**Report summary:** ***Inquiry concerning Hungary carried out by the Committee under article 6 of the Optional Protocol to the Convention***

[CRPD/C/HUN/IR/1](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fHUN%2fIR%2f1&Lang=en)

Information submitted to the Committee under article 6 of the OP: June 2017.

**Establishment of the inquiry:** August 2017.  
Claimed violated articles: [12](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#12), [19](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#19), and [5](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#5), in line with [article 4](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#4).

**Findings:** the Committee found a reliable evidence of grave or systematic violations of the rights of persons with disabilities with regard to articles [12](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#12), [19](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#19), and [5](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#5), in line with [article 4](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/OptionalProtocolRightsPersonsWithDisabilities.aspx#4).

**Keywords:** disability, non-discrimination, living independently; institutionalization; forced medication; intersectionality; gender-based violence; denial of legal capacity; equality; decision-making; guardianship; medical assessments; medical model the disability; social model of disability.

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## **Establishment of the inquiry**

The present inquiry examines the allegation of grave and systematic violations of the rights of persons with disabilities in Hungary. In June 2017, the Committee received reliable information alleging that (a) A large number of persons with disabilities continued to be deprived of their right to equal recognition before de law, both in law and practice; (b) a significant amount of resources, including from the European Structural and Investment Funds, is still being invested to expand the institutionalization of persons with disabilities, including through a strategy of moving persons with disabilities from large-to small-scale group homes, preventing their inclusion in society; (c) the continuous subjection of persons with disabilities to guardianship and institutionalization constituted disability-based discrimination; (d) the scale, nature, impact and organised character of the above-mentioned alleged violations constituted grave and systematic violations of the Convention.

On September 2017, the Committee secretariat transmitted to the State party the Committee’s decision, adopted during its eighteenth session (August 2017), requesting observations within two months of the original submission. On November 2017, the State party submitted its observations including comprehensive information on the system of social services concerning persons with disabilities, the guardianship regime and consultations with persons with disabilities.

In May 2018, the Committee informed its decision adopted during its nineteenth session (February-March 2018) to conduct a confidential inquiry under article 6(2) of the OP into alleged grave or systematic violations to the rights of persons with disabilities under articles 12, 19, and 5, in line with article 4 of the CRPD. In June 2018, the State party accepted the Committee’s request to conduct a confidential visit and in December 2018, the State party submitted additional information as requested by the Committee.

The visit was conducted from 21 January to 1 February 2019, where two members of the Committee, supported by the Secretariat, interacted with different Hungarian authorities. The Committee delegation visited institutions in the capital and various counties. More than 200 individuals were interviewed, and around 2,300 pages of information were received.

## **Background and policy framework in the areas covered by the inquiry procedure.**

According to official information, by 2011 there were 490,578 persons with disabilities (4.9 per cent of the population) In 2018, 98,539 persons were institutionalized, out of whom 26,953 were persons with disabilities. A total of 57,983 persons with disabilities were under guardianship and 49,590 were disenfranchised of their voting rights.

During the communist era, paternalistic and medical models of disability were prevalent, a large number of persons with disabilities were under guardianship and social services available for them, particularly persons with intellectual or psychosocial disabilities, were mostly provided in large institutions located in rural and remote areas. From the 90s, with the introduction of democracy and the liberal economy, measures were taken to reflect these changes in the social protection system. Hungary is member of the European Union since 2004.

Regarding legal capacity, the Hungarian Constitution (2012) recognizes the right of all persons to be subjects of rights and prohibits discrimination based on impairment. However, it also refers to the disenfranchisement of persons with “limited mental capacity”, through a court decision, allowing for the limitation of their right to vote and to be elected. The Civil Code (2013), maintains guardianship, in the form of full or partial restriction of the capacity to act. Act CLV (2013) introduced supported decision-making.

Act XXVI or Equal Opportunities Act’s (1998) main objective is to promote equal opportunities for and inclusion of persons with disabilities in society. The National Disability Programme (2015–2025) and Action Plan (2015–2018), with more than 80 specific measures, have been introduced for the implementation of the Act.

Act III or Social Act (1993) on social administration and social benefits is the main legislative framework on social services, including the provision of services to persons with disabilities. It distinguishes between basic social services provided in the community, and specialized social services, provided in institutions. Institutions comprise a variety of types, from large-to small-scale. Small-scale institutions may take the form of flats (up to 6 people), group homes (up to 12 people) or living centres (up to 50 people). Act III and Act XXXI (or Child Protection Act, 1997) regulate the situation of children with disabilities, their protection and the administration of guardianship.

In 2010, an amendment to the Equal Opportunities Act provided for institutions with a capacity of more than 50 people to be replaced by small group homes. In 2013, an amendment to the Social Act, established the concept of “supported housing”, a form of specialized social service or institution under which the provision of housing and social services are organized separately.

In 2011, the State party launched a strategy to move persons with disabilities living in institutions of more than 50 people to small group homes, and 655 persons with disabilities were moved to smaller residential settings. The second phase, targeting 10 000 persons with disabilities, started in 2017 and will finish in 2036. Both phases rely mainly on the European Regional Development Fund, which has been used primarily to build smaller residential settings.

The financial crisis of 2008 caused the reduction of the budget allocation for social services for persons with disabilities. In 2010, the pension system was overhauled to encourage persons dependent on disability allowances to join the workforce. Many persons with disabilities lost their disability entitlements or had them reduced. According to official data, the amount of the public budget invested in institutions largely exceeds that invested in community-based services.

Act CXXV (2003) on equal treatment and promotion of equal opportunities (Equal Treatment Act) protects several groups of persons, including persons with disabilities, from discrimination, establishes the Equal Treatment Authority and the recourse against acts of discrimination.

Despite numerous reforms, the medical and paternalistic models of disability still prevail in society and disability-related policies and laws.

## **Finding of facts**

## **Equal recognition before the law (art. 12)**

Hungarian legal framework still authorizes placement under guardianship. The capacity to act can be fully or partially restricted. Full restriction places persons under the decision-making power of a guardian in all areas of life. Partial restriction limits the capacity of a person with respect to various areas of life, such as financial matters or healthcare to the extent decided by a court.

