Secretary Meeting held on 30 May 2012 and by the Government in the first reading on 13 June. The Government has not yet decided on the approval of this draft.

does not affect competency. Detailed rules applicable to the above must be defined in separate legislation, providing that these separate legislative provisions enter into force concurrently to regulations governing the Civil Code.

Article 14 – Liberty and security of person

Reply to the issues raised in paragraph 11 of the list of issues

Detainees with serious or seriously moderate disabilities

Disability	Number
persons with visual disabilities	55
persons with hearing disabilities	25
persons with physical disabilities	39
persons with intellectual disabilities	75
persons with multiple disabilities	4

47. The situation of detainees with disabilities and reasonable accommodation

48. It is generally plausible to state that, with a few exceptions justified because of their state (such as compulsory work), detainees with disabilities have the same rights and obligations as other detainees. However, therapeutic work is an option, which adjusts to the ability of persons with disabilities to work or state of health of the given detainee.

49. The way in which special provisions primarily applied in respect of providing accessibility concerning service opportunities specified in healthcare legislation aligned to provisions governing the Healthcare Act constitutes a basic principle during the course of providing healthcare services to detainees.

50. Determining the illness of the detainee, exposing their physical or mental disability is in any case unavoidable due to the way the detainees are locked up together and forced to live in such a community.

51. In addition to providing in- and outpatient services and rehabilitation, extremely high quality basic services combined with special medical services accessible in most institutions are provided in detention facilities. Detainees with psychosocial disabilities are assessed and placed under forced medical treatment at the Forensic Psychiatric Mental Institution (hereinafter IMEI).

52. Creating conditions defined by law for persons with intellectual disabilities and physical disabilities and placing and caring for such persons in places suitable for this by employing qualified professionals has gained ground over the past few decades. Ensuring access to prison cells catering for the needs of persons with disabilities is now a basic criterion for investments in new detention facilities. Accessibility is being continually ensured in the older institutions too.

53. Some of the detainees in prison have psychosocial disabilities, and consequently, require alternative treatment and care. Such persons may also be allocated in remedial, therapeutic groups functioning in detention facilities after being assessed at IMEI. After being assigned to a remedial, therapeutic group, they receive treatment, care and training, and work together with detainees affected by partial insanity, alcoholic detainees or detainees struggling with serious personality disorders.

54. The treatment of persons with psychosocial disabilities placed in separate prison cells within the framework of a complex therapeutic programme adjusted to their special needs is a key objective. In this regard, the way in which special sections reserved for individuals with psychosocial disabilities where detainees receive special individual care have begun to be created in detention facilities over the past few years represents major progress.

Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment

Reply to the issues raised in paragraph 12 of the list of issues

55. Improving the identification, treatment, prevention and rehabilitation of diseases, gaining a better understanding of their reasons and origins, including modes of intervention and observation deviating from the usual methods applied within the framework of healthcare services and within the framework of which factors the effects of which are not entirely known or exposed are applied (substances, agents, instruments, procedures, methods, circumstances, conditions) is the objective of medical research carried out on human beings.

56. The way in which the research cannot be conducted if it represents a disproportionately high risk to the corporal integrity or mental well-being of the research subject is a key principle for authorising research.

57. Beyond basic principles, Act CLIV of 1997 on Healthcare (hereinafter Healthcare Act) equally sets forth special provisions regarding research conditions applicable to persons with limited legal capacity to act to protect the rights of these individuals.

58. According to regulations governing legislation, every one of the following conditions must apply to carry out research on incapacitated persons or persons with limited legal capacity to act:

- the research plan has been authorised;
- tests carried out before the research prove the efficacy and safety of the factors applied;
- no alternatives exist that are effective as human research;
- during the course of the research, risks threatening the individual are proportionate to the expected benefits of the research and the relevance of the objective of the research;
- results expected from the research directly benefit the health of the research subject;
- the research cannot be carried out on a competent individual with the same effectiveness;
- the substituting decision-making person specified in Paragraphs (1) to (2) of Section 16 of the Healthcare Act or the patient in the case of persons with limited legal capacity to act has consented to the research. Legal declarations made by incapacitated persons are invalid according to rules governing the Civil Code. The main rule is that the legal guardian provides consent, instead of the incapacitated individual.

