

Zsolt Bugarszki, Orsolya Eszik, Ágnes Soltész and István Sziklai

„One step forward, two steps backwards”

**Deinstitutionalisation of large institutions and promoting community-based living
in Hungary through the use of the Structural Funds of the European Union**

Part 1.

Budapest, 2009-2010.

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1. Background

Implemented by the Soteria Foundation and the Faculty of Social Sciences of the University of Eötvös Loránd (ELTE), a research programme was launched with the goal to examine co-financed European Union programmes that promote the integration of people with disabilities and those with mental health problems.

This research study aims both at providing relevant information on the development of the currently running EU programmes financed from the structural funds, and to provide recommendations for the more efficient national use of community funds that are allocated for social integration.

Hungary joined the European Union in May 2004, and from that date on, it has become eligible for access to the EU Structural and Cohesion Funds.¹ The goal of the funds is to decrease the developmental differences among member states and regions, as well as to reinforce the economic and social cohesion of the EU.

The present study constitutes part of a larger research that is currently being carried out. The focus of the present study is an overview of the Hungarian programmes that were supported from the Community funds between 2004 and 2009 and which aimed at deinstitutionalisation of large institutions.

From the point of view of integration of people with disabilities and people with mental health problems, deinstitutionalisation of large institutions is a vital issue in Hungary. The issue directly affects approximately 23,000 individuals (and their family members, as well as the professional support staff).

In line with the recommendations of international conventions, there is a need for community-based homes that are integrated in the local community and are based on rehabilitation approach. Additionally, the working methods and attitudes of the professional staff that work in large long-term residential institutions need to be fundamentally reformed. Furthermore, the community needs to be prepared for the reception of people with disabilities and people with mental health problems, and for the co-habitation with them. This requires complex intervention and significant financial allocations.

In order to emphasize the importance of the issue of deinstitutionalisation, our research study separately deals with the use of community funds allocated in the framework of the National Development Plan and the New Hungary Development Plan for the deinstitutionalisation of large residential institutions and the promotion of community living.

Researchers unavoidably find themselves in a difficult situation when they need to analyse a policy which, at the time of the research, is still being actively implemented. The goal of our examination and our report is not merely to document a process that has taken place and to

¹ Before this, it had also received financial support, although of significantly smaller size, from the pre-accession funds, that is, within the framework of the PHARE programmes.

produce a description and evaluation based on pre-defined criteria. What we expressly aim for is to impact the current and expected future use of community funds also by providing policy-makers with usable recommendations. We are doing this in order to ensure an as efficient as possible use of European Union funds in the interest of the most efficient possible social integration of the affected target groups.

We would like to additionally emphasize that, although the time of publishing the results of our study will coincide with the upcoming parliamentary elections campaign in Hungary, our conclusions will not serve the political campaign through appreciation or criticism of the current or previous government. This is even more so due to the fact that the process and efforts made in the area of deinstitutionalisation of large institutions in Hungary has been in place for decades now, overarching governments of various political constitutions.

The number of people with disabilities and people with mental health problems in residential institutions in Hungary

Below, we present the recent data on the number of people with disabilities and people with mental health problems living in large institutions. In light of this data, we shall be in the position to evaluate the specific development programmes that were elaborated within various development plans, and which were implemented along those lines.

Data is taken from those years when the development plans were in the preparatory phase. As will be shown later, deinstitutionalisation programmes emerge mostly in the New Hungary Development Plan (UMFT) covering the period from 2007 to 2013. The number of patients in residential institutions has been taken from the data of 2006 when the UMFT was being elaborated. However, it shall be noted that, looking at the columns denoting time, one will see that no significant change in the number of people has occurred since the beginning of the 90s until these days (at least as far large institutions are concerned).

Table 1. Number of residents with disabilities and with mental health problems in long-term residential social institutions

| | 1993 | 1995 | 2000 | 2004 | 2005 | 2006 | 2007 | 2008 |
|--|------------|------------|--------|--------|--------|--------|--------|--------|
| Home for disabled persons | 12,666 | 14,349 | 15,322 | 16,126 | 16,146 | 16,074 | 16,226 | 16,174 |
| <i>Of which: group homes</i> | <i>n.a</i> | <i>n.a</i> | 123 | 969 | 1,062 | 1,183 | 1,307 | 1,378 |
| Home for people with mental health problems | 8,042 | 7,480 | 8,117 | 7,965 | 8,074 | 8,097 | 8,092 | 8,188 |
| <i>Of which: group homes</i> | <i>n.a</i> | <i>n.a</i> | 9 | 122 | 186 | 230 | 254 | 310 |

Source: Yearbook of Welfare Statistics, 2008, Hungary, Central Statistical Office (2009)

According to the latest census data of 2001, approximately 577,000 people with disabilities live in the country. Of them, by 2006, the number of those living in residential institutions has become stable at around 18,000.² However, only 6.5 percent of those who live in residential institutions live in group homes.

It is not visible in the statistical data, but the fact that the majority of the functioning group homes operate either in the grounds of the large institution, or in its direct vicinity as an extension of the institution, and not as an integrated independent community-based alternative, adds further detail to the situation.³

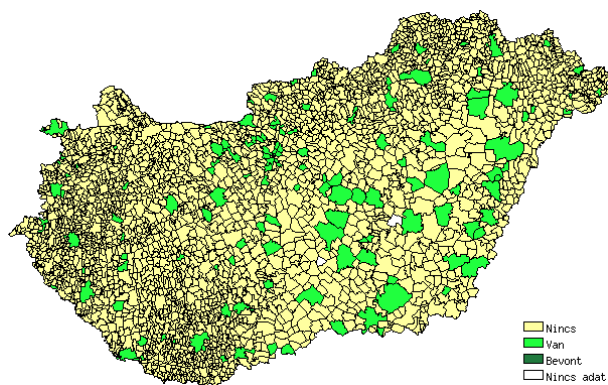
The situation is even worse when it comes to people with mental health problems. A mere 2.8 percent of those who live in long-term residential homes live in group homes, and all of those are based in the grounds of large institutions.⁴

At the time when the New Hungary Development Plan was launched, large institutions as a form were clearly dominant in the health care system for people with disabilities and people with mental health problems. The structure of the health care system was definitely institution-based.

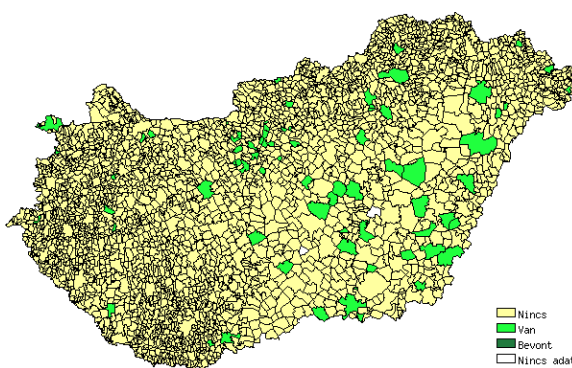
The figures below show the geographical distribution of this institution-based structure:

Figure 1. Geographical distribution of homes and care group homes for people with disabilities, 2007

Institutions for people with disabilities



Group homes for people with disabilities



Source: Database of the Social Sectoral Information System (SZÁIR)

Comparing the two figures, one can see, that many more large institutions can be found than group homes, and the support the claim that the majority of the existing group homes are part of larger institutions.

² No more recent data have been available since the 2001 census. The next census to be held in 2011 will provide new information.

³ Verdes T. (2009) "A ház az intézet tulajdona". A totális intézmények lebontásáról, humanizálásáról és modernizálásáról

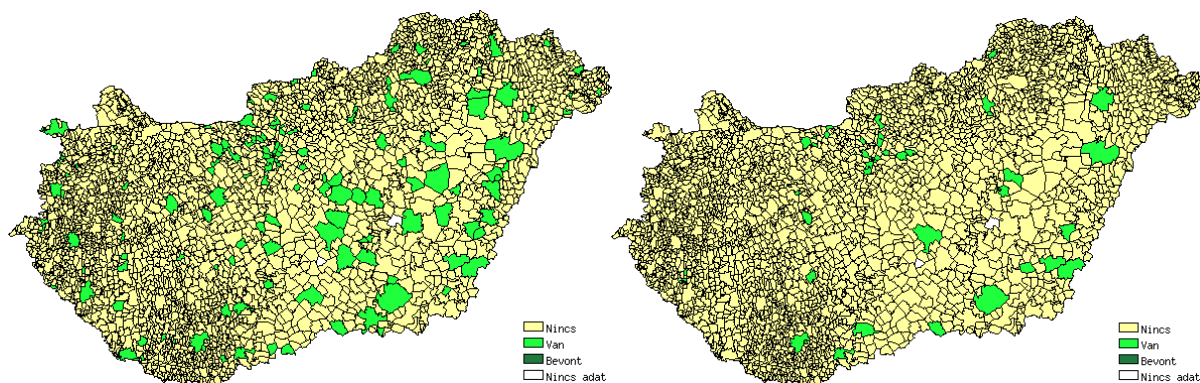
⁴ Hronyecz I., Mátics K., Klucsai B. Lakóotthonok és rehabilitációs intézmények a pszichiátriai betegek ellátórendszerében Kapocs 2004 április III. évf. 2. szám

The differences in the emphases will become even more apparent if the large institutions are compared with the geographical distribution of group homes which were meant to be more independent and rehabilitation oriented.

Figure 2. Geographical distribution of homes and rehabilitative group homes for people with disabilities, 2007

Institutions for people with disabilities

Rehabilitative group homes for people with disabilities



Source: Database of the Social Sectoral Information System (SZÁIR)

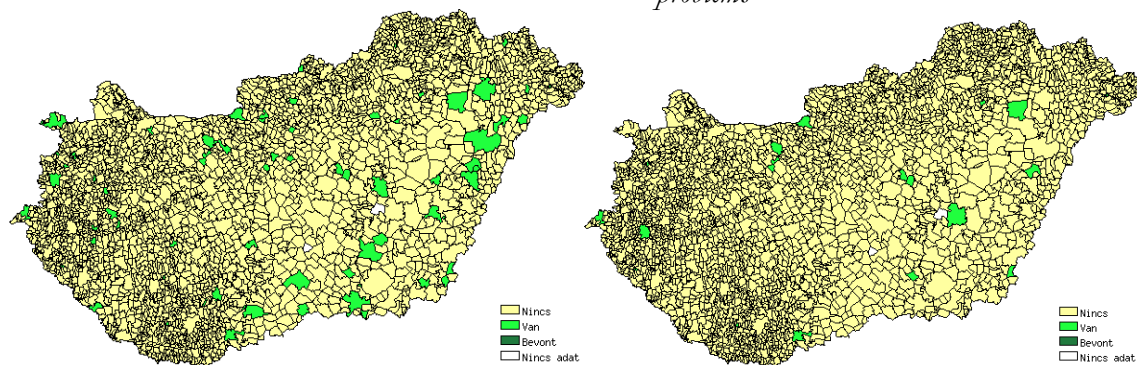
By comparing these two figures, the lack of rehabilitation group homes that promote independent community living in Hungary becomes apparent. While large residential institutions can be found in all corners of the country, the map of group homes shows whole areas of the country that remain uncovered.