According to official statistics, the number of persons with disabilities placed under guardianship increased from 54,656 in 2008 to 55,056 in 2017. During the same period, the number of persons with disabilities under full guardianship went from 32,687 to 30,735, while the number of persons with disabilities under partially restricted guardianship went from 19,135 to 24,212.

In 2013, when amendments were adopted, it was foreseen that placement under full guardianship would be limited progressively and become exceptional. In 2017, however, the number of placements under full guardianship remains almost unchanged.

Under the 2013 reform, the partial restriction of the capacity to act would affect only some areas of decision-making as determined by a judge. However, in 2017, 14,745 persons under partial restriction of legal capacity had their capacity to act limited in relation to all decision-making areas.

Placement under guardianship results from a judicial decision, following proceedings commonly triggered by the responsible authority (Guardianship Authority), after a request from a relative of the person concerned. Although judges hear the person against whom the proceedings are brought, assessing personal and environmental factors, the decisive factor is the medical assessment by court-appointed psychiatrists of the person’s “mental capacity”, including records of mental health history. Modalities of assessment differ, resulting in discrepancies in outcomes. An initiative has been launched to harmonize different approaches through a protocol.

Persons with disabilities can challenge guardianship decisions, but there is a very low rate of success in doing so. Legislation provides for mandatory review of guardianship every 5 or 10 years in cases of partially and fully restricted guardianship, respectively. Official statistics reveal that guardianship was maintained in 80 per cent of the cases reviewed in 2014, 90 per cent in 2015, 90 per cent in 2016 and 89 per cent in 2017.

Relatives of the person and professional guardians can be appointed as guardians. In 2007, there were 787 professional guardians, in charge of 23,888 persons put under their guardianship (between 30 and 45 persons per guardian).

Guardians based in district offices are available for four hours per week during office hours and over the phone the rest of the time and are supervised and trained by the Guardianship Authority. Curricula do not include training on the Convention or on the human rights model of disability. The Guardianship Authority deals with complaints against guardians at first and second instance. Claimants can address an independent administrative court only thereafter. There is a very low number of complaints submitted against guardians. The Equal Treatment Authority does not consider complaints by persons under guardianship.

Guardians can trigger the placement of persons with disabilities under full guardianship in institutions. They can also do so in relation to persons under partially restricted guardianship, although in this case, the consent of the guardian and a legal statement by the person concerned are required. The common practice, however, is placing persons under partially restricted guardianship in institutions based on the consent of their guardians only. In 2016, 28,179 out of 57,039 persons under guardianship were institutionalized; in 2017, 28,395 and 57,983 respectively. Persons interviewed reported that their guardians visited them occasionally or once a month. Irrespective of the type of guardianship under which they are placed, persons with disabilities in institutions experience de facto curtailment of their capacity to act in almost all areas of life. Persons interviewed stated that they would prefer broader autonomy in decision-making but were not permitted so.

Magistrates of the Supreme Court, judges and legal practitioners consider guardianship a measure to protect persons with disabilities. The legal culture upholds guardianship and there is no will nor initiatives to remove it from legislation or in practice. For instance, in 2014, the Constitutional Court rejected a petition that challenged the constitutionality of placement under full guardianship.

Guardianship proceedings entail a separate assessment of the capacity of persons with disabilities to exercise their right to vote and to be elected. However, persons with disabilities can be disenfranchised based on impairment through a knowledge assessment of national political processes. The number of persons with disabilities under fully restricted guardianship who have been disenfranchised went from 28,494 in 2013 to 27,832 in 2017. The number of persons with disabilities under partially restricted guardianship who were disenfranchised increased from 18,106 in 2013 to 21,758 in 2017. In 2013, 59,956 out of 61,563 persons under guardianship were disenfranchised, and in 2017, 49,565 out of 55,056.

Act CLV (2013) regulates the “supported decision-making regime” and it establishes that (a)the regime is applicable only to persons who have a “minor decrease” in their “mental capacity”; (b) It can be offered by the Guardianship Authority to persons during guardianship proceedings, when the judge is not fully persuaded that the person should be placed under guardianship; (c) The Guardianship Authority appoints supporters; (d) The person concerned can reject the supporter offered; (e) Persons who have been guardians can be appointed as supporters; (f) A supporter can provide assistance to up to 30 persons, and in some cases up to 45 persons; (g) Persons under partially restricted guardianship can request the appointment of a supporter in other areas of life not restricted by placement under guardianship, and the supporter could be his/her guardian; (h) Training in the Convention is not a requirement to be a supporter; and (i) Persons under this regime are restricted in the exercise of other rights, such as parental rights, and are excluded from holding certain public positions.

149 persons in 2016 and 167 in 2017 were placed under “supported decision-making”. This regime is not well known among persons with disabilities and legal practitioners. Other forms of support for exercising legal capacity are not officially available to persons with disabilities.

## **Living independently and being included in the community (art. 19)**

*Lack of choice and disability stereotypes.*

Persons with disabilities, particularly persons with intellectual or psychosocial disabilities, continue to face barriers in the exercise of their freedom of choice, autonomy and self-determination. Disability stereotypes provoke that they continue to be perceived as being “unfit” to live independently and to be included in the community. Medical and paternalistic models of disability legitimize institutionalization for supposed medical, developmental, therapeutic and rehabilitation purposes. The Social Act establishes that persons whose education, training, employment or care is only possible in an institution, may be admitted to a care institution for persons with disabilities following an assessment of medical records and a so-called “complex needs assessment” of the person concerned.

Despite amendments to the Social Act concerning support services, the individual right to live independently and be included in the community is yet to be recognized. The Government has translated the Convention and some of the Committee’s general comments into Hungarian and has trained public officials working with persons with disabilities. Nonetheless, attitudinal barriers continue to undermine the effectiveness of such efforts, preventing the inclusion of persons with disabilities in society.

*Support services*

Basic social services include in-home support, community-based support for persons with psychosocial disabilities, the support service, day care, the temporary respite care (FECSKE), and the recently established IT teleservices. In 2018, 25,962 persons with disabilities were receiving support in the form of social basic services.

However, in-home support is only provided from one to two hours per day, during working hours on weekdays; only basic services such as personal hygiene are provided. Service providers of in home support establish the fees and conditions, limiting the individual choice and preferences of persons with disabilities.