Article 16 – Freedom from exploitation, violation and abuse

Reply to the issues raised in paragraph 13 of the list of issues

59. Regulations in effect in respect of the question in Act XXXI of 1997 on the Protection of Children and Guardianship Administration are identical to the response provided in the Report. From among the basic rights of children, the Act highlights that “children with disabilities and children with permanent health problems have the right to access special services assisting their development and personality development”. However, based on the spirit of the Hungarian law and its practical application, no differences are made whatsoever between children, which is why, besides fundamental rights, the Child Protection Act does not include any special regulations specifically concerning persons/children with disabilities; however, defines a wide range of regulations to prevent, expose and deal with abuse. It is the warning system’s task to prevent, expose and handle abuses and exploitation concerning children. It is the obligation of professionals working in educational, healthcare and social institutions and the police force to warn about any risk factors they gained knowledge of and take every possible measure to eliminate, handle, reduce or prevent the risk factor endangering the child. Moreover, prosecutors, the court, the probation supervisory service, organisations helping victims and relieving damages, refugee centres and temporary shelters, social organisations, churches and foundations assume activities regulated by law. Beyond confidentiality, these experts are obliged to control personal data, as specified in the Data Protection Act. Only events explicitly threatening the child or directly threatening the life of the child represent exemptions, which must be reported to the head of the institution, its maintainer, the competent guardianship authority or the police if a criminal act is suspected.

60. Beyond these legal guarantees and to highlight the interests of children with disabilities, the experts competent for child protection are launching a training programme connecting to the training system provided for full-time foster parents.

61. In addition, a new programme is also being planned by using European Union funding, which aims to support the training of parents raising children with disabilities or disadvantages. The main objective of foster parent training programmes coincides with provisions stipulated in connection with the rights of children in the Act, according to which “children have the right to be raised in their own family environment guaranteeing their physical, psychological, emotional and moral development, healthy raising and well-being.”

Article 17 – Protecting the integrity of the person

Reply to the issues raised in paragraph 14 of the list of issues

62. Fundamentally, the Civil Code stipulates regulations applicable in respect of competency, limited legal capacity to act and incapacitation. However, healthcare regulations specify special cases in a few instances. These include the medical sterilisation of incapacitated patients or patients of with limited capacity to act.

63. In accordance with Paragraph (2) of Section 187/B of Act CLIV of 1997 on Healthcare, the legal guardian – or the legal guardian and the guardianship authority in the case of incapacitated persons under the age of eighteen – may submit a request to authorise the medical sterilisation of the incapacitated individual under their guardianship to the Municipal Court.

Article 19 – Living independently and being included in the community

Reply to the issues raised in paragraph 15 of the list of issues

64. The State guarantees social services for persons with disabilities and psychiatric patients as a State duty by stipulating that this is a mandatory task provided by the local government.

65. Organising day-care services provided for persons with disabilities and psychiatric patients in municipalities with a population of over 10,000 residents is a mandatory task undertaken by the local government. Based on statistics released by the Hungarian Statistical Office for 2010, 6,116 persons with disabilities and 2,131 psychiatric patients were provided day-care services.

66. Instead of local governments, support services and community services have been allocated to the State from 2009, whilst home warning system assistance services have been allocated to the State from 2010. The capacity allocation of State tasks is organised through calls for applications. The emphasis is on offering quality services, regional balance and the needs of individuals provided such services. Based on data released by the National Rehabilitation and Social Office (NRSZH), 15,805 individuals were provided support services, 5,321 psychiatric patients were provided community services and 24,973 individuals were provided home warning system services. In 2011, the 82 community services with financing agreements provided services for 5,291 psychiatric patients; the 350 support services provided services for 15,738 disabled persons, whilst the home warning system service provided assistance for 24,793 individuals. If round the clock care is required to support independent living, then beyond the conventional forms of social residential institutional care –, care and nursing institutions, rehabilitation institutions – group home is a solution, to which the State is committed. 16,740 places are authorised in Hungary in social institutions providing services for persons with disabilities; whilst 14,697 places are authorised in care and nursing institutions, 7.3 per cent of which are places ensured in group homes (1,098). Based on statistics released by the Hungarian Statistical Office for 2010, 16,391 individuals were provided services in permanent boarding institutions, out of which 1,514 were provided in group homes. For 8,775 psychiatric patients permanent boarding is provided in institutions, out of which 305 individuals live in group homes.