The situation appears alarming indeed when it comes to the geographical distribution of residential institutions for people with mental health problems.

Figure 3. Geographical distribution of institutions and group homes for people with mental health problems, 2007

Institutions for people with mental health problems

Group homes for people with mental health problems



Source: Database of the Social Sectoral Information System (SZÁIR)

The figure shows that, on the one hand, in Hungary mental health institutions have been established in peripheral, marginalized areas of the country, even if compared to institutions for people with disabilities. In the most highly developed central part of the country there are barely any. On the other hand, we can state that, in case of people with mental health problems, the presence of group homes in the health care system can be viewed as symbolic. Those few existing establishments are, without exception, situated within the grounds of large institutions, or in the close vicinity of those, and under their supervision.

2. Evaluation of the First National Development Plan's and of the New Hungary Development Plan's deinstitutionalisation related programmes

2.1 The First National Development Plan (2004-2006)

The National Development Plan (NFT) that contained the development plans of the period between 2004 and 2006 does not explicitly deal with the issue of deinstitutionalisation. With reference to people with disabilities, the issue of strengthening the social integration of the target group is just touched upon, while as to its concrete nature, what comes out is that it shall be interpreted primarily in the employment dimension. This is not surprising since the Community level EU social policy in the period directly preceding the accession – just as when this development plan was also being elaborated - itself aimed primarily at the expansion of employment.⁵

The support policy focused, in the first place, at the increase of the employment rate among people in the active age group (those between 15 and 64). Developing social services (whether it means modernisation or expansion of existing institutions, or building new ones) was possible to realise only in a very limited way and from a relatively low budget. In the interviews conducted with (former) government officials of the sectoral ministries involved in the planning of the NFT it was pointed out that the issue of development in the area of social services – in general terms – was discussed on several occasions at bilateral meetings (EU Commission – Hungarian Government) on the directions of developments, the priorities and measures. However, when these issues were raised by the Hungarian delegation, the reaction on the side of the Commission was unfavourable and negative. In the background of this was the understanding within the EU that such developments do not have direct affect on the growth of employment, and especially not on the growth of the economy, and, in general terms, the issue of social services (at that time the aspect of these types of services that is related to the free movement of services was not on the agenda yet) was seen as a national competence and was not explicitly listed among the governing rules (e.g. in the ERFA regulation).

⁵ National Development Plan, 2004.

Finally, as the closing of the negotiations was approaching, an agreement was reached on support to be provided for these services. The result of the compromise was a measure (see HEFOP⁶ 4.2) which was limited exclusively to the development of institutions that provide daytime services (with the total exclusion of services provided by long-term or temporary large institutions or group homes). And, within this, it was limited only to services for those social target groups which can be at least indirectly connected with the expansion of employment within the active age group (this includes the day-care of small children (aged 0-3) as the expansion of these services contributes to the increased participation of their parents in the labour market; the homeless, people with disabilities and people with mental health problems because in their case these services can contribute to their employment).⁷

The total budget available for the measure was approximately 8.8 billion HUF. (The need for development is well illustrated by the fact that 212 applications had been submitted in the total value of around 30.1 billion HUF, and only 71 applicants received support. The amount of funding allocated within the complete HEFOP 4 priority was nearly 59 billion HUF. The larger part of the priority budget was spent on the development of educational and training, as well as health care related infrastructure (at a nearly identical proportion).

We can state, therefore, that, in the period between 2004 and 2006, the issue of deinstitutionalisation within the EU development policy implemented in Hungary did not appear at all. In fact, it could not have appeared, since, in general terms, the issue was whether it was possible to support social, child welfare and child protection services, and this was the subject of the negotiations. A positive aspect of this period was that, even if in a limited way, it was possible to include the issue of development of services that promote the social integration of disadvantaged people in the activities that can be supported, in the goals of the support policy, and to have the policy makers of this system approve it.

2.2 National Action Plan for Social Cohesion

What the government's plan related to the social integration was can be seen in the document entitled „National Action Plan for Social Cohesion” (NCST)⁸ published in July 2004 – that is, already after the EU accession. This document was elaborated by the committee against social exclusion set up by government decision N. 2321/2003 of December 13, and contains the governmental strategy for, as well as summarizes the vision in the area of, the promotion of social cohesion between 2004 and 2006.

This document was elaborated in the framework of the EU open method of coordination as part of the implementation by member states of the EU level strategy against poverty and social exclusion. The NCST goals are identical in the case of all member states, although they can be adjusted in a flexible way to the local circumstances and needs.

⁶ Operational Programme for the Development of Human Resources.

⁷ Hence, this logic excluded the services provided to the elderly from the range of supported target groups.

⁸ http://ec.europa.eu/employment_social/social_inclusion/docs/nap_incl_2004_hu.pdf

Using the action plans of the EU member states the EU Commission drafts a joint summary report. The report that was published in 2005 summarizes the first action plans of the 10 new member states that acceded in 2004.⁹ The EU-level under-representation of the issue of deinstitutionalisation is well shown by the fact that, while the summary report discusses the modernisation of social services, its contents and direction are about the provision of, and access to, quality services, and it does touch upon several aspects. The issue of deinstitutionalisation of large institutions does not explicitly appear in the report.

In addition to the promotion of employment, the Hungarian NCST lists also goals such as, e.g., *„ensuring those community-based services that support the return to the labour market”*.¹⁰

The authors here discuss primarily the development of social, consultative and psycho-social background services that promote the return to the labour market and the cooperation between the existing community-based services. We believe that this formulation echoes the compromise that developed in relation to the EU co-financing developments which derive the justification for the development of these services from their (indirect) positive effect on the employment and labour market activation. While we also find this positive effect as justified, we believe that the fact that aspects of human dignity and of the universal human rights fail to appear make it harmful and one-sided.

The document emphasises that

„an important socio-political principle of the fight against social exclusion is ensuring access to, and is improving the quality and securing the sustainability of, other public services that serve the labour market and education related, as well as social and equality of opportunities.”

Chapter 3.2 of the action plan highlights the following priorities for the period between 2004-2006 in the area of social services:

*„...supporting sustainability of independent living by preserving an active lifestyle, care provided in people's own living environment as well as realisation of a full or partial integration into the labour market by means of rehabilitation, in particular in case of people with disabilities, people with mental health problems and people with addiction problems, as well as homeless people.”*¹¹

A separate chapter (3.3) in the action plan deals with the issue of support to be provided for the „most threatened people”. This group includes primarily Roma, people with disabilities, people with addiction problems, people with mental health problems, homeless people, migrants and refugees.

The section that deals with people with disabilities makes an overview of the necessary policy measures explicitly with the view to promote independent living in the community.

⁹ See EU Commission (2005): Joint Report on Social Protection and Social Inclusion (COMM (2005) 14 final.

¹⁰ National Action Plan for Social Cohesion, 2004.

¹¹ National Action Plan for Social Cohesion, 2004.

In its evaluation of the situation, the document concludes that, in the 10 years after the political transformation, the proportion of people with disabilities in the population grew from 3.5 percent to 5.7 percent, but that in their living conditions they are multiply disadvantaged. The National Disability Issues Programme which was adopted in 1999 aims to improve this situation, thus, based on the provisions of the so-called Equal Opportunities Act No. XVI of 1998 adopted one year before, it aims to lay down the coordinated strategic steps and ensure their implementation.

The Action Plan prescribes policy measures along with the tasks that are to be implemented by 2010 as stipulated in the law. Such a measure is to ensure physical and information related access, and the development of services that offer individual care. In the case of the latter, according to government plans, in the future provision of help in people's own living environment will receive priority. A significant support provided to the „Support Services” introduced in 2003, increasing their number by 20-22 services, as well as expansion of day-care forms from EU funds and their expansion with employment services will be formulated as a goal.

In connection with the social system of care for people with mental health problems it states the following:

„The system of social care for people with mental health problems and people with addiction problems suffers from lack of capacity, and there are also significant deficiencies with respect to territorial coverage. In 2004, the direction for development in mental health services is care provided in the living environment, spreading the network of community-based care, setting up a social aid network and training in the framework of special training programmes for social workers and coordinators. In the framework of the tender programme, the goal is to create the material and operational conditions. 10-12 services can be set up in the course of one year. In the area of health care for people with mental health problems and people with addiction problems, the goal is the dissemination of the community-based care introduced in 2003.”¹²

It is obvious from the above that the NCST document of 2004, which discusses the goals for the future of the policy area, does not mention the deinstitutionalisation of large institutions despite the fact that the Equal Opportunities Act, which the document mentioned itself as a point of reference, contained a decision and deadline with regard to the institutions that provide care for people with disabilities which was made six years before.

Putting it differently, in the middle of the implementation of the steps to be made in the interest of increasing equality of opportunities in the period between 2000 and 2010, the government did not feel the need to take specific measures to meet its deinstitutionalisation related obligations under the law. This silence is speaking for itself since the government could undertake a proactive development-oriented policy that first would aim at strengthening community-based services (day-care institutions, employment programmes, forms of living within the community), then, following this, with a securely functioning existing support network in place, would implement the deinstitutionalisation. However, such a chain of ideas does not appear in the material. From this, it

¹² National Action Plan for Social Cohesion, 2004.

seems obvious that the government in 2004 did not wish to make noteworthy changes in the system of large institutions in Hungary.

In the 2004-2006 budgetary period, within the framework of the National Development Plan, we found two operational programmes and EU co-financed measures that offered relevant opportunities for the social integration of people with disabilities and people with mental health problems.

These are organised in the framework of the Regional Development Operational Programme (ROP) and the Operational Programme for the Development of Human Resources (HEFOP).

In relation to the subject of this study, the Regional Development Operational Programme formulated four goals:¹³

- Development of the human capacity of local administration
- Expansion of employment for the disadvantaged through the development of social economy
- Matching the professional skills of employees to the regional needs
- Creating regional knowledge centres

The programmes elaborated in the framework of the ROP which target social groups that we are examining have, without exception, set the aim of promoting employment in the co-financing of the European Social Fund. Deinstitutionalisation, the creation of, and support for, opportunities for community living in small group homes is excluded and is not listed among the goals of the operational programme.

Among the priorities of the Operational Programme for the Development of Human Resources and their implementation measures we also found ones that potentially target people with disabilities or people with mental health problems.