The support service aims at facilitating access for persons with disabilities to public services and assistance within their homes; the support service targets mainly persons requiring higher levels of support who are considered “severely disabled” and in “social need”. In 2015, only 12,500 persons with disabilities out of 144,000 eligible persons accessed this type of support. Its coverage increased to 13,306 persons in 2017. Despite the existence of transportation service, this is limited to working hours until 4 p.m., and provided after individual assessments of impairment.

Day care consists of a daytime stay in an institution. It is provided to persons with disabilities over three years old, considered “partially or not self-sufficient” due to impairment, requiring someone else’s assistance, or being persons with autism. In 2018, 12,007 persons with disabilities were in day care centres, which are mainly based in major cities. Municipalities of over 10,000 inhabitants must establish them but only few have done so. There are several barriers preventing access to day care, such as unaffordable fees for persons with disabilities with low income, expensive transportation costs, and the 5-hour daily limit -in the case of persons with disabilities having relatives acting as “carers”.

Women heads of household raising children with disabilities face major challenges to get places in day care centres and lengthy enrolment processes; 70 to 80 percent of parents of children with disabilities are willing to support their children at home. However, the limited support for them and the lack of future life options in the community for their children increases their resort to institutions.

Persons with disabilities are entitled to cash support, comprising the disability allowance and the annuity for blind persons, the latter covering only persons who qualified before 1 July 2001. Workers who became impaired are entitled to the invalidity allowance and, those with reduced working ability, to the invalidity benefit or the “rehabilitation benefit”. Parents and relatives of persons with disabilities receive the “allowance for the care of children with disabilities at home” introduced in 2019. As of November 2019, 21,700 parents and relatives of persons with disabilities were receiving this allowance. The legislation establishes the “care allowance” for adults providing home care for their relatives with “severe disability” or a child with a permanent illness. Financial support is available for the purchase of mobility equipment for persons with “severe physical disabilities”.

The disability allowance covers persons requiring high levels of support or permanent assistance, regardless their level of income or position in the labour market. Reforms to this entitlement in 2014 caused that recipients had to undergo an assessment based on functional biomedical criteria. As a consequence, fewer persons are receiving disability allowances. Parents with full time employment or retired parents with a full retirement pension are not eligible to receive the care allowance, affecting their level of income. About 12,000 persons receive monthly care allowances representing less than the minimum wage.

Support for independent living continues to have very limited coverage, and is unevenly developed across regions, particularly in rural areas. Social basic services are not tailored to specific individual requirements. Persons with disabilities requiring high levels of support and persons with autism appear to face major barriers in accessing appropriate support in the community, putting them at risk of institutionalization. There is a shortage of personnel providing support, and insufficient public financing of basic social services.

Personal budgets and personal assistance are not available or systematically implemented. Kinship or family support prevail due to the limited coverage and strict eligibility criteria for accessing basic social support. Persons from low-income families and/or female-headed households rely on conditional cash transfers, but the information they receive is scarce or inaccessible.

Current financial entitlements are insufficient to cover the extra costs of disability-related expenses and depend on medical assessments. Information indicated that persons with disabilities’ standard of living has declined, do not meet their basic essentials, and are at a higher risk of facing poverty and institutionalization.

Current support schemes are insufficient for ensuring inclusion of persons with disabilities in society, pushing them to seek support either in families or institutions. A significant proportion of public budgetary allocations still go to the latter.

*Underdeveloped mainstream community services*

There is limited accessible housing, transportation, employment in the open labour market for persons with disabilities, and slow progress on inclusive education. There is no evidence of clear goals at all levels of government, particularly at the local level and rural areas, to invest systematically in the afore-mentioned community-based services.

*Lack of accessible housing in the community*

Persons with disabilities have little knowledge about available social housing and its eligibility criteria, increasing the risk to becoming homeless. There is a lack of accessible and affordable housing, including social housing, as well as no programmes to adapt existing flats, and/or to rent or purchase accessible housing in the community. The Committee heard testimonies of persons with disabilities succeeding in finding accommodation in their communities, but only after facing institutionalization. Non-refundable subsidies to support accessibility in housing construction or home buying are available only for persons with reduced mobility. Persons with intellectual or psychosocial disabilities lack support for independent housing outside institutions.

*Barriers to access to inclusive education*

72 percent persons with disabilities were enrolled in mainstream education in the 2018-2019 academic year. Special education persists and legislation allows for segregated schools and segregated classes within mainstream schools for children with disabilities. Children requiring high levels of support in special education receive half of the time of education than students in mainstream schools. Segregated schools prevail nationwide. Support in mainstream education only addresses some groups, such as persons assessed with “mild intellectual disability” or persons with hearing impairments - eligible to 120 hours of interpretation per year. School transportation is lacking or not fully accessible.

*Limited provision of health care*

Public health care services are available, including access specialized medical services. The Strategy “Healthy Hungary 2014-2020” aimed at extending and improving access to public healthcare services. However, most health care facilities are inaccessible, there is a limited number of pharmacies, few opportunities to receive mental health support outside hospitals, and the social insurance excludes psychotherapy. There is also a lack of awareness of disability among health care professionals.

*Lack of inclusion in the open labour market*

Persons with disabilities face unemployment and barriers to access the open labour market. Sheltered employment persists in legislation under the form of “accredited employment” in a “protected environment”. Persons with disabilities in sheltered workshops said that they are willing and able to use their skills in the open labour market. The State party indicated that measures such as tax relief and wage subsidies resulted in 9,640 persons with disabilities joining the open labour market from 2011 to 2018. Nevertheless, public funding is still allocated in segregated employment. The minimum wage also applies to employees with disabilities. Reasonable accommodation is recognised in employment but limited. Vocational training for persons with disabilities is scarce and irregular. “Developmental employment” introduced in 2017 is provided in institutional settings rather than in the open labour market; it functions as a form of work therapy rather than improving opportunities of job access.

*Institutionalization still prevalent*

In 2018, there were 98,539 places or beds available in institutions nationally. Disability is one of the grounds of institutionalization besides age, health condition and ethnicity. Persons with disabilities are the second largest group with 24,553 still institutionalized in 2018 in nursing and caring homes and rehabilitation institutions.