Reply to the issues raised in paragraphs 16 and 17 of the list of issues

67. Questions 16 and 17 are closely related, which is why we will simultaneously reply to both.

68. The Government approved Government Decree 1257/2011 (VII.21.) on the Strategy of the replacement of the large social institutions providing nursing and caring for persons with disabilities with community based settings (Deinstitutionalisation) and Government Duties in respect of its Implementation in 2011. With this Decree, the Government took a decisive step towards the comprehensive transformation of the social system provided for persons with disabilities.

69. The objective of the strategy constituting an annex to the Government Decree is to shift towards providing integrated services offering a wide range of services in community based settings building on the ability to provide self-care and a system of services developing the former.

70. The introduction of the notion of supported living is the most relevant novelty of this transformation, in accordance with which living and activities performed during the day (such as, education, care, leisure activities, social relations) are separated, hence ensuring services adjusted to individual needs. The objective of this transformation is for

individuals in need of support to use services helping them to live independently instead of being provided services in the current institutional setting. Using these services is based on the autonomous decision of the individual provided support by taking account of their individual needs and abilities.

71. This strategy is sub-divided into 3-year cycles on a 30-year horizon. The first three years involves implementing the strategy in the case of social institutions for persons with disabilities, psychosocial disabilities and addiction within the framework of the Social Infrastructure Operational Programme (code number: TIOP-3.4.1). Within the framework of this, social institutions with over 50 places can be replaced with community based settings. Social legislation will be amended in order to implement the objectives of this strategy.

72. Some group homes provide services for individuals adjusted to their age, state of health and degree of being independent through the integrated placement of these individual in the given municipality. At the same time, some of the group homes operating in Hungary only vary from large institutions in terms of their number of places; in practice, they do not function the way in which the codifier intended at the time of their introduction. An institutional approach is equally characteristic of group homes. In accordance with the planned amendment of social legislation, group homes operating at present must, in the future, comply with principles underpinning supported living.

Data on persons with disabilities living in group homes:

I. Data regarding day-care services provided for persons with disabilities and psychiatric patients between 1993 and 2012

Year	<i>Day-care services provided for persons with disabilities</i>		<i>Day-care services provided for psychiatric patients</i>	
	Number of clients	Number of places	Number of clients	Number of places
1993	1035	1110		
1994	1052	1093		
1995	1248	1320		
1996	1401	1441		
1997	1530	1590		
1998	1730	1841		
1999	1839	1936	198	196
2000	1899	2071	294	256
2001	2076	2266	429	364
2002	2299	2538	489	420
2003	2481	2684	488	411
2004	2498	2421	386	304
2005	2765	2710	634	
2006	3108	3298	691	577
2007	3986	4287	1086	820
2008	4490	4705	1312	1207
2009	5503	5729	1615	1557
2010	6116	6485	2131	1929

Source: Hungarian Statistical Office, 2010

II. Changes in the capacities of institutions providing permanent boarding for persons with disabilities and psychiatric patients between 1993 and 2010

Year	Boarding provided for persons with disabilities			Boarding provided for psychiatric patients		
	Number of places provided for permanent boarding	Permanent boarding provided in group homes	Number of places in rehabilitation institutions providing permanent boarding	Number of places provided for permanent boarding	Permanent boarding provided in group homes	Number of places in rehabilitation institutions provided for permanent boarding
1993	13379	–	–	8025	–	–
1994	14034	–	–	7885	–	–
1995	15220	–	–	7412	–	–
1996	15809	–	–	7444	–	–
1997	15509	–	–	7534	–	–
1998	16151	–	–	7117	–	–
1999	15736	–	–	7605	–	–
2000	15975	–	–	7939	–	–
2001	15731	–	–	7887	–	–
2002	16205	541	–	7963	82	–
2003	16303	788	–	7832	133	–
2004	16403	991	–	7987	123	–
2005	16521	1089	–	8004	169	–
2006	16646	1244	1809	8068	223	165
2007	16746	1360	1730	8117	257	95
2008	16752	1417	1730	8266	321	77
2009	16902	1553	1343	8647	345	65
2010	16740	1571	1300	8735	307	108

