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The history of institutions in Hungary: what can we learn from it for the future?



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University of
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Outline

- Overview of the history of institutions in Hungary
- Current reforms
- What can learn from history (in Hungary and elsewhere)?

You are welcome to tweet and take photos. Please, include @TizardCentre in your tweet.

About Hungary

Part of the
“Eastern bloc”

Population of
about 9.5
million people.

Political
transition in
1989.



Much of the 1990s characterised by economic and social crises and administrative reforms.

In the 19th century

- Family was the main provider of care.

“Often families keep [disabled people] hidden in the house or sometimes they are abandoned by the family or placed with families or charitable hospitals at the lowest possible cost.” (Frim, 1884)

- The municipality issued begging licence to those who were not supported by their family.
- In 1880 the Population Census found that 3 out of 4 people with learning disabilities were “paupers”.
- First residential school and institution opened in 1875; strong influence of “orthopedagogy”.
- Hungary “lagging behind” Western Europe.

Before the 2nd World War

- First charitable association to support adults with learning disabilities was established in 1930 and it opened 2 institutions (campuses).
- Eugenics – the Nazi “Euthanasia” programme did not extend to Hungary. There was less concern about the “control and containment” of people with learning disabilities.
- People with disabilities are not part of the Holocaust history in Hungary. A recent initiative to teach pupils and young people about the Euthanasia programme: <http://www.mindeneletertek.hu/>

Between 1950-70

- “Communist welfare state” based on the idea of full employment.
- Disabled and vulnerable people did not fit into this (although many people in institutions worked). Pressure on families to move disabled family members into institutions.
- Looking after vulnerable people in institutions was seen as an opportunity to create employment in rural areas.
- No purpose built institutions, they were created in nationalised buildings, often in rural areas, far from people’s homes.
- These were not disability-specific and they were simply “warehousing” people.

Between 1970-89

- Reorganisation in the 1970s. This meant moving people without much planning.
- Three types of institutions created for people with learning disabilities:
 - Rehabilitation institution
 - Care institution
 - Institutions for children with severe disabilities (they were considered “uneducable” until 1993)
- Number of places increased from a few thousand to about 10 thousand.
- No community-based services
- Ideas of deinstitutionalisation first appeared in the 1980s.

The 1990s

- New social policy preserved institutions.
- Attempts to create alternatives to institutions: group homes, village communities.
- Activism of parents and charities driven by discontent.

Source: TASZ, Hungarian Soros Foundation

The 2000s

- Dominated by the “modernisation agenda”, institutions still going strong.
- Group homes became “institutionalised”: strict regulation and size requirement (8-14 places).
- EU funding to support “deinstitutionalisation and community living”.
- Hungary ratified the UN Convention on the Rights of Persons with Disabilities: right to living in the community.

The 2010s

- In 2011: 43,000 people with learning disabilities and 5,000 people with autism (half of these under 14). 1 in 3 people with a learning disability lives in a residential setting (most likely institution).
- Attempts to use EU funding to refurbish/build institutions met by strong opposition from charities and the EU;
- Government adopted a 30-year “deinstitutionalisation strategy” (that would keep “rehabilitation institutions” and institutions of up to 50 places);
- First institutional closure programme started in 2011 and 6 institutions were replaced by “supported accommodation”

Key issues

- Partial closure: out of 770 people only 660 people moved out, the others were considered “too old” or “too disabled” to move;
- New settings are large – 8-12 and 25 places;
- Involvement of individuals: lack of person-centred or individual support planning.
- Staff training;
- Institutions enjoy high levels of public approval, physical infrastructure is seen as the main problem and group homes as the only alternative;
- Situation of those living with their family: poverty and lack of support as a result of decades of austerity.

Experiences of people moving out from an institution

Most of them lived in institutions for many years (decades). Many uncertainties around the move.

Photos taken by residents of one institution.

They are looking forward to moving out.

Experiences of people moving out from an institution

Involvement in everyday decisions:

- Housemates;
- Colours and some furniture.

People are looking forward to having more independence and better conditions.

Lessons and learning from other countries

- Understanding our history can help us avoid the same mistakes (in this case, how community-based group homes became institutionalised)
- Every country is different. What works in one country might not work elsewhere.
- It is often more useful to look at the mistakes others make to learn from those. Personal stories/testimonies can help us understand these.

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Thank you!

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