Persons with intellectual or psychosocial disabilities are overrepresented in institutions and are at heightened risk of institutionalization. Several institutions are located in remote areas. There are long waiting lists for admittance in institutions, including large-scale institutions, indicating lack of feasibility to implement a moratorium to institutionalization due to limited financial resources.

Institutionalization entails isolation from the community and prevents persons from exercising choices concerning their lives, bodies, control of the use of time and space. The Committee observed lack of privacy due to the use of open toilet, shared bedrooms, blankets, and permanent surveillance, as well as overmedication and violations of sexual and reproductive health and rights, including forced sterilization. Institutions do not provide with individualized support and human development for independent living and there is a prevalence of inhuman conditions in institutions, where persons with disabilities are segregated and discriminated based on impairment. Monitoring reports of the Commissioner for Fundamental Rights acknowledged by the Government highlighted unsuitable conditions affecting persons in institutions. The Commissioner has reported the prevalence of poor conditions, violence and ill treatment experienced by children and young persons with disabilities in institutions.

*The strategy to move persons with disabilities from large-scale institutions*

The first phase to move persons from large-scale institutions concerned mainly persons with disabilities considered to have “mild” impairments and/or “limited” communication skills, and the second phase will comprise persons requiring high levels of support. Besides the 10,000 persons targeted there is no information on plans for the remaining 14,000 persons with disabilities still institutionalized, including 800 children with disabilities institutionalized in adult institutions and those in children’s homes, or relating to older persons with disabilities. Psychiatric hospitals are not considered into this program.

“Supported housing” is the main component of the strategy and according to article 75 (1) of the Social Act should comprise accommodation, support for independent living, and assistance to access public services. Supported housing conceives the provision of housing as separate from additional social services under the concept of the “social service ring”, which includes supervision, food, care, transportation, and assistance in household tasks. Institutions are transformed into social service hubs providing support for former residents. “Supported housing” is not being developed in the capital city. The Committee observed supported houses located in the edge of small and remote villages, where mainstream community services, including transport are underdeveloped or inexistent; persons not considered eligible to move to supported houses remain in large institutions, which are also admitting new residents.

Eligibility for the transfer is based on a “complex individual needs assessment” conducted by two different professionals, including personnel of institutions. Assessments are intended to identify support requirements; nonetheless, medical status, capacity for living independently and the degree of impairment play a major role in eligibility processes. Directors of institutions are the main responsible in implementing the strategy by submitting projects and plans and identifying locations for establishing supported housing, and community services available. Directors should also identify training of residents and prepare them for living in “supported housing”. Staff in institutions and persons with disabilities were trained with the support of organizations of persons with disabilities. However, that training was insufficient and limited for building the capacities for independent living and stopped once the concerned persons had moved.

*Lack of choice and limited autonomy in “supported housing”*

Institutional settings continue to prevail in “supported housing”. Persons with disabilities continue experiencing disempowerment and limitations in their autonomy to make choices; they remain dependent from large institutions, including in access to food and health care. Institutions take away from them large percentages of their income depriving them from being economically independent. A majority of persons moved into supported houses remain under guardianship, which amplifies limitations to their autonomy.

Supported houses are controlled and managed by directors and institutions’ staff, who have free access to houses and management of the premises, pay the bills, ensure discipline and order, solve conflict among residents, control and follow-up individual decisions, including interpersonal relationships among residents, manage their access to health services, control medical records, and exercise surveillance and control.

The lack of self-determination and restrictions to private life are common in supported housing. Design of the houses and provision of basic furniture are matters decided by the institution. Persons with disabilities had no say in choosing the houses where they would move. They have to share their rooms, and there is some margin to choose their roommates. Houses are governed by internal rules not decided by persons with disabilities, and persons require authorization for matters such as inviting guests, doing outside activities or having a pet. Alcoholic beverages are prohibited. Couples when allowed to move together have limited possibilities to intimacy. Although, persons with disabilities can leave a “supported housing”, they have no real options to resettle as many of them have severed ties with their families or communities. Supported housing has become a permanent living arrangement. Individualized support is insufficiently developed. Large institutions continue to be the main service providers of residents in “supported housing”. They go back on a daily basis to large-scale institutions to participate in sheltered workshops, receive food supplies, health services, and to some extent to participate in leisure activities.

The prevailing attitude of authorities involved in the strategy is to maintain the current status quo. There is no concern on the development of accessible community services for residents in “supported houses”, and the implementation of the strategy has faced resistance in some communities. Information on the implementation, monitoring and evaluation of the strategy is not regularly available or accessible for persons with disabilities.

Public budget allocated for persons with disabilities in the social sector prioritizes services in institutions, comes primarily from the European Structural and Investment Funds, and is not developing community-based support for independent living compliant with article 19 of the Convention.

Overall, the shortcomings of the system of basic services, persistence of a culture of institutionalization reflected in budget allocations, expansion and perpetuation of institutionalization, including through “supported housing”, refurbishing of institutions, existence of waiting lists for places in institutions, lack of a moratorium on placement of institutions, and prevailing stigma, indicate patterns not consistent with the right to living independently and be included in the community.

## **Equality and non-discrimination (art.5)**

The information available indicates patterns of structural discrimination affecting particularly persons with intellectual or psychosocial disabilities, children with disabilities, women with disabilities, and older persons with disabilities.

*Persons with intellectual or psychosocial disabilities*

Persons with intellectual or psychosocial disabilities are directly discriminated by law, which allows for their placement under guardianship based on actual or perceived diminished “mental capacity”, and for their involuntary institutionalisation. When placed both under guardianship and institutionalization, the combined effect of these measures amplifies their vulnerability and perpetuate their segregation and isolation. There is a prevalence of placement of persons with intellectual and/or psychosocial disabilities under specialized social services in institutions, including children, women and older persons.

Under the Health Care Act, persons with psychosocial disabilities may be subjected to forced psychiatric treatment following a medical assessment on their perceived dangerousness. They are categorized as “psychiatric patients”, entailing their institutionalization different facilities. Persons with psychosocial disabilities and persons with autism face significant barriers to access mainstream healthcare and medical professionals’ primary response is often coercive, including involuntary treatment, isolation and medication in absence of free and informed consent.