Article 21 – Freedom of expression and opinion, and access to information

Reply to the issues raised in paragraph 18 of the list of issues

73. Based on provisions governing Act CXXV of 2009 on Hungarian Sign Language and the Use of Hungarian Sign Language, the State finances the operation of the national network of sign language interpreters from resources specified in the Budget Act. Funding allocated from the budget for this purpose in 2011 amounted to 460,700,000 HUF, which amounts to 420 million HUF in 2012. (The State financed 13 months in 2011 and the training of sign language interpreters was also financed from this source of funding to reduce the shortage of interpreters.) Interpreting services provided over 44,000 hours of interpretation during the funding period from 28 February 2011 to 31 March 2012. The executory decree to this Act was drafted by autumn 2011 and regulates the operation,

financing and conditions of use of services in detail. The financing period beginning in 2012 was launched on the grounds of this new regulation in a more structured system subdivided into 3-year financing cycles.

Article 23 – Respect for home and the family

Reply to the issues raised in paragraph 19 of the list of issues

74. According to the position of Hungarian healthcare professionals, the Hungarian healthcare legal environment contains guarantees to prevent the medical sterilisation of persons with disabilities.

75. However, to enhance the practical enforcement of provisions set out in legislation, the State Secretariat for Healthcare plans to disclose the professional protocol regarding medical sterilisation, which was drafted by the concerned sections of the College of Healthcare Professionals. The patient information bulletin on medical sterilisation and the template form of the declaration of consent will constitute annexes to this protocol.

Reply to the issues raised in paragraph 20 of the list of issues

76. Day-care services within the child welfare services system serves to ensure the supervision and care of children with special educational needs and children with disabilities during the day, as well as their access to early development by guaranteeing the enforcement of equal opportunity.

77. According to legislation currently in effect, early intervention services may be carried out in an increasing number of institutions. This is generally ensured in public education institutions; however, according to legislation, early intervention services, preparatory development is equally ensured within the social and child welfare system, and therefore, in nurseries too.

78. If conditions set out in legislation – developmental instruments and experts – are in place, nurseries may engage in the early intervention services of infants with special educational needs up to the age of 5 and preparatory development up to the age of 6. Technically, family day-care centres may also care for children with disabilities during the day and accommodate early development and preparatory development, and home child supervision may also prove helpful in overcoming problems arising from time to time.

79. Nurseries have been caring for, engaging in the early intervention services and preparatory development of children with special educational needs since 1986. Early intervention services are provided at a very high standard in nurseries, where both personnel and material conditions are in place.

80. Nurseries are also entitled to engage in the early habilitation of children with disabilities; therefore, the sooner problems are identified the sooner the intervention may begin. Children aged 0-6 with some sort of hereditary disability or acquired impairment, or who need extensive support may be placed in these nurseries.

81. Children with special educational needs may be placed in nurseries where they are fully integrated, meaning that one or two children with special educational needs may be placed in a non-disabled group. In the case of partial integration, non-disabled children may be placed in one group, whilst children with special educational needs are placed in the other group. Only children with special educational needs can be placed in the special group.

82. Services adjusted to their special needs must be provided for children with disabilities in family day-care centres. The family day-care centre is a flexible system

suitable for providing services for a few families, which needs to adjust to the parents' routine and schedule. The small children's groups ensure the opportunity to supervise and care for the child by taking account of their level of development and individual needs.

83. Non-parental supervision is ensured for children from the age of 20 weeks to 14 in family day-care centres.

84. Based on the Child Protection Act, carers may supervise children in the home of the parent or alternative legal representative, if it is not possible to permanently or periodically ensure the child's care in a day-care institution and the parent is not, or only partially capable of resolving the supervision of the child during the day. Home child-care may be ensured at home for children from the age of 20 weeks to the age of compulsory education.

85. Beyond the above, the FECSKE service (accompanying and services provided periodically in the home of families caring for persons with disabilities) has been operating for year as a model experimental programme financed through applications. By implementing this programme, we help persons with disabilities to lead their life at home, as an outcome of which the demand for institutional care will decline and resources invested in this will decrease in the long run.