Such is measure 2.3 that belongs to the priorities of HEFOP 2 which aims at „improving the employability of disadvantaged people, among them Roma”; or measure 4.2 of priority 4 which is entitled „Developing the infrastructure of services that support social integration”. Simply based on the title, creating opportunities for community-based living for low-number groups would seem possible, but examining the content of the tender in detail it comes out that the opportunity has been opened for securing the development of child care services (nursery) as well as for homeless people and day-care for people with disabilities.

„For people with disabilities – in particular those who live in small settlements – there are no accessible social services and job opportunities. In the interest of promoting the social integration of people with disabilities, the network of day-care services needs to be developed. These day-care homes, on the one hand, keep people with serious disabilities occupied, and, on the other hand, they provide services which improve the employability of those people who wish, or are able to, enter the labour market.”¹⁴

¹³ Regional Development Operational Programme 2004-2006:
http://www.nfu.hu/download/631/ROP_vegleges.pdf.

¹⁴ Operational Programme for the Development of Human Resources 2004-2006
http://www.nfu.hu/download/9356/HEFOP_hu_20060503.pdf.

It is important to note in relation to the HEFOP 4.2 measure that in developing social services, in the period between 2004 and 2006, the EU did not allow Hungary to engage in the development of residential institutions. Knowing the action plan outlined above, however, this does not necessarily mean that the Hungarian government dealt with, or was independently elaborating plans for, deinstitutionalisation of large institutions in the designated period as a priority.

From the events of the subsequent period we can rather conclude that, if the government had had an opportunity for the development of residential institutions, with a higher probability a large-scale institutional development would have been implemented. This presumption is supported by the fact that, within the so-called system of allocations, until 2006 significant investments in large institutions had been made from national resources.¹⁵

2.3 New Hungary Development Plan (2007-2013)

In October 2006, the government adopted the New Hungary Development Plan (UMFT) that defined the directions for development for the period 2007-2013, which received the subtitle of employment and growth. The period of 2007-2013 is significantly different from the First National Development Plan in many respects: the available funds projected for one year, compared to the period 2004-2006, are well more than double. The number of operational programmes from the earlier 5 grew to 15, and this included, the tendering system has become very complicated. It takes a significant amount of effort for an organisation or service-maintainer to understand them and to adjust the support opportunities to their own strategic development plans. Frequently, however, individual institutions and service providers do not have an idea even for at least a mid-term development.

An operational programme of the New Hungary Operational Plan that we see as an outstandingly important one is the so-called Social Renewal Operational Programme (TÁMOP). Even at the first reading one can see that, compared to the first National Development Plan or the HEFOP, in this one, in addition to employment, other dimensions of social integration appear more emphatically - with independent priority, more diverse and, at the same time, better specified developmental goals and support tools.

The programme contains conditions that can be seen from the point of view of our next topic as relevant:

„We support the integration of homeless people, people with addiction problems, people with mental health problems and those who have been discharged from prisons.

(...)

¹⁵ Expert document on restructuring institutions that provide long-term residential services for people with disabilities, Hand-in-hand Foundation, 2008.

Similarly, it is important to develop services provided to people with disabilities, to the elderly and family members who, for other reasons, are in need of care to be provided in the community.

(...)

*The institutional system of **social and child welfare services** which enhances social inclusion needs to be reformed so that the small or micro-regions that have larger resources, as well as the larger settlements should ensure the infrastructural background for quality services for those living in small settlements.*

The development of services that affect disadvantaged people contributes also to moving residential institutional placement into the background. At the same time, we modernise the existing residential institutions and continue the replacement of large institutions, primarily in the case of mansion buildings that are unfit to ensure institutional services.

(...)

In the course of developing social inclusion and participation, as well as human infrastructure, we set the following governing principle to be implemented in a unified way in the regional development programmes:

Services shall be secured close to homes and families for the elderly and disadvantaged groups, including in areas with small villages and homesteads that have access problems”¹⁶

As one can see, as an enormous step forward, the New Hungary Development Plan explicitly mentions replacement (deinstitutionalisation) of residential institutions as a goal. The document, additionally, discusses the continuation of the steps of deinstitutionalisation. This, however, refers to the replacement in the child protection system that was indeed launched some time ago and largely implemented, and led to the creation of the so-called flat-homes.

In any case, we can state that, for the first time, deinstitutionalisation appears in an official document as a task to be financed from EU funds. In the background of this is, undoubtedly, the fact that the EU framework regulation has significantly changed: from 2007, social services can be supported also “on their own right”.

In Hungary, the details of the development plan and of the tenders and projects to be announced and which overarch the 7-year budget cycle in the period between 2007 and 2013 are contained in the so-called two-year action plans. From the point of view of our subject, priority 3 of the Social Infrastructure Operational Programme (TIOP) which was signed in February 2007 is most important. The action plan for the development of the infrastructure supporting the participation in the labour market and social inclusion summarizes the tasks for the years 2007-2008.

Under this priority, two tenders focusing on the development of residential institutions emerge as independent measures: one of these (TIOP 3.4.1) aims for deinstitutionalisation of residential institutions, the other (TIOP 3.4.2) serves modernisation of residential institutions. This is a very important and welcome step forward compared to the earlier period between 2004 and 2006: it expresses a clear intention and commitment.

¹⁶ New Hungary Development Plan, 2007.

As mentioned before, in the case of the First National Development Plan, only those services that did not offer residential accommodation, but instead offered basic social services were eligible for the development. In the case of the New Hungary Development Plan, we can witness a peculiar division of tasks: while the development of basic services makes part of its own independent operational programme (in the case of Hungary, there are seven such regions), the support for residential institutions is within the framework of the Social Infrastructure Operation Programme. It is important as there are fundamental differences between the planning and implementation of the two operational programmes (OP): regional OPs are planned in the seven different regions (with the local regulation of the exact conditions and funding conditions), while the Social Infrastructure OPs have sectoral planning, thus are elaborated by the ministry responsible for the sector (currently the Ministry of Social Affairs and Labour). Naturally, the various coordination and decision-making mechanisms of the planning and implementation ensure coordination and identical policy norms. Nevertheless, differences between regions can be observed, which cannot be explained by different needs but rather is due to the local (regional) decision-making processes and balance of political powers.

This division of tasks among OPs could cause problems only if we wanted to use the social service structure on the basis of unified professional criteria and wanted to develop them in an identical way. Reinforcing a system wherein the basic services and the (residential) specialised services build upon each other, and the development of inter-sectoral cooperation (e.g. in the case of health care and social services, or education and child welfare services) may prove to be harmful.

The situation is made more complicated by the fact that, based on the definition of the EU framework rules, the capital and the Pest county (together: Central Hungarian Region) – due to their level of development – fall under a different regulation (non-convergence region). Therefore, in this case, it is only and exclusively the regional OP that supports the development of the social services infrastructure. By reading the relevant OP (Central-Hungarian OP), this becomes clear: identical OP – and, within it, the same priority - makes no difference as the advantage coming from this is not (has not been) utilised. The tenders announced within the framework of this OP as mirrors repeat the tenders of other regions.

The TIOP document mentioned earlier contains the following part on deinstitutionalisation:

“The goal is to develop services that provide residential accommodation for social, child welfare and child protection related (temporary and long-term) purposes by deinstitutionalisation of large institutions, by replacing mansion buildings and other buildings that are less suitable for the provision of services, and by creating group homes integrated in normal living environment – primarily residential and temporary homes, etc. – as well as flat-homes and modern children’s homes.

Related to the above goals, there is a horizontal expectation that modernised institutions shall, if possible, have a connection with the tasks of the basic services of the settlement or region where the headquarters or the site is situated.

Justification: a significant part of the residential social services operate in buildings that are unsuitable for the provision of health care services and are situated in segregated living environments. The scheme is

connected with the reform process in the area of social policy and social services which aims at the increase of the efficiency of services and regulation of capacity. In the area of child protection, the programme aims at finishing the restructuring and replacements of children's homes that was launched in 1997.

The development aims, firstly, at the establishment of forms of community living (e.g. group homes), and, secondly, aims at the establishment of modern children's homes and units that provide social care. This, fundamentally, does not involve establishment of new places, but rather help restructure the existing capacity and make it more efficient. This is not easy as the regional programmes provide support to the development of fundamental services, thus there is a need for continuous coordination with the ROP developments.

We prefer solutions which lay the foundation for serious reform changes – in certain cases covering several institutions – in terms of the quality and accessibility of the offered services.”¹⁷

The mentioned TIOP action plan for the years 2007-2008 offers further important details on the professional criteria related to the replacement programme:

“ The buildings to be established shall not be separated from the living environment of the settlement and shall promote the independent living in the community.

- The number of licensed places in institutions that are affected by the development shall not grow.

- Plan for the preparation and retraining of specialists and patients.

Expectations related to the maximum number of places in institutional units (settlements) established by replacement:

Child protection institutions:

- Children's homes operating in the form of flat-homes: 12 places

- Children's homes not operating in the form of flat-homes, special children's homes: 48 places

Social services:

- Long-term residential institutions that provide care for the elderly

- Long-term residential institutions that provide care for people with mental health problems (between 50 and 100 places, and 14 places as the form of group homes)

- Temporary and long-term residential institutions for people with disabilities: for people with mild and medium level disabilities group homes containing 14 places, and for people with severe and multiple disabilities institutions with a maximum of 50 places can be established.

Criteria for establishment of institutional units (sites) set up in the replacement process:

- only investments made in the inner city area can be supported

¹⁷ TIOP action plan, 2007.

- the population of the affected settlement shall be minimum 2,000 people

- availability of public transport within 1 km.”¹⁸

Based on all this, in the two-year period affected by the action plan, the number of replaced institutions as a result of the development – on the basis of the original plans – will be 15. That is, this is the number of the currently operational institutions that will cease to exist, and the number of places that will come about as a result of the replacement will be 1,100. However, this jointly covers all the four affected groups (the elderly, people with disabilities, people with mental health problems, people with addiction problems).

Each of the development related criteria fully coincides with the professional and other goals that have been set by the interest groups: the new institutional units shall be established in a way that integrates them in the community, they cannot be established in marginalised settlements, and another condition is the accessible public transport. This is particularly welcome since a large part of the current large institutions operate in secluded settlements in (ex-) mansions and army barracks that had been built for other purposes.

A very important condition is that the overall number of available places shall not grow, that is, when a new-type place is set up, an existing one shall be discontinued. This is dictated by budgetary financial consideration rather than policy-based professional ones. As a result of the developments, in the framework of the Hungarian convergence programme which was aiming at meeting the EU criteria, there was a need to stipulate that the developments shall (at least) not lead to an increase in the central national expenditure (since they anyway did not generate revenue). Social services receive normative state support (as normally do public services). “Freezing” the number of available places, therefore, is explained by this: the overall value of the state normative operational support paid after the places shall not grow.