Persons with disabilities institutionalized are exposed to mechanical, physical chemical and multiple restraints, and other forms of ill treatment. Measures taken to overcome attitudinal barriers have not had a deterrent effect; negative stereotyping and stigma against persons with intellectual or psychosocial disabilities provoke barriers in areas such as access to employment, to mainstream inclusive education, and to credit and financial resources.

*Children with disabilities*

The Child Protection Act promotes placement of children under 12 years old in foster families; however, it makes an exception in the case of children with disabilities, who can be institutionalised on the basis of disability. Placement of children in foster families have increased in recent years compared to placement in residential institutions. However, children with disabilities prevail in institutions rather than in foster families. Foster families have poor skills to take care of children with disabilities and negative stereotypes about adopting children with disabilities prevail. The implementation of current policy framework has not materialized in deinstitutionalisation of children with disabilities.

The best interest of the child regarding children with disabilities has continued to be understood as the necessity to protect them by placing them in institutions. In 2017, 33 percent of children in residential institutions were children with disabilities (six times the percentage of persons with disabilities amongst the general population). Children with disabilities requiring higher levels of support are at a higher risk of institutionalization due to the insufficient supports for living in the community, and the limited coverage of community services provided for the general population; they continue to live in child residential institutions when they become adults. Almost 800 children are placed in institutions inhabited manly by adults in 2019.

Public funding, including from the European Regional Development Fund has been used for refurbishing child residential institutions.

Children requiring high levels of support receive a different type of education called “developmental education”. They receive education at home or in institutions as provided in the Public Education Act. In practice, they are excluded from mainstream schools; one third of them is enrolled in special schools and receive classes of a maximum 20 hours per week; those institutionalized receive up to 6 hours on average per week. Children with autism lack adequate support and reasonable accommodation, experience bullying and physical abuse and drop out due to the lack of inclusive educational environment and usually have to find places in private education paying fees.

*Women with disabilities*

The lack of understanding about the intersectionality between gender and disability in policy implementation is visible in the very limited availability of sex-disaggregated statistics on disability, the lack of awareness in society and among public officials about the rights of women and girls with disabilities, and lack of gender-responsive measures related to supported decision-making or support for living independently. The Committee interviewed women and girls with disabilities in institutions and observed that institutionalized women, including in small-scale institutions, were more likely to experience gender based-violence, including in the form of forced contraception, forced abortion, restrictions in the exercise of their sexual and reproductive health and rights and of their parental responsibilities.

*Older persons with disabilities*

The Committee observed that the largest number of persons who are institutionalized are older persons with disabilities, including older persons with psychosocial disabilities. They are often institutionalized in large-scale institutions. There is limited understanding about the intersectionality between age and disability, and stigma against older persons with disabilities still prevails.

*Discrimination by association*

There is a prevalence of discrimination by association among women mothers of children with disabilities, who, due to scarce social support and limited income, experience financial hardship to cover their children’s disability-related expenses. They often face the dilemma of having to allocate additional time to care responsibilities- at risk of losing their jobs - or placing their children in institutions. They fear that in their absence, the only option for their children would be institutionalization.

## **General obligations (art. 4)**

Several organizations of persons with disabilities (OPDs), including the umbrella National Council of Organizations of Persons with Disabilities, are members of the National Council on Disability, chaired by the State Secretary for Social Issues and Social Inclusion. In 2013, by a decree, authorities redefined the National Council on Disability as having a consultative role with respect to the National Disability Programme. OPDs receiving public funding are less inclined to express openly dissenting opinions about government policies. Some grassroots organizations of persons with disabilities are more open in this regard, but they have limited capacity to influence decision-making processes.

In November 2018, after the inquiry procedure had been established, some national OPDs represented in the National Council of Organizations of Persons with Disabilities signed a partnership agreement with the Government aimed at reviewing the strategy on the transition from large-scale institutions. However, grassroots organizations and persons concerned do not appear to have been meaningfully involved.

Information about the implementation of policies, including the strategy is not disseminated or fully accessible to persons with disabilities.

The Committee received information indicating that some civil society organizations have experienced reprisals for expressing critical views about governmental disability-related policies, such as restrictions in their independent monitoring of social services for persons with disabilities, including institutions.

Although different State authorities have conducted training sessions on the rights of persons with disabilities, sometimes in partnership with OPDs, there is a lack of a comprehensive action plan with goals, funding, timelines, indicators, benchmarks and monitoring activities for the continuous promotion of awareness-raising regarding the Convention and the human rights model of disability. Initiatives with a significant impact on the removal of attitudinal barriers, prejudices and stereotypes against persons with disabilities have yet to be undertaken.

Various State party authorities collect data on persons with disabilities. Notwithstanding the micro census and related surveys conducted in 2016 by the Hungarian Statistical Office, information collected at sectorial level is not always consistent or is even contradictory, is rarely disaggregated, not often readily available to persons with disabilities, or accessible.

The effectiveness of remedies against discrimination is limited. The denial of reasonable accommodation is not recognized in legislation as constituting prohibited discrimination – except in the area of employment – nor have multiple and intersectional discrimination been sufficiently addressed by the State authorities. Although the State authorities assert that remedies are available to persons with disabilities, those for challenging their placement under guardianship and in institutions are largely ineffective and lack a deterrent effect. Recourse to the Office of the Commissioner for Fundamental Rights has made visible some infringements of the rights of persons with disabilities.

## **Legal findings**

*Violations of rights under the Convention*

Regarding article 12 of the CRPD and under the [general comment No. 1 (2014) on equal recognition before the law](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/1&Lang=en), States parties should reaffirm the right of persons with disabilities to equal recognition before the law. They should repeal legislation, policies and practices of substitute decision-making and implement supported decision-making regimes, which are respectful of the autonomy, will, preferences and rights of persons with disabilities. They should repeal laws that conflate legal capacity and mental capacity as well as restore the legal capacity, including the capacity to act, of all persons with disabilities, and abolish the institutionalization of persons with disabilities on grounds of impairment.