86. Additional burdens on the family also make it more difficult for family members supporting persons with disabilities in their home environment to return to and stay in the labour market. In many cases, major results can be achieved by providing minor support, which can also be resolved by ensuring periodical supervision. The aim of this measure relates to clarifying the notion of supervision and ensuring nationwide access to the service, through which we not only help the given family member to find a job in the labour market, but also makes it possible for the disabled person to stay at home and offers the opportunity for the users of this service to arrange their personal affairs.

Article 24 – Education

Reply to the issues raised in paragraph 21 of the list of issues

87. Every child in Hungary is subject to compulsory education. The act regulating public education does not specify any position in the issue pertaining to whether a child with a disability should be educated together with other children or placed in a special education institution founded specifically for this purpose. Both solutions are possible and the main rule is that personnel and material conditions need to be in place for special education. An expert committee makes recommendations aligned to the state of the child based on their complex, medical, pedagogical and psychological assessment.

88. The new Public Education Act entering into force on 1 September 2012 stipulates that every child with serious and multiple disabilities must be ensured a place in a special education institution by 1 September 2014 to fulfil the requirement of compulsory education, meaning that social institutions will not be assuming public education tasks from this date onwards.

89. In compliance with international trends, creating conditions required for inclusive education represents a priority in education measures introduced recently.

90. Preschools and schools take account of the differences between children during the course of the development of local educational programmes. They need to integrate goals, tasks, curricula, activities and requirements related to development in the institution's educational programme and local curriculum.

91. The National Public Education Act continues to include preferential rules applicable to the education of children with special educational needs.

92. The Act stipulates that the education of children with special educational needs in preschool, primary school and boarding-school may either take place in a special education institution established for this particular purpose or by fully or partially integrating such children with the rest of the children/students. A student with special educational needs with a mild intellectual disability, speech disorder or psychological developmental disorder must be considered as two children, whilst children/students with physical disability, sensorial disability, moderate intellectual disability, autism spectrum disorder or multiple disability must be considered as three children when determining the size of the group in preschools, schools and boarding schools if these children cannot be integrated with the rest of the children, students.

93. Similarly to the regulatory framework in effect earlier, within the framework of secondary education, for the purpose of educating students with special educational needs in school, the vocational school.

(a) Functions as a special vocational school, if it prepares students incapable of keeping up with other students because of their special educational needs for special exams or teaches them knowledge required for employment and starting life;

(b) Functions as a competency development special vocational school, if it ensures the preparation needed to begin life and the opportunity to learn work processes easily trained and facilitating employment for students with moderate intellectual disabilities.

94. It is a fundamental rule that compulsory education continues until the student turns 16. However, the compulsory education period of students with special educational needs may be extended up to the end of the school year in which they turn 23. The director of the school makes decision in respect of extending the compulsory education period on the grounds of the opinion issued by the expert committee.

Article 25 – Health

Reply to the issues raised in paragraph 22 of the list of issues

95. Pursuant to Act CXXV of 2009 on Hungarian Sign Language and the Use of Hungarian Sign Language, persons with hearing disabilities and deaf-blind persons are, pursuant to their request, authorised access to unlimited free sign language interpreting services during the course of using public services, which, in every case, the institution providing the public service (e.g. healthcare service provider) is obliged to finance. For the time being, services provided for persons with disabilities requiring Augmentative and Alternative Communication (ACC) are typically only available in Budapest. Although the government in office provides funding for these service providers from time to time, a national network and legal framework similar to the one of the sign language interpreters currently does not support them. The ministry responsible for disability plans to extend the scope of activities of interpreting services by integrating ACC services by building on the existing network of the State-financed sign language interpreting service.

Article 27 – Work and employment

Reply to the issues raised in paragraph 23 of the list of issues

96. We unfortunately do not have a gender and numerical breakdown of the data requested, on which basis it would be possible to compare the employment statuses of

persons with disabilities. The data presented below reveal the employment status of individuals with permanent health problems:

In 2008, 22.8 per cent of 18-64 year olds – 1.748 million individuals – evaluated themselves to have a permanent health problem, out of which, according to their self-evaluation, 53.4 per cent, or 938,000 individuals, more specifically, 432,000 men and 506,000 women experienced impediments to employment and working. 80 per cent of individuals with disabilities are aged 45-64, one third of which live in small settlements, which is 9.1 per cent higher than the data calculated for the entire age group.