In the European Union documents, in particular in the international research studies connected to deinstitutionalisation commissioned by the European Commission and produced recently, the number of places over 30 can be considered as the upper limit for large institutions.¹⁹

This is particularly notable given that the mentioned action plan allows for the establishment of institutions for patients with mental health problems and those with addiction problems with the number of places up to 100, that being in the framework of deinstitutionalisation.

Therefore, from the above paragraph quoted from the action plan, it becomes clear that, while the replacement of institutions does appear in the development plan for the period 2007-2013, an examination of the details reveals that, in fact, this means the establishment of **new large institutions**.

What we earlier presumed from the available information is now becoming clear. What replacement and deinstitutionalisation covers in the Hungarian interpretation does not necessarily

¹⁸ TIOP action plan, 2007.

¹⁹ Mansell J., Knapp M., Beadle-Brown J., Beecham J.: Deinstitutionalisation and community living – outcomes and costs University of Kent, 2001

mean the establishment of a homely living environment within the community, as specified in the European professional recommendations and “norms” (which in the current Hungarian legislation corresponds exclusively to the form of group home), but, in a peculiar way, that, in the course of replacement, new, somewhat smaller in terms of places, but still large, institutions can be set up.

It is worth mentioning that all this is true for institutions that provide care in long-term residential accommodation for people with mental health problems and addiction problems as well as the elderly. The maximum number of services that are established as a result of replacement, in the child protection system it is 48 and in the care for people with mental health problems it is 50. Therefore, this is quite unusual, and it requires further research and examination of why this double standard: while in the case of people with disabilities the more favourable number of 50 places is the ceiling number, in the case of patients with mental health problems this number is 100 places, something which cannot be justified by professional considerations.

Naturally, the real implementation of the process of replacement and the specific results depend to a large extent on the incoming applications: in an extreme case, on the basis of the action plan, under the title of replacement as many as 11 large institutions with 100 places can be established from community funds.

In addition to replacement, as a programme that is closely connected to it, modernisation of residential institutions is also listed among the plans. In relation to the programme numbered TIOP 3.4.2, the action plan contains the following:

“Goal: modernisation of buildings of social and child protection institutions where there is a need for renovation and modernisation,

- for people with disabilities*
- for people with mental health problems and addiction problems,*
- for homeless,*
- for the elderly, and*
- for children and young adults who live in institutions that provide basic and specialised care within the child protection system.*

With respect to residential institutions regulated in Act III of 1993 and in Act XXI of 1997, to improve the conditions of the provision of health care services. The equipment of the modernised buildings exclusively in the case of buildings that are affected by modernisation. Renovation and modernisation of residential institutions that provide functioning social and child protection services, setting up of places in special homes for children, ensuring equal access in the interest of improving the quality of social services.

Justification: a part of the currently functioning institutions that provide residential social and child protection services provide poor residential conditions for those living in them. These institutions that provide unsuitable residential services are in need of renovation and modernisation in order to improve the conditions

and the life circumstances of those affected. In order to provide professional care for those children with special needs who are placed in the child protection system of special care, there is a need for the establishment of specialised homes for children.”²⁰

According to the numbers used in the action plan, there will be a total of 25 institutions that will undergo modernisation and 2,200 places will be affected.

3. Elaboration and official announcement of programmes for the deinstitutionalisation and modernisation of large institutions

Based on the action plan, the content of specific measures and the details of the call for tenders are decided by the so-called Working Group on the Elaboration of the Proposal (PEMCS).

Generally, the participants of these working groups are representatives of the relevant ministry, of the National Development Agency (NFÜ) (such as staff members of the responsible Managing Authority and those of the Contributing Authority that collaborates in the preparation of tenders), the civil-wing representative of the Monitoring Committee that is supposed to represent social control, and, if needed, external experts, all after signing declarations on conflict of interests and confidentiality.

The planned text of the tender documentation prepared by the PEMCS is then presented by the National Development Agency on the Internet forum hosted on its homepage for public debate. On the basis of the feedback that accumulates there, the PEMCS finalises the text of the tender, then the tender is officially announced.

It shall be noted that the Internet-based public debate has access limitations – for instance, in our case, the majority of people with disabilities or people with mental health problems have no such access. Additionally, related to the issue of access to information by those affected, socially disadvantaged, socially excluded people were asked to interpret one of the development related documents. The result was not surprising, but rather thought-provoking: typically, the readers went as far as the middle of the foreword, then, in an irritated manner, pushed it away, and said that they did not understand a word and that they are not interested.

In what follows, we will discuss measure numbered TIOP 3.4.2 on modernisation of residential institutions, and the events related to the elaboration and announcement of measure TIOP 3.4.1 on deinstitutionalisation of large institutions, all based on the content of the official website of the National Development Agency.

²⁰ TIOP Action Plan, 2007.

3.1. Elaboration of tender TIOP 3.4.2 on modernisation

From among the modernisation programmes that affect residential institutions and which are financed from the EU Structural Funds, it was measure TIOP 3.4.2 that was elaborated first. The exact title of the measure is “TIOP 3.4.2. Modernisation of residential institutions”.²¹

On the basis of the action plan, the Working Group on the Elaboration of the Proposal (PEMCS) put together a call for applications, according to which “in case of social services, tenders can be submitted for the development of **institutions of a maximum of 150 places**.”²²

In practical terms this means that, in accordance with the intention of the authority that announced the tender, both large institutions for people with disabilities and homes for people with mental health problems could receive community funding for their modernisation despite the fact that, in the case of institutions for people with disabilities, at the time when the call for proposals was published, a Hungarian law ruled on their deinstitutionalisation to take place before 2010.

The lawmaker intended to spend European Union funds on development and renovation of institutions which, in accordance with the law, were meant to be eliminated within two years.

For the purposes of public debate, the call for proposals was accessible between April 3 and April 10, 2008.²³

Only 17 comments were made on the Internet forum in connection with the tender, while the homepage of the National Development Agency stores six comments in e-mails.

The majority of the opinions arrived from large institutions and authorities that maintain these institutions. Additionally, we found comments from four NGOs and one private individual on the site of the Agency.

From among the comments, six can be considered to be of technical nature as it pointed out a need for clarifications and corrections, or pointed at contradictions within the tender. Two comments made a suggestion for the expansion of the scope of target groups by including foster parents and people diagnosed with autism.

In three of the comments objections were made as to the 1 million HUF limit per place support and investment budget: according to the individuals who made the comments, it is impossible to carry out the necessary investments and renovation from this budget, as it is too low.

²¹ With identical content, as a so-called mirror programme, the KMOP 4.4.1. programme was elaborated and announced which was designated exclusively for the Central-Hungarian region. All of our conclusions related to deinstitutionalisation and modernisation that follow in other parts of the document are valid also for the KMOP measures that accompany those as mirror programmes.

²² Call for proposals N. TIOP 342

<http://www.nfu.hu/download/8108/TIOP%20342%20P%C3%A1ly%C3%A1zati%20felh%C3%ADv%C3%A1s.doc>.

²³ Although the debate was closed in April 2008, its archived version is still accessible at::

http://www.nfu.hu/forum_topic_pate/35.

From the point of view of our subject, it is of special importance that those representatives of large institutions who made comments thought - nearly without exception - that the 150-person limit that was specified in the tender was too low, and criticised that only those institutions were eligible for modernisation, in accordance with the draft, which are situated in larger settlements accessible by public transport. Ten such comments arrived, and probably the one which arrived from the Office of the Nógrád County Municipal Assembly reflects best the reactions of institutions:

“In our view, from among the requirements set for the institutional units (sites) affected by modernisation, those according to which there shall be access within 1 km to public transport, and the one that requires that the number of population of the involved settlement should be 2000 or above, from the operation point of view are unimportant and are unnecessarily narrowing the scope of applicants. In the maintenance of county municipality, a number of institutional units (sites) operate in settlements with population below 2,000, and whose competence covers the county and, occasionally, the whole country. Similarly, those institutional units (sites) which operate on the suburbs of settlements and which are located at a distance larger than one km from the nearest coach station, would be unduly excluded.

Based on the current legislation, there are institutions that operate more than 150 places and which await reconstruction.”²⁴

The comments lead to the conclusion that, despite the international agreements on deinstitutionalisation and the national regulation in this area, the leadership and maintainers of large institutions find nothing objectionable in further maintenance, and, moreover, modernisation of segregated large institutions which are inaccessible by public transport. Their intentions show that they would renovate a number of such institutions from EU funds, and, if there was an opportunity for this, would expand those with additional places. There was a comment in which the person would, as a result of the modernisation, expand the current institution that accommodates for 30 people to a larger one for 100 people.

Comments made by two NGOs were of opposite content: they criticised the call for proposals from the point of view of integration into community. In their comments, the representatives of the Hand-in-Hand Foundation (Kézenfogva Alapítvány) and of the Mental Disability Advocacy Centre (MDAC) made references to the UN Convention on the Rights of Persons with Disabilities, to the newer, 2007 version of the National Disability Affairs Programme mentioned earlier in this study,²⁵ as well as to the law on equal opportunities.²⁶ They drew the attention of the authorities which announced the call for proposal that “institutions that provide long-term residential care for people with disabilities shall be gradually, by 2010 January 1 the latest, be reconstructed so that the care provided to people with disabilities who are capable of independent living with assistance shall be realised in group homes within the community.”²⁷

²⁴ TIOP 342 forum: http://www.nfu.hu/forum_topic_pate/35.

²⁵ 1062/2007. (VIII. 7.) National Disability Affairs Programme.

²⁶ Act XXVI of 1998, Art. 29(5).

²⁷ TIOP 342 forum: http://www.nfu.hu/forum_topic_pate/35.

In their recommendation, the commenting NGOs requested that, with respect to institutions accommodating people with disabilities and people with mental health problems, the tender shall not provide opportunity for reconstruction of institutions which provide for more than 50 places. For the resolution of the situation with large institutions that are in a poor technical condition, the comment-makers recommended the opportunities contained for deinstitutionalisation in tender TIOP 3.4.1 that was announced later.

The recommendation for the 50-person size limit is still higher than the 30-person limit which seems to be prevalent in the EU documents, but in the Hungarian environment, in the area that we are examining, in the majority of cases the solutions found under 50-person capacity are mostly group homes for 8 to 12 people.

The drafters of the tender programme are obliged to respond to the incoming comments. These answers, too, are available in the archives of the National Development Agency.

From our analysis one can see that, from the point of view of the right direction of deinstitutionalisation and modernisation, fundamentally there were two types of comments. Clearly, those comments were in majority in which the idea of providing EU funding also to large institutions with capacity of over 150 places was supported, and which would cancel the geographical requirements for integration into the community. An opposing opinion was shaped by the two NGOs whose representatives thought it unacceptable that institutions which, in accordance with legislation and international agreements, should be eliminated may undergo modernisation and expansion.