The Committee finds the following aspects in violation of article 12: a. The Civil Code allows the full or partial restriction of capacity to act of persons with disabilities based on impairment; b. As at 2017, 55,056 persons with disabilities were restricted in their capacity to act, of whom 30,735 were fully restricted and 24,212 partially restricted; 14,745 of the latter were restricted in all areas of life despite legislation providing that partial restriction affects only specific areas of life; c. The number of persons with disabilities under guardianship has continued to rise since the ratification of the Convention, with an increase of 14 per cent since 2008; d. The Constitution permits the disenfranchisement of persons with intellectual or psychosocial disabilities. In 2017, 49,565 persons with disabilities had their right to vote and to be elected denied; e. Judicial procedures deprive persons with disabilities of their capacity to act, and placement under guardianship is determined primarily on the basis of a medical assessment of the person concerned; f. Judicial procedures, including mandatory reviews of guardianship, rarely result in persons with disabilities having their capacity to act restored; g. The system of “supported decision-making” established in Act CLV (2013) remains anchored in substituted decision-making, and fails to provide persons with disabilities with support in the exercise of their legal capacity compliant with the Convention; h. The Constitutional Court has ruled that guardianship is a “measure of protection” under the Convention. There is no intention to dismantle the guardianship system and its discriminatory effects.

Regarding article 19 of the Convention, and in view of [general comment No. 5 (2017) on living independently and being included in the community](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/5&Lang=en), States parties should ensure the right of persons with disabilities to live independently in the community and exercise their right to make choices, in particular where and with whom they live, on an equal basis with others. States parties should eliminate all forms of guardianship that restrict the exercise of choice concerning living arrangements and ensure inclusion in the community by combating all forms of segregation, isolation and institutionalization on the basis of impairment. Living independently and being included in the community precludes life in any type of institution, from small-scale group homes to large-scale institutions. Persons with disabilities should have access to a range of individualized support. States parties should ensure access for all persons with disabilities to accessible mainstream services in the community. States parties should respect the minimum core elements of article 19.

The Committee finds the following aspects in violation of article 19: a. The State party’s legislation does not explicitly recognize the right of persons with disabilities to live independently and be included in the community. There is a persistence of medical and paternalistic models of disability, entailing institutionalization and de facto exclusion of persons with disabilities from the community; b. A large number of persons with disabilities remain under guardianship, preventing them from exercising their right to choose place of residence, and where and with whom they live without discrimination; c. Insufficient development of support in the community for living independently prevents persons with disabilities from exercising their freedom of choice; d. A large number of persons with disabilities continue to be in large or small-scale institutions, including in so-called “supported housing”, and “group homes”, and remain under guardianship; e. Institutionalization of persons with disabilities is decided by substitute decision- makers; f. The strategy of moving persons with disabilities from large- to small-scale institutions perpetuates and expands institutionalization, and there are no measures to prevent their institutionalization; g. Public funds, including European Structural and Investment Funds continue to be invested in building, renovating and expanding institutions, which removes resources for independent living and developing accessible, community-based services that foster inclusion; h. Individualized support for persons with disabilities, is limited in range, scope and geographical distribution, narrowly defined, mainly provided in institutions, remains underdeveloped and is largely ineffective. Personal assistance is not available to all persons with disabilities and insufficiently developed under the current social schemes; i. Public policies on education, health, employment and housing, do not consistently and effectively promote independent living and inclusion in the community for persons with disabilities; j. Models and practices of service provision, especially in rural and remote areas, continue to segregate persons with disabilities through sheltered employment, segregated education, and limited access to social housing; k. Insufficient measures have been taken to ensure accessibility of public services and the provision of reasonable accommodation upon request.

Regarding articles 4 (1) and 5 of the Convention and under [general comment No. 6 (2018) on equality and non-discrimination](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/6&Lang=en), States parties should strive for inclusive equality, guarantee to persons with disabilities equal protection against discrimination on all grounds and refrain from engaging in any act or practice which results in discrimination, including direct and indirect discrimination, discrimination by association and denial of reasonable accommodation. States parties should also prevent and sanction discrimination by private actors. Remedies against discrimination should be available and effective.

The Committee finds that in conjunction with the afore-mentioned findings under articles 12 and 19, the following situations are in violation of articles 4 and 5: a. Persons with intellectual or psychosocial disabilities are largely overrepresented in institutions (25 per cent of the institutionalized population), in comparison with the percentage of persons with disabilities in the total population; b. Placement under guardianship and the restriction of capacity to act constitute direct discrimination targeting persons with intellectual or psychosocial disabilities; c. The law directly discriminates against children with disabilities under 12 years of age by allowing institutionalization based on impairment; d. Hundreds of children with disabilities remain institutionalized alongside adults, in the absence of plans to ensure their right to family life; e. Children with disabilities are under-represented among children in foster families; f. Children with disabilities requiring high levels of support are overrepresented in segregated education; g. Women with disabilities, particularly those who are under guardianship and institutionalized, including those in “supported housing” are exposed to gender-based violence, including violations of sexual and reproductive rights, such as forced contraception and forced abortion. There is lack of evidence that gender equality is mainstreamed into disability policies; h. Mothers of persons with disabilities face discrimination by association. They often provide support to their children with disabilities alone and without sufficient income or social security schemes or in some cases send their children to institutions; i. Older persons with disabilities often experience multiple and intersecting discrimination based on their age and impairment, and are overrepresented in institutions.

Regarding article 4 of the CRPD, States parties should provide training of professionals, including judicial officers and staff working with persons with disabilities on the Convention. In view of [general comment No. 7 (2018) on the participation of persons with disabilities](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/7&Lang=en), including children with disabilities, States parties should closely consult with and actively involve persons with disabilities, through their representative organizations, in measures to implement the Convention and decision-making processes concerning issues relating to persons with disabilities. This general obligation includes ensuring a transparent consultation process, meaningful dialogue, provision of accessible information, early and continuous involvement of organizations of persons with disabilities, due weight to their opinion, awareness-raising, regulatory frameworks and procedures, monitoring, independent participation and ultimately the empowerment of persons with disabilities through their representative organizations in public decision-making.

The Committee finds that the following situations are not consistent with article 4: a. Lack of comprehensive and systematic collection and dissemination of disaggregated data on the situation of all persons with disabilities across the State party; b. Lack of independence of the National Council on Disability, chaired by a representative of the Government and whose members are dependent on Government subsidies; c. Persons with disabilities who are to be or have been transferred from large-scale institutions are not meaningfully involved in these decisions or in independent monitoring after their transfer; d. Families, professionals and staff working with persons with disabilities lack awareness of and do not receive regular training on the human rights model of disability and the Convention.