<i>Employment data for the 938,000 individuals with disabilities</i>	<i>Ratio</i>	
	<i>In the Disabled group</i>	<i>In the non-disabled population</i>
Activity rate	27.4	72.7
Employment rate	23.0	67.3
Unemployment rate	16.3	7.4

The data featured in the table is valid for 2008. We are unable to present data for this year because the data of the census taken in 2012 is currently being processed.

Article 28 – Adequate standard of living and social protection

Reply to the issues raised in paragraph 24 of the list of issues

97. Act CXCI of 2011 on Services Provided for Persons with Disabilities and the Amendment of Certain Pieces of Legislation entered into force on 1 January 2012. This Act fully transformed the vocational rehabilitation system supporting employees with disabilities and persons with permanent health problems. By elaborating this Act, the Government's objective was to eliminate the anomalies experienced in the welfare and employment system available for persons with disabilities; reintegrate persons with disabilities in the labour market as quickly as possible and ensure that the use of the welfare assistance spent on this be more efficient and transparent. The assessment system was also transformed, which handles individual cases in a complex manner by taking account of medical, employment and social criterions.

98. The most relevant criteria relate to increasing the number and ratio of employees with disabilities employed in the labour market.

99. The following has been introduced in the financial support system set up in respect of the employment of employees and persons with disabilities:

I. Subsidising employment in social institutions:

100. There are two different types of subsidy: work rehabilitation and developmental, preparatory employment. Work rehabilitation takes places within the legal framework of the social institution and authorises employment if the prescribed pension contribution is paid. Development, preparatory employment is a form of social employment applied during the training, preparation of persons with disabilities, as well as individuals with intellectual disabilities for private work. In both cases, employment is provided on the grounds of institution's professional programme. It is not possible to employ the given individual in the open labour market during the course of their employment. This is a social subsidy. Number of employees: 8000 (in 2010).

101. (Government Decree 112/2006 (V.12.) regulates subsidisation in the case of employment in social institutions.

II. Wage subsidy granted for employing persons with disabilities:

102. This subsidy compensates for the lower productivity of employees with disabilities and helps develop them to increase productivity in order to reintegrate these individuals in the open labour market. Based on the Government Decree, the rate of this subsidy may range from 40 per cent to 70 per cent of the combined amount of wages and contributions, except if the given individual is employed within the framework of non-economic activities at an association, foundation or non-profit business organisation registered as a public benefit organisation, in which case 100 per cent of wages and contributions are eligible for support (which may be granted on the grounds of Government Decree 177/2005 (IX. 2.))

III. Cost compensation granted for employing persons with disabilities:

103. This is granted as follows:

- In the case of cost compensation, costs pertaining to wages and other material and service type costs are recorded in this line. This may be granted within the framework of an application procedure to organisations that agree to employ persons with disabilities who cannot be employed in the open labour market and have signed a protected organisation agreement.
- In the case of cost compensation, costs of material and services required for employing persons with disabilities and persons with permanent health problems are eligible for support. Beyond cost compensation, these companies also apply wage subsidy facilitating rehabilitation employment referred to above.

103. Wage subsidy and cost compensation provided in respect of the employment of persons with disabilities in thousands of HUF

Item	2010		2011		2010-2011
	Number of individuals	Payment made (in thou. HUF)	Number of individuals	Payment made (in thou. HUF)	Total payment made (in thou. HUF)
Wage subsidy promoting rehabilitation employment	20 684	13 018 877	15 322	6 546 179	19 565 056
Cost compensation subsidy	4 877	2 082 379	4 217	1 969 817	4 052 196
Rehabilitation subsidy	19 939	28 944 472	19 771	23 660 890	52 605 362

Data presented in the framework for wage subsidy promoting rehabilitation employment equally included assisting individuals.

Reply to the issues raised in paragraph 25 of the list of issues

104. Social protection equally encompasses individuals with psychosocial disabilities, as psychiatric patients, as well as homeless persons with disabilities, which extends to include both basic social services and special services.

105. In accordance with Act III of 1993 on Social Administration and Social Services (hereinafter Social Act), individuals provided social care in institutions offering personal care have, in view of their social situation and health and mental state, the right to be provided the full range of services offered by the social institution, as well as individual care and services based on their personal needs, special situation or state.