Below, we present the answers of the drafters to the two positions²⁸.

The recommendation formulated by a representative of the MDAC, Mr. János Fiala, according to which “there shall be no opportunity within tender TIOP 3.4.2 for the reconstruction of large (with a capacity for more than 50 places) institutions that provide services for people with disabilities and people with mental health problems” was accepted by the authority that announced the call for proposal.²⁹

To the comments by representatives/maintainers of institutions that criticised the limit of 150 places (seeing it as low) and demanding the cancellation of the requirement for integration in the community, the drafter typically responded in the following manner³⁰:

In this scheme, we wish to support smaller institutions which meet the norms of the number of places in accordance with the social regulation. A scheme for replacement of larger residential institutions is also being launched. Call for proposals TIOP 3.4.1 is also expected in the last quarter of 2008.

²⁸ The answers of the drafters in full length can be viewed at:

<http://www.nfu.hu/download/8299/TIOP%203.4.2.%20tervez%C5%91i%20v%C3%A1laszok.doc>.

²⁹ The exact wording of the answer was: “We have accepted the recommendation and have included it in proposal guides for TIOP 3.4.2 and KMOP 4.4.1/B.”

³⁰ The answers of the drafters in full length can be viewed at:

<http://www.nfu.hu/download/8299/TIOP%203.4.2.%20tervez%C5%91i%20v%C3%A1laszok.doc>.

The goal of the proposal is modernisation and not construction of new buildings, except for cases of special homes for children. Funds per one place have been calculated with this in mind.

In this scheme, we wish to support smaller institutions.

Modernisation will be supported only in case the institutions are not situated in a segregated living environment.

The goal of the modernisation is the integration of the patients which in a living environment in small settlements cannot be ensured properly.

Modernisation cannot result in the enlargement of capacity and does not support the establishment/ construction of a new institution.

The recommendation does not meet the goals of the operative programme as the measure provides for the development primarily of small residential services.

The goal of the modernisation is the integration of the patients in a non-segregated environment.

We cannot accept your recommendation as to the development of institutions with a capacity of above 150 places since the social law sets the maximum of places in social services at 150 people.

The following response written to the only private individual, which is more detailed compared to those ones above deserves to be quoted as it may provide a more comprehensive picture of the drafters' intentions:

"Call for proposals TIOP 3.4.2 secures funds for the modernisation of existing institutions, and, among these, exclusively those can apply that run a smaller capacity and are integrated in the community. Therefore, new institutionalisation will not happen with the use of these funds, moreover, it is expected that community-based services (group homes, flat-homes, temporary homes, small residential institutions) will strengthen. In case of institutions that provide health care services to people with disabilities, only those institutions can apply for modernisation whose capacity is below 50 places; large institutions for people with disabilities will be gradually eliminated in Hungary and will be replaced by small, community-based group homes. This goal will be pursued also through the proposal programme that will aim for deinstitutionalisation of large institutions, and which will be announced in the last quarter of 2008."

It is difficult to follow the changes even for researchers, but it can be unambiguously stated that, as a result of the public discourse, significant changes have occurred in the intentions of the drafters.

The authorities which announced the call for proposal have directed the modernisation funds in the direction of small institutions (already existing group homes) despite the fact that the majority of the arriving comment-makers supported segregated large institutions.

It is worth mentioning a small but telling internal contradiction contained in the answers. In the answers found in the archives, the drafter accepts the recommendation made by the MDAC

without changes, while it suggests the adoption of a capacity limit of 50 places for all types of institutions.

The long answer provided to the question put by the private individual insists on the capacity limit of 50 places only in case of institutions for people with disabilities.

For us this means that the drafter has apparently moved in the seen direction along the lines of legislation. The national legislation and programmes referred to by the NGOs are valid only for people with disabilities. It is only in the case of these institutions that there is a pressure for deinstitutionalisation paired up with a deadline specified in the law. The lawmakers, therefore, enforced the capacity limit of 50 places only where deinstitutionalisation had also a strong legal background. Thus, in the legal sense, this is impossible to criticise or question.

Similarly, the comments urging the development of institutions with capacity above 150 places were rejected partly referring to the current legislation which set the maximum of national residential long-term institutions at this number. The fact that, despite the legislation in force, in 2008, there was a number of large institutions with operational capacity well above the 150 place limit and that the representatives of these institutions, without scruples, urged that those be renovated and modernised, only shows the real situation in the country.

3.2 Organising call for proposals TIOP 3.4.2 on modernisation

Following a public discourse, proposal TIOP 3.4.2 on modernisation of residential institutions was announced in the spring of 2008 and the deadline for submission was set to October 21, 2008. Concerning the size of the institutions to be modernised, the call for proposals contained the following conditions:

*“In case of social services, applications for their modernisation can be submitted only for institutions with a **maximum capacity of 150 places**. In case of institutions that provide services for people with disabilities, the size of applying institutions may not exceed the capacity of 50 places.”³¹*

Despite the objections raised in the course of the negotiations by the maintainers of the institutions, the call for proposals maintained the following expectations with respect to institutions affected by modernisation:

- Only investments made in the inner-city area can be funded
- The population of the involved settlement cannot be below 2,000
- There shall be access to public transport within 1 km.

³¹ Call for proposals TIOP 3.4.2 http://www.nfu.hu/download/11456/TIOP_342_palyazati_felhivas_0829.pdf.

In the framework of the proposal, 2,275 million HUF were potentially allocated, while for the Central-Hungarian region – with identical content (that is, as we mentioned earlier: as a mirror application) – in the KMOP 4.4.1 proposal, 632.5 million HUF were allocated.

In the two proposals, altogether 50 projects were selected for support by the committee which reviewed the application,³² of which 42 will be funded in the framework of the TIOP, and 8 in the framework of KMOP with a total of 3,274.1 billion HUF.³³

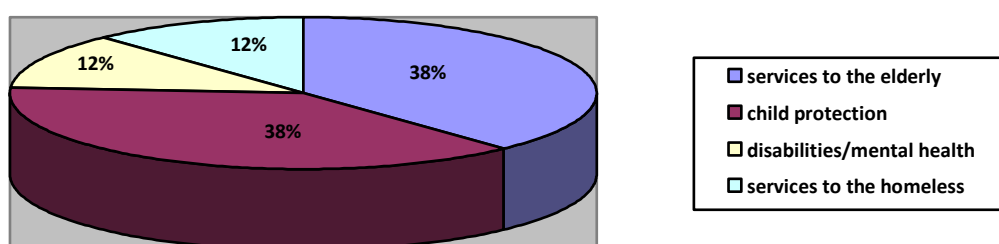
Table 2. Number of winning projects in proposals TIOP 3.4.2 and KMOP 4.1.1, and the total amounts allocated

| Measure | Number of winning applications | Amount of allocated support |
|------------|--------------------------------|-----------------------------|
| TIOP 3.4.2 | 42 | 2,662,379,265 HUF |
| KMOP 4.1.1 | 8 | 611,763,288 HUF |

Source: www.nfu.hu

If we examine which professional fields were capable of profiting most from the proposals which aimed at modernisation, we will clearly see that approximately 76 percent of the winning projects were those dealing with child protection and provision of services for the elderly.

Chart 2. Distribution of the winning projects in proposals TIOP 3.4.2 and KMOP 4.1.1, by field of interest



Source: www.nfu.hu

The chart above clearly shows that only 12 percent of the winning applications make services that provide services to people with disabilities and people with mental health problems. Child protection and provision of services to the elderly as fields were the absolute winners of the competition for the funds made available for the modernisation of residential institutions. From

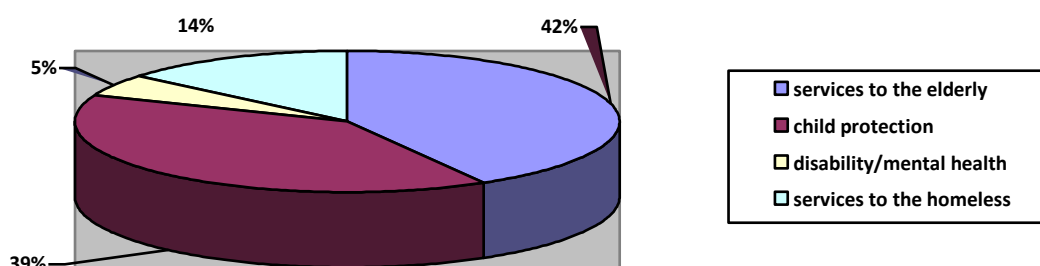
³² There is no available information in the database of the National Development Agency on the overall number of received applications.

³³ These are the funds that were allocated as the applications were considered. In our experience, the amount finally paid out may change before the signing of the contract, and even after that, during the implementation of the project. There is also a practice by the Agency of claiming funds back: years after the end of the project, referring to subsequently discovered irregularities, part of the funds can be claimed back. In the present documentation, we have used the amounts that were allocated after the consideration of the applications, those that were subsequently made public. It shall be noted, however, that, as a result of possible circumstances detailed above, these can be somewhat different from the amounts that eventually were transferred to the applicants.

the point of view of the target group that we are examining, setting the targets in this proposal was quite poor.

This disproportion is even more striking if we examine the share of individual fields not based on the number of winning applications, but based on the amounts of allocated funds.

Chart 3. Distribution of amounts allocated to winning projects in proposals TIOP 3.4.2 and KMOP 4.1.1, by field of interest



Source: www.nfu.hu

The field of disability and mental health accessed only 5.2 percent of the available funds, in a total of 178.3 million HUF; the share of field of provision of services to the elderly and the child protection was 81 percent of the funds. This disproportion is clearly disadvantageous for the examined target groups.

By examining more closely the altogether six winning applications in the area of disability and mental health, we received the following results:

Table 4. Projects of disability and mental health institutions which won in the TIOP 3.4.2 and KMOP 4.1.1 proposals announced for the modernisation of residential institutions

| Institution | Location | Short description | Awarded amount in HUF |
|--|----------------|--|-----------------------|
| Foundation for Sensible Life (Értelmes Életért Alapítvány) | Budapest | Renovation of the roof of, and modernisation of the heating system in, a home that provides services for 23 blind young adults with multiple disabilities. | 20,700,000 |
| Home for People with Intellectual Disabilities and Mental Health Patients in Berettyóújfalu, Non-Profit Ltd. | Berettyóújfalu | Reconstruction of a home that provides services for 43 patients with disabilities and mental health problems. | 35,938,644 |
| Goodwill Home Public Foundation | Dunaújváros | The project involves the renovation of a home run by the public foundation that provides | 34,637,634 |

| | | | |
|---|---------|--|------------|
| | | temporary and nursing services for 38 people with disabilities. | |
| Foundation for People diagnosed with autism in Miskolc | Miskolc | Renovation of a Residential Family Home and kitchen for 37 people diagnosed with autism | 35,705,880 |
| Móricz Zsigmond primary school, Special technical school, Boarding school, Unified medical-pedagogical methodological institution, Educational advisory institution, Unified pedagogical service, Children's home | Lenti | The main goal of the project is to modernise the five flat-homes of the Unified pedagogical service which accommodates a total of 59 people. | 28,372,960 |
| Szeged-Csanád Bishopric | Szeged | Constructing an accessible lift in the Reference building and in the Frim Jakab building. Target group: 38 patients with disabilities. | 23,022,841 |

Source: www.nfu.hu

Among the few winning projects, there were no really large institutions for people with disabilities or mental health problems, which was not the fault of the authority which announced the call for proposals. From the two target groups, the choice was clearly favouring people with disabilities: it can be stated that people with mental health problems were practically ousted from the funds for modernisation.