## **Grave or systematic nature of the violations**

Under article 6 of the Optional Protocol and rule 82 of its Rules of Procedure, the Committee must assess whether the violations of rights are of a grave or systematic nature.

The Committee considers violations to be “grave” if they are likely to produce substantial harm to victims leading to further segregation, isolation and impoverishment. A determination regarding the gravity of violations must take into account the scale, prevalence, nature and impact of the violations found.[[1]](#footnote-1) The Committee finds grave violations under the Convention considering that the systems of guardianship and institutionalization profoundly affect the lives of a substantial number of persons with disabilities, particularly discriminating against persons with intellectual or psychosocial disabilities, perpetuating segregation and isolation from society. The term “systematic” refers to the organized nature of the acts leading to the violations and improbability of their random occurrence.[[2]](#footnote-2) The Committee has indicated that the existence of a legislative framework, policies and practices that, by intent or through impact, adversely or disproportionally affect persons with disabilities constitute systematic violations of the Convention. The Committee has also stressed that discriminatory or structural patterns against persons with disabilities based on impairment constitute systematic violations.

The Committee finds systematic violations of the rights of persons with disabilities referred to in this inquiry considering they are widespread and habitual, which result from deliberate patterns of structural discrimination entrenched in legislation, policies, plans and practices, including resource allocation.

The Committee considers the violations of the rights of children with disabilities to be both grave and systematic on account of (a) their extremely harmful and discriminatory effects, (b) the fact that they perpetuate children’s marginalization and vulnerability by negatively affecting their lives, security, best interests, family life, integrity, education, human development, well-being, and (c) they result from the combined effect and cumulative impact of laws, policies, plans and prevailing disability-based stereotypes.

## **Recommendations**

## *Equal recognition before the law (art. 12)*

The State party, guided by the Committee’s general comment No.1, should:

(a) Abolish the provisions of the Civil Code providing for the full or partial restriction of the capacity to act of persons with disabilities;

(b) Restore the capacity to act of all persons with disabilities, including those in any form of institutional setting;

(c) Move expeditiously to adopt a system of supported decision-making fully compliant with the Convention, including by modifying the current system of “supported decision-making” in order to: i. Allow all persons with disabilities to have access to supported decision-making in line with the Convention; ii. Eliminate any role of the Guardianship Authority in the appointment, supervision and training of supporters; iii. Respect the right, autonomy, will and preferences of persons with disabilities to choose the forms of support that they require, including the right to accept, refuse, change or terminate the support if they so decide; iv. Ensure that persons providing support are duly trained with respect to article 12 of the Convention and that any eligibility criteria to become a supporter is in line with the Convention;

(d) Work with OPDs, particularly grassroots organizations of persons with intellectual or psychosocial disabilities, in developing tools for supporting the exercise of legal capacity, including by establishing a repository of good practices on supported decision-making;

(e) Implement continuous training, specifically targeting legal, social, health and educational professionals, magistrates and judges, and family members, on the right of persons with disabilities to equal recognition before the law;

(f) Restore the rights of all persons with disabilities to vote and be elected, including by ensuring that all persons with disabilities are registered in electoral registries and fully participate in elections.

## *Living independently and being included in the community (art. 19)*

1. Equal right to live in the community, with choices equal to others

The Committee recommends that the State party, guided by general comment No. 5:

(a) Repeal articles 69 and 70 from the Social Act on “specialized social care” so that no person with disabilities can be institutionalized on the grounds of impairment;

(b) Recognize the right of all persons with disabilities to live independently and be included in the community as an individual and directly enforceable right;

(c) Review legislation, public policies and practices regarding support for living independently and being included in the community to make them fully compliant with the human rights model of disability and respectful of the rights of persons with disabilities to live in the community, choose their place of residence without discrimination, and to individual autonomy, will, and preferences;

(d) With the full involvement of persons with disabilities, through their representative organizations, strengthen national plans, with sufficient human, technical and financial resources and reasonable and defined timeline, and an independent monitoring, for developing independent living schemes that respect the autonomy of persons with disabilities and their right to choose where and with whom they live.

*2. Access to support*

The Committee recommends that the State party:

(a) Develop a system of support for living independently that includes a range of individualized support and personal assistance for persons with disabilities in the community, outside institutional settings, and allocate appropriate human, financial and technical resources to this aim;

(b) Ensure that support for living independently is human rights-compliant, respects the autonomy, will and preferences of persons with disabilities, and is anchored in the community;

(c) Allocate sufficient resources to the development of self-managed personal assistance;

(d) Involve persons with disabilities, through their representative organizations, in designing and implementing support for inclusion in the community;

(e) Reorient the investment of public funds, including the way in which European Structural and Investment Funds are allocated, from institutions to support in the community by accelerating the development of a full range of in-home and other community services offering support in daily life, including personal assistance, and other forms of supported decision-making;

(f) Review the system of disability entitlements by ensuring adequate social protection of persons with disabilities and their families without discrimination, particularly in relation to the recognition of disability-related expenses, by adapting, expanding and reviewing periodically the social protection floors for persons with disabilities.

*3. Access to community services and facilities for the general population*

The Committee recommends that the State party:

(a) Mainstream disability inclusion into general public policies related to education, health, employment and housing;

(b) Revise its understanding of community-based services to exclude from this concept any form of refurbishment of institutions or group homes and construction of “supported housing”;

(c) End segregation of persons with disabilities in education, particularly children requiring high levels of support, and adopt a strategy to implement inclusive education at all levels of education, in line with general comment No. 4 (2016) on the right to inclusive education;

(d) With the participation of organizations of persons with disabilities, expeditiously adopt a comprehensive strategy to ensure employment and income-generation opportunities for persons with disabilities without discrimination in the open labour market, and move away from sheltered employment;

(e) Ensure that reasonable accommodation is provided to persons with disabilities in employment and in all other areas of life.