106. In regard to the right of individuals provided individual support in social institutions, the Social Act first of all specifies the protection of personal data and specifically refers to the protection of data provided during the course of care, with special regard to target groups either unable to or encountering difficulties in representing their

own interests. This, in particular, refers to the following: rights pertaining to life, human dignity, corporal integrity, physical and mental well-being, the protection of personal data and confidentiality relating to private life. During the care procedure, special focus must be paid to only allowing access to the personal data of the individual provided care for authorised persons. Special rights include the following: ensuring access to the built environment, ensuring access to information and the data of the individual provided care, development of skills and abilities and maintaining their state or creating opportunities for improving their state, the principle of self-determination, respect for decisions made by the person with disabilities in respect of their personal lifestyle, right to social integration, creating contacts with other persons, having relationships, as well as use and access to institutions and services.

107. Relevant provisions governing Act CLIV of 1997 on Healthcare, the Social Act and its executory decrees regulating restriction and guarantees must be applied if the individual cared for manifests threatening or indirectly threatening conduct in large residential institutions providing services for psychiatric patients.

Article 29 – Participation in political and public life

Reply to the issues raised in paragraph 26 of the list of issues

108. The National Assembly absolutely took account of the decision issued by the European Court of Human Rights in *Alcijos Kiss v. Hungary* when the Fundamental Law of Hungary was drafted (25 April 2011).

109. The regulation defined in the Constitution in effect earlier, based on which all individuals placed under guardianship lose their right to vote, has been removed from the Fundamental Law.

110. Paragraph (6) of Article XXIII of the Fundamental Law – also taking account of the implications of the decision of the European Court of Human Rights – stipulates that “No citizen ... shall have passive suffrage if he or she has been disenfranchised ... under any law, court or official decision...” Based on this regulation, only individuals disenfranchised under any individual court decision will lose their right to vote in view of limitations of ability to act.

111. Section 11/A of Act C of 1997 on the Electoral Procedure defines – in compliance with considerations stipulated in the decision issued by the European Court of Human Rights - the following detailed rules in connection with the decision made by the court in this subject in respect of the implementation of the Fundamental Law:

“11/A. § (1) The court shall make decisions in respect of issues pertaining to disenfranchisement based on the procedure declaring guardianship limiting ability to act, guardianship precluding ability to act or aimed at reviewing guardianship.

(2) The court shall disenfranchise any adult whose ability to act qualifies under either of the following:

(a) the psychological state of the individual permanently or periodically deteriorates because of mental disability or addiction, or

(b) the psychological state of the individual is permanently dysfunctional because of intellectual disability.

(3) If the court disenfranchises any adult, the individual placed under guardianship is not eligible to vote or be elected pursuant to Paragraph (6) of Article XXIII of the Fundamental Law.

(4) If the court does not disenfranchise an adult, the individual placed under guardianship is eligible to vote or be elected on the grounds of Article XXIII of the Fundamental Law, which rights they may personally exercise and independently make legal declarations in regard to the exercising of these rights.

(5) In accordance with Act IV of 1959 on the Civil Code (hereinafter Civil Code), individuals authorised to initiate request pertaining to the termination of guardianship are entitled to request disenfranchisement of the adult or the disenfranchisement of the adult placed under guardianship.”

112. Paragraph (2) of Article 26 of the Act on the Transitional Provisions to the Fundamental Law of Hungary (issued on 31 December 2011) defines provisions in regard to the transitional period:

“A person who has been put under guardianship which restricts or excludes his or her disposing capacity by a final judgement at the time of the coming into force of the Fundamental Law shall not have suffrage until such guardianship is terminated or until a court establishes the existence of his or her suffrage.”

113. In view of how the court must review guardianship at least every 5 years, this transitional period may last for a maximum of 5 years.

Reply to the issues raised in paragraph 27 of the list of issues

114. Paragraph (2) of Article XV of the Fundamental Law of Hungary stipulates the following: “Hungary shall ensure fundamental rights to every person without any discrimination on the grounds of race, colour, gender, disability, language, religion, political or other views, national or social origin, financial, birth or other circumstances whatsoever.”

115. Paragraph (8) of Article XXIII of the Fundamental Law of Hungary stipulates the following: “Every Hungarian citizen shall have the right to hold a public office corresponding to his or her aptitude, qualifications and expertise.”