It is also notable that, with the exception of the flat-homes of the special institution in Lenti, real small size group-homes did not receive funding. Making use of the small slot secured by the limit of 50 places, institutions which provide services for 23-43 people received funding. These institutions at least function in larger settlements and, given the situation in the county, operate integrated in the community, hence, from the point of view of our research, they can be ranked rather as neutral institutions. This call for proposals, therefore, did not provide funding for large institutions.

3.3 Elaboration of the call for proposals TIOP 3.4.1 on deinstitutionalisation of large institutions

The elaboration of the call for proposals on deinstitutionalisation of large institutions labelled TIOP 3.4.1. was launched by Working Group on the Elaboration of the Proposal (PEMCS) in 2009 with a considerable delay.

The draft of the call for proposals was presented for public debate in October 2009 (that is, a year and a half after the announcement of the proposal for modernisation). The reasons for this delay in the elaboration of the proposal were revealed in the interviews made with experts. From the

point of view of financeability from EU sources, a fundamental issue emerged: a funded project can spend only a maximum of 10 percent of the amount on purchase of real estate. At the same time, deinstitutionalisation could have been implemented primarily by purchase of average quality second-hand real estate (in the given settlement), and not by construction of new institutions and group homes. Finding a solution to this technical, but in reality absolutely crucial, issue took so much time.

The draft of the call for proposals was presented for public debate only in October 2009. The justification of the proposal is summarised in the draft as follows:

“A significant part of those residential institutions that provide social and child protection services function as out-of-date large institutions. Frequently, the large number of patients is coupled with poor infrastructural circumstances. This occasionally leads to situations in which institutions accommodate several hundred patients on one site (service unit) which, additionally, is often located in the suburban or peripheral segregated part of the settlement in mansion buildings or other buildings that are unsuitable for provision of health care services (out-of-date, dilapidated, with lacking equipment). Such circumstances do not promote the social integration of the patients, and also make it difficult for them to keep in touch with their families.”³⁴

On this occasion, as planned, the proposal was announced at the same time when the second round of the TIOP 3.4.2 proposal aiming for modernisation was also presented in an unchanged form. The authorities' explanation for this was that the applicants had the opportunity to decide which of the proposals better served the interests of the patients, that is, the modernisation of the institution or its deinstitutionalisation. The text of the proposal defines the goal of the TIOP 3.4.1. scheme in the following way:

“...development of social and child protection services which provide long-term residential health care through the deinstitutionalisation/replacement of large institutions, mansion buildings and other buildings that have poor infrastructure, and through the creation of new institutions and sites (homes that provide health care and nursing services, group homes, new service provision units, homes for children, flat-homes, aftercare homes, etc.) that are integrated into normal living environment.”

The framework amount allocated for the proposal is 13 billion HUF.³⁵ It shall be mentioned in connection with it that this is the amount allocated for the whole seven-year budget period which, it seems, the decision-makers decided to use all at once at the beginning or middle of the period. On the one hand, this amount indicates the seriousness of the authorities' intentions since the budget intended for deinstitutionalisation in the course of the seven-year period is approximately 2.5 times larger than that allocated for modernisation.

On the other hand, the use of the budget involves enormous responsibility: should no change occur in relation to the funding of the operative programmes, or within the affected OP, there

³⁴ The draft of the call for proposals TIOP 3.4.1 can be found at:

http://www.nfu.hu/download/22839/p%C3%A1ly%C3%A1zati_felh%C3%ADv%C3%A1s.doc.

³⁵ Ten billion HUF in the framework of the TIOP 3.4.2. programme, and additional 3 billion for the mirror programme to be implemented in the framework of the KMOP.

will be no more funding opportunities for the development of the institutional system and its deinstitutionalisation!

As a further breakdown of the main goal, the detailed guide elaborated for the call for proposals defines two interim goals in connection with the proposal:

The first involves the deinstitutionalisation of out-of-date large institutions “through the establishment of new institutions or sites (or service provision units)” with the goal to create “more modern conditions for the accommodation of people with disabilities, people with mental health problems, people with addiction problems and in residential child protection institutions”.

In contrast to the previous proposal on modernisation, institutions for the elderly and the homeless are not included in the target group, while institutions that provide services for people with addiction problems appear as a new target group.

In relation to the second interim goal, with respect to the area of social services, the proposal contains the following:

“The establishment of new institutions (or sites, health care units) with the goal to improve the living conditions of patients can be supported in case of services listed below:

In the area of social services: with the purpose to provide accommodation for people with disabilities, people with addiction problems and people with mental health problems in group homes, primarily in counties that face a shortage in capacity, as well as for the establishment of health care homes for people with disabilities of a maximum of 50 places of capacity in settlements with a population of over 30,000 people.”³⁶

The section of the detailed guide on the general conditions with respect to the size of institutions covered by deinstitutionalisation and of the services that shall be established as a result of it, as well as other conditions, contains the following reference:

“The number of places in institutions – as a result of deinstitutionalisation – shall not be higher than the maximum number specified in the regulation on social and child protection.

(...)

Expectations with respect to institutions that came about as a result of deinstitutionalisation and new ones (with sites):

- only investments made in the inner-city areas in non-segregating environment can be funded*
- accessibility of public transport within 1 km”*

Practically, this means: as a result of deinstitutionalisation, institutions including those with a size of 150 places can be established in non-segregating inner-city areas. At the time when the proposal

³⁶ Draft of the TIOP 3.4.1. proposal guide:

http://www.nfu.hu/download/22840/p%C3%A1ly%C3%A1zati_%C3%BAtmutat%C3%B3.doc

was presented for public debate, the regulation³⁷ maximized the number of places in institutions that provide health care services in 150 places.

In accordance with the published draft of the proposal, therefore, the development programmes funded from EU sources, in the framework of deinstitutionalisation in Hungary, may facilitate the establishment of new large institutions.

3.4. Public debate on the TIOP 3.4.1. programme

Connected to the draft of the published call for proposals, following the public debate, 18 comments were written on the homepage of the National Development Agency among which several NGOs and professional organisation expressed strong criticism. The criticism went far beyond the limits of the forum hosted on the homepage of the Agency. The organisations which criticised the proposal formulated an open letter, initiated numerous media appearances in the topic, and appealed to the Prime Minister who is, after all, responsible for the activities of the government, as well as to the president of the National Development Agency which directly supervises the EU funds.

In addition to the 18 comments which were written on the forum that can be considered as an official platform for social debate, additional nine comments that arrived in e-mail messages were appended to the documentation by staff members of the National Development Agency.

From among the total of the 27 comments, five can be categorised as being of technical nature: these comments asked questions related to the evaluation and implementation, some were trying to resolve the internal contradictions that remained in the proposal. Other five comments on the homepage formulated recommendations with respect to child protection institutions/services.

Six of the comments suggested that institutions that provide services to the elderly and homeless people be included in the proposal, similarly to the target group of the TIOP 3.4.2. proposal on modernisation.

For us, repeatedly, those comments were of most relevance which urged the establishment and modernisation of large institutions, as well as those which thought that it was unacceptable to establish such institutions from EU funds.

Altogether five comments were written by operators of large institutions where, similarly to some earlier comments, the limitations as regards the number of places and the geographical location were challenged.

There was also a recommendation that it shall be made possible to establish new (apparently larger) institutions also in towns and large villages since these appear as large employers at these settlements. Another comment-maker expressed a wish that deinstitutionalisation of a currently

³⁷ Act III of 1993, Article 57(3).

145-place institution should also include the possibility to build a wing with a 60-place capacity, thus creating a less crowded institution with a capacity for 85+60 places. An additional need was formulated in connection with the request for inclusion of homes for the elderly in the proposal in that there shall be a capacity expansion as a result of the proposal for deinstitutionalisation, that is, the establishment of an even larger institution, referring to the growing needs of the target group.

One individual made a recommendation to make an alteration with respect to the capacity limit of 50 places per institution to be possibly established for people with disability in that it shall be interpreted by disability group, thus large mixed institutions could be established (that is, according to this recommendation, the 50-place capacity limit shall be applied only to e.g. the group of people with physical disabilities and not to the whole group of people with disabilities as such. Based on this idea, an investment for the establishment of an institution with a capacity for 100 places in which 50 patients would be people with physical disabilities and 50 patients – people with mental health problems - could be funded). Finally, a comment made in connection with proposal TIOP 3.4.2 by the Nógrád County Assembly is very informative as it points out that the current legislation sets the maximum capacity of residential institutions at 150 places, hence the capacity limitation at 50 places in case of institutions wished to be established has no legal basis.

A completely opposite opinion to the above was held by those six NGO members and experts who explicitly demanded that the proposal be withdrawn since, in their view, it violates both international and national regulations.

Among those who wrote comments were well-known organisation of long standing, such as, the representatives of the Hungarian Civil Liberties Union (TASZ), the National Alliance of Autistic People, the Public Foundation for Equal Opportunities for People with Disabilities and the National Disabilities Issues Council and Mr. György Könczei, professor of the Faculty of Medical Pedagogy of the ELTE University (leading expert who took part in the elaboration of the Equal Opportunities Act) and Mrs. Lányi dr. Ágnes Engelmayer, holder of a PhD degree.

The Hungarian Civil Liberties Union released an open letter in both English and Hungarian which was then signed by approximately 30 Hungarian and international organisations and experts.³⁸

The organisations that raised their voice unanimously expressed their protest in connection with the proposal. They believe it is unacceptable that the European Union intends to use its funds for the establishment of large residential institutions. In their argumentation they referred to Article 19 of the UN Convention on the Rights of Persons with Disabilities, to the Equal Opportunities Act and the international trends in the provision of services for people with disabilities and people with mental health problems.

The commenting experts consider this call for application as a document that reflects an outdated approach which is based on the pity and the perceived inability of people with disabilities and which has become totally unacceptable, and thus demanded that it be withdrawn by the decision-makers.

³⁸ The Hungarian and English language versions of the open letter can be found together with the list of signatories in the Appendix to the research study.