## *4. Ending institutionalization*

The Committee recommends that the State party guided by general comment No. 5 (2018):

(a) Prevent any further placement of persons with disabilities in any institutional settings by halting programmes, which develop institutions including “supported housing”, and provide reparations for persons with disabilities seeking redress for their institutionalization;

(b) Amend the current strategy of moving persons with disabilities from large-scale institutions into small-scale institutions (supported housing) by removing all elements of institutionalization. In this regard, the State party should: (i) Fully respect the right of persons with disabilities to choose where and with whom to live, and to access individualized support for living independently, including the choice to refuse any particular living arrangement; (ii) Restore the capacity to act of all persons institutionalized, including those moved to “supported housing”; (iii) Reorient investments of human, financial and technical resources from “supported housing” and other institutional settings to the development and availability of accessible housing options for persons with disabilities in the community, in all regions across the country, and outside any form of congregate living arrangement; (iv) Eliminate all forms of control and surveillance of residents in “supported housing”, and ensure their autonomy, freedom of choice and privacy; (v) Ensure that implementation of the service ring is not any longer linked to institutions but promotes living independently and full inclusion and participation in the community; (vi) Take measures to ensure that persons with disabilities who are currently in sheltered workshops managed by institutions progressively gain access to the open labour market; (vii) Ensure that the use of European Structural and Investment Funds always in line with the Convention, and in no circumstances are used to facilitate or maintain the segregation of persons with disabilities. This includes investing in the building, refurbishment, expansion or maintenance of any institutions, regardless of size; or training or employing staff in institutions; (viii) Implement appropriate habilitation and rehabilitation for persons with disabilities to develop and regain skills for living in the community; (ix) Ensure close consultations with and involvement of persons with disabilities, through their representative organizations, including organizations of persons with intellectual or psychosocial disabilities and human-rights based organisations, in implementing the above-mentioned measures;

(c) Move expeditiously, in consultation with persons with disabilities, through their representative organizations, to adopt a national plan for the effective deinstitutionalization of all persons with disabilities in all types of institutions, including those defined under the umbrella term “specialized social services”, irrespective of age, sex or disability. The national plan should focus on establishing independent living schemes, individualized supports and access for persons with disabilities to mainstream community-based services for the general population; be age and gender-sensitive, include concrete goals, timelines and indicators, covering all the elements listed in paragraph (b) above;

(d) Collect data, disaggregated by age, sex, ethnic origin and disability, on children with disabilities in institutions, including those in adult institutions, and set up as a priority a strategy to ensure their right to family life; seek the technical cooperation of the United Nations agencies in designing this strategy, which should include timelines, indicators and benchmarks, and fully involve children with disabilities, through their representative organizations, in its design, implementation and monitoring.

## *Equality and non-discrimination (art. 5)*

The Committee recommends that the State party:

(a) For the purpose of designing and implementing the policy referred two paragraphs above, conduct national research, which is gender- and age-sensitive, on the cumulative impact of guardianship and institutionalization, on the lives of persons with disabilities;

(b) Include a gender perspective in the design, implementation and monitoring of policies regarding persons with disabilities, and ensure that women with disabilities are fully involved in the design, implementation and monitoring of all policies and measures affecting them, including through the provision of temporary special measures;

(c) Eradicate forced contraception and forced abortion among women with disabilities, especially those in institutions, and take measures to ensure that they can fully exercise their sexual and reproductive rights;

(d) Repeal the Child Protection Act provisions allowing for institutionalization of children with disabilities under 12 years of age on the basis of disability;

(e) Repeal legislation and policies that provide for institutionalization of older persons on the basis of disability and ensure that older persons with disabilities are fully involved in the design, implementation and monitoring of the policy and action plan referred to in paragraph 114 (c).

## *General obligations (art. 4)*

The Committee recommends that the State party:

(a) Adopt a comprehensive nationwide strategy to raise awareness about the rights of persons with disabilities, particularly their rights to equal recognition before the law and to live independently and be included in the community with equal choices to others, and to combat disability stereotypes, prejudices and misconceptions that have perpetuated segregation, guardianship and institutionalization on the basis of disability. The strategy should encompass all administrative entities, including regions, counties and target communities in rural and remoted areas, targeting members of the parliament, judges, magistrates, prosecutors, legal and medical practitioners, government officers, private actors working with persons with disabilities and family members; contain benchmarks and indicators of progress; and include specific measures addressing persons with disabilities at a particular disadvantage;

(b) Strengthen its system of data collection by periodically and systematically collecting data, disaggregated by sex, age, ethnicity and geographic location, on persons with disabilities; ensure that data collection covers all areas of life of persons with disabilities; and make data collected periodically accessible for persons with disabilities;

(c) With the involvement of persons with disabilities, design, implement and monitor regular and systematic training activities for all professionals, staff working with persons with disabilities, and family members; ensure that the human rights model of disability, the Convention and the Committee’s general comments are an integral part of these activities;

(d) Reform the National Council on Disability to ensure that it is genuinely independent from the functional and budgetary perspectives;

(e) Ensure direct and effective access to justice for persons with disabilities, particularly those affected by the restriction of their capacity to act, those subjected to institutionalization or those who are victims of disability-based or other discrimination against persons with disabilities, through the provision of procedural and age-appropriate accommodation.

(f) Establish accessible complaint mechanisms for persons with disabilities concerning social services, and strengthen the Commissioner for Fundamental Rights’ advocacy role, and independent monitoring of facilities and programmes.

## *Dissemination and follow-up*

Respond to the present report within the time limit prescribed under the Optional Protocol, widely disseminate the Committee’s findings and recommendations and, within a year, submit a follow-up report to the recommendations of the present document.

1. CRPD/C/ESP/IR/1, paras. 78–80; and CEDAW/C/OP.8/KGZ/1, para. 86. See also para. 112 at [www.ohchr.org/Documents/HRBodies/CRC/CRC\_C\_CHL\_INQ\_1.pdf](http://www.ohchr.org/Documents/HRBodies/CRC/CRC_C_CHL_INQ_1.pdf). [↑](#footnote-ref-1)
2. CRPD/C/ESP/IR/1, paras. 78–79; CRPD/C/15/4, para. 113; and CEDAW/C/OP.8/KGZ/1, para. 87. See also para. 113 at [www.ohchr.org/Documents/HRBodies/CRC/CRC\_C\_CHL\_INQ\_1.pdf](http://www.ohchr.org/Documents/HRBodies/CRC/CRC_C_CHL_INQ_1.pdf). [↑](#footnote-ref-2)