116. The provisions set out above imply that Hungarian legal regulations do not make any distinctions in respect of disability in connection with the right to hold a public office. On the contrary, it explicitly prohibits any such discrimination. Any citizen, and therefore, persons with disabilities too, may submit submissions or turn to court in the event of legal abuse.

C. Section of the report related to the special situation of women and children living with disabilities

Article 6 – Women with disabilities

Reply to the issues raised in paragraph 28 of the list of issues

117. The Government approved Government Decree 1004/2010 (I.21.) on the National Strategy Promoting the Social Equality of Women and Men, which in line with its comprehensive set of targets and owing to the nature of these problems, treats the implementation of measures promoting the equality of women and specifically the equality of women with disabilities in their full integrity. For this reason, a priority specifically relevant to women with disabilities has not been defined in the Strategy or the action plan building on the former.

Article 7 – Children with disabilities

Reply to the issues raised in paragraph 29 of the list of issues

118. By amending Act LIX of 1993 on the Commissioner for Fundamental Rights, the National Assembly set up the new institution of the Parliamentary Commissioner of Future Generations in 2007 and elected the new Commissioner in May 2008.

119. The National Assembly envisaged setting up an institution which helps preserve the living conditions and represent the interests of future generation in an effective manner in the long run. Although the name of this new Ombudsman institution may suggest that it equally engages in youth and child protection activities, the name is actually derived from the notion of sustainable development and alludes to inter-generational cooperation, responsibility and justice. Inter-generational fairness is inseparable from the notion of sustainable development. In the spirit of sustainable development, the Parliamentary Commissioner for Future Generations has been designated an entirely different task that never existed earlier, namely: promote human responsibility in every domain of the State and society in respect of preserving the natural values confided to humanity to protect future generations too. The scope of authority of the Commissioner is not only restricted to environmental protection or environmental protection law, but equally encompasses other issues pertaining to the sustainability of the environment and nature.

120. The Parliamentary Commissioner for Citizenship Rights assumed the representation of children with disabilities up to 31 December 2011. According to provisions in effect from 1 January 2012, the National Assembly set up the institution of the Parliamentary Commissioner for Fundamental Rights in order to ensure effective and the fullest possible protection adhering to a standard approach, which institution became the legal successor of the Parliamentary Commissioner for Citizenship Rights, the Parliamentary Commissioner for National and Ethnic Minorities and the Parliamentary Commissioner for Future Generations.

121. Consequently, the General Ombudsman is responsible for protecting the fundamental rights of children with disabilities, alongside the rights of anyone in need, including children. The Parliamentary Commissioner for Future Generations was never, nor is currently competent in conducting assessments in respect of this issue.

122. In regard to children with disabilities, the Ombudsman carried out specific assessments in respect of the education, development and provision of healthcare services of children with autism spectrum disorders over the past few years. Beyond this, the current problems of child psychiatry were also evaluated from the perspective of fundamental rights, as was the provision of general (and dentistry) healthcare services to children with disabilities (with special regard to autistic children).

D. Section of the report related to special obligations

Article 31 – Statistics and data collection

Reply to the issues raised in paragraph 30 of the list of issues

123. The latest census was taken at the end of 2011 and the data is currently being processed. According to information released by the Hungarian Statistical Office, a longer period of time is needed for this, during which period access will continuously be ensured to data already processed. The first preliminary data was released in April 2012, which, however, only presents very basic information. Data pertaining to disability are not yet available.

Article 33 – National implementation and monitoring

Reply to the issues raised in paragraph 31 of the list of issues

124. As we referred to in paragraph 259 of the National Report, Government Decree 1065/2008 (X.14.) designated the National Disability Council as an independent body in order to and, in compliance with point 2 of article 33 of the Convention, help, protect and control the assurance of rights defined in the Convention and fulfil obligations set out in the Convention. The non-government members of the National Disability Council issued an opinion in writing in connection with the basic version of the National Report and remarks made in connection with the National Report were debated in person by the non-governmental members of the Disability Council and Ministry Commissioner for Disability at the meeting convened the on 14 September 2010 personally debated. Amendments and modifications deemed acceptable by the Government were integrated in the final document.