In their recommendations, they unanimously request that the representatives of the government and those of the National Development Agency, in addition to withdrawing the drafts of the call for proposals, shall, with the involvement of expert and advocacy organisations, ensure a reworking of the document in such a way that it meets the standards of the international deinstitutionalisation programmes.

The open letter issued by the TASZ and signed by a number of organisations, in addition to the specific framework of the proposal, urges the government to revise the planned use of the EU funds and

“that it shall stop any further development of large residential institutions which from the professional point of view are ineffective and from the human rights point of view unacceptable, and that it shall spend the available domestic and community sources on the development of small group homes and community-based social services.”³⁹

Although several individuals who made comments expressed their doubts that their comments can lead to any changes in the proposal related process which had already started, a couple of days after the comments were made, well before the end of the timeframe intended for the comments, the National Development Agency suspended the public debate.

The agency released a declaration on its homepage in which the president of the agency called the Minister of the Ministry of Social Affairs and Labour that is responsible for the proposal at issue that an expert conciliation process be arranged with the representatives of expert organisation that submitted their expert opinions, with the leadership of the ministry and the involvement of the Controlling Authority.⁴⁰

The conciliation meeting mentioned in the statement took place nearly immediately. Its outcome was that, on November 4, 2009, the representatives of the Ministry of Social Affairs and Labour signed an agreement with the NGOs that took part in the meeting. The summary of the agreement follows:⁴¹

The proposal schemes for modernisation and deinstitutionalisation will be further elaborated along the lines agreed on by the parties. The Working Group on the Elaboration of the Proposal will include new expert members delegated by the National Disabilities Issues Council from among the representatives of the protesting organisations.

In accordance with the agreement, the new proposal on deinstitutionalisation shall support exclusively the complete replacement, therefore, elimination of institutions. This can happen in such a way that the new places that come about as a result of deinstitutionalisation shall be set up in living environments that are located outside the original site, in the form of small group homes.

³⁹ The English language versions of the open letter can be found together with the list of signatories in the Appendix to the research study.

⁴⁰ Full text of the declaration at: http://www.nfu.hu/forum_topic_pate/252?offset=0.

⁴¹ The agreement was signed by the following organisations: Ministry of Social Affairs and Labour, National Alliance of Autistic People, National Advocacy Alliance of People with Intellectual Disabilities, Hand-in-Hand Foundation, MDAC and the Hungarian Civil Liberties Union.

Expansion in terms of places in case of deinstitutionalisation cannot be funded. Fundamentally, these are the requirements of the NGOs.

The ministry insisted that in each one application there shall be a possibility for “the establishment of at most one centre that would provide community-based temporary or rehabilitative health care services, integrated in the settlement, for a maximum of 20 people, as well as professional support also for group homes.”⁴² Thus, this was also included in the agreement.

In the case of proposal TIOP 3.4.2. on modernisation, the parties recommended to the Working Group on the Elaboration of the Proposal that “*there shall be no possibility to apply for modernisation of social institutions that provide long-term residential health care services for people with disabilities, people with mental health problems and people with addiction problems whose capacity is above 50 places.*”⁴³

An additional important condition of the agreement is that the affected ministry has undertaken to elaborate, in cooperation with a non-governmental expert group, by January 31, 2010, the strategy for the deinstitutionalisation of all the institutions that provide long-term residential health care services for people with disabilities, people with mental health problems and people with addiction problems whose capacity is larger than 50 places. To create a possibility for following the activities of this expert group, the ministry will establish an “easily accessible Internet-based interface” which will contain all the documents of the elaboration process. In addition, the agreement also discusses technical details such as the one on the breakdown of the nearly 10 billion HUF budget of the proposal on deinstitutionalisation to a 3 billion HUF part for child protection institutions, and a 7 billion HUF part for separate components for institutions that provide services for people with disabilities, people with mental health problems and people with addiction problems.

Thus, this has been the second time that we see: the decision makers who announced the call for application amend the conditions of the proposal as a result of pressure exerted by NGOs and other experts. At the time of writing this research study, the working group which is repeatedly elaborating proposal TIOP 3.4.1. has not finished its work. Following the signing of the agreement, the development agency released a new notification on its website for public debate on the proposal. In this notification, the agency informed the public of the conciliation meeting and the subsequently concluded agreement, about the setup of the renewed Working Group on the Elaboration of the Proposal, and that the announcement of the new proposal is expected to be made in the first quarter of 2010.

However, we can without doubt make a conclusion that one of the points of the agreement has not been fulfilled: the national strategy for the deinstitutionalisation of large residential institutions was not ready as of January 31 2010.

⁴² The agreement signed by the Ministry of Social Affairs and Labour and the NGOs:
http://www.nfu.hu/download/24394/szmm_civil_meg%C3%A1llapod%C3%A1s_091104.doc.

⁴³ The agreement signed by the Ministry of Social Affairs and Labour and the NGOs:
http://www.nfu.hu/download/24394/szmm_civil_meg%C3%A1llapod%C3%A1s_091104.doc.

4. Conclusions and Recommendations

Overall, we can conclude that, although the development plans that regulate the use of EU funds in Hungary do include the goal of deinstitutionalising large institutions in its specific programmes, their implementation is taking place in a way that contains contradictions.

At the time of Hungary's accession to the EU on May 1, 2004, the documents that were considered as influential in social policy terms such as the National Development Plan and the National Action Plan for the years 2006-2008 did not contain a trace of the government's intent for the deinstitutionalisation of large institutions and the establishment of community-based group homes. Between 2004 and 2006, no EU funding was used for such purposes. On the one hand, this was hindered by the EU system of conditions. Nevertheless, we believe that, on the other hand, the intentions of the government of Hungary did not show clear commitment either. This raises concern particularly in light of the fact that, in 2004, the law on deinstitutionalisation of institutions to people with disabilities had been in force for six years (and has been in force until today). One obvious external reason for this neglect of deinstitutionalisation was that, in the 2004-2006 period, Hungary could not use community funds for the development of residential institutions in the area of social services; the main part of funding was allocated for the promoting of employment.

At the same time, it shall be noted that from 1999 until 2006 when the convergence programme (which terminated these development funds) was introduced while there were economic problems, from only national funds the government spent approximately 22 billion HUF in the form of so-called targeted support on the development of large institutions, and even on the establishment of newly-constructed large institutions.⁴⁴

Some examples of large investments:

- using 1 billion HUF of domestic sources, in 2004 (that is, in the year of accession), a new mental health institution with a capacity of 150 places was established in the Komárom-Esztergom county.⁴⁵
- Similarly in 2004, in Csongrád county, a new institution was established using approximately 1 billion HUF for people with disabilities with a basic institution of a capacity for 100 places and two group homes for 12 people annexed to the institution.⁴⁶

⁴⁴ Source of the cumulative data: *Expert document on restructuring institutions that provide long-term residential services for people with disabilities*, Hand-in-hand Foundation, 2008.

⁴⁵Source of the information: Act XLII of 2004 on the new subsidies for local self-governments in 2004 and on the amendment of original decisions related to certain ongoing investments based on subsidies, as well as Act LXXXIX of 1992 on the amendment of the system of subsidies and allocations for local self-governments (<http://www.complex.hu/kzldat/t0400042.htm/t0400042.htm>).

⁴⁶ Source of the information: Act XLII of 2004 on the new subsidies for local self-governments in 2004 and on the amendment of original decisions related to certain ongoing investments based on subsidies, as well as Act

- In 2006, the local government of the Hajdú-Bihar county established in the village of Komád a home for people with disabilities from 900 million HUF, and, in the same year, the local government of the Nógrád county also established an institution for 140+10 people using 1.68 billion people.⁴⁷

Therefore, while the examination of the development related documents of the period of 2004-2006 revealed that deinstitutionalisation was not even mentioned in those, by looking at the domestic expenditure one can see that approximately 8 billion HUF were spent on the renovation and establishment of new large institutions.⁴⁸

The New Hungary Development Plan which covers the community related spending in the period of 2007-2013, and within it the Operational Programme for Social Infrastructure Development, clearly state the need for deinstitutionalisation of large institutions to which funds are allocated through programmes TIOP 3.4.2 and TIOP 3.4.1 (and their KMOP mirror programmes as well).

While the wording of the goals of the measures is straightforward, at the level of concrete adjustments of the plans, in particular at the level of the calls for application that can be considered an operation level, the content significantly changes, and, in fact, it makes reconstruction and establishment of large institutions possible.

This procedure, which can already be considered a tendency, was possible to prevent from taking place only by way of significant pressure by NGOs and other experts in the spirit of social partnership required by the EU, and as a result of a wide-scale protest.

One of the main conclusions of our research study is that **in Hungary, despite the signed international agreements and the relevant domestic legislation in this field, smooth implementation of deinstitutionalisation is not secured!**

Starting from the examined documents and the realised facts, it is obvious that, despite the general rhetoric, the government's intention to expand large institutions and establish new ones does not diminish, but, in fact, occasionally gains new momentum, and takes a reverse direction only as a result of external, public pressure.

We can, with good reason, put the question: if the intention to institutionalisation is so obvious, then why does the decision-maker initiate the announcement of the call for proposal on deinstitutionalisation?

LXXXIX of 1992 on the amendment of the system of subsidies and allocations for local self-governments (<http://www.complex.hu/kzldat/t0400042.htm/t0400042.htm>).

⁴⁷ Source of the information: Act XXIV of 2006 on the new subsidies for local self-governments in 2006 and on the amendment of original decisions related to certain ongoing investments based on subsidies, as well as Act LXXXIX of 1992 on the amendment of the system of subsidies and allocations for local self-governments.

⁴⁸ Expert document on restructuring institutions that provide long-term residential services for people with disabilities, Hand-in-hand Foundation, 2008.

In order to understand the circumstances and motivations behind the facts revealed in numbers and documents, it is worth uncovering certain specificities of the Hungarian social care system.

The known and unsurprising fact that the major barrier for the elimination of large institutions is their operators and maintainers themselves is also known from international experience. It is not difficult to understand, and, in fact, there is something absurd in it, that what we expect is that a system which has developed a functioning set-up that has been in place for many years now and which has secured a career shall eliminate itself. This is not helped by the circumstance that all this takes place through proposals.

Taking the Hungarian circumstances into account, this is further complicated by the fact that a whole administrative level, in particular, the system of local self-governments, is tightly connected to large residential institutions. The county level local self-governments, which have fairly little jurisdiction, by eliminating such enormous institutions would lose an important part of their own legitimacy. While an institution that accommodates 150 to 200 people, or a whole group of such institutions, may justify the maintenance of a separate administrative level, 15 homes in the county of the size of a family house would apparently not. We do not claim that the maintenance of such institutions is the only task local self-governments have, but we do claim that without it their position would further weaken.

Another typically Hungarian feature is the adoption of the international reform terminology which, in Hungarian circumstances, is significantly distorted. In his 2009 study, Mr Tamás Verdes examines in detail the history and background of the survival and, in fact, consolidation of Hungarian large institutions since the political transformation of 1990.⁴⁹ Behind this strengthening (establishment of new institutions), which we have also witnessed, and the unchanging approach which has made it happen, a special technique has evolved which has recognised the rehabilitation approach that has existed since the 1960s and has become mainstream in the international environment, has been using its terminology, but has been using it in a different – sometimes even opposite – meaning.

We could say that it is the principle of “we will change everything so that we remain unchanged” that has succeeded. In the case of deinstitutionalisation of large institutions that provide services to people with disabilities and people with mental health problems this gives reason for concern because in the period between 1997 and 2000 in Hungary the development of group homes and deinstitutionalisation of large institutions was successfully implemented.

This is why it has been possible that in Hungary a whole institutional system bears the name of rehabilitative institution without a single individual who could leave these institutions having been “rehabilitated”. In reality, these institutions rehabilitate patients into their own buildings. This is how the phenomenon by which a process at the end of which institutions with a capacity for 150

⁴⁹ Verdes T. (2009) “A ház az intézet tulajdona” . A totális intézmények lebontásáról, humanizálásáról és modernizálásáról

people are established is called deinstitutionalisation, which has also been revealed in this research study.

A further problem is that there is no real professional dialogue in this topic. While in relation to the public debate on the proposals described here clash of different policy interests have emerged, there is no real forum for comprehensive discussion. The representatives of the institutions, in fact, do not attempt to justify their position articulate themselves: in the past 10 years no significant policy document, article or study has been produced in which arguments were in favour of maintenance of large institutions or establishment of new ones.

From time to time, the government or the relevant ministry make efforts to change the system of regulation or financing – last in 2005 when under the name of “SZOLID programme” it launched the expert elaboration of a comprehensive reform (including, beyond the system of services, the system of financial support as well). The rethinking of the functioning of the system of social service provision as a whole is indispensable not only as an “issue” of people with disabilities and people with mental health problems - while, unquestionably, this in itself should be enough reason, - but also in the interest of care provided to the elderly and reintegration of homeless people.

We believe that the co-financing by the EU involves an enormous source for change. This is why it is particularly disappointing that those seemingly small technical rules which set the maximum of purchase of real estate within a project at 10 percent lead to the situation in case of deinstitutionalisation in which the purchase of second-hand flats and houses which would fit in the living environment is not possible because, within a specific project, that would take 50-70 percent of costs.

This was essentially the obstacle which caused the 18-month delay in Hungary in the EU co-financing process of deinstitutionalisation, and this is what in the current situation results in the establishment of group homes in newly-constructed flats and houses, when they are established indeed... This is fortunate in the sense that, at least, there will be such group homes, while the principle of normalisation and integration will not be fully implemented. In our understanding, in a simplified way, this means living in conditions which are neither better nor worse, as it happens in the given local community.

Overall, we believe that, in a certain sense, there is a latent line of interest which, nevertheless, has serious affect on the specific policy steps. The affected ministry responsible for the development is apparently aware of the pressure for action towards institutionalisation, but, at the same time, also the pressure for the opposite action exerted by international organisations and domestic NGOs. While swinging between the two opposing positions, calls for proposals are announced which, first, clearly follow the direction of institutionalisation, but then, after the first protest, the ministry backs out and changes the direction to one that is exactly the opposite of the original.

The fact that this double identity leads to an inadmissible waste of resources which are anyway tight is even more frustrating. While in 2004-2006 8 billion HUF were spent on the establishment of new large institutions and expansion of existing ones, the development plan of the following year, without scruples, declared the need for deinstitutionalisation of large institutions, and allocates an amount of 10 billion HUF from EU funds. Even countries that are richer than Hungary cannot afford such a contradictory development policy.

We believe that the “institution” of publicity and social partnership that is a condition for EU funding is extremely important in that, in addition to deinstitutionalisation, there shall be an ongoing commitment on the side of the government. We think that, if in the case of earlier allocations there had been similar partnership conciliation, today we would be in a better situation as far as deinstitutionalisation is concerned. The “swinging” of the direction for support in itself does not create real dialogue; the parties can, or course, keep each other in check. However, this does not lead to a meaningful discussion of the issue – especially not at the level of society.

Although recently the ministry concluded an agreement with NGOs for the reworking of the proposals for deinstitutionalisation, the fact that already there is a point of the agreement which has not been observed, just as earlier events, warn for increased caution. In January 2010, the deadline set by the law for the deinstitutionalisation of institutions for people with disabilities in Hungary expired, and since then no new deadline has been set.

Our recommendation target both Hungarian governmental officials and officials who deal with the use of the EU Structural Funds (such as the Directorate General for Regional Affairs, and Directorate General for Employment, Social and Equal Opportunities).

1. In our view, it is most important that there be an assertive and clear political decision without contradictions on the deinstitutionalisation of large institutions, not only affecting institutions that provide services for people with disabilities, but also those for people with mental health and addiction problems. Experience shows that a decision on deinstitutionalisation laid down in a comprehensive law which covers a period of 12 years does not provide a guarantee. There is a need for a tight external monitoring of the implementation (possibly carried out by NGOs), and for the prevention of actions carried out in opposite directions by specific administrative levels, state bodies and agencies.
2. We believe it is important that a meaningful social conciliation coordinated by the responsible ministry be launched: this would bring to surface the existing, seemingly different policy views on the future of the services for people with disabilities and people with mental health problems. International research has proved that a deinstitutionalisation programme can be successfully implemented in those countries where there is a wide-scale expert and social consensus on the issue. It would be important to create the foundation for this as soon as possible.
3. In our judgement, the past years have revealed that, for following closely the implementation of the fundamental principles of the Community and of the directions set in international agreements, the paper-based monitoring which takes place on the level of concepts and reports is insufficient. While there is a huge body of documentation which

accompanies the use of EU funds, this implementation system, in reality, is unsuitable for the detection of refined techniques that have been also revealed in this research study. We are convinced that it is not with the purpose to create new large institutions that the European Union allowed Hungary to realise the deinstitutionalisation of residential institutions through TIOP programmes using Community funding. Given the fact that one-time, significant development funds are at stake, it would be important to have a closer monitoring of their proper implementation. For this, it would be crucial for the EU to provide clear guidance that would assist the process of deinstitutionalisation.

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Appendix 1.

Budapest, 9 October 2009

Mr Gordon Bajnai,
Prime Minister

Mr László Herczog,
Minister of Social Affairs and Labour

Open Letter regarding the use of the EU Structural Funds for the building and refurbishment of institutions for people with disabilities

Dear Prime Minister,
Dear Minister,

We write to express our grave concerns about the Hungarian Government's proposals – Measures 3.4.1 and 3.4.2 of the Social Infrastructure Operational Programme – that will permit the building and refurbishment of institutions for people with intellectual disabilities and mental health problems using European Union Structural Funds. Doing this will perpetuate and strengthen the system of institutional care which segregates disabled people from their families and communities. Currently about 16,000 people with intellectual disabilities and 8,000 people with mental health problems are segregated in large institutions in Hungary. Institutional care is widely acknowledged as an outdated and inappropriate way to provide services to disabled people. In addition to being a serious violation of human rights, institutionalisation is also contrary to both European and Hungarian national policies that seek to promote the social inclusion of disabled people.

Hungary was one of the first countries to ratify the United Nations Convention on the Rights of Persons with Disabilities in 2007, thereby committing itself to ensuring that disabled people in Hungary can exercise their rights and freedoms as prescribed by the Convention. Article 19 of the Convention requires Governments to recognise the equal right of people with disabilities to full inclusion and participation in the community, and the right to choose where and with whom they wish to live. Compliance with this obligation will require that the Government develops plans to close long-stay institutions and develop community-based alternatives that meet the individual needs of disabled people. The proposed measures of the Social Infrastructure Operational Programme – TIOP 3.4.1 and TIOP 3.4.2 – are in direct conflict with Hungary's obligations under the Convention, because they allow resources to be used to build and renovate long-stay institutions.

Experience from other countries in Europe and around the world shows that community-based services can be developed as a sustainable and costeffective alternative to institutionalisation. Many countries have prohibited the investment in new institutions, closing existing facilities and developing services in the community instead. Residential supports are provided in small community-based homes and an increasing number of individuals are supported to live independently in their own homes.

We urge the Hungarian Government to urgently reconsider its plans to invest in institutions and commit the available funding to the development of community-based services and de-

institutionalisation. The Government must take concrete action to develop a strategy for the transition from institutional care to community-based services. Using European funding to invest in institutions is in direct contravention to European policies on equal opportunities, anti discrimination and social inclusion. Therefore, we also call on the European Union to revise the rules on the use of the Structural Funds to fully support – efficiently and without compromises – de-institutionalisation and community living of people with disabilities.

Ability Park Association, Géza Nagy, president

Autism-Europe, Aurélie Baranger, director

Bárczi Gusztáv Faculty of Special Education, Eötvös Lóránd University, Mrs Ákos Szabó, dean

Department of Social Policy and Social Work, Faculty of Social Sciences, Eötvös Lóránd University, Katalin Tausz, head of department

Down Foundation, Katalin Gruiz, president

ENIL- European Network of Independent Living, Jamie Bolling, executive director

European Association of Service Providers for Persons with Disabilities, Luk Zelderloo, secretary general

European Coalition for Community Living, Ines Bulic, coordinator

European Disability Forum, Carlotta Besozzi, director

Hand in Hand Foundation, Ákos Pordán, executive director

Hungarian Association for Person with Intellectual Disability, Melinda Kovács, executive director

Hungarian Association of Non-profit Service Providers for People with Intellectual Disability, László Rubovszky, executive director

Hungarian Civil Liberties Union, Balázs Dénes, executive director

Hungarian Council of Federations of People with Disabilities, Erzsébet Szöllősiné Földesi, member of the executive committee

Inclusion Europe – The European Association of Societies of Persons with Intellectual Disabilities and their Families, Geert Freyhoff director Andrea Krizsán, Center for Policy Studies, Central European University

LIONSON Consulting, Tibor Szaszák

Mental Disability Advocacy Centre, Gábor Gombos, senior advocacy officer

Mental Health Europe, Roselyne Bourgon, Human Rights Officer

Mental Health Interest Forum, Iván Radó, president

Open Society Mental Health Initiative, Judith Klein, director

Soteria Foundation, Ágnes Soltész, president

The Hungarian Autistic Society, Gábor Petri, executive director

Tizard Centre, University of Kent, Prof Jim Mansell, head of department

Authenticity certified by

Balázs Dénes executive director

Hungarian Civil Liberties